



Healthy Living For Mind & Body

My Alvernia

• Issue 9 •

SEEING THE LIGHT AGAIN

Emergency operation
saves his vision

THE BIG INTERVIEW

'Paediatrician' for the
65 and above

WHAT'S UP DOC

What's that rash?

CEO MESSAGE

T

he second quarter has been a busy period for us at Mount Alvernia and notable on several counts.

In April, the hospital underwent the assessment to get ourselves re-accredited for Singapore Quality Class (SQC) and accredited for the Singapore Service Class (S-Class). I am happy to announce that we have since been awarded the SQC Star and S-Class accreditations. We are very happy with the achievement of SQC Star, which we see as recognition of the efforts the hospital has made in striving for business excellence in the three years since our last accreditation. We are also proud to be the second private hospital to attain the S-Class accreditation, which demonstrates our commitment to constantly improving our service capabilities to deliver consistently high quality service to all our customers.

On another happy note, we opened the Mount Alvernia Information Centre in Jakarta, Indonesia on 6 May 2011. The launch of this new facility marks another milestone in the history of Mount Alvernia Hospital and a befitting one too, as we celebrate our 50th anniversary this year. With the new Centre, we hope to better serve our existing customers from Indonesia, as well as to make it convenient for more to find out about the hospital and its services, and come experience our unique Alvernia brand of care, be it for health screening or medical treatment. The information centre in Jakarta is our second, following the opening of a centre in Bangladesh last year.

The Jakarta Centre will serve as a convenient one-stop point for Indonesians seeking medical care in Singapore to make enquiries, book appointments and get advice on travel arrangements. There is also a dedicated team based in Singapore to coordinate the arrangements and to orientate patients and family members upon their arrival here.

As we reach out to serve a wider community regionally, we remain mindful of the need to provide high levels of service at all times, across all touch points. I am happy to note from customer feedback that we already have many service champions amongst staff. Your encouragement spurs us to do even better. Since last October, our staff have been going back to 'school' to learn more about how they can go the extra mile to delight patients and their families. All our staff have since completed the 5-day "Certified Service Professional" course or the 2-day "Provide GEMS Service" course, both of which are national service programmes supported by the Singapore Workforce Development Agency.

We look forward to applying all that we have learnt to serve you better and will continue to work hard to be your trusted partner in healthcare.

Khoo Chow Huat
CEO, Mount Alvernia Hospital



Editorial team

Publisher:

Mount Alvernia Hospital
820 Thomson Road, Singapore 574623
Tel: 6347 6688 Fax: 6347 6632

Editor:

Geraldine Wang
Editorial Advisor:
Han May Ching

Contributing Writer:

Aileen Lai
Editorial Co-ordinator:
Premila Elangovan

Design

TOM Design & Communications
For feedback and inquiries, please email:
myalvernia@mtalvernia-hospital.org

“I've found back my long lost smile!”

Blocked ducts nearly drove new mum Kathryn Toh off the edge. But timely professional intervention and treatment gave her back her life again.

Just three weeks after feeling like the happiest person alive when her little princess, Rhea arrived, Kathryn Toh's happiness was quickly compromised.

Down with fever, flu and cough after Rhea was born, the 28-year-old first-time mum stopped breastfeeding. Not wanting to “waste the milk”, she did not express the milk into bottles, thinking it would be better to “keep it inside her breast”.

This proved to be a costly decision as she started experiencing redness around her right breast, accompanied with serious swelling and unbearable pain.

“My breast felt tight and bloated, like it was going to explode. I couldn't even change my clothes on my own because I could not lift my arm,” recalled the bank executive.

Frustrated and plagued with extreme pain that crippled her daily activities, she broke down.

“I felt handicapped and laid in bed the whole day, crying. I was afraid that I would lose my whole breast,” she confessed.

“My parents-in-law whom I live with thought I was showing them the ‘black face’. That made me even more helpless because I was too shy to share my problem.”

Despite seeking medical attention from several avenues, the medications did little beyond providing temporary relief. Faced with such agony, shopping was the last thing she wanted when her husband suggested going to the BabyCare Festival, but knowing they had to buy stuff for Rhea, she dragged herself down.

There, Kathryn chanced upon a booth set up by Mount Alvernia Hospital where she met Senior Lactation Consultant Kang Phaik Gaik from the hospital's Parentcraft Centre. After hearing about her problem, Ms Kang immediately accompanied her to the washroom to examine her breast and recommended she consult a doctor for treatment.

The next day, Kathryn followed up on Ms Kang's recommendation and contacted Dr Joy Lee from Joy Lee Breast and General Surgery Clinic at Mount Alvernia. Although the clinic's schedule was already full, Dr Lee advised her to come in for immediate attention.

After a scan, an incision was made on the breast to release pus accumulated in the breast ducts. The procedure was carried out over five consecutive days.

“I've found back my long lost smile!” proclaimed a relieved and grateful Kathryn. **A**



Happy Again: Kathryn with her family

THE BIG ISSUE -
SEEING THE LIGHT AGAIN



SEEING THE LIGHT AGAIN

Emergency eye surgery saves a doctor's sight and gives him a fresh outlook on life. ►







The tell-tale signs were all there. A trained medical doctor himself, Mark Low had a nagging feeling about his own left eye.

Something was not right but he just couldn't put his finger on it. Even when he spotted dark 'objects' darting about, he dismissed them as flies.

But things got progressively worse and on the second day of Chinese New Year earlier this year, alarm bells rang when the 50-year-old noticed a layer of darkness across the top of his left eye.

This time he knew the symptoms could not be attributed to severe myopia or a previous eye cataract surgery. The situation had grown serious and he instinctively knew that any further delay in seeking medical attention could result in blindness.

So the very next day, Mark headed straight to the 24-Hour Walk-in Clinic & Emergency department at Mount Alvernia Hospital. By then, his sense of urgency had grown as the layer of 'darkness' had progressed downwards.

As a physician himself, Mark knew he needed specialist attention immediately and requested to see the eye specialist on call.

Consultant Ophthalmologist Dr Jacob Cheng was on duty at the time and quickly responded to the call. After examining Mark and taking his history, Dr Cheng diagnosed the problem to be retinal detachment.

Retinal Detachment

The condition was serious as the retina is the part of the eye where visual acuity is highest and gives the best vision. By the time the Ophthalmologist examined him, almost half the retina in Mark's left eye had already detached off the base, so it was expedient that surgery be carried out as soon as possible.

As time was of the essence, surgery was scheduled for the very same day. It was a delicate operation as it involved a part of the eye which was difficult to reach. Post operation, the doctors also had to be on the watch for complications that could pull the retina off again.

Dr Jacob Cheng and his team had their work cut out for them.

The game plan was to attempt a scleral buckle operation, which is basically tying a circular band made of silicone to push in the left eyeball.

The second step was a vitrectomy which involved removal of the vitreous - the gel that gives the eyeball its shape.

Finally, gas or oil would be injected into the eye to restore the shape of the eyeball.

Luckily for Mark, he had made it to the doctors in time and the surgery was successful. But it was still a long road to full recovery.

Downward Doc

Following surgery, Dr Cheng advised Mark to try to maintain a face down prone position as much as possible over the next three weeks. He also had to wear an eye patch and rely on his good eye for vision.

The doctor's orders were challenging, but with the help of his family and some discipline and ingenuity, Mark managed to get by the very inconvenient and stressful period.

To read his computer, he would stand and look downwards at his desk with the computer monitor lying flat on the table and face-up.

When he returned to work at his clinic, Mark still could not look up to speak with patients so he wore a sign that informed people that he was looking downward because he just had an eye operation, not because he was rude.

As he couldn't drive himself, his wife drove him to and fro work every day and as soon as he reached home, he would head straight to bed to rest.

Although it was a 'dark' period for Mark – literally, he is thankful for the people who came to his aid quickly when he needed it most – notwithstanding the fact it was right smack during the Chinese New Year period when most businesses shut down

for the annual holidays and many head home to spend time with their families.

The gracious gentleman recalled that the hospital staff who attended to him "were always smiling and made me feel at home". They surprised him with a bouquet of flowers when he was admitted, a gesture that really touched him.


He also found his doctors very attentive and concerned, recalling that his eye surgeons checked in on him the day after the operation, even though it was the third day of the Lunar New Year.

"I am very grateful to Dr Cheng and everyone at Mount Alvernia for their professionalism and selfless care towards me as a patient," said Mark. "Dr Cheng visited me at the ward and also called me after my discharge to check on my recovery," he remembers appreciatively.

Brand New Vision

Eight weeks after the operation, Mark had a vision he will never forget. During recovery, all he could see with his left eye was a grey bubble. Then one day, it broke up into tiny bubbles, forming a kaleidoscopic image and disappeared. It signalled the restoration of full vision for the injured eye and was "one of the most beautiful sights" he had ever seen.

Today, Mark is back on his feet and looking up again. Reflecting back on the whole experience, he realises that he had been short-sighted in more ways than one prior to the operation.

"I have a different outlook on life now," said Mark. "I can fully appreciate how a mild impairment can restrict one's lifestyle, performance at work, and bring inconvenience to people around me. I no longer let work take precedence over (taking care of) myself." 

What happens when the retina detaches...



When a tissue is detached in our body, it loses its function. In the case of the eye, if surgery is delayed, the retina may not be able to 'stick back' to the base, just like scotch tape that loses its stickiness. Once the retina loses its functionality, the result can be complete blindness.

Dr Jacob Cheng is based at Eagle Eye Centre at #02-11/12/15-17 Block B, Mount Alvernia Medical Centre, Tel: (+65) 6456 1000



Laughter The Best Medicine

Samples Needed

An old man goes to the doctor for his yearly physical, his wife tagging along. When the doctor enters the examination room, he tells the old man, "I need a urine sample, a stool sample and a sperm sample."

The old man, being hard of hearing, looks at his wife and yells, "WHAT?"

"What did he say? What does he want?"

His wife yells back, "He needs your underwear."



Living with Asthma

Respiratory and ICU Physician Dr Jim Teo explains what Asthma is and how to keep it at bay.

Asthma affects an estimated 300 million worldwide and can be lethal if not properly managed. A chronic inflammatory disorder of the airways, typical symptoms are tightness of the chest, breathlessness and coughing.

According to Respiratory and ICU Physician Dr Jim Teo, the breathing problems come in episodes but the underlying inflammation of the airways is continuous.

Describing it as a 'two-pronged disease', Dr Teo explained, "Inflammation inside the branch-like airways of the lungs narrows the channels and causes difficulties in breathing. The airways also contain a layer of muscle tissue that spasms when something irritates it."

Dr Teo clarified that although the prevalence of this disease is higher in the young, it can strike people of all ages. Some children do grow out of their asthma when they reach their teens or adulthood. However, they may still have episodes of prolonged coughing or wheezing during the later part of their life as a result of their underlying hyper-responsive airways.

While it cannot be fully cured, asthma can be treated and prevented. "Asthma has a heritable component and an environmental component," explained Dr Teo, adding that an asthma patient who is able to control the illness well can live quite normally.

To prevent an asthma attack, avoid or reduce:

1. Indoor allergens like house dust mites, furred animals, fungi, moulds, yeasts
2. Outdoor allergens like pollen, fungi, mould
3. Infections like the common cold
4. Tobacco smoking (passive smoking included)
5. Outdoor/indoor air pollution
6. Diets like infant feeding formulas of cow's milk or soy protein
7. Diets high in processed foods and low in antioxidants in the form of vegetables and fruits
8. Obesity

Dr Teo's advice is to be vigilant. "Don't underestimate symptoms and always seek early treatment. Never presume that frequent coughing and breathlessness is normal." **A**



Diagnosing Asthma

A common lung function test used to diagnose and monitor respiratory conditions such as chronic obstructive pulmonary disease (COPD), asthma, pulmonary fibrosis is Spirometry.

Basically, Spirometry measures how much air you can quickly breathe into and out from your lungs. It can also detect early airflow obstruction in smokers who may have few or no symptoms.

This test is done by having you take a deep breath and blow hard into a tube connected to a machine. The procedure is repeated several times to get consistent results and usually takes 30 minutes to complete in an outpatient setting.

Dr Jim Teo is based at Nobel Chest and Internal Medicine, #05-02 Blk A, Mount Alvernia Medical Centre, Tel: (+65) 6256 9923.

Rubbing Baby the Right Way Part II



In this second installment on baby massage, Sister Kang Phaik Gaik, the Manager of the Alvernia Parentcraft Centre, a Senior Lactation Consultant and Certified Infant Massage Instructor, demonstrates the relaxing Back Massage.

Before you start, ensure nails are short and trimmed, remove all jewellery and find a conducive environment that is warm, free of drafts, and accompanied by soft music.

1 Let baby lie tummy side down on your lap or on a mattress, supported with a pillow on the tummy. Turn baby's head gently towards you.



2 Back & Forth

Stroke your palms back and forth on baby's back. Repeat 6-8 times.



3 Sweeping

Using gentle palm strokes, make slow sweeping movements from neck to buttocks. Repeat 6-8 times.



4 Sweeping (Long)

Using gentle palm strokes, make slow sweeping movements from neck to feet. Repeat 6-8 times.



5 Back Circles

Use your finger pads and draw circles with moderate pressure on both sides of baby's back, avoiding the spine.

6 Combing

Use fingertips (not your nails) to 'comb' gently from baby's head to feet.

While applying moderate pressure is a general rule of thumb during the massage, it's important to read your baby's cues. If Baby starts fidgeting or gets upset, it might be an indication for you to change to other body parts or other needs. If Baby likes what you are doing, you'll be rewarded with a smile, cooing or raised leg!

New Doctor

Orthopaedic Surgery

Dr Teo Yee Sze

Sub-speciality: Adult Reconstructive & Trauma Surgery

Clinic: Synergy Orthopaedic Group

Add: Medical Centre A, #02-20

Tel: (+65) 6251-2822

Breastfeeding Forum

How does breastfeeding benefit both mother and baby? What should breastfeeding mums eat? Find out all this and more when you meet our Parentcraft & Lactation experts.

Date: 13 Aug 2011 (Sat)

Time: 12.30pm - 5pm

Venue: Amara Hotel (next to Tanjong Pagar MRT)

Fee: \$12 per person

\$10 per person

(for Alvernia Ladies Card members)

To register, call 8303-5568 between 9am - 6pm. Light refreshments will be served. Participants will receive goodie bag worth \$80 each.

International Midwives Day

Mount Alvernia hosted some 100 midwives and midwifery students from Singapore hospitals, polyclinics and polytechnics on 5 May 2011 to mark International Midwives Day. Guests were treated to talks, performances, hospital tours and buffet spread.



Working towards safe deliveries: Members of the O&G Chapter who organised the International Midwives Day celebration at Mount Alvernia.

Caring for your Heart

Coming up in September – look out for more details at www.mtalvernia-hospital.org or our Facebook fan page.



People often assume that Geriatricians work in nursing homes or look after the terminally ill. Far from the truth, says Senior Consultant Geriatrician Dr Chan Kin Ming (left) who shares why he loves his job.

“Which nursing home are you working at?” This is the question that Dr Chan Kin Ming gets asked the most often whenever he tells people that he is a geriatrician and it always draws a chuckle out of the affable physician. In response, his tongue-in-cheek reply would be, “My job is to prevent the elderly from getting into a nursing home!”

So what exactly do geriatricians do? “In a nutshell, we are the general specialist for the elderly – the same way children see a paediatrician when they are not feeling well,” explained Dr Chan.

Geriatric medicine can be particularly challenging because elderly patients often present atypical symptoms. For example, falls can be because of a urinary tract infection and even a classic textbook representation of a dementia case can turn out to be cancer.

One common type of patient Dr Chan sees are dementia patients who do not even know why they are in his clinic. And his trick for handling such patients is to ‘go with them’ and instead, look to their family members for cues and verification.

“I usually have to do two sets of interviews and I’ll be given two different answers for each question!” he said. However with new developments in this field, doctors can now use the PET Scan machine to scan the metabolic activity of the brain to determine if the patient exhibits signs of Alzheimer’s disease.

‘PAEDIATRICIAN’ FOR THE 65 AND ABOVE

Emphasising that this is an area of specialisation that adopts a holistic approach, the 52-year-old physician explained that this is because in the elderly, the living environment has a big influence on their well being.

"It's not only about treating their ailments but extending the care to ensure that their environment is conducive; making house visits and suggesting home modifications for safety; and teaching caregivers to make sure they are equipped with adequate knowledge to take care of the elderly at home in an appropriate manner."

Reading the Cues

Although he does not have an instrument that probes into the psyches of his patients, more than two decades of experience working with the elderly have honed Dr Chan's ability to decipher what patients are really telling him, beyond the words he hears.

Dr Chan had his first contact with elderly patients back in 1985 as a volunteer community doctor at a local housing estate. Two years after he graduated,

"Most of the older generation are more stoic and they might not want to reveal personal problems. They are also very vague when questioned. Hence, it is important to be their friend and a non-threatening conversationalist without them feeling intruded or offended. One way is to take cues from their responses and connect with them in a way that they can identify with."

he was approached to be part of the community outreach programme to help poor, elderly patients who could not afford to go to the hospital for treatment.

Over the next eight years, Dr Chan conducted house visits twice a week. He had to travel light and work without the benefit of sophisticated hospital equipment.

But he also honed his skills as a physician, to use whatever he did have to help patients in that situation, whom he said were extremely appreciative of every simple effort.

"It fired up my desire to further my studies and increased my passion to want to help older patients," shared Dr Chan.

All about Perspective & Balance

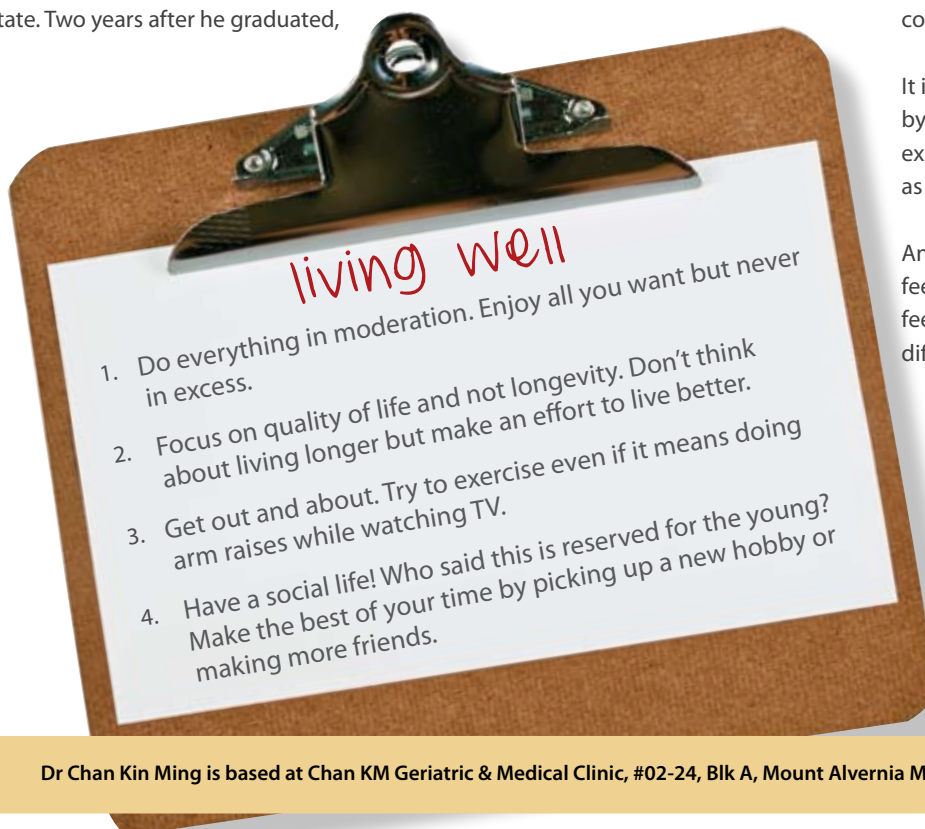
Although some people might be averse to the thought of handling old people because they are known to be stubborn and grumpy, Dr Chan feels otherwise.

"It feels good being around them because I'm reminded of how young I am everyday!" he joked, explaining that 90 per cent of his patients are aged above 80 years.

However, he is mindful of striking the right balance in developing close relationships with his patients and their family, and ensuring medical professionalism. "All information given to us is confidential and I refrain from giving personal opinions especially where family matters are concerned. It's all 'in' and no 'out'."

It is an approach that is much appreciated by his patients and their families who often extend invitations to family functions such as birthdays and weddings.

And the feeling is mutual. "It's a wonderful feeling being treated like family and feeling that you have indeed made a difference," acknowledged Dr Chan. ^A



Dr Chan Kin Ming is based at Chan KM Geriatric & Medical Clinic, #02-24, Blk A, Mount Alvernia Medical Centre, Tel: (+65) 6255 5567.



What's that rash?

Drug allergies sometimes trigger redness of the skin and itchiness. To prevent them from escalating to something more serious, a proper diagnosis by a doctor who knows your history is key. Consultant Dermatologist Dr Ang Chee Beng explains why.

What are some common symptoms of an allergy-related skin problem? How do you determine the cause?

▲ Most patients come to me with a rash or persistent itch. Often, the appearance of the rash gives a clue on whether it is an allergic reaction or a skin problem. Then of course the history, or how the rash develops, the events preceding, etc. are also important clues. From here, we can try to narrow down the cause but sometimes it is difficult to reach an exact diagnosis. There are cases where no known cause is found.

What are some typical triggers and what should people look out for?

▲ A persistent itch or unusual rash will be signs to look out for, especially if you have just started on a new medication. If a rash appears after taking medication prescribed by your doctor, stop taking the medicine immediately and check back with your doctor to ask if an allergy is a possible cause of the rash.

Some common drugs that might give rise to allergic rashes are antibiotics such as Penicillin, pain killers called non steroidal anti-inflammatory drugs (NSAIDs) with aspirin as an example, anti-convulsants like Carbamazepine, and uric-acid lowering drugs like Allopurinol.

Are certain people more predisposed to such drug allergies?

▲ Yes. A lot of these reactions tend to be idiosyncratic – only some people develop reactions to them and some are genetically predisposed. However, it is difficult to define who is more susceptible to the condition.

So, is age a factor? Is it true that some people only 'develop' allergies later in life? Why is that so?

▲ Although it is hard to explain why some people suffer from allergic reactions and not others, it does occur more commonly in the adult patient. The reason could be that one needs a second exposure before one develops an allergic reaction. Or if it is a first exposure, then a period of one to three weeks is required before one develops a reaction.

Hence, do not be misled into thinking that if you have taken a particular drug before, you will not develop an allergy to that drug later. It may also be related to the maturity of the immune system in children compared to adults.

How serious can it get?

▲ Some allergic drug reactions can be life-threatening and it's best to manage such conditions safely and effectively within a hospital. An example of such severe reactions is called the Stevens Johnson Syndrome, where one develops ulcerations in mucosa surfaces like the eyes, mouth and genitalia.

Thankfully, this is not often seen as compared to another severe drug reaction called Hypersensitivity Syndrome. I have seen several cases of this where a red rash covers almost the whole of the patient's body. It is itchy and associated with some blood abnormalities like raised eosinophil count (a type of white blood cell) and abnormal liver functions tests.

How do we recognise if a drug-related symptom is life-threatening and requires immediate, professional medical attention?


▲ One of the danger signs to spot will be the involvement of the mucosa surfaces. So the moment one develops ulcers in the mouth, eyes or genitalia areas, or an itchy rash on the face or chest that gets worse progressively, it is important to see a doctor immediately to rule out any drug allergies and also to investigate if the symptoms point to another medical condition.

What's the worst thing a person with a sudden drug reaction could do?

▲ Continue taking the medication or self-medicate to try to get rid of the rash. It is advisable to go back to the first doctor who prescribed the medicine to ascertain if the rash might be drug-related, rather than 'doctor-hopping' in the hope of getting an instant cure.

Doctors routinely ask their patients if they are allergic to any medicines. Yet, the average man on the street may not be aware of any inherent allergies. What's your advice in this case?

▲ It is a good practice to note down any drug reactions that had occurred previously and go back to that doctor to find out what the possible drug/drugs may be. If one has any drug allergy, make it a point to carry an allergy list along, especially if one is switching to, or starting to see a new doctor.

This is also a reason why it might be a good idea to stick to one doctor who is well-informed of, and familiar with your medical history and allergies. 

SERIOUS REACTIONS

Allergic conditions you may have heard of ...

Stevens Johnson Syndrome

This is a life-threatening condition affecting the skin in which cell death causes the epidermis to separate from the dermis. It can cause serious allergic skin reactions such as rash, fever, and blistering, requiring hospitalisation and immediate withdrawal of the offending medication.

Anaphylaxis

An extreme, often life-threatening allergic reaction to an antigen (such as a bee sting) to which the body has become hypersensitive to, following an earlier exposure. The reaction comes on almost immediately after exposure and is associated with swelling of the eyes, mouth, hives on the body and may cause difficulty in breathing.

Drug Hypersensitivity Syndrome

This is a potentially life-threatening condition that is characterised by fever, extensive itchy rash and internal organ involvement. It can be caused by drugs like Allopurinol.



BAKED CHICKEN WITH RED DATE SAUCE



Nutrition Tip

To reduce fat intake, choose healthier cooking methods such as baking, grilling, steaming or poaching.

NUTRITION CONTENT

One serving will give:
297 kilocal energy
45 g protein
9 g fat
187 mg cholesterol
4 g carbohydrate
0.3 g fibre
281 mg sodium

Ingredients

- 1 Whole chicken (1.8 kg or above)
- 30 g Old ginger, sliced
- 250 ml *Shao Xing* wine
- 1 tsp Cooking oil

Pinch of cinnamon powder and white pepper powder

Serves 8

Method

1. Stuff the chicken with the sliced ginger and rub the chicken all over with the *Shao Xing* wine.
2. Rub the cinnamon powder and white pepper powder onto the chicken.
3. Marinate overnight in the fridge.
4. Preheat oven to 180 degrees Celsius.
5. Remove the chicken from the fridge and rub it all over with the oil.
6. Bake the chicken for 35 minutes.
7. Turn off the oven and let it stay in the oven for another 15 minutes before removing it.
8. Cool chicken before de-boning it.
9. Reserve the bone for making the red date sauce.

TO MAKE RED DATE SAUCE:

Ingredients

- 1.25 litre Chicken stock
- 120 g Red dates
- 20 g Old ginger, sliced
- 2 tbsp *Shao Xing* wine
- 1 tbsp Cornflour
- 2 tbsp Water

Chicken bones from the baked chicken
Pinch of dark soya sauce, salt and white pepper powder

Method

1. Bring the chicken stock to a boil. Add in the chicken bones and sliced ginger.
2. Cook for 20 minutes under low heat.
3. Add red dates and cook till soft.
4. Discard ginger and chicken bones.
5. Blend the remaining red date mixture in a blender until it turns out smooth. Strain the mixture into the pot and reheat.
6. Add in the dark soya sauce and *Shao Xing* wine, followed by the cornflour mixture. Stir constantly until the mixture starts to boil. Add salt and pepper to taste.
7. Pour the red date sauce over the sliced chicken.
8. Ready to serve.



Reaching Out to Indonesia



Excited guests stream into the brand new Mount Alvernia Information Centre in Jakarta, Indonesia.



Director of Corporate Development, Ms Han May Ching welcomes Sister Johanni CB, SKM from Perdhaki Pusat to the new Centre.



Working together to provide a seamless service for Indonesia patients: MAH staff from Singapore and Indonesia pose for a group shot with a local reporter (in light blue).



Information and brochures on Mount Alvernia Hospital are now also available at our Centre in Jakarta.

Further extending its regional reach, Mount Alvernia Hospital (MAH) officially opened a new Information Centre in Jakarta, Indonesia on 6 May 2011.

The second such centre after Bangladesh, the Jakarta centre serves as a one-stop point for Indonesians to make treatment enquiries, book appointments and help facilitate travel arrangements.

Complementing the Indonesian team is a dedicated team based in Singapore to coordinate the arrangements and to orientate patients and family members upon their arrival at Mount Alvernia Hospital in Singapore.

Guests at the official opening ceremony were invited to an open house and given a free health screening to check on blood pressure and tests to ascertain full blood count, cholesterol level & uric acid level.

Mount Alvernia Hospital Information Centre, Jakarta

Wisma 46 Kota BNI, 2nd Floor, Unit 2.07B Jalan Jendral Sudirman Kav. 1 Jakarta 10220 DKI Jakarta - Indonesia
Tel: (6221) 251 5271 | Fax: (6221) 251 5272 | Email: info@mtalvernia.co.id



They Just Did it

Stories from our Pioneers

They wore multiple hats to cover numerous functional roles at the hospital, but a singular attitude united the pioneer FMDM sisters who built up Mount Alvernia Hospital. We find out more from Sister Pauline Sewell and Sister Jean Marie Andrews.

Driving the ambulance to deserted lanes to pick up sick people in the middle of the night; doing an x-ray of an amputated limb; offloading a patient with a burst appendix from a six-storey tall oil tanker onto a tiny launch boat amidst tumultuous waves; and rowing a sampan to an offshore ship to collect blood from sailors.

These are just some of the many 'little' adventures that the Franciscan Missionaries of the Divine Motherhood (FMDM) Sisters had to deal with during the early years of Mount Alvernia Hospital.

Recalling the blood collection trips, Sr Pauline mused, "We peddled out in a small boat using oars. Water just splashed in, there were no life jackets, and I couldn't swim!"

Together with another Sister who worked in the lab then, Sr Andreina Chin, the pair made regular trips to visiting ships to collect blood from sailors as there were no blood banks in the past.

"I was petrified of drowning but nothing stopped us," confessed Sr Pauline.

Sr Jean Marie shared another incident where flexibility and fast thinking saved the day. The team had to transfer a patient with a burst appendix from a huge oil tanker in the open waters onto a small launch boat. However, raging waves prevented the boat from getting close enough to the ship. So, the patient had to be un-strapped from the stretcher and 'thrown' from the ship to the boat.

"I was asked to 'catch' the patient and thank God, I managed to hold onto him!" she recollected with a laugh. "We could have both landed in the sea with him in my arms!"

Fearless in the face of shortages

Thinking on their feet, keeping options open, multi-tasking and carrying out tasks with a 'just do it' attitude was all in a day's work for the Sisters as they had to contend with a shortage of medically trained staff, and the limited technology and medical equipment available in the 1960s.

Back in those days, hundreds of x-ray and ECG cases were managed single-handedly by Sr Jean Marie who was in charge

of the radiography department – from operating the machines to developing and processing the films in a darkroom. She also stood in as ambulance driver and handled administration duties when necessary.

“I would be in the middle of doing an x-ray for a patient and be called in to handle an ambulance task,” said the jovial 80-year-old who helmed the radiography department for 20 years (1961 - 1981).

“Although it was stressful and there was lots to do, not mentioning religious routines like morning mass and prayer sessions, it was all joy. None of us was afraid of working hard,” shared Sr Jean Marie.

From a simple department capable of only x-rays and ECGs, Mount Alvernia now has a well-equipped Diagnostic Imaging Department with a team of professionals with dedicated roles. The darkroom has also made space for high-tech equipment that can produce detailed scans in seconds.

“It has progressed so much. If I go back now, they won’t have me,” jested Sr Jean Marie.

Duty Calls 24/7

The Operating Theatres (OT) have also transformed considerably over the years. Sr Pauline used to work in the OT and revealed the ‘tough’ working conditions – they were on duty and on call 24/7; there was no duty roster; no holidays; no modern equipment nor sophisticated surgery procedures. Compared to the scene today, it was “a totally different world”.

“We had to scrub up, assist surgeons, be a runner, make toast for the doctors, prepare the trolleys, etc.,” she listed. “But things happen so fast, you adjust quickly into your roles.”

Sr Pauline, who is in her mid-70s now, was also matron of Assisi Hospice from 1998 to 1999, during which she mooted the idea of a Children’s Daycare Centre for children with cancer.

“There were a lot of old patients but where were the children? I had a deep down conviction that there must be a rehabilitation centre for these children so that they too could have a support group.”

In her opinion, the proliferation of advanced medical technology, training of nurses and handing over of the Hospital from the FMDM Sisters to lay management have opened up many avenues and helped the Hospital keep pace with the rising demands of the medical industry.


Sr Jean Marie echoed her sentiments, “We had no computers and no hierarchy. We ran the hospital based on our own system but we were not trained for administration. To become better, change was necessary.”

Unique Culture of Service

Although the ‘hardware’ of the hospital might have undergone a massive makeover, the ethos of the FMDM Sisters who are mostly retired from hospital duty now, is still strongly preserved in the Hospital’s culture.

The FMDM ethos stems from being trained to put one’s heart and soul into serving every person who walks into the hospital. Every action aims at the welfare of the patient. Even if you don’t speak the same language, even with the presence of obstacles, it is possible to bridge the differences.

“With passion and love, any hurdle can be overcome,” assured Sr Pauline who added that throughout the past 50 years, whether run by the Sisters or now by lay management, commitment and a positive attitude in serving is something that comes from every single one at Mount Alvernia.

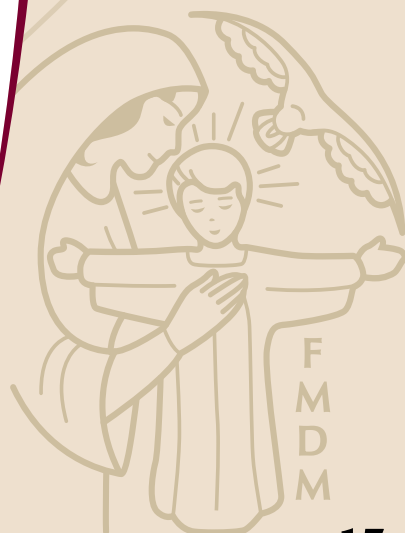
For Sr Pauline, it all boils down to “the willingness to embrace challenges with joy.” 



Personal Musings

“*If we had dwelled on the difficulties, we wouldn’t have moved forward. But we challenged ourselves and that’s how we progressed and grew while preserving our ethos.*”

-Sr Pauline Sewell, FMDM



Keeping the Balance



With more than 20 years of experience in merchant banking, stockbroking and financial consultancy behind him, Mr George Thia is a man familiar with numbers. However as Chairman of the Mount Alvernia Hospital Board, he finds himself dealing more with people issues these days.

“Our stakeholders include the Franciscan Missionaries of the Divine Motherhood (FMDM), the hospital’s Board of Directors, Executive Team (ET), hospital staff, the Catholic community, doctors, patients and their families.”

“Looking at the interests of the stakeholders across this whole range, whatever we do, we have to try to find a balance,” shared the affable Chairman who is in his early 60s.

Trained as an accountant, Mr Thia brings with him valuable management experience, having held positions of Managing Director at merchant bank Morgan Grenfell (Asia) Limited and investment bank Merrill Lynch International Bank Limited. He was also a director and partner of stockbroking firm, Kay Hian Pte Limited.

Chairman’s impressive credentials are augmented by a team of equally well qualified directors with collective experience in the areas of leadership, law, finance, business and healthcare. All members of the Board serve in a voluntary capacity.

To ensure everyone is on the same page, one of the first things Mr Thia did when he took on the Chairmanship in January 2010, was to make clear the distinction between the role of the Board and ET.

“The role of the Board is to govern. The role of ET is to manage. So Directors have to be very clear that we don’t get involved in day-to-day management of the hospital. Our role is to look at strategy, benchmarking and performance in the light of constantly changing conditions, and to share our external experience so that the hospital can progress.”

Mr Thia is most impressed with how the hospital – which started humbly enough as a little building, has braved the challenges of a dynamic healthcare environment since inception and continues to go from strength to strength.

He is also pleased with the way the hospital has been able to retain the essence of the unique culture of care started by the nuns. “It’s very family oriented. I can sense that people are working together very selflessly,” he observed.

Looking ahead, Mr Thia is excited about the future. “We are different. We don’t have shareholders,” he explained.

“Mount Alvernia is unique in the sense we are run profitably, although we are not-for-profit. We work towards providing the best quality healthcare and whatever surplus is earned, we plough back to upgrade facilities and develop services for patients.”

“This year we celebrate our 50th anniversary. While we have a roadmap for the next five years, healthcare is a very progressive business. Going forward, we have to constantly keep watch for changing conditions and move in tandem to address the healthcare needs of the Singapore community.”

It’s something our Chairman is familiar with. “All my life has been about meeting challenges and change!” he quipped with a laugh. ■



Mount Alvernia Hospital is proud to receive:



In Recognition of Superior
Performance in Business Excellence



In Recognition of Commendable
Performance in Service Excellence

Thank you for your support over the years. We will continue to work hard to be your trusted partner in healthcare.



*T*raditions that stand the test of time

Timely analysis of body fluids or specimens can aid diagnosis and help doctors determine the best treatment plan. Though times have changed, the hospital lab has always been an integral part of Mount Alvernia's comprehensive supporting services and continues to enable us to render the best service to our patients.