

Medical matters

Dudley Private Hospital Newsletter



Dudley Private Hospital
261 March Street Orange NSW 2800

02 6362 8122

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DUDLEY
PRIVATE HOSPITAL

Rehabilitation Program Update

Dudley Private Hospital has a fully functional Rehabilitation Unit. Current Programs include Orthopaedic, Stroke, Amputee, and General Reconditioning. Our programs are directed by our Rehabilitation Physician with the team including, nurses, physiotherapists, occupational therapists and a dietician.

Patients may be referred to the Rehabilitation Unit by their doctor, from within the hospital, from other hospitals or from the community. All rehabilitation referrals are directed to the Rehabilitation Physician to ensure each patient meets the rehabilitation criteria and is suitable for rehabilitation.

The entire Rehabilitation Team meets weekly, and includes a detailed patient examination with the Rehabilitation Physicians. At the case conference, the team discusses each rehabilitation patient as to their progress in therapies, issues and level of independence. Patient specific goals are set for the following week. The length of a patient's admission is individual and depends on their needs.

**To refer a patient to our Rehabilitation Unit please contact:
Sue Morrison (Nursing Unit Manager) on 02 6361 8122**



What our patients say about Dudley... (Press Ganey Patient Satisfaction Survey)

Orthopaedic Patient

"all the nurses were particularly caring and sensitive to my personal needs and dignity"

General Surgery Patient

"my whole 2 day stay was a great experience. I would recommend Dudley to my friends"

Mental Health Patient

"I have already recommended Dudley to others based on my good experience as an inpatient"



Putting Rheumatoid Arthritis Out Of Joint

By Dr Marc Toh
Consultant Rheumatologist

In Australia, the prevalence of arthritis is increasing, bringing along with it a social and economic impact that is difficult to ignore. Approximately 3.4 million people have arthritis in its various forms and this figure is expected to double by 2050. This burden is especially seen in rural communities where isolation brings less than adequate access to healthcare information and services.

Rheumatoid arthritis is one of the major forms of arthritis seen in our community, with a prevalence of about 1%. Over the last decade, the face of rheumatoid arthritis has evolved from a disorder with relatively unknown pathogenesis, to one where recent genetic, environmental and molecular insights into disease processes have driven a new era of novel treatment targeting these processes.

These 'biologic' agents, which act on specific areas in the immune system and have the potential of altering the course of the disease, have revolutionized our therapeutic strategies in rheumatoid arthritis. Their use has changed patients' lives and our practice as rheumatologists.

In Australia, the main biologic agents used for rheumatoid arthritis are the tumour necrosis factor (TNF)- inhibitors infliximab (Remicade), etanercept (Enbrel), and adalimumab (Humira), all of which target and block the biologic effects of TNF, albeit having slightly different mechanisms and structures. Other biologic agents used include a B-cell targeted agent rituximab (a chimeric monoclonal antibody against CD 20), abatacept (a selective T-cell co-stimulation modulator), and anakinra (an interleukin-1 receptor antagonist). All of these have been shown to improve clinical and functional outcomes in rheumatoid arthritis as monotherapy and in combination with methotrexate.

These drugs are generally very well tolerated. The more common side effects of biologics include injection site and infusion reactions. These are generally mild and discontinuation of the drug is often unnecessary. More serious events include an increased risk of infections (including tuberculosis reactivation) and drug induced lupus, both of which are extremely rare, and limited by good patient selection and adequate monitoring.

At the moment, the main limitation of biologic agents is their cost. Access is limited and strictly controlled by the Pharmaceutical Benefits Scheme. Patients must meet strict eligibility criteria for both commencing therapy and continuing therapy, and prescribers must provide ongoing assessment and documentation to support this. Other limitations in the use of biologics, especially in a rural community, include less access to information, doctors, and monitoring facilities, which we are currently working on to improve in Orange and the surrounding areas.

Another development that has improved outcomes in rheumatoid arthritis is the implementation of early, aggressive therapy in appropriate patients. There is now good evidence that targeted therapy in high-risk patients, particularly early in the disease, can significantly alter the course of the disease, and thus prevent the severe functional outcomes that we have been used to seeing.

There seems to be a small window of opportunity very early in the disease, where timely intervention can significantly change long-term outcomes, possibly even influencing the development of full-blown disease. The question as to whether rheumatoid arthritis can actually be prevented by early therapy is now looming as a feasible possibility. The challenge for us currently is identifying patients in this early stage of disease and initiating appropriate treatment. Hence the urgency for early diagnosis and treatment becomes even more pressing in our rural communities. Improving access to healthcare by prioritizing patients in the face of our ever-increasing waiting lists, and perhaps even considering the establishment of an early arthritis service in the region may be one approach we can adopt to address this.

Another strategy that has contributed to the better outcomes in rheumatoid arthritis has been ongoing tight disease control. The introduction of new, more potent drugs such as the biologics has led to the concept of 'remission' in rheumatoid arthritis and made it a feasible and desirable goal. There are various measures of disease activity and remission criteria available, and though there has not been widespread acceptance of any one of them, they all reflect absolute suppression of inflammation, normal functional status, and no

ongoing joint destruction. The way to achieve tight control is by regularly monitoring disease activity and appropriately altering therapy in order to maintain remission.

Rheumatoid arthritis is presently undergoing a state of flux, and though we have made great advances, we are still very much at the beginning of the process. Nevertheless, there still remains many principles for us to apply to our practice now. We need to:

- diagnose the disease much earlier
- identify subsets of patients who will benefit from early treatment
- be more aggressive in our implementation of the various therapies
- individualize therapy by selecting appropriate molecular targets to treat
- treat to remission
- maintain tight control of treatment by regularly monitoring patients

Although daunting, I believe we can reach these once-thought unattainable targets in Orange, as long as we endeavour to work concertedly to improve access to arthritis information and healthcare in the area.

In the not-so-long-ago past, the goals of treating rheumatoid arthritis were relatively simple- to control symptoms, rehabilitate ensuring functional disabilities, and palliate when nothing else can be done. Now, we have begun to believe that this disease is not as invulnerable as we once thought it to be, with the potential not just for remission, but dare I even say it... cure and prevention.



Nursing Education @ Dudley

Lucinda Dunstan
Senior Nurse Educator

Grad Plus Program 2009

This year has seen the introduction of the Ramsay Health Care NSW Grad Plus Program at Dudley Private Hospital. The hospital has two new graduates this year rotating through the different clinical departments. Jenny Griffiths and Michelle Baker were offered the positions and have been well supported by our nursing, medical and allied health staff. The NSW Grad Plus Coordinator held a preceptor training day that was well attended by senior nursing staff from all departments of the hospital. Dudley was acknowledged this year by receiving a NSW preceptor of the month award for excellence in mentoring new graduates. Dudley is proud to be in partnership with the Grad Plus Program and will continue to strive to ensure new nursing graduates are afforded an excellent clinical experience and be well supported by their peers and management.

Trainee Enrolled Nurse Program 2009

Ramsay Health Care has introduced an endorsed enrolled nurse program this year and Dudley are pleased to have Kerry Moloney progressing through this nursing model. Kerry attends Nepean TAFE for 3 blocks of theory and has completed her basic care, acute care, rehabilitation, mental health and operating theatre rotations. Kerry has been well supported by all levels of nursing staff and is achieving great results through the program.

Nursing Student Clinical Placements

Dudley Private Hospital is committed to the ongoing support of nursing students and aim to offer a vast range of clinical experience in the relevant areas of their courses.

Nursing Staff

All nursing staff are guided to implement best practice guidelines when delivering nursing care. Nurses are encouraged to question current practices and are given the opportunity to be involved in policy development and implement the necessary changes to reflect best practice principals. Staff are offered numerous education and training programs and are encouraged to be actively involved in their education and ongoing professional development.



Grad Plus Preceptors and Mentors

Introducing Dr Marc Toh



Qualifications:

BSc(med), MBBS(UNSW), FRACP

Specialty:

Rheumatology

Special Interests:

Osteoporosis, inflammatory joint disease, and osteoarthritis

Brief Background:

I undertook physician training at the John Hunter Hospital in Newcastle before moving to Sydney for further training in Rheumatology at the Royal Prince Alfred Hospital where I was involved in specialty osteoporosis, combined orthopaedic and rural clinics, as well as a research project in osteoporosis. I completed my training at The Royal Newcastle Hospital which included training in general medicine.

Personal Information:

I am married, and my wife and I both enjoy good food and wine. I love surfing and skiing as well as playing soccer.

**For appointments please contact
Dr Marc Toh via Dudley Private
Hospital on 02 63616714**

Ramsay Wins Top UK Health Award

Ramsay Health Care UK has been named 'secondary provider of the year' at the prestigious Health Investor Awards in the UK.



Ramsay, which runs over 30 independent hospital facilities in the UK, beat six other finalists to the award, which was accepted by Ramsay's UK Chief Executive, Jill Watts, at the awards ceremony in London's Hilton Park Lane on 3 June.

Jill Watts said: "Ramsay UK is thrilled to have been named secondary provider of the year. 2008 was our first year of business in the UK, so is a real honour to be recognised in this way in such a short time. The award reflects the hard work of all our UK and Australian colleagues in getting Ramsay Health Care UK off to a flying start."

Ramsay opened their first hospital 45 years ago, in Australia, and is still chaired by founder Paul Ramsay. The group now has over 100 hospitals in three countries, and entered the UK market through acquisition in November 2007.

"Ramsay spent a number of years looking for the right acquisition to move into Europe, and since making the move we have not looked back. The business is performing very well and exceeded expectations in 2008, with hospital admissions up 23% over the prior year," Jill said.

Ramsay Health Care UK's growth is being bolstered by capital expenditure of some £28 million over the 2009 and 2010 financial years.

"Improvements are being carried out at a number of facilities and will increase our operating capacity by 17%. We will also continue to look for capacity expansion and bolt-on acquisition opportunities that will add value to our business," she said.

The Health Investor Awards were judged by a panel of experts including senior figures from the financial sector and the Department of Health. The awards were presented by The Right Honourable Michael Portillo, who presented Jill with Ramsay's award.

Mental Health Day Program

At Dudley Private Mental Health we offer a day program that provides local general practitioners & specialists, access to a high quality treatment option for individuals experiencing mental health issues.

We have an enthusiastic group of facilitators, psychiatrists, psychologists and nurses, with a high level of knowledge and experience who work hard to provide current material aimed at assisting participants in their recovery.

At present we offer Mood Management and Mindfulness Based Cognitive Therapy (MBCT). The mood management groups are skills based supported by information and education about depression and anxiety. MBCT is a new therapy designed to prevent relapse. The focus is on learning acceptance and living in the moment via meditation and cognitive skills. Each group is 3.5 hrs and they run for 8 weeks. There is a break for morning tea and a chance for participants to share experiences which is quite therapeutic in itself.

Specialists and General Practitioners are able to refer individuals to The Dudley Day Program. A referral form is available or you can contact the Day Program Coordinator to make a referral by phone. Patient's will then be contacted to arrange an assessment to decide the most appropriate group to meet their needs.

EasyAdmission™
1300 855 249

Mental health admission & day patient referral service

MENTAL HEALTH SERVICES
DUDLEY PRIVATE HOSPITAL