



the Pulse

A Healthscope Publication

PRIVATE
HEALTH
MAGAZINE

Autumn 2011

CONGRATULATIONS TO
WINNERS OF THE SERVICE
EXCELLENCE AWARDS

IN THIS ISSUE

SERVICE EXCELLENCE @ HEALTHSCOPE AWARDS CELEBRATE STAFF ACHIEVEMENTS

QUEENSLAND FLOODS - PINE RIVERS PRIVATE HOSPITAL FORCED TO EVACUATE

PSYCHIATRY AND PATHOLOGY COLLABORATE TO TREAT DEPRESSION

QUEST LABORATORIES EXPAND INTO VIETNAM

LIFE CHANGING SURGERY FOR YOUNG SPORTS FANATIC

INTERNATIONAL CRICKET STARTS NO MATCH FOR NERC EXERCISE PHYSIOLOGIST

The industry fund for the people who care

...like Kim

Nurse consultant, driving instructor and member since 2005.

Like so many other nurses, I put in long hours and have put my career plans on hold to be a mum. I now come home at a normal time so I'm not too exhausted to take my son to the park on his little trike. He's just

ridiculously adventurous, but I guess that's all part of being a little boy. I prefer to play it safe – which is why it's great to be a part of an industry super fund that takes care of my interests – like my super.



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IN THIS ISSUE OF thePulse

CRICKET STARS NO MATCH FOR BEERAM



NOVEL TRIAL FOR BRAIN INJURED PATIENTS



QUEENSLAND STAFF HELP WITH FLOOD CLEAN UP



CONTENTS

QUEENSLAND FLOODS: PINE RIVERS PRIVATE HOSPITAL EVACUATED	4
QUEENSLAND FLOODS: SUNNYBANK NURSE JENNIE HANLEY'S STORY	6
QUEENSLAND FLOODS: PATHOLOGY COLLECTION CENTRE DESTROYED	8
AN EVENTFUL START TO 2011	10
STAFF AWARDS BRING WELL EARNED RECOGNITION	14
HEALTHSCOPE PATHOLOGY CONTINUES TO GROW	18
MELBOURNE PRIVATE HOSPITAL'S UNIQUE RENAL TRANSPLANT PROGRAM	19
QUEST LABORATORIES EXPAND INTO VIETNAM	20
RESILIENCE RECOGNISED WITH SERVICE EXCELLENCE AWARD	22
INNOVATION BRINGS BETTER HEALTH TO WEST AUSTRALIAN COMMUNITY	24
RINGWOOD PRIVATE HOSPITAL CANCER CARE GOES ABOVE AND BEYOND	26
DORSET PAIN MANAGEMENT GUIDED BY RESEARCH	28
WII-HABILITATION TAKES OFF AT PENINSULA PRIVATE HOSPITAL	29
PSYCHIATRY AND PATHOLOGY COLLABORATE TO TREAT DEPRESSION	30
STUDY AIMS TO MAKE TMS TREATMENT MORE ACCESSIBLE	31
ADVANCED PATHOLOGY HELPS DOCTORS PERSONALISE TREATMENTS	32
GOVERNMENT SUPPORTS MENTAL HEALTH RESEARCH AT THE GEELONG CLINIC	34
NOVEL TRIAL FOR BRAIN INJURED PATIENTS AT VICTORIAN REHABILITATION CLINIC	36
PARENT PAGERS HELP NURSES RECOVER LOST TIME	38
LIFE CHANGING SURGERY FOR YOUNG SPORTS FANATIC	39
NEW WIRELESS DEVICE IMPROVES MOBILITY IN STROKE PATIENTS	40
STAR SPOT	42
HEALTHSCOPE SNAPSHOTS	44
INTERNATIONAL CRICKET STARS NO MATCH FOR BEERAM	46

The Pulse is a seasonal Healthscope publication. © Healthscope 2011
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QUEENSLAND FLOODS: PINE RIVERS PRIVATE HOSPITAL EVACUATED

On 11th January, Pine Rivers Private Hospital in Strathpine was forced to evacuate 35 patients and staff to escape rising flood waters.

“The hospital is located within 200 metres of the rivers so we were told by emergency services to evacuate immediately,” said Teena Pisarev, Pine Rivers Private Hospital General Manager.

“It wasn’t only the risk of the flood waters reaching the building, we also had to consider that staff and ambulances would have no access to the hospital because of road closures,” said Teena.

After a brief team meeting staff moved quickly to prepare, packing patient charts, medication and staff rosters. Patients were advised to bring only their valuables.

“We called our local bus service – Thompson Bus Line. They had two mechanics working on buses at the time, both of whom had licences. They cleaned themselves up and came over immediately.

“We were on the buses and ready to leave in less than 30 minutes,” said Teena.

A member of staff not scheduled to work made phone calls from the safety of her home advising other staff and families of patients while the buses transported the evacuees to Brisbane where another Healthscope hospital provided accommodation.

“I must admit I felt the most amazing relief when we arrived at Brisbane Private Hospital,” said Teena.

According to Teena the 45 minute trip to Brisbane took twice as long due to road closures and the number of people leaving Strathpine. One of two bridges in the local area had been destroyed, and the other was flooded leaving only one route.

Brisbane Private Hospital management and staff of the Damascus Unit went out of their way to accommodate the arrivals.

“Management created a mini Pine Rivers ward for us so we were able to keep the majority of our patients together with the help of staff,” said Teena.

The dedication and skill of staff from both facilities ensured the patients from Pine Rivers Private Hospital, all of whom are undergoing treatment

for mental illness, coped with the evacuation and change of venue.

“The patients reacted exceptionally well under the circumstances thanks to the calm and open approach of staff. Considering a lot of the patients have anxiety, it would have been a testing situation for them,” said Teena.

“The team were faultless. Staff that came on the bus stayed away from their own families so that they could care for patients. Other staff members who were able to access the city took it upon themselves to drive to Brisbane and assist,” she said.

Teena also credits the generosity of the local community and the availability of the buses for the smooth evacuation.

“Thompson Bus Line refused to charge us. We were going to put a thank you ad in the local newspaper but the editorial team was so impressed by the service they ran a story instead,” she said.

In hindsight Teena believes even a practice evacuation could not have gone as smoothly as the real thing.

“We were lucky – if I had to do it again in the same situation I would. We’ve developed a very good relationship with all the local authorities and have since overhauled our emergency



L-R Di Ryan, Maggie Makata, Mellita Pearce, Jo Swanson and Kerry Rogers helped make the evacuation smooth

evacuation procedure because we learnt so much,” said Teena.

Pine Rivers Private Hospital was deemed safe from floods on 13th January.

“The river had risen quickly and then dropped without affecting the hospital. But there was water damage in eight rooms due to a significant amount of rain in a short time,” said Teena.

A well timed redevelopment already underway at the hospital has been

reviewed to factor in future flood risk.

“The redevelopment plans have been revised to include flagging the river heights,” said Teena.

By June the redeveloped Pine Rivers Private Hospital will have double the capacity with 79 beds and Teena plans to increase emergency procedures to match.

“2011 will go down as a very eventful year for Pine Rivers Private Hospital,” said Teena.

QUEENSLAND FLOODS: SUNNYBANK NURSE JENNIE HANLEY'S STORY

Sunnybank Private Hospital nurses Jennie Hanley, Kim Thomson and Beverley Criddle each suffered significant damage to their homes and lost most of their belongings in the January floods.

Jennie Hanley lives in Yeronga just seven kilometres from the Brisbane CBD and was away from the family home when it flooded. Jennie shared her experience with *The Pulse*.

“One of our daughters got a job in Western Queensland and we went out there to help her settle in. On our way back from Dalby on Monday 10th January we got caught and couldn't get home all week.

We watched our house go under while we were in rental accommodation in Dalby. We have a low set house not far from the river and expected the overflow to inundate it - but it was actually the pressure of the stormwater from behind.

The water came up to 20 centimetres below the roof and we ended up with about three inches of mud inside.

When the floods receded on Friday 15th January the roads reopened between Toowoomba and Brisbane. It took a long time to travel back from Dalby because of all the traffic and road closures.

When we got home there was a mound of stuff on the front nature strip – our 25yo son and 19yo daughter had gone inside the house and pulled out all of the furniture with the help of their friends. A lot was unrecognisable but we were able to salvage some belongings.

On Saturday we cleaned and threw away soft furnishings including leather lounge suites, curtains and blinds; you can't really wash away three inches of mud.

We had plenty of volunteers over the weekend – as many as 30 on Saturday and 20 on Sunday. We knew some of these wonderful people but there were others we didn't know.

I was really naïve when I first walked into the house – I saw the ceiling was dry and the walls were still up and thought it was

best case scenario. In actual fact those walls all had to come down.

Our brick veneer home is now a shell - all the walls are stripped down and the hardwood underneath exposed.

The house is probably not liveable but we are staying; accommodation for us, dog kennels for our two Labradors, in addition to paying rates on a house that doesn't exist, would get really expensive.

We have no kitchen at all. We have a bathroom where you can shower but it smells from the mould. We are lucky enough to have power isolated to three spots in the house but we don't have lights so we are using lamps. It's a bit like camping on a large scale.

We've been told to wait a month for the hardwood to dry and at least two months for the slab to dry before doing anything to the house.

I think it will be six months before we can look at rebuilding because there is so much work to be done around Brisbane. Ours is going to be a big job so I think the tradesmen will try to get through the smaller jobs first.

I feel lucky that I am younger and able to work – where do you find the money to repair your house if you are retired?

Before we put any more money into rebuilding we need to find a company that will insure us. The response from our current insurance company was to look elsewhere; they do not think we are covered for this damage.

People ask what can they give us but we don't have shelving to store food - we have plastic boxes full of stuff.

My father made me a spinning wheel of red cedar which came through the floods ok. As I tried to clean it with a toothbrush and warm soapy water I realised the last person to devote this much care and attention to the spinning wheel would've been my father. I'm sure he'd never have thought that five years after he died we would pull it out of a flood.

A couple of people living in our street went under in 1974 and you can see how it has affected them. A lot of the older people around us have disappeared – we don't know where they've gone.

Our neighbours on both sides are in high set houses so only the downstairs was wiped out. One neighbour is a wine merchant and his entire cellar was lost. At least they kept their beds.



L-R Elizabeth Perkins, Kim Thomson, Sue Thurbon and Hazel Douglas from Sunnybank Private Hospital help with the clean up after the floods

The neighbourhood at night is normally bustling but it is really quiet now. There are no people or even lights, there is a horrible smell.

The river overflow has been pushed into drains and the mud has set like cement. We have heard it is vital that we get a good downpour soon to push the debris from the drains or there will be more flooding.

Roads have been damaged and

there is broken glass and porcelain on the nature strips – when we walk the dogs to the park we stay in the middle of the road because it's safer.

You go through the shock of it but then you clean up and go into an automatic pilot mode. It is overwhelming; you have to dig deep at different times to get through. It is hard to accept that this is it for the next couple of months.”

QUEENSLAND FLOODS: PATHOLOGY COLLECTION CENTRE DESTROYED

When the Brisbane River peaked on 11th January, the decision was made to close Healthscope Medical Centres across Brisbane to allow staff to get safely home.

Brisbane suburb Jindalee was one of the worse affected.

Thankfully residents had enough warning to evacuate but property was significantly damaged, including the Jindalee Medical Centre and attached Healthscope Pathology collection centre.

"The doctors moved some of the furnishings onto the second storey

of the building hoping it would be safe but the flood waters came high enough to destroy everything," said Eric Swayn, Queensland State Manager for Healthscope Pathology.

"We tried to get into Jindalee the following day to assess the damage but most of the streets were still covered in flood water. There were houses and cars under water," said Eric.

Healthscope Pathology Sales Manager Joe Barbagallo went to Jindalee the following weekend to help medical centre owner Dr Greg Norman knock down damaged walls and clean up.

Eric took lunch and beers for all volunteers who helped to clean up the complex housing the medical centre and collection centre.

"The generosity of the general public was amazing. On the first day of the clean up around 20,000 volunteers walked the streets offering help wherever they could," said Eric.

For Dr Norman, rebuilding the Jindalee Medical Centre is not an immediate priority and most of his doctors have



relocated to another medical centre nearby for the interim.

The Healthscope Pathology Blood Collector has also moved from Jindalee into another position which was fortunately available at the time.

According to Eric the Jindalee community will take awhile to repair.

"When you drive past houses there are timber wall supports still standing and that's all. Entire kitchens have been pulled out and left on the street. The shell of the house is the only thing left. It's going to take a long time to rebuild," said Eric.

Medtronic Foundation Supports Relief Efforts in Christchurch and Queensland

Since December 2010 devastating floods have affected 51 of Queensland's 73 council areas, a category five cyclone has struck North Queensland and a 6.3-magnitude earthquake has left parts of Christchurch's city centre in ruins.

Both during, and in the wake of, these disasters we've seen communities pull together, with people offering their neighbours a bed, food and a roof over their heads as all come to terms with what they've been left to deal with.

One New Zealand-based Medtronic staff member described how her 11-year-old daughter truly thought the world was coming to an end

during the earthquake and is coming to terms with the fact that while her family is safe and sound there are many who were not so fortunate. This is probably the case for many people who were lucky enough to get through the disaster with minimal damage to their homes.

Thankfully all Medtronic staff, in both Australia and New Zealand were reported safe, but we recognise that there are many who sadly cannot say the same and that there are family and friends of staff who have been greatly affected.

In addition to giving Medtronic employees five paid days leave for those who wished to volunteer in the recovery process in both Queensland

and Christchurch, the Medtronic Foundation also made a donation of USD\$35,000 to flood relief efforts in Queensland and USD\$50,000 to the New Zealand Red Cross.

In these ways, we are living our Mission to alleviate pain, restore health and extend life.

Our thoughts are with all of those who have been affected by these natural disasters and to those who have volunteered their time and donated so generously.



The damaged complex in the aftermath

AN EVENTFUL START TO 2011

Australia has been known for hundreds of years as a land of droughts and flooding rains. This year has been no different with major storms affecting the east coast, and more recently the far north. Over in the west, bushfires ravaged local communities. And as we go to press, the toll from the earthquake in Christchurch continues to rise.

Our thoughts are with the Healthscope employees who are among the many Australians and New Zealanders personally touched by these natural disasters.

Our businesses were also directly impacted by these extraordinary events and the damage to our pathology businesses in New Zealand is currently being assessed. Thanks to the outstanding efforts of our staff, we were able to continue caring for our patients in affected areas of Australia.

Despite all the heartbreaking stories of tragedy over the summer, I drew inspiration from the courage and

camaraderie on display. Families, neighbours, friends and strangers came together to pursue a common purpose - to help and truly make a difference to those in need.

These events have also caused me to reflect on the health community and to think about Healthscope's common purpose.

We employ over 19,000 people with a shared goal - to provide quality healthcare services.

It is my vision for Healthscope to:

- be a recognised market leader in the provision of high quality and professional health care services;
- be a service provider and employer of choice;
- ensure all of our people care about health care, and work in conjunction with our many stakeholders and local communities; and,
- provide returns to our shareholders.

The Healthscope network extends throughout Australia with 44 private hospitals, 58 pathology laboratories and 572 collection centres, 85 medical centres, as well as pathology networks in New Zealand, Malaysia, Singapore and now Vietnam.

As Australia's largest provider of integrated health care services, Healthscope has an opportunity to provide a continuum of care across the private health care sector, and I look forward to updating our progress in future editions of *The Pulse*.

The hospital industry has recently been in the news with reports of changes to the public sector. It is worth noting that the Australian public hospital system is supported by an efficient private hospital system of which Healthscope is a major provider.

Illustrating this, recent data published by the Australian Private Hospitals Association shows:

- private hospitals perform the majority of elective surgery - of the total 665 procedures and treatments undertaken in Australia, private hospitals provided 662 (the remaining being heart, lung or liver transplants);
- private hospitals perform 47 percent of all cardiac valve procedures;
- private hospitals provide 46 percent of all hospital-based psychiatric care;
- most rehabilitation for people who have had accidents, injuries or falls is provided in private hospitals where patients are transferred after surgery.

With 45 percent of Australians covered by private health insurance, Healthscope is dedicated to working with industry associations to ensure that government understands the role and contribution of private hospitals. Recent government fee cut changes in the pathology industry have highlighted the need for policy stability if the private sector is to continue to invest and grow.

Healthcare is all about people, and it is the small acts, as well as the big ones that make Healthscope special. To this end, I congratulate all recipients of the Healthscope Service Excellence Recognition Awards, and encourage you to take the time to read about some of the exceptional people we have in this edition of *The Pulse*.

Robert Cooke
Managing Director





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STAFF AWARDS BRING WELL EARNED RECOGNITION

With four hundred nominations, choosing just sixteen winners of the Healthscope 2010 Service Excellence Recognition Awards was a challenge for judges.

Running for the second consecutive year, the company-wide awards featured eight different categories with a team and individual awarded in each.

Winners were recognised for their hard work, dedication, innovation, exceptional service, responsibility, quality improvement, health and safety practices and teamwork.



L-R John Fawkner Private Hospital Director of Nursing Deb Dwyer, General Manager Kieron Martin, Tanya Goodwin from the Falls Working Party, Quality Manager Cathy Jones, Irene Duncanson from HESTA and ward clerk Glenda Meddings

"The awards have given us an opportunity to recognise the commitment and talent of our workforce and to celebrate some of the outstanding achievements in 2010," said Managing Director, Robert Cooke.

Managers and co-workers nominated their colleagues and, for the first time, patients were invited to nominate Healthscope staff that went above and beyond the call of duty.

Demonstrating the variety and standard of employees that ensure Healthscope's success, awards were given to pathology teams and blood collectors, hospital and medical practice nurses, allied health professionals, accounts, laundry and maintenance staff.

The winners were:

Service Excellence

The Anatomical Pathology team from Labtests in New Zealand, which recently celebrated its first anniversary, was recognised for consistently giving excellent service and improving the turnaround time of patient results. Read more on page 22.



Anthony Smolic from HESTA and Tony Field, Molecular Infectious Diagnostic Team

Northpark Private Hospital's Maintenance Manager Christopher Gardner was awarded for providing an excellent and consistent service throughout the hospital redevelopment.

Patient Choice

The Damascus Unit at Brisbane Private Hospital, featured in the last edition of *The Pulse*, were nominated by patients for outstanding professionalism and dedication in supporting people recovering from drug and alcohol addiction.



Northpark Private Hospital's Christopher Gardner receives his award from Ian Maytom

Jenny Stephenson, Assistant Nurse Unit Manager from Day Oncology at Melbourne Private Hospital was recognised by patients and those who observed her compassion, knowledge and efficiency.

Quality Improvement

See Star Spot in this edition of *The Pulse* to learn more about the daily commitment of West Australian Community Care Nurse Sheena Madgwick to reducing chronic disease.

Another team recently featured in *The Pulse*, The Falls Working Party at John Fawkner Private Hospital was recognised for developing an effective new falls risk assessment tool.



L-R Bernadette Missen from HESTA with The Mount General Manager Jade Phelan, Melissa Sandford and Director of Nursing Karen McMenamin

Exceptional Customer Service

Oncology, Cancer Support and Pastoral Care Services staff at Ringwood Private Hospital were recognised for going above and beyond. Blood Collector Nicky Webster from the NSW pathology division was also awarded for exceptional customer service.

Financial Responsibility

Proving that it is not just medical staff keeping Healthscope hospitals running efficiently - the Billing & Debtors team from the Victorian Rehabilitation Centre were awarded for reaching targets and reducing debt while Knox Private Hospital

Supply Manager Chris Jones was also awarded for financial responsibility.

Teamwork

Prince of Wales Private Hospital Theatre Nurse Maureen Eddison was recognised for leading staff engagement.

The Molecular Infectious Diagnostic Team from Healthscope Pathology laboratory in Clayton was awarded for achieving great results while coping with an increased workload.



Newcastle Private Hospital Laundry Services



VRC's Billing & Debtors team Sharon French, Jodie Perkins, Ann Riley, Emma Howe and Sandra Kaaden



Maureen Eddison

Health, Safety, Environment & Wellbeing

The Laundry Services team at Newcastle Private Hospital were awarded for reducing the risk to staff of working with chemicals.

Promoting recycling and an environmentally friendly workplace earned Clinical Nurse Melissa Sandford from The Mount Private Hospital an award.

Innovation, Learning and Development

The Pain Management Team, Allied Health and Outpatient Services at Dorset Rehabilitation Centre were recognised for their good work in spinal rehabilitation and pain management. See page 28 for more.

Also in this category Jackie Farina, Practice Manager of Champion Drive Medical Centre in West Australia was awarded for actively helping to improve the health of the local community, read more on page 24.

Congratulations to all winners of the Service Excellence @ Healthscope Recognition Awards 2010 and to the hundreds of nominees! Our special thanks to HESTA Super Fund who sponsored the awards.



Award	Team Winner	Individual Winner
Service Excellence	The Anatomical Pathology Team Labtests	Christopher Gardner Maintenance Manager Northpark Private Hospital
Financial Responsibility	The Billing & Debtors Team The Victorian Rehabilitation Centre	Chris Jones Supply Manager Knox Private Hospital
Teamwork	The Molecular Infectious Diagnostic Team Healthscope Pathology Clayton Laboratory	Maureen Eddison Theatre Nurse Prince of Wales Private Hospital
Innovation, Learning and Development	The Pain Management Team Allied Health and Outpatient Services Dorset Rehabilitation Centre	Jacqui Farina Practice Manager Champion Drive Medical Centre
Health, Safety, Environment & Wellbeing	The Laundry Services Staff Newcastle Private Hospital	Melissa Sandford Clinical Nurse (Theatre) The Mount Private Hospital
Quality Improvement	The Falls Working Party John Fawkner Private Hospital	Sheena Madgwick Community Primary Care Nurse Woodbridge Medical Centre
Exceptional Customer Service	Staff in Oncology, Cancer Support and Pastoral Care Services Ringwood Private Hospital	Nicky Webster Blood Collector Healthscope Pathology
Patient Choice	Staff in the Damascus Unit Brisbane Private Hospital	Jenny Stephenson Assistant Nurse Unit Manager Day Oncology Melbourne Private Hospital

HEALTHSCOPE PATHOLOGY CONTINUES TO GROW



Australian pathology business and Anoop Singh the Chief Operating Officer of our international pathology business.

On a more sombre note, we were all moved by the recent tragic events in Christchurch.

Thankfully none of the Southern Community Laboratory (SCL) staff were killed in the earthquake however the lab lost a number of key referrers and friends when one of the city's major healthcare clinics collapsed.

I recently spent time with the SCL team assessing the damage and at this point it would appear the laboratory is not salvageable so we will need to find alternate locations.

In the aftermath of the earthquake, the resilience and ingenuity of our staff was inspiring to see. With no email or other means of communication available, a Facebook site was quickly set up to enable SCL staff to share their personal survival stories with colleagues and others.

A number of heroic tales have emerged from the disaster, including our own pathologist Dr David Roche who risked his life by entering the building shortly after the quake to collect irreplaceable histology samples to ensure patients would still get their diagnosis.

David modestly acknowledged his action saying: "It was obviously against company policy but it wasn't totally foolhardy - there



are far braver things being done and far more heroic than that."

Overall the pathology division continues to operate in a challenging regulatory environment following the fee cuts of November 2009.

Recent results from both Primary Health Care and Sonic Healthcare reinforce the challenge that all businesses continue to face.

We are pleased the Federal Government has agreed to work with the industry leading up to the May budget to shape future pathology funding arrangements. Whilst the pathology industry has no illusions about the challenges ahead, it is refreshing to work collaboratively with government after a number of years of fee cuts and regulatory change.

Paul Waterson
Chief Operating Officer,
Healthscope Pathology

MELBOURNE PRIVATE HOSPITAL'S UNIQUE RENAL TRANSPLANT PROGRAM

Melbourne Private Hospital is currently the only Australian private hospital performing kidney transplantation; which occurs under the guidance of the renal transplant service of the Royal Melbourne Hospital (RMH).

Dr Shlomo Cohney, a nephrologist overseeing the RMH program explained the degree to which transplantation can transform the lives of patients and their families.

"Although transplantation is a treatment not a cure, the results from renal transplantation have improved dramatically over the last decade, with around 95 percent expected to last five years and over 85 percent lasting beyond 10 years," said Dr Cohney.

The average age of recipients is 45 to 50 years, but transplantation is sometimes recommended for children and has been successful in many patients over 70.

"Donors are usually parents, siblings and most commonly spouses, but cousins or even friends can donate," said Dr Cohney.

"To be a kidney donor you have to be willing, fit for surgery, and have two healthy kidneys," he said.

Potential donors undergo a thorough assessment some months before they are accepted.

"We take the long term health of our donors very seriously and insist on regular follow up," said Dr Cohney.

"We reassure donors that the remaining kidney compensates, so they are left with around 75 per cent of their original kidney function," he said.

Melbourne Private Hospital performs 30 to 35 living donor transplants per year, and has been part of the RMH program for transplanting across incompatible blood groups, as well as using new therapies for overcoming antibodies.

"Some patient's have antibodies against their donor, which target the donated kidney like guided missiles," explained Dr Cohney.

"While we can overcome some antibodies, others pose too great a risk to the donor kidney, and the only solution is to find a better donor for that recipient," he said.

A pool of incompatible donor-recipient pairs has been established, and scientists at the Victorian Transplantation and Immunogenetics



Dr Shlomo Cohney

Service oversee a paired kidney donation program where they match donors and recipients.

Melbourne Private Hospital has participated in the RMH paired kidney program as well as the national program.

While there is an ongoing need for living donor transplantation, Dr Cohney emphasised the importance of people discussing organ donation with their family to avoid facing the issue for the first time at a time of loss and grief.

"It's preferable for each individual's wishes and the concerns of family members to be discussed early, so that there is no doubt when the time comes," said Dr Cohney.

QUEST LABORATORIES EXPAND INTO VIETNAM

Quest Laboratories, the Healthscope Pathology operation in Singapore, has opened a new laboratory in Vietnam which is already growing beyond expectation.

Healthscope acquired Singapore's Quest Laboratories in 2005 and then DoctorsLab Diagnostics the following year through the Gribbles Group.

It was decided to keep the Quest Laboratories name because of its good reputation in Singapore.

Quest Laboratories has 240 staff, three labs and plans to move to a new site in May having outgrown the capacity of its main lab.



Ginny Foo, Chief Executive Officer of Quest Laboratories

Ginny Foo, Chief Executive Officer of Quest Laboratories was operations manager for Gribbles Singapore before the acquisitions.

She trained as a medical scientist, spent time heading labs in Malaysia and Singapore, including DoctorsLab, Parkway Pathology and Clinical Lab before joining Gribbles.

Ginny said business in Singapore has grown considerably in the last six years.

"Gribbles Singapore was doing between 300 and 400 patient episodes per day. After merging with Quest Laboratories and then DoctorsLab we were doing close to 3000. Now we are doing over 5000 patient episodes," said Ginny.

Since opening the Vietnam lab on 3rd January, Ginny has travelled regularly from Singapore to oversee operations.

The lab is located at the HanhPhuc Hospital, a women and children's hospital with a capacity of 200 beds, in the Binh Duong province just outside of Ho Chi Minh City.

"We are doing all of the HanhPhuc Hospital's staff screening as well as pathology for patients and walk-ins including women's profile for maternity, general health and cancer screening," said Ginny.



The Vietnam team (front from left): Nguyen ThiThuong, PhanThi Diem Trang, Nguyen Ho Ngoc Lan;(back from left) DinhThi Thu Thao, K Selva

In its first week, the laboratory was processing five to ten patient episodes per day – by mid February the number had risen to as many as 28 episodes, exceeding Ginny's expectations.

"The hospital opened a clinic in the center of Ho Chi Minh City with rooms for pediatricians and gynecologists so we receive samples from there as well," said Ginny.

"I am now looking for a vacant space in Ho Chi Minh City to start a stat lab so we can cater for this extra work and service the other clinics in the community," she said.



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RESILIENCE RECOGNISED WITH SERVICE EXCELLENCE AWARD

The Service Excellence Award for Labtests' Anatomical Pathology in Auckland was timely recognition for the team's resilience during a difficult time.

Head of Department Leanne Giles explained that when Labtests was first set up Anatomical Pathology was intended to service both private specialists and general practitioners of the combined Auckland District Health Boards.

However, the private specialist work was returned to the previous laboratory service provider early in the life of Labtests, significantly reducing sample numbers for the department.

"It came as a shock and we had to find a way of coping with this change that wouldn't require making positions redundant," said Leanne.

Leanne and the team began to explore what work they could take on and in doing so, how they might help to ease the load for other departments.

"We offered our services in all directions; we found gaps to fill wherever we could," said Leanne.

Initially the department used its collective skills to fine tune health and safety practices.



Labtests Anatomical Pathology team

"We conducted audits of collection rooms to make sure everyone was set up well and helped to obtain anything they needed," said Leanne.

Then, noticing that the Veterinary department were sending samples away to Hamilton for processing, Leanne and the team made a suggestion that had a lasting impact on the efficiency of the service.

"We were able to convince the Vet department that it was economically more viable to use us. Instead of travelling two hours to Hamilton, the work was being done two minutes down the corridor so their turnaround time significantly improved," said Leanne.

"The vet market is fairly competitive and the clients quickly noticed the improvement in the service," she said.

The Anatomical Pathology department received a message of appreciation from their vet colleagues and were subsequently nominated for the Service Excellence Award.

Leanne said the team still maintains contact with other departments, offering assistance where they can.

"We continually look outward and try to be entrepreneurial - for our own benefit as much as that of everyone else. We are keeping our department engaged and involved and we've had some positive outcomes for it.

"We're quite chuffed about the award. We've had to adapt to our new environment and we are happy to get the recognition for it," said Leanne.

How to grow your super savings

Your super is an investment in the future – your future.

But the basic amount your employer contributes to your super on your behalf (known as Super Guarantee or SG contributions) may not be enough to support you when you retire.

Fortunately, you have two options, so you don't have to rely on just the contributions made through your employer.

1. Get your money's worth with the government co-contribution

Finding extra money to contribute to your super can be hard to find.

So, imagine getting a dollar-for-dollar match for your after-tax super contributions – up to \$1,000! Well, that's exactly what the government may do to help eligible members boost their super, with the government co-contribution.

Set up a pay deduction to make regular contributions each pay period or make extra contributions by direct debit, BPay or cheque.

Go to www.hesta.com.au/contribute for more information and the full eligibility conditions.

2. Make a salary sacrifice and benefit in retirement

Salary sacrifice contributions are simply a portion of your before-tax salary paid into your super.

This means the amount is subject to contribution tax of 15 per cent, rather than your income tax rate – which may be as high as 45 per cent, depending on your income.

These contributions also reduce your taxable income. However, unlike after-tax contributions, they are not eligible for the government co-contribution.

If you're under 50 you can have up to \$25,000* in before-tax contributions, including salary sacrifice and your employer's SG amounts. For those aged 50-plus this amount doubles to \$50,000* (until June 2012, when it will revert to the \$25,000 threshold).

To take up this option, ask your employer to set up a salary sacrifice arrangement.

For more information about growing your super savings go to www.hesta.com.au/contribute or call 1800 813 327.

Remember, making voluntary contributions now means you may have more money to do what you want later in life!

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INNOVATION BRINGS BETTER HEALTH TO WEST AUSTRALIAN COMMUNITY

Jackie Farina, Practice Manager of the Champion Drive Medical Centre received the Innovation, Learning & Development Award for her role in helping to improve the health of the community.

Jackie coordinated the Champion Drive Medical Centre's involvement in a locally run initiative to promote health and wellbeing in Perth's Armadale community.

"Armadale has a significant refugee, Aboriginal and Torres Strait Islander population, low socio economic status and a number of the underprivileged residents," said Jackie.

The medical centre was approached by the local Canning Division of General Practice about assisting Neerigen Primary School with its unique full service program.

"Neerigen Primary School aims to provide complete care for students and their families by offering a food bank, cooking classes, computer access, and tutoring including English classes for parents that have just arrived in Australia.

"The school recognised that a number of students were not being taken to the doctor and even minor things like wounds were often not being treated.

"The local Division of General Practice suggested we could help not only the children but also the parents by offering medical services at the school each week," said Jackie.

Since September Dr Robalino from Champion Drive Medical Centre has run a weekly clinic at the school for students, their parents and staff with the help of an Aboriginal worker from the Canning Division of GP. Over 70 patients have attended the clinic so far.

Jackie explained that having the medical clinic at the school makes it easy to provide treatment when a child is sick or injured, or simply requires glasses.

"We are providing the children and their families with medical care they may not otherwise have access to," said Jackie.

Childhood immunisations are conducted monthly and health assessments for chronic disease are offered to the children and their parents.

"This is especially important for the Aboriginal and Torres Strait Islander population who tend to have higher risk factors for chronic disease," said Jackie.



Jackie Farina with WA State Manager Brendon Ball

Champion Medical Centre bulk bills so there is no charge for the consultations.

"If further care is required we encourage them to visit the Medical Centre," she said.

Jackie is also supportive of the rewards system used by Neerigen Primary School to encourage regular attendance by pupils.

"When the children show up to school they are awarded points and fed a meal, which is designed to improve attendance.

"I believe improvements like these will have an impact on the future of these children.

"In the long term this can also have an impact on issues like unemployment, vandalism, crime and other social problems that we encounter in the Armadale area," said Jackie.



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RINGWOOD PRIVATE HOSPITAL CANCER CARE GOES ABOVE AND BEYOND

The Exceptional Customer Service team award was shared by the Oncology, Cancer Support and Pastoral Care staff at Ringwood Private Hospital.

The staff were recognised for their efforts to ensure the specialised care they provide seriously ill cancer patients extends to families as well.

“We build and share relationships with the people in our care. It’s a different relationship; we only know them once they become sick,” said Oncology Nurse Ros Rickard.

“We develop a special bond; we listen to their hopes and fears, celebrate improvements and walk with them through disappointments. Some relationships are short and some go on for years,” said Ros.

Ringwood Private Hospital’s oncology ward includes a dedicated palliative care unit, as well as counsellors, a Pastoral Care Coordinator, Social Worker, Dietician and Physiotherapist.

“When patients arrive at the Ringwood Private Hospital their care starts immediately with front

office staff asking how the treatment is going,” said National Nurse Workforce Manager Fiona Langley.

“This team effort is reassuring for patients and that has been reflected in feedback received,” said Fiona, who joined General Manager Sue Hewat and Anthony Smolic from HESTA to present the award.

Oncology staff encourage families to order meals and stay overnight with their loved ones; and a designated lounge areas offer a place to retreat, meet, or talk to counsellors.

When a patient loses their battle with cancer, Pastoral Care Coordinator Heather Dunning sends the family a condolence card.

“We believe that there needs to be the opportunity for all involved in the life of that person to be able to grieve the loss,” said Heather.

“For us, the completion of the life circle includes ongoing care for families and friends long after the patient passes away,” she said.

This includes an annual remembrance service organised by Heather Dunning and Cancer Support Coordinator Tracey Moroney, to commemorate and celebrate the lives of those who have lost their battle.

Last year, the service was attended by 250 people including family members and staff.



L-R Ros Rickard, Nurse Chris Dryburgh, Cancer Support Coordinator Tracey Moroney, Social Worker Betty Vosdoganes, Ward Clerk Lyndel Crossley, NUM Mandy Kavanagh, Nurse Katrina Wilson, Pastoral Care Coordinator Heather Dunning with Anthony Smolic from HESTA

When delivering a personal reflection at the service, Ros said Oncology staff were constantly amazed by the generosity of spirit of the people in their care.

“They are the ones with serious health issues yet they bring us birthday cards, cuttings from the garden, recipes, books, morning tea and Christmas goodies,” said Ros.

“My friends ask me how I can work in this department and I tell them it’s a really happy, positive environment.

“The best thing about this job is the people we meet. The friendships we build are bittersweet and we wouldn’t have it any other way,” said Ros.



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DORSET PAIN MANAGEMENT GUIDED BY RESEARCH

The Innovation, Learning & Development team award was given to the pain management team of allied health professionals, who form part of outpatient services at the Dorset Rehabilitation Centre.

David MacAdams, Allied Health Manager at Dorset Rehabilitation Centre explained that two Physiotherapists, two Occupational Therapists and three part-time Psychologists run the pain management program.

The average age of program attendees is 45 years, with most two or three years post injury.

"In most cases patients have been unable to return to work in the full capacity following their injury and as a result have been terminated," said David.

"These are people who would have been able to work for another 20 years but have broken down and are unable to continue the type of employment they were doing, especially if it involved manual handling," he said.

Each member of the team is trained in Cognitive Behaviour Therapy (CBT), and use psychology education and goal setting sessions as part of the program.

"CBT is about helping patients to be more aware of the content of their thoughts and noticing the link between negative thoughts and maladaptive behaviour," said David.

Acceptance Commitment Therapy is paired with mindfulness meditations to support the acceptance that some situations can't be resolved satisfactorily.

"For example we show patients that it is possible that you may never be able to return to the work they were doing before the injury," said David.

"By helping people to accept this they can move into the next stage of life," he said.

The pain management team constantly incorporate changes to the program, guided by research.

The most recent change saw a significant reduction in the length of the pain management program, originally run over ten and then eight weeks, which is now offered as a short intensive course.

"For the first time this year, we started an intensive four week program where patients attend five or six hours per day more regularly," said David.

The change was made in response to research showing intensive programs are more successful, which made sense to the team.

"When we offered the sessions twice weekly for eight weeks, we found patients were often staying in bed the other five mornings. We aim to break that routine as well as the link between pain, isolation and rest," said David.

Outcomes are measured and constantly reviewed to determine whether changes in the program translate to improvements for the patients.

Program outcome measures include physical measures of walking and flexibility as well as standardised paper and pencil tests of depression, perceived disability, self-efficacy and catastrophic thinking.

WII-HABILITATION TAKES OFF AT PENINSULA PRIVATE HOSPITAL

Peninsula Private Hospital recently jumped on the technology bandwagon and introduced Nintendo Wii® as a therapeutic rehabilitation tool.

Nintendo Wii®, a virtual reality gaming console, is being used by Physiotherapists and Occupational Therapists to help patients regain life skills and increase independence with daily activities.

"For many people balance, coordination, planning and problem solving are second nature but patients with orthopaedic injuries and neurological conditions often need to relearn these skills as part of their rehabilitation," said Lara Paech, Allied Health Manager at Peninsula Private Hospital.

Wii Fit®, Wii Sports® and Big Brain Academy® were introduced late last year to rehabilitation inpatients as well as those attending day programs with great results.

According to Lara 'Wii-habilitation' therapy groups are already proving popular as are individual Wii® treatment sessions.

"The response from patients has been overwhelmingly positive with many



L-R Occupational Therapist Anneka Taborsky, patients Ronda Johnson and Sandy Jackson, Physiotherapist Fiona Lagan

requesting the Wii® for future therapy sessions and some even asking where they can get one for home," said Lara.

Patients of all ages have benefited from the games' simulation of real life activities and specific tasks, sometimes surprising themselves.

"Even older patients that are apprehensive at first are soon hooked," she said.

In addition to its therapeutic value, Lara said the interactive style of treatment that Wii® offers has increased motivation and participation in therapy.

"The competitive challenge between patients as well as the positive reinforcement of beating their own previous score creates enthusiasm to participate," said Lara.

PSYCHIATRY AND PATHOLOGY COLLABORATE TO TREAT DEPRESSION

Psychiatrist Dr Ajeet Singh from The Geelong Clinic joined forces with Healthscope Advanced Pathology on research to help sufferers of severe depression recover sooner.

A group of 113 patients with severe depression participated in the study to determine how an individual's genetic makeup affects the way they respond to medication (known as pharmacogenetics).



Dr Ajeet Singh

"There are two main groups of antidepressant medication – those that seem to help recycle serotonin and others that seem to help the brain recycle noradrenalin," explained Dr Singh.

"Every antidepressant is a key and every brain a different lock. That means it can take months, even years of trial and error to find the most effective medication to assist with recovery," he said.

Research participants were recruited from The Geelong Clinic and The Melbourne Clinic, as well as Changi General Hospital in Singapore.

Using a routine blood or a buccal brush (cheek swab) test, the Healthscope Advanced Pathology team ran genotype tests to determine not only the most effective type of antidepressant for the individual, but also the required dose.

"In medicine one size does not fit all. Two people who take the same antidepressant medication may have a very different response," said

Dr Keith Byron, Scientific Director of Healthscope Advanced Pathology.

"Recent advances in technology have enabled us to identify gene variants that can help predict possible adverse reactions or non-response in patients before specific medication is prescribed," Dr Byron said.

Pharmacogenetics has already been helpful for clinicians when prescribing the blood thinning agent Warfarin by helping to reduce the risk of inadvertently giving patients a dose that is too high for their body to cope with.

"So strong is the scientific evidence that the US Food and Drug Administration have recommended genotyping before starting treatment," said Dr Singh.

Similar evidence has emerged with the use of antivirals for Hepatitis C.

While there have been limited findings published on antidepressant pharmacogenetics to date, it is an understudied area according to Dr Singh.

"This type of testing may become part of mainstream medical care for depression. Future generations will be able to access more rapid and effective care by simply taking a one off pre-treatment pathology test," said Dr Singh.

The research project was awarded a grant from the Royal Australian and New Zealand College of Psychiatrists, and has already been the subject of local and international media attention.

Preliminary findings of the research were presented at the Australasian Society for Psychiatric Research conference in Sydney last December to great interest.

Dr Singh will present final findings at the RANZCP Congress in May. He has also been invited to present to the European College of Neuropsychopharmacology Conference attended by up to 10,000 clinicians and researchers.

"By getting patients on the right dose sooner they are more likely to stay in care and get better. They would recover sooner which would ease the burden of illness for patients and their loved ones. There is also the potential to help reduce the suicide rate," said Dr Singh.

Dr Singh also collaborated with Associate Professor Chee Ng at The Melbourne Clinic to examine the genes involved in metabolising antidepressants, and the serotonin genes that centrally regulate moods.

"It is indeed an exciting time in neuroscience and psychiatry - to be able to conduct cutting-edge research in private practice supported by the healthcare industry - we have the potential to help our patients even more," said Dr Singh.

Read more about Healthscope Advanced Pathology's genetic testing service DNAdose Personalised Prescribing on page 32.

STUDY AIMS TO MAKE TMS TREATMENT MORE ACCESSIBLE

As Director of Trans Magnetic Stimulation in the Professorial Unit at The Geelong Clinic, Dr Ajeet Singh has plans beyond his current research into pharmacogenetics.

"I plan to conduct further research in Transcranial Magnetic Stimulation (TMS) - a safe, well tolerated and approved level one evidence based treatment for major depression," said Dr Singh.

"Under existing protocols patients must spend four weeks in

hospital for TMS treatment. This long stay seems to be deterring many patients from trying an effective treatment," he said.

However Dr Singh explained that emerging international studies show shorter timelines can be as effective for TMS treatment.

"A shorter hospital stay is less likely to put patients off trying TMS thereby improving access to the treatment and enabling recovery sooner," said Dr Singh.

The research will be conducted in collaboration with Professor Paul Fitzgerald, Director of the TMS program at The Victoria Clinic, who Dr Singh describes as a genuine pioneer in the field.

"I hope to demonstrate that two rather than four weeks of TMS can be effective and tolerable, as has been suggested in studies elsewhere in the world," said Dr Singh.

ADVANCED PATHOLOGY HELPS DOCTORS PERSONALISE TREATMENTS WITH DNADOSE



Dr Keith Byron

Healthscope Advanced Pathology is offering a specialised testing service to help doctors personalise treatment according to each patient's genetic make-up.

"There is a lot of evidence now suggesting that an individual's genes affect the way they will respond to medication," said Dr Keith Byron, Scientific Director of Healthscope Advanced Pathology.

"Clinicians told us they need this additional information to help determine the best medication for their patient as well as the ideal dose," he said.

To make this possible, Healthscope Advanced Pathology partnered with GenesFX, a Melbourne-based business run by clinical geneticists and consultant pharmacists, to offer DNAdose Personalised Prescribing.

According to Dr Byron most requests for DNAdose Personalised Prescribing are made by General Practitioners (GPs).

"The increasing number of medications on the market today can be overwhelming, and GPs may not be aware of the different drug

interactions and the side effects they can cause," said Dr Byron.

"When patients are experiencing side effects, clinicians can send us details of current treatments or the medication they want to prescribe and we do the rest," he said.

After running genetic tests on the patient using a blood sample, Healthscope Advanced Pathology electronically send the results with other relevant information provided by the clinician to GenesFX for interpretation.

GenesFX analyse variations in the genes that code the enzymes responsible for metabolising the drugs. Where the patient has been prescribed a number of medications, they identify possible drug interactions that may cause side effects.

Within 48 hours GenesFX produce a personalised report identifying the most suitable medication for the patient, alternatives to existing treatments, as well as which medications to avoid.

"DNAdose is particularly useful when prescribing antidepressant medication, as patients are required to trial treatments for weeks before the effect is evident," said Dr Byron.

"Unfortunately, 30 to 40 per cent of people either do not respond to the medications or suffer side effects. In many cases this is due to their genetic make-up.

"DNAdose can allow clinicians to select the most suitable antidepressant for their patients up front," he said.

DNAdose can also be useful when prescribing pain medications such as codeine.

"Codeine is metabolised by a liver enzyme, however there can be a genetic variant that causes an individual to lack that enzyme, which means they gain no analgesic benefit for their pain," said Dr Byron.

DNAdose can also assist with blood thinning agents Warfarin and Clopidrogel which are prescribed to prevent clotting in patients with cardiovascular disease.

"There have been a number of recent studies published where genetic testing is suggested to help more accurately prescribe Warfarin and Clopidrogel," said Dr Byron.

"This type of test has the potential to match a significant number of patients to their most compatible treatment from the start," he said.

GOVERNMENT SUPPORTS MENTAL HEALTH RESEARCH AT THE GEELONG CLINIC

Professor Michael Berk from The Geelong Clinic will lead valuable research into improving the treatment of mental illness, thanks to a significant grant.

The Cooperative Research Centre (CRC), funded by the Australian Government, recently awarded \$23 million toward research into Alzheimer's, Parkinson's disease, schizophrenia and related mental health disorders.

The CRC for Mental Health grant is designated to supporting research into biomarkers that will assist with early diagnosis allowing intervention, prevention or delay of onset, and the optimisation drug treatments.

With numerous ongoing and future studies that fit these requirements, a handful of projects led by Professor Berk and his team are part of the successful funding bid.

"One of our research interests is the elevated level of oxidative stress in people with psychiatric disorders," said Professor Berk, explaining the research could result in new treatment options for schizophrenia and bipolar disorder.

"Oxidative stress, or a decrease in the capability of antioxidant defenses, is linked to a number of psychiatric disorders," said Professor Berk.

"In simple terms, oxidation is what happens when a cut apple turns brown after it is exposed to air.

"The human body usually has mechanisms that stop the metaphoric apple from going brown, but in people with psychiatric illness these mechanisms are overwhelmed," he said.

Professor Berk led the first studies to show the potential of a naturally available amino acid called N-acetyl cysteine (NAC) as a treatment for mental illness.

NAC is known to boost the antioxidants glutathione and glutamate which are depleted in people with psychiatric illness, and is taken in a simple capsule form.

"NAC is currently used in other

types of medicine to treat the adverse effects of oxidative stress but has not yet been applied in psychiatry," said Professor Berk.

"We've already shown in two studies that NAC can reduce symptoms of depression in bipolar disorder and negative symptoms in schizophrenia," he said.

Professor Berk is also planning a separate study to learn how the process works.

The researchers will use blood tests to study oxidative stress biomarkers and Magnetic Resonance Spectroscopy (MRS) scans.

"The MRS will allow us to see changes in brain chemistry that occur with the NAC treatment, and whether these changes correlate with improvements in clinical symptoms," said Professor Berk.

A third research project aims to show the potential of anti-inflammatory medication in reducing the risk of depression.

"Depression, schizophrenia and bipolar are all inflammatory disorders. The question is can we treat these disorders with anti-inflammatory strategies," said Professor Berk.

The researchers will investigate two possible treatments, both of which are readily available, simple and safe.

"Statins are known to treat cholesterol but also have very potent anti-inflammatory properties. We plan to conduct a clinical trial to determine if statins can reduce the symptoms or risk of depression," said Professor Berk.

Similarly, the researchers will study the role of aspirin in reducing the risk of depression.

"Aspirin is an anti-inflammatory so our question is, can this simple treatment reduce the risk of depression. We suspect the answer may be yes," said Professor Berk.

Professor Berk is also collaborating with local, national and international researchers on a public health campaign promoting life style choices that can prevent depression.

"Diet, exercise and smoking have already been shown to increase the risk of cardiovascular disease and some cancers," said Professor Berk.

"But we also know smokers have an increased chance of developing



Professor Michael Berk

depression and we have the first international evidence that shows a good diet and physical activity can decrease the risk," he said.

Professor Berk will soon implement a day program at The Geelong Clinic using diet, exercise and social networks in the treatment of depression. He hopes the program can also be rolled out to other Healthscope hospitals.

While the CRC funding will be distributed over a seven year

period, Professor Berk said each of the studies is long term and will likely continue beyond the grant.

"We have many different interrelated projects. It is a constant process of planting seeds and harvesting," said Professor Berk.

NOVEL TRIAL FOR BRAIN INJURED PATIENTS AT VICTORIAN REHABILITATION CLINIC

For the first time in Australia, rehabilitation specialist Dr Vaidya Bala is trialling a new treatment to help patients at the Victorian Rehabilitation Centre with traumatic brain injury (TBI) to regain consciousness.

“When a traumatic brain injury occurs the neuron projections are significantly damaged and thereby the neural transmitter dopamine, which is needed to



Dr Vaidya Bala

regain consciousness, is severely impaired,” said Dr Bala.

“Typically what follows is coma, vegetative and then minimally conscious state after which time the patient may regain consciousness but remain in a temporary state of amnesia,” he said.

To help the patient regain consciousness rehabilitation specialists administer medications to stimulate the dopamine system through peg tubes or in some cases orally.

However, when given orally or through the peg tube, absorption of the dopamine stimulant is limited.

“That means bringing patients back to a conscious and responsive state can take a long time,” said Dr Bala.

Seeking a way to improve and hasten the process, Dr Bala investigated alternatives.

“Apomorphine, a direct dopamine stimulant, has been extensively used in patients with Parkinson’s disease in Australia and overseas.

“Like in Parkinson’s disease, TBI patients in vegetative and minimally conscious states have reduced levels of dopamine in the brain and as a result any movement is frozen,” said Dr Bala.

As apomorphine is injected subcutaneously (under the skin) it allows 100 percent absorption and immediately stimulates the release of the dopamine chemical.

“With apomorphine injections even severe Parkinson’s patients were able to move,” said Dr Bala.

Dr Bala reviewed two recent studies in Buenos Aires in which apomorphine injections were given to patients with severe TBI, resulting in marked improvement in consciousness, even a year after the treatment.

“I don’t claim that I’ve invented something new, rather I have modified the protocol from the studies in Buenos Aires and put additional safety measures in place. The safety measures include monitoring the patients’ observable parameters with electrocardiograph, blood tests and telemetry,” said Dr Bala.

Four weeks of treatment will be given initially to patients in the vegetative or minimally conscious state, and will only continue if there are signs of recovery.

The apomorphine will be administered over a 12 hour period starting in the morning with a very slow dose and gradually increasing every two days.

Patients will be monitored using the WHIM (Wessex Head Injury Matrix) Score to assess the level of consciousness and cognitive changes. A secondary measure will be the patients’ participation in physiotherapy, occupational and speech therapies.

As it is impossible to predict the number of patients admitted with traumatic brain injury Dr Bala is using an open label prospective trial and plans to recruit eligible patients over a 12 month period.

“Family of eligible patients admitted to the Victoria Rehabilitation Centre will be given an information pack about the apomorphine trial, guidelines of the protocol and shown the Therapeutic Goods Administration (TGA) approval.

“They are under no pressure to make a decision straight away and can first wait to see if their loved one spontaneously recovers,” said Dr Bala.

Nursing staff are undergoing specific training to manage the administration protocol established by Dr Bala for the trial.

Dr Bala is happy to be commencing the trial after six months of planning.

“This is a great initiative and I’m very optimistic about it,” said Dr Bala.

PARENT PAGERS HELP NURSES RECOVER LOST TIME

A new paging system implemented in the Prince of Wales Private Hospital recovery unit last September is proving popular with doctors, nurses and especially the parents of young surgical patients.

“Previously, after bringing their child to the theatre for surgery, parents were shown to a waiting area which is separate to the recovery unit,” said Nurse Unit Manager, Maree Murray.

“Staff would then need to search for the parents when their children woke after surgery,” said Maree.

An in-house audit found nursing staff were spending considerable time looking for and escorting parents back to the recovery unit.

“Often parents would wander away from the waiting area meaning staff needed to come back and phone around to find them,” said Maree.

The audit of 25 cases found that recovery unit nurses were away from the unit for five minutes per patient – losing as much as 125 minutes every day.

According to Maree as the length and frequency of the already busy

paediatric surgery list increased, so did lost time for staff.

“We realised that a system was needed that would allow parents to come to us rather than us looking for them,” said Maree.

Staff decided to trial the paging system, hoping it would significantly decrease the amount of time they spent away from the unit.

Parents receive the pager from the anaesthetic nurse; staff in recovery can then send a message when their child is back from surgery.

The results have been positive, a follow up audit showed a 98 percent decrease in the amount of time nurses spent away from the unit.

“The feedback that we’ve had from parents has been 100 percent positive.

“They can now go to the hospital café with peace of mind knowing they will be paged as soon as the time has come for their return,” said Maree.

“They feel completely reassured that they will get back as soon as possible to be with their child,” she said.



A recovery nurse responds to the pager

Feedback from surgeons has also been positive.

“I like to speak to the parents after each procedure. This system makes locating them much easier,” said Surgeon Tom Kertesz

Dr Phil Chang, also a Surgeon at the Prince of Wales Private Hospital said he is impressed with the efficiency of the new system.

Following the success of the pagers in the recovery unit, the Prince of Wales Private Hospital Day Surgery has also implemented the system in their paediatric endoscopy unit.

LIFE CHANGING SURGERY FOR YOUNG SPORTS FANATIC AT PRINCE OF WALES PRIVATE HOSPITAL

A unique neurosurgical procedure at Prince of Wales Private Hospital has allowed a young sports fanatic with a spinal injury to return to an active lifestyle.

Nat McLay, aged in his 20s, was forced to retire from first grade Rugby Union three years ago after injuring a disc in his cervical spine.

Nat also gave up his passion of surfing when the injury caused constant pain and weakness down his arms.

Last November thanks to the latest innovation in artificial disc replacement and Neurosurgeon Dr Ralph Mobbs, Nat underwent a life changing procedure and was able to return to work the following week.



Nat McLay has recovered well from spinal surgery

“The procedure has given Nat full movement in his neck as well as loss of pain and weakness in his arms,” said Dr Mobbs.

“He will be able to return to the surf within three months of the operation and is expected to be able to play football again. This result wouldn’t have been possible five years ago,” he explained.

Using a procedure that is new to Australia, Dr Mobbs removed the degenerative cervical disc and replaced it with the M6 prosthetic disc.

“The M6 disc is able to mirror the normal biomechanics of a native disc like nothing else on the market,” said Dr Mobbs.

Previously Nat’s only option would have been disc decompression or fusion, causing loss of neck mobility and the risk of increased degeneration in neighbouring discs.

Cervical disc degeneration is a common form of neck pain and stiffness. It can significantly impact lifestyle and restrict vigorous activities.



Dr Ralph Mobbs

While cervical disc degeneration more often occurs in older patients due to wear and tear, younger patients like Nat can acquire the condition through injury.

“I am so grateful to be able to get full movement back in my neck. For someone who is very active and under 30, this is a huge benefit,” said Nat.

Nat contacted Dr Mobbs in January to report he was fighting fit and doing well post surgery, so much so he didn’t feel the need to return for a follow up assessment.

NEW WIRELESS DEVICE IMPROVES MOBILITY IN STROKE PATIENTS

A new rehabilitation device designed to electrically stimulate nerves has shown great promise for stroke patients at Lady Davidson Private Hospital.

Bioness L300 is a wireless electrical stimulation system worn as a cuff that sits below the knee.

“Electrodes stimulate the peroneal nerve, activating the dorsi-flexors to lift the foot during the swing phase of the gait,” said Aimi Forsyth, Senior Physiotherapist at Lady Davidson Private Hospital.

“A sensor in the shoe detects when the heel strikes the ground and coordinates the timing of the electrical stimulation,” said Aimi.

Rehabilitation patient Bruce Kemp was relying on a walking stick and ankle-foot orthosis to stabilise his weak ankle and prevent his foot from dropping after a stroke affected his mobility.

“Bruce found the orthosis cumbersome and, because it held his ankle in a locked position, felt it wasn’t improving his flexibility,” explained Aimi.

A member of the Lady Davidson Private Hospital rehabilitation team suggested Bruce try the Bioness L300.

Within a week Bruce was able to discard the walking stick, confident that the device would prevent him from tripping over his foot.

Bruce believes the Bioness L300 made a significant difference to his rehabilitation.

“It helped me to overcome the uncertainty of stumbling over my drooping foot which meant that I was more confident about walking without a stick and getting back into everyday activities,” said Bruce.



The Bioness L300

Bruce continued using the Bioness L300 for four months, eventually only needing to turn the device on when his leg was fatigued.

“As my mobility improved I mainly used the device in its training mode. I believe it greatly helped prevent my ankle from stiffening up while encouraging the pathways to the brain to relearn my lost movements,” said Bruce.

Aimi said the Bioness L300 is becoming a well recognised treatment and management tool for patients suffering from foot-drop.

“Bioness L300 is a valuable rehabilitation aid for stroke patients as well as those with spinal cord injury, multiple sclerosis, and other central nervous system disorders,” said Aimi.

The Clinical Guidelines for Stroke Management published by the National Stroke Foundation recommend electrical stimulation for people with reduced strength.

“It is common for people to experience a reduction in walking speed after a stroke. Some patients are only able to walk 20 to 30 metres per minute – this makes crossing the road at a signalled intersection virtually impossible,” said Aimi.

Research shows the Bioness L300 can increase walking speed – in some cases by as much as 40 percent.

The device has also been shown to reduce the rate of falls and improve gait pattern and symmetry thereby reducing overcompensation by the stronger side of the body.

“By increasing speed and gait efficiency the Bioness L300 significantly helps to improve the distance a patient can move,” said Aimi.

“This not only contributes to improved quality of life but encourages re-integration into the community.”

In addition to its use as a long-term orthotic device, the team at Lady Davidson Private Hospital plan to explore its potential to aid early muscle function recovery post stroke.

“We are hoping to optimise outcomes for patients during the intensive post-stroke rehabilitation period with early intervention,” said Aimi.



A rehab patient tests the device

Star Spot



Sheena Madgwick

Community Nurse for three Healthscope Medical Centres

Woodbridge Medical Centre

37 Elanora Drive,
Rockingham WA 6168
(08) 9592 4411

Rockingham City Surgery

11 Council Avenue, Hunsdon House,
Rockingham WA 6168
(08) 9527 9122

Palm Springs Medical Centre

3 Halliburton Avenue,
Warnbro WA 6169
(08) 9593 2033



What is your current role at Healthscope?

I visit the homes of our older patients and conduct the 75+ Health Assessment. I also assist with Chronic Disease Management programs at Woodbridge Medical Centre and other centres.

How long have you worked in the job?

Nine months.

What do you like most about it?

I enjoy being out on the road and meeting different and interesting people each day. It is a challenging role that provides me with great job satisfaction.

What kind of services do you provide?

The 75+ Health Assessment tool allows me to undertake a thorough check of the patient's current health and wellbeing.

Risks and lifestyle issues that may impact on the patient's social, psychological and physical status are identified. We look at immunisations, medication and compliance, continence, daily living capabilities, social functioning and mental health.

Results of the 75+ Health Assessment are then reviewed by the General Practitioner who may put in place a coordinated care management plan with a view to improving their health.

The medical centres also offer family and individual health services, health assessments and care planning, immunisations, travel and allied health.

Our doctors also perform minor surgical procedures and we have Healthscope Pathology collection centres at each location.

What is the most interesting or unusual thing about your role?

I have the opportunity to constantly learn and pass on information to patients about the many and varied community services available. The Rockingham City Council is also very proactive in caring for our ageing population, and offers me great support and information in my role.

How many people work there and what do they do?

The medical centres collectively employ up to 50 very skilled people including doctors, nurses, receptionists and phlebotomists.



Sharon Knightly from Hesta with Sheena Madgwick and WA State Manager Brendon Ball

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

Do I get bored driving around all day? The answer is no.

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

Cappuccino from the Rockingham City Shopping Centre "Coffee Club"

What are your facilities opening hours?

Woodbridge Medical Centre

8am – 6pm weekdays
8am – 1pm Saturdays

Palm Springs Medical Centre

8am – 6pm Monday - Thursday
8am – 5.30pm Friday

Rockingham City Surgery

8am – 5pm Monday - Friday



HEALTHSCOPE SNAPSHOTS...

Staff from Lady Davidson Private Hospital shared some cheer with the local aged care community and those in need last Christmas.

Gifts and other goodies were donated for people who weren't able to spend Christmas with family.

Alison Grealish, Coordinator of the Ku-ring-gai Community Volunteers was thrilled to receive the Red Christmas Box from the hospital.

The box of goodies was then distributed by Ku-ring-gai Council to local nursing homes and other local residents in need.



Alison Grealish receives the donation from Lady Davidson Private Hospital General Manager Cheryl Jaeschke

Allamanda Private Hospital celebrated the graduation of eight nurses from the Graduate Nurse Program with an afternoon tea.

For the first time this year Brisbane Private Hospital, Sunnybank Private Hospital and Allamanda Private Hospital combined resources to offer the South East Queensland Graduate Nurse Program.

As well as ensuring graduates complete the same competencies and assessments, the three hospitals are offering combined study days, and have already received a positive response from the nurses.

The ceremony was made particularly special by several graduates who joined the program from Hobart Private Hospital. Two of the Tasmanian graduates have chosen to stay on at Allamanda Private Hospital.



Nurse graduates Jessica Keys, Kellie Pointer, Mona Gongal and Claire Hoske

Also celebrating the achievement of nurses was Ringwood Private Hospital.

Four nurses completed the Graduate Nurse Program – Division 1 Nurses Miranda Chen, Shirley Zhao and Rui Xue Jiang, together with Enrolled Nurse Margaret Hagggar.

In addition, Theatre Technician Sally Hansen received her Certificate III in Sterilisation from the Mayfield Centre and Katrina Wilson a Certificate of Palliative Care Nursing from Flinders University.



Margaret Hagggar, Nurse Educator Sharne Tilling, Miranda Chen, Shirley Zhao, Rui Xue Jiang with General Manager Sue Hewat

INTERNATIONAL CRICKET STARS NO MATCH FOR BEERAM

Exercise Physiologist Beeram Dithendranath from North Eastern Rehabilitation Centre has a claim to fame that not many people can match - he got Australian star cricketer Adam Gilchrist out.

Beeram's big moment came when he was invited to play in the John Forbes tribute Twenty20 charity match with some of Australia's greatest sportsmen.

John Forbes is best known for his work at Puma and as a founder of the Victorian Blue Ribbon Foundation.

Mr Forbes - who calls cricket's elite

Adam Gilchrist, Shane Warne and Mark Taylor among his friends - was diagnosed with bowel cancer last year.

A benefit match was suggested by another good friend, Merv Hughes, when he heard of John Forbes illness.

However, Mr Forbes decided proceeds should benefit the Blue Ribbon Foundation instead and personally selected every player in the match.

Apart from the obvious choices - Adam Gilchrist, Shane Warne, Ian Healy, Simon O'Donnell, Mark Taylor, Tony Dodemaide, Matthew Elliott



Beeram with Adam Gilchrist

as well as a few AFL greats, John chose two people who had cared for him since his cancer diagnosis.

After spending thirteen weeks at North Eastern Rehabilitation Centre where he re-learned to walk, Mr Forbes invited Beeram to play as well as Justin Hargreaves from the cancer unit at Bendigo Hospital.

Beeram was introduced to bowl in the 10th over by Mark Taylor when record-breaking wicket-keeper Adam Gilchrist reached his half-century and looked to be in perfect form.

In his first ball, Beeram caught and bowled "Gilly" and then went on to stump former Sydney Swans star Paul Kelly.

Beeram also stumped Western Bulldogs captain Brad Johnson while Mark Taylor bowled before the match was brought to an early end by rain.



Beeram with the Twenty20 charity cricket team and John Forbes (centre)



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