



Healthscope

# *the* Pulse

Private Health Magazine / Winter 2012



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## LOOKING TO A STRONG FUTURE FOR HEALTHSCOPE

With a new financial year now under way, it is an opportunity to reflect on recent achievements as we look to the future.

At Healthscope we never lose sight of the thousands of patients that rely on our ability to provide high quality healthcare services.

Our commitment to quality was recently recognised when *MyHealthscope* was named the winner of two Australian Business

Awards, in the categories of Innovation and Community Contribution. Read more about the awards in this edition of *The Pulse*.

Quality and safety are crucial, that's why Healthscope hospitals are being measured against the New National Safety & Quality Health Service (NSQHS) Standards well before they come into effect.

While the NSQHS Standards are not mandatory until January 2013, most Healthscope hospitals have already completed a pilot survey against the new standards.

It is our goal to prepare confidently for the changes ahead, keeping us at the forefront of all public and private hospital groups in Australia.

The last edition of *The Pulse* featured the six strategic pillars underpinning Healthscope's company-wide strategy being performance, growth, quality and safety, cultural alignment, innovation and integrated care.

You will read numerous examples of growth in this edition of *The Pulse*, including major redevelopments at Healthscope hospitals in Queensland, South Australia, Victoria and New South Wales.

Read also about our ongoing commitment to and investment in staff performance, particularly through the graduate nurse programs offered by individual Healthscope hospitals.

Additionally, there are plans to deliver national training for the Nurse Unit Managers of hospital operating theatres and cardiac catheterisation laboratories this financial year.

In this edition of *The Pulse* we also feature a few of the innovative services recently introduced at Healthscope hospitals.

Each of these has a common goal which is to ensure our patients have access to all of the healthcare services they need in their local area.

In May, Healthscope announced an agreement to sell human and commercial pathology businesses in Queensland, New South Wales and Western Australia to Sonic Healthcare Limited.

The sale is subject to ACCC and regulatory approval. We anticipate the ACCC decision in coming weeks.

Further to coverage in earlier editions of *The Pulse*, I am pleased to report that Southern Community Laboratories staff are now working together in a new laboratory in Christchurch, New Zealand.

For staff who have been through more than a year of working across multiple and often substandard locations as a result of the Christchurch earthquakes, the new laboratory marks a welcome and exciting new era.

I recently enjoyed visiting a number of our hospitals and different divisions. These visits provide me with an opportunity to meet management, staff and doctors, and discuss our shared goals for the future.

**Robert Cooke**  
Managing Director and  
Executive Chairman



Robert Cooke

## 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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## HEALTHSCOPE INDEPENDENCE SERVICES: NEW NAME – SAME SPECIALISED CARE

Re-launching with a new name and office, Healthscope Independence Services is taking the opportunity to promote its three care specialties.

General Manager Debbie Beeton said it was decided to update the name Healthscope Community Programs to one that better reflected the nature of the service.

“There was a lot of misunderstanding; we would get referrals for yoga, relaxation, cake



Residential care client Josh Taylor

icing classes,” said Debbie.

“Our services are about promoting independence, maintaining and improving our clients’ quality of life.

“It’s a very broad spectrum from personal care, domestic support and supervision of daily living activities to community care and sleepovers,” she said.

Healthscope Independence Services provides accommodation and in-home care for people with acquired brain injuries (ABI), other disabilities or recovering from serious illness.

Its three core services, residential, post-hospital and attendant care, are designed to help clients achieve and maintain maximum independence.

Healthscope Independence Services manage 18 houses in Melbourne, rural Victoria and Darwin, providing residential care to clients with a range of needs.

The houses offer a social and interactive environment and, for

some younger residents with ABI and other disabilities, an alternative to nursing homes.

“We try to ensure new clients meet their housemates and house support workers first as it’s important our houses have a home-like atmosphere,” said Debbie.

“There is a lot of effort made socialising in the community. There are often sporting competitions between houses, or they go out to the footy. It really is a home away from home,” said Debbie.



Residential care client Gabriella Helmhout (centre) on a trip to Sydney



Residential care client David Castle bike riding with Exercise Physiologist Andrew Seeley

“There is also a transition living unit where people can stay temporarily while undergoing intensive rehabilitation treatment.

“Following that, whether they are in a position to go home or need ongoing rehabilitation, we do our best to accommodate,” she said.



Gabriella Helmhout visiting Sydney

Even after clients move on, many come back to visit according to Debbie.

“They see the house as a support mechanism, they may still have friends there, or see the staff as part of their lives even after they’ve moved on,” she said.

Alawa house in Darwin is home to a number of Indigenous Australians with Machado–Joseph disease (MJD), a genetic neurodegenerative condition prevalent in parts of the Northern Territory.

MJD initially causes muscular weakness which eventually progresses to a total lack of voluntary control and significant physical disability.

“Of the six residents in Alawa house, four suffer from MJD,” said Debbie.

“It is a balance, respecting the cultural needs of Indigenous residents with their physical needs,” she said.

One young resident 22 year old Gabriella Helmhout was caring for her mum who suffers from MJD when she too was diagnosed.

Both now live at Alawa house.



Residential care client Lyndal Slade

“They’ve got iPads to communicate. There is an app which speaks so for example if they are thirsty they can let us know,” said Debbie.

There are plans to expand Healthscope Independence Services residential care, including the first house in New South Wales.

“We’ve got a residential village being planned where clients can transition to semi or full independence,” said Debbie.



Debbie Beeton, General Manager,  
Healthscope Independence Services



Victorian based Healthscope Independence Services staff

Another core specialty of Healthscope Independence Services is attendant care, for clients who need assistance with personal activities.

“It might be supervising set rehabilitation goals for a client,” said Debbie.

“Attendant care is also suitable for clients who simply need help to access recreation and leisure activities within the community,” she said.

The third specialty, Healthscope Independence Services post-hospital care offers temporary support for patients recovering from illness or surgery.

“We find patients may stay in hospital because there isn’t anyone at home to support them until they’re feeling stronger,” said Debbie.

“They may need help with shopping, personal care and we can offer one to one support in the home,” said Debbie.

Further information about Machado–Joseph Disease can be found online at [www.mjd.org.au](http://www.mjd.org.au). To see Gabriella Helmhout’s story go to the News & Events page.

**For enquiries about Healthscope Independence Services residential care, attendant care or post-hospital care, call 03 9501 8700.**

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\*\* Subject to a maximum monthly benefit of 75% of the member's monthly income. Please refer to the HIP Insurance Booklet or PDS for full details.



## HEALTHSCOPE SPECIALISTS HONOURED ON QUEEN'S BIRTHDAY

Three Healthscope specialists were recognised on the Queen's Birthday 2012 Honours List announced by the Governor-General on 11th June.

The annual Honours List recognises and thanks those who make a difference through their achievements or meritorious service.

Allamanda Private Hospital specialist Dr Judith Goh was appointed an *Officer in the General Division (AO)* for distinguished service to gynaecological medicine.

Dr Goh was recognised for her achievements in the field of fistula surgery and promoting the rights of women and children in developing countries.



Dr Stephen Baddeley



Dr Harry Derham

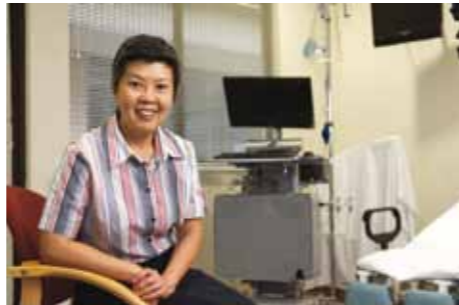
In addition to specialist work in Australia, Dr Goh has provided voluntary surgical, obstetric and gynaecological services in developing countries for many years.

Dr Harry Derham, one of the founding members of The Melbourne Clinic, received a *Medal in the General Division (OAM)* for services to psychiatry, particularly in the field of eating disorders.

Dr Derham was Medical Director of The Melbourne Clinic for ten years and has been a longstanding member of the Medical Advisory Committee.

Among his key achievements Dr Derham established The Melbourne Clinic's eating disorders program and has been a member of the Research and Ethics Committee since its inception.

Dr Derham has also been a surveyor for the Australian Council on



Dr Judith Goh

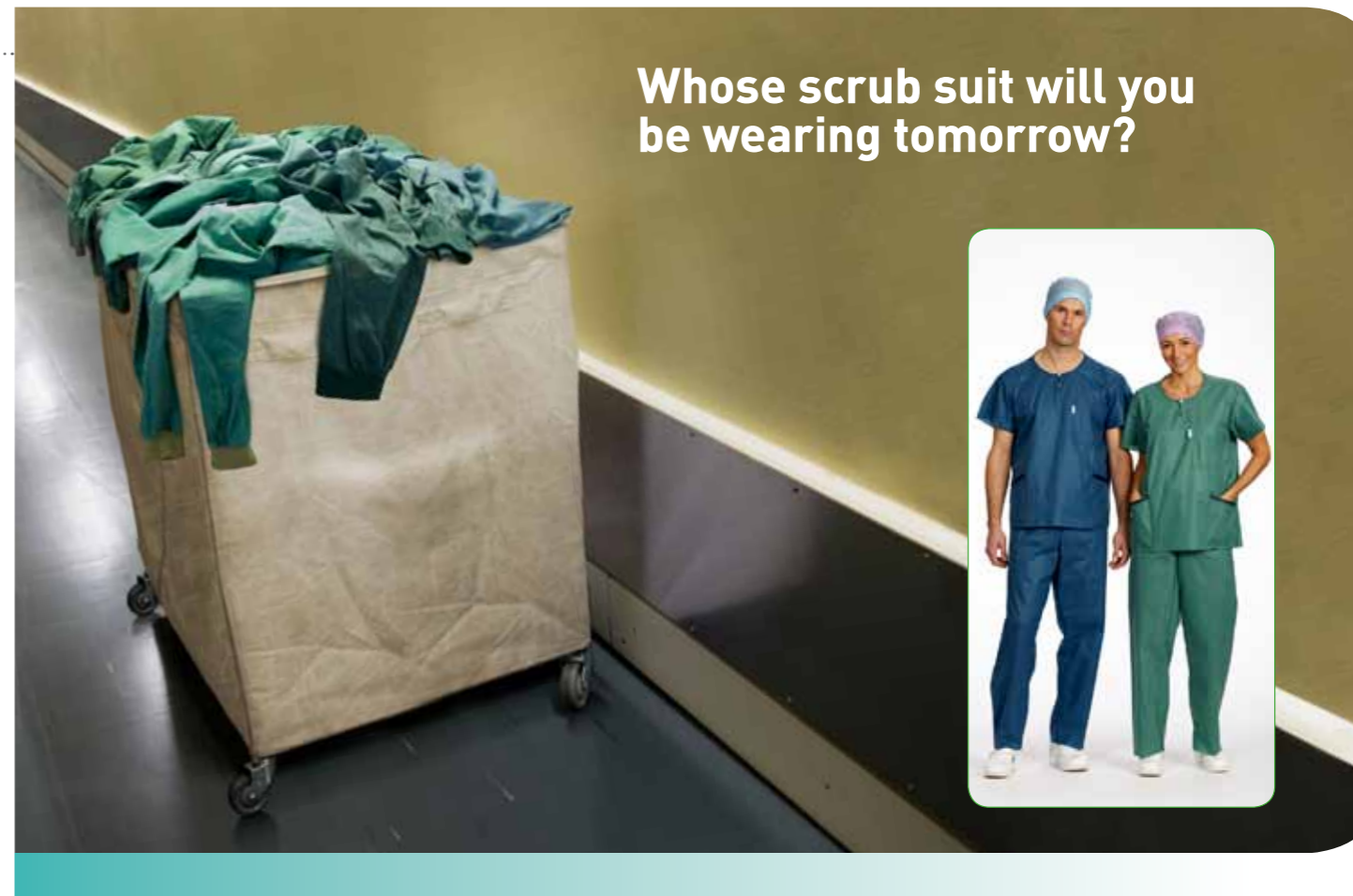
Healthcare Standards since 1993, and an Honorary Senior Fellow for the Department of Psychiatry at Melbourne University for 36 years.

Darwin Private Hospital's Dr Stephen Baddeley was appointed a *Member in the General Division (AM)* for service to orthopaedic medicine in the Northern Territory, international humanitarian aid and St John Ambulance.

A surgeon since 1973, Dr Baddeley was involved in establishing the Northern Territory's first orthopaedic unit.

Dr Baddeley has worked closely with volunteer organisations in Indonesia, Fiji and West Samoa, and has been a member and fundraiser with Rotary International for 20 years.

He was previously awarded Commander, Order of St John for his long service to St John Ambulance in the Northern Territory.



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## MYHEALTHSCOPE LAUDED IN THE AUSTRALIAN BUSINESS AWARDS 2012



Healthscope has taken out top honours in The Australian Business Awards 2012, winning both the Innovation and Community Contribution categories.

The awards specifically recognise Healthscope's achievements as the first Australian private healthcare provider to publish detailed quality performance data of its hospitals on the

dedicated website, [www.myhealthscope.com.au](http://www.myhealthscope.com.au).

Since *MyHealthscope* was launched in November 2011, the website has provided members of the public access to clinically significant information relating to any Healthscope hospital.

*MyHealthscope* features hospital accreditation results, infection rates, hand hygiene, falls,

unplanned hospital readmissions, unplanned returns to the operating theatre and emergency department waiting times.

Chief Medical Officer Dr Michael Coglin said the awards reflected the substantial investment made by Healthscope in quality.

"Achieving both awards is wonderful recognition of our quality program," said Dr Coglin.



Healthscope Chief Medical Officer Dr Michael Coglin with Cathy Jones, Jenny Rance and Ruth Nguyen from the Quality team at the launch of *MyHealthscope* in November 2011

**“ These types of accolades don’t come easily – they are underpinned by vision and leadership ”**

*“MyHealthscope* is an Australian first so it is certainly innovative,” said National Manager Quality and Compliance Cathy Jones.

*“The community contribution award recognises our commitment to maintaining high quality standards and communicating these in a way that the average patient can understand,”* said Cathy.

The prestigious awards program, established in 2005, engages with leading corporate, government and non-profit organisations across key industry segments including financial,

manufacturing, construction, transport, healthcare, education, food services and retail.

Entries are assessed using specific criteria via an established set of business and product award categories, benchmarking the full spectrum of organisational performance and product management to identify the industry leaders for each award category and industry classification.

Congratulating Healthscope, Ms Tara Johnston, Program Director, The Australian Business Awards said:

*“These types of accolades don’t come easily – they are underpinned by vision and leadership.*

*“There was unparalleled breadth and depth in entries, highlighting the economic stability of Australia and stamping it as the ‘clever country’ for progressive projects, investment, enterprise ventures and workplace practices,”* Ms Johnston said.

*“Across the private, public and not-for-profit sectors, the 2012 winners of The Australian Business Awards are innovative, agile and truly best in class,”* she said.



## NEW DIAGNOSTIC TOOL FOR CANCERS OF UNKNOWN PRIMARY

Novel technology for the diagnosis of Cancers of Unknown Primary (CUP) will be offered by Healthscope Advanced Pathology in Australia, New Zealand, Singapore and Malaysia from July 2012.

The CUP diagnostic methodology identifies a patient's tumour type by comparing its gene expression pattern to a database of known tumours.

Known as CUPGUIDE, the diagnostic test was developed in collaboration by Healthscope Advanced Pathology, Peter MacCallum Cancer Centre, Circadian Technologies and scientists at NICTA (National ICT Australia).

Dr Keith Byron, Scientific Director of Healthscope Advanced Pathology presented the first data on the diagnostic tool at the Royal College of Pathologists of Australia annual scientific meeting in March 2012.

“The CUP test was able to determine the primary site of known metastatic tumours with 93 per cent accuracy within the first three matching predictions and had 98.5 per cent specificity across 15 different tumour types,” said Dr Byron.

It is hoped that by correctly identifying a patients' primary tumour site, clinicians will have a better chance of choosing the most effective treatment strategy for the cancer.

While CUP is generally less well known and publicised than other cancer types, it is more common than leukaemia and is the fifth most common cause of death due to cancer in Australia.

In 2007, Cancer Council Australia estimated the incidence of CUP to be around 2,900 cases per annum.

The American Cancer Society estimated incidence in the United States at around 32,000 per annum while Cancer Research UK estimated incidence in the United Kingdom to be 14,000 per annum.

Medical specialists who would like more information about CUPGUIDE are encouraged to email Dr Keith Byron: keith.byron@healthscope.com.au

**“ The CUP test was able to determine the primary site of known metastatic tumours with 93 per cent accuracy within the first three matching predictions and had 98.5 per cent specificity across 15 different tumour types ”**

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## JOHN FAWKNER PRIVATE HOSPITAL EMERGENCY PHYSICIAN ELECTED AMA VICTORIAN PRESIDENT

John Fawkner Private Hospital Emergency Specialist Dr Stephen Parnis will focus on palliative care during his term as President of the Australian Medical Association (AMA) Victoria.

Since being elected in May 2012, Dr Parnis has embraced the increased responsibility, as well as the opportunity to promote positive change.

Having served on both the AMA national and Victorian Boards previously, Dr Parnis is familiar with the organisation's key issues.

“My highest priority is palliative care and Advance Care Directives; to see that there is better education, take up and resourcing in this area across Victoria,” said Dr Parnis.

An Advance Care Directive is a written statement outlining a person's future healthcare wishes.

The statement acts as a legal document, allowing the patient to decide in advance what treatments they would not want in the event of illness.

The directives are designed to empower frail patients and reassure their families and the doctors who care for them.

“There is wonderful medical technology available, but it is not suitable or helpful to every patient,” said Dr Parnis.

“A typical example may be a 95 year old nursing home resident with advanced dementia, who develops an infection,” he said.

“Instead of being kept comfortable, given antibiotics and pain relief in a familiar environment by familiar doctors and nurses, they're often sent in an ambulance to an emergency department, where they're subjected to

**“ My highest priority is palliative care and Advance Care Directives; to see that there is better education, take up and resourcing in this area across Victoria ”**

multiple tests and given treatment they don't want,” he said.

Dr Parnis said this can cause unnecessary distress to the patient and their family.

“The question is how do we live well, how do we best use medical treatment and when do we say no. It makes sense to the system and ethically it's completely appropriate,” said Dr Parnis.

“A very personal example was my dear grandmother who died comfortably at home, despite being in her 90s and very frail,” he said.

“We kept her out of hospital because we had a large, caring family, a wonderful GP, and access to excellent aged and palliative care services.

“It made a lot of sense and I'd like to see that outcome for as many

people as possible,” he said.

For changes of this scale to take effect, Dr Parnis said the community and medical profession need to become more aware of the principles of Advance Care Directives and palliative care.

“I am now in a position where I can hopefully progress the issue,” he said.

Dr Parnis will also advocate for increased training places for junior doctors and tobacco control in public areas during his two year term.

“The amount of cigarette smoke in public areas such as doorways and playgrounds is both unacceptable and harmful, and I intend to drive

the message home,” he said.

Dr Parnis will continue his role as Emergency Physician at John Fawkner Private Hospital and has no plans to reduce clinical responsibilities.

“I thoroughly enjoy my work treating patients in a private emergency department. It's an important part of the health sector, and will certainly increase its role in the years ahead,” he said.

“I'm grateful to my colleagues in emergency and across the hospital, who have taken up the slack to enable me to undertake this important role,” said Dr Parnis.



Dr Stephen Parnis

## GROWTH FOR HEALTHSCOPE HOSPITALS QUEENSLAND

Healthscope hospitals in Queensland have undergone significant growth in 2012.

In March, Sunnybank Private Hospital officially opened a new integrated operating theatre, refurbished intensive care unit and recovery rooms.

“There was demand for another theatre to support surgical growth,” said Sunnybank Private Hospital General Manager, Katrina Ryan.

With the first stage of the development project complete, there are now plans to refurbish the hospital’s



New theatre at Brisbane Private Hospital



An artists impression of the new Gold Coast Private Hospital

maternity unit, with architects already working on designs.

“We’re putting ourselves on the map. With our new improved ICU, we’re well placed to provide higher acuity services to our patients,” said Katrina.

At Brisbane Private Hospital, consultation between management and architects resulted in the decision to consolidate two smaller operating theatres into one.

“Our data clearly identified that theatres 1 and 2 were used less than a quarter of the time, because they were too small to accommodate the type of surgery we do,” said Theatre Manager Julie Oddy.

Since the new theatre opened in April, spinal and neurosurgery have

increased, and Brisbane Private Hospital became the first in the southern hemisphere to purchase a portable full body CT scanner.

Known as BodyTom™ the portable CT allows theatre staff to perform inter-operative and post-operative scans.

A fully integrated camera monitoring system was installed, allowing visiting medical staff to view live surgery, and furthering the hospital’s teaching potential.

New General Manager Mairi McNeill said it had been an exciting time to join Brisbane Private Hospital.

“The growth we’ve already seen will be supported by plans to refurbish patient accommodation,” said Mairi.



Sunnybank Private Hospital

To meet increasing demand for mental health services, Pine Rivers Private Hospital more than doubled inpatient beds to 79.

The expansion took place gradually over 12 months, and was completed in July.

“Pine Rivers Private Hospital had reached full capacity and often had a wait list,” said Queensland State Manager, Richard Lizzio.

“It was clear that more people needed the service in the northern corridor from Brisbane to the Sunshine Coast,” said Richard.



New patient beds at Pine Rivers Private Hospital



Sunnybank Private Hospital Day Surgery Manager Cathy Ariotti

With a growing number of people seeking Transcranial Magnetic Stimulation (TMS) treatment for depression, a second machine was added as part of the redevelopment.

“Patients come from as far as Cairns and Coffs Harbour because Pine Rivers Private Hospital is the only site offering TMS in Queensland,” Richard said.

“There are now two TMS machines running continuously to keep up with demand for this effective and non-invasive treatment,” he said.

Perhaps the most anticipated new development for Queensland is the Gold Coast Private Hospital.

General Manager of Allamanda Private Hospital David Harper is on the planning committee for the new private hospital, which will sit adjacent to the public Gold Coast University Hospital.



New integrated theatre at Sunnybank Private Hospital

“We are now entering into the design development stage,” said David.

Designs include a Level 2 special care nursery, intensive care unit, eleven operating theatres, a hybrid theatre, cardiac catheterisation lab.

The Gold Coast Private Hospital will also have 180 medical and surgical beds, a six bed paediatric unit, 25 maternity beds and five delivery suites.

“As part of a green strategy, we have partnered with Queensland Health to purchase utility services, emergency power and chilled water,” said David.

With designs expected to be finalised this year, construction of the new Gold Coast Private Hospital is anticipated to commence mid-2013.



## PRINCE OF WALES PRIVATE HOSPITAL MASTERCLASS



Dr John Harper, Mr Terry Devine, Dr Rubben Sebben, Dr Marco Manzi, Dr Brendan Buckley, (background) Dr Rebecca McGee, Dr Vikram Puttaswamy, Dr David Huber

On 15th March 2012, Prince of Wales Private Hospital presented its second *Below the Knee* master class.

Seventeen vascular surgeons from around Australia and New Zealand attended, making the most of a rare opportunity to observe Italian interventional proceduralist, Dr Marco Manzi work.

Dr Manzi is the chief operator at the Diabetic Foot and Ankle Clinic in Abano Terme, Italy where he specialises in the revascularisation of heavily calcified arteries, mostly in the feet of diabetic patients.

With an intense focus on his work, Dr Manzi performed seamlessly alongside Prince of Wales Private Hospital vascular surgeons, Dr Andrew Lennox and Dr Ramon Varcoe.

“He is a world leader in his field and it was a rare opportunity to see the master in action up close,” said Dr Ramon Varcoe.

Dr Manzi was complimentary about the quality of operating facilities at Prince of Wales Private Hospital.

The master class took place in the hospital’s hybrid theatre; the theatre easily accommodated the large group and allowed attendees to observe the procedure up close.

Attendees were also able to view live angiographic images, previous radiographic examinations, as well as 3D vessel reconstructions on the 50 inch ceiling mounted monitor.

“This masterclass allowed vascular surgeons to not only see what is being achieved by international colleagues, but also provided a sounding board for suggestions, questions and advice on aspects of their own work,” said Dr Andrew Lennox.

Feedback has been positive, with many attendees commending the Prince of Wales Private Hospital facilities, staff, educational opportunity and unrivalled demonstration.

## FIRST FOR NORTHERN TERRITORY AT DARWIN PRIVATE HOSPITAL

In May, Darwin Private Hospital became the first and only Northern Territory hospital to offer laser lithotripsy for renal stone treatment.

Laser lithotripsy is a technique using laser energy through instruments inserted into the body to blast the hard crystals of kidney stones into smaller particles, which can then be flushed from the body.

Whilst this technique is offered elsewhere in Australia, it has not been available to Northern Territory patients, private or public.



Dr Trent Farebrother

Keryn Hopkins, General Manager of Darwin Private Hospital explained that previously, patients needed to travel interstate for this type of procedure.

“A relatively straight forward day procedure required the additional expense of airfares and accommodation, as well the additional time associated with travel,” said Keryn.

Urologist Trent Farebrother performed the first procedure at Darwin Private Hospital for a patient with a stone in his ureter on 23rd May 2012.

“The stone is almost like hundreds and thousands stuck together with glue. When the laser hits the glue between the stone particles, they start separating,” said Dr Farebrother.

Darwin Private Hospital theatre staff underwent in-service training to ensure they could confidently and safely work with the laser.

“The laser is a new technology and consequently there are new rules,” said Dr Farebrother. “The laser is focused light, it can mirror off things. It’s like looking at a solar eclipse; if it gets into your eye it

can damage your retina,” he said.

Dr Farebrother said lasers were first used in medicine in the 1980s. Since then, technology has advanced significantly.

“We’re getting cleverer and surgeons are doing less cutting. The laser is just one method now available to reduce the invasiveness of procedures,” said Dr Farebrother.

“Laser lithotripsy is highly successful and this is what patients are after – they want one procedure to solve the problem. We have the patient going home the same or following day,” said Dr Farebrother.

During the lithotripsy, a stent may be inserted to drain fluid and the stone particles, it is usually removed a week after the procedure.

“This procedure is commonplace down south. We’ve been sending up to 40 private hospital patients south per year, and even more in the public system,” said Dr Farebrother.

“This is an innovation for Darwin. The usual thinking for people in Darwin was, if in pain, get on a plane,” he said.

“If they don’t have to get on a plane because they can get the procedure done here it will make a huge difference for many people every year,” said Dr Farebrother.

## THE GEELONG CLINIC REACHES OUT TO WAR VETERANS

A Post-Traumatic Stress Disorder (PTSD) Program at The Geelong Clinic is helping war veterans overcome mental health challenges associated with trauma.

PTSD Program Director Dr Edmond van Ammers said the program assists war veterans when PTSD symptoms negatively impact their ability to function, impede their relationships and quality of life.

Dr van Ammers is encouraging veterans from recent military conflicts who may be experiencing these symptoms to seek support and treatment.

“Younger veterans are more likely to abuse hard drugs, suffer family breakdowns and unemployment, but are less likely to seek help,” said Dr van Ammers.

“It’s not that military life is the problem, it’s coping with civilian life,” he said.

Dr van Ammers said program participants reported feeling significantly better, with improved mood, relationships and social interactions.

War veteran and program participant Graeme was conscripted in 1970. He landed in Vietnam at age 21, just three weeks after his wedding.

Graeme suffered severe symptoms of PTSD for years before seeking help 12 months ago. The symptoms became unmanageable after he retired.

The PTSD program at The Geelong Clinic gave Graeme the help he needed.

While he still wakes from nightmares, Graeme now uses the tools learnt from the program to go back to sleep. He also exercises regularly, another tool he learned at The Geelong Clinic.

Graeme’s wife took part in the program along with other wives and partners, and learned that the symptoms they lived with were commonly experienced by people with PTSD.

Participant Dallas, who served in a combat role in Vietnam in 1969, believes his mother’s death in 2010 compounded his PTSD symptoms.

Dallas said experiencing an irrational response to his mother’s death motivated him to seek help.



### “ It’s not that military life is the problem, its coping with civilian life ”

Since completing the PTSD program at The Geelong Clinic, Dallas’ wife of 45 years and daughters are still getting used to living with a husband and father no longer in a constant state of anxiety.

“Learning what causes our anxiety and how to control the symptoms has had a profound and positive effect on my quality of life and on that of my family,” said Dallas.

“For all those service men and women who are suffering it is important to know that effective help is available - I would encourage them to be kind to themselves and their loved ones and seek help out,” he said.

Both Graeme and Dallas hope that sharing their own stories may help other veterans, particularly younger men and women who don’t know help and support are available.

The Geelong Clinic offers one of only two permanent PTSD treatment programs in Victoria.

The program helps participants develop skills to cope with the symptoms and problems associated with PTSD such as depression, sleep and anger challenges.

Additionally the 12 week program aims to improve relationships, increase independence and the ability to socialise.

Groups are usually small, providing a safe, supportive environment, with options for follow-up available.

During the program representatives from Veterans and Veterans’ Families Counselling Service (VVCS) and the Department of Veterans’ Affairs help participants to explore discharge issues, struggles and concerns.

Psychiatrists, general practitioners, VVCS, local ex-service organisations such as RSL centres can refer to the program. Veterans can also self-refer or be referred by a family member.

**For further information contact The Geelong Clinic on 03 5248 1155.**



## LONG TERM STAFF SHARE THE WISDOM OF THEIR EXPERIENCE

Healthscope hospitals employ over 8,000 nurses including casual staff.

Within the nurse workforce are some of Healthscope's longest serving employees.

Nepean Private Hospital nurse Jan Woods, who recently retired, began her career in 1962. Jan fondly remembers her nurse training in Sydney.

"Living in the Nurses Home, going to work and lectures, no breaks, you would come off night duty and go straight to lectures," said Jan.

In 1965, Jan was the first nurse allowed to marry before graduation.

"Matron told me I was on trial to see if this would work. Boy did I work!"

"I topped the hospital in the State Finals, won the award for proficiency and paved the way for girls to be married and continue training," recalled Jan.

In 1997, Jan joined Nepean Private Hospital, which was then called Jamison Private Hospital.

"The jewel in my career has been working at Nepean Private Hospital Day Surgery - the team work, the high standard of care and reliability," said Jan.

Jan enjoyed getting to know patients, particularly those who returned to Nepean Private Hospital Day Surgery for numerous procedures.

"They would always be glad to see familiar faces and share in all the fun of our families and what we were up to outside work. This seemed to relax them," said Jan.

"Surgery has always been my love and the introduction of laparoscopic surgery made recovery for patients a lot quicker," she said.

With 50 years of experience, Jan believes the best advice for all nurses is to closely observe and monitor patients.

"Doctors rely on our observations. Lives have been saved because of this," said Jan.

Like nurses, Healthscope quality managers play a vital role in the ongoing success of our hospitals.

Allamanda Private Hospital Quality Manager Shirley Campbell celebrated 25 years with Healthscope in July, and recalled joining a very different organisation in 1987.

"At that time, the company owned three hospitals and head office consisted of three staff - the Managing Director, his assistant and the company accountant," said Shirley.

## "Doctors rely on our observations. Lives have been saved because of this"

Then known as Bellarine Private Hospital, Shirley's first role at The Geelong Clinic was secretary to the General Manager.

"In those days the patient billing system was manual with accounts being typed on an electric typewriter (remember those!). The medical records tracking system was on a hand written master card file," said Shirley.

"Within six months of joining the hospital, we faced our first Accreditation Organisation Wide Survey (in 1988 it was a 3 year cycle) and after its successful completion, it was decided that a Quality Manager was needed.

"I was the lucky person volunteered to take the role! This

was a massive learning curve and I have now participated in 7 full accreditation cycles," she said.

Shirley credits National Quality & Compliance Manager Cathy Jones and Officer Jenny Rance for teaching her the ropes.

"They are a wealth of knowledge and provide so much help with all the quality processes," said Shirley.

Shirley said her time with Healthscope has been both rewarding and challenging.

"Nobody can say that working in the healthcare industry is dull. There is always some new challenge to meet, and times when you can share a laugh at the situations," said Shirley.



Shirley Campbell

## NORWEST PRIVATE HOSPITAL MEDICAL MISSION TO PNG

A team from Norwest Private Hospital made a voluntary medical mission to a remote island off Papua New Guinea in March 2012.

Kiriwina Island has a mostly indigenous population of subsistence farmers.

Sexual health issues, typhoid, malaria, pneumonia and water pollution are typical on Kiriwina Island.

The island's only health centre has minimal running water, medical supplies and electricity is only available through a generator.

Nurse Unit Manager of the Norwest Private Hospital birthing suite Marian Piper joined Obstetrician Dr Greg Jenkins, Paediatrician Dr Don Butler and Midwives Patricia Butler, Barbara Hough and Anna Smith on Kiriwina Island.

"A small but dedicated nursing team is supported by Dr Giyodibu Tosiye (Dr Gee). Until 12 months ago there had not been a doctor on this island for 27 years," said Marian.

"Overpopulation, regular food shortages, violence and conflict over land are commonplace; the island's infant and maternal mortality is one of the highest in the world," she said.

With no contraception available, birth rates are high.

Women on the island requested family planning options to address the increasing birth rate and subsequent overpopulation.

The Norwest Private Hospital team overcame language barriers to introduce family planning.

Over 384 women benefited from the mission.

"This was the first time a medical team from outside PNG has visited the island and the response was overwhelming," said Marian.

"Women came on foot from villages and canoes from surrounding islands," she said.

Local nurses were trained to continue the family planning initiatives.



(Back row L-R) Anna Smith, Dr Greg Jenkins, Dr Don Butler, Patricia Butler, Barbara Hough, (front row) Wendy Stein, Marian Piper and Dr Gee

A follow up mission is planned for October 2012 to evaluate outcomes.

"There is much to be done but the journey of a thousand miles starts with one step," said Marian.

## RINGWOOD PRIVATE HOSPITAL CHARITY TRIP TO ETHIOPIA

Ringwood Private Hospital nurse Linda Phillips accompanied Paediatrician, Associate Professor Paddy Dewan on a charity trip to Ethiopia in March 2012.

There are just four Paediatric Surgeons and a population of 30 million children in Ethiopia.

Linda, the Nurse Unit Manager of theatres at Ringwood Private Hospital, and A/Professor Dewan were based at The Black Lions Hospital.

A/Professor Dewan performed fourteen paediatric procedures while Linda organised equipment and staff.



Hospital bed linen



Black Lions Hospital paediatric ward

"Black Lions Hospital is in general disrepair, with many windows missing glass, rubbish left in foyers, and equipment that can't be fixed discarded around the hospital," said Linda.

"Wards are run down with plaster and light fittings hanging from the walls, little running water, mould on walls and ceilings," she said.

With only a few nurses rostered on each floor, young patients rely on family for nursing care, fresh food and water.

"Nurses are well trained but lack of equipment impacts their performance. Basic theatre equipment is poor quality and out of date supplies in use," said Linda.

Medical equipment donated to Ethiopia is ultimately dumped due to an inability to conduct maintenance or repairs locally said Linda.



The hospital's operating theatres

"The surgical department has no air-conditioning, risking infections, and a portable fan or open window is used to manage temperatures in theatre," said Linda.

"With no piped oxygen or other gases, large portable tanks are used for procedures.

"Scrub gowns are worn so often they are falling apart and inadequate surgical linen limits the number of surgical cases performed," she said.

Linda showed staff methods for handling sutures during surgery to reduce the incidence of needlestick injuries.

Despite the challenges, Linda encourages others with the yearning to pursue volunteer work.

"Not only does it benefit others but it is a rewarding and humbling experience and I am grateful I was given this chance," said Linda.



## GROWTH AT GRIFFITH REHABILITATION HOSPITAL

To celebrate the completion of a major redevelopment, members of staff and the local community were invited to name the four wings of Griffith Rehabilitation Hospital.

Staff members Kylie Burton, Elaine Ey and Wendy O'Brien, and local residents Heather Di Mello and Kate Henderson were joint winners of the naming competition.

**“ In addition to renovating the reception, hydrotherapy pool change rooms and expanding the gym, the hospital was also given a facelift featuring a specially designed garden ”**

Four names were chosen to honour politician Sir Charles Kingston, renowned painter Sir Hans Heysen, Antarctic explorer Sir Douglas Mawson and first South Australian Governor, Sir John Hindmarsh.

Griffith Rehabilitation Hospital has a long history in coastal Adelaide suburb Hove, where it was built as a family residence in 1914.

The home was transformed into a 12 bed medical hospital in 1959, and expanded to 54 beds in 1984.

The Griffith Rehabilitation Hospital redevelopment increased bed numbers to 64, with the addition of 10 new private rooms.

In addition to renovating the reception, hydrotherapy pool change rooms and expanding the gym, the hospital was also given a facelift featuring a specially designed garden.



Hydrotherapy pool at Griffith Rehabilitation Hospital

Acting General Manager Belinda Singleton believes the garden will be uplifting for patients, their visitors and staff.

“We’ve also added a new horticultural therapy called MyGarden to give patients an opportunity to participate in planting,” said Belinda.

Local Mayor of Holdfast Bay, Dr Ken Rollond officially re-launched the refurbished Griffith Rehabilitation Hospital on 22nd July 2012.

## NEPEAN PRIVATE HOSPITAL PATIENT THANKS STAFF FOR LIFE SAVING ACTIONS

A Nepean Private Hospital patient has publicly thanked the dedicated team of doctors and nurses who saved his life.

When a bladder infection led to serious complications, Derek Hendricks underwent three operations led by Head of Urology and Professor of Surgery, Mohamed Khadra.



Professor Mohamed Khadra

After the third operation, Mr Hendricks was admitted to Nepean Private Hospital for a week to recover.

He said the teamwork of Professor Khadra, Dr Halina Dabrowski, and Nurses Connie Fava, Fatima Naidoo, Nothabo Ndiweni, Deborah Jarvis and Tulia Nasalo saved his life.

“These people are doing a service for the community and they are not just doing their job,” Mr Hendricks told the Penrith Press in May 2012.

“They go above and beyond the call of duty and they need to be mentioned and recognised for the fantastic job they do,” said Mr Hendricks.

“There is nothing more important than your life and the public need to know about the staff’s promptness and the way they handled things. If it wasn’t for their prompt intervention, I would have been gone,” he said.

Professor Khadra said teamwork is at the heart of good medical care.

“Teamwork is about doctors, nurses and the administration of Healthscope working together for a single aim: delivering high quality care to patients,” said Professor Khadra.

General Manager of Nepean Private Hospital John Tucker was happy to hear such high praise for his staff.

“Working with Professor Khadra and the team of urological surgeons is a strong focus at Nepean Private Hospital and to have this type of response is a reflection on the quality of surgeons and nurses we have here,” said John.

## PRINCE OF WALES PRIVATE HOSPITAL NURSE BRINGS THEATRE KNOWLEDGE TO FIJIAN HOSPITAL

In April, Prince of Wales Private Hospital Operating Theatre Manager Angela Grein assisted Orthopaedic Surgeon Dr Andreas Loeffler at Labasa Hospital in Fiji.

It is the sixth time registered nurse Angela has volunteered for Orthopaedic Outreach, a charity established to provide surgical training and services in underdeveloped Pacific countries.

Labasa is the main town of Vanua Levu, the second largest island in Fiji, and home to approximately 28,000 people. Labasa Hospital also services neighbouring islands and rural towns.

There is no specialist orthopaedic surgeon in the region, so hospital staff and patients rely on Dr Loeffler's bi-annual visits.

Dr Loeffler said the purpose of visiting Labasa Hospital is to teach resident medical and nursing staff the principles of orthopaedics.

"The orthopaedic workload includes much trauma which presents late, acute and chronic infection, post-traumatic arthritis and many patients with diabetic ulcers of the feet. There is presently no prosthetic service for amputees," he said.

During the most recent trip Angela assisted in the orthopaedic clinic, organising the operating theatre lists for the week.

"We did twenty operations including knee arthroscopies, hip hemi-arthroplasty, spinal decompression, ankle fracture and a supracondylar fracture of the humerus," said Angela.

Cases included a lacerated tendon caused by a cane knife, a common injury in Fiji where sugar cane is harvested by hand.

The team also assisted a fisherman whose lower leg was lacerated by a barracuda, severing his peroneal tendons.



Angela Grein (centre) with Labasa Hospital staff

"Rugby is a national obsession in Fiji and we saw the usual assortment of related injuries – most seriously, three young men with cervical fracture dislocations in traction," she said.

Between procedures the volunteers treated bone and joint infections including chronic osteomyelitis, and gave lectures to hospital staff.

"I feel the visits are worthwhile and I appreciate the support readily given by Executive Management at Prince of Wales Private Hospital and Healthscope," said Angela.

## BEREAVED FAMILIES GIVE BACK TO NEWCASTLE PRIVATE HOSPITAL

Two local families showed their appreciation to the Newcastle Private Hospital oncology service in memory of loved ones lost to cancer.

In 2007 Betty Sanderson was diagnosed with bowel and liver cancer.

After major surgery and chemotherapy treatment, Betty passed away on 3rd May 2009.

Also in 2007, Sue Suters was diagnosed with ovarian cancer.

"Sue was so strong right from the beginning. She just wanted to live," said her husband Geoff.

Sadly Sue lost her battle on 31st October 2010. It was the second tragedy for the Suters who lost their 18 year old son Leigh in a car accident.

Both Sue and Betty received their final cancer treatment at Newcastle Private Hospital.

The care they received from the oncology team inspired the Sanderson and Suters families to give back.

For both families, the game of golf has proven to be the perfect way to honour the memory of their loved one.

The Sanderson family and friends hold a memorial golf day every year on 3rd May, raising funds for the Newcastle Private Hospital oncology service.

Sue Suters was also a keen golfer and similarly, her family and friends hold a special golf day in her memory to raise funds for others trying to cope with cancer.

Collectively close to \$35,000 has been donated to Newcastle Private Hospital to support patients battling cancer and their families.



Geoff Suters (far left), Dave Sanderson with daughter Melanie, grandchildren Luca and Tate

In June 2012, the Sue Suters Ovarian Cancer Fund donated a bed to allow family members to stay overnight, as well as recliner lounges and an iPod to bring some everyday creature comforts to the hospital room.

"We set up the Sue Suters Ovarian Cancer fund to raise money to help people in a practical sense," said Geoff.



## OCCUPATIONAL MEDICINE AT MILL PARK FAMILY PRACTICE

Primary care physician Dr Ross Wines is working with individual patients and workplaces to offer a unique service at Mill Park Family Practice in Melbourne.

Dr Wines drew on his background in sports musculoskeletal medicine and sought further study to specialise in occupational medicine.

“I went back to Monash University to complete a Graduate Diploma in Occupational and Environmental Health and then took up specialist physician training,” said Dr Wines.

Occupational medicine, including pre-employment medicals, is now part of the comprehensive service available at Mill Park Family Practice.

“For a pre-employment medical I look at the position description first and then perform a medical evaluation to ensure the applicant is capable of performing those duties safely with minimal risk to self or others,” said Dr Wines.

The goal is to ensure the health and the safety of all employees at the worksite is not compromised by a particular job placement.

Pre-employment medicals are just one component of the service.

“It’s also about ongoing health surveillance; we do medicals in compliance with WorkCover to ensure the health of the worker,” said Dr Wines.

For outside workers, this may include regular skin cancer screening, another of Dr Wines’ specialties.

Managing workplace injuries is a combined effort according to Dr Wines, involving the patient and their employer.

“As a doctor dealing with occupational matters there is a different focus. You’ve got the employer involved, WorkCover and insurance companies as well,” said Dr Wines.

“You need to be able to talk to the employer, to help them understand what the employee can or can’t do at that time,” he said.

“Communication is very important. I often visit the work sites, meet with production managers and supervisors to build up a relationship,” he said.

Dr Wines works with the biopsychosocial model of pain management which he describes as a holistic approach.

“When someone sustains a back injury they may see themselves being totally injured for the rest of their life,” said Dr Wines.

“It’s important to look at the whole person. They may perceive that they will lose their job or suffer a reduction in their income.

“Financial matters are just one stress that can cause problems at home and interfere with the injured worker’s rehabilitation.

“All these psycho social aspects need to be considered in injury management,” he said.

Dr Wines believes an early return to work program is also essential.

“The management of back pain can be very difficult, for example. We have to ask how we can get that person safely back to work,” said Dr Wines.

“Some patients feel they’ve got to be 100 per cent perfect with no pain to resume their role and that may not necessarily be the case,” he said.

For appointments with Dr Ross Wines, contact Mill Park Family Practice on 03 8432 4100.

**“ Occupational medicine, including pre-employment medicals, is now part of the comprehensive service available at Mill Park Family Practice ”**



## LONG TERM OPPORTUNITIES FOR HEALTHSCOPE GRADUATE NURSES

There was a chance to meet the future nurse workforce at the Royal College of Nursing Australia (RCNA) Nursing & Health Expo in July 2012.

The expo is an annual opportunity to promote Healthscope's graduate nurse programs.

Healthscope hospitals offer a range of graduate nurse programs for both enrolled and registered nurses.

"Nurses benefit from starting their career by applying and developing



L-R Owen Billington, Suzie Kelly, Alison McKenzie, Sharni Lewis, Rachael Crosbie, Lorelle Stevenson, Melinda Sheridan at the RCNA Nursing & Health Expo

the knowledge and skills they've learned at university in a supportive clinical environment," said General Manager Human Resources, Jenny Williams.

"Our programs are structured to develop confidence, competence and provide greater career opportunities with the ability to gain rich experience in a variety of specialties," said Jenny.

Graduate nurses benefit from paid study days, and clinical rotations including the potential to gain experience in other Healthscope hospitals.

"Our hospitals have customised programs including intensive care, cardiac, operating suite, mental health, obstetrics and rehabilitation," said Jenny.

There are also opportunities for further supported post-graduate study and professional development.

Registered Nurse Melissa Cachia joined Melbourne Private Hospital as an enrolled nurse and went on

to complete a Bachelor of Nursing.

Melissa then did post graduate study in diabetes education to better support patients with complex needs at Melbourne Private Hospital.

"During my graduate program I was able to branch out and get more in depth nursing



General Manager Human Resources, Jenny Williams

**" Our programs are structured to develop confidence, competence and provide greater career opportunities with the ability to gain rich experience in a variety of specialties "**

experience with six months on the cardiac ward and six months on the general medical ward," said Melissa.

"The whole team have been so supportive of me going back to study. It is the teamwork at Melbourne Private Hospital and great supportive managers that made it easier for me," she said.

Read more about Melissa's experience in *Star Spot*.

Recent graduate Ben Thompson completed his Bachelor Nursing in Tasmania.

After a three week placement in mental health, Ben knew it was what he wanted to do.

Ben joined the graduate program at The Melbourne Clinic and said his first rotation in the general psychiatric unit provided a good grounding of experience.

He is interested in drug and alcohol rehabilitation and hopes

to gain more experience in the specialty at The Melbourne Clinic.

A number of Healthscope hospitals are now recruiting for the next graduate nurse intake.

Enrolled and registered nurses approaching graduation or recently graduated are welcome to apply once they have registered with the Nursing and Midwifery Board of Australia.

Applications are also accepted from international registered nurses who meet the criteria for registration with the Nursing and Midwifery Board of Australia.

Healthscope offers sponsorship for international applicants who gain places in graduate programs.

Further information is available from the Graduate Program Coordinator at Healthscope hospitals.



Graduate nurse Ben Thompson at The Melbourne Clinic



## JOHN FAWKNER PRIVATE HOSPITAL NURSES BRING THEIR SKILLS TO THE SCREEN

A group of emergency department nurses from John Fawkner Private Hospital are bringing their skills to the small screen.

Judy Malcomson, Kathy Ioannou, Sue Boucher, Kelly Smeaton, Angela Weber, Paul Liston and Rosanna Sciulli are collectively growing a list of impressive screen credits.

Melbourne based reality-show *Medical Emergency* and television drama *Offspring* are two of the recent television favourites to call on the nurses for medical advice and on screen appearances.

Midwife and Clinical Nurse Specialist Rosanna Sciulli secured the role of medical advisor for the third series of *Offspring*.

In the Australian TV drama, lead character Nina Proudman (Asher Keddie) plays an obstetrician alongside a cast of fictional nurses and doctors.

Many scenes are based in the maternity department of a fictional hospital.

“It is an incredible experience to work with wonderful actors role-playing the lives of medical professionals - if only it was really that glamorous,” said Rosanna.

Judy Malcomson, Kathy Ioannou, Sue Boucher, Kelly Smeaton, Angela Weber and Paul Liston have all appeared on screen in reality TV show *Medical Emergency*.

Accident & Emergency Nurse Unit Manager Judy Malcomson was also the medical advisor for another Australian drama favourite, *Tangle*.

More recently Judy added her nursing expertise to the production crew for the television mini-series *Howzat! Kerry Packer's War*.

Nurse Sue Boucher has also notched up a few credits as crew nurse for television drama *Halifax F.P.* and film *Chopper* about renowned crime figure Mark “Chopper” Read.

“It’s a credit to the quality of care that the John Fawkner Private Hospital emergency department nursing team provide that they are recognised and so often called upon to share their expertise on the set of these popular television shows,” said General Manager of John Fawkner Private Hospital, Kieron Martin.



Rosanna Sciulli (left) and Judy Malcomson at John Fawkner Private Hospital

## CENTRAL COAST CLINIC REOPENS WITH MORE BEDS

Brisbane Waters Private Hospital officially opened 14 additional beds for mental health patients in the refurbished Central Coast Clinic on 20th June 2012.

More than 50 staff, community members and dignitaries attended a cocktail party to celebrate the expansion, including former State Member for Peats and Gosford, Marie Andrews.

Ms Andrews also officiated when the Central Coast Clinic initially opened in November 2008.



Dr Larissa Grund, Ms Marie Andrews, Annette Czerkesow

“It is really important that locals can have the best services possible without having to leave the Central Coast,” said Ms Andrews.

Brisbane Waters Private Hospital General Manager, Annette Czerkesow said the decision to increase capacity to 30 beds was made to meet significant demand.

She said the move has been welcomed by the community.

“The Central Coast Clinic is the only private mental health facility in the regional area between Sydney and Newcastle,” said Annette.

Inpatient care is available to privately insured patients aged 18 and over for a range of mental illnesses. The clinic also specialises in treating patients over 60.

Streamlined admission ensures there is no delay for vulnerable patients.

**“ It is really important that locals can have the best services possible without having to leave the Central Coast ”**

The clinic also offers a full range of outpatient programs for managing anxiety, depression, post traumatic stress disorder, addiction to drugs and alcohol, and relapse prevention.

For information regarding admission to the Central Coast Clinic and outpatient programs, contact Simon Connor on 02 4343 0214.

## UNIQUE FERTILITY SERVICE AT NORTHPARK PRIVATE HOSPITAL

Northpark Private Hospital patients seeking a comprehensive fertility service no longer need to travel beyond their local community.

Obstetrician, Gynaecologist and Fertility Specialist Dr Alex Eskander recently expanded his practice at Northpark Private Hospital.

Dr Eskander provides a combination of obstetric and antenatal care, high risk pregnancy management, infertility management and family planning.

With a special interest in fertility treatments including in vitro fertilization (IVF), Dr Eskander has helped numerous local residents start or expand their families.

“Some people just come for a consultation about managing their cycle, we may give medication, or they may need a laparoscopy for endometriosis or treatment for ovarian cysts,” said Dr Eskander.

Patients undergoing laparoscopic procedures can take advantage of three new and two refurbished operating theatres at Northpark Private Hospital, completed earlier this year as part of a major redevelopment.

“Only about 30 per cent (of patients) end up needing IVF. There are lots of successful pregnancies before,” said Dr Eskander.

As an added benefit for patients who do require IVF, Dr Eskander can now perform egg-retrieval at Northpark Private Hospital. Previously patients had to travel across Melbourne for egg pick-ups and transfers.

“Eventually egg transfers will be done here as well. The patient will see me through the whole process,” said Dr Eskander.



“Some doctors might treat the patient to a certain extent – there might be one IVF doctor for the consultation and another for the egg transfer. But I provide the whole service,” he said.

Dr Eskander estimates that he sees at least 300 patients every year and enjoys providing ongoing care.

Thanks to his gentle bedside manner, communication and respectful approach, Dr Eskander is popular with patients, midwives and colleagues.

**“ The hospital is now able to offer a service to families that commences prior to conception including IVF treatment, antenatal care, a unique birthing experience and access to our internationally renowned mother and baby services ”**

“Some of my patients have been with me for two years. Patients first come for a fertility assessment and then I deliver their baby as well, it’s amazing,” he said.

“We get very connected and build a rapport. Some came back for their second and third babies. It’s lovely,” said Dr Eskander.

“Obviously there are sad times and happy times but we keep working on it,” he said.

When couples attend their first consultation, both undergo testing to determine the origin of fertility issues.

“The problem may be the fallopian tubes, the eggs or the sperm,” said Dr Eskander.

Northpark Private Hospital General Manager Gaylyn Cairns said accessing a family planning service in one place will make a difference to patients.

“The hospital is now able to offer a service to families that commences prior to conception including IVF treatment, antenatal care, a unique birthing experience and access to our internationally renowned mother and baby services,” said Gaylyn.



## STRONG OUTCOMES FOR HEALTHSCOPE PROCUREMENT

It has been a positive year for Healthscope Procurement with the implementation of numerous supplier contracts and agreements yielding substantial savings.

According to General Manager Procurement Alan Foster, the savings are the direct result of his team's professional approach to the acquisition of goods and services, and the changing market place.



General Manager  
Procurement Alan Foster

Alan believes changes in the market are mainly due to rapidly advancing technology which has enabled the availability of a more competitive range of quality clinical products.

“The market place is producing new, nimble players who can deliver clinically equivalent quality products at lower than traditional prices,” said Alan.

“In many cases, the newer suppliers do not have the infrastructure and overheads of some of the traditional suppliers, which influences prices,” he said.

He adds that taking an integrated approach to purchasing has improved negotiating power and delivered strong results for Healthscope.

“Taking the theory, knowledge and practice of traditional procurement, combined with innovation and collaboration with suppliers, has benefited both Healthscope as well as our chosen vendors,” said Alan.

One such innovation is the establishment of the Healthscope Product Evaluation Group, known as PEG, to support the strategy of sourcing clinically and financially effective products.

The PEG comprises a chair, executive nominee, procurement representative and six elected hospital based members chosen for their clinical and management experience.

The combined knowledge and experience of group members allows the PEG to carefully balance cost benefits with the safety of products.

The group work together to assess the value of potential new products, negotiate contracts, implement roll out to hospitals, and to educate and communicate with staff that will be using the products.

The clinical value of products is evaluated by medical safety, workplace health and safety assessments, and risk evaluation where relevant.

Specialty nurses and clinicians, national hospital cluster and working groups are consulted throughout the review process as needed.

The Healthscope Legal team provide input on agreements and contracts.

PEG has already reviewed, evaluated and accepted a range of new products including oxygen and suction, skin swabs, detergent swabs, surgical apparel, abdominal packs and bandages.

The group has also agreed to reject some products following a comprehensive review.

“The PEG provides an important balance of meeting clinical requirements with the opportunity to leverage group buying power to benefit the organisation as a whole,” said Alan.

PEG is currently reviewing anaesthetic masks, catheter mounts, bags and measures, and basic wound dressings, and will soon turn its attention to smoke evacuation, hypodermic needles and syringes, wound drainage and specialised wound product.

**“ The market place is producing new, nimble players who can deliver clinically equivalent quality products at lower than traditional prices ”**

## BRISBANE UPPER LIMB SPECIALISTS EDUCATE GPs

More than fifty general practitioners gave up a Saturday to attend the *Upper Limb 101* workshop at Brisbane Private Hospital in April 2012.

Specialist orthopaedic surgeons from the Brisbane Hand & Upper Limb Clinic transformed their consultation and treatment rooms for a series of educational presentations and interactive sessions.

Brisbane Hand & Upper Limb Clinic, located at Brisbane Private Hospital, comprises ten orthopaedic surgeons specialising in the treatment of conditions affecting the shoulder, elbow, wrist and hand.



Dr Mark Ross presents on arthritis of the shoulder

The orthopaedic surgeons offer a wide range of treatments including joint reconstructions, arthroscopies, shoulder replacements, nerve and rotator cuff repair.

The GP workshop provided insight into the specialised treatment patients presenting with upper limb conditions would benefit from.

It also provided an opportunity for GPs to learn specific assessment and treatment techniques to assist their patients with long term recovery.

Workshop sessions covered correctly examining upper limbs, identifying major upper limb conditions as well as guidance in splinting.



Dr Ken Cutbush discusses the rotator cuff

Specific procedures featured in the workshop were surgical and non-surgical treatments for arthritis, hand trauma, as well as a non-operative rotator cuff which impacts on shoulder movement.

Feedback from attendees was very positive with many commenting on the practical, hands on style of the workshop and the small groups.

## STAR SPOT

### Melissa Cachia

Registered Nurse Division 1 at Melbourne Private Hospital Level 8-Neurosciences

*What is your current role at Healthscope?*

Newly appointed Clinical Care Coordinator for Neurosciences.

*How long have you worked in the job?*

I have been at Melbourne Private Hospital since 2003, starting as an enrolled nurse, I went on to complete Bachelor of Nursing in 2007 and post graduate study in diabetes education in 2011.



Melissa Cachia

*What do you like most about it?*

My new role as Clinical Care Coordinator is varied and I still interact with patients, their families, and work alongside a range of healthcare professionals.

I am learning new and exciting skills in this role about case mix, audits, health funds and the community support available to patients after discharge including rehabilitation, Hospital in the Home, Royal District Nursing, Department of Veterans' Affairs & palliative care services.

*What kind of services does your workplace provide?*

Melbourne Private Hospital is a very busy 124 bed hospital providing a range of healthcare specialities. In addition to cardiac, cardiothoracic, neurosurgery, neurosciences, advanced general surgery, day procedure endoscopy, day chemotherapy, we also have an intensive care unit and a neurosurgical high dependency unit.

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

Every day is different, there is always something I haven't heard or seen before on the ward, and that's what I love

about working in a large hospital, being exposed to new information and learning opportunities.

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

As we are such a varied hospital offering so many specialities there are many people working here. I have met and worked alongside the most amazing, caring and professional people, some I have formed lifelong friendships with. I feel very privileged to be part of a great team.

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

Over the years it has been from patients asking how nurses cope with the shift work. My new role is Monday to Friday plus one clinical shift, so the hours are a little more stable for me now.

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

Extra hot Skinny Latte, we can place SMS orders to the hospital cafe so we don't have to spend our breaks waiting in line! Love it.

*What are your facility's opening hours?*

Visiting hours are 10am-1pm and 3pm-8pm, 7 days a week.





## HEALTHSCOPE SNAPSHOTS...

John Fawkner Private Hospital oncology staff were inspired by the journeys of their patients to participate in the Cancer Council Relay for Life.

As well as entering a team, John Fawkner Private Hospital was the major sponsor of the Moreland Relay in April 2012.

General Manager Kieron Martin formally opened the event and presented a prize for fundraising to the local primary school.

Nurse Unit Manager Attracta Gormon said the team spirit in the lead up and during the event was tremendous.

"We are proud of raising over \$5,000 for the Cancer Council and it was a highlight to receive an award for the most laps walked," said Attracta.



John Fawkner Private Hospital sponsored and participated in the Moreland Relay for Life

Healthscope Quality Manager Suzanne Callaway also took part in the Relay for Life with her family.

Team Callaway & friends raised over \$3,000 for the Cancer Council with sponsorship from The Melbourne Clinic and Healthscope colleagues.

Suzanne, husband Peter and daughters Amy and Jessica also achieved their own personal goals of completing a marathon distance by running 106 laps of the 400 metre track.



Team Callaway & friends at the Knox Relay for Life

Gribbles Veterinary Pathology General Manager Kevin Darling participated in the Firefighter Sky Tower Stair Challenge annual fundraiser for the Leukaemia & Blood Cancer New Zealand in May 2012.

Kevin, who is also a volunteer fire fighter, was captain of the Halcombe Volunteer Fire Brigade team.

Participants climbed 51 flights (1,103 steps) wearing full fire fighting kit weighing 25kgs. Kevin achieved his goal, finishing the climb in less than 19 minutes.

The team raised \$11,211 and received the Outstanding New Fundraising Brigade award for 2012.



Gribbles Vet Pathology General Manager and volunteer fire fighter, Kevin Darling

Campbelltown Private Hospital celebrated a major milestone on 30th April 2012.

Staff and management joined together for a special lunch on the hospital's fifth birthday.

"We had a celebration lunch with Woodfire pizzas so that the catering staff could also enjoy lunch," said General Manager of Campbelltown Private Hospital, Christine Proffitt.



Campbelltown Private Hospital celebrates five years

Pine Rivers Private Hospital XI Cricket Team won the Cartwright Cup Twenty20 Competition in April, beating rivals the Afro Roys.

Winning the final of the pre-season T20 competition was a sweet victory for the Pine Rivers Private Hospital team who lost to the Afro Roys summer side in the grand final earlier this year.



(L-R) Dr Wasim Shaikh, Dr Jaganathan Alagarsamy, Dr Sidney Cabral

## COMO PRIVATE HOSPITAL CELEBRATES 1000 REHABILITATION PATIENTS

Como Private Hospital recently treated its 1000th rehabilitation patient.

Mrs Dawn Watt could only walk up to five metres with a frame at the time of her admission to Como Private Hospital.

“By the time she joined the rehabilitation program she could walk 10 metres in 22 seconds with crutches,” said Physiotherapist Claire Fritze.

“Once she was discharged Mrs Watt was able to walk 10 metres in 10 seconds,” said Claire.

Como Private Hospital established the dedicated rehabilitation unit in 2008 to complement existing medical and surgical facilities, and meet the needs of the local aging population.

Starting as a 4-bed unit, the rehabilitation program grew quickly, increasing to 16 beds within 12 months.

Since then, the rehabilitation team has helped many patients like Mrs Watt to remain active and in their own homes.

“The combination of medical, surgical, gerontology and rehabilitation services on a single site enables a model of care that is not often available to private patients,” said Rehabilitation Program Coordinator Mark Baxter.

“It has been rewarding to be involved in the development of Como Private Hospital’s rehabilitation service and patient outcomes are of a high standard,” said Mark.

The team is made up of three physiotherapists, three occupational therapists, two discharge planning nurses and program coordinator Mark, led by rehabilitation physicians Dr Geoff Abbott and Dr Bruce Shirazi.

The rehabilitation program has helped hundreds of orthopaedic and neurological patients, as well



(L-R) Mark Baxter, Dr Geoff Abbott, Dawn Watt, Katarina Drazumeric, Margy Frawley, Claire Fritze

as those with chronic disease and acute chest infections. The day patient rehabilitation program was added in 2011.

“The day patient programs allow patients to return home and continue their therapy when acute medical and nursing intervention are no longer required,” said Dr Geoff Abbott.

“With ongoing follow up from rehabilitation physicians and therapists, the day patient program improves patient outcomes,” said Dr Abbott.

# PreventionXpress - An Overview

PreventionXpress (pXs) works with corporate and government employers to improve the health and wellbeing of their employees.

Established in 2002, pXs was one of the first companies in Australia to pioneer rapid, convenient and confidential preventative health screening in workplaces.

Each health screen takes about 10 minutes with professional feed back and advice provided immediately based on an individual’s results.

Importantly, workers learn more about their risk of preventable diseases such as heart disease and type 2 diabetes. The screens highlight factors affecting personal health such as alcohol, tobacco, effective sleep patterns and fatigue.

pXs uses the latest digital and wireless technology to deliver interactive screening. iPads, kiosks or desk top computers interface with our secure website allowing screening in any workplace setting nationally.



### pXs screens for the following health issues:

- Cardiovascular disease
- Tobacco related harm
- Alcohol related harm
- Diabetes Type 2
- Sleepiness and fatigue
- Obstructive sleep apnoea
- Preventative prostate health check prompt
- Mental health
- Obesity

### Benefits for workers:

- Learn more about your health
- Awareness of your risk of preventable disease such as cardiovascular disease and type 2 diabetes
- Positive ways to reduce risk factors and maintain good health

### Benefits to employers:

- Improved productivity and staff morale
- Reduced absenteeism and staff turn over
- Reduction in workplace injuries
- Improved work culture and corporate image

Find out more information at  
[www.preventionxpress.com](http://www.preventionxpress.com)

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