

A close-up photograph of several lavender flower spikes. The flowers are in various stages of bloom, with some showing vibrant purple petals and others as dark, textured buds. The background is a soft-focus green, suggesting a garden setting.

# *the* Pulse

A Healthscope Publication

PRIVATE  
HEALTH  
MAGAZINE  
Spring 2010

**NEW ERA FOR  
HEALTHSCOPE**

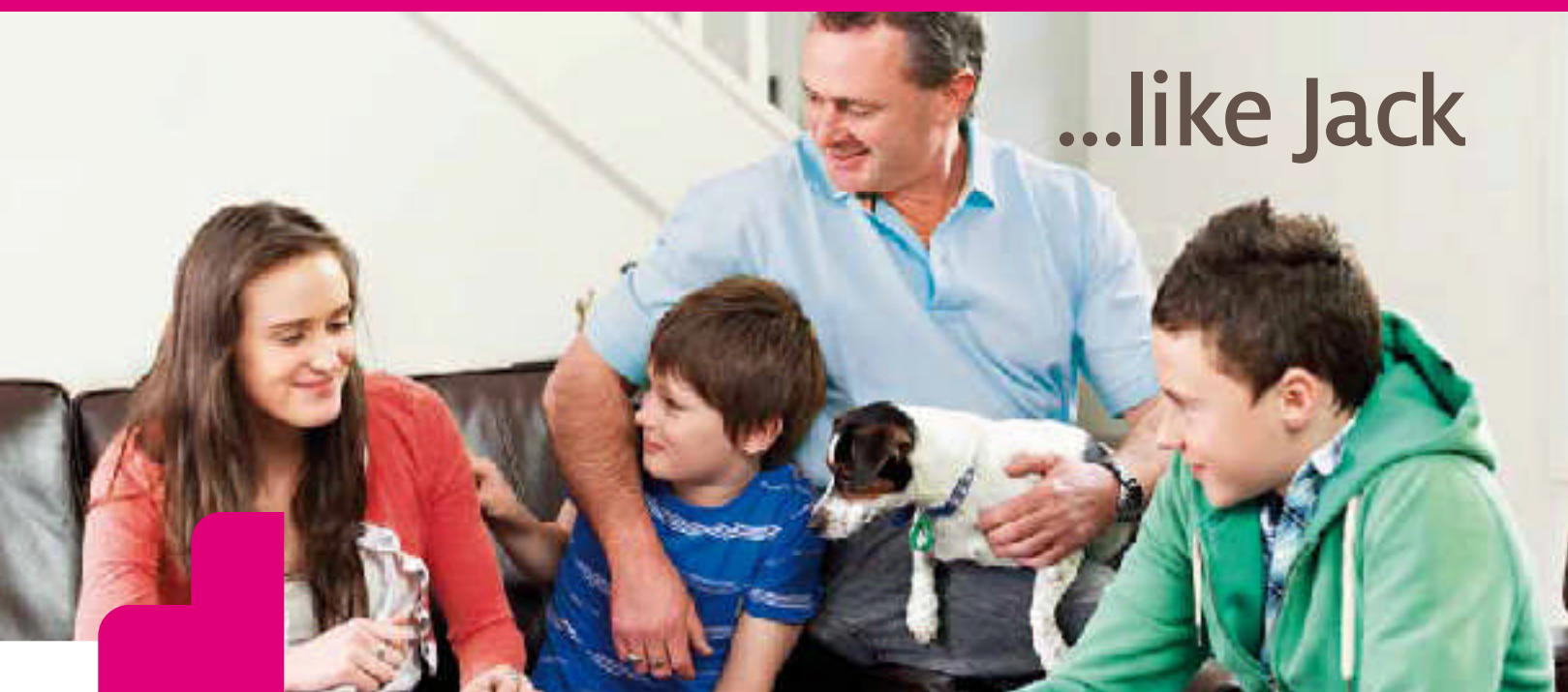
*Cover photo by Didier Rache, Outreach Client*

## **IN THIS ISSUE**

HEALTHSCOPE OUTREACH SUPPORTS & INSPIRES  
LABTESTS CELEBRATE A MILESTONE  
AUSTRALIAN FIRST FOR BRISBANE PRIVATE HOSPITAL  
ADVANCES IN IVF DELIVER NEW POSSIBILITIES  
WA MEDICAL CENTRE GROUP AWARDED BY RACGP

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## IN THIS ISSUE OF thePulse

### CHANGE OF OWNERSHIP FOR HEALTHSCOPE



### LABTESTS MILESTONE



### VIRTUAL BABY VISIT



## CONTENTS

|   |    |
|---|----|
| CHANGE IN HEALTHSCOPE OWNERSHIP A POSITIVE OUTCOME                              | 4  |
| LABTESTS CELEBRATES A MILESTONE   | 5  |
| OUTREACH PROGRAM PROVIDES SUPPORT & INSPIRATION                                 | 6  |
| CURRENT ISSUES IN MEDICINE AND PSYCHIATRY CONFERENCE 2011                       | 7  |
| AUSTRALIAN FIRST PROCEDURES AT BRISBANE PRIVATE                                 | 8  |
| NORTH PARK'S BIGGEST BABY A SURPRISING ARRIVAL                                  | 10 |
| HEALTHSCOPE PATHOLOGY OPENS LAB IN QUEENSLAND                                   | 11 |
| VIRTUAL BABY VISIT WITH ONE SIMPLE CLICK  | 12 |
| PARK CENTRAL OFFERS MENTAL HEALTH CARE CHOICE                                   | 14 |
| GROUND BREAKING SPINAL SURGERY IN CAMPBELLTOWN                                  | 18 |
| ADVANCES IN IVF DELIVER NEW POSSIBILITIES                                       | 20 |
| MEDICARE SAFETY NET CHANGES AND IVF   | 21 |
| RANZCP PAY TRIBUTE TO PROFESSOR GRAHAM BURROWS                                  | 23 |
| BELL BIRD ORTHOPAEDIC SURGEON BRUCE LOVE  | 24 |
| EXPLAIN PAIN EDUCATION AT NORTH EASTERN REHABILITATION CENTRE                   | 26 |
| PET PALS BRING LOWING SUPPORT TO MERC PATIENTS                                  | 27 |
| DAY SURGERY OPENS AT PENINSULA PRIVATE HOSPITAL                                 | 28 |
| LIGHTING THE WAY FOR CANCER RESEARCH  | 29 |
| AWARENESS VITAL TO PROSTATE CANCER SURVIVAL                                     | 30 |
| EXCELLENT RESULT FOR MELBOURNE PRIVATE HOSPITAL                                 | 32 |
| COMMUNITY PROGRAMS TAKE STEPS TO INCREASE SKILLS                                | 33 |
| NEWCASTLE PRIVATE ONCOLOGY GIVES CANCER PATIENTS MORE OPTIONS                   | 34 |
| NEW ONCOLOGY UNIT AT NORWEST PROVES POPULAR                                     | 35 |
| GROWING OUR OWN TALENT AT HEALTHSCOPE: CAREER OPPORTUNITIES FOR ENROLLED NURSES | 36 |
| NEW HYBRID THEATRE BRINGS THE FUTURE OF SURGERY                                 | 39 |
| WA MEDICAL CENTRE GROUP AWARDED FOR COMMITMENT TO RURAL HEALTH & TRAINING       | 40 |
| HEALTHSCOPE SNAPSHOTS...  | 44 |
| BRISBANE PRIVATE TEAM HELP YOUNG MAN DEDICATED TO HELPING OTHERS                | 46 |

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## CHANGE OF OWNERSHIP A POSITIVE OUTCOME FOR HEALTHSCOPE

It is perhaps timely in this spring edition of The Pulse to announce the beginning of a new era for Healthscope.

Following the retirement of Bruce Dixon, I am pleased to announce that I have commenced as Executive Chairman and Managing Director of Healthscope. John Hickey also joins Healthscope as the new Chief Financial Officer.

I wish to acknowledge the outstanding 14 year leadership and contributions of Bruce Dixon in making Healthscope the leading healthcare company it is today.

Vita Pepe has also announced her retirement as Group Chief Operating Officer. During her 12 years with Healthscope, Vita has driven operational and professional excellence throughout the business.

From 12th October, Healthscope became a wholly owned subsidiary of Asia Pacific Healthcare. Despite undergoing the change from a publicly listed to a privately owned company, we continue to operate under the well regarded name of Healthscope.

That means Healthscope remains the legal employer of staff, and importantly,

employment contracts, awards, industrial agreements and human resource policies continue as before.

This positive outcome demonstrates a strong vote of confidence in Healthscope as a world-class healthcare business with strong growth potential, which is testimony to the hard work of every member of the team.

The Healthscope Non Executive Board Directors retired in October with our gratitude and a new Board of Directors nominated by The Carlisle Group and TPG Capital will be appointed shortly.

My 30 year career has been spent in the healthcare industry. As a hospital CEO for many years, I have an understanding of the issues and challenges faced within Healthscope hospitals.

Over the past decade I have taken more of a corporate focus, first as Managing Director of Affinity Health (from where 14 of the Healthscope hospitals came), then as Managing Director of Symbion Health which had large pathology, pharmacy, radiology and medical centre businesses.

More recently I've been Executive Chairman of Spire Healthcare in the UK, owner of 36 private hospitals, and HealthBridge, an Australian IVF business.

John Hickey has worked with me



Robert Cooke

as CFO at both Affinity and Symbion and has a unique understanding of healthcare and operational issues having been CEO at The Mount Private Hospital during the 1990s.

The new owners, John Hickey and I are focussed on further growing the business, providing the best quality patient care and supporting staff in everyway possible.

We are committed to further investing in our people and enhancing our reputation as a leader in quality healthcare and services.

I would like to express my gratitude for the ongoing professionalism and commitment demonstrated by all staff throughout this period and look forward to working with you.

Robert Cooke  
Managing Director

## LABTESTS CELEBRATES A MILESTONE

In August, Labtests celebrated a very important milestone – its first birthday.

The Labtests journey began in 2006 when Healthscope won the tender to provide community pathology services to the greater Auckland region of New Zealand.

At one minute past midnight on August 10, 2009 Labtests began processing a phenomenal 29,000 pathology tests per day in its state of the art medical testing laboratory.

Labtests Chief Executive Officer, Dr Craig Marshall describes the birth of Labtests as a remarkable achievement.

"The gestation was prolonged, as was the labour. But despite some teething problems in first few months, the transition was a success," said Craig.

Malcolm Stringer travelled to New Zealand to custom design the laboratory, which is located in Mt Wellington, Auckland.

"Our pathology laboratory started as an empty warehouse. Today it is one of the most automated and technically advanced labs in the world, which is a legacy to Malcolm."

When Malcolm left New Zealand to set up another pathology laboratory, Melanie Sibson took over as lab manager before also returning to Australia.

Craig credits both Malcolm and Melanie as being instrumental to the establishment of Labtests.

Today Labtests includes 56 collection centres spread across the greater Auckland area and a logistic team of 30 couriers in addition to the main laboratory, all capably overseen by Chief Operating Officer Steve Martin.

Labtests' 650 employees include specialist pathologists, scientists, technicians as well as management and administration staff, some of whom are part time.

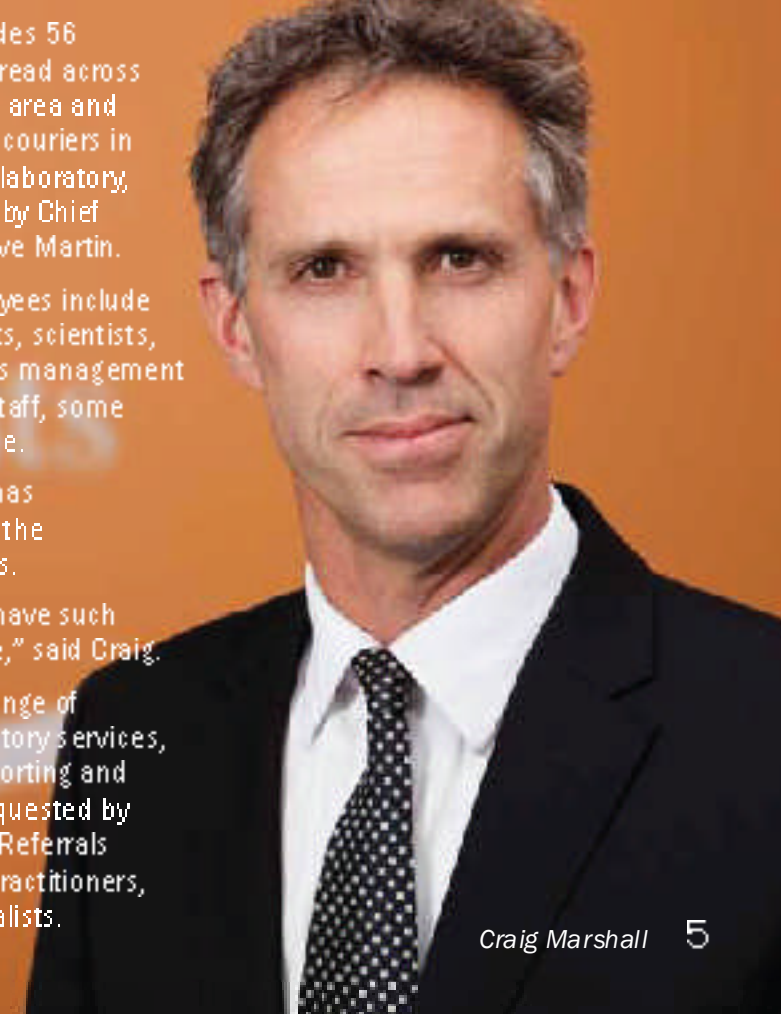
Craig says his team has remained loyal since the early days of Labtests.

"We're very lucky to have such passionate staff here," said Craig.

Labtests provide a range of pathology and laboratory services, including testing, reporting and consultant advice requested by health practitioners. Referrals come from general practitioners, midwives, and specialists.

The efficient operation relies on a number of key areas according to Craig.

"In addition to the haematology and biochemistry laboratory the Labtest hub consists of quality management, operations including human resources; anatomic pathologists, medical typists and a large data entry and call centre."



Craig Marshall 5

## OUTREACH PROGRAM PROVIDES SUPPORT & INSPIRATION

Living with mental illness has seen Didier Rache spend some time in hospitals over the years, including The Victoria Clinic.

But after joining the Healthscope Outreach program last year, Didier is developing his ability to cope on his own, and even exhibiting his photography at The Melbourne Clinic.

Outreach services support patients in all mental health streams, with specialist programs for eating disorders, anxiety and depression, aged psychiatry, mother and baby treatment and addictions.

Outreach clinicians are health care professionals with the skills to provide mental health therapeutic treatments outside of the hospital setting, during individual visits to the home or in the community.

The ongoing support enables Outreach clients like Didier to recover and develop coping strategies, in order to stay well.

By reducing the length and frequency of hospital stays, Outreach helps to minimise the disruption to the person's day-to-day living.

Didier has been working with Outreach clinician Brenton Woolfe for four months.

"We get along well, we both love the footy, love coffee - we connect well. We're good friends," said Didier.

The two decide together on the frequency of Brenton's visits, which are usually fortnightly, but became weekly while Didier was moving house due to increased stress.

Like many others unable to work because of their illness, Didier relies on the pension.

Didier's doctor suggested he learn more about his passion of photography.

"I've always liked photography and had my own instamatic camera when I was six," said Didier.

"I learned how to develop photos in the darkroom at the Prahran Mission. At the end of year exhibition I sold some of my photos. That's where I started."

While visiting a country market one weekend, Didier saw a photographer selling his photos and an idea formed to do the same.

He went on to sell his work at a number of markets in and around Melbourne, but stopped when he found the crowds too stressful to cope with.

Not to be deterred, Didier started printing his photographs on cards to sell to shops.

Brenton was impressed with his client's artistic ability and his wish to earn a small living.

"Didier was visiting gift shops and a range of places to see if he could exhibit his photography which showed he had some business acumen.

"So I wondered if we could exhibit some of his work at The Melbourne Clinic and give him some more exposure," said Brenton.



Brenton Woolfe and Didier Rache

A series of Didier's photographs printed on canvas are now hanging in the clinic. His other work, including the cover photograph, is available to purchase.

"I've got an interest in the arts and how it helps people with mental health issues by giving them another pathway for wellbeing," said Brenton.

"It also lets people know that they're important and valuable and they can still contribute something in the world."

Brenton believes his role with Outreach can extend beyond

assessing his clients' mental health, checking medication and clinical complexity and include identifying their strengths, talents and passions.

"Part of our role as outreach clinicians is to give people a holistic life and an opportunity to leave their mark," said Brenton.

The Outreach program is available by referral through The Melbourne Clinic, The Victoria Clinic and Northpark Private Hospital.

For photography enquiries email: [didierrache@hotmail.com](mailto:didierrache@hotmail.com)

## CURRENT ISSUES IN MEDICINE AND PSYCHIATRY CONFERENCE 2011

On 12 March 2011, The Sydney Clinic will present the Current Issues in Medicine and Psychiatry Conference at the Swiss Grand Hotel, Bondi Beach.

Australian specialists will share their expertise on current topics, including Swine flu, HIV and Hepatitis from Associate Professor Greg Dore of St Vincent's Hospital.

Professor Gin Malhi from Royal North Shore will speak on diagnosis and treatment of bipolar disorder, while genetics of the illness will be addressed by Professor Philip Mitchell from the School of Psychiatry, University of NSW.

Gene Polymorphism will be approached from a genetic and mental health perspective by Associate Professor Leslie Sheffield from Genetic Health Services Victoria and Professor Gordon Parker, Director of the Black Dog Institute respectively.

Professor Ronald Trent will discuss Medical Genetics and Genetic Counselling, and implications for treatment of the long-QTc interval will be presented by St Vincent's Hospital's Professor Terry Campbell.

Other key speakers include Dr Alex Wodak, Director of Drugs & Alcohol from Sydney's St Vincent's

Hospital and Neurologist, Associate Professor Raymond Garrick from the Notre Dame Medical School.

Chairman of The Sydney Clinic's Medical Advisory Committee, Dr Edgar Freed will convene the conference.

Healthscope accredited psychiatrists are offered free conference registration. For conference agenda and registration visit [www.thesydneyclinic.com.au](http://www.thesydneyclinic.com.au), contact [angela.guirguis@healthscope.com.au](mailto:angela.guirguis@healthscope.com.au), or Sara Pieterse on (03) 9389 8888.

## AUSTRALIAN FIRST PROCEDURES AT BRISBANE PRIVATE

In just twelve months, Dr Mark Ross from Brisbane Private Hospital has performed two Australian first surgical procedures.

Dr Ross, an associate professor of orthopaedic surgery specialising in reconstructive surgery and joint replacement, is a member of the Brisbane Hand and Upper Limb Clinic.

Nine specialist orthopaedic surgeons form the Brisbane Hand and Upper Limb Clinic, located

at Brisbane Private Hospital, which has a strong focus on research, innovation and design.

Members of the Brisbane Hand and Upper Limb Clinic began trialling pyrocarbon implants as an alternative to fusion or amputation for patients with unreconstructable fractures to small joints in their fingers in 2001, with considerable success.

Pyrocarbon (pyrolytic carbon) is a unique material able to lubricate

in a way similar to synovial joints, with modular elasticity almost the same as bone. It has been used for manufacturing heart valves since the 1960s.

Dr Ross and other members of the clinic have been at the forefront of developing new surgical techniques and designing implants for joint replacement using pyrocarbon.

Last November, Dr Ross implanted the first pyrocarbon lunate replacement in Australia. His patient had Kienbock's disease, a disorder of the wrist that caused the lunate bone to breakdown.

"Traditionally with this disease, once the bone completely fragments and collapses, we would perform a salvage procedure by fusing or removing bones, affecting function of the wrist."

Dr Ross explains the new pyrocarbon implant provided a better treatment option for advanced Kienbock's disease than the Silastic or titanium lunate replacements used in the past.

"Silastic replacements can soften and collapse while titanium

replacements harden causing excessive wear of the wrist joint, possibly resulting in arthritis.

"The pyrocarbon is kinder to the native bone, well tolerated by cartilage and it doesn't wear out or collapse. It seems to be almost the perfect material."

Dr Ross also used a new surgical technique for stabilising the implant during the procedure, which has subsequently been promoted by the company that manufactures pyrocarbon.

"We developed a technique that not only replaces the lunate but reconstructs the ligaments between the bone and the artificial replacement using tendons and sutures. The goal is to restore as close to normal function as possible."

In another Australian first, Dr Ross implanted a pyrocarbon resurfacing humeral head (shoulder ball and socket joint) in May.

Dr Ross explains his patient had been a competitive motor sportsman that crashed at 200 km/hr nine years ago, sustaining a fractured dislocation of his shoulder.

"The damage was very severe and he was suffering poor range of movement and very painful osteoarthritis of the shoulder that interfered with his sleep.

"Seven weeks after surgery the patient was demonstrating full movement and experiencing significantly less pain," said Dr Ross.

It was only the second implantation of its type in the world, with the third performed by another member of the Brisbane Hand and Upper Limb Clinic, Dr Phillip Duke in June.

"The procedure of putting a cap over the humerus has been available for many years but traditionally the cap was made of metal, causing problems when erosion in the socket caused pain and wear.

"Resurfacing with pyrocarbon material will also allow us to perform a partial shoulder replacement in young patients with arthritis who want to remain active," he said.

The Brisbane Hand and Upper Limb Clinic has been involved in designing a hybrid using a metal stem with a pyrocarbon articulation for a more extensive shoulder replacement.



Dr Mark Ross



A pyrocarbon implant

## NORTHPARK'S BIGGEST BABY A SURPRISING ARRIVAL

When baby Xavier Upton came into the world weighing an impressive 5.67kg (12lb 8oz), it was a surprise for parents Carmen and Royrie, obstetrician Dr Tilak Weerasiri and staff at Northpark Private Hospital.

Carmen and Royrie Upton are not new to parenting – baby Xavier is their seventh child and younger brother to Chloe, 8; twins Victoria and Adrian, 6; Kitarni, 5; Seth, 3 and 15 month old Edward.



Mum Carmen with baby Xavier Upton

Dr Tila Weerasiri had already delivered each of the first six Upton children as well as their cousin at Northpark Private Hospital before Xavier's arrival.

"It's the biggest baby I have delivered in my 20 years at Northpark Private Hospital," said Dr Weerasiri. "It is also the first time I have delivered a whole family of seven kids."

The Upton's were keen for Dr Weerasiri to deliver their unplanned seventh child at Northpark Private Hospital – even though they moved to Adelaide three months earlier.

Driving six young children interstate proved worthwhile when Xavier unexpectedly appeared in breech position and needed to be delivered by caesarean.

"An hour before the caesarean I said 'He doesn't feel heavy at all. I think he'll be about 8lbs'," said Carmen.

"Then when Royrie came back to tell me how big he was I had to say three times 'No stop joking, how big is he?'"

"I had no idea he'd be anything like that big. I thought he was



The Upton family with Dr Tilak Weerasiri at Northpark Private Hospital

going to be small, he didn't feel big at all," she said.

According to Victorian birth figures only 0.2 per cent of newborns weigh more than 5kg, and Xavier Upton is the second largest baby born in the state this year.

Despite breaking both hospital and state records, Xavier shares his unusual birth size with his maternal grandfather who weighed only slightly less at 5.44kg (12lb) when he was born in 1953.

Carmen and Royrie Upton have since returned to a busy life in Adelaide with their happy brood.

## HEALTHSCOPE PATHOLOGY OPENS LAB IN QUEENSLAND

A new purpose built laboratory recently opened in Brisbane to serve as the central hub for Healthscope Pathology services in Queensland.

The Eight Mile Plain facility will service general practitioners, specialists and Healthscope hospitals across the Brisbane, Gold Coast and Sunshine Coast areas, as well as integrating the veterinary pathology operation

The laboratory has been designed to meet current and future workloads, as well as combining specialist analysis previously conducted in different labs located throughout southern Queensland.

Occupying 1500m<sup>2</sup> the new lab houses a specimen reception, as well as areas for biochemistry, haematology, microbiology, veterinary pathology, histology and cytology testing.

Smaller laboratories will remain in existing hospital sites in Brisbane and Southport to meet local needs and process urgent samples while



routine and esoteric testing will be transported to the new laboratory.

State Manager for Queensland Eric Swayn said opening the new lab is timely, with Healthscope Pathology experiencing a 30 per cent growth in the past year.

"This new facility is an exciting development for Queensland pathology - we will now have all of our vital services under the one roof for the first time.

"Eight Mile Plain is situated close to the Brisbane CBD and the main motorway, making transportation of specimens from coastal regions quick and easy," said Eric.

The new lab is equipped with state of the art analysers including the Siemens Labcell for automated chemistry and immunoassay testing.

On site support services include a call centre and customer support, a base for the courier fleet, data entry, medical typing, stores, staff amenities and administration.

An existing lab at Pacific Private Hospital will move to Allamanda Private Hospital and provide a 24 hour service for patients as well as urgent testing for the local Gold Coast community. The Brisbane Private Hospital laboratory will be downsized and continue processing tests for patients.

## VIRTUAL BABY VISIT WITH ONE SIMPLE CLICK

A modern alternative to meeting the new offspring of friends and family has found instant popularity with patients and staff of Healthscope maternity wards.

Look@MyBaby allows parents to send live video of their baby from hospital directly to the mobile phones and computers of friends and family, no matter where they are in the world.

The idea was born when an employee of a Melbourne based Information Technology business gave birth and sent co-workers a text message with the happy news.

"We wondered with all the capabilities of modern mobile phones and computers, if there was a market for maternity hospitals to offer a virtual baby visit," said Clayton Neilson, Executive Director of Look@MyBaby (LAMB).

Initial research proved there was a market but no existing solution, prompting Clayton and his colleagues to develop the LAMB prototype.

"We took the ordinary practice of sending an SMS to announce the birth of a baby and combined it with web cameras and mobile phone applications.

"Because it can be viewed in real time, it's not just about seeing a video of the baby, it is a virtual visit," said Clayton.

LAMB was first piloted at a Townsville hospital located near an army base, offering a solution to defence force personnel deployed overseas when their partners at home gave birth.

During the pilot phase, Clayton and team realised that there was an even bigger market for LAMB.

"Most people have friends and family living overseas and interstate, but there has even been a lot of interest from locals.

"Of course the benefit to new mums is having more private bonding time in hospital after the birth, without friends and family missing out on visiting the new baby."

Hobart Private Hospital has been offering LAMB to maternity patients since June.

Maternity Unit Manager Leah Magliano said the service is especially helpful when premature babies remain in hospital after the mother is discharged.

"Mothers with babies in the special care nursery really benefit because they can check in from home which encourages bonding," said Leah.

LAMB is also available at Newcastle Private, Northpark, Knox Private, Prince of Wales and Sydney Southwest, with plans to roll it out to more Healthscope hospitals by the end of the year.

"We live in a digital world where people routinely engage every day with friends and family around Australia and the world," said Newcastle Private Hospital General Manager Shane Neaves.

"With Look@MyBaby we now offer a wonderful and contemporary way for parents to announce the arrival of their baby and share their joy at this happiest of times with loved ones who might not otherwise be able to visit in person," Shane said.

Nurse Unit Manager Anne Marshall added: "Earlier this year we had a school teacher Mum whose whole class was able to meet their teacher's new baby without ever leaving the classroom and without causing any disturbance in the hospital - just amazing!"

Clayton explains LAMB was designed with the convenience of hospital administration in mind, to ensure there would be no interference with staff duties.

Expectant mums simply register before going into hospital and then activate the service when their new baby arrives.

An SMS or email connects friends and family to live video direct from the baby's maternity cot with one click. The cot can be plugged into a special port anywhere in the hospital ensuring connection to the live video is available at anytime.

"We have a team of developers that make sure the video stream is accessible from the different mobile devices and networks," said Clayton.

"Mums choose their own password and have complete control over security. Some parents only send the link to their immediate friends and family while others post the link on Facebook."

For those without internet access on their mobile, an individual web page can be viewed from a computer, which Clayton believes can be an even richer experience.

The web page also provides important details such as the baby's name, date and time of birth, weight and length, with an online guest book allowing well wishes to be posted during the virtual visit.

A copy of the guestbook is then provided to the parents with a video keepsake.

"We've had really positive feedback from midwives because they can get on with their duties a little easier without so many visitors," said Clayton.

Leah Magliano agrees.

"We love Look@MyBaby and it sells itself. The guys at LAMB make it stress free for maternity staff and we really enjoy watching the parents enjoy the service."

Around 1000 babies have been 'visited' through LAMB so far.

"We are now offering the service in every state of Australia, with Healthscope our first national partner," said Clayton.

"We've also had interest from Thailand, Malaysia, Singapore and the United States.

"Our goal is to cover 200,000 babies, approximately two-thirds of the Australian population," said Clayton.

## PARK CENTRAL OFFERS MENTAL HEALTH CARE CHOICE

Since early this year, the Park Central Clinic at Campbelltown Private Hospital has been at full capacity.

Park Central Clinic offers a three week program for patients dealing with mental health issues and has been operating since mid 2009.

During their stay, patients attend a daily group session and see a psychologist twice a week for individual therapy.

Carla Sarkis is one of three psychologists at Park Central Clinic.

"The group sessions educate the patients about depression, anxiety, and anger, to help provide insight into what they may be experiencing emotionally and psychologically.

"During individual therapy sessions, a full history is taken to assess the issues in more depth, and help the patient gain tools to manage," said Carla.

Strategies using cognitive behavioural therapy and dialectical behaviour therapy as the basis help patients manage their mood and symptoms.



L-R: Tiffany Salter (ward clerk), Dr Angelo Virgona (Medical Director), Michelle Lorking (Occupational Therapist), seated Penny Jones and nurse Shannon Hepburn-Hines

Patients also see the clinic's chief psychiatrist Dr Angelo Virgona regularly, and undergo diversional therapy sessions, while an occupational therapist is on hand to give advice about sleep and diet. A physiotherapist is also available for patients suffering chronic pain.

Park Central Clinic treats a range of mental illnesses including depression, anxiety, adjustment disorder, bipolar disorder, schizophrenia, as well as post traumatic stress and personality disorders.

One local mother was admitted to Park Central Clinic when postnatal depression left her feeling desperate and suicidal nine weeks after the birth of her second child.

The young mother, who has chosen to share her story anonymously, was unable to sleep, suffered panic attacks and felt detached from her new baby.

She is confident the program at the Park Central Clinic has provided what she needed to recover and complimented the nurses for taking time to help her throughout.

"The nursing staff we have here are very, very important - a fundamental part of the work we do," said Carla.

"They're here all the time, to reinforce skills learned during sessions after hours when things can get really tough for patients. The Clinic wouldn't run without them."



Penny Jones and Carla Sarkis

The Clinic's Nurse Unit Manager Penny Jones has worked in mental health for nine of her fourteen years as a nurse.

Penny has been closely involved with Park Central Clinic from inception.

She explains the Clinic was purpose designed and built with the safety and needs of the patients in mind.

"Each of our 20 nurses is trained in mental health, so they are skilled in identifying and managing risk or crises.

"We have three clinical nurse specialists to ensure there is always someone available with training to provide counselling and support to patients," said Penny.

Carla said patients come at all ages, with the youngest aged 17 and the oldest over 80. The Clinic has treated a number of young adults and people from a range of cultural backgrounds.

To ensure continuation of treatment after discharge, a day patient program is offered, providing an extension of the skills learned during the in patient program.

"Generally speaking patients are in a better place to receive and practice the skills once they return home, so it is a good next step," said Carla.

"We're giving people in this area choice about their mental health care and our aim is to help people early in their illness, and get them better as quickly as possible," said Penny.





## GROUNDBREAKING SPINAL SURGERY IN CAMPBELLTOWN

Since it opened in 2007, Campbelltown Private Hospital has fast developed a strong reputation as a centre for healthcare excellence.

That reputation has been furthered after an anterior spinal fusion was performed at the hospital for the first time in June.



Orthopaedic surgeon Greg Etherington performed the anterior spinal fusion for a patient with back pain.

Anterior spinal fusions involve the surgeon making an incision in the lower abdomen to allow access to the front of the spine.

"This particular operation involved the L5/S1 which is the lowest of the discs. The entry incision made

in the lower abdomen is similar to what you would do for a caesarean section," said Dr Etherington.

The damaged spinal discs were removed and replaced with a custom made cage surrounded by bone graft to enhance bone fusion.

Dr Etherington has performed more than 90 of these procedures but was the first to perform the surgery at Campbelltown Private Hospital.

He is the only specialist that does anterior spinal fusions in the Campbelltown area which can have advantages for the patient's recovery.

"One of the biggest advantages is that anterior spinal fusions result in less blood loss and total avoidance of muscles at the back of the spine which makes for faster recovery."

General Manager Christine Profitt said it was a privilege for Dr Etherington to perform the ground breaking surgery at Campbelltown Private Hospital.

"It is very rewarding to see innovative surgical techniques that give our patients a quicker recovery time becoming more widely used," said Christine.



Dr Greg Etherington

"Our surgical staff really welcomed the opportunity to be involved with Dr Etherington in the performance of this operation."

Dr Etherington said anterior spinal fusions were becoming more common as developments in implants and surgical techniques advanced.

"The technique of joining bones together to treat back pain has been used for about forty years, but only over the past ten has it become more widespread," Dr Etherington said.

## Medtronic Innovating for Life – Quest for the Artificial Pancreas

Australians with type 1 diabetes now have access to new technology which mimics some key elements of the human pancreas. This new device can automatically suspend insulin delivery to potentially reduce the severity of low blood sugar, a dangerous and often frequent occurrence in diabetes management.

The MiniMed Paradigm™ Veo™ System from Medtronic combines insulin pump therapy and continuous glucose monitoring with a unique new capability to automatically suspend insulin delivery temporarily if glucose levels become too low, helping to potentially prevent low blood sugar (also known as hypoglycaemia) when a person is asleep or unable to react.

Hypoglycaemia is common and can be one of the most frightening aspects of living with type 1 diabetes. If left untreated, hypoglycaemia can cause loss of consciousness, seizure, coma or even death.<sup>i</sup>

There are currently more than 140,000 people with diabetes in Australia with type 1 diabetes, which is thought to be increasing at a rate of 3 per cent amongst Australian children.<sup>ii</sup> A third of type 1 diabetes patients suffer

from hypoglycaemia while asleep, which may impair their ability to recognise or act to prevent a serious episode.<sup>iii</sup>

The MiniMed Paradigm™ Veo™ System includes an insulin pump with continuous glucose monitoring (provided by means of a separate sensor and transmitter). The patient uses readings from the monitor in conjunction with occasional confirmatory fingerstick measurements to understand their current glucose level, and program the insulin pump to deliver the appropriate amount of insulin. However, if data transmitted from the sensor shows that the patient's glucose levels have dropped below a defined threshold, the insulin pump automatically suspends insulin delivery for up to two hours. This may help to protect against or reduce the severity of potentially dangerous hypoglycaemic events.

While some patients can experience 'warning signs' before a hypoglycaemic

event (such as feeling shaky, sweating, tingling in the lips, going pale, heart pounding, confusion and irritability), others do not experience any warning signs at all.

Eventually, Medtronic hopes to deliver a fully automatic product that will function exactly like a healthy pancreas - monitoring glucose levels and delivering the right amount of insulin without any user intervention whatsoever. With the Paradigm™ Veo™ we are another step closer to closing the loop.

More information is available at: [www.medtronic-diabetes.com.au](http://www.medtronic-diabetes.com.au)

i. Diabetes UK: [http://www.diabetes.org.uk/en/Guide-to-diabetes/Complications/Short\\_term\\_complications/Hypoglycaemia/](http://www.diabetes.org.uk/en/Guide-to-diabetes/Complications/Short_term_complications/Hypoglycaemia/) (Accessed 23rd April 2009)

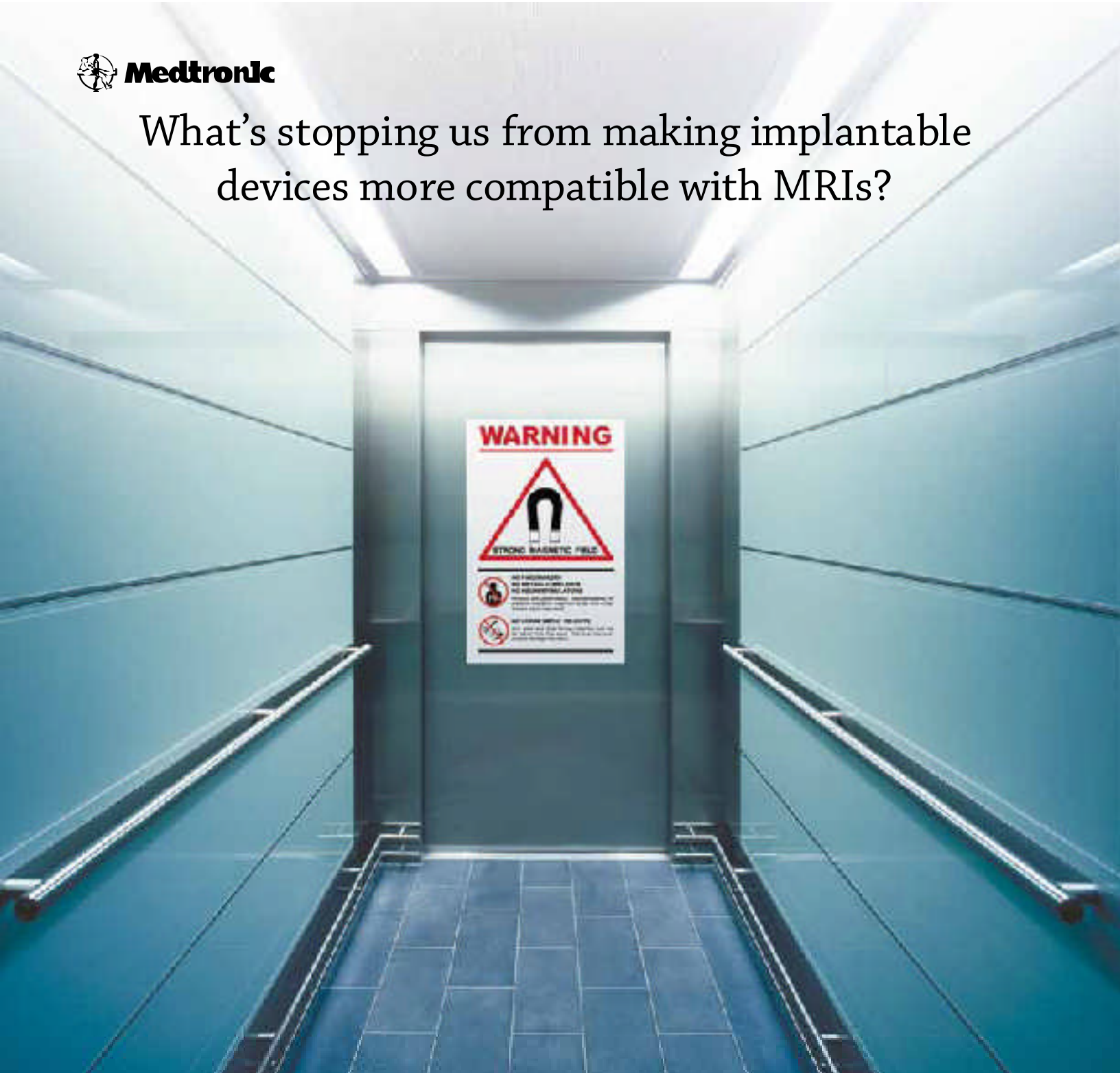
ii. [http://www.jdrf.org.au/s/media/documents/factsheets/what\\_is\\_type\\_1\\_diabetes\\_2009.pdf](http://www.jdrf.org.au/s/media/documents/factsheets/what_is_type_1_diabetes_2009.pdf)

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## ADVANCES IN IVF DELIVER NEW POSSIBILITIES

In days gone by, women unable to fall pregnant naturally had few solutions for their fertility issues. That was until the birth of in vitro fertilisation.

For one in six couples that need help to achieve pregnancy, in vitro fertilisation (IVF) services are available at a number of Healthscope hospitals.

IVF is a process by which eggs are fertilised by sperm outside the womb or in vitro which comes from Latin meaning in the glass.

There can be a number of reasons for infertility in women, such as endometriosis which can sometimes be resolved with surgery, or Poly Cystic Ovarian Syndrome. Men may also have fertility issues leading to low sperm counts, or poor quality sperm.

For the past 30 years in Australia, IVF has been a major treatment in cases of infertility when other methods of assisted reproduction fail.

In Tasmania, the main provider of in vitro fertilisation services is TasIVF which operates a clinic at St Helen's Private Hospital and

specialist consulting rooms in Burnie, Devonport and Launceston.

"Patients start by seeing one of our fertility specialists to determine if IVF treatment is right for them," said TasIVF CEO, Simon Barker.

Eligible patients will then attend the clinic at St Helen's Private Hospital where an individual treatment plan is developed.

The most common involves using a nasal spray to stop all normal hormonal activity followed by daily injections to stimulate growth of follicles on the ovaries.

After undergoing a treatment cycle, eggs are retrieved in a day surgery procedure at St Helen's Private Hospital.

TasIVF laboratory scientists then fertilise the eggs, either by mixing the sperm with the eggs (IVF), or by selecting a single sperm and injecting each egg individually (Intracytoplasmic Sperm Injection or ICSI).

"Within five days, 96 per cent of patients will have at least one embryo available for transfer back into the uterus. The embryo transfer will ideally result in a pregnancy 16 days later," said Imogen Liew, TasIVF Lab Manager.

The process of stimulating the ovaries to produce more than one mature egg, known as a stimulated cycle, may result in the production a number of fertilised eggs (embryos). In most cases only one is returned to the uterus at a time, and the remaining embryos frozen.

If the stimulated cycle doesn't result in a pregnancy, the patient can undergo a frozen transfer cycle the following month using thawed embryos. This can be repeated as often as needed.

The embryos can remain frozen for up to ten years which also gives people the option of coming back for further pregnancies in later years.

Dr Bill Watkins, TasIVF Clinical Director, said a little over 50 per cent of women will achieve a pregnancy from their first egg collection.

"Tasmania has the highest IVF baby rate nationally at 3.7 per cent - that is 1 in 27 births in Tasmania is an IVF baby," said Dr Watkins.

Newcastle Private Hospital also offers in vitro fertilisation through Hunter IVF. According to Hunter IVF Nurse Manager Yvonne Lynch, people use the service for a range of reasons.

"There is a preconception that IVF services are only used by older women

that have left their run too late but the majority of our patients are aged between 20 and 35," said Yvonne.

Yvonne explains that women aged under-35 have up to a 55 per cent chance of falling pregnant with IVF.

"We did over 500 egg collections at Newcastle Private Hospital last year.

"Some women go through the cycle just so they can donate their eggs to a friend," said Yvonne.

Providing donated sperm, eggs or embryos is part of the Hunter IVF service.

Hunter IVF also works with patients that need radiation therapy for cancer who are concerned about the effects of the treatment on their fertility.

"Embryos, eggs or sperm can be frozen and stored for later use," said Yvonne.

TasIVF offers a similar service.

"If a male has testicular cancer we may freeze and store sperm before he commences radiation treatment.

"Similarly if a woman is to undergo treatment that may threaten her fertility we can freeze her eggs or create embryos with her partner's semen which can then be stored for use when treatment is complete," said Imogen.

## MEDICARE SAFETY NET CHANGES AND IVF

On 1st January 2010, the Medicare Safety Net rebate was capped, reducing the amount that can be claimed back for out of hospital medical expenses including IVF.

This means that there is now a limit on how much can be claimed back from Medicare for IVF related services, increasing out of pocket costs for patients.

Andrew Craig, CPA, is a partner at Melbourne-based accounting and financial services firm 4orward Financial Services.

Andrew explains there is some compensation available from an unlikely place.

"An amount can be claimed through the tax return. It's not a tax deduction but rather an offset; there's an item in your tax return called a Medical Expenses Tax Offset.

"You can claim a tax offset of 20 per cent (20 cents in the dollar) of your eligible net medical expenses over \$1,500, including IVF services.

"There is no upper limit on the amount you can claim. You simply have to pay the medical bills before the end of the financial year to be eligible to claim the offset.

"For example, if you spent \$5,000 on medical expenses that were not funded by Medicare, you would receive a tax offset of \$700 in your tax return.

"While it's no replacement for losing the 80 per cent Medicare Safety Net, it can help numb the pain a little bit," said Andrew.

Some service providers including TasIVF and Hunter IVF have also adjusted their pricing structure so the cost of IVF doesn't increase too much for patients.

For a list of eligible medical expenses and further information on the Medical Expenses Tax Offset visit [www.4orward.com/sitecontent/index/medicaloffset](http://www.4orward.com/sitecontent/index/medicaloffset).

## Your five-step super make over

Have you let your super routine slip in recent months? Well, reclaiming your sense of financial security needn't be a hassle.

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### 3. A healthy glow

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For more information on HESTA, your health and community services super fund, visit [www.hesta.com.au](http://www.hesta.com.au) or free call 1800 813 327.

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## RANZCP PAY TRIBUTE TO PROFESSOR GRAHAM BURROWS

Professor Graham Burrows from The Melbourne Clinic was recently honoured by the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

The RANZCP awarded the Medal of Honour in recognition of Professor Burrows' contributions to the College, the community and the profession of psychiatry.

Throughout his career Professor Burrows has campaigned tirelessly for the welfare of people affected by mental illness, both nationally and internationally.

With a long history of advocacy and leadership, Professor Burrows was appointed an Officer of the Order of Australia in 1989, in recognition of his services to medicine.

In addition to founding The Melbourne Clinic with a group of psychiatrists, Professor Burrows has been actively involved in voluntary organisations including The Mental Health Foundation of Australia.

He was central to the establishment of modern psychopharmacology in Australia.

Professor Burrows has been recognised internationally for major commitment to psychiatry and

mental health, particularly through his roles on advisory boards and organisations around the world.

These include The World Federation for Mental Health, The Australasian Society for Psychiatric Research, World Health Organisation and the Collegium Internationale Neuro-Psychopharmacologicum (CINP), among others.

Professor Burrows has also earned international recognition for vital research into mood and anxiety disorders, chronic pain and psychosomatics, and hypnosis.

His contributions to psychiatric literature include authoring 104 books, approximately 800 scientific articles in refereed journals, as well as providing many chapters for other books. He has also served on editorial boards of 30 Australian and international journals.

In his numerous roles with the RANZCP, particularly with the Victorian Branch Committee since 1970, Professor Burrows has been a leader in engaging with the community, the media and in areas of policy and practice standards.

The RANZCP commended Professor Burrows as a most worthy and meritorious recipient of the Medal of Honour for his sustained involvement with the College over a forty-year period.



Professor Graham Burrows

"I was deeply honoured," said Professor Burrows of the award.

"It is always good to be recognised by my colleagues, both nationally and internationally."

After accepting the Medal of Honour, Professor Burrows went on to chair the 7th World Congress on Stress in The Netherlands in August and to Co-Chair the Heart & Mind Psychogenic Cardiovascular Disease Conference in September in Prato, Italy.



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### thePulse READERSHIP SURVEY

This is the fourth edition of *The Pulse* 2010 and we would like your views about what you think of the content, its 'readability' and what should or should not be included. The magazine is distributed to Healthscope establishments, politicians, business and specialist journalists. Please let us know what you think by emailing your suggestions to *The Pulse* at: [thepulse@healthscope.com.au](mailto:thepulse@healthscope.com.au)

Your views are important to us and we look forward to your feedback

*doctor profile*

**BELLBIRD  
ORTHOPAEDIC  
SURGEON  
BRUCE LOVE**

Associate Professor Bruce Love has long been associated with Melbourne's Bellbird Private Hospital where the highly regarded orthopaedic surgeon has performed hip and knee replacements for over 25 years.

"Many of our patients suffer from osteoarthritis which is simply wear and tear of the joint.

"The risk of osteoarthritis is increased by serious injury, whether it is caused by a traffic accident, or tearing a cruciate ligament

while playing football or netball," said Associate Professor Love.

He explains that osteoarthritis patients are first recommended to modify their lifestyle.

"Often patients can manage for an extended period of time by making simple changes such as increased exercise, weight loss if needed, and avoiding anything that aggravates the joint affected by the disease to reduce discomfort.

"Anti inflammatory medication, a brace or walking stick may also be suggested, however there are no treatments available to alter the underlying arthritis and a percentage of patients will require a joint replacement," he said.

Associate Professor Love explains the urban myth that joint replacements will only last ten years is incorrect.

"Ninety per cent of hip or knee replacement patients only require one operation on that joint in their life, while a small percentage will have complications that eventually necessitate a second operation," he said.

Associate Professor Love said the patient's ability to return to sport after a joint replacement will vary.

"Findings from studies show the more body contact involved in the sport the less likelihood of returning

after a joint replacement, while sports like golf, bowls, croquet, can be continued if the desire is there.

"Some people become protective of their joint and therefore don't go back to playing sport, not because they can't, but they've lost the enthusiasm," he said.

Associate Professor Love was first introduced to orthopaedics early in his career and liked it instantly.

"It is mechanical and three dimensional and you can observe an outcome which is very satisfying. I enjoy doing the surgery more than anything," he said.

Associate Professor Love has presented research papers at the Australian Orthopaedic Association regularly over the last 20 years and has lectured internationally in Europe, Asia, North and South America.

Known for his innovation, the Associate Professor developed a computer program that closely matches the patient's bone anatomy to the replacement joint.

Known as the Orthopaedic Work Station, the program creates the ideal geometry and size for the joint replacement at the time of surgery, thereby improving accuracy and timeliness.

So successful was the program that facilities were established at Bellbird Private Hospital for the Orthopaedic Work Station to be used regularly.



Associate Professor Bruce Love



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## EXPLAIN PAIN: EDUCATION AT NORTH EASTERN REHABILITATION CENTRE

Hundreds of patients have been helped by the pain management program at North Eastern Rehabilitation Centre (NERC) since it began in 2007.

The interdisciplinary program is led by an allied health team of physiotherapists, occupational therapists, exercise physiologist, psychologists and psychiatrists, and overseen by rehabilitation specialists with expertise in management of chronic pain.

The program is tailored to meet individual needs, assisting those with persistent pain to acquire skills and knowledge to treat and manage their condition.

"The overall aim is for patients to learn to care for themselves and eventually return to work and other meaningful activities," said Angela Clancey, Allied Health Manager.

Pain management sessions at NERC are predominantly individual, and group interventions include Feldenkrais awareness through movement, core stabilisation, functional posture and movement

re-education, work preparation, cognitive restructuring, relaxation and even gardening.

Strategies from the pain management program have also been implemented with other NERC programs, for example during early stages of acute rehabilitation after surgery.

NERC offers inpatient and outpatient programs in pain management, accommodation for rural patients, with facilities including expansive therapy areas, gym space and hydrotherapy.

As part of its continuing education in pain management, NERC will host the Explain Pain seminar in October, featuring internationally renowned speaker and author David Butler.

David has taught over five thousand clinicians in 25 countries on concepts of clinical reasoning, physical health of the nervous system and pain sciences, and has presented at countless scientific conferences worldwide.

As well as being the author of three books including Explain Pain, David is known for innovative thinking, translating scientific findings into



Physiotherapist Brendon Haslam with Angela Clancey

every day applications, and his ability to communicate both with ease.

His Explain Pain seminar will be attended by NERC rehabilitation physicians, allied health and nursing staff, and aims to facilitate effective change and behaviour for patients and health care professionals.

The seminar follows last year's successful education evening on pain management strategies, attended by 50 participants. With high demand for places at this year's seminar, plans are already underway for a repeat event in 2011.

For information about the NERC pain management program contact Helen Robinson pain management coordinator

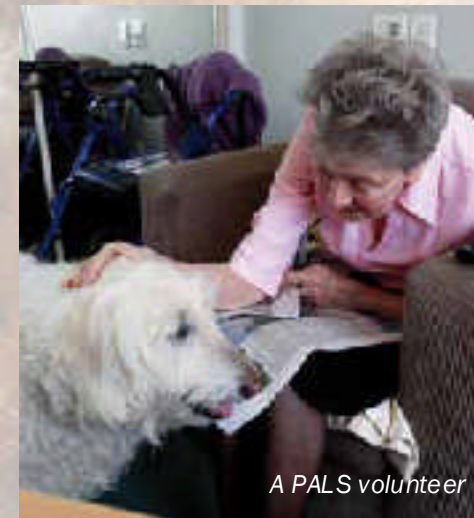
[hrobinson@healthscope.com.au](mailto:hrobinson@healthscope.com.au)

## PET PALS BRING LOVING SUPPORT TO NERC PATIENTS

The Lort Smith Animal Hospital has been sending a very special group of volunteers to visit patients and staff at the North Eastern Rehabilitation Centre (NERC).

A group of 300 volunteers with the Lort Smith's PALS (Pets are Loving Support) program take their dogs to visit nursing homes and hospitals in Melbourne and Geelong.

The PALS volunteers visit 63 facilities including NERC, where patients are separated from their own pet or in some cases, have simply never had one.



A PALS volunteer

According to Dr Sasha Herbert, Deputy Head Vet from the Lort Smith, well documented evidence supports the benefits of the human-animal bond.

"Pets bring love, comfort and simple companionship during deeply distressing times such as physical or mental illness and emotional anguish," said Dr Herbert.

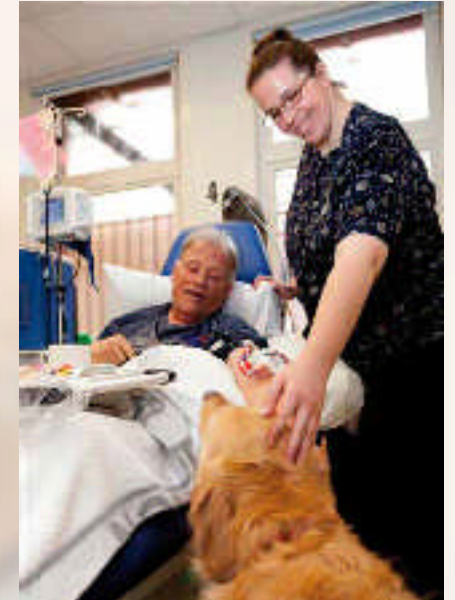
Acting Director of Nursing, Allan Krechowitsch explains the PALS volunteers visit NERC at least once a month.

"The volunteers usually move between rooms to get a feel for whether the patient is receptive to the animal," said Allan.

"Generally even people that are a little bit unsure initially become relaxed. The animals can help to distract people with pain issues, if even for short time."

Dr Herbert said both staff and patients find these sessions relaxing and rewarding.

"We hope to share some of the joy we get from our dogs with people



A PALS volunteer meets a patient at North Eastern Rehabilitation Centre

who are unable to have an animal of their own," said Dr Herbert.

The PALS volunteers range from a tiny Papillion to a 108 kg English Mastiff called Bronx.

The dogs and owners undergo training and assessment before joining the hospital visiting team and also gain specific experience before visiting nursing homes or rehabilitation hospital.

## DAY SURGERY OPENS AT PENINSULA PRIVATE HOSPITAL

**Facility:** Peninsula Private Hospital  
**Specialities:** General and Gynaecological Surgery, Rehabilitation  
**Address:** Cnr George & Florence Streets, Kippa-Ring, QLD 4021  
**Telephone:** (07) 3883 9300

Mayor of the Moreton Bay Regional Council, Allan Sutherland was on hand to officially open the new day surgery unit at Peninsula Private Hospital in July.

Peninsula Private Hospital is a 69-bed facility with 14 day surgery beds. It has been caring for the residents of Queensland's Redcliffe peninsula for 28 years. Healthscope purchased Peninsula Private Hospital in 2002.

The last two years have seen significant redevelopment at Peninsula Private Hospital.

This includes the refurbishment of patient accommodation and the hospital foyer, upgrade of the endoscopy theatre to a minor operations theatre, and the addition of the new day surgery unit.

"We've attracted new surgeons to Peninsula Private since the new unit was developed, resulting in significant growth of orthopaedic



(L-R) Surgical nurse unit manager Nikki Stuart and Katrina Ryan, pictured with the Mayor

and day surgery procedures," said General Manager, Katrina Ryan.

Peninsula Private Hospital also offers general and gynaecological surgery, as well as rehabilitation.

The rehabilitation unit runs day programs four times a week, which include reconditioning and hydrotherapy.

"Reconditioning assists patients after surgery to become physically well enough to function as they did before," said Katrina.

The 20 bed rehabilitation unit also cares for elderly and frail patients, as well as those affected by an accident or stroke.

"We've had such growth in our rehabilitation patients, with full occupancy since December that we now need to expand the service."

"Our future plans for the hospital also include further expansion of our inpatient and day programs," said Katrina.

## LIGHTING THE WAY FOR CANCER RESEARCH

Ringwood Private Hospital raised \$6,000 for the Prostate Cancer Foundation of Australia at its annual fundraising dinner Lighting the Way in June.

The fundraising event was created in 2003 by the Cancer Support Coordinator who recognised that clinical research lights the way for all who are touched by cancer.

Each year a different organisation working in cancer research is chosen to receive funds raised at the event.

This year the National Research Program at the Prostate Cancer Foundation of Australia was selected to raise local community awareness.

Prostate cancer is the most common cancer in Australian men, after skin cancer and the second highest cause of male deaths. Every year 3,300 men die of prostate cancer, similar to the number of women who die annually from breast cancer.

Ringwood Private Hospital Urologist Mr Yee Chan spoke and resident Oncologist and Head of Medical Advisory Committee Dr Philip James spoke at the event.

Director of the Prostate Cancer Foundation's National Research Program Dr Miranda Xhilaga also presented, as did prostate cancer survivor Barry Mumane, who shared his own personal insight into the disease.

Funds were raised by raffles, silent and live auctions. All raffle and auction items were generously donated by local businesses, staff and community members.

The most sought after auction item of the night was an iPad Touch kindly donated by Healthscope.

Cancer Support Coordinator and event organiser from Ringwood Private Hospital, Tracey Moroney said Lighting



Ringwood Private Hospital General Manager Sue Hewat with new IPAD owner Felicity Aichberger.

the Way 2010 had been the most successful fundraising event so far.

"Over the last financial year, Ringwood Private Hospital has raised over \$17,000 for a range of organisations involved in cancer care and management," said Tracey.

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## AWARNESS VITAL TO PROSTATE CANCER SURVIVAL

According to a National Capital Private Hospital urologist, media campaigns encouraging men to be more aware of their health are vital to the fight against prostate cancer.

"With the work of men's health organisations and Movember in raising awareness of prostate cancer, men are more willing to discuss the issue at least with their partners or friends," said Dr Hodo Haxhimolla.

This year close to 20,000 men will be diagnosed with prostate cancer and more than 3,300 will die as a direct result.

Prostate cancer is the second most common cancer diagnosed in Australia according to the Australian Institute of Health and Welfare, and it is the second greatest cause of cancer deaths in men.

"Often it is only when there is an issue that men seek help from a doctor and even then, it is usually their wife or partner that encourages them," said Dr Haxhimolla.

Most General Practitioners can conduct an examination of the prostate and the Prostate-Specific Antigen (PSA) blood test.

Dr Haxhimolla explains PSA is not a cancer specific test but it is prostate specific.

"Any pathology that affects the prostate will have an impact on the PSA level, for example urinary tract infections, benign prostatic hyperplasia and prostate cancer.

"The higher the PSA the more predictive it is of cancer. For example if the PSA level is 20 or more, the risk of cancer may be as high as 75 per cent.

"When PSA is elevated or a physical examination finds something abnormal, we need to investigate further with a prostate biopsy, which is a day procedure with minimal side effects," he said.

Dr Haxhimolla recommends men get a PSA test every year from the age of 50 or from 40 if there is a family history of prostate cancer or symptoms.

"I have diagnosed men with cancer of the prostate as young as 40 and even younger," said Dr Haxhimolla.

"Ideally if a diagnosis is made when the patient's PSA level is less than 10, there is a greater chance of treating the cancer successfully."

Recommended treatment depends on a number of factors relating to the cancer and the patient, with options including radiotherapy, keyhole or laparoscopic surgery, and robotic assisted surgery.

Dr Haxhimolla was one of the first urologists in Australia to perform robotic assisted laparoscopic prostatectomy, which is now commonly used.

"The robotic equipment allows surgeons to remotely operate the laparoscopic instruments," he explained.

The advantage of laparoscopic surgery is that it is quicker, less invasive, with minimal blood loss making recovery time quicker.

"The patient's stay in hospital is very short, usually no more than three days, and they can get back to work much quicker."

Dr Haxhimolla has been involved in teaching keyhole surgery on the prostate to urologists in Australia and abroad.

He said the benefits of keyhole surgery include the surgeon's ability to feel the tissues they are operating on, as well as causing less damage to normal tissue and minimal disturbance.

"There are also indications that new techniques such as a special stitch called Rocco to reattach the urethra to the bladder can help patients to regain their urinary continence quicker, however this is dependant on the individual case."

Dr Haxhimolla has also been involved in studies on new

technology including a system which provides 3D images during surgery.

However, he said commonly used technology that has proven very helpful is Magnetic Resonance Imaging (MRI) with spectrophotometry.

"It is very useful because it allows the tumour to be located in the prostate and allows us to plan surgery and individualise treatment," said Dr Haxhimolla.

Dr Haxhimolla believes it is vital that patients are well informed about potential side effects.

"All of our patients see a physiotherapist before surgery to learn pelvic floor exercises that will help regain their continence."

He said the best result for urologists is curing the cancer, restoring urinary continence and erectile function.

"The overall aim is to improve outcomes for patients and ideally to restore these two functions as much as possible after surgery", Dr Haxhimolla said.

## ADVERTISE IN *thePulse*

*The Pulse* is a seasonal Healthscope publication which is distributed free to key Healthscope staff, management and Board members. Additionally, it is read by doctors, health industry decision-makers, politicians in the health portfolio, journalists and public subscribers.

*The Pulse* also enjoys a captive audience finding its way into the waiting rooms of every Healthscope hospital, medical centre and pathology collection centre in Australia and internationally across more than 350 locations.

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## EXCELLENT RESULT FOR MELBOURNE PRIVATE HOSPITAL

Melbourne Private Hospital received an outstanding 11 out of 14 Extensive Achievements during the recent two year accreditation review.

Healthscope hospitals undergo accreditation every two to four years by the Australian Council on Healthcare Standards (ACHS).

According to ACHS, accreditation is a way to ensure hospitals are safe and provide consistently high quality care with minimal risk.

In May, Melbourne Private Hospital underwent periodic review of the 14 mandatory criteria and the completion of previous recommendations from its previous Organisational Wide survey in 2008.

All previous recommendations were closed with 11 EA ratings (extensive achievement) and 3 MA ratings (moderate achievement) awarded. Hospitals must achieve MA to maintain accreditation.

Melbourne Private Hospital was awarded for high standards of infection control, risk management, policy management, care planning, care evaluation and patient assessment among other criteria.



ACHS accreditation surveyors commented that the hospital clearly demonstrated a strong commitment to quality and risk management.

"Since our last accreditation Melbourne Private Hospital has improved considerably. Our excellent results have been a team effort," said General Manager, Leanne Umstad.

"Melbourne Private's philosophy is to drive quality from an Executive-Quality Manager level

and support staff in achieving their goals," Leanne said.

Linda Brennan from ACHS congratulated Leanne, Quality Manager Bridget Monaco and all staff.

"Eleven criteria at EA level and three criteria at MA rating level, is a remarkable achievement.

"ACHS appreciates the time and attention given to the details of this survey," said Linda.

## COMMUNITY PROGRAMS TAKE STEPS TO INCREASE SKILLS

In response to a new government initiative to ensure disability service workers have adequate training, Northern Territory regional coordinator of Community Programs Liz Taylor made sure her staff are a step ahead.

"We have an increasing numbers of people joining Community Programs residential services in Darwin, so the skill and experience of my staff is important," Liz said.

Community Programs in Darwin care for patients with acquired brain injury and early stage dementia, which requires staff to have special skills.

With the Certificate IV in disability services qualification soon to be compulsory, Liz approached STEPS Training about furthering the education of her staff.

"I saw an affinity with the focus of the STEPS Training program on breaking down isolation and segregation, and building greater levels of dignity and confidence. These are also the aims of Community Programs.



Jess Frawly, Cecilia Castro, Sandra Robinson, Dora Chan, Rach O'Doherty and Kara Mills with David Sheasby.

Seven of the Community Programs staff began the Certificate IV with STEPS Training late in 2009 and will soon complete the course.

As well as assisting with the specifics of the qualification, Liz said STEPS Training provided staff with support on a weekly basis.

"STEPS helped my team get through and also made the training relevant to our daily work schedule.

I believe the one-on-one support has made this a lot easier," said Liz.

Liz is now looking to further her own training through STEPS.

"We work with their work schedules and tailor courses to what they will need in their practical working life," said trainer David Sheasby from STEPS.

## NEWCASTLE PRIVATE ONCOLOGY GIVES CANCER PATIENTS MORE OPTIONS

For the first time Newcastle Private Hospital is offering oncology services.

Services previously offered at another facility recently relocated to Newcastle Private Hospital, where the expense of facilities will make treatment a little easier for cancer patients.

"Oncology specialists were looking for a way to provide more services for patients and we are confident that relocating both the inpatient and outpatient program to Newcastle Private Hospital will achieve that," said General Manager, Shane Neaves.

The new program includes a day oncology unit, x-ray, cat scans and pathology on site, and is supported by the Newcastle Private Hospital's intensive care unit, surgical, and rehabilitation services.

Nurse Unit Manager Jennifer Fernie has been working in cancer treatment for 20 years, and relocated with her team to Newcastle Private Hospital with the program.

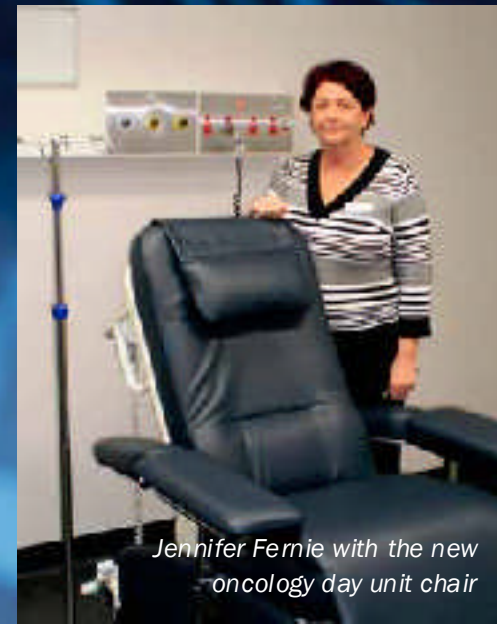
"We can offer a suite of services at Newcastle Private Hospital which means doctors and nurses can continue to care for patients throughout their treatment.

"Previously patients that needed surgery for ovarian or bowel cancer needed to be moved for their treatment. Similarly patients were sent elsewhere for tests. This is a big improvement for patients and staff," said Jennifer.

With the same oncology nurses joining the service at Newcastle Private Hospital, Jennifer believes the familiar faces will help make the transition easier for patients.

An area of the hospital underwent refurbishment to accommodate the new day oncology unit, which opened on 30 August, offering nine treatment chairs and two consulting rooms.

Jennifer describes it as a one stop shop where patients can see their doctor, undergo treatment, as well as having required blood tests or x-rays.



Jennifer Fernie with the new oncology day unit chair

Newcastle Private Hospital's rehabilitation unit which includes a hydrotherapy pool will also benefit cancer patients, particularly the transport service for outpatients.

The clinical trial unit will continue to work alongside the oncology program at Newcastle Private Hospital. There are currently 13 clinical trials of new cancer treatments underway.

"We plan to open a centre of excellence for cancer at Newcastle Private Hospital within 18 months, which will also include radiotherapy treatment," said Jennifer.

## NEW ONCOLOGY UNIT AT NORWEST PROVES POPULAR

With a unique design to ensure comfort, the new oncology unit at Norwest Private Hospital is proving popular with patients and staff.

The Norwest Chemotherapy and Infusion Suite has been operating since July.

Bill Tidmarsh has undergone chemotherapy at Norwest Private Hospital to treat Non-Hodgkins Lymphoma since he was first diagnosed in 2000.

Mr Tidmarsh was very impressed by the new unit.

"It almost feels like you're not in hospital at all," he said.

Oncology nurse Debby Moran manages the unit and said the response from staff as well as patients has been positive.

"For some patients chemotherapy can take up to eight hours a day so the environment they're in is important," Debby said.

A special design feature of the oncology unit is a sky ceiling which gives the inside of the suite natural light and warmth. It is the first of its kind to be installed in the east coast of Australia.



Debby Moran oversees Bill Tidmarsh during treatment

The Norwest Chemotherapy and Infusion Suite features eight treatment chairs and two beds, more than double the capacity of the previous oncology unit.

"Oncology services at Norwest Private Hospital treat up to 175 patients each month so there was a need to expand the facilities," said General Manager, Deborah Fogarty.

The unit ensures patients have enough room to be accompanied

by a visitor and parking is available at the door to ensure easy access.

Patients also have the option of individual television screens and radios to help pass their time in the suite.

"We try to provide a flexible service that fits in with patients' work and daily life so that the chemotherapy is not the main focus - life continues around their treatment," said Debby.

## GROWING OUR OWN TALENT AT HEALTHSCOPE: CAREER OPPORTUNITIES FOR ENROLLED NURSES

There are many reasons Healthscope is a preferred employer for Enrolled Nurses, with over 1400 employed nationally, the majority in hospitals, and an increasing number in medical centres.

Healthscope offers Enrolled Nurses opportunities in acute, rehabilitation and mental health hospitals, medical and surgical units, with specialties ranging from midwifery, to emergency.

"In response to national and international nursing shortages, Healthscope initiated a strategy to recruit, develop and retain both Enrolled and Registered Nurses," said Fiona Langley, National Nurse Workforce Manager.

This included establishing targets in acute and rehabilitation hospitals to ensure a fair mix of opportunities, roles and participation for both.

Healthscope's Graduate and Novice Nurse Programs are highly valuable for Enrolled Nurses. Over 150 Enrolled Nurses have increased their skills to become medication endorsed, and others have progressed to Registered Nurses.

Following are just a few examples of many talented Enrolled Nurses whose careers have progressed with Healthscope.



Ruby Sotaro

Chloe Tonkin completed the Graduate Nurse Program at John Fawcner Private Hospital, before joining the surgical unit at Cotham Private Hospital where she started the Novice Nurse Program earlier this year.

"Healthscope's Graduate Nurse Program provides a great transition for Enrolled Nurses wanting a career in the hospital system, where it can be difficult to get a foot in the door without acute experience.

"The Novice Program opened even more doors in the operating theatre, where I am learning lots and enjoy consolidating my skills in this acute specialty area," said Chloe.

Ruby Sotaro started at The Melbourne Clinic as an Enrolled Nurse in the acute inpatient unit.

In 2008 Ruby commenced her Registered Nurse education, working in intensive care while completing her studies.

"Everyone including management and my colleagues are extremely supportive and accommodating - I could not have done this without the support of The Melbourne Clinic.

"When I chose The Melbourne Clinic as an Enrolled Nurse, I was considering my career development, and I'm proud to say that I have made the right choice," said Ruby.

Kayla Karaitiana also commenced as an Enrolled Nurse with The Melbourne Clinic in the acute inpatient unit. Kayla went on to become part of the team that assisted with establishing new



Kayla Karaitiana

units during the hospital's recent redevelopment and expansion.

Earlier this year Kayla commenced her nursing degree and has been working nights in the geriatric inpatient unit while she studies.

"I love working here. The management team have been very approachable, supportive and flexible as I further my nursing education," said Kayla.

General Manager of The Melbourne Clinic, Andrew McKenzie said the hospital is happy to support Enrolled Nurses to progress their careers.

"I was pleased to see Ruby and Kayla showing such initiative and commitment to their ongoing education," said Andrew.

Jacqui McDonald trained as an Enrolled Nurse in England before completing a diploma in orthopaedics. Jacqui joined The Mount Hospital as an orthopaedic technician 20 years ago, and eventually became a senior orthopaedic nurse.

Today Jacqui is the Orthopaedic Coordinator, managing two orthopaedic technicians as well as Registered and Clinical Nurses. She was a finalist for Enrolled Nurse of the year in 2008 and said The Mount Hospital has always been supportive.



Krisztina Kurti

"Whatever we do reflects on us individually and also on the hospital so we should always strive to do our best. You have to take a hands-on approach, that's how I've learnt," said Jacqui.

Krisztina Kurti came to Australia from Hungary, where she was a Registered Nurse. Before returning to work, Krisztina needed to take the IELTS English test which allowed her to work only as an Enrolled Nurse.



Jacqui McDonald



Tania Spencer and Heather Burgess

Krisztina joined the Allamanda Private Hospital's cardiac unit, where she drew on her nursing experience and received training to read ECGs, care for angioplasty and angiography patients. She is now in her fifth year in Allamanda's Intensive Care Unit.

"I have been lucky enough to have had the education to

help the Doctors with Toes and Cardioversion over the last four year. I have learnt so much working with such knowledgeable people who continue to make me smile every day.

"As I only have my husband and two children in Australia, my work colleges are like my extended family," said Krisztina.

Flinders Private Hospital introduced Enrolled Nurses into the Graduate Nurse Perioperative Program in 2009.

Three Graduate Enrolled Nurses have already completed the program and fulfilled their perioperative competencies. Two of the graduates, **Tania Spencer** and **Heather Burgess**, continue to work at the hospital.

"Both Tania and Heather are valuable, experienced contributors to our department and keen to advance their skills in their new career paths," said Sandy Thatcher, Perioperative Development Manager at Flinders Private Hospital.

Fiona Langley added: "Varied and interesting programs and diverse career opportunities certainly exist for Enrolled Nurses who are keen to make a difference, be an integral part of the health care team, and grow their career at Healthscope."

## NEW HYBRID THEATRE BRINGS THE FUTURE OF SURGERY

The future of surgery has begun at the Prince of Wales Private Hospital, bringing benefits for patients, surgeons and staff.

The integrated hybrid operating theatre is a surgical environment that includes an angiography machine usually only found in a cardiac catheterisation laboratory.

Combining powerful x-ray capabilities with a sterile operating room allows surgeons to conduct interventional and conventional procedures in one designated theatre.

"The hybrid theatre can be used for interventional vascular and neurosurgical procedures using the angiography machine, as well general surgery," said Prince of Wales Private Hospital General Manager, Deborah Latta.

"Importantly, angiography and surgical procedures can be conducted in the same place at the same time for patients that require both," said Deborah.

Vascular surgeon Dr Ramon Varcoe agrees that the strength of the hybrid theatre is the ability to combine open surgery with state-of-the-art imaging.

"The angiography machine is equipped with a CT scanner so we

can perform diagnostic imaging on the operating table in an emergency situation, and then get on with treating the patient either through open surgery or endovascular techniques.

"As an example you may need to use both endovascular and surgical techniques during a bypass operation when an adjunctive catheter based intervention is needed, such as placing a stent," said Dr Varcoe.

"That means patients do not have to be moved to a different theatre for the procedure. Particularly patients that are very sick will benefit from having a single anaesthetic and location for both diagnostic imaging and treatment," said Dr Varcoe.

Benefits for the patient include less time in hospital after surgery and faster recovery, and as Deborah Latta explains, there are benefits for hospital staff and surgeons too.

"Prince of Wales Private Hospital does not have much room to expand so the hybrid theatre allows us to be more flexible and efficient in our use of space," said Deborah.

The hybrid theatre covers 70 square metres and in addition is a computer

room, control room for radiographers to work during procedures, scrub and anaesthetic bay.

The theatre, which commenced operating on 5th October, has significant potential for future life saving procedures.

"The hybrid theatre will accommodate percutaneous aortic valve replacements in future, a less invasive procedure than open heart surgery which is currently being trialled in Australia," said Deborah.



## WA MEDICAL CENTRE GROUP AWARDED FOR COMMITMENT TO RURAL HEALTH & TRAINING

The newest addition to Healthscope Medical Centres, the Broadwater and Dunsborough Medical Centres group was awarded the Royal Australian College of General Practitioners (RACGP) West Australian Practice of the Year Award 2010.

Dunsborough Medical Centre and Broadwater Medical Centre are located in the south west of the state.

The centres provide 24 hour care, 7 days a week, offering allied services ranging from acupuncture, wellness checks for men and women to travel medicine.

"It is quite humbling to be recognised by our peers," said Dr Mostyn Hamdorf, who has been with the medical centres group since 1995.

Dr Hamdorf and two other Principal Doctors, Dr Lill and Dr McGregor together with nine other general practitioners are

supported by visiting specialists and a nurse practitioner.

The group also includes four obstetricians, two midwives and two GP anaesthetists who contribute to services for medical centre patients, and in the local hospital.

Skilled practice nurses and a dedicated administrative team support the clinical team.

"Originally this area was viewed as a place to retire but with the mining sector boom in WA, more people are choosing to live down south. As a result our patient base is getting younger which has increased obstetric work significantly," said Dr Hamdorf.



Dr Mostyn Hamdorf

For more than a decade the medical centres have provided highly sought after placements and training for registrars and medical students, and contributed to regional registrar education sessions.

"We host medical students from the WA Rural Clinical School - teaching, providing supervision and clinical exposure over the year they spend with us.

"We're also actively involved in the General Practice training program and have trained many registrars over the years. We

always have at least two registrars with us," said Dr Hamdorf.

The medical centres also offer mentoring to Royal Australian Medical Undergraduate Scholarship (RAMUS) students through the National Rural Health Alliance. Two RAMUS students have since joined the practice permanently.

In 2006 Dr Hamdorf received the Mentor of the Year award for his work for the National Rural Health Alliance.

"We host students from the two universities in WA and interstate on the John Flynn Medical Scheme, administered by the Australian College of Remote and Rural Medicine. We also host undergraduate nursing students," said Dr Hamdorf.

Dr Peter Maguire, Chair of the RACGP WA Faculty congratulated the doctors and staff, thanking them for outstanding service to



Dr Hamdorf attends the RACGP WA Faculty Fellowship & Awards Night

the general practice profession and their community.

"Without your commitment to providing the highest standard of healthcare, pride in adopting new medical practices and technology and passion to share experience in country practice, this community and many future GPs would be the poorer," said Dr Maguire.



## Wil Hermans

Laboratory Manager  
Northland Pathology  
in New Zealand

24 Rust Avenue,  
Whangarei, New Zealand  
Tel: +64(0)9 438 4243

*What is your current role at Healthscope?*

I'm the laboratory manager of Northland Pathology in Whangarei, New Zealand. Compared with our two sister laboratories, Southern Community Laboratories and Labtests in Auckland, Northland Pathology is the smallest community laboratory owned by Healthscope in New Zealand.

*How long have you worked in the job?*

I have been laboratory manager since 2006 and spent three years as charge scientist in the biochemistry department beforehand.

Previously I was 25 years in a hospital laboratory in The Netherlands as a scientist in biochemistry and in-vitro nuclear medicine, as well as manager of the biochemistry and haematology departments.

*What do you like most about it?*

My current job encompasses managing a small to medium sized laboratory so I need to multi-task. Without IT and maintenance specialists on site, and an occasional shortage of technical staff, I have to be hands-on with troubleshooting and interpreting test results.

*What kind of services does your workplace provide?*

We are contracted by the local District Health Board to provide the community pathology service for the Northland region of New Zealand, which has a population of 155,000. We process up to 1000 patients per day.

Ten percent of our work comes from private clients for pre-employment screening, blood tests for immigration and clinical trials. We also jointly operate a histology and cytology department with the local hospital.

*What is the most interesting or unusual thing about it?*

Around 30 percent of the population of Northland is Maori and a large proportion of Northlanders outside of Whangarei live remotely and in poverty. This makes providing healthcare and pathology services both challenging and rewarding.

The main health targets set by the Northland District Health board reflect the need to improve basic health care, by increasing the rate of immunisation, reducing smoking, and improving diabetes and cardiovascular services.

*How many people work there and what do they do?*

Northland Pathology employs 65 part and full time staff across several departments including phlebotomy, administration and specimen processing, core laboratory (biochemistry/haematology and immunology), microbiology and histology/cytology.

We also work closely with our sister laboratories - Southern Community Laboratories and Labtests in Auckland - especially when seeking expert pathologist advice.

*What's the one question you get asked the most at work?*

"Where do you come from, and why did you come to New Zealand" because even after living and working in New Zealand for nearly eight years I still have a strong Dutch accent.

*What's your coffee and where do you get it?*

At work its instant Nestle, at home Melitta German blend and out and about it is cappuccino with chocolate topping, plenty of sugar and milk. When I'm not working I prefer a beer; Monteith's Radler.

*What are your facility's opening hours?*

Monday to Friday 7.30 am to 8.00pm, or when our work is finished.

### IN THE NEXT ISSUE OF *thePulse*

COMMUNITY HOUSES ALTERNATIVE TO NURSING HOME FOR YOUNG PEOPLE  
CHRISTCHURCH PATHOLOGY LABS SURVIVE NZ EARTHQUAKE  
DIABETIC CARE IN HEALTHSCOPE MEDICAL CENTRES



Healthscope



## HEALTHSCOPE SNAPSHOTS...

Knox Private Hospital Cardiologist Dr Terry Gay presented a poster at the Cardiac Society Australia New Zealand (CSANZ) attended by 5,000 delegates at the Adelaide Convention Centre in August.

Dr Gay's poster featured a synopsis of unusual and interesting diagnoses from Knox Private Hospital's cardiology department to increase awareness among peers of the cases, as well as Dr Gay's work at Knox and in the broader cardiology community.

The poster was one of the top 10 viewed on the CSANZ website.

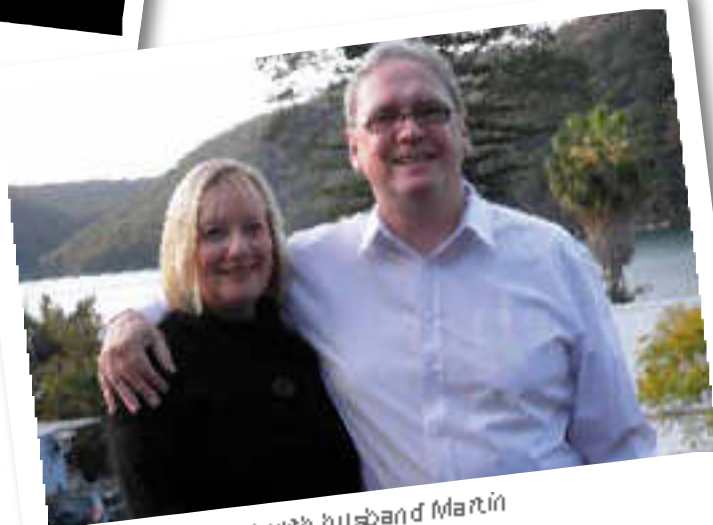


Dr Terry Gay at CSANZ

Medical Records Clerk Elaine Pendergast from Brisbane Waters Private Hospital is celebrating her husband Martin's successful liver transplant.

Martin was placed on a waiting list for a transplant after suffering liver failure in 2008. Without a new liver the couple were told Martin may not live beyond 12 months.

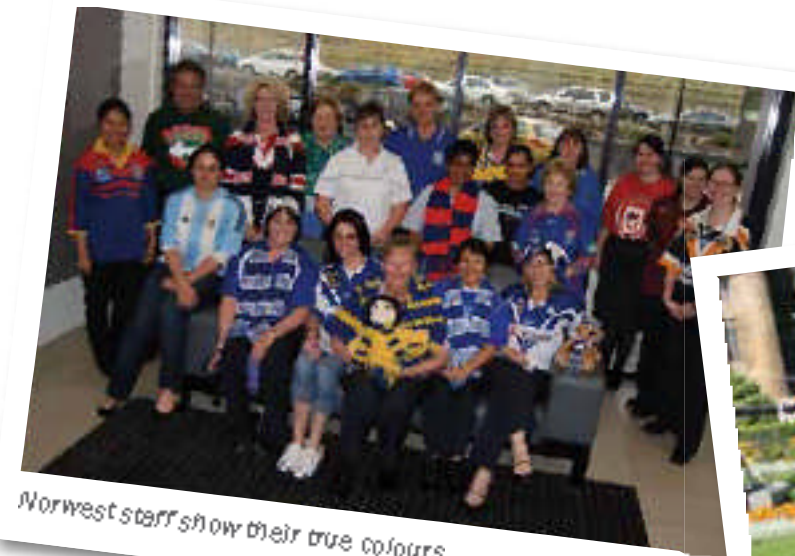
After waiting two and a half years, Martin is recovering quicker than anticipated from the surgery and is according to Elaine back to the man he was years ago.



Elaine Pendergast with husband Martin looking happy and well post surgery

Sixty footy mad staff from Norwest Private Hospital proudly wore the colours of their favourite team on 3rd September, raising \$250.00 for the Fight Cancer Foundation.

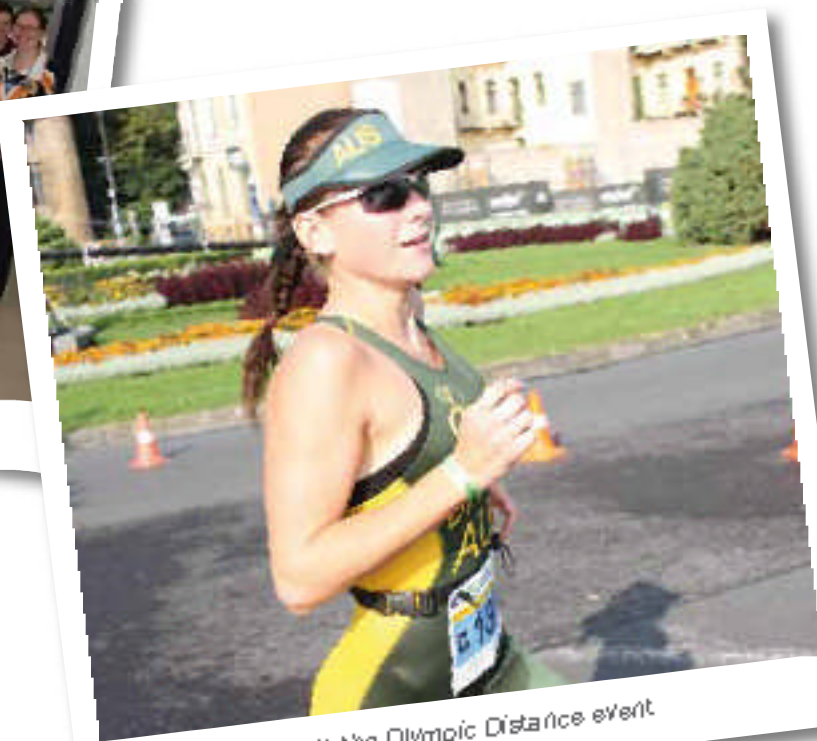
Footy Colours Day is the Fight Cancer Foundation's annual fundraising event dedicated to fighting cancer and changing lives. Thousands of Australians unite and don their favourite football team's colours - whether that is AFL, NRL, Rugby Union or Soccer - to help raise money for children living with cancer who need the strength and courage of a football team to win their individual fight.



Norwest staff show their true colours

Theatre Nurse Renee Baker from The Mount Hospital proudly represented Australia in the women's team age 25-29 at the Triathlon ITU World Championship Grand Final held in Budapest during September.

Renee competed in the Olympic Distance event, featuring a 1500 metre swim, 40 kilometres on bike and 10 kilometre run. Renee finished the swim in the top 25 of 100 women but a flat tyre on her bike ended her chances of finishing in the top 20. Despite this, Renee continued on strongly to complete a great swim and run. Congratulations Renee!



Renee competing in the Olympic Distance event





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