

Medical matters

The Kareena Private Hospital Newsletter



Kareena Private Hospital
86 Kareena Road, Caringbah NSW 2229

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KAREENA
PRIVATE HOSPITAL

MAC – CEO Report



It has certainly been an exciting first six months here at Kareena for me. I once again wish to thank everyone for your kindness and support as I have attempted to bed down into my new role.

Interestingly, nothing has greatly changed from my initial thoughts of Kareena since first arriving here; we have a great team spirit, with an incredible tenure amongst many staff, we have

a facility which does provide a very high standard of care and a team highly committed to delivering the very best patient care possible.

Both behind the scenes and in front we have spent a great deal of money on our Capital improve program and more is earmarked going forward. The recent introduction of flat panel TV's across our whole facility, 10 channels of Foxtel and wireless internet are good examples. Added to this the new Hudsons Coffee Café which officially opened on the 21st September has been met with resounding approval by all who have had the chance to visit, and there is no doubt that it has uplifted our facility.

As many of you know we received our Department of Planning approval on the 12th June 2009. Since this time we have revised the initial business case (which was nearly 3 years old) and presented it to our Development team at Ramsay Healthcare. Architects (Nettleontribe) have been appointed and from our early meetings with them I'm very encourage by their knowledge and engagement in this process. We are still at a very early stage but soon we will be communicating with stakeholders (only in the areas of redevelopment) to get their feedback.

In the interim we are currently acquiring quotes to undertake a full refurbishment of our Endeavour ward this Christmas. This will bring a greater consistency and comfort to our patients as they spend their time with us.

I'd like to take this opportunity to finally thank all our medical and non-medical staff here at Kareena for your dedication and excellence over this last 12 months.

Merry Xmas. Warmest Regards

Tim.
CEO

Kareena wins National APHA Award

Kareena Private Hospital in Sutherland Shire has taken out the Peak Private Hospital Industry Award for Community Involvement at the 2009 Australian Private Hospitals Association (APHA) Awards held in Melbourne this week.

The Award recognises hospitals which have excelled in the area of community involvement.

Kareena Private, a 128 bed hospital owned by Ramsay Health Care, won the award for its active engagement with staff and the local Sutherland Shire community through a range of events and activities such as its wellbeing and balance program.

Kareena Private Hospital CEO Tim Daniel said the hospital was committed to the provision of health, health promotion and wellbeing to the communities within the southern Sydney area and beyond.

"Our hospital staff support health and wellbeing initiatives through awareness campaigns, screening and education programs for members of our community for the prevention and early detection of diseases that affect Australians," Tim said.

"Kareena's strategic plans have a community strategy, which extends to involve the community through the provision of exceptional health care and the social and corporate responsibility to care for the community which it serves. As part of this strategy, Kareena has achieved "Health Promotion Hospital" status with the World Health Organisation."

Community involvement activities at Kareena include Seniors Week, Health weeks, a volunteer program, patient focus groups, hospital open days, fundraising events for selected charities each year, inhouse education programs for local general practitioners and ambulance officers and interaction with the local Rotary association.

At Christmas, the hospital adopts a local aged care facility and the hospital staff make donations towards this facility which is presented at a Christmas celebration.

As an active participant in the community Kareena has also established an effective volunteer program that provides a fulfilling and rewarding experience for the volunteer team of 14 dedicated members. Past patients from the hospital are also invited to focus groups to provide feedback on the hospital's performance and to help identify strengths and to clarify community expectations of the hospital and its service to the community.

This APHA award is a further notch for Kareena Private Hospital which won the Australian HR Awards last year.



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Private Hospitals – Punching above our weight

Chris Rex
(Ramsay Way - Spring 2009)

Two reports were released in June 2009 by the Australian Government which provides a comprehensive range of statistics and information about public and private hospitals. The reports, Australian Hospital Statistics 2007-08 and The state of our public hospitals, released by the Australian Institute of Health & Welfare and the Department of Health & Ageing respectively, include a range of performance indicators but also, for the first time, report on a wider range of information than previously available on access to elective surgery.

The information contained in these reports reaffirms the fact that private hospitals in Australia are a very significant part of the delivery of hospital services in this country. In 2007/08, 3.1 million Australians were admitted to private hospitals representing 40% of total hospital admissions for that year. For the same period 1.1 million patients had elective surgery and this represented 64% of all elective surgical separations in the public and private sector. Over the last 10 years, separations have increased by 23.1% in public acute hospitals and by 66.9% in private hospitals.

The reports also demonstrate that despite government funds to curb waiting lists, the number of days that patients wait for elective surgery in the public sector continues to rise by between 5 & 10% per annum. Median waiting time for surgery in public hospitals was 34 days in 2007/08 up from 28 days just 4 years prior. Three percent of patients wait more than 1 year. Ophthalmology, ear, nose & throat surgery and orthopaedic surgery were the surgical specialties with the longest median waiting times in 2007–08 (68 days, 57 days and 54 days respectively). This is of interest as ophthalmology and orthopaedics are specialties particularly of the elderly population and, with an ageing population, waiting lists in these specialties can only get worse. In 2010 the oldest of the baby boomers will be 65 years – so increased utilization of hospital services by older Australians is imminent. By 2030 they will account for twice as many

hospital admissions as they do today and will use more healthcare resources than past generations because they will be living longer and managing more complex conditions.

The private hospital sector can be flexible and responsive to future patient demand and is not only prepared to invest in the economy both in terms of infrastructure and development but also in employment, training and development of our staff. The recent survey completed by Liz Spaul (Ramsay) showed that Ramsay trained 6020 undergraduate health care students in 2007/08 and provided over 2 million clinical placement hours to undergraduate nursing and medical students. We receive no funding from governments or private health funds for this training.

The capacity for the private hospital system to take pressure off the public sector and increasingly so, as the figures show, is obvious. That the private hospital sector is a more efficient and responsive provider of hospital services should also be obvious. Public hospital services cost taxpayers \$27 billion in 2006/07 (latest figures available) and treated 4.6 million patients that year. (The government has recently announced a further \$600m to be spent on the public hospital system over the next 5 years). With around \$3.5 billion the private hospital system treated approx 3 million patients in 2006/07. (This came from \$1.7 billion in PHI rebates and \$1.8 billion in the total Medicare Benefits paid for services to private patients in public & private facilities. The figure does not include benefits paid through the PBS).

Finally, but not least, the reports show that the trend for state government 'double dipping' where they are paid to treat public patients by the Federal Government but instead put private patients in their hospital beds continues. In 2007/08, 10% of patients (470,000) admitted to public hospitals were seen as private patients up from 8.4% in 2003/04. This trend is particularly prevalent in Victoria and New South Wales but also increasing in other States. Private sources (including private health insurance benefits and out-of-pocket payments from patients) contributed \$1.9 billion to public hospital services funding in 2006/07 (The State of our Hospitals, June 2009) – more than the cost of the private health insurance rebate that year.

A key focus over the next twelve months will be to push these points home with government, commentators and other stakeholders. Hopefully, with such a solid body of evidence, we can get some traction and understanding of the real role that private hospitals are playing in the Australian health care environment.

Meditech Update

What can I say? We did it, and did it very well.

Meditech went live at Kareena on 1st July 2009 with great success. A Thank you goes to everyone in the hospital for showing great patience and support to the staff who participated in the training, planning & implementation of this system. A large implementation doesn't come without increased stress, changes in procedures and requirements to work additional hours, but I must say that each and everyone of the staff involved has made the commitment to ensure this was a success.

As acknowledged by the Meditech Implementation team, article from Meditech Newsletter below, Kareena itself did provide the team with a new set of "unique challenges".

We are by no means finished with the implementation and will continue to monitor and adjust for the next few months. Suggestions

on improving the software, improvements to labels, increasing the font size these will be on hold til the New Year when the rollout across the company is complete.

As in the Meditech Newsletter

Kareena Private Hospital in NSW with its combination of Medical, Surgical, Rehab, Maternity and Emergency may have presented some unique challenges but KRP staff are to be credited for a successful and mostly seamless cut over on July 1. The staff worked hard during training and parallel run and proved exceptionally well prepared for the 67 admissions on go live day; more than 400 admissions in the first week; not to mention receiving a greater number of Emergency presentations over the first weekend with MEDITECH than ever before. A huge thank you to the staff at Kareena for doing their part in making the implementation, although still in its early days such a success.

Medtech 32 Implementation

The new Emergency Department software – Medtech 32 was implemented 1st October 2009.

VMO Profiles

Dr Ludmilla Collins MBBS, FRANZCOG Obstetrician & Gynaecologist



Dr. Collins was born in Minsk Belarus where she completed primary medical degree and spent time working as a doctor in both France and Germany. In 1997, she came to Australia and passed the AMC medical exams in 2000. Since 2000, Dr. Collins has been working at the St. George Hospital in Kogarah as an intern, RMO, and O&G Registrar and completed 7 years of FRANZCOG training mainly at the St. George Hospital and Royal Hospital for Women Randwick.

Dr. Collins will be practising Obstetrics and Gynaecology from rooms at Miranda and at Menai Marketplace. She will also be providing a private Obstetrics and Gynaecology service at the Kareena Private Hospital.

Dr. Collins knows from personal experience that pregnancy and childbirth can be stressful for women and their families in lots of different ways and aims to provide both information and a high personal level of service to reduce maternal stress and make childbirth a positive experience. Her goal is to try to achieve a healthy mother and healthy baby outcome.

In addition to Obstetrics, Dr. Collins will also be providing a whole range of Gynaecological services with a particular interest and experience in Endometriosis, Menstrual disorders, investigations of infertility and Colposcopy and urinary incontinence.

CONTACT DETAILS

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Dr Ramon Varcoe MBBS, MS (Vasc), FRACS(Vasc) Endovascular Surgeon



Dr Varcoe is a surgeon with a passion for minimally invasive vascular procedures. In particular, the treatment of peripheral vascular disease, thoracic aortic aneurysms and dissections. He trained as an endovascular surgeon and completed a fellowship at St Marys and St Georges Hospitals in London. During that time visited leading centres all over Europe to hone the skills needed for treating these complex diseases.

He has appointments at Kareena Private Hospital, Prince of Wales Public and Private Hospitals as well as the Eastern Heart Clinic.

He is a Senior Lecturer at the University of New South Wales, surgical supervisor at POWH, member of the International Society on

Thrombosis and Haemostasis and widely published in several international journals of note.

ALL APPOINTMENTS

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RANDWICK

Suite 8, Level 7
Prince of Wales Private Hospital,
Barker St

BONDI JUNCTION

The Newland Street Specialist
Centre
Level 11, 1 Newland St

CARINGBAH

Kareena Private Hospital
Consulting Rooms,
86 Kareena Rd

Dr Mark Nallaratnam BSc, MBBCh, BAO, FRACP Interventional Cardiologist



Dr Mark Nallaratnam was born in England. He undertook his education in Victoria, successfully achieving a BSc at Monash University, Melbourne. He then travelled abroad to graduate with his medical degree (MBBCh, BAO) from the Royal College of Surgeons, Ireland. Returning to Australia thereafter he concluded his medical residency and Cardiology Fellowship at the Alfred Hospital, Melbourne.

With a keen interest and personal passion to further specialise in Cardiology, he completed a two year Interventional and Research Fellowship at Christchurch Hospital, New Zealand in 2005 and is currently writing his MD thesis in the area of microvascular perfusion defects following ST-elevation MI. In 2007, he travelled to the United States to gain two additional years experience as a Fellow in both Interventional Cardiology and Vascular Medicine, at Boston University Medical Center, Boston. He has a strong commitment to teaching both

junior and senior medical staff having held a two year appointment at Boston University as clinical tutor.

Mark is a fellow of the Royal Australasian College of Physicians, Associate member of The Cardiac Society of Australia and New Zealand, Associate member of the Society of Vascular Medicine, and affiliate member of The American College of Cardiology and The Society of Coronary Angiography and Interventions.

As an Interventional Cardiologist, Mark has a particular interest in diagnostic coronary and peripheral angiography, complex percutaneous coronary and peripheral interventions, vascular medicine and ASD/PFO closure. He also performs and reports on Vascular studies.

CONTACT DETAILS

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Accreditation Approved at MAC Mtg
17 June 2009

SURNAME, First Name	SPECIALTY
KALISH, Leonard	Anaesthesia
MURPHY, Jodi	Anaesthesia
POWERS, Brendon	Anaesthesia
SALERNO, Pamela	Anaesthesia
GUNASEKARA, Athula	Cardiology
HOPKINS, Andrew	Cardiology
BELDHOLM, Bernard	General Surgeon
JACOBSON, Erica	Neurosurgery
HARGOOD, Jane	Obstetrics & Gynaecology
AINSWORTH, Paul	Urology Surgeon
LEMECH, Lubomyr	Vascular Surgeon
VARCOE, Ramon	Vascular Surgeon

Accreditation Approved at MAC Mtg
5 August 2009

SURNAME, First Name	SPECIALTY
CHAN, Kenneth	Rehabilitation Medicine
FARMER, Eric	Vascular Surgeon
KABIR, Shammi	Anaesthetist

Pending the Credentiaing Committee Mtg
scheduled for 2 December,

Temporary Accreditation has been granted to:

SURNAME, First Name	SPECIALTY
COLLINS, Ludmilla	Obstetrician & Gynaecologist
NALLARATNAM, Mark	Interventional Cardiologist
ODDONE-BARIDON, Nicholus	General Surgeon
CHUAN, Alwin	Anaesthetist

Copies of the Kareena VMO Ezi Find have been posted to all GP's in the Shire.

DO YOU HAVE YOUR COPY? If you require a copy call Pam on (02) 9717 0101



GP Events

November

MEN'S HEALTH SYMPOSIUM

When: Saturday, 21 November

Where: Kareena Private Hospital

Topics:

- Prostrate Cancer
 - Testicular Cancer
 - Men's Depression
- Category 1 - 40 points

30 PULSE – PARTY DRUGS

6.30pm, Kareena Private Hospital

Contact: Mariela Chisari Ph: 9717 02225



Farewell to Dr. Ted Korbel

After three decades of service to the people of the Sutherland Shire, Dr Ted Korbel has decided to retire. Dr Korbel's last operating list at Kareena Hospital was on 20 August 2009, after which, we had



a very pleasant morning tea send off for Ted. Dr Korbel has been influential in improving urological services to the Shire and was a great supporter of Kareena Hospital. He has inspired many young doctors to train in Urology and supported them in establishing their careers. This is a wonderful legacy that he has established for the area. We wish Ted and wife Sue a long and active retirement!Dr. John Parry, Anaesthetist

I first started working in Kareena in 1976, when it was a small, family owned and run hospital owned by the Segal Family. The thing that most impressed me at that time was the friendliness and co-operation provided by the staff, many of whom are still working in the hospital even though it has expanded in size dramatically and has undergone several changes of ownership.

We now have the privilege of having resident medical officers to help with managing our patients and so that the call back rate of night-time has certainly become a lot less onerous. The hospital has even expanded with an Emergency Department as well as after-hours general practice service, a maternity service, coronary care and sophisticated cardiology unit, as well as full on-site radiology and pathology services, which in the past were not available.

The operating suite has expanded from two theatres to the present five theatres and the equipment provided to both surgeons and anaesthetists has expanded to keep pace with modern advances.

In Urology, we now have transrectal ultrasound for prostate biopsies, full equipment for both open and laparoscopic radical prostatectomy's and other laparoscopic procedures such as nephrectomy. Endoscopic equipment has been upgraded with the availability of both flexible and rigid ureteroscopes. I understand that a green light laser for TUR prostate is being investigated for purchase in the near future.

I have really enjoyed my association with this hospital and would comment that the friendliness, co-operation and efficiency that was present in 1976 has been maintained by its present operators. This is highlighted by the fact that the retention rate of staff is excellent and many friendly faces have been present in the wards and operating rooms and ancillary services for many years.

As far as the urological service is concerned some years ago, Gerry Testa joined with me after Tony Tynan retired and more recently Tru Ngo has taken over my practice. I am sure that Tru will continue to provide an excellent service to our patients and to the Hospital.

I would like to wish you all the best in the future, and hope to occasionally see you.

Ted Korbel.