specialists bulletin

A newsletter for our Specialists and General Practitioners

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Issued by the Medical Director's Office

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Workplace

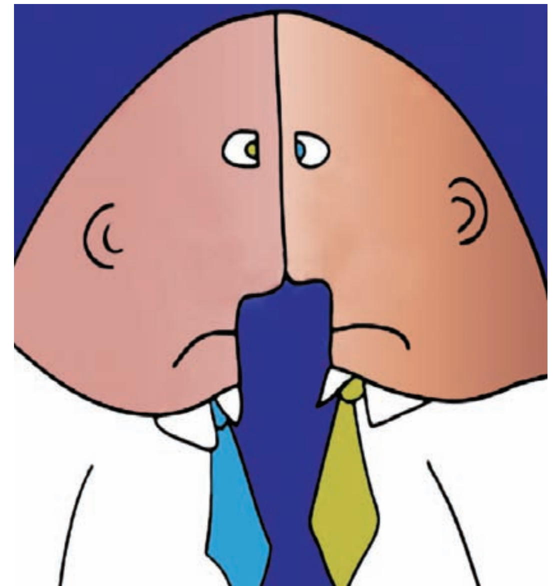
A Tale of Two Systems

Since taking over the Medical Director position from the estimable Mr John Doyle nearly three years ago, I have had the opportunity of observing the contrast between a public teaching hospital, in this case St Vincent's Health Melbourne, and a major private hospital, St Vincent's and Mercy Private (SVMPH), and to reflect on how the practice of medicine in private hospitals is evolving in Victoria.

The similarities between the public and private hospital outweigh the differences. Importantly, both hospitals are committed to the highest possible quality of care for their patients and have a strong commitment to their values. Both hospitals are funded largely by a case payment model, albeit by different payors. Both hospitals are required to collect the same clinical quality data and to report this to agencies such as the Department of Human Services and, in the private hospital's case, increasingly to the health funds and accreditation agencies. Both hospitals treat a similar spectrum of patients with the exception of obstetrics, psychiatry and emergency patients. Both hospitals are governed by the same State and Federal laws and regulations which extends from the credentialing of doctors and nurses down to the size and facilities of patient's rooms. Both hospitals have a strong commitment to education as a means of fostering excellence.

The differences between the two hospitals are less in number but important. The public hospital is limited by its funding model in the number of patients it can treat which is generally not the case for the private hospital. Lack of beds or nurses is generally the only reason a patient would not be admitted privately. Medical education is more explicitly supported in the public hospital than in the private primarily through the close relationship with the University of Melbourne. However, it is the difference in the relationship of the medical staff with the two hospitals which I believe is the critical difference.

The medical staff at the public hospital are limited in number and organized into formal departments and divisions. These bodies serve as foci for service provision, education, professional development and research. At the private hospital, we have over 1200 specialists who are classed as "active", with less than half that number actually using the hospital. Currently, all these clinicians are regarded as solo practitioners though there are a number of craft groups that have formed. Essentially, this



represents a continuation of the historical model of private hospital care where the individual doctor used the hospital for its facilities and its nursing care only with limited engagement of the doctor with the hospital's internal processes. The hospital, for its part, provides little assistance to the clinician in professional development, research or medical education.

It has become evident to me that this historical model has run its course for the private hospital, practitioners, Government and patients. All of the major private hospitals in Melbourne, including ourselves, are examining ways of actively engaging our clinicians into the hospitals' governance structures. As you are probably aware, Epworth is establishing formal Clinical Institutes whereas Cabrini is developing strong craft groups that are or will be largely self-managing. We are in the process of establishing a Clinical Governance Unit which will include the positions of medical leaders in Medicine, Surgery, Anaesthetics and Obstetrics. A critical role for these clinicians will be to facilitate discussion with their peers on the way forward.

There is no doubt that the relationship between private hospitals and their specialists is changing and the rate of this change will accelerate. The outcome of this change, in my view, is that the medical structure of the major private hospitals in Melbourne will resemble the structure of American private teaching hospitals within 5 to 10 years. ■

Email Addresses

Over this year, I'd like to move from paper based mail to electronic communications with you. It would save the hospital more than $1000 per mail out and allow us to contact you in a more timely way. It would also allow us to send emails targeted to specialty groups. Mal Tyers has some ideas for communicating with anaesthetists that we could apply to other specialties.

We have email addresses for many of you but if you send an email to MEDDIR@stvmph.org.au we could make sure we have your current one.

After hours contact

While you are sending your current email address you might like to include your preferred after-hours contact methods. When nurses need to contact you after hours they prefer not to disturb your families and to call you using the method you've nominated. The Hospital's IBA administrative software holds VMPs' contact details – telephone numbers for rooms, home, mobile, pager. It has a field for "Preferred after-hours Contact". Let's know yours and we'll update your entry on the system.

Message from the CEO

Private Health Insurance in an Economic Downturn

The looming recession has the potential to reduce the number of Australians with private health insurance.

The lowest level of private health insurance membership in Victoria was in June 1998 when coverage for private hospital treatment dropped to an alarming 29.8%.

From then, with the benefit of the 30% rebate and lifetime cover, cover in Victoria for private hospital treatment grew to a healthy 44.9% by June 2001. It has been quite resilient since then and was 43.3% in December 2008.

But with expectations of rising unemployment private health cover is once again under threat.

The last two economic downturns in Australia occurred in 1986/87 and 1991/92. In 1987 and 1992, insurance levels in Victoria for private hospital treatment were 52.8% and 43.0% respectively. By 1998 it had fallen to 29.8%. This pattern shows an economic downturn with rising unemployment can have a substantial impact on private health insurance coverage and the fortunes of the private sector, including the livelihoods of specialist medical practitioners and private hospitals.

The Federal Government's economic stimulus package is primarily designed to create sustainable employment. It's success or otherwise will have an impact on the number of persons covered for treatment in Victorian private hospitals.

The Government is doing its part and we can do ours. Specialist medical practitioners and private hospitals have a responsibility to ensure that private patients receive excellent value from their private cover and high quality clinical outcomes. Other factors that will retain membership include minimising or eliminating out-of-pocket costs, informed financial consent and full information about the required course of treatment and post hospital care.

We all have a part to play in these challenging times of confirming the value of private health insurance so that the private sector will remain progressive and robust. ■

Martin Day
Chief Executive Officer

■ We CARE

Bushfires: The Hospital's Mission in Action

The impact of the bushfires has been as confronting and disturbing for the hospital's people as it has been for all Victorian people and businesses.

The hospital was in regular contact with the Victorian Health Emergency Coordinator from the Department of Human Services in February in case additional beds were needed for fire victims or patients displaced from other hospitals. Had this occurred, there may have been some impact on theatre lists and admissions, and the hospital is grateful to those doctors who contacted us to find out how the hospital was responding and to support our efforts.

We were happy to support a number of VMPs who initiated their own responses. The hospital donated $5,000 to the Red Cross and $5,000 to the Society of St Vincent de Paul. Many wards raised money for projects specific to members of their teams directly involved in the fires. Regretfully the bushfires are likely to continue to impact on victims a long time after the community's initial enthusiastic and compassionate response. ■

Workplace

Dealing with the psychological impact of the Victorian bushfires

Many individuals may be emotionally affected by the Victorian bushfires. Some will have relatives and friends who have died, are injured, or who have been left homeless. Others, with no personal connection to the events, may be troubled by the enormity of the loss of life, and for others it could revive upsetting thoughts and feelings about another distressing personal loss.

Most people involved in a traumatic incident experience some kind of emotional reaction. Although each persons experience is different, there are a number of common responses that are experienced by the majority of those involved.

It is reassuring to know that, even though these feelings may be very unpleasant, they are normal reactions in a normal person to an abnormal event. People are not losing their mind or going crazy if they have these feelings. It is often difficult for those who were not involved to understand what the survivor is going through. Those affected may wish to share this information with friends and relatives, and perhaps discuss their reactions with them. Outlined below are some of the normal reactions to trauma.

Emotional

Shock

- disbelief at what happened
- feeling numb, as if things are unreal

Fear

- of a recurrence
- for the safety of oneself or ones family
- apparently unrelated fears

Anger

- at who caused it or allowed it to happen!
- at the injustice and senselessness of it all
- generalised anger and irritability

Emotional

Sadness

- about the losses, both human and material
- about the loss of feelings of safety and security
- feeling depressed for no reason

Shame

- for having appeared helpless or emotional
- for not behaving as you would have liked

Physical

Sleep

- difficulty getting to sleep because of intrusive thoughts
- restless and disturbed sleep
- feeling tired and fatigued

Physical problems

- easily startled by noises
- general agitation and muscle tension
- palpitations, trembling or sweating
- breathing difficulties
- headaches or general aches and pains
- nausea, diarrhea or constipation
- many other physical signs and symptoms

Thoughts

Memories

- frequent thoughts or images of the incident
- thoughts or images of other frightening events
- flashbacks or feelings of reliving the experience
- attempts to shut out the painful memories
- pictures of what happened jumping into your head

Dreams

- dreams and nightmares about what happened
- unpleasant dreams of other frightening things

Confusion

- difficulty making simple decisions
- inability to concentrate and memory problems

Social

- withdrawal from others and a need to be alone
- easily irritated by other people
- feelings of detachment from others
- loss of interest in normal activities and hobbies

Work

- not wanting to go to work / poor motivation
- poor concentration and attention

Habits

- increased use of alcohol, cigarettes or other drugs
- loss of appetite or increased eating
- loss of interest in enjoyable activities
- loss of sexual interest

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CARE **First**

The hospital has introduced a system of quality improvement to all campuses. CARE First is integrated with the quality accreditation process and is an element of the integrated risk management program.

The system monitors key indicators, records and resolves problems and supports innovations. Within CARE First there are processes for work teams to identify customers and suppliers, to highlight and resolve any frustrations between them and to clarify expectations.

Some teams, particularly in the operating theatres, have professional partners – VMPs – who are key to the care delivery process. It is hoped these teams will encourage VMPs to communicate with nurses, to share concerns and frustrations and to agree processes for managing them.

Theatre Nurses as **Surgical Assistants**

Surgeons can no longer use operating theatre nurses, routinely, as surgical assistants. The most recent meeting of Anaesthetic and Operating Room Committee at St Vincents Private discussed the matter. The committee noted the hospital's operating theatre staffing levels do not allow for the deployment of theatre nurses as surgical assistants. Since nurse assistants, almost certainly, will not be available from now, please ensure that you have organised an assistant sufficiently in advance.

Dealing with the psychological impact of the Victorian bushfires

Continued from page 3

The signs and symptoms described above are common reactions to a life-threatening experience, although occasionally they may not appear until some time after the event. Most of them are part of the normal process of recovery and help the person adapt to the trauma. They can however, be very unpleasant for those affected and their families.

Usually they will diminish over a period of a few weeks, although some may last for months or even years, especially if the experience was particularly frightening. Individuals may also find that the feelings get worse when they are reminded of the event, or when they discuss their experiences with other people. Try not to let that stop them from talking about it – in the long term, sharing your experiences and feelings with others will help. ■

2009 Davidson Trahaire Corpsych

■ Workplace

Accreditation Periodic Review

Two of our three hospitals will undergo a periodic review by the Australian Council on Healthcare Standards between March 31 and April 1, 2009.

Periodic Reviews occur two years after Organisation Wide Surveys and are designed to facilitate ongoing improvement and maintenance of achievements.

Reviews include action taken in response to recommendations from the previous survey.

ACHS surveyors may visit all areas and talk to staff and VMPs at SVMPH.

They will focus on:

- Credentialing processes
- Patient assessment systems
- Care planning and delivery
- Processes for discharge
- Medical record documentation
- Clinical review and care evaluation
- Infection control systems
- Organisation-wide risk management
- Emergency management systems

Vimy Private will be reviewed on a different occasion. ■

■ Workplace

Staff injuries

Manual handling injuries remain the single biggest risk to our staff and despite a number of initiatives implemented in the hospital in the past few years, we continue to see our staff experience injuries in the workplace. There has been a consistently high number of staff Lost Time Injuries occurring over the last 12 months (average 4.5 per month). When our lost time injury frequency rate is compared to other similar organisations we are relatively higher, yet many of these incidents are preventable.

The majority of our incidents and lost time injuries relate to manual handling (25%), 20% are due to impact and 13% are slips, trips and falls. Many are due to staff rushing unnecessarily to complete tasks, not utilising equipment or not following hospital policy. We have a few staff with long-term injuries, some requiring surgery and others even re-training in alternative roles because of their physical inability to return to their previous roles.

The hospital has undertaken a number of programs in the last couple of years in order to assist in improving staff health, wellbeing and fitness for work, as well as implementing the new 'CAREwise Manual Handling' program in 2008.

The CAREwise program has resulted in over 90 staff being trained as departmental 'Champions' and we are rolling out this revised training program throughout all 3 sites. The.hospital has also invested in over $100K worth of equipment in the last 6months to aid in the reduction of patient manual handling injuries. These include hovermatts for patient transfers and guzunder bed/trolley movers. Our staff have been trained in the use of this equipment and it is a hospital expectation that the equipment is used whenever and wherever possible. At times this may result in patient transfers taking a little longer. Any VMPs, particularly surgeons and anaesthetists, who wish to be familiarised with the hovermatt transfers are requested to make this known to one of our theatre managers who can arrange for a demonstration.

Under the OHS Act 2005 it is a requirement of all staff, Visiting Medical Practitioners and contractors that they comply with safe practice guidelines and do not put themselves or others in the workplace at risk of injury. We ask for your continued support in reducing the risk of injuries to all who work in our hospital. ■

Administration

Notification of suspected adverse reaction to medicines/vaccines

Remember to fill in a Suspected Adverse Reaction form if you think that a patient has had a reaction to something you've prescribed. The Therapeutic Goods Administration Office of Medicines Safety Monitoring receives reports of suspected adverse reactions to prescription medicines, vaccines, over-the-counter medicines and complementary medicines. All reports are reviewed by professional staff.

Reports involving serious reactions or recently marketed drugs are reviewed by the Adverse Drug Reactions Advisory Committee[1].

This hospital's reporting rate is lower than that of similar hospitals. Forms are available in the hospital wards and at www.tga.gov.au/adr/bluecard.htm. ■

1. www.tga.gov.au/adr/index.htm

Administration

Escalation of Clinical Care

The Hospital wants to improve the process of informing you when your patient's condition changes. The feedback I get from VMPs is that calls may be late, poorly coordinated and not contain appropriate information. Staff may feel under pressure with the calls and not get the result they wanted.

To help address this, we have set up an Escalation of Clinical Care project which is aimed to help staff give you the information you need and to ask the questions they really want answered.

We'll be using ISBAR, a structured communication tool developed by the U.S. Veterans Administration hospitals.

The ISBAR acronym stands for:

I – Introduction
S – Situation
B – Background
A – Assessment
R – Recommendation[1]

ISBAR has been used in other hospitals to raise the confidence of junior medical staff in communicating with senior staff. We'll also be looking at changes in ward reporting so that the calls you get will be better coordinated. ■

1. www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0003/46155/ISBAR_Information_sheet.pdf

Facility Update

Vimy Private

The two new operating theatres that opened in October 2008 have been welcomed by VMPs. Theatre bookings continue to grow, particularly in orthopaedics, and the faciomaxillary speciality which has been consolidated at Vimy.

Major building works continue in the Day Surgery area. Construction of a new Central Sterilising Services Department and kitchen are well underway. When these areas are completed work will start in the post anesthesia care unit and current theatre area.

The overall refurbishment is a long term project but the results to date are pleasing for staff, patients and VMPs. ■

Workplace

Changes to Credentialing

The hospital is changing the process of considering new applicants and reaccrediting those already credentialed to practise at SVMPH.

The Australian Council on Healthcare Standards recommended that the hospital adopt the National Standard for Medical Credentialing that the public sector uses. The system is set out in the Department of Human Services 2007 handbook "Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services".

New forms will replace the current application and reaccreditation forms from April 2009. They are more detailed than the current forms and have greater emphasis on clinicians defining exactly their Scope of Practice. Epworth and Cabrini hospitals are also moving to this system this year.

General information about the new standard can be found at www.health.vic.gov.au/credentialling/policy.htm ■

Documentation of **Schedule 8 Drug Discards**

The most recent meeting of Anaesthetic and Operating Room Committee at SVMPH discussed the results of a recent audit on the use of Schedule 8 drugs in the operating theatre. The audit followed a number of incidents of illicit drug use in theatre. One finding was that anaesthetists were not recording discarded doses in the Dangerous Drug register. This is a requirement of the regulations and we are all somewhat exposed by this.

New Registrars

We have received funding from the Commonwealth Government for three new registrars this year. Two are Advanced Trainee posts in the Royal Australasian College of Physicians – one Cardiology and the other in Perioperative Medicine. The other is an advanced training position under the auspices of the Royal Australian College of Medical Administrators. The medical registrars will be based at the St Vincent's Private whilst the medical administration registrar will cover all three hospitals. These posts take to four the number that are currently funded by the Commonwealth Government. The other resident and registrar posts at the Hospital are funded by the Hospital with our total spend on their salaries being well over $1 million per year.

Workplace

Emerging Risk – Can you see over the horizon?

These days most medical professionals are well aware of the benefits of applying risk management activities to their daily practice. The learned Colleges, the AMA and the medical indemnity insurers have produced a lot of information and recommendations and, it is pleasing to note, they are being adopted.

Practitioners who have adopted risk management strategies in their day to day practice have reduced frequency of claims and complaints. There is now Australian data to support this claim which, in turn, confirms overseas experience.

Current clinical and practice risks are well recognised generally. Claims and complaints of negligence against doctors in Australia have been steadily decreasing over the past few years. For this trend to continue it is important to maintain current risk management activities and to review contemporary medical practice for unrecognized risks. It is the unknown that will create difficulties for us in the future.

We need to 'scan the horizon' for those treatments and procedures that are yet to make their presence felt. This is an important aspect in the provision of excellence in health care and should be close to the hearts of all health care professionals.

Insurers and their reinsurers, in the course of planning their financial reserves, are interested in this topic as they consider future developments in medical practice and their, as yet unknown, associated risks. So just what is over the horizon? What are the emerging risks?

Emerging risks are a possible but unproven change in the chance of an unexpected or unwanted outcome occurring. This change in chance may involve something we already do, something completely new or something we now do less (it's 'emerging' for us). Examples are new technologies and pharmaceuticals, e-medicine, changes in legislation and community attitudes and becoming less proficient in an activity done less frequently.

As we get older and, for example, do less procedural work or treat a particular condition less frequently, there comes a time when we are just not so skilled as we once were. In these circumstances there is increased risk of unwanted outcomes or adverse events and we might consider dropping a particular procedure or treatment from our repertoire and referring patients who need them to colleagues.

Any change or potential change in practice, whether initiated internally or externally, should prompt the need for a careful review of the issue involved and how it might lead to an unwanted or unexpected outcome. For example, are we aware of the side-effects and drug interactions of a new drug therapy? Are we cognizant of all the ramifications of legislative changes that affect medical practice, e.g. privacy matters and the right of patients with regards access to their medical records?

Early recognition is the key to avoiding later problems. Be ever vigilant and ask questions about potential adverse effects or events associated with new treatments or procedures. What is the experience of those who have a significant experience in the area? Monitoring the emerging and changing landscape is the key. Learn to recognise barriers to the ability to identify emerging risks. Barriers might be group think, blind spots, tunnel vision, weak signals and information overload.

We should review our own experience, be honest about whether we are comfortable with continuing to do particular activities, listen to the experience of colleagues and review own own. Once we have identified a new risk and put a system in place to avoid it congratulate ourselves: We have just made medicine safer for patients. ■

Jonathan Burdon

Jonathan Burdon is a respiratory physician at SVMPH

Workplace

Clinical Governance Unit

Private hospital care is entering another period of change in Australia. This is being driven by a number of factors:

- Legislative requirements for reporting of outcome data similar to public hospitals back to Departments of Health. This data will form the basis of public reporting in the near future.
- Community belief that private hospitals are at least as responsible as treating doctors for the care of patients.
- Credentialing of doctors in private hospitals is now expected to comply with the national standard.
- Commonwealth Government's expectation that the private sector will undertake much of the nation's increased requirements for medical education.
- Funding increasingly based on a case payment model, not dissimilar to the public hospital's Casemix system. It is likely that a component of this payment in future will be determined by a hospital's performance in published quality benchmarks.

Already this Hospital has a well developed framework of data collection and outcome assessment for reporting to the DHS and health funds. Considerable efforts are directed to education and staff development which is currently primarily nursing-focused. These activities need to include input from our VMPs if we are to thrive into the future.

Cabrini, Epworth and the St Vincents & Mercy Private hospitals have arrived separately at a vision in which, over the next ten years, each hospital, increasingly, will resemble American private teaching hospitals. Epworth is in the process of establishing 11 organ-specific Clinical Institutes each with a Director. Cabrini is well into establishing strong craft groups and is looking at its specialist medical workforce requirements and a "Cabrini" model of care. We see the establishment of a Clinical Governance Unit (CGU) as our first step on this path.

The Hospital Board accepted a proposal to its November 2008 meeting to establish a CGU. An important component of the CGU is the move to appoint leaders in medicine and medical education, surgery, anaesthetics and obstetrics in the first instance. The role of these leaders would include:

- leading the discussion within their groups about the evolution of medical structures in the Hospital
- establishment of quality standards including clinical audit
- credentialing
- supervision of trainees
- development of education and research
- development of services
- advice to the Hospital.

This is an exciting concept which will be progressively implemented this year. Your ideas on the CGU are welcome. ■

Working with Children Check

All clinical staff looking after children must have a current Working with Children Check. The *Working with Children Act 2005* makes it mandatory for all clinical staff looking after children to apply for, and pass, a WWC Check by 1 July 2009. The hospital is requesting this document as VMPs come up for re-credentialing but some may not yet have been approached. If you think we don't have your WCC, please send it in as soon as possible. Note that you will not be able to look after children at this hospital if we don't have a copy of this document by 1 July 2009.

Facility Update

Night Settling Room for New Mothers

The Maternity Unit at SVMPH is testing a new facility in response to women's requests for much needed sleep. Mothercraft nurses are available to settle babies in a Night Settling Room before returning them to their mothers.

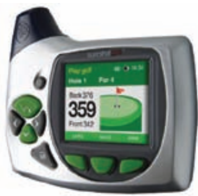
The idea is to allow mothers to bring their babies to the care of experienced Mothercraft nurses while the mothers catch up on some much needed sleep.

The hospital continues to encourage rooming in (having baby in mother's room rather than in a nursery) while recognising that women need rest during their immediate post natal period.

It is hoped the night settling room will support mothers by providing rest allowing them to bond early with their babies and establish breast feeding more readily. ■

Date for your **2010 diary**

Our 2010 Golf Day will be just minutes from the CBD at Green Acres in East Kew on **Friday 19 February 2010**. Green Acres is one of Melbourne's premier Yarra River golf courses. With legendary tight tree lined couch fairways and Bent greens, the 18 hole golf course features challenging doglegs and natural water hazards.



Our four winners of the Ambrose style competition will each take home a Sure Shot GPS, with that attached to your belt or buggy you'll never have to look for a distance marker again and you'll know every hazard along the way.

Email or call Sue Hallifax to register early on 0402 892375 or suzanne.hallifax@stvmph.org.au

Staff news

9 & Dine golf day 2009

Our 6th St Vincents & Mercy Private 9 & Dine golf day was held on February 20. Everything about the day was enjoyable. The weather was perfect for golf with a slight breeze and mild conditions. The excellent course condition, good company and tasty food enhanced the day.

Congratulations to the winning team Anthony Poon, Greg Emery, Michael Johnston, Helen Spassopoulos and Phillip Barrett, who each took home a Callaway Putter and a framed print for their achievement. The perpetual trophy will now be relocated to St Vincents theatres until 2010.

Runners up were David O'Callaghan, Peter Dobson, Igor Oleinikov and Christina Shannon. Other winners on the day were Anthony Poon with longest drive, Igor Oleinikov and Janine Loader took out nearest the pin and Rob Howells, Anthony Ho, David Carolane, Janine Loader, Bill Connell and Mitchell Andrades all beat the golf pro on hole 10. ■

The winning team: Michael Johnston, Greg Emery, Helen Spassopoulos, Anthony Poon and Phillip Barrett.

Continuing Professional Development

General Practitioner Meetings

The hospital will conduct ten Continuing Professional Development meetings for general practitioners in 2009. The meetings will present information relevant to GPs' day to day practice and about advances in the hospital's clinical specialties.

SVMPH has "Accredited Provider" status with the Royal Australian College of General Practitioners. The accreditation means the hospital can be involved in the RACGP's Active Learning Module category of education. The Active Learning Module provides GPs with 40 Quality Assurance and Continuing Professional Development points.

Regular meetings generate 2 QA&CPD points per hour. The Business Development Unit is planning an Orthopaedic Active Learning Module on a Saturday in October 2009.

For the past six years SVMPH has run an RACGP-endorsed General Practitioner QA & CPD program. More than 900 GPs have attended the sessions when they've met VMPs and heard about the hospital's specialities.

There were ten meetings last year, covering breast and plastic surgery, orthopaedics, ENT, cardiology and sports medicine. GP responses were very pleasing: "Well run, good format, good topics." "I like the way the meetings start on time and run to time." "Thank you. Staff at SVMPH are very switched on, organised, aware and helpful – I am impressed." "Very good, useful, up to date evening."

The hospital is grateful for the ongoing support of sponsors, Central Melbourne Medical Imaging, St.Vincent's Pathology and Novartis and for the help of Dr Brendan Crockett (General Practitioner, Staff Clinic, St Vincent's Health) with the 2009 program.

If you would like more information on our General Practitioner Continuing Professional Development meetings, contact Carolyn Moore of the Business Development Unit on 0408 290 872 or carolyn.moore@stvmph.org.au ■

StV Pathology

"Serving the Community for over 100 years"

Your pathology service at St Vincents & Mercy Private