

# DIALOG

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**Manfred Steinmann** is Kitchen Manager  
at the MEDIAN Clinic Odenwald and one of  
the winners of our MEDIAN Unsung Hero  
Awards which were presented in March 2023

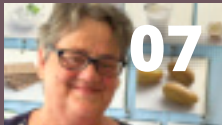
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## *Dear Colleagues,*

This issue of DIALOG is dedicated entirely to the quite fundamental topic of food and nutrition. I would like to express particular thanks to Christine Reudelsterz, Nutritional Scientist at Deutsche Rentenversicherung (DRV), who agreed to an interview on the subject. You will find this on p. 13. It goes without saying that our diet has an absolutely fundamental impact on our health and well-being. Time and again in our clinics, we see the effects of an unbalanced lifestyle. Overweight, which is often the result of poor diet and lack of exercise, is frequently the root cause of many illnesses that you and your teams treat on a daily basis. Yet what is even more important is the finding that a proper diet actually plays a key role in preventing these illnesses. It is not just a case of preventing strokes or heart attacks, though, it is also about reducing the risk of developing Type-2 diabetes or knee and hip problems which can often be traced back to overweight and an unhealthy diet. That is why our efforts to motivate patients to eat more healthily and follow an active lifestyle long-term are so important. Our proprietary development in digital after-care, MyMEDIAN@Home, also has its part to play in supporting these efforts. Rolling out modern nutrition concepts for the different age groups we cater for at our facilities is particularly challenging. When it comes to rehabilitation for children and young people, we frequently encounter a lack of role models at home. Older patients,

meanwhile, tend to have more traditional views on food and diet. Our job, therefore, is to find individual solutions which fit with the needs and wants of our patients, while at the same time supporting their health and tasting great. The MEDIAN Nutrition Board is doing excellent work here in aligning patients' wishes and what appears on their plates more closely to scientific findings (more details on p. 22). The public debate on nutrition is characterised by dogmas that frequently run contrary the scientific facts. As a biochemist, I find it personally frustrating that at times there is so little scientific evidence involved in the public debate or media reports. We mustn't forget that there are still traces of our evolution in us that impact our nutrition and which we must understand and account for. Simplifications, such as the sweeping condemnation of fats and the mild treatment of sugars in our foods, are insufficient and misleading. Fats are essential for life, what matters is the types and quantities of fats. Cutting out sugar, on the other hand, is one of the simplest and most effective things we can do for our health. Turn to p. 9 to read about why we would do well to base our diet on Mediterranean cuisine. I would like to thank you for your dedication and support in our mission to improve and maintain our patients' health and well-being long-term. Together, and by continuing to work closely with partners such as the DRV, we can achieve a great deal.

Warmest regards,  
**Dr André M. Schmidt**  
 Group CEO

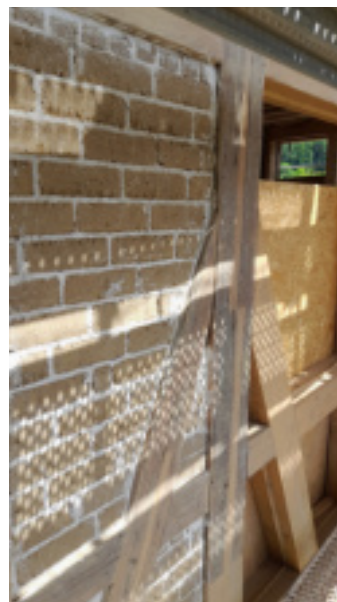
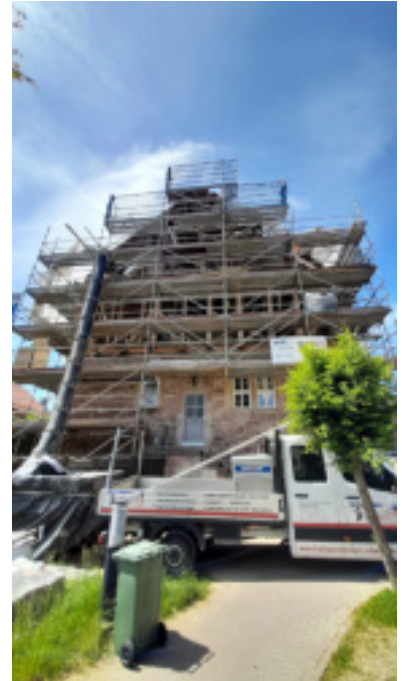
# News

## "Manor House" in Richelsdorf undergoing renovation

At the MEDIAN Clinic Richelsdorf, the kitchen and dining hall are located in a former manor house. The building's solid foundations were laid in 1596, while the half-timbered frame dates back to around 1762. The building was converted into the specialist clinic it is today in 1996 and was given its current name in 2016.

Now, the rotting wood in the half-timbered construction, including the panels, false ceiling and roof truss, are being restored, while internal insulation will be installed in the walls and on the top floor and the windows will be renovated. The insulation will be made predominantly of environmentally friendly materials which will harmonise with the half-timbered construction and, in particular, the building's listed status. These will include sustainable and resource-efficient materials like clay, cellulose and mineral wool insulation.

The work is expected to last until the start of 2024 and will cost around €1.3 million. The project will foreseeably allow the facility to reduce their energy costs by 30%. Primarily, however, the renovation will help to maintain the beautiful old half-timbered structure.



The former manor house, currently part of the MEDIAN Clinic Richelsdorf, is undergoing extensive renovations and is currently a building site no matter where you're standing





## Nutrition therapy between requests and reality

By Anke von Sengbusch, Senior Gastroenterology and Metabolic Disorders Consultant, MEDIAN Clinic Bad Gottleuba

The annual conference of the Society for Rehabilitation of Digestive and Metabolic Disorders (GRVS e.V.) was held at the Culture House at the MEDIAN Clinic Bad Gottleuba in June. Under the title "Between requests and reality", clinicians and employees from a number of other departments discussed current issues in gastroenterology and social medicine. GRVS is a relatively small organisation and the attendees, who had found their way to Bad Gottleuba from as far afield as the Black Forest, Mölln and Passau, quickly established a relaxed and friendly atmosphere.

Speakers included experts from near and far, such as Dr Renate Schmelz, Senior Physician and Head of Outpatients and the Gastroenterological Day-Case Clinic at University Hospital Gustav Carus in Dresden, who spoke about "Hope for Chronic Inflammatory Bowel Diseases beyond Immunosuppressants", presenting the increase in knowledge about nutrition strategies and the human microbiome. Dr Hermann von Lilienfeld-Toal, an internist specialising in endocrinology teaching, digestive disorders and diabetes, spoke about the "Paradigm Shift in Dietetics in Obese Patients", presenting good arguments for a reduced-carbohydrate diet. Smaller workshops were run alongside these talks on the subjects of mental health co-morbidities in somatic rehab, rehab after-care and diabetes tech. A panel discussion with the provocative title "Because Grandpa is Working Another Extra Shift Today" brought together people with different perspectives on the social welfare system (Deutsche Rentenversicherung (DRV), the Federal Employment Agency, GPs, rehab clinicians, academics) and engaged in a lively dialogue with the audience.

There was also a talk dedicated to catering in clinics and rehabilitation, featuring renowned speaker and nutritional scientist Christine Reudelsterz from DRV in discussion with Katja Degen, nutritional psychologist from MEDIAN Head Office, who offered her own arguments on how



to achieve a compromise between requests and reality within the corporate structure.

Attendees of the conference emphasised that nutrition is a hugely important topic within gastroenterological rehabilitation and that providing a selection of food that caters to individuals' conditions is often an essential part of their therapy. It is hoped that both cost units and clinic operators will take this fact into account in future. MEDIAN has shown its commitment by supporting the conference.

Wanted: More speakers for the MEDIAN Academy

## „Sharing knowledge increases everyone's expertise!“

Interview with Prof Marc Baenkler,  
Germany CEO MEDIAN

**Prof Baenkler, the MEDIAN Academy falls under your department at Head Office in Berlin.**

**The majority of what the Academy offers consists of trainings run by MEDIANers for MEDIANers.**

**Why do you think it's important to share knowledge internally?**

MEDIAN has again managed to take significant strides forward in recent years when it comes to its already high level of quality. This is, in part, due to a wealth of knowledge, meaning that MEDIAN is also a knowledge company and that the knowledge our employees have is of vital importance. I believe it is absolutely essentially that colleagues share their knowledge and experience. Sharing

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| Prof Marc Baenkler, Managing Director and CEO Germany at MEDIAN

knowledge within our teams means everyone develops their expertise and, above all, benefits our rehab patients. The MEDIAN Academy leads by example, with a platform that brings all the trainings we offer together in one place and which employees can use to take some of their mandatory trainings, plus courses on other subjects, completely for free – whether that's courses that teach valuable soft skills or learning strategies for coping with challenging situations posed by our day-to-day clinical work.

**Everyone can benefit from the wide range of trainings on offer. Why, in your view, is it also important to have as many speakers involved as possible?**

What's special about the approach employed at MEDIAN Academy is that it is practice-based – it is run by MEDIANers for MEDIANers. Our experts present a best-practice approach which mixes with the experiences and knowledge of audience members. In short, a sort of "practice-based creative lab" where everyone can boost their knowledge! There's always something new to learn, whether as a speaker or an audience member – a new angle on a question that you maybe thought had already been thoroughly

investigated from all sides. Personally, I also find it an enriching experience to engage with inquisitive people. Or, in the case of the MEDIAN Academy, inquisitive colleagues! Engaging as a speaker also gives you the opportunity to expand your own network, making it easier to get in touch with your new contacts, should you ever need the opinion of another MEDIAN expert.

**You gave your own talk on recruitment at the MEDIAN Management Conference in March this year. What was your motivation for "taking to the stage"? How would you motivate others to share their expertise as a speaker at the MEDIAN Academy?**

As I mentioned, my biggest motivator was the feedback you get from the audience. Attracting new members of staff is a challenging issue that affects us all. That's why I was so keen to hear reactions from colleagues in the audience, direct and unfiltered, and to engage in a dialogue with them. So I can only recommend to all my colleagues at MEDIAN that they bring their personal expertise to the Academy and let others benefit from their experience. The Academy Team will make things easy for you, helping you to pick your topics and prepare your content, and providing technical support.



# » Cooking myself healthy food makes me feel happier



Healthy eating has all sorts of positive effects on our well-being and also on certain signs and symptoms. Patient Heike Reggentin, who spent three weeks at the MEDIAN Clinic Graal-Müritz, sat down with us to talk about eating well.

**Dialog: Heike, could you tell us a little bit about yourself and your stay at the MEDIAN Clinic Graal-Müritz?**

**Heike Reggentin:** Of course.

I'm here at the clinic to treat my depression and it's doing me a lot of good so far. I've lost close family members who were very important to me. The sheer amount of energy it took to cope with those losses led to me leaving my flat less and less. That made the symptoms of certain illnesses that I have had for a long time, such as my diabetes, worse. I was moving less and not eating a particularly balanced diet. I've been able to see that a lot more clearly ever since I came to the clinic.

**Dialog: You've also been going to regular nutrition advice sessions and the teaching kitchen during your stay at the Clinic Graal-Müritz. How has that changed your perspective of healthy cooking?**

**Heike Reggentin:** It's really changed how I look at food. Cooking in the teaching kitchen has helped me rediscover the joy of preparing food. That plus the realisation that I have the ability to combine healthy ingredients however I fancy is really doing me good. I used to do a lot with food but I've still learnt so much in the few weeks I've been at the clinic. Healthy eating doesn't have to be complicated, quite the opposite. With just a few ingredients and easy-to-follow recipes, I can throw together something really tasty. At the end of my stay, I'll be able to take all the recipes home with me so I can turn healthy eating into a hobby. Cooking has helped me rediscover the joy of doing something for myself. Because cooking healthy food for myself is fun, it distracts me from my constant negative thoughts and actually makes me happier. I've already lost a bit of weight in the short time I've been at the clinic and in the longer term I'm hoping I won't have to take so many pills because eating a more balanced diet and following a healthier lifestyle will improve my overall health.

**Dialog: Thank you so much for taking to us so openly, Heike! We wish you all the best!**

# Nutrition

The fuel that powers long-term health

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Our body is a complex machine that needs the right fuel to keep on running. And nutrition plays a vital role. The food we eat every day not only has a direct impact on our energy and functioning, but also on our long-term health and general well-being.

Read on to find out why Mediterranean cuisine is considered particularly healthy, how MEDIAN envisions healthy catering at our clinics, what innovative concepts have already been rolled out and what challenges we still need to tackle. Read our in-depth interview with Christine Reudelsterz from Deutsche Rentenversicherung and Dr André M. Schmidt, Group CEO of MEDIAN. And be inspired by a couple of Mediterranean recipes that are as simple as they are delicious and which will not only delight the senses, but also do some good for your health.



# A healthy Mediterranean diet can protect your heart and increase your lust for life

by Dr Gerhard Toepel, Senior Consultant at the MEDIAN Rehab Centre Wiesbaden Sonnenberg and member of the MEDIAN Nutrition Board, Internist, Cardiologist and Clinical Nutrition Specialist with the German Nutrition Medicine Society (DGEM)

**G**erman philosopher Ludwig Feuer hit the nail on the head back in the 19th century when he declared, "You are what you eat". He was referring to the direct relationship between health and diet and as a European was manifesting an even older Asian adage: "Diet is the foundation of health". A sage piece of advice that plays a fundamental role in the treatments provided at MEDIAN clinics and facilities.

One of those is the MEDIAN Rehab Centre Wiesbaden Sonnenberg where healthy Mediterranean fare is a permanent fixture on the menu for all patients. Patients at MEDIAN can even learn how to cook these Mediterranean dishes themselves if this is considered necessary for their medical care. The Clinic Sonnenberg, for example, runs regular "classes" on the burners in the learning kitchen, plus "shopping training" with nutrition therapists.

These hands-on modules are complemented by seminars, talks and one-to-one consultations, sometimes run next to the buffet bar itself. The goal is for patients to continue preparing Mediterranean food for themselves at home once they leave rehab, enjoying and benefiting from the health benefits of the diet.

## Is "typical German cuisine" unhealthy?

Typical German cuisine is low in fibre but very rich in fat, protein, salt and meat and is overall very high in calories. The perfect breeding ground for conditions such as obesity, diabetes, high blood pressure, strokes and heart attacks. Overweight, in particular, continues to rise in Germany. "Based on self-reporting from 2019/2020, 46.6% of women and 60.5% of men in Germany are overweight or obese. Nearly one fifth of adults (19%) exhibits signs of obesity. As age increases, so does the prevalence of overweight and obesity," says the Robert Koch Institute in its German Health Update 2019/2020 (GEDA) published in March 2022.

## Breakdown of ingredients consumed as part of "typical German cuisine":

Nutrition	Average intake	Recommended intake by German Nutrition Society (DGE)
Fat	45%	30% to 25%
Protein	95 grams/day	60 grams/day
Fibre	< 20 grams/day	> 40 grams/day
Salt	< 20 grams/day	5 to 6 grams/day
Meat	86 kg/year	16 kg/year

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Healthy aspects of Mediterranean cooking

Mediterranean food, on the other hand, is rich in fruit and vegetables, salad, fish, skimmed milk products, complex carbohydrates and valuable plant oils. It is this same idea that the German Heart Foundation (Deutsche Herzstiftung) is promoting in its "New Way to Plate Up" initiative which encourages people to build their meals around salads, fruit and vegetables, using meat, fish, cheese, milk, fats, potatoes, pasta, rice or bread as the accompaniments instead.

But it's not just about the right ingredients, it's also about the right quantities:

Nutrition	Recommended intake/day
Unsweetened drinks (excl. alcohol)	1.5 to 2 litres
Vegetables, salad, raw foods	3 portions of 150 to 200 g
Fruit	2 portions of 150 grams (can include one portion of juice)
Grains, cereal products and potatoes (ideally as whole grains)	250 grams
Milk	200 millilitres
Cheese	50 grams
Butter or margarine	20 grams
High-quality plant oil	20 grams

Nutrition	Recommended intake/week
Fish	150 to 300 grams
Meat	300 to 450 grams
Cured meats	100 grams
Eggs	1 or 2

The quantities and composition of the Mediterranean dishes described above can help people lose weight and keep it off, reducing waist sizes, lowering blood pressure, improving blood sugar levels and reducing blood lipids like cholesterol and triglycerides (= free fatty acids). In short, Mediterranean food can help alleviate dangerous risk factors involved in cardiovascular diseases, thereby preventing the negative consequences these conditions can have for our health, such as heart attacks, strokes and kidney failure. According to scientific studies, such as the Lyon Diet Heart Study, people who follow a Mediterranean diet are 50% less likely to suffer a heart attack. This shows just how effective this diet can be for our health.

But Mediterranean food isn't just for people who are already ill, it's for anyone who wants to take active steps to staying healthy. Mediterranean food improves quality of life and enjoyment of life, both directly and indirectly, because it often allows people to reduce the dosage of medications they are taking to treat high blood pressure, increased blood lipids or increased blood sugar levels, meaning they can minimise the unpleasant side effects of these medications or avoid them altogether. Sweets and snacks are not forbidden and should be enjoyed. What is important, however, is the quantity. So as long as you're careful, you can happily enjoy a bar of chocolate or a handful of nuts, for example.



## Two Mediterranean recipes to try at home

Dr Gerhard Toepel's article on p. 10 illustrated the benefits of the Mediterranean diet. So why not check out the two recipes below for some inspiration on how you can turn theory into practice! These recipes have been provided by Evelin Koschnik, Dietician at the Nutrition Advice Centre at the MEDIAN Clinic Graal-Müritzt. She and her team of colleagues in the teaching kitchen have also put together these and other healthy recipes to create a little booklet intended to motivate patients even after they leave the clinic.

### Mediterranean feta cream

#### Ingredients

- 200g feta
- 200g cream cheese
- 1 large red pepper
- 1 tsp dried Herbs de Provence
- 1 tbsp olive oil
- 1 knob garlic
- Pepper

#### Preparation

Wash and thinly slice the pepper and crumble the feta by hand. Blend or blitz, together with the cream cheese and olive oil, to produce a fine paste. Press the garlic and mix in with the herbs. Add pepper to taste.



### Aromatic lentil salad



#### Preparation

Boil the lentils in the broth for around 15 minutes. Meanwhile, wash and quarter the tomatoes and slice the spring onions into delicate rings. Make a vinaigrette from the remaining ingredients, adding salt, pepper and mustard to taste. Mix the drained, boiled and slightly cooled lentils with the tomatoes and the spring onions with the sauce. Tastes great hot or cold.

#### Ingredients

- 400g red lentils
- 800 ml vegetable broth
- 6 spring onions
- Cherry tomatoes
- 2 tbsp honey
- 6 tbsp balsamic vinegar
- A dash of lemon juice
- 4 tbsp olive oil
- Salt, pepper, dash of mustard to taste

# The role of healthy eating during rehabilitation

Interview with Christine Reudelsterz, Nutritional Scientist at Deutsche Rentenversicherung (DRV) and Dr André M. Schmidt, Group CEO MEDIAN



| Christine Reudelsterz (L) and Dr André M. Schmidt (R)

**DIALOG: Mrs Reudelsterz, you work as a Nutritional Scientist for DRV, focusing on nutrition in rehabilitation. Could you tell us a bit about what your work focuses on specifically?**

**Christine Reudelsterz:** Sure! The sole fact that DRV has created a new position for my work is, for me, a fantastic sign because a balanced diet plays a vital role in our general health. The department I am currently working in was given an overhaul in order to bring together the skills and knowledge we had in one place so that we can introduce effective nutrition concepts in collaboration with our partners. Within the DRV Department for Medical

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Rehabilitation, we are the Department of Interdisciplinary Partnerships and our team is made up of psychologists, nutritional scientists and sports scientists. My work is highly varied and includes working with our partner clinics or evidence-basing as a way of demonstrating the effectiveness of treatments and also the role of diet during rehab through scientific studies. For example, an important part of my job involves giving trainings and talks.

**Dialog: How does DRV view the role of nutrition in successful rehabilitation?**

**Christine Reudelsterz:** DRV recognises the important role nutrition therapy plays in medical rehabilitation. It's about spreading awareness of how to make healthy meals, of weight loss or poor diet and balanced, plant-based nutrition, and it's about teaching cooking skills so that eventually we can improve people's ability to live their lives. By giving patients nutrition therapy during

*DRV recognises the important role nutrition therapy plays in medical rehabilitation. It's about spreading awareness of how to make healthy meals [...] and teaching cooking skills so that eventually we can improve people's ability to live their lives.*

their rehabilitation, we give them the tools they need to make more health-conscious decisions in their everyday lives.

**Dialog: What are the challenges you see when it comes to healthy nutrition in rehabilitation?**

**Christine Reudelsterz:** One of the challenges is that approaches to nutrition therapy need to also be reflected in the food that clinics offer: the buffet should align as

seamlessly as possible with what is being taught in the nutrition therapy. We regularly evaluate patient surveys and can see that many rehabilitation patients are willing to change their diet after they leave, especially cardiology and gastroenterology patients. Orthopaedic

*We regularly evaluate patient surveys and can see that many rehabilitation patients are willing to change their diet after they leave, especially cardiology and gastroenterology patients.*

Patients appear to be less willing. According to our colleagues in clinical practice, this is often because these patients are generally under the impression that going to rehab after a hip operation is about getting "fit fast", not about losing weight.

**Dialog: Dr Schmidt, what responsibility do you believe rehabilitation clinics have when it comes to patient diets?**

**Dr André M. Schmidt:** I am delighted that DRV has taken the initiative to focus more heavily on nutrition. At MEDIAN, we have been investing in measurability and standardisation for 13 years – including in the area of nutrition. Then, four years ago, we set up the Nutrition Board, led by Katja Degen, Dietician and Nutritional Psychologist at the MEDIAN Service Company, to bring together nutritional recommendations, cost unit regulations, financial aspects and the all important factor of taste and to integrate these into our menus (turn to p. 22 for more on the work the Nutrition Board does). Nutrition is a fundamental part of rehabilitation and is already a core component of the rehabilitation provided by the therapy teams at MEDIAN in Germany, with teaching kitchens and one-to-one nutrition consultations from dietitians. What's important is that we motivate our patients through targeted actions and help them to integrate healthy eating into their daily routine.



By gradually changing their eating habits and their lifestyle, and thereby losing weight, a lot of patients can significantly reduce the amount of medications they are taking. That said,

*By gradually changing their eating habits and their lifestyle, and thereby losing weight, a lot of patients can significantly reduce the amount of medications they are taking.*

we in the rehabilitation sector are up against formidable opponents in the sugar and pharma industry. As a result, patient perceptions of the food on offer in the clinics often differ significantly from what the healthy options would be. Consequently, clinics are frequently faced with the challenge of providing food that meets high individual expectations when it comes to taste and selection. The challenge of raising awareness in a way that will have an actual effect on people's habits is not one that we at MEDIAN can take on alone, and so we are delighted to be working with such a reliable partner as DRV.

**Christine Reudelsterz:** I am convinced that together, we can really make a change. And this is the perfect time, as many patients are beginning to realise that unhealthy food is bad not just for them, but for the environment too. Personal preferences, such as a minimum of two meat dishes to choose from every day, shouldn't dictate the meals on offer at the buffet bar in rehabilitation facilities.

**Dialog: Dr Schmidt, how is MEDIAN tackling the issue of healthy nutrition at its 123 clinics in Germany?**

**Dr André M. Schmidt:** In typical MEDIAN fashion, by relying on interdisciplinary teams who are defining and rolling out nutrition profiles. We want to maintain the diversity of our many different MEDIAN facilities while at the same time setting standards for healthier options on our clinics' daily menus. Many people aren't admitted to a rehabilitation clinic until it's too late and their unbalanced diet, lack of exercise and overweight has already resulted in health issues that require treatment. We want to increase the number of patients who make more

conscious decisions after they leave rehab and even begin to enjoy exercising and eating healthy. That's only going to happen if healthy food also tastes good – and with after-care that looks after patients once they leave the clinic. The MEDIAN App is the perfect solution for this.

*We want to increase the number of patients who make more conscious decisions after they leave rehab and even begin to enjoy exercising and eating healthy. That's only going to happen if healthy food also tastes good – and with after-care that looks after patients once they leave the clinic.*

**Dialog: The annual conference of the Society for Rehabilitation of Digestive and Metabolic Disorders (GRVS e.V.) was held at the MEDIAN Clinic Bad Gottleuba in June. Mrs Reudelsterz, you gave a talk at this conference. What was it on?**

**Christine Reudelsterz:** I was delighted to be invited to the annual conference as a speaker! The GRVS is, as it were, the "spiritual home" of dietitians focusing on metabolic and gastroenterological conditions. In my talk, I discussed a survey of people working in teaching kitchens called Project "LeKER" which was funded by DRV. The goal is to take the pulse of the sector as a whole and then use that to draw up recommendations for standardised concepts in medical rehabilitation. The anonymous survey was run by the Fulda University of Applied Sciences between 18 September and 2 October this year. Because they are on the ground, so to speak, teaching kitchens have a great opportunity to introduce patients to the concept of healthy eating. Most patients really enjoy cooking in the teaching kitchens and we have a real chance here to teach them the knowledge they need and to give them the foundations for a healthy lifestyle. I also presented the plan for another study which DRV is funding called REGENERATION which dietitians from the MEDIAN Adelsberg Clinic Bad Berka are also involved in.

This randomised clinical study is focusing on rehab patients with gastrointestinal tumours, application of the German Nutrition Care process and the effectiveness of rehab after-care. I would like to take this opportunity to thank the doctors and dieticians for their involvement in the study.

**Dialog: Dr Schmidt, what do you believe the future has in store? What challenges and milestones do you see when it comes to nutrition in rehabilitation, and at MEDIAN in particular?**

**Dr André M. Schmidt:** We see the future of nutrition in rehabilitation as being founded on three pillars. The first is to continue improving scientifically proven standards for tasty and healthy food in clinics. The second is for our experts to raise awareness and provide medical and therapeutic care during rehabilitation at our facilities.

*We see the future of nutrition in rehabilitation as being founded on three pillars. The first is to continue improving scientifically proven standards for tasty and healthy food in clinics.*

The final pillar is to use digital after-care to reinforce what patients have learnt during their stay and to maintain the success achieved in their treatment as part of our efforts to make nutrition a core component of rehabilitation.

**Dialog: Mrs Reudelsterz, what is your view?**

**Christine Reudelsterz:** I would like nutrition therapy to be accepted as its own discipline and to be integrated further into collaborations on inter-disciplinary teams and after-care.

*I would like nutrition therapy to be accepted as its own discipline and to be integrated even more into collaborations on inter-disciplinary teams and after-care.*

It's important for me that we increase recognition of the profession as a whole and raise awareness of the role of a healthy diet because climate change will pose a major challenge to rehabilitation in the coming years and so changing our eating habits is going to be enormously important.

**Dialog: Many thanks, Mrs Reudelsterz and Dr Schmidt!**



# Data Story

In this issue, our Facts and Figures section looks at food and nutrition at MEDIAN. From the most commonly ordered ingredients in our kitchens, to expertise on a few nutritional disorders.

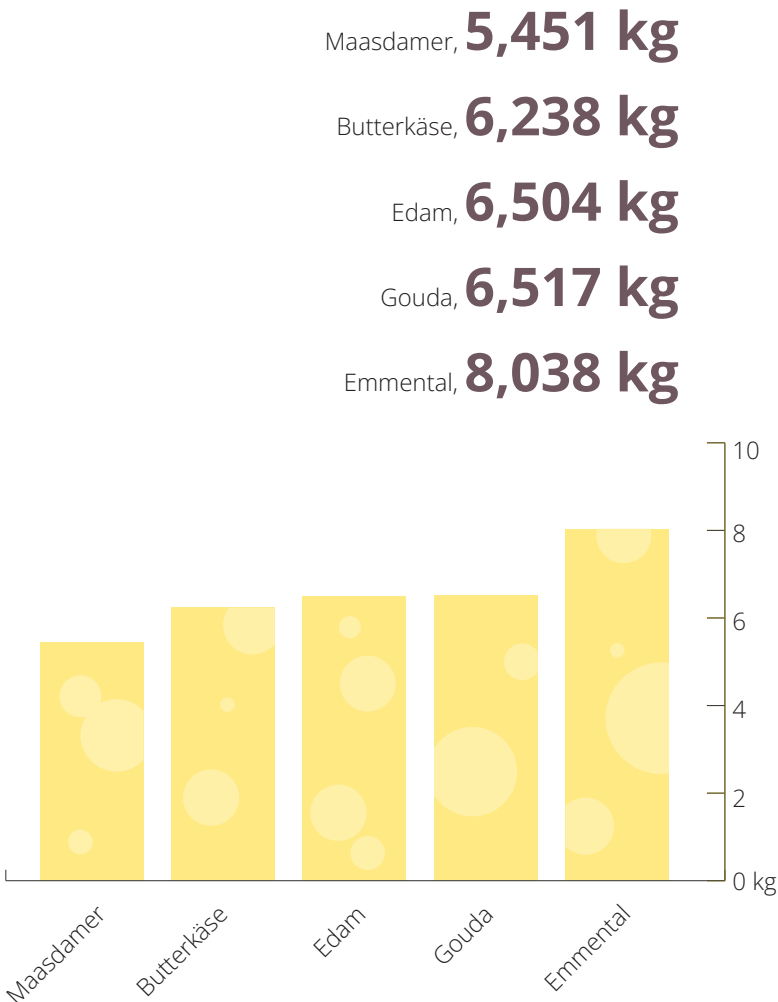
Purchase volumes by product groups

Product groups at MEDIAN, shares in %



## For the love of cheese

MEDIAN offers a total of 49 varieties of cheese at its buffets. These are the Top 5:



## Expertise on treating disorders related to nutrition at MEDIAN

# What does this mean ...

## Part 1

### Facts and figures on nutrition at MEDIAN:

- Treatment for overweight and obesity: **13 clinics** within MEDIAN
- Treatment for eating disorders: **13 clinics** within MEDIAN
- Treatment for gastroenterological disorders: **3 clinics** within MEDIAN

### Eating disorders

Eating disorders is an umbrella term primarily applied to three conditions: anorexia, bulimia and binge eating. There is no one single cause behind an eating disorder and it takes a multitude of factors coming together for an illness to develop. Alongside biological aspects like genetic predisposition or changes in hormones, these disorders are heavily influenced by individual factors. The reduction in physical functioning caused by anorexia or bulimia can lead to loss of work, loss of social contacts and even complete loss of activity, while the often costly food binges associated with bulimia frequently result in significant financial troubles.

### Gastroenterological rehab

Gastroenterological rehabilitation is primarily for treating patients with chronic disorders of the digestive organs and for patients who have undergone operations on their stomach, gut, liver, pancreas or other abdominal procedures. Treating these often acute cases requires a wealth of expertise on internal gastroenterology, supplemented by knowledge of other fields, such as wound management, nutrition therapy and advice for patients with a stoma.

## Expertise on treating disorders related to nutrition at MEDIAN

# What does this mean...

### Part 2

#### Obesity

While the underlying cause of obesity is frequently an irregular eating habit, involving an excessive intake of high-calorie foods, obesity is not classified exclusively as a psychological condition or eating disorder and is instead regarded by internists as a metabolic disorder. Predisposition is certainly relevant in obese patients, while changes in the gut bacteria (our so-called microbiome) are presumed to also be important.

#### Diabetes

Diabetes is a metabolic disorder, in which the body cannot properly deal with the sugar taken in through food, meaning it cannot convert it into energy. There are two different types of diabetes: Type-1 and Type-2. Type-1 diabetes is an autoimmune reaction, in which the immune system identifies the body's own insulin cells in the pancreas as foreign bodies and begins to attack them. As a result, the pancreas is no longer able to produce enough insulin for the body and so cells do not have sufficient insulin to absorb glucose. Glucose is deposited in the blood, increasing the blood sugar level. Since glucose cannot be used to generate energy, the body builds up high levels of fat which clog the blood vessels. This increases the risk of stroke and heart attack. Unlike Type-1 diabetes, the cause of Type-2 diabetes is not a lack of insulin but resistance to it. The cells encounter difficulties recognising the body's own insulin, causing them to take in and use less glucose. The pancreas reacts by producing more insulin so that the body can process a sufficient amount of glucose. Working overtime like this for an extended period of time can cause the pancreas to fatigue and, consequently, to reduce its insulin production until the body brings it to an almost complete halt. The result of this gradual process of fatiguing is that blood sugar levels become raised over an extended period of time. We have seen a rapid increase in the prevalence of Type-2 diabetes over the last 100 years, likely a result of changes in our living habits and our diets.

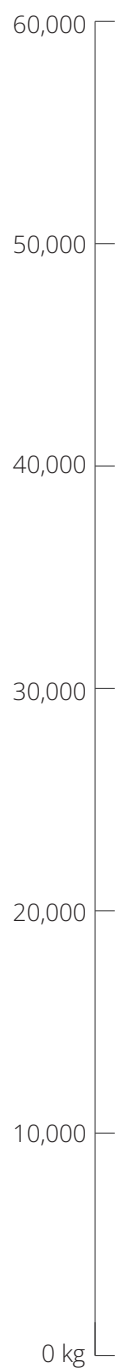
#### More facts:

- **1,800** Colleagues working in Catering at MEDIAN.
- Preparing more than **15 million** meals at our clinics every year.





## Increase your apples and pears



Consumption of fresh apples...

**59,364 kg**

Consumption of fresh pears...

**27,247 kg**

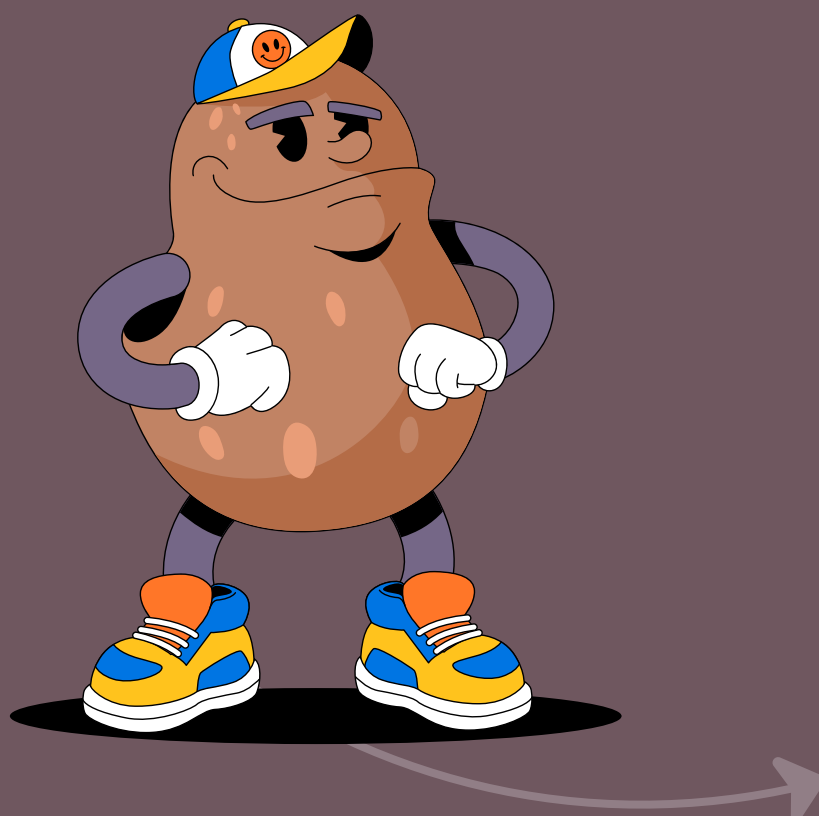
**per year.**



# Wanted: potatoes good enough to eat!

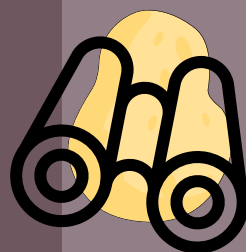
High hygiene standards, strict food regulations, ERP system records, appetising dishes on patients' plates.  
Read all about what goes into serving up food at MEDIAN  
– by following the journey of a potato

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Do you meet our requirements for quality, value for money, variety and taste?  
Then **welcome aboard!**



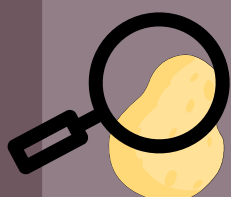
### Your prospects:

If you've landed on one of our meal plans, then we'll check to see if you really are the potato you said you were when we first heard about you. If you are, then you've got a pretty good chance of winding up in one of our pots (convection ovens, if we're being honest) with our kitchen managers before finally being gobbled up by our patients – delicately salted and lightly sprinkled with parsley. Don't worry, it's not a long wait between boiling and eating and it's a lot of fun.



### Starting your journey at MEDIAN:

If our purchasing department then decides to request you from our suppliers, and provided you're available nationally and at an attractive price, then you will be entered into our ERP system as a basic product so that our kitchen teams know how to get hold of you.



### Your profile:

You should come pre-peeled in order to comply with the hygiene standards for clinics. You should also be free from additives so that you can live up to the tasting standards set by our experts on the MEDIAN Nutrition Board

## Guidelines for catering at clinics: The MEDIAN Nutrition Board

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by Katja Degen, Dietician and Nutritional Psychologist at MEDIAN

Our personal eating habits begin to form in early childhood and remain with us for life. Our eating habits are part of our identity, which is why the mere thought of a fixed meal plan can feel patronising – no matter how delicious the meals might taste. People who come to a MEDIAN clinic for rehabilitation are or have been seriously ill – and eating their standard food is usually their last shred of normality. Many of them also expect the food to be prepared and taste just like it does at home. Or they think it should taste even better and remind them of holidays past in Italy. When you remember that, on the one hand, food is frequently a constant for seriously ill patients and that, on the other, expectations are incredibly significant, it's no wonder that a patient's assessment of their overall stay at a clinic relies heavily on how tasty the food was.

### Balancing guidelines with gastronomy

When the MEDIAN Nutrition Board was set up more than four years ago, the intention was to create uniform standards for catering at the more than one-hundred MEDIAN clinics, while still maintaining the individuality of each of our kitchens. The Nutrition Board is a committee of experts taken from across the MEDIAN spectrum, including senior clinical nutrition specialists, nutritional therapists and kitchen managers. All of these specialists deal extensively with our patients' nutrition and catering every day as part of their clinical work. Making them the ideal team for developing guidelines for all MEDIAN facilities that balance scientific recommendations on healthy eating, regulations set by cost units, budgetary restraints and the individual preferences of patients and chefs. The make-up of the Nutrition Board also takes into account all treatment indications and all regions where MEDIAN facilities operate. Because eating habits in the south of Germany differ from those in the north, while the eastern regions like to serve up different dishes to the western parts of the country. There have been many

challenges, in particular surrounding the initial efforts to create a set of standards: more pasta in the south, more potatoes in the east and how long should perennial regional favourites like Käsespätzle or knuckle of pork remain on the menu as part of a balanced diet?

### The *MEDIANFresh* nutrition concept

The overall goal of the MEDIAN Nutrition Board is to ensure patients get tasty, balanced meals. That's why each menu plan at our clinics changes every four weeks and reflects the Manual of Nutritional Therapy in Patient Care (LEKuP) and the Quality Standards for the Implementation of a Wholesome Diet in Hospitals and Institutes for Rehabilitation published by the German Nutrition Society (DGE). These guidelines also contain recommended reference intakes for nutrients. Costs units require this information to be provided in a transparent form in order to cover clinics' spending on food.

Based on their inter-disciplinary know-how and a lively exchange of ideas, the Nutrition Board produced the *MEDIANFresh* meal plan, a concept that is subject to continuous review and development. This nutrition concept limits the use of flavour enhancers, palm oil and high sugar content as far as possible. Reconstituted meat is avoided and fish dishes only use products with an MSC label certifying that they have been sustainably fished. As outlined at the beginning, the biggest challenge is creating a standard *MEDIANFresh* meal plan, given how much we know about the large variations in both our patients' and our colleagues' taste preferences. All meals are tested by our committee of experts before facilities are allowed to serve them up. These tests are performed according to strict, self-imposed guidelines: talking is forbidden during testing so that the experts are not influenced by one another. The results are consequently very much like what you would hear in the dining hall: from "Amazingly tasty" to "That's inedible!", our experts have heard it all.

### **Lunchtime menu at our clinics: varied, seasonal, Mediterranean**

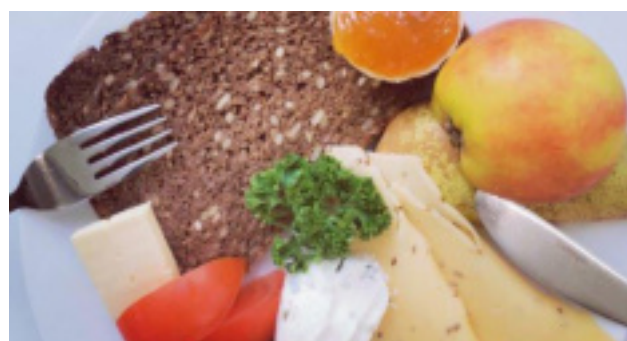
Every day, patients at all our MEDIAN rehab clinics have a choice of three different menus: the full option, the specially catered full option and the veggie option. The diversity of different tastes is reflected in the meal plan – one of the biggest challenges of cooking for so many people, since patient satisfaction depends so heavily on the choice of menus. In preparing the winter 2022/23 meal plan, we took advantage of the wider trend of eating more meat-free dishes, with the team taking a creative approach. We continued with this trend for the current summer meal plan while additionally focusing on healthy, Mediterranean fare (turn to p. 9 for our article on Mediterranean food). Using lots of frozen products helps ensure that vitamins and minerals are retained. Combined with a number of fresh products that change daily, this guarantees maximum variety. In addition, regular health days for patients and employees highlight how nutrition can benefit our health (turn to p. 13 to read more about how our clinics run these health days).

### **Variety for breakfast and dinner**

Our kitchen managers also follow the *MEDIANFresh* buffet plan when it comes to breakfast and dinner to ensure maximum variety. The basic menu consists of a variety of different breads, dairy products, vegan alternatives and fresh fruit. Fresh fruit is usually also available in the dining halls throughout the day. While the breakfast menu also includes a selection of cereals and jams, dinner includes fresh fruit and veg, plus a side dish that changes every evening (such as a leafy, pasta or potato salad).

### **Catering for requests and reality**

The stated aim of the MEDIAN Nutrition Board is for the knowledge our nutrition therapists and consultants teach our patients and the connection between diet and personal health to be clearly visible in our meal plan, too. This increases patient acceptance of our food, one of the most important quality criteria in our daily clinical work besides the requirements set by relevant societies and cost units. The work of the Nutrition Board and the decisions they pass down to the clinics as guidelines are intended to help explain the catering provided to our patients and colleagues and make it easier to understand. A healthy diet plays an important role in recovering, staying healthy, living and working. The MEDIAN Nutrition Board wants to help rehab patients get back to living their life and to prevent relapses through nutrition therapy, and to motivate patients to eat healthy. We feel we have a responsibility to find the best possible compromise between requests and reality: the scientific restrictions, the demands of both patients and kitchen teams, the cost structures and communication on the reasons behind the decisions made regarding catering. There are undoubtedly situations where achieving this compromise is tricky because, despite what they say, there is plenty of accounting for taste. Which is why open communication with everyone involved is absolutely vital to managing this balancing act together.





## Report from the Priory Nutrition Board:

# A new catering concept at MEDIAN's UK subsidiary

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by Katja Degen, Dietician and Nutritional Psychologist, and MEDIAN Representative to the Priory Nutrition Board

Following MEDIAN's approach to nutrition in Germany, Priory in the UK is now establishing a similar concept - *Priory Fresh*. Adapted to local requirements in England, this concept is transitioning the catering provided to patients at our UK facilities to healthier options.

### Diverse patient groups and individual nutritional needs

Priory is renowned in the UK for its wide range of health and adult social care services. Priory treats more than 70 conditions, including: depression, anxiety, addiction and eating disorders. Alongside older people's care, Priory also supports autistic people and people with a learning disability in residential care and supported living facilities in the community. Just like at MEDIAN, Priory's top priority is the individual needs of the people it supports – and that includes their dietary needs. Working closely with dietitians is particularly important for patients with eating disorders. Many of these patients don't want to eat or have anxieties around eating. For some, if the food they are served does not match exactly what they ordered – such as if the portion size is wrong – it may prove too much, at which point they may need support from our on-site experts. The Priory Nutrition Board's job is to address these varied needs. It is essential that the board's members take into account the often vastly different expectations of their many patients from all perspectives. That is why the Priory Nutrition Board consists of dietitians, chefs, clinic directors and procurement experts. MEDIAN colleagues are also providing their expertise.

### Cooperating across teams for best results

The regular meetings of the Nutrition Board represent an important step towards rolling out the still rather new

*Priory Fresh* concept. They ensure that both coordination and communication (to teams and to patients) is correct throughout. *Priory Fresh* is an exciting step forward for the UK team, as it introduces a radically new model for patient catering. Previously, all 290 Priory facilities took responsibility for feeding a total of 5,000 patients in the UK independently of one another. This has resulted in a large number of different approaches to catering. The aim of *Priory Fresh* is to give all facilities uniform standards based on freshly prepared meals. This transition will bring with it many benefits, but it will not be without the odd challenge here and there either.

### Piloting the new meal plans

*Priory Fresh* is currently in the process of developing new meal plans. A six-week summer and winter menu will be introduced and two locations have been selected for the pilot project to test the making of these new meals and to find out how they go down with patients. The successful roll-out of *Priory Fresh* will rest on teamwork between colleagues at MEDIAN and Priory, and will represent an innovative and trail-blazing project in the UK healthcare sector. Taking into account individual needs, for example, will improve the quality of catering, while patients at Priory receive the perfect nutrition for their needs.

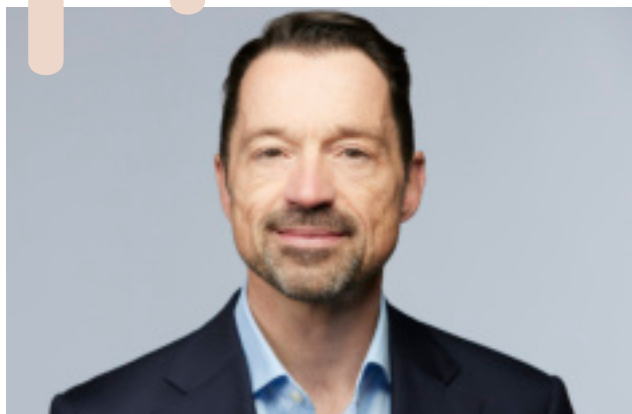
A nutrition concept based on the MEDIAN example will also be rolled out in Spain at Hestia Alliance's facilities who recently joined the Group. Our Spanish colleagues in charge of catering and cleaning have already put in place the service structure for cooperating with external partners.

# People at MEDIAN

In this issue, *People at MEDIAN* interviews our new Group CFO and new Group COO. You can also read interviews with a couple of experts we spoke to as part of our special *Nutrition* issue.



## Interview with Raimund Hackenberger, Group CFO at MEDIAN



**Dialog: Mr Hackenberger, you joined the MEDIAN Group in April as our new Chief Financial Officer (CFO) – congratulations again on your new position! Could you provide us MEDIANers with a brief insight into your career so far and give us a few highlights?**

**Raimund Hackenberger:** Sure! My career began years ago at a subsidiary of Unilever where I started out as a business graduate. In the years after that, I had the privilege of taking on a variety of different executive positions at Unilever, including as Director Corporate Controlling DACH and Director Mergers & Acquisitions Europe. Before I came to MEDIAN, I was Group CFO of Hawesko Holding SE for over five years. This wealth of different experiences in international consumer goods and retail companies has shaped my career and given me a rich variety of skills and insights.

**Dialog: Your role as Group CFO of MEDIAN is quite a varied one, covering Finance, Controlling, Mergers & Acquisitions (M&A), Legal and Human Resources. What**

**are the strategic objectives you are pursuing in these areas for the future of the company?**

**Raimund Hackenberger:** My responsibilities at MEDIAN are indeed very broad but that's precisely what I find so exciting about the position. Our primary objective is to continue to guarantee the financial health of the company, while at the same time encouraging sustainable growth. This includes using our resources efficiently so that we are running first-class rehabilitation facilities in Germany, the UK and Spain. In terms of M&A, we will review opportunities that expand our portfolio and further strengthen the Group. We will also advocate for a strong corporate culture and for the growth and development of our colleagues because they are a vital factor in the success of MEDIAN.

**Dialog: Final question, what are your initial impressions of MEDIAN and how do you view your role in terms of supporting the team to take on their day-to-day work in the best way possible?**

**Raimund Hackenberger:** My initial impression after just a few months at MEDIAN is excellent. It's a company that has undergone impressive growth and it is characterised by a dedicated team of employees. My goal is to support this team the best I can by ensuring that our Finance team is working efficiently and providing the resources necessary for all our other departments to manage their core responsibilities and provide outstanding patient care. Together, we will overcome the challenges facing the healthcare industry and shape the future of MEDIAN.

**Dialog: Thank you so much for your insights, Mr Hackenberger, and once again welcome to MEDIAN!**

## Interview with Philipp Schulte-Noelle, new Group COO of MEDIAN

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**Dialog: Mr Schulte-Noelle, first of all, congratulations on your new position as Group COO of MEDIAN which you began in mid-September. Could you tell us a bit more about your career and your experience in the healthcare sector so far?**

**Philipp Schulte-Noelle:** My career in healthcare initially took me to Fresenius where I held a number of different positions, which gave me extensive insights into the sector. Most recently, I worked with medical technology as CEO of Ottobock between 2018 and 2022, taking on the role of CFO for a time as well. I will now use these experiences to guide MEDIAN on its journey to becoming the leading European provider of medical rehabilitation and mental healthcare.

**Dialog: MEDIAN has set itself ambitious goals to establish its role as leading provider of medical rehabilitation and mental healthcare in a total of three countries now: Germany, the UK and Spain. What do you see as your role in achieving these goals?**

**Philipp Schulte-Noelle:** MEDIAN has already established impressive standards in modern rehabilitation and my job now is to strengthen these even further. In my new role as Group COO, I will be taking responsibility for a number of areas, including Digital Health, Research and Innovation, Quality Management and Services, plus core entities like Building and Facility Management, IT, and Marketing and Communication. In these areas, I will focus on pushing the development of innovations further and on further optimising the quality of the processes involved in growing our already high level of treatment quality.



**Dialog: What is your initial impression of MEDIAN and what message would you like to give to colleagues and patients?**

**Philipp Schulte-Noelle:** My initial impression has been overwhelmingly positive. MEDIAN is characterised by outstanding competence and a high degree of innovativeness. I was impressed by MEDIAN's digital treatment concepts even before I joined. Thanks to our unique Europe-wide approach, we can all learn from one another across departments. The focus of our work is the needs and well-being of our patients. I look forward to meeting and working with my new colleagues very soon.



*Interviews cont'd on following pages ►*



## Interview with Martin Braungardt



**Dialog: Mr Braungardt, you've been with MEDIAN since 2018, first in Purchasing and later transitioning to become Commercial Director of the MEDIAN Clinic Wismar in July of last year – you're also a trained chef. What motivated you to start your culinary training?**

**Martin Braungardt:** I was always really passionate about cooking for my family at home with my dad. I also always enjoyed my grandma's cooking – she was a self-trained chef herself. All these great experiences, and my positive association with making and enjoying delicious food, motivated me to train as a professional chef. I did my entire training at a 4-star hotel in Berlin. After a year of working as a chef, I switched to working in the restaurant sector and also worked at a number of hotels, including the legendary Hotel Adlon.

**Dialog: So how did you wind up working in healthcare?**

**Martin Braungardt:** I pivoted in 2008 because I didn't want hotels to shape my entire life. I went back and finished my high school education and then studied business administration and sociology. After that, I started working in Sales at Dussmann for the healthcare and social markets, focusing on catering and cleaning. Then, at the start of 2018, I was in charge of the operational roll-out of cleaning standards at four clinics run by the MEDIAN Group. That's ultimately how I came across MEDIAN.

**Dialog: What do you feel is the role that food plays for patients undergoing rehabilitation?**

**Martin Braungardt:** Food is hugely important for patients during their rehabilitation. It's a major part of their daily routine and for many it's the focal point, the highlight of their day. Lots of patients still think of rehabilitation like the health spas of old and expect it to feel like a hotel. So a patient's satisfaction with our food also depends a great deal on their individual expectations.

But that's why we have introduced a sort of internal quality control process as a way of specifically increasing satisfaction

with our food. There is a sampling session at 11 o'clock every day where all the sauces and components are tasted individually, with additional seasoning added as required. We have also introduced a display plate for each dish because how a dish is presented has a massive impact on how people react to and assess its taste. As clinic manager, it's important to me that our kitchen team really stands by the food we offer. This also makes us better at reacting to constructive criticism and making further improvements.

**Dialog: Do you see additional potential that catering at MEDIAN could exploit?**

**Martin Braungardt:** For me, what matters is that we make our food an experience that enables our patients to get a taste of healthy eating. I am convinced that there are ways to make our food even healthier without changing the products we use. Working with the Nutrition Board, we at MEDIAN have already done so much in the area of nutrition, but at the same time I do see potential for further improvements and standardisations. The Nutrition Board is an effective committee and covers a variety of disciplines. They should draw up guidelines and suggestions for clinics on how we can ensure that patients also see and experience healthy, tasty and balanced food at the buffets in our clinics. The therapy services provided by our dieticians and the one-to-one nutrition consultations, in particular in the context of talks or in the teaching kitchen, should also be more closely aligned to the selection we offer at the buffer and at lunchtime, supported by central presentations, documents or menu/recipe suggestions.

**Dialog: What is it about healthcare that fascinates you?**

**Martin Braungardt:** I just think healthcare is absolutely phenomenal. The healthcare sector is also an industry with a future and one that is incredibly diverse: there's space for every type of professional in healthcare and it enables you to grow as a person and to realise your strengths. As Commercial Director of the MEDIAN Clinic Wismar, what really motivates me is the ability to develop a vision for the clinic that also "appeals" to our employees. I want our employees to feel confident that they have a good, meaningful career where they can do their bit and contribute to the lasting growth of the clinic.



## Interview with Kristian Brcic



**Dialog: Mr Brcic, you are kitchen manager at the MEDIAN Buchberg Clinic Bad Tölz. What motivated you to start training to be a chef?**

**Kristian Brcic:** I did an apprenticeship at a restaurant in Berlin and

at the end of it I asked if they would give me a job there. It didn't work out in the end but they did offer to let me train as a chef. That's how my journey began. After I finished my training, I worked at a number of different places, first as head chef for starters and desserts before progressing to kitchen manager. The enjoyment and the sense of community in the kitchen is still what gets me out of bed in the morning and I'm still in touch with my old colleagues in Berlin.

**Dialog: Was it a conscious choice to move to a healthcare facility after so many years spent in different restaurants or was it more chance that brought you to MEDIAN?**

**Kristian Brcic:** I moved to Bavaria for personal reasons and started out as a chef at the RHM Alpine Health Facility as a way of getting my foot in the door. That was around nine years ago and a lot has happened since then. The clinic is now part of MEDIAN and I ended up becoming kitchen manager at the MEDIAN Buchberg Clinic Bad Tölz after initially deputising for the position.

**Dialog: What do you feel is the role that food plays for patients undergoing rehabilitation?**

**Kristian Brcic:** (laughing) Food is a real challenge sometimes because all our patients come to us with very different needs and preferences. It's hard to make a general statement. There's plenty of criticism because there is, in fact, plenty of accounting for taste. Some patients aren't able to judge the effectiveness or quality of their medical treatment but they don't hold back when it comes to sharing their experiences with the food – often without giving it a second thought. Anyone complaining about the limited selection at the breakfast buffet, for example, might ask themselves whether they have multiple types of cheese in their fridge at home. But we also get positive feedback in the kitchen. My goal is to

be present and to listen to the patients in order to meet their needs.

**Dialog: What's the best experience you've had when it comes to food in the clinic?**

**Kristian Brcic:** There's lots of positive feedback about the food in the clinic that patients give us in-person in the dining hall. Unfortunately, it's the written surveys where we tend to see more of the dissatisfied ones. That said, we serve around 6,000 meals every month at the MEDIAN Buchberg Clinic Bad Tölz but only get three negative reviews a month from the surveys in relation to the food. A particularly special experience for us in the kitchen was when someone from outside came to us with people who were severely restricted following a stroke. They came to us one Sunday a month and didn't have to worry about a thing. We served them soup, salad, main course and dessert. And these people, all of whom were severely restricted after a stroke, you could see how much they were enjoying the food and how happy they were about it. That experience really impressed on me again how important food can be when it comes to enjoying life.



# Welcome to MEDIAN

We would like to extend a warm welcome to all our new colleagues who have joined MEDIAN since our last issue of DIALOG!

While to all our long-serving managers and colleagues who are entering well-earned retirement, we wish you all the best, good health and more time for the things that often fall by the wayside during our working lives.



## Management

### ***Raimund Hackenberger***

Group Chief Financial Officer  
01/04/2023

### ***Philipp Schulte-Noelle***

Group Chief Operations Officer  
15/09/2023

## Commercial Directors

### ***Tobias Bretthauer***

MEDIAN Kinzigtal Clinic Bad Soden-Salmünster  
01/04/2023

### ***Phillipp Daum***

MEDIAN Clinic Gunzenbachhof and MEDIAN Achertal Clinic  
10/08/2023

### ***Karin Lüpken***

MEDIAN Clinic Heiligendamm and  
MEDIAN Clinic Kühlungsborn  
01/04/2023 / 01/07/2023

### ***Vitali Morosow***

MEDIAN Rehab Centre Bad Bertrich  
01/09/2023

### ***Christian Schmitt***

MEDIAN Clinic Wilhelmsheim and  
MEDIAN OHC Stuttgart  
01/04/2023

## Heads of Medical

### **Dr Adrian Groh**

Senior Psychosomatics Consultant, MEDIAN Clinic  
Mühlengrund Bad Wildungen  
01/04/2023

### **Przemysław Sas**

Senior Psychiatric and Psychotherapy Consultant  
MEDIAN Clinic Tönisstein  
01/06/2023

### **Dr Kay Steffan**

Senior Orthopaedic Consultant  
MEDIAN Rehab Centre Bernkastel-Kues  
01/07/2023

### **Dr Martin Urbansky**

Senior Orthopaedic Consultant, MEDIAN  
Clinic Bad Rappenau Vesalius

### **Dr Anna Valenta**

Senior Cardiology Consultant, MEDIAN  
Clinic Bad Kösen II, Saale

### **Georg Weil**

Senior Psychiatric, Psychotherapy and Anaesthesia  
Consultant, MEDIAN Clinic Eschenburg



## Anniversaries & Retirees

### **Marion Berg**

**17 years**  
MEDIAN Clinic Tönisstein

### **Bernd Bolz**

**23 years**  
MEDIAN Clinic Wied

### **Ines Fechter**

**25 years**  
MEDIAN Outpatient  
Healthcare Centre Hanover

### **Markus Grote**

**25 years**  
MEDIAN Outpatient  
Healthcare Centre Hanover

### **Ute Heller**

**20 years**  
MEDIAN Clinic Tönisstein

### **Sabine Holle**

**25 years**  
MEDIAN Outpatient  
Healthcare Centre Hanover

### **Rainer Kloppe**

**38 years**  
MEDIAN Clinic Tönisstein

### **Susanne Lübcke**

**40 years**  
MEDIAN Clinic Heiligendamm

### **Martina Milburn**

**35 years**  
MEDIAN Head Office

### **Gerlind Possehl**

**40 years**  
MEDIAN Clinic Heiligendamm

### **Christa Schäfer**

**7 years**  
MEDIAN Clinic Tönisstein

### **Judith Tinschert**

**27 years**  
MEDIAN Clinic Tönisstein

## Our MEDIAN Locations



last updated February 2023

## Legal notice

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