

my Alvernia

Inspiring Healthy Living

Issue 16 | Oct 2013

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The third quarter of 2013 has continued to be a busy one for Mount Alvernia. The hospital saw an overall rise in admissions and day cases, with more visits to our 24-Hour Walk-In Clinic & Emergency Services.

We had the top-up of the new Medical Centre cum Carpark Block on 31 August 2013 and the building is in its final stages of completion now. The first piece of glass window was installed on 7 October 2013, and the new carpark is scheduled to open on 1 December 2013. God granting, the TOP permit for the new building will be obtained in the first quarter of 2014.



The outpatient lab on the ground floor of Medical Centre Block A has also been renovated and now offers a more spacious waiting area for our patients.

This period has also been busy with events, with Mount Alvernia organising a 3-day coronary workshop sponsored by Siemens Healthcare and chairing a Midwifery Nursing Symposium attended by practicing nurses from all over Singapore. More details of both events can be found in this issue of *My Alvernia*.

On the community service front, we continue to reach out and give back to the community by conducting health screenings overseas in Ho Chi Minh City and Jakarta, and at our local churches and community centres. Another outreach will be organised to Batam, Indonesia in November.

Recently, our very own Sr Linda Sim was featured in BBC News Magazine for making time each week to teach taekwondo to children with brain tumours or childhood leukaemia. Thank you Sr Linda for your dedication, and leading by example to spread the FMDM mission and hold the Alvernia name high.

Year end is fast approaching and we have much to look forward to, including our annual Dinner & Dance for staff in early December. For the first time this year, we will also be having a Christmas light-up at our new lobby on 6 December 2013. We welcome all staff, doctors, patients and their families to join us. Thank you for your continued support throughout the year, and warmest wishes of the season!

Ms Luna Lee
CEO, Mount Alvernia Hospital

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Moving forward, staying rooted

Back in 2009 when I was appointed as Chairman of the Mount Alvernia Hospital (MAH) Board, one of the first things I did was to make clear that the roles of the Board and Management were different. The Board's role is to give counsel and direction; while Management's job is to manage and handle day-to-day matters.

Following the departure of the previous CEO and pending the appointment of a new CEO, I stepped in as Interim CEO from January to July this year, while continuing to serve as Chairman. The seven months as Interim CEO gave me valuable insights.

During my time as Interim CEO, I had the opportunity to get to know the staff better. I'd previously joined the hospital choir which performs around Christmastime, going around the wards to bring Christmas cheer. This time, I joined a team that does regular rounds to different parts of the hospital, so I could observe how the hospital is run on the ground and meet staff from different departments. I also joined staff for lunch at the hospital canteen and personally met and spoke to staff from various levels – from ward staff to managers and directors.

All this interaction has helped me to 'know' MAH better and been very useful in helping the Board and Management develop Roadmap 2025, a structured plan of what and how we envision MAH to grow over the next 12 years.

The MAH we know today is a 303-bed general acute care hospital with two multi-disciplinary medical specialist centres. In the last two years, we have unveiled new and upgraded facilities such as an open-concept Admissions & Business office, a new purpose-built Chapel and Health Screening Centre, a Heritage Corner, new F&B eateries, and more.

To explore how we can serve our patients even better in the future, we've talked to planners and architects to see how far and how big we can grow physically. However, a hospital is more than bricks and mortar; it's about service and how we can keep making a difference to the people we serve.

Thus, finding the right people to keep the hospital going is key, and they must possess not just the necessary practical skills but also the emotional 'heartware' that translates into good patient care.

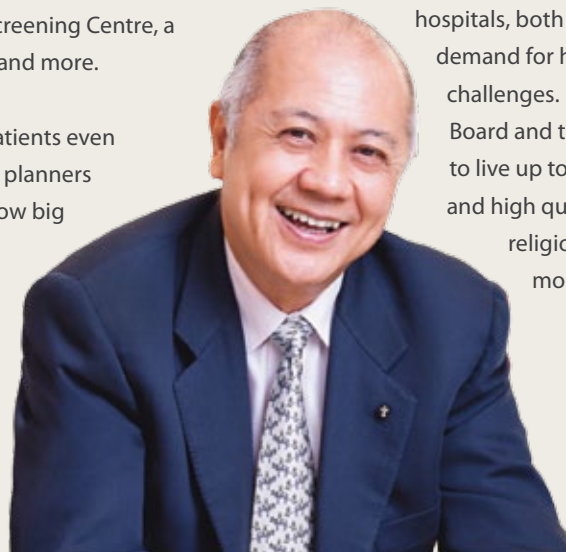
MAH has been blessed with many dedicated and long serving staff. At least a third of the staff have served seven years or more, and our longest serving staff has been with us for over 50 years. Many of them started back when the FMDM Sisters were in charge and witnessed first-hand how the nuns delivered the Franciscan spirit of compassion.

As we brace ourselves for the future through modernisation, we want to remain true to this spirit of compassion and ensure that the values and Catholic ethos established by the Sisters will be continued with each successive generation of staff and beyond.

Today, though the FMDM sisters are no longer actively managing the hospital, they continue to assist in shaping the hospital's mission and vision by sitting on the Board and providing pastoral care, the only hospital in Singapore to do so.

With effect 1 August 2013, I have handed over the responsibility of CEO to Ms Luna Lee. She brings with her 16 years of healthcare experience, most recently in the planning, building and opening of one of the local private hospitals.

The healthcare landscape in Singapore is expanding as more hospitals, both private and public, are being built. As demand for healthcare services grow, so will the challenges. However, with the firm support of the Board and the staff, I'm confident MAH can continue to live up to her mission – to deliver compassionate and high quality holistic care regardless of race and religion, guided by Christian values and the moral teachings of the Catholic Church.



George Thia
Chairman

Back to the things I love

After years of enduring a painful degenerative spinal condition, **Anthony Tan** finally decided enough was enough and opted for surgery. He recounts his journey to rehabilitation. ▶





Step into Anthony and Cecilia Tan's home and you will immediately be drawn to their lush, well-maintained garden, peppered with fruit trees, flowers and home-grown vegetables.

Just two years ago, the simple pleasure of gardening would have caused Mr Tan, 67, sheer physical agony. For years, he had been enduring pain caused by a spinal condition.

"Whenever I walked too much, the pain would shoot down my legs all the way to the soles till they turned numb," described the now retired businessman.

The pain affected his lifestyle to the point he had to cut down drastically on business trips and even the occasional family holiday, took a toll on him.

"The first thing I'd do is look for somewhere to sit, read my book and sip a cup of coffee. I spent most of my time looking after everyone else's shopping bags. In fact, for 10 painful years, my whole life revolved around this question: 'Where can I find a chair?'"

And while most of us take standing for granted, that too, was a potential ordeal for Mr Tan. "I would walk into the bank and if there were more than four or five people in line, I would turn around and come back another day."

At food centres, he only patronized the unpopular stalls because "they never had any queues."

Massage, Acupuncture, Chiropractor

Desperate for help, Mr Tan tried a litany of solutions. But massage, Traditional Chinese Medicine and acupuncture only brought him temporary relief. Next, he tried the chiropractor – three times a week for three years.

Deciding that he didn't want to spend the rest of his life dependent on his chiropractor, Mr Tan stopped visiting for a month. His condition deteriorated to the point that just walking from the bedroom to the living room would turn his legs numb.

"I resisted the idea of surgery. When it's the spine you are talking about, there is always the fear of becoming paralysed if something goes wrong," admitted Mr Tan.

Finally he decided to consult an orthopaedic surgeon who had treated his mum and several of his friends. The doctor diagnosed him with Lumbar Spinal Canal Stenosis (see box story) and recommended Lumbar Decompression and Fusion surgery as other conservative measures had failed to provide relief.

Although persistently racked with pain, Mr Tan did not immediately jump on the opportunity to get surgery done. Instead he had frank discussions with his doctor to better understand his condition and consider his treatment options. He also weighed the potential benefits against the risks of surgery.

After giving the matter much thought and consulting his family, Mr Tan decided to go for it. In August 2011, he underwent a five-hour operation during which four titanium screws and

braces were inserted to hold two lumbar together, while another was decompressed to free the pressure on his nerves.

By the third day following surgery, Mr Tan could feel the difference. "I could walk without pain!" he rejoiced. There were some side effects of surgery such as numbness but the sensation subsided after about a year.

Deja vu

Curiously, Mr Tan's wife Cecilia, 66, also suffered from the same degenerative condition. While accompanying her husband on his visits to the clinic, she noticed a pain on her left side. "I jokingly told the doctor that next time, it might be my turn!" recounted Mrs Tan.

Unfortunately, her prediction came true. She too sought help from the chiropractor first but within six months and after over 50 sessions, the pain grew unbearable.

"Cecilia's pain came fast and furious, unlike my 10-year deterioration," recalled Mr Tan who advised his wife to consider surgery.

"I was assured by his good recovery outcome. Plus, I figured if I didn't go, I'd be the one stuck watching the shopping bags on our holidays in future!" said Cecilia with a laugh.


Mrs Tan was eventually diagnosed with the same condition, but hers was more severe than her husband's. While Mr Tan needed four screws, Mrs Tan required eight. She had her operation done in March 2012. Like her husband, she also experienced numbness in the toes following surgery for about a year.

Long walks

Following surgery and rehabilitation, the Tans have noticed a great improvement in their mobility and are taking full advantage of it. The loving couple goes for one-hour walks together, four times a week.

"Bishan Park, Gardens by the Bay, Punggol Waterway, Marina Bay Sands... we cover about 4km each time," proudly declared Mrs Tan. But the couple are also mindful of their weakened spines and are careful to take frequent breaks and avoid carrying heavy loads. They also change their positions regularly after sitting for long stretches.

"Surgery has completely changed our lives," shared Mrs Tan who now has no problem working in the garden and hosting yummy *nonya* feasts for family and friends.

"Some people our age say that they're too old to go for treatment or surgery – I certainly don't think so! We should all keep ourselves mentally and physically active. Why wouldn't you want to lead a better life?" said Mr Tan. 

About Lumbar Spinal Canal Stenosis

This condition is common in those above 50 years old, especially females and those with previous spine injuries or surgery. Typically, patients describe pain, weakness or numbness in the leg when they walk or stand, which is relieved by sitting, lying or bending over.



As condition progresses, the patient will deteriorate to walking for shorter and shorter distances and standing for shorter periods. In extreme cases, the pain is severe even at rest and patients may suffer weakness of the foot, as well as bladder and bowel disturbances.

Often the condition is a result of degeneration, though better ergonomics and developing good trunk muscles when young can help prevent it. Patients who have spondylolisthesis (when one vertebra slips over another) and those born with smaller nerve tunnels may experience an earlier onset of symptoms.

Before surgery is recommended, a detailed pre-operative assessment must be done to ascertain a patient's suitability for the procedure which has a success rate of above 90%.

Source: Dr Ngian Kite Seng,
Mount Alvernia Medical Centre Block B, #02-33.
Tel: 6352 7678

LAUGHTER THE BEST MEDICINE

A man complained to his doctor that he wasn't able to do all the things around the house that he used to do. When the examination was done, he asked the doctor to tell him in plain English what was wrong with him. "Well," said the doctor "in plain English, you're just lazy."

"Ok," replied the patient. "Now give me the medical term so I can tell my wife."

'LATE' AGAIN

For most women, the 'time of the month' is somewhat dreaded, but for some, irregularity is a greater cause for concern. Obstetrician & Gynaecologist **Dr Poon King Fu** sheds light on the medical conditions that result in irregular periods.

Some women have 28-day menstrual cycles; others only get their period once every two months. What would be considered an 'irregular period'?

Cycle length and duration vary widely among women. Generally, a normal regular cycle interval should be between 21 and 35 days. It is usually slightly heavier on the first two days, then lighter over the next four to five days.

For women who are still in the reproductive phase, a missed period may mean pregnancy while those above 45 may be experiencing the onset of peri-menopause (also known as 'menopausal transition').

Heavy Bleeding vs Light Spotting

If you experience heavy bleeding that lasts over a week, it could be due to a gynaecological condition like an incomplete abortion, excessively thickened womb lining, infection, polyps, fibroids, intrauterine contraceptive device or cancer. It could also be due to a bleeding disorder, thyroid disease or the effect of drugs.

Light spotting or a missed period could be due to stress, rapid change of body weight, thyroid disease, threatened abortion, ectopic pregnancy or polycystic ovarian disease.

Polycystic ovary syndrome (PCOS) is a disorder with multiple possible symptoms. Infrequent or prolonged menstrual periods, excess hair growth, acne and obesity are all possible symptoms of PCOS.

In the case of some women, enlargement of a small but vital gland in the brain called the pituitary leads to elevated levels of a hormone that interferes with menstrual flow.

How about if a woman gets her period twice within a month?

If the interval is less than 21 days, go for a proper medical assessment. If your period is irregular, depending on the extent, it may mean something serious or totally benign. Hence, it is important to consult a medical practitioner for a proper assessment.

What's the main concern if a woman has irregular menses?

Women with irregular cycles generally have reduced fertility as they usually suffer from anovulation and hormonal imbalance. Irregular menses is usually associated with underlying hormonal imbalance. This can result in unpredictable sudden outflow with fainting episodes and anaemia. There is also an associated risk of cancer arising from prolonged stimulation of the lining. On the other hand, irregular menses may also arise from underlying disease of the genital tract including infection, tumour or some bleeding disorder.

How can irregular periods be treated?

As irregular periods are often due to hormonal imbalance, hormonal medications constitute the main method for regulation. Other potentially useful ways to treat or improve the condition include reduction of stress and body weight.

Women with two episodes of bleeding within a month especially for two or more months should seek proper medical assessment soon to exclude the serious underlying conditions mentioned above. It is always better to be safe than sorry. **A**

Dr Poon King Fu is based at Mount Alvernia Medical Centre, Block A #02-22, Tel: 6858-1233.



Here to help

Need a doctor referral? Book a maternity tour? Arrange accommodation for a foreign patient's family? The Patient Liaison Centre can help you.

Officially opened on 6th Feb 2013, the Patient Liaison Centre (PLC) is a one-stop centre that caters to local and foreign patients' needs. Acting as a gateway to the hospital's services and associated specialist clinics, you can approach the PLC for help with making doctor appointments, a hospital tour, or if you are a foreign patient, assistance with travel and lodging arrangements.

Explaining the rationale behind the setting up of the Centre, Mr Goh Hock Soon, Director of Corporate Development said, "We've always provided these services for patients on demand, however, having a dedicated physical point of contact that's near the main entrance makes it more convenient for customers to access these services. It's a more holistic solution that allows us to provide better customer service."

Maternity Tour

Every day from Monday to Saturday, the PLC serves as the meeting point for couples who wish to preview the hospital's maternity facilities such as the delivery suite, patient rooms and Parentcraft Centre. The tours are scheduled at 2.30pm on weekdays (Mon-Fri); 10am & 12noon on Saturdays.

International Patient Assistance

Another major group of patients the Centre attends to are foreign patients who come from the region and further abroad. To-date the Centre has also served international patients from Indonesia, Bangladesh, Cambodia, China, India, Malaysia, Myanmar, Papua New Guinea, Pakistan, Russia, United Arab Emirates, Vietnam, Australia, Netherlands and the USA.

"Besides finding the right doctor, they may also require a transfer from the airport, translation services and

accommodation for their accompanying family, all which our executives can assist with," added Mr Goh.

"Dealing with all these requests requires patience, empathy, EQ and a desire to help people," said Mr Goh. But the effort to go the extra mile does not go unnoticed. Grateful patients send notes of thanks from around the world. From the appreciative new mother from India who credited them for "making this journey of parenthood more memorable and comfortable for me", to a Papua New Guinean lady who hopes to return one day to pay a visit.

Looking ahead, Mr Goh reveals that patients and visitors can look forward to more new services. For example, there are plans to conduct silver tours for the elderly in the future. "It's part of Mount Alvernia Hospital's aim to constantly look for ways to serve different segments of our population by customising our service to meet their specific needs." A

Services Available

- Doctor Referral & Appointments
- Advice on Cost Estimates
- Direct Admission Coordination
- Medical Evacuation
- Assistance with Travel and Transport Arrangements
- Assistance with Booking of Accommodation
- Repatriation of Mortal Remains (Foreigners)
- Arrangement for Interpretation Services
- Social Visit Pass Extension
- Concierge Related Services
- Alvernia Ladies Card application
- Booking and Conducting of Maternity Tour

Tired of Losing Sleep

Obstructive Sleep Apnea is a condition that affects breathing during sleep. How serious is it and how can it be treated? We get respiratory physician and intensivist **Dr Jim Teo** to enlighten us.



You're fast asleep when you suddenly wake up gasping for breath. The next day, despite sleeping for eight full hours, you feel lethargic and find yourself yawning through meetings and trying to slap yourself awake while driving. For people who suffer from Obstructive Sleep Apnea (OSA), such scenarios are a familiar daily affair.

Fortunately, medical treatment can offer patients help and relief. Dr Jim Teo cited one of his patients as an example. The construction supervisor in his 50s was obese and diagnosed with severe OSA. He had an Apnea-Hypopnea Index (AHI) of 50 which meant he would stop/decrease breathing 50 times per hour of sleep. "For years, he had been trying to keep himself awake at work with a number of near misses at the construction site," said Dr Teo.

Dr Teo advised his patient to use a Continuous Positive Airway Pressure (CPAP) machine every night. Basically the machine works to increase air pressure in the user's throat which in turn keeps the upper airway open and prevents it from collapsing. Since starting the therapy, his patient has been enjoying better sleep. "He is amazed at the new-found energy he has during the day!" quipped Dr Teo.

What is Obstructive Sleep Apnea?

Sleep apnea is the abnormal cessation of breathing or respiration during sleep. This can last from a few seconds to as long as a minute. Obstructive Sleep Apnea is caused by a temporary blockage of the airway in the throat during sleep when overall muscle tone is decreased and tends to worsen as one ages or puts on weight.

What are the symptoms of Obstructive Sleep Apnea?

Daytime sleepiness is a typical complaint. Patients describe themselves as having persistent fatigue, tiredness and low energy in spite of sleeping six to eight hours every night. Some fall asleep while sitting in a moving vehicle, in the middle of a seminar, while driving a car or attending a religious service. It is estimated that the risk of a person suffering from OSA being involved in a road traffic accident while driving is three times higher than a person without the condition.

Spouses of patients often complain about having to endure their partners' noisy breathing, loud snoring, gasping, snorting or interruptions in breathing in their sleep. I have patients whose wives drag them to my clinic, worried that their husbands might stop breathing and die suddenly during sleep. One thought her husband was having an asthma attack at night but it turned out to be OSA.

Who does Obstructive Sleep Apnea tend to affect?

OSA can affect up to 10% of the population although it is likely many sufferers continue to remain undiagnosed due to a lack of awareness and misconceptions about the condition. Many think that snoring is normal and it is just a sign that you are tired from the day's work. Others assume that OSA only affects very obese people but this is not true. I've seen many OSA patients who are not obese or who are only slightly overweight.

In 2008, a retrospective study in a Singapore hospital involving over 500 patients suspected of OSA was published. It concluded that OSA is predominant in middle-aged, overweight Singapore males and much less common in females who tend to be older. The majority of patients have moderate to severe OSA, which significantly disturbs normal sleep architecture.

From my experience, the typical OSA patient is a middle-aged male, obese, with a thick neck. However I've also treated children and young adults in their 30s with OSA. Other risk factors include craniofacial abnormalities like a receding chin and soft tissue abnormalities like tonsil enlargement or adenoid enlargement. Enlarged tonsils and adenoids are common causes of OSA in children.

How serious is OSA? What are the consequences of not seeking treatment?

The most obvious consequence is daytime sleepiness which will interfere with normal daily activities. Patients tend to have decreased concentration, fall asleep easily and are prone to accidental injuries.

Because of the repeated apnea (temporary cessation of breathing) in OSA, there is lack of oxygen in the blood during sleep. Over a period of many years, it increases the risk of hypertension, heart and lung failure, heart attack, stroke and abnormal heart rhythm. Some studies suggest that OSA patients also face higher surgery complications and higher risk of Type 2 diabetes and high cholesterol.

Untreated OSA can be very serious. One of my patients who had undiagnosed OSA for 10 years developed chronic heart failure and became dependent on oxygen tank at home.

Can OSA lead to death in your sleep?

Yes, the risk of dying from a heart attack during sleep is higher in OSA patients.

What can patients do to improve their condition?

Losing weight is definitely useful. Sleep apnea frequency decreases with significant weight loss and physical exercise. Do avoid alcohol and sleeping pills too. Sometimes changing the sleeping posture also helps. One of my patients got his OSA 'cured' by always sleeping on one side.

Doctors may also prescribe the use of Continuous Positive Airway Pressure machines or oral appliances to open the airway during sleep. Surgery is rarely indicated. **A**

Do you have Obstructive Sleep Apnea?

Symptoms in Adults:

- Daytime sleepiness or fatigue
- Dry mouth or sore throat upon awakening
- Headaches in the morning
- Trouble concentrating, forgetfulness, depression, or irritability
- Restlessness during sleep
- Sexual dysfunction
- Snoring
- Sudden awakenings with a sensation of gasping or choking
- Difficulty getting up in the morning

Symptoms in Children:

- Bedwetting
- Choking or drooling
- Inward movement of the ribcage when inhaling
- Learning and behavioral disorders
- Poor school performance
- Sluggishness or sleepiness (often misinterpreted as laziness in the classroom)
- Snoring
- Teeth grinding
- Restlessness in bed
- Pauses in breathing
- Unusual sleeping positions such as sleeping on the hands and knees, or with the neck hyperextended

Doctor's note: Symptoms are less obvious in children and require careful observation. Parents should consult a sleep specialist if they suspect that their child has Obstructive Sleep Apnea.



Steamed Minced Pork Patty

Ingredients

600 g	Minced pork
50 g	Dried radish
20 g	Sliced shallots
20 g	Dried sole fish
30 g	Minced mushroom
10 g	Minced garlic
10 g	Cut spring onion
10 g	Sliced red chilli
1 tablespoon	Sesame oil
1 tablespoon	Chinese wine
1	Chopped salted egg yolk
5	Salted egg yolks, cut in halves
0.5 cup	Cooking oil
	White pepper powder (To taste)

(10 portions)

Nutrition Content (per meat patty)

265 kilocal	Energy
14 g	Protein
23 g	Total fat
5.2 g	Saturated fat
104 mg	Cholesterol
199 mg	Sodium

Method

1. Fry the minced garlic, shallot and dried sole fish till golden brown.
2. Finely chop them.
3. Mix in the meat and all other ingredients, except the chilli, spring onion and salted egg yolk halves.
4. Chill meat mixture in the fridge for at least 3 hours or overnight.
5. Divide into 10 portions and shape each into a round patty.
6. Place ½ piece of salted egg yolk on top of the meat patty.
7. Place meat patties onto a plate or tray and steam for 12 minutes.
8. When ready, switch off flame and leave the meat patties to rest in the steamer for another 5 to 10 minutes.
9. Garnish with spring onion and sliced red chilli and serve.

Health Tip

As both the egg yolk and radish are salted, it may not be necessary to have additional salt in the dish to allow the natural flavours to shine through. For a healthier dish, the chopped salted egg yolk can also be omitted. Do remember to serve the dish with some vegetables on the side to get your two servings of greens daily!

Recipe: Ho Limg Neng, Executive Chef, Mount Alvernia Hospital
Nutritional information: Sim Chin Ting, Dietitian,
Mount Alvernia Dietetics and Nutrition Department

OUR HIDDEN TALENTS



For years **Ms Tay Hai Gek** has been making tiny outfits for premature babies during her free time. She shares what got her started and how the clothes have won over many grateful parents.

In her 37-year career in nursing, Assistant Director of Nursing Ms Tay Hai Gek has cared for many babies but it was having a premature baby herself that made her realize that while hospitals provided all the necessary medical and nursing care, one aspect was neglected – clothing for the little babes!

She is fastidious about choosing the right material. “It must be soft and 100% cotton. I like pink or white with pastel flowers for little girls, checkered or fun prints for little boys. I always choose fabric that doesn’t make them look too pale, blue or jaundiced. I believe that seeing their babies in happy colours will also cheer up worried parents,” explained Ms Tay.

Ms Tay recalled the delivery of her second child, Jasper in 1987. “He was just 26 weeks old and so tiny, weighing less than 1kg. He couldn’t fit into any of his newborn clothes,” recalled Ms Tay. Desperate to keep him warm, the then young mother tapped on the skills she picked up from a sewing course she attended as a teenager and knitted him a cardigan, pants and shirts. Today, Jasper is a strapping 26-year-old (she has another son Coleman, 28, and a daughter Sarah, 22).



Ms Tay said the clothes don’t cost much, “Maybe just \$2 per outfit,” which she pays out of her own pocket. But the value of the tiny outfits goes beyond what it costs to make them. Many parents whose premature babies have donned the custom-made clothes have been very touched by the gesture.

“Some parents tell me that when they see their babies in our hand-sewn outfits, they feel comforted and assured that we love their babies as much as they do,” shared Ms Tay.

Following the birth of her son, Ms Tay found herself working at neonatal care units and she continued stitching teensy outfits for preemies.

Often when the babies grow bigger and stronger, the parents look back in wonder at the teensy, doll-like dresses that kept them warm in the harrowing early days. Many have asked to buy them; some even try to sneak them home, but no, they are not for sale.

“I would knit little bonnets for the preemies at KK Women and Children’s Hospital, where I used to work, but when I joined Mount Alvernia Hospital in 1997, I branched out into making little shirts and dresses,” laughed the veteran nurse, now 55.

“We simply don’t have enough!” said Ms Tay with a laugh.

Inspired by Ms Tay, another nurse from the NICU, Ms Kang Siew Kim, has taken up the needle to sew preemie clothes. So looks like this tradition is here to stay! **A**

Health
Screening
Centre
Dietetics



A good experience for every patient

Many changes have been afoot at Mount Alvernia Hospital in recent years and one division in particular – Clinical Services, has been busy upgrading facilities and equipment. We speak to the division’s director **Dr Lee Hwee Huang** to get an update.

As Director of Clinical Services, Dr Lee Hwee Huang oversees more than 10 clinical departments namely, the 24-hour Walk-In Clinic and Emergency Department, Medical Services, Health Screening Centre, Nutrition and Dietetics, Main Pharmacy, Retail Pharmacy, Clinical Laboratory, Diagnostic Imaging Department, Cardiovascular Laboratory, Rehabilitation Centre (Physiotherapy / Occupational Therapy / Speech Therapy) and the Medical Records Office. She also takes care of the hospital’s Medical Advisory Board which looks into Clinical Governance matters.

This busy portfolio is a world away from the carefree life the former kampong girl enjoyed as a child. Asked what she would have become if she did not choose medicine, the mother of a grown up son revealed that she might have opted to become a secretary, teacher or lawyer but as it turns out, medicine was her calling.

Prior to joining Mount Alvernia Hospital in 1997, Dr Lee was the deputy clinical director at a local healthcare group.

“The healthcare landscape is always changing, either in terms of technology, disease pattern or doctor management,” noted Dr Lee.

“The challenge here is how to ensure that we are up to date in providing good hospital-based clinical care to our patients in line with the doctors’ specialties and patients’ needs.”

Dr Lee observed that in the 16 years since she joined the hospital, there have been major changes, either in upgrading or setting up new facilities and services.

“Year after year, we renovated, improved and expanded facilities to better cater to the needs of our patients.”

Designed for a good experience

Being a private hospital, Dr Lee added that an extra effort is made at Mount Alvernia to assure patients of not only modern facilities, but an environment and ambience of comfort and privacy.

Case-in-point: earlier this year, the Diagnostic Imaging Department expanded its physical space to house another CT scanner and install a new 3T MRI machine. The layout and decor of these two new facilities were carefully chosen and customised to give patients a good experience.

We always have the patient in mind, said Dr Lee. "When patients come to the hospital – besides for childbirth or health-screening – it is usually for something that gives them stress, be it a minor ailment or something more serious. As the healthcare provider, we want to provide a caring and calming experience through our doctors, our staff, our machines and equipment, and of course the facility set up.

The hospital's new and expanded Health Screening Centre is another good example. Ensnconed in a cosy corner conveniently located on the ground floor, the Centre beckons with gentle floral scents and cleverly incorporates both a relaxing and private setting where individuals can get their health accessed with the latest equipment.

Last year, the hospital re-opened its Retail Pharmacy at the main lobby. With a floor space 2.5 times larger than the previous one, the new pharmacy is wheelchair friendly and caters for a wider range of products to give customers more choice. Patient privacy and convenience were also considerations in separating the Cashier counter from the Prescription counter. With the new configuration, discharged patients can collect medicine from the pharmacist at the Prescription counter. Being located right next to the Business Office where patients settle their bills before heading home, the Retail Pharmacy serves as a more convenient collection point.

Another major push in the Clinical Services division has been in technology upgrades to improve efficiency. The hospital's clinical systems are now nearly 100% electronic and paper-less. These IT enhancements have translated into better waiting



The latest MRI technology makes for a more comfortable patient experience at Mount Alvernia.

room experiences as patients are better informed of estimated waiting times. Back-end, laboratory and diagnostic imaging investigations are now ordered electronically and when the reports are ready, the patients' electronic folders are immediately updated.

Future Moves

Moving forward, enhancements to the hospital's clinical services will be aligned with the hospital's Roadmap 2025. Things to look forward to would be more patient service areas and newer and more advanced technology for the Laboratory, Diagnostic Imaging Department, Pharmacy and the 24-hour Walk-In Clinic and Emergency Department.

"With the growing ageing population in Singapore, there is a higher incidence in age-related diseases such as heart conditions and stroke. So we are looking at developing new services to cater to these patient needs," shared Dr Lee.

"The challenge, however, is how to manage all this constant change and yet maintain affordability and competitiveness. What's more, we are a not-for-profit privately run hospital guided by Catholic values."

In Dr Lee's view, what makes Mount Alvernia Hospital special is its culture, which was established by the FMDM sisters and continues to be practised by its staff over the years.

Whether the challenge is rapid changes in the healthcare landscape, patient needs or disease patterns, Dr Lee is confident of one thing, "If we work closely together for a good outcome, we can continue to give every patient a good healthcare experience." **A**




A cosy and private waiting area at the new Health Screening Centre



Nurses network and learn at Midwifery Symposium

Mount Alvernia Hospital organised a Midwifery Nursing Symposium on Saturday 12th October 2013 at Holiday Inn (Orchard). Specially developed for nurses who are interested in, or already involved with nursing women in pregnancy, the seminar was attended by 109 nurses from various hospitals including KKH, NUH, TTSH, Raffles, NYP, Gleneagles, Parkway East, Thomson Medical Centre and of course Mount Alvernia.

“This symposium serves as a platform for nurses to share their knowledge and get updates on the latest practices in maternity care,” shared Nurse Manager Sharon Seet Lay Tin from Mount Alvernia, the Chairman of the Organising Committee.

Speakers included Obstetric & Gynaecologist Consultant Dr Douglas Ong from Mount Elizabeth Hospital; A/Prof Lee Juin, Head & Senior Consultant, Department of Neonatology, NUH; lawyer Tham Hsu Hsien from Allen & Gledhill; Ms Charlene Han, Corporate Relations Manager, Singapore Cord Blood Bank; Dr Serene Leo, Consultant Anaesthetist, Mount Alvernia Hospital; Dr Chia Yin Nin, Consultant Obstetrician & Gynaecologist, Gleneagles Hospital; Dr Yvonne Ng, Consultant, Department of Neonatology, NUH; and Nurse Manager Pua Siew Keing, NUH. 





Mount Alvernia hosts coronary workshop for doctors

Mount Alvernia Hospital, in conjunction with The Society of Cardiac CT (SCCT), organised the first CT Academy for Intermediate and Advanced Users and Workshop of CT myocardial perfusion in Singapore from the 14th to 16th September 2013.

Made possible with a grant and support from Siemens Healthcare, the workshop was held at Mount Alvernia and marked the delivery of the Siemens Somatom FLASH scanner at the Hospital.

A dual source 128-slice scanner, this high-end Siemens CT scanner has the capability of routinely performing high-quality CT angiography studies at very low radiation doses of less than 1 milli-sievert, and also performing CT myocardial perfusion stress studies by means of a novel scan-mode (shuttle-mode).

The Course Directors were Prof Stephan Achenbach, from the Department of Cardiology, University of Erlangen (Germany) and Dr Ho Kheng Thye, Senior Consultant Cardiologist based at Mount Alvernia.

Widely regarded as the Father of Cardiac CT for his extensive knowledge and pioneering work in the field, Prof Achenbach is credited with generating the first-ever published coronary CT-images.

Dr Ho was Chairman of the MOH Singapore Guidelines on Cardiac CT in 2006; the first cardiologist in Singapore to achieve Level III training in Germany, and to be Board Certified in Cardiac CT (USA).

Both Prof Achenbach and Dr Ho sit on various committees of the SCCT.

The intensive three-day hands-on training course with Drs Achenbach and Ho provided a unique opportunity for participants to improve their cardiovascular CT reading skills through personal hands-on training on workstations with immediate feedback for every case.

Course participants included senior cardiologists from Thailand, Singapore & Sri Lanka, all of whom already had clinical experience in CT interpretation. Participants reviewed in detail 50 CT angiography studies over 2 days.

On the 3rd day, Dr Ho provided a comprehensive didactic review of CT-myocardial perfusion imaging, with a live demonstration of myocardial perfusion scanning. Participants were very enthusiastic and agreed that they had benefited from the rigorous course curriculum and stimulating discussions with the faculty. **A**

nursing a passion for compassion

While some people consider nursing a dirty job, Nurse Manager Lim Pei Pei, 35, loves it with a passion. Attached to Mount Alvernia Hospital's Delivery Suite since 2009, she often receives compliments from patients and their families and was recently recognized by the Ministry of Health with a 2013 Nurses Merit Award.

Modest about her achievements, friendly and chirpy Pei Pei simply said, "I will continue to work hard and motivate my fellow colleagues to achieve excellent care for patients, while promoting nursing as a profession to encourage more to join us!"

At one point in her career, Pei Pei did venture into sales and marketing but she missed nursing so much she decided to return in 2001 and has not looked back since.

The skillset of a nurse is myriad. In Pei Pei's view, to be a good nurse, one must be equipped with knowledge, skill, compassion, courage, mental strength and patience. Above all, "a nurse must possess an inner desire to care for people."

"Nursing today is the unique combination of medical knowledge, technology, care and compassion," said Pei Pei who added that the 'care' part was an art. "A warm touch, calming words and kind attitude can make all the difference to the life of a patient and his family."

Pei Pei, who is herself mother to a six-year-old daughter ("and a Golden Retriever"), always tries to put herself in the shoes of the anxious parents she attends to. She patiently explains the procedures to be carried out and reassures them with regular updates of their baby's status.

"To administer effective care, our top priority is never to compromise patients' safety. It's also important to follow Standard Operating Procedures, practise evidence-based nursing, communicate effectively when passing on reports to the next shift, and help clarify the doctors' orders."

In her many years working in the labour ward, Pei Pei has assisted in the delivery of thousands of babies, including the offspring of several local celebrities but one experience stands out for her.

One night as Pei Pei was about to leave after night shift, a pregnant lady walked in to the ward. Staying on to help, Pei Pei noticed something amiss with the baby's heartbeat via the fetal monitoring machine. The alert nurse immediately brought it to the attention of the obstetrician who carried out an emergency caesarean section.

"The paediatrician later said that if the C-section had been done five minutes later, the baby wouldn't have made it," disclosed Pei Pei, who considers saving mothers and babies in emergencies the most fulfilling part of her job.



Pei Pei and hubby Kheen Choong share a proud moment with Minister of State for Health and Manpower, Dr Amy Khor

Going forward, Pei Pei has big dreams for her chosen profession. She recently completed a Master of Health Administration from Flinders University and wants to contribute to improvements in the profession that will lead more to join this meaningful career path.

As the inspiring Alvernian put it, "I strongly believe that a passionate heart and a positive attitude can overcome all obstacles." **A**

SPOT OUR NURSES

Our nurses have new uniforms!
Here's a quick visual guide to who wears what:



Nurse Manager



Senior Staff Nurse



Senior Enrolled Nurse



Senior Patient
Care Assistant

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Please note all requests will be processed on a first-come-first-serve-basis and subscription will commence from the next issue published.

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Boost for Breastfeeding

In conjunction with the third anniversary of the Alvernia Parentcraft Centre, the hospital has released a new educational DVD on breastfeeding and newborn care. Produced by **Ms Kang Phaik Gaik**, Senior Nurse Manager Parentcraft/Lactation at Mount Alvernia Hospital, this easy-to-follow audio visual guide covers all the key topics in breastfeeding such as latching techniques and breastfeeding positions. For more information, please contact our Parentcraft Centre at 6347 6641 or email parentcraft@mtalvernia-hospital.org

