



Healthscope

the Pulse

Private Health Magazine / Spring 2011



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HEALTHSCOPE MEDICAL CENTRES CARE FOR COMMUNITY DETAINEES

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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BRISBANE WATERS PRIVATE SURGEON TACKLES OBESITY



NEW PLAN TO REDUCE CARBON FOOTPRINT



MOUNT HOSPITAL DOCTOR AWARDED FOR CARE & COMPASSION



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MAJOR EXPANSION FOR HEALTHSCOPE HOSPITALS

In August, the Board of Directors approved major redevelopment projects at a number of Healthscope Hospitals, a commitment of \$90 million.

“The Board has demonstrated its commitment to long-term growth starting with significant expansion in a number of our hospitals,” said Robert Cooke, Healthscope Managing Director and Executive Chairman.

“This is a sign of confidence in the future of our business and the people who make Healthscope what it is. It will significantly improve patient accommodation and services at several facilities,” he said.

In Canberra, National Capital Private Hospital is a major private health care provider specialising in neurosurgery, orthopaedics, urology, as well as plastic, reconstructive and cardiac surgeries.

Demand for all services, particularly the cardiac angiography suite and Critical Care Unit, has increased over the last three years.

National Capital Private Hospital’s existing facility will be refurbished and a new five storey building will accommodate two operating theatres, 43 extra beds, consulting suites and additional parking.

Detailed planning and approval processes are now underway, with construction due to commence in July 2012.

Melbourne’s John Fawcner Private Hospital and the Victorian Rehabilitation Centre will also benefit from significant expansion.

An additional 33 beds and two operating theatres, as well as renovation of reception and parking areas will allow John Fawcner Private Hospital continue to meet the needs of the local community.

The expansion will improve access to beds and emergency department services at the hospital which is currently operating at maximum capacity.

Work is expected to begin at John Fawcner Private Hospital in Spring 2012.

Plans to add 57 beds at the Victorian Rehabilitation Centre is welcome news for staff and patients, with the hospital also at close to full capacity.

Work will begin with the consolidation of allied health services before Christmas, closely followed by the addition of 30 beds. A further 27 beds will be added next year.

Expansion of the Victorian Rehabilitation Centre is expected to ease pressure on Knox Private Hospital, also nearing full capacity, and thereby improve community access to the Knox Emergency Department.

As the only private rehabilitation provider in the southern suburbs of Adelaide, Griffith Rehabilitation Hospital is also in high demand.

An additional 10 beds will increase the availability of single rooms at Griffith Rehabilitation Hospital, where there are also plans to expand the gymnasium and car park. Work is scheduled to commence in January 2012.



Architect design of the National Capital Private Hospital redevelopment. Construction will commence in 2012

These projects closely follow the addition of 35 beds at Pine Rivers Private Hospital, four theatres at Knox Private Hospital, a 43 bed ward at Norwest Private Hospital, and completion of the first stage of Hobart Private Hospital’s redevelopment.

The addition of new sessional consulting suites, 16 beds and parking was recently completed at Northpark Private Hospital. This will be followed with another two operating theatres due to open in November.

The addition of 23 beds and a patient lounge at The Melbourne Clinic, and an extra 14 beds at Brisbane Waters Private Hospital, are both nearing completion. Construction is also underway on a new theatre at Sunnybank Private Hospital.

Other projects in the pipeline include further expansion and redevelopment of Knox Private Hospital, Norwest Private Hospital, The Geelong Clinic, The Melbourne Clinic,

The Victoria Clinic and Brisbane Private Hospital.

Healthscope Pathology is also well positioned for the future following the opening of the new Quest Laboratories facility in Singapore and the Bella Vista Laboratory in New South Wales.

“The investment in upgrading our facilities reflects our confidence in the industry, our business and our people,” said Robert.

NEW LABORATORY FOR HEALTHSCOPE PATHOLOGY NSW & ACT

Healthscope Pathology NSW and ACT opened a new custom designed laboratory in September.

In addition to the physical move, Pathology NSW also upgraded its Laboratory Information System.

“We’re starting a new main laboratory on a brand new computer system,” said Healthscope Pathology NSW State Manager Chris Brownlow.

“The big positive for us is it brings New South Wales in line with the rest of Healthscope Pathology - Australia wide and internationally,” said Chris.

The new purpose-built facility, located in the north-western suburbs of Sydney, covers 2,500 square metres and is a stone’s throw from Norwest Private Hospital in Bella Vista.

The laboratory is open plan, with plenty of natural light and good amenities for staff.

“The significant benefit of the new premises is that we have a larger laboratory footprint on a single level which will improve workflow and efficiency. At the old lab we worked across three levels,” said Chris.



“ The big positive for us is it brings New South Wales in line with the rest of Healthscope Pathology - Australia wide and internationally ”

Chris credits Healthscope staff and the IT team for their outstanding collaboration on a large scale change project.

“The team has been fantastic, especially changing the computer system in such a short period of time” he said.

Across New South Wales, Healthscope Pathology employs approximately 600 people including pathologists, as well as administrative, laboratory, courier and collection centre staff in metropolitan and regional areas.

The new laboratory will operate seven days a week and Chris estimates around 175 pathologists and staff will work on any given day.

After two months of planning, the new computer system was introduced with a test run at the Erina Laboratory.

Despite needing to operate manually for a period of four weeks while the automated laboratory equipment was dismantled, the effort will be worthwhile according to Chris.

“It certainly gives us a stable platform on which to grow our business and ensure we are offering a great service to our clientele,” said Chris.

Healthscope Pathology NSW also recently opened its own customer service centre with seven full time equivalent staff available to respond to doctors and patients.

“As well as requests for results, we get a variety of customer enquiries so it helps to be close to the laboratory to resolve questions or issues that come up,” said Chris.

The NSW customer service centre, which began operating in September, will be followed by similar centres in South Australia and Queensland.

HEALTHSCOPE TAKES THE LEAD WITH NEW INITIATIVES

In this edition of *The Pulse* we feature just some of the important new initiatives taking place across the company, including the expansion of numerous Healthscope facilities in the coming year.

One of our largest initiatives currently in the planning stages is the construction of a new 233-bed private hospital on the Gold Coast. We are in the final stage of negotiations with Queensland Health and I am confident that we will reach agreement to proceed in the near future.



Our plans are to develop a seven-level hospital to be co-located with the public Gold Coast University Hospital. I look forward to reporting on this exciting project in a future edition of *The Pulse*.

I am proud to announce that Healthscope has set the standard in the public and private health sectors by reporting the clinical outcomes of individual facilities across our network of hospitals, pathology and medical centres.

Outcomes data is commonly available publicly overseas, and through initiatives such as the Government's MyHospitals website, is slowly developing in the public hospital sector in Australia.

We believe that the high quality clinical outcomes achieved at Healthscope should be shared publicly.

MyHealthscope will be officially launched by the Hon. Peter Dutton MP, Shadow Minister for Health and Ageing on 7th November 2011 at Pine Rivers Private Hospital.

Patients, clinicians and members of the public will then be able to access clinically significant information relating to individual Healthscope hospitals.

This includes hospital accreditation status, infection rates, falls, measurable improvement following hospitalisation for mental health care or rehabilitation, unplanned hospital readmissions or returns to the operating theatre and Emergency Department waiting times.

It will also be possible to compare clinical outcomes in Healthscope hospitals against national and international standards and benchmarks where available.

We continue to invest in our people, with two national programs currently underway across the company; the Supporting Leaders program for incumbent executives; and the Management Fundamentals Program specifically designed to enhance the management skills and career paths of Healthscope unit and department managers.

Offered in conjunction with Swinburne University, the 12 month Management Fundamentals Program will see twenty successful applicants from our hospital and pathology divisions undertake practical workshop and workplace based learning. Upon completion, participants will earn a nationally recognised Diploma of Management.

A medical centre Practice Managers Program is currently being finalised and many further exciting developments in staff education are being planned for 2012. Read more about these in future editions of *The Pulse*.

The potential introduction of private health insurance rebate means testing is an important issue for Healthscope.

With private health insurance legislation set to go before parliament in coming months, Healthscope proudly supports the Australian Private Hospitals Association's public campaign to oppose health insurance means testing.

To learn more about the pitfalls of means testing, visit www.nohealthmeanstest.com.au

Robert Cooke
Managing Director

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NORWEST PRIVATE HOSPITAL HONOURS DR BRUCE SHEPHERD WITH NEW ORTHOPAEDIC WARD

Norwest Private Hospital opened a new 37 bed orthopaedics ward in July named in honour of a pioneer in the field, Dr Bruce Shepherd.

Among his many outstanding achievements, Dr Shepherd is widely recognised for establishing New South Wales' first major joint replacement unit at Baulkham Hills Private Hospital, which is today The Hills Private Hospital.

"He is considered the father of orthopaedics in the private hospital system," said Deborah Fogarty, General Manager of Norwest Private Hospital at the opening event.

Orthopaedic surgeons perform over 550 joint replacement procedures at Norwest Private Hospital every year.

The *Bruce Shepherd Orthopaedic Ward* will provide specialised treatment, post-operative care, rehabilitation,

on-site medical support and physiotherapy services.

Before performing his final operation in 1998, Dr Shepherd practiced for years in the Sydney western suburbs of Baulkham Hills and Auburn, where he established orthopaedics departments at several local hospitals.

At the opening of the new ward, Dr Shepherd shared childhood memories of riding his bicycle in the very place where Norwest Private Hospital stands today.

In addition to Dr Shepherd, the Hon. Marie Ficarra MLC, Parliamentary Secretary to the Premier of NSW spoke at opening of the new ward, as did Healthscope Managing Director and Executive Chairman Robert Cooke.

A number of Dr Shepherd's work colleagues from his years of consulting at the Baulkham Hills Private Hospital attended



(L-R) Norwest Director of Nursing Clare Jamali, Dr Bruce Shepherd and General Manager Deborah Fogarty

the event, including theatre and scrub nurses, anaesthetists and orthopaedic surgeons.

Dr Shepherd, now semi-retired, founded the Australian Society of Orthopaedic Surgeons and is currently Chairman of the Board of Governors of the Australian Doctors' Fund which he co-founded.

Alongside his many achievements in orthopaedics, Dr Shepherd is known for founding *The Shepherd Centre for Deaf Children and their Parents* in 1970 after two of his own children were born profoundly deaf.

The Shepherd Centre for Deaf Children and their Parents today helps hundreds of families every year.

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COCHLEAR IMPLANTS IMPROVE COMMUNICATION FOR YOUNG PATIENT

A profoundly deaf girl can hear for the first time thanks to cochlear implant surgery by Brisbane Private Hospital specialist Professor Bruce Black.

Eight year old Catherine Saun was born in Papua New Guinea where she lived most of her young life.

"Catherine was born deaf but because we were in Papua New Guinea we had no real testing so I didn't find out until just before she turned two," said mum Joyce.

When Catherine was referred to the Hear and Say Centre, the charity's founder Dimity Dornan put Joyce in contact with Ear Nose & Throat (ENT) surgeon Professor Black.



Catherine Saun with Professor Bruce Black

Joyce raised money so that Catherine could travel from Papua New Guinea for the first of three surgical implants at Brisbane Private Hospital in 2005.

Professor Black inserted grommets when Catherine was just three years old, and performed her first cochlear implant the following year.

"In Papua New Guinea the internet connection wasn't very good - we were doing therapy on

Skype but that wasn't working out well at all, it was always dropping out. We were missing out on a lot," said Joyce.

When Joyce secured a job in Cairns last January the family moved to Australia.

In September, Catherine returned to Brisbane Private Hospital where Professor Black replaced the existing cochlear implant and added a new one on the right side.

"She ran into some hardware difficulties with the initial implant five years after the event and we needed to replace it. We took the opportunity to do both ears," said Professor Black.

Although surgeons have been working with cochlear implants for twenty years, they have only recently come to appreciate the importance of implanting both ears in children, according to Professor Black.

"They can hear much better, particularly in noisy surroundings, understand speech better and it stimulates the brain to grow and develop the hearing so that the ability of that ear doesn't atrophy with time," Professor Black explained.

"The ability of the brain to use the second ear falls away if it's not stimulated over a period of years. When you use an implant it gets the brain up and working, that's the great benefit," he said.

"Cochlear implants are God's gift to the deaf. Especially when you come from Papua New Guinea where there are no cochlear implants available," he said.



Catherine and her mother Joyce

Joyce is confident the cochlear implants will make a significant difference to Catherine's communication.

"I am really positive. I think it will make a huge improvement to her speech," said Joyce.

"Catherine's really progressed a lot since we got here. She's doing extensive speech therapy in Cairns and going to school with the deaf unit.

"Everybody has noticed a huge difference in her speech. She has come a long way from mumbling to making short sentences now, reading and writing.

"We all take speech for granted I just didn't know how lucky we all were. She's learning the whole concept of communication. It'll take me two or three days to teach her one concept. But it is worth it," she said.

Brisbane Private Hospital, as well as the surgeons, anaesthetist and radiologists involved in Catherine's surgery all waived their fees.

General Manager Simon James said Brisbane Private Hospital benefits from the ongoing support of ENT specialists including Professor Black and wanted to give something back.

"What better way to repay this support than to help somebody like Catherine Saun who truly needs it," said Simon.

COMMUNITY HOUSES HELP YOUNG PEOPLE WITH ABI REBUILD

In 1996, Sunbeam Community House resident Aaron was like any other thirteen year old boy on his way to basketball training.

Aaron was focussing on his yo-yo when he got off the bus at the wrong stop, stepped onto the road, was hit by a car and knocked unconscious.

A local doctor revived Aaron on the scene and he was sent to hospital barely clinging to life. Aaron's mother was told her son didn't have much chance of surviving.

But Aaron did survive and spent most of his teenage years in a hospital bed or wheelchair.

Learning how to walk again was tough for an athletic kid who won the high-jump state championships at eight years old.

"For twelve months I wasn't walking. And I dreamed of the day, I dreamed of the day when I would," said Aaron*.

"The meaning of rehabilitation is to start over. And I had to start all over again, from scratch," he said.

Aaron now lives at Sunbeam Community House, a three bedroom house in Ringwood with a two bedroom fully independent unit attached.

Belinda Thompson supervises Sunbeam and Knox Community Houses as well as a self-contained unit located nearby, overseeing ten residents in total.

All of the residents are young like Aaron, aged between 22 and 38 years, and living with an acquired brain injury (ABI).

Belinda said the focus of the community houses is independent living with most residents participating in courses to improve their life and vocational skills.

"Some are doing woodwork, literacy courses, volunteering at the community house café, taking driving lessons," said Belinda.

"One resident is doing a horticulture course and another works two days a week at a local supermarket," she said.

Aaron volunteers once a week at The Eley on the Park Café, a community house café staffed entirely by people with ABI.

Other residents from Sunbeam Community House also volunteer at the café, where Aaron works as a barista.

"At Knox Community House the Moving On Group gives residents basic life skills with a focus on gaining employment, which includes working on resumes," said Belinda.

Each of the four Knox residents is responsible for cooking for the house one night each week.

An important step for all community house residents is using public transport independently.

"They have really done well; they are accessing the community and taking responsibility," said Belinda.



Community House resident Aaron volunteers at The Eley on the Park Café



Community House resident Josh Taylor cooking dinner in his unit



Community House resident Lyndal Slade attends Swinburne University

"They make their own medical appointments, work out a weekly budget and manage their own money so they've got control over their life," she said.

Belinda has been with Healthscope Community Programs for eleven years and has managed Sunbeam Community for nine.

"Over the years we've had quite a few residents that have moved out and are now living independently," said Belinda.

"One example is Jessica Parkin, she's got three children now, is getting married and working. We do have success stories," she said.

Community House staff have recommended eligible residents

to live independently in units the Transport Accident Commission plans to build nearby.

"We don't want them to stay here for life; as Healthscope Community Programs we are stepping stones to independence," said Belinda.

* Aaron's quotes taken from 'Altered States' by Rebecca Butterworth, The Sunday Age, 14 August 2011

HEALTH MINISTER OPENS NEW INTEGRATED THEATRE AT HOBART PRIVATE HOSPITAL

Michelle O'Byrne MP, Tasmanian Minister for Health officially opened the state's first fully integrated operating theatre at Hobart Private Hospital on 31st August.

The Minister visited the hospital during a break from Parliament, taking the opportunity to see the new facilities and meet with General Manager Kathryn Berry.

"Increased private sector capacity complements the public sector by providing patient choice and reducing demand on public services," said Minister O'Byrne.



Hobart Private Hospital General Manager Kathryn Berry with Michelle O'Byrne MP

"Allowing patients to access services in the private sector can reduce surgical waiting times for everyone," the Minister said.

"The State Government recognises the need for both a strong public health care system and a viable private health sector in Tasmania.

"Through the Tasmanian Health Plan, we will work to increase links and develop partnerships across both sectors to ensure quality services to the community.

"Particularly in this time of economic challenges it is important to invest every health dollar to achieve the maximum benefit possible," the Minister said.

Kathryn Berry said the new theatre will help meet growing demand for specialised procedures and has already attracted new surgeons to the hospital.

"Surgeons recently performed pancreatic laparoscopic surgery

for the first time in Tasmania, thanks to the state of the art facilities available in the new fully integrated theatre," she said.

The new integrated theatre brings the number of operating rooms at Hobart Private Hospital to five and is expected to increase surgical capacity by up to 20 per cent.

Hobart Private Hospital currently conducts 11,000 operations per year, specialising in general and orthopaedic surgery.

In addition to 24-hour emergency care, the 145 bed hospital offers general medical and maternity services including a special care nursery, cardiology and a critical care unit.

Hobart Private Hospital currently employs 550 staff. Completion of the new theatre concludes a \$3.2 million three stage redevelopment of Hobart Private Hospital.

Thinking about retirement?

Many people approaching retirement age are interested in accessing their super before retirement to either reduce their working hours, or top up their super balance. This strategy is called Transition to Retirement (TTR).

If you've reached 'preservation age' (currently age 55 if you were born before July 1960) and have money in a super account, you can transfer part, or all, of your super into a TTR income stream. This is subject to legislative requirements and fund rules. Your maximum yearly drawdown is 10% of your balance. The money is also non commutable which means lump sums cannot be withdrawn until you fully retire or reach age 65.

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STRENGTH FOR LIFE AT GRIFFITH REHABILITATION CENTRE

A strength training program at Griffith Rehabilitation Hospital in South Australia is helping to improve wellbeing and reduce the risk of chronic disease in people aged over 50.

Griffith Rehabilitation Hospital launched *Strength for Life* in 2010 after receiving accreditation from the Council of the Ageing.

Strength for Life is a community program designed to promote health and wellbeing in people aged over 50 using progressive strength training sessions.

Allied Health Manager Jeff Millen oversees *Strength for Life* in addition to other community and day programs at Griffith Rehabilitation Hospital.

“The age of 50 is a bit of a watershed where the gradual decrease in strength starts to speed up,” said Jeff.

“A lot of people don’t notice it much, they continue playing golf or tennis or swimming and think everything’s fine,” he said.

“But this gradual reduction in muscle bulk and strength has been linked to all sorts of flow on effects,” he said.

Research shows strength training can help to alleviate the effects of chronic conditions including arthritis, type 2 diabetes, osteoporosis and heart disease.

Strength training sessions have also been shown to improve balance, mental wellbeing, reduce back pain and the risk of falling, as well as increasing muscle tone and self-esteem.



Trainer Julie Palmer guides Strength for Life clients through their program

“ Overall the program enhances the ability of participants to undertake daily activities and maintain an independent lifestyle ”

“Overall the program enhances the ability of participants to undertake daily activities and maintain an independent lifestyle,” said Jeff.

An accredited *Strength for Life* trainer formulates an individual exercise plan for a one off fee which is funded by the participant not health funds.

“People over 50 who remain active may still have health issues if they’re not addressing the fact that as each year goes by they are losing strength,” he said.

Jeff believes some older people join the gym but then stop going because of the lack of group dynamics or complexity of classes.

Strength for Life provides a good alternative with hour long group sessions guided by a trainer. Participants also have the opportunity to socialise after class.

“This is basically a peer group with a strong social aspect and that’s one of the keys to keep people participating,” said Jeff.

Groups are usually kept to a maximum of ten participants, to allow the trainer to individualise the program as needed.

Strength for Life has been attended by over 70 participants so far, with the average age being 65 years.

There are currently three classes every week but as numbers grow, additional classes will be offered.

Participants can attend once or twice a week and the program is ongoing. Those with existing health issues require a referral and advice from their doctor.

MASTER BUILDERS AUSTRALIA AWARDS NEWCASTLE PRIVATE HOSPITAL HYBRID THEATRE

Newcastle Private Hospital's hybrid operating theatre received a nod at the recent Master Builders Australia (MBA) Excellence in Building Awards in New South Wales.

The hybrid theatre refurbishment project by the RTC Group was awarded in the extensions, renovations and refurbishment under \$1 million category.

The theatre combines operating technology with x-rays and equipment typically used in an angiography suite.

Newcastle Private Hospital General Manager Ian Maytom said the theatre has been used by interventional cardiologists, urologists, vascular and orthopaedic surgeons since opening in March.

"It allows surgeons to do the diagnostic work and procedure without moving the patient, and without bringing anything extra into the theatre, they do it on the spot," said Ian.

"We'll often have a cardiologist using it as a cardiac catheterisation lab followed by an orthopaedic surgeon doing hand surgery, so it's very versatile," he said.

Ian said a cardiologist new to Newcastle Private Hospital had an emergency during his first case in the hybrid theatre.

"You'd never want that sort of a test but the hybrid theatre worked very well under the circumstances," he said.

Ian said an added benefit of the theatre is integrated digital equipment which allows images to be broadcast, enhancing Newcastle Private Hospital's teaching capability.

RTC Group Director Michael Rigby said his team worked with the building consultant team and Newcastle Private Hospital to ensure the project was completed quickly, and surrounding theatres remained in use during construction.



"Specific procedures had to be introduced to ensure that high-level infection control measures required in the environment were not compromised," said Michael.

RTC Group will compete in the MBA National Excellence in Building and Construction Awards this November for their work on the theatre.

"RTC are extremely proud to have been involved in this state-of-the-art hybrid operating theatre," Michael said.

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INCREASED CANCER CARE AT NEWCASTLE PRIVATE HOSPITAL

On 4th July, Newcastle Private Hospital launched two new cancer services offering local patients more comprehensive and specialised care.

A dedicated 10 bed cancer unit offers in-patient care from specialist medical oncologists, oncology nurses and a McGrath Breast Care Nurse.

Additionally, thanks to a partnership with the Hunter Breast Cancer Foundation, a Wig Library has opened to help patients who lose their hair during treatment.

General Manager of Newcastle Private Hospital, Ian Maytom said the new ward and Wig Library means patients no longer have to travel far home for treatment.

“We responded to the need for quality, supportive cancer care in the Newcastle Hunter region,” said Ian.

“Our qualified oncology staff are experienced and dedicated, ensuring patients know they are in the best hands,” he said.

Patient Melissa Histon-Browning, 36, cried when she lost her hair and discovered she would need to spend up to \$600 on a wig.

“I was sitting there in the fitting chair crying. As a woman so much of your identity is tied up in your hair,” said Melissa.

As well as offering numerous modern wigs for loan, the Wig Library also stocks the popular Christine Headwear by Danish designer Rigon.

“The Hunter Breast Cancer Foundation has funded the Wig Library to ensure women



L-R Newcastle Private Hospital DON Barbara Durrant, fundraiser Di Winenski and Rosalie Taggart, Hunter Breast Cancer Foundation Chairperson

undergoing chemotherapy have access to a wig that would normally cost them up to \$600,” said Ian.

Headcovers, scarves and hats can also be purchased from the hospital with proceeds providing support for the Wig Library.

The new services complement the hospital’s existing suite of cancer care including day chemotherapy and patient access to cutting edge treatments through clinical trials.

“The ongoing growth of our private cancer service ensures that every need of the patient is met,” said Ian.

“Cancer treatment is an individual journey and we need to support patients in a variety of ways,” he said.

LIFE-SAVING STEM CELL TRANSPLANTATION FOR BLOOD CANCERS AT JOHN FAWKNER PRIVATE HOSPITAL

Specialists from John Fawkner Private Hospital and Healthscope Pathology have collaborated to offer gravely ill patients a rare treatment for blood related cancers.

Autologous Haematopoietic Stem Cell (HSC) transplantation is used with high dose chemotherapy to eradicate cancer cells that are resistant to usual forms of therapy.

Stem cells are first taken from the patient, then frozen and stored until they are returned by an intravenous infusion following the chemotherapy treatment.

“The idea is to give patients a higher dose of chemotherapy to eradicate the tumour but to be able to rescue them with the reinfusion of stem cells,” said Dr Walter Cosolo, Medical Oncology, Malignant Haematology and Palliative Care physician.

The highly specialised treatment has been offered to a small number of eligible patients at John Fawkner Private Hospital in the past two years.

Patients are admitted for up to three weeks, staying in isolation initially, to allow the stem cells to establish and the immune system to function normally again.

During the hospital admission critical care is provided by expert oncology nursing staff including Dr Cosolo and haematologists from Healthscope Pathology.

Haematologists Dr Paul Turner and Dr Chris Barnes monitor patients, administering regular transfusions of blood and platelets to prevent serious infection.

Dr Turner said HSC transplants can be used for multiple myeloma (cancer of the plasma cells in bone marrow) and lymphoma (cancer of the lymphatic system).

“It can be used to cure lymphoma in cases where the patient has relapsed or is resistant to standard chemotherapy,” said Dr Turner.

“In multiple myeloma it can be used for any eligible patient under 65 with the aim to help prolong and improve the quality of their life,” he said.



Dr Paul Thompson and Dr Walter Cosolo

Autologous stem cell transplants are just one of a number of critical therapies for oncology patients provided at John Fawkner Private Hospital.

“The transplantation service provided by Dr Paul Turner, Dr Chris Barnes and their group is an important one. Hopefully it will continue to grow and provide what I think is an important service to the wider community,” said Dr Cosolo.



Newcastle Private Hospital’s new wig library for cancer patients

NEW RESEARCH PARTNERSHIP FOR HEALTHSCOPE

To show its support for medical research, Healthscope has formed a partnership with Research Australia.

As an independent not for profit organisation, Research Australia relies on the support of over 170 member organisations, including research institutes, universities, peak industry bodies and corporate Australia.

“Healthscope is proud to announce a significant initial one year financial contribution

to Research Australia as a way of giving something back to the community and the industry in which we operate,” said Healthscope Managing Director, Robert Cooke.

Healthscope has a proud history of contributing to medical research, most commonly through participation in multi-centre clinical trials involving hospitals, accredited specialists and their patients.

One example is the ground breaking work of Dr Keith Byron, Scientific Director, Healthscope Advanced Pathology in the fields of molecular biology and pharmacogenetics.

The specialised testing service developed by Healthscope Advanced Pathology to help doctors personalise treatments according to each patient’s genetic make-up was featured in the Autumn 2011 edition of *The Pulse*.



(L-R) Dr Michael Coglin, Lisa George from Macquarie Foundation, Quentin Bryce, Dr Christine Bennett from Bupa Foundation

“ At a time when Government financial outlays are coming under pressure from increasing demand, the role of the private sector in supporting activities such as medical research has never been more important ”



Dr Michael Coglin accepts the plaque from Governor-General Quentin Bryce

“ Healthscope is proud to announce a significant initial one year financial contribution to Research Australia as a way of giving something back to the community and the industry in which we operate ”

“At a time when Government financial outlays are coming under pressure from increasing demand, the role of the private sector in supporting activities such as medical research has never been more important,” said Robert.

According to Research Australia, 83 per cent of the community believe it is unacceptable that Australians are still suffering from diseases that could be treatable with more investment in health and medical research.

A further 81 per cent believe that increased funding for health and medical research is an important priority.

Research Australia is the peak advocacy body representing the community, research and private sector in health research policy development, community education and advocacy.

The organisation has a central role in Australia’s crucially important health and medical industry.

Governor-General Quentin Bryce recognised significant supporters of Research Australia during an event at Sydney’s Admiralty House in July.

Healthscope Chief Medical Officer Dr Michael Coglin accepted a Foundation Member plaque and certificate from Ms Bryce on behalf of Healthscope.

GREENLIGHT LASER THERAPY IMPROVES TREATMENT OF ENLARGED PROSTATE

Healthscope hospital patients in Melbourne and Geelong with a benign but painful enlargement of the prostate can now benefit from a safe new treatment.

Urologists at Northpark Private Hospital and Geelong Private Hospital are now offering GreenLight laser therapy for benign prostatic hyperplasia (BPH), a common condition experienced by half of men aged over 60.

By 80 years of age, around 80 per cent of all men have BPH yet many lack awareness of the condition, its symptoms or the health risks associated with delaying treatment.

Symptoms include difficulty or frequent urinating, straining, or feeling that the bladder never completely empties, all of which can impact the quality of life.

“GreenLight laser prostatectomy is an excellent and safe treatment,” said Northpark Private Hospital Urological Surgeon Dennis Gyomber.

“One of the biggest advantages is a shorter stay in hospital, with most patients discharged the next day,” he said.

Traditionally BPH has been treated with a surgical procedure known as transurethral resection of the prostate or TURP.

While TURP is considered safe there is a risk of bleeding, with some patients requiring blood transfusions after surgery.

It is therefore recommended patients stop taking anti coagulation medication before they are allowed to undergo the procedure.

According to Geelong Private Hospital Urology Surgeon Paul Kearns, GreenLight laser has similar results to TURP with a decreased risk of bleeding.

“You can safely perform GreenLight laser therapy for patients on blood thinning medication,” said Paul Kearns, after performing the first treatment at Geelong Private Hospital in August.

GreenLight laser therapy has proven safe and effective in numerous international clinical studies with over 500,000 patients treated worldwide to date.

“Lasers have been used in urology for quite a long time. The advantage of this laser is that it is easily absorbed by tissue containing blood and vaporises the tissue cleanly,” said Paul, adding that the GreenLight laser is easy for the operator to learn and adapt to.

Another advantage is the use of saline solution during the treatment, which reduces the risk of the potentially serious complication of patients absorbing too much fluid.

“There are very few patients that it’s not suitable for, so certainly I’ll be offering it as one of the main ways of treating benign enlargement of the prostate,” said Paul.

GreenLight laser therapy is expected to be rolled out to more Healthscope Hospitals in due course.

BRISBANE WATERS SURGEON TACKLES RISE IN OBESITY

Since joining Brisbane Waters Private Hospital in New South Wales over 30 years ago, Dr Paul Caska has seen many changes in surgical technology.

“I’ve been operating here for a long time, covering all aspects of surgery – thyroid, breast cancer, bowel cancer, hernia, gall bladder,” said Dr Caska.

During his career Dr Caska has seen the evolution of laparoscopic surgery and its positive impact on outcomes and recovery times for patients.

“In the past, to do an appendectomy for example as an open procedure, the patient would be in the hospital for seven days or more,” said Dr Caska.

Drawing on experience in hiatus hernia, gall bladder, upper gastro-intestinal surgery and laparoscopy, Dr Caska developed a sub-specialty in bariatric surgery for weight loss.

He describes it as one of the most useful contributions of surgery, especially with the prevalence of obesity in Australia more than doubling in the past 20 years.

“There has been an increase in the rate of obesity worldwide. There has also been an increase in recognition of health problems caused by morbid obesity,” said Dr Caska.

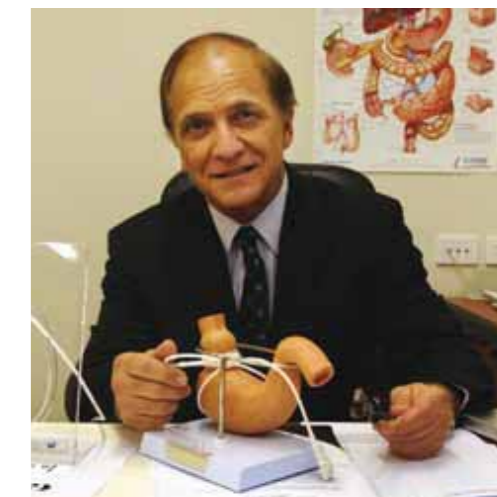
“The risk of breast and bowel cancer is doubled with morbid obesity, and rates of kidney, pancreas, prostate, oesophagus, stomach cancer also increase,” he said.

Dr Caska said the procedure benefits all morbidly obese patients, even those aged between 55 and 69 years, and is recommended for type 2 diabetes.

“All diabetics benefit from weight loss surgery and in fact most can be cured of diabetes,” said Dr Caska.

He estimates close to 1,000 bariatric operations have been performed at Brisbane Waters Private over the past five years.

Bariatric surgery options include sleeve gastrectomy (commonly known as gastric sleeve) and laparoscopic adjustable gastric banding.



Dr Paul Caska

Dr Caska recommends patients spend one or two nights in hospital following the procedure, and take two weeks off work to recover.

Community seminars about bariatric surgery organised by Brisbane Waters Private Hospital have been popular, with the most recent attended by 50 people.

Dr Caska has also spoken at medical centres in the local area to raise awareness and will address another seminar on 24th November.

For more information about the free seminar www.bwph.com.au

PACIFIC PRIVATE NUM IMPROVES SAFETY IN ONCOLOGY

Pacific Private Hospital oncology nurse Elke Goransson presented her own safety technique to the Cancer Nurses Society of Australia national conference in July.

"I've always had a special interest in nurse's safety," said Elke, Nurse Unit Manager of Pacific Oncology Day Unit on the Gold Coast.

"We focus on safe management of chemotherapy patients, but at the same time the safety of the person who cares for the patients can be overlooked," she said.

At the Pacific Oncology Day Unit, chemotherapy is typically delivered to patients through an intravenous drip.

The cytotoxic drug is first transferred into infusion bags by the hospital pharmacist, using a clinically proven closed system transfer device.

Nurses administering chemotherapy to patients were then required to spike the infusion bags, risking exposure to aerosol, droplets or vapours of the hazardous drug.

To improve safety, Elke added a secondary device, eliminating the risk of accidental disconnection during administration, and the need to spike infusion bags.

"I've just added to the existing system, gone a step further," said Elke.

"The key is to minimise contamination of products before they come into our unit and this is a great example of how to achieve this in a small setting," she said.

"Our unit has seven nurses and one pharmacist. With all chemotherapy infusions prepared on site, introduction of the new product was made easy," she said.

A staff survey showed 86 per cent preferred the new combined systems for reconstitution and administration of cytotoxic drugs.

The new system added just 30 seconds to each reconstitution process and has the potential to save costs according to Elke.

" But now we have two really safe systems for administering the chemotherapy, which is the best you can have "



Purple gloves indicate nurses are working with cytotoxic chemotherapy

"Guidelines recommend oncology staff wear personal protective equipment including disposable gowns, masks and goggles. You waste an enormous amount of money frequently changing gowns," said Elke.

"I feel confident we can move away from wearing gowns, mask and goggles because we've already created an environment that is closed and safe," she said.

Pacific Oncology Day Unit chemotherapy nurses now wear purple gloves with their normal uniforms which has had a positive response from patients.

However some staff still prefer to use personal protective equipment.

"We respect that we work with hazardous drugs," said Elke.

"But now we have two really safe systems for administering the chemotherapy, which is the best you can have," she said.



Elke Goransson's new system for chemotherapy infusion bags



Healthscope

A Healthscope Publication

THE PULSE READERSHIP SURVEY

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

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

NEW PLAN TO REDUCE HEALTHSCOPE'S CARBON FOOTPRINT

A new plan is in place to reduce Healthscope's carbon footprint.

Healthscope now operates 1200 facilities, double the number of twelve months ago. Not surprisingly, this growth has increased the use of energy nationally.

"Healthscope facilities use a significant amount of energy," said National Facilities, Energy & Environment Manager Andrew Bond.

A government awareness campaign used black balloons to represent the impact of power use on the environment; stating the average Australian home emits 160,000 black balloons of carbon pollution per year.

"In 2009-2010, Healthscope Hospitals, Medical Centres, Community Houses, Pathology Laboratories and Collection Centres created 111,000 tonnes of CO₂-e (carbon dioxide equivalent)," said Andrew.

"This equates to 2.22 billion black balloons, or 13,875 Australian homes," he said.

The Australian Government introduced the National Greenhouse and Energy Reporting Act in 2007.

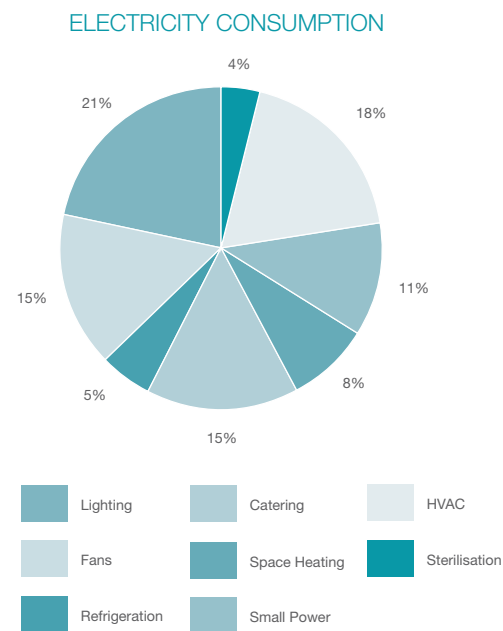
"As a big user of energy, Healthscope is obligated to report its consumption and greenhouse gas emissions each year," said Andrew.

"But it's not enough to report what we do, we also need to work towards reducing energy and minimising our carbon footprint," he said.

Andrew developed the Energy Management Plan 2012 to help Healthscope facilities use energy more efficiently and reduce greenhouse gas emissions.

The plan forms part of the Environment Policy and includes achievable goals for lowering electricity, natural gas, petrol and diesel consumption in the year ahead.

"Our objective is to reduce energy use by 5,000,000kwh or five per cent, whichever is higher, saving \$650,000 in costs and 120 million black balloons," said Andrew.



The plan outlines how energy is currently used, with hospitals contributing 85 per cent of Healthscope's overall consumption.

"Temperature control and lighting in multi-storey buildings, cooking, refrigeration, sterilisation and imaging equipment all contribute significantly," said Andrew.

According to the plan Healthscope Pathology contributes 12 per cent of energy and the highest petrol consumption due to a growing fleet of collection delivery cars.

The plan includes benchmarking, best practices for improving energy performance and action points to guide management and staff.

With electricity contributing 66 per cent of overall energy use, even small changes have the potential to make a major difference.

"Wear warmer clothing rather than using portable heaters and close blinds during the hotter months to help air conditioning work more efficiently," said Andrew.

"Turning off lights and computers overnight, using low energy bulbs and even taking the stairs can

all have a significant impact on saving energy," he said.

Longer term changes include incorporating sustainable energy efficient technologies into new construction plans.

"Building orientation, efficient lighting and heating, solar hot water and rain water harvesting are all being considered in our Brownfield developments," said Andrew.

An important benefit of improving energy performance is patient satisfaction.

"By ensuring air conditioning filters are regularly cleaned, the

system runs more efficiently saving energy, reducing breakdowns, improving air quality and patient comfort," said Andrew.

Managers are encouraged to involve staff by appointing an Energy Coordinator and Energy Smart team, and tailoring training programs for their facility.

"We, as individuals and as teams, can influence the reduction of energy consumption," Andrew said.

"Staff support for energy management practices will make all the difference," he said.

HEALTHSCOPE EMPLOYEES ARE ENCOURAGED TO DO THEIR BIT TOWARD LOWERING ENERGY CONSUMPTION. HERE ARE A FEW EASY WAYS:

- Turn off lights and equipment when not in use.
- Don't leave your computer running overnight.
- Don't bring portable heaters to work – they have the effect of heating the thermostat causing the air conditioning system to LOWER the temperature, making the air colder and using more electricity. YOU may be warmer, but your colleagues will be colder.
- Meet with your manager and submit energy saving ideas.
- Ask your maintenance manager for suggestions on low-energy lighting.
- Use the stairs, not the lift.

WATERLESS SURGICAL HAND SCRUB ON TRIAL AT SUNNYBANK PRIVATE HOSPITAL

Queensland's Sunnybank Private Hospital became the first Healthscope hospital to trial a waterless surgical hand scrub in August.

Current Australian protocols recommend scrubbing for five minutes with surgical-grade soap and running water every morning, an additional three minutes before each procedure, using a sterile towel afterwards.



Sunnybank Private Hospital operating theatre nurse Anne Rinke tests the waterless surgical hand scrub

Sunnybank Private Hospital procedural services manager Hazel Douglas decided to test the new alcohol-based surgical hand scrub to avoid running water for long periods.

“We generally have three people scrubbing for each case - a surgeon, an assistant and a nurse,” said Hazel.

“Collectively it takes fifteen minutes for the first scrub of the day and an additional nine minutes before each surgery,” she said.

An alcohol-based surgical hand scrub was recently approved by the Therapeutic Goods Administration for use in Australia.

“It's exactly the same process; in the morning you give your hands a quick wash with soap and water then use this product,” Hazel said.

Alcohol-based hand scrubs eliminate the need for water and sterile towels and have been recommended by the World Health Organisation for superior antibacterial and time saving qualities.

In Europe surgical alcohol scrubs have been in use for nearly twenty years and are the preferred method of pre-operative hand disinfection.

Hazel said staff discussed pros and cons at length before the new product was introduced.

“The reality is that it is a very different concept to scrub your hands without any water,” said Hazel.

Educational material and on-site support were readily available during the trial to make it easier for staff to adapt.

“ Alcohol-based hand rubs eliminate the need for water and sterile towels and have been recommended by the World Health Organisation for superior antibacterial and time saving qualities ”

Research comparing the anti-bacterial effect of pre-surgical scrubbing with the new waterless protocol shows little difference between the two.

A clinical study conducted in six French hospitals compared a five minute scrub with antiseptic soap and water to an alcohol scrub for the same length of time.

It concluded hand-scrubbing with aqueous alcoholic solution following a one minute non-antiseptic hand wash was as effective in preventing surgical site infections as traditional hand scrubbing.

As an added benefit, the research showed less skin dryness and irritation after use of the aqueous solution. Hazel agreed.

“Your hands and arms can be quite dry from scrubbing a lot all day – but the new waterless solution is quite pleasant,” said Hazel.

After successfully completing the trial, Sunnybank Private Hospital has implemented the new product.

Healthscope Hospitals interested in trialling Skinman Soft N can contact Debra Birznieks or Kate Baker from Procurement on 03 9926 7500 for more information.

THE SYDNEY CLINIC PREPARES STUDENTS FOR A FUTURE IN HEALTHCARE

The Sydney Clinic is working with local universities to teach nursing, medical and psychology students' practical skills for working in a therapeutic setting.

General medical and nursing students, as well as clinical and forensic psychology interns are given the chance to work directly with The Sydney Clinic's multidisciplinary team, caring for patients with mood disorders and addictions.

General Manager of The Sydney Clinic, Stephen Brooker, said students learn to assess how patients are coping with their illness day to day.

"Working in an acute hospital setting, you need to know how to talk to people," said Stephen.

"Even though students are trained to deal with the physical body, it doesn't mean they have the skills to talk to somebody about what they are experiencing. It's those skills we want to develop," he said.

Students come from Notre Dame University, the University of New South Wales (UNSW), Australian Catholic University, the Australian College of Psychologists, as well as Clinical Psychology Masters programs at UNSW,

University of Western Sydney and Macquarie University.

"Psychology interns work closely with The Sydney Clinic's psychologists. They co-facilitate and later facilitate group sessions under supervision, write patient notes and conduct supervised consultations," said Stephen.

General medical students also benefit from working with the psychology team, gaining first-hand experience in treating many common mental health conditions.

"With the doctor's and patient's permission, medical students are able to sit in on specialist consultations and see mental health assessments in private practice," said Stephen.

Nursing students work on the wards, take part in patient consultations and learn about medications.

"They talk to patients about mental health disorders and observe ECT (electroconvulsive therapy), one of the treatments offered at The Sydney Clinic," said Stephen.

Working with the clinic's dietician, all students have an opportunity to learn about the link between mental and physical health, and how this can be managed with diet.

The Sydney Clinic has always offered placements to psychology students but has seen increased interest from nursing and general medical students.

According to Stephen, teaching is now part of the fabric of The Sydney Clinic.

"For us it's quite a significant development in the quality of our service and the expertise we can offer, not just to patients, but as a training facility," said Stephen.

"Even if a student leaves thinking that a career in mental health is not for them, they might have learned something that can be applied in other areas".



Students Matthew Wells and Racker Hansen at The Sydney Clinic

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.

To advertise in a publication with unrivaled access to Healthscope decision-makers and staff, call Reuben Trusler on +61 3 9419 9911.



WEST AUSTRALIAN DOCTOR AWARDED FOR CARE & COMPASSION

Cardiac anaesthetist Dr Stephen Same from the Mount Hospital received a Pride of Australia award in September, a year after his actions saved a patient's life.

Dr Same was awarded the West Australian Care and Compassion medal for his life saving response when patient Gary Turnbull had nine cardiac arrests in two hours.

Mr Turnbull was admitted to the Mount Hospital in August 2010 for cardiac surgery but his condition deteriorated in the hours before his procedure.

"The patient was scheduled for surgery on Monday afternoon, but early that morning he became unstable," said Dr Same.

"At about 10am on Monday I got a call from the Intensivist who was concerned about the patient's deterioration," he said.

"When I walked in a few minutes later they were already doing cardiac massage as he had suddenly arrested," he said.

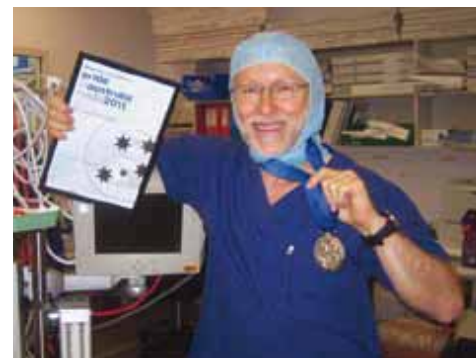
Dr Same worked with the Intensive Care Unit team to revive Mr Turnbull.

Three new residents on their first morning at the Mount Hospital joined nursing staff, taking turns to perform cardiac massage.

Doctors used adrenaline which revived Mr Turnbull for a short period but he went into cardiac arrest again.

"The period between each required resuscitation became shorter and shorter," said Dr Same.

When Mr Turnbull arrested for the seventh and then eighth time, Dr Same suggested



Dr Stephen Same with his
Pride of Australia award

inserting an intra-aortic balloon pump to help his heartbeat.

"I said it's his only chance, it's worth giving it a go. It might buy us a bit of time so we can get him to theatre and connected to a heart-lung machine," said Dr Same.

He was right; the balloon pump stabilised Mr Turnbull long enough to be taken to the operating theatre.

With the patient temporarily stable, Dr Same raced across to the operating suite to secure an available theatre.

" I said it's his only chance, it's worth giving it a go. It might buy us a bit of time so we can get him to theatre and connected to a Heart-Lung machine "

"We've got nine theatres at the Mount; two of them had cardiac cases underway and the other seven theatres also had surgery going on," he said.

When Dr Same explained an emergency was underway, theatre staff acted quickly to free an operating room. He was then able to borrow a heart-lung machine from another theatre where it had just become available.

"When we got him to theatre he arrested again. We managed to get him onto the heart-lung machine and operate, it was quite difficult," said Dr Same.

While the heart-lung machine did the work of Mr Turnbull's organs, surgeons conducted three coronary artery bypass grafts.

Mr Turnbull spent three weeks in intensive care, eventually making a full recovery.

Dr Same provided frequent support and counselling sessions for the Turnbull family throughout his hospital stay.

Months after the emergency, Mr Turnbull's daughter nominated Dr Same for the Pride of Australia award.

"She became so attuned to her father's condition and was a great support to him. It was really her that should've got the award, not me," said Dr Same.

While grateful for the recognition, Dr Same insisted it was the effort of his entire team that saved Mr Turnbull's life. He said the biggest reward for all concerned was Mr Turnbull's survival.

"He and his wife took my wife and I out for dinner about a month ago. He's really made a complete recovery," said Dr Same.

"It is just phenomenal how much resilience humans can have," he said.

MOLECULAR PROFILE TEST DETERMINES OUTCOME OF BREAST CANCER TREATMENT

Healthscope Advanced Pathology is distributing a unique molecular profiling test to help doctors determine the best course of treatment to avoid recurrence for patients with breast cancer.

Oncotype DX is a 21 gene assay for use in hormone positive early breast cancer.

First offered in the United States in 2004, the test has been offered in Australia exclusively

through Healthscope Advanced Pathology for nearly three years.

The test is clinically validated to predict the likelihood of recurrence for patients after five years of hormone therapy, as well as the benefit of chemotherapy when given in addition to hormone therapy.

After conducting significant research, American company Genomic Health developed the test which is conducted in their Redwood City laboratory.

“US researchers studied archived tumour tissue from several studies conducted during the late 1980s and early 1990s to identify the 21 genes used in the Oncotype DX assay,” said Rhonda Pocknee, Advanced Pathology product specialist.

Their study compared outcomes for those treated with hormone therapy alone over five years, and those treated with hormone therapy and chemotherapy.

Results showed a four per cent difference in outcomes for the two patient groups leading to the development of Oncotype DX.

The test is designed to identify the patients who would benefit from the addition of chemotherapy, as well as identifying those who would do fine with hormone treatment alone.

“It is the first of the multi gene assays that give information to doctors on clinical outcomes which is what they need,” said Rhonda.

“The test provides two pieces of information – the likelihood of breast cancer recurrence when treated with hormone therapy for five years, and the likely benefit of chemotherapy,” she said.

“We liaise with the doctors, provide logistical support and our laboratory does the processing of the tumour samples prior to sending them to the US,” said Rhonda.

“ The test is clinically validated to predict the likelihood of recurrence for patients after five years of hormone therapy, as well as the benefit of chemotherapy when given in addition to hormone therapy ”

Genomic Health then provides a report to doctors within 14 days of receiving the tissue sample.

“In the first year we did 60 Oncotype DX tests, last year we did 90, this year we’ll probably do somewhere between 120 and 150,” said Rhonda.

Over 70 per cent of eligible patients in the USA are now being tested with Oncotype DX.

Patients in the US, Canada and UK can seek a rebate from private health insurance companies but this option is not yet available in Australia meaning the \$4000 test is fully funded by the patient.

Rhonda explained the lack of a published Australian study of the impact of the Oncotype DX is one reason there is no rebate available.

“An Australian Decision Impact Study of 150 patients recruited at the Royal Melbourne and Royal Women’s Hospitals was recently completed,” said Rhonda.

Results of the study were presented for the first time at an educational breakfast in October, part of the Australian Society of Breast Diseases Conference.

Professor Bruce Mann, Director of the Breast Unit at Royal Melbourne and Royal Women’s Hospitals and Oncologist Dr Richard de Boer jointly led the study.

While this is the first study of its kind in Australia, twelve studies of over 1000 patient outcomes after using Oncotype DX have been published worldwide.

The international studies have shown a move away from chemotherapy in about 25 per cent of cases and a move toward chemotherapy in 5 per cent.

“Chemotherapy has benefits but it also has significant side effects; where possible many patients would prefer to avoid these side effects,” Rhonda said.

“Looking at tumour gene assay expression is the way forward in oncology and cancer therapy. This will be the norm in the coming years,” she said.



COMO PRIVATE HOSPITAL WOUND CONSULTANT SHARES KNOWLEDGE AROUND THE WORLD

Como Private Hospital wound consultants Karen Wendland and Shelley McIvor were invited to present their study of spider bites at the Global Wound Care Conference in South Africa earlier this year.

Karen and Shelley presented a poster featuring two case studies of patients that attended the Como Private Hospital wound clinic following white tail spider bites.

“Only four per cent of possible bites can be proven,” said Karen.

“Often patients come in with a wound that could possibly be a bite but unless they see the spider you can’t be sure,” she said.

The two patients attended the wound clinic at different times with wounds that had significantly worsened over a period of months.

Both had seen a white tail spider and showed similar symptoms.

“The tissue within the two wounds looked much the same. The pain stories were similar. The fact that they saw the spider explained it,” she said.

Karen said the experience of people bitten by white tail spiders is often the same, and believes the venom continues releasing inside the wound causing a painful ulcer.

“One patient came to us a few months after she’d been bitten.

The wound had been surgically debrided and sutured it but it got worse,” said Karen.

“It was a huge wound and the pain was incredible. She’d been on different antibiotics continually since the bite,” she said.

“The patient had been looking for an answer and everyone would tell her to do different things. She

was beside herself; she walked in and burst into tears,” she said.

Karen and the wound care team used a dressing containing silver which combined with the right analgesia helped control the pain. They made recommendations for ongoing pain management and the wound eventually healed.

Global Wound Care Conference attendees responded well to the study and Karen was subsequently invited present the poster at an Australian conference in 2012.

Karen’s expertise was again acknowledged when she was one of two nurses invited by KCI Management and 3M Australia to participate in an interactive panel at the New Frontiers in Wound Care Conference in June.

“Karen’s knowledge, experience and outcomes are highly regarded by those in the health industry”

Karen also volunteers with the Australian Vietnam Veterans Reconstruction Group, sharing her expertise in wound management with medical staff treating spinal injury and burns patients, as well as leprosy clinics.

“They are very interested in the work we do over here. We try to promote best practice in wound care and pain management,” said Karen.

Karen described working with leprosy patients as a positive experience.

“I learned a lot. It’s not the fearful disease that everybody thinks it is,” she said.

As a stomal therapist, Karen also volunteered in the children’s hospital with young stoma patients.

“There are a huge number of children with colostomy bags due to the high rate of Hirschsprung’s disease,” said Karen. Hirschsprung’s disease is a serious medical condition affecting the bowel.

Karen recalls trying to tell a local nurse that cornflour can help with skin irritation caused by ill-fitting colostomy bags, even though she speaks little Vietnamese.

“You’re not allowed to introduce anything new unless it goes through the relevant committees, even cornflour. The surgeons wanted to see the research and I said there’s no research on this, but we know it works,” said Karen.

The message finally got through. Three years later, all young stoma patients return from the operating theatre with a little pot of cornflour.

“That to me is such an achievement although it did take a number of years,” said Karen.

Karen has also presented methods for managing bed sores (pressure ulcers) which is a big issue in Vietnam.

“As you go each year you see little improvements but it’s very slow,” said Karen.

General Manager Katarina Drazumeric said Karen is an asset to Como Private Hospital and Healthscope.

“Karen’s knowledge, experience and outcomes are highly regarded by those in the health industry. Her passion for wound care has inspired many of her colleagues to pursue further education in wound care management,” said Katarina.

HEALTHSCOPE MEDICAL CENTRES PROVIDE CARE FOR COMMUNITY DETAINEES

Healthscope Medical Centres has signed up to provide primary medical care for people living in immigration detention nationally.

A growing number of people seeking asylum in Australia live in detention facilities and residential housing under a community detention order, and are reliant on the Commonwealth Government for access to medical care.

Healthscope signed an agreement with International Health and Medical Services (IHMS) which is contracted by the Australian Government to coordinate and monitor medical care for clients in immigration detention nationally.

With a network of 66 Healthscope Medical Centres nationally, primary health care services will now be easier to access for people living in community detention.

“Initially we will provide medical care for 3,000 community detainees through our medical centre network,” said Lou Pascuzzi, National Manager of Medical Centres.

“The number of people entering community based detention is expected to increase to upwards of 6,000 patients early next year,” said Lou.

All Healthscope Medical Centres have been approved by the Department of Immigration & Citizenship however only those located close to community detention houses will be invited to provide the service.

“People living in community detention will be assigned a Healthscope Medical Centre to attend based on proximity to their residential address,” said Lou.



Briefing sessions will be given to the Healthscope Medical Centres likely to be assigned to provide care, covering the health needs of people in detention and how to deliver services.

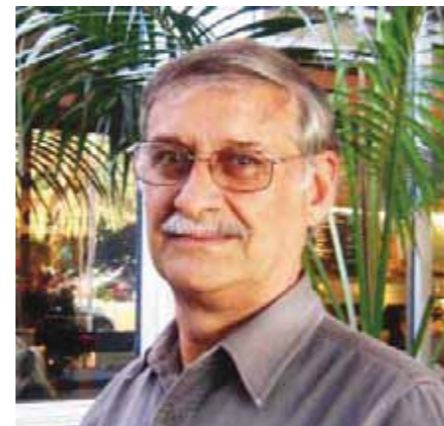
A training manual and procedures for managing healthcare of patients living in detention has also been distributed.

STAR SPOT

Geoff O’Donnell,
Maintenance Manager,
Brisbane Private Hospital

What is your current role at Healthscope?

Maintenance Manager at Brisbane Private Hospital and a member of the Healthscope hospitals facilities management team of 50+, which also includes tradespeople, general maintenance and support staff.



Brisbane Private Hospital Facilities Manager Geoff O’Donnell

How long have you worked in the job?

I began doing general maintenance at Brisbane Private Hospital in February 2003 and was promoted to manager in July 2009.

What does an average day/week involve for you?

The primary tasks of the facilities management team is to ensure our facilities continue to function smoothly and are compliant with legislation.

Maintenance tasks can be visible, like light replacements and painting, or behind the scenes like air conditioning filters, pumps, boilers, and ensuring fire-safety compliance, correct water temperatures, air quality and electrical safety.

I also manage staff and contractors, budgets, invoicing, as well as trying to convince people that “it’s not a problem, just a new challenge”. Occasionally I still get to pick up a tool and roll my sleeves up.

What do you like most about your role?

In a complex age we are rarely without new challenges. I have great team who are always prepared to give their best and learn new things.

What is the most interesting thing about it?

The diversity of the work.

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

While you are here, can you...?

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

Hudson’s Coffee Shop in the front foyer has a great caramel latte.

What are your facility’s opening hours?

The Brisbane Private Hospital complex has a total of 16 floors, 13 theatres, 161 beds and an Intensive Care Unit and is open 24/7.



HEALTHSCOPE SNAPSHOTS...

Healthscope Hospitals in South East Queensland joined forces for the Bridge to Brisbane fun run on Sunday 11th September.

A team of 65 from Sunnybank Private Hospital, Peninsula Private Hospital, Brisbane Private Hospital and Pine Rivers Private Hospital proudly wore the Healthscope singlet and participated in either the 5km or 10km events, raising funds for Legacy. This is now planned as an annual event.



From Sunnybank Private Hospital (L-R): Hospital Nursing Coordinator Jeannie Lynch, General Manager Katrina Ryan, Rehabilitation Director and MAC Chairman Dr Victor Lim, and Director of Nursing Louise Falwasser



Carolyn Fairbairn spent her day off collecting pathology samples in ski boots

Southern Community Laboratories (SCL) phlebotomist Carolyn Fairbairn grabbed her snow boots and ski suit when an overnight snow dump threatened to delay collection of pathology samples.

Not confident the District Health Board's road service would give clients a fast enough service, Carolyn walked from home in her boots to the Mercy Hospital then down the hills to SCL's main collection centre in Hanover Street, before delivering samples to the hospital laboratory for processing.

Staff and management at The Hills Private Hospital celebrated International Nurses Day on 12th May with friendly competitions, fancy dress, tai chi and qigong sessions.

Patients and visitors were invited to help celebrate Florence Nightingale's birth with a BBQ lunch and staff voted Kylie Farmer 2011 Nurse of the Year, with Arlene Santiago named runner up.



L-R: The Hills Private Hospital General Manager Michelle Stares with Kylie Farmer, Arlene Santiago and Director of Nursing Claire Walker

North Canberra Family Practice contributed to the local and international community by sponsoring the ACT Medical Women's Society Fundraising dinner on 12th July.

In addition to supporting professional development of medical practitioners and students, the Medical Women's Society of the ACT improve the wellbeing of women and children globally, through projects in Zimbabwe, Fiji and Sierra Leone.



North Canberra Family Practice Manager Danni Hewitt presents a cheque to Sue Packer from the ACT Medical Women's Society

Congratulations to Marie Valencia and Ian Yap who tied the knot on September 18th.

Marie, who works in the Finance Department, and Ian from IT first met at Healthscope but it was a few years before they got to know each other and became a couple.

Best wishes to Marie and Ian from all at Healthscope!



Marie Valencia and Ian Yap

NO SURGERY GOOD NEWS FOR RUGBY STAR PLAYER

Star rugby league halfback Johnathan Thurston was able to finish the 2011 National Rugby League season after a better than expected assessment of his knee injury from Brisbane Private Hospital specialist Dr Peter Myers.

The Maroons no. 7 player was carried off the pitch during the Origin III decider match on 6th July after suffering a painful hyper-extension of his left knee, missing the final siren.

There was a strong show of support for Thurston by teammates when he rolled onto the Suncorp Stadium turf in a wheelchair after the match to celebrate the Maroon's Origin win.

Despite serious concerns that Thurston would miss the remainder of the rugby league season, he received good news from orthopaedic surgeon Dr Myers

following a scan of the injury.

Dr Myers diagnosed a grade-two medial ligament tear, with surrounding soft tissue damage and bone bruising which sidelined the player for a relatively short six weeks.

"Thankfully he avoided rupturing the anterior cruciate ligament of his left knee, and the required reconstruction which would have resulted in a long-term layoff," said Dr Myers.

A knee reconstruction would have been devastating for the North Queensland Cowboys halfback and co-captain.

Although Thurston recovered from the injury and returned in time to make the qualifying final on 10th September, it was game over for the Cowboys who were overcome by the Manly Sea Eagles.



Johnathan Thurston leaves Brisbane Private Hospital after meeting with Dr Peter Myers.
Pic. Nathan Richter.
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