



**Austin Health**  
2005 – 2006 Annual Report

# Getting better together



# Contents

|    |                                     |    |  |
|----|-------------------------------------|----|--|
| 04 | Chairman's report                   | 26 | Redevelopment,<br>Infrastructure and<br>Commercial |
| 05 | Chief Executive<br>Officer's report | 30 | Corporate<br>Development                           |
| 06 | Austin Health Board                 | 34 | Human Resources                                    |
| 08 | Organisational<br>structure         | 36 | Research   |
| 09 | Austin Health<br>Executive          | 40 | Teaching and<br>Training                           |
| 10 | Year at a glance                    | 44 | Finance  |
| 14 | Acute Operations                    | 46 | Mandatory reporting                                |
| 20 | Chief Medical Officer               | 48 | Senior staff                                       |
| 22 | Ambulatory and<br>Nursing Services  | 50 | Our clinical services                              |

## Vision

Austin Health will be renowned for excellence and outstanding leadership in health care, research and education.

## Values

**Integrity.** We exercise honesty, candour and sincerity.

**Collaboration.** We work in partnership with others.

**Accountability.** We are transparent, responsible and answerable.

**Respect.** We treat others with dignity, consideration, equality and value.

**Excellence.** We continually strive for excellence.

**Empathy.** We are compassionate and empathetic.

## Overview

Austin Health is the major provider of tertiary health services, health professional education and research in the north east of Melbourne.

Austin Health is world-renowned for its research and specialist work in cancer, liver transplantation, spinal cord injuries, neurology, endocrinology, mental health and rehabilitation.

Austin Health comprises Austin Hospital, Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre. During 2005–06, Austin Health's 6,400 staff treated a record 82,153 inpatients and 146,185 outpatients.

**When teams of highly skilled and dedicated professionals work together, they achieve better outcomes for patients. Teamwork is the cornerstone of Austin Health's success.**

# Chairman's report



It is with pleasure that I present this annual report outlining the significant achievements that have been accomplished in 2005–06.

In our busiest year in the history of the health service, record numbers of patients were treated, performance against targets improved and we finished the year with a small operating surplus. This is an outstanding result for the health service.

Health care presents moments of great challenge and reward and we know the biggest issue faced by the health service into the future, will be meeting the ongoing demand for our services. This underlies the need for us to continue to refine the configuration of the health and aged care sectors and their capacity to cope with the ongoing demands of an ageing population, with the availability of an expanding range of treatment options for patients.

The Board has begun work developing a new strategic plan to address this demand while ensuring patient care, service delivery, efficiency and quality remain priorities.

The increasing mental health needs of the community are a major focus for health services, governments and, gratifyingly now, for the broader community. The Board is pleased to support the proposal to develop further mental health capacity at the Heidelberg Repatriation Centre site, which would include strengthening services for veterans' mental health.

Volunteers again played a vital role in supporting our health service across the three facilities – Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre. Their support in assisting our visitors, interacting with patients; and fundraising enhances our service performance and the Board is very grateful to those who give their time so generously.

The development of the Olivia Newton John Cancer Centre is one of the highest priorities for Austin Health. The Board was delighted to receive a \$10 million contribution from the Commonwealth Government towards the medical research infrastructure of the new centre.

The Board again expresses its sincere appreciation and thanks to Olivia Newton-John for her continuing commitment to the establishment of this new centre.

The Board also recognises and thanks the Appeal Committee, including its Chairman, Mr Terry Campbell and the Public Appeal Chairman, Mr Andrew Demetriou, for their contributions to the success of the fundraising appeal.

The Board is pleased to report that the management of health service was performed very capably. The Board extends its appreciation and thanks to Dr Brendan Murphy, his executive team and staff throughout Austin Health for their tremendous contributions.

The Board is confident that Austin Health is well positioned to continue to provide outstanding health care to the people of Melbourne's north east.

The Board is pleased to note a strong commitment to consolidate the various medical research activities at Austin Health into a more collaborative structure that will greatly enhance both the impact of available resources and the outcome of research. The establishment of the Austin Health node of the Howard Florey Neuroscience Institute is a very welcome development that will contribute to further strengthening the reputation of the organisation for outstanding medical research.

The Board extends its thanks to the Minister for Health, the Honourable Bronwyn Pike MP and the Department of Human Services for their support throughout the year.

Finally, I extend my personal thanks to my fellow Board Directors for their contributions to the governance of Austin Health.

A handwritten signature in black ink, appearing to read 'Tim Daly', written in a cursive style.

**Mr Tim Daly**

**Chairman**

# Chief Executive Officer's report



Since moving into the new Austin Hospital Tower in May 2005, an unrelenting surge in demand has tested our people and our processes. I am proud to report that Austin Health has again risen to the challenge and delivered world-class health care to a record number of patients, with care and compassion, in a financially responsible manner.

At the heart of this unprecedented increase in demand was a 16 per cent growth in Emergency Department attendances, occurring immediately after the spacious new Emergency Department opened. We now see 133 emergency patients a day. In turn, this additional pressure on the Emergency Department translated to the whole health service, as admissions rose in line with presentations. Despite this increased demand pressure, we managed to maintain and even improve our performance on access indicators and, most notably, had only 10 patients who waited 24 hours for an inpatient bed during 2005–06.

While tackling this emergency demand, Austin Health also enthusiastically took up the challenge of the government's additional investment in elective surgery during 2005–06. We treated 7,853 elective surgery patients, a nine per cent increase on the previous year and have reduced our total waiting list by 22 per cent. Part of the success in elective surgery has been due to the short stay surgery unit at the Heidelberg Repatriation Hospital. This unit has been very efficient and we are exploring ways of sustaining this model after the opening of the new surgical facilities at the Austin Hospital.

Despite the costs associated with the new activity, we managed to finish the year with a small operating surplus. We received new activity funding and showed that additional elective work can be done very efficiently at Austin Health. Financial performance is always a challenge in the public health sector and I am grateful to the many staff who have worked so hard to control costs.

The Olivia Newton-John Cancer Centre (ONJCC) is moving closer towards becoming a reality. The Appeal continues to grow and this year the Australian Government allocated \$10 million towards the research aspects of the ONJCC in the May 2005 Budget and we are working hard towards securing significant additional government support. Fundraising staff have been busy the last few months working on the major fundraiser for the appeal, ROCKINC, to occur in July 2006.

The relationship with our new neighbour and partner, Mercy Hospital for Women, has blossomed with many joint services working well together. Austin Health is providing a number of clinical and non-clinical supports to the Mercy, including medical specialist services, pathology, meals and security services. The Mercy has largely taken over the provision of gynaecology services on campus and together we will be reviewing the growing area of paediatrics. We are even sharing a multi-faith chapel, opened several months ago in a moving ceremony by representatives of a large number of diverse faiths.

The first Austin HealthSMART project will be implemented in July 2006. The implementation of a new payroll system with 6,500 employees running a 24/7 service under many different and complex award conditions, is an extremely challenging undertaking. Information technology and payroll implementations have a history of being problematic but we are confident the system will launch successfully thanks to our superb team, led by Mr Leslie Bell.

It is perhaps self evident that our 6,500 staff are our most prized asset. I have continued to meet staff groups across the health service and have repeatedly been amazed at the loyalty and commitment shown in all areas and in all occupations. We are all proud to be working in a premier health service, looking after not only the very important community of north eastern Melbourne but also, for many of our services, the whole of Victoria and beyond.

I thank my Board, the Executive, the Planning and Resources Committee, the many other managers and the large number of clinical and support staff who continue to make Austin Health a world-class health service.

A handwritten signature in blue ink, appearing to read 'B Murphy', written in a cursive style.

**Dr Brendan Murphy**  
Chief Executive Officer

# Austin Health Board

The Board oversaw the busiest year in the history of the health service where record numbers of patients were treated, performance against targets improved and a small operating surplus was achieved by year's end.

## Mr Tim Daly

B Bus, CPA, FAICD

Tim was appointed Chairman of the Board in 2003. He is a member of the Finance and Audit Committees and is the Chair of the Remuneration Committee and the Primary Care and Population Health Advisory Committee.

Tim has 38 years experience in public sector management, including in health services policy and planning, and in a range of other government functions. He was Chief General Manager of the former Health Department of Victoria from 1988 to 1992 and subsequently held senior executive appointments in the Departments of Justice and Finance. Tim has been Chairman of the Board of the Metropolitan Ambulance Service since May 2000.

## Ms Joanna Betteridge

BA, LLM

Joanna joined the Board in 2003 and is a member of the Audit, Quality and Remuneration Committees. Joanna practices as a legal consultant in the employment and occupational health and safety areas of law. Prior to starting her own business, she was a partner in the Workplace Services Group at

Maddocks lawyers until July 2004, specialising in occupational health and safety and employment law.

Joanna is also an accredited mediator. She is a graduate member of the Australian Institute of Company Directors and is a member of the Australian Human Resources Institute Occupational Health and Safety and Risk Management Committee and the Industrial Relations Society of Victoria. Joanna sits on the Board of Melbourne Citymission and lectures in occupational health and safety and employment law for Monash University law faculty's postgraduate program.

## Professor Colin Johnston

AO, MBBS, MD (Hon), FRACP, FAHA

Colin is Chair of the Board's Quality Committee. He is a Senior Principal Research Fellow at the Baker Medical Research Institute, Honorary Professor of Medicine at Monash University, and Emeritus Professor at The University of Melbourne, where he is one of the world's leading cardiovascular researchers. In late 1999 he retired after 13 years from the position of Professor of Medicine and Head of The University of Melbourne's Clinical School at the then Austin and Repatriation Medical Centre.

## Mr Stephen Kerr

BA BSW Dip Crim

Stephen was appointed to the board in March 2006 and is a member of the Audit Committee and the Primary Care and Population Health Advisory Committee. Stephen is a Director of Atkinson Kerr and Associates which specialises in planning and review of rural and Indigenous health and community services. His past employment includes lecturer in welfare studies at Monash Gippsland, Manager of the Victorian Correctional Health Service and Executive Officer to the Minister for Health (Marie Tehan). He is part time Executive Director of the Church and Charitable Private Hospitals Association and is the Vice President of the North Richmond Community Health Service.

## Ms Joe Manton

PGDWA, Fellow Williamson Community Leadership Program, accredited Access Auditor

Joe chairs the Board's Community Advisory Committee and is a member of the Remuneration Committee. She has had an extensive career in health and community services. Joe is a Director of Access Audits Australia, providing disability access advice, training, publications and consultancy services to the government, community and corporate sectors.



The Board from top left to bottom right:

Mr Tim Daly, Ms Barbara Hingston, Ms Joe Manton, Mr Robert Webster, Mr Stephen Kerr, Ms Joanna Betteridge, Professor David Scott, Ms Josie Rizza, Professor Colin Johnston.

Joe has been instrumental in establishing and developing a range of community services within the region. She regularly presents on disability access and is also experienced in community engagement strategy.

#### Ms Barbara Hingston

BA (Admin), BSW

Barbara joined the Board in 2005 and brings a wealth of experience in public sector and non-government corporate governance, policy development, management, finance, human resources, health service issues and planning, and community representation. She is a member of the Quality Committee and the Community Advisory Committee.

Barbara is a program manager and counsellor with the Maroondah Community Health Centre, Eastern Access Community Health. She is currently a member of Mackillop Family Services Victoria and has served on a number of community and government boards in the Australian Capital Territory and Queensland, including the Dental Board of Queensland. Past roles include Executive Director Mercy Health Care Australia and Deputy Executive Director, Australian Heritage Commission.

#### Professor David Scott

MB BS MD MS FRACS

David joined the Board in 2005 and previously held the positions of Executive Director, Royal Australasian College of Surgeons, Head of Vascular and Transplant Surgery at Monash Medical Centre, and Professor and Chair of Monash University Department of Medicine. He is a member of the Finance Committee and the Quality Committee.

David previously served on the Board of the Victorian Ministerial Council on Medical Workforce Management and on the Medical Training Review Panel for the Commonwealth Department of Health and Ageing.

David also chaired the Royal Australasian College of Surgeons International Humanitarian Surgical Aid Program and was medical director for East Timor AusAid Specialist Surgical Program.

#### Ms Josie Rizza

BA (Econ) CPA

Josie joined the Board of Austin Health in 2005, with expertise in finance, corporate governance and risk management. Josie chairs the Finance Committee and is a member of the Remuneration Committee.

Josie has served on the Victorian Eye and Ear Hospital Board and chaired the Audit and Finance Committee on behalf of the Board. She was also appointed to the Board of Tweedle Child and Family Health Service.

#### Mr Sam Spadafora

BA Hons, Grad Dip Social Work

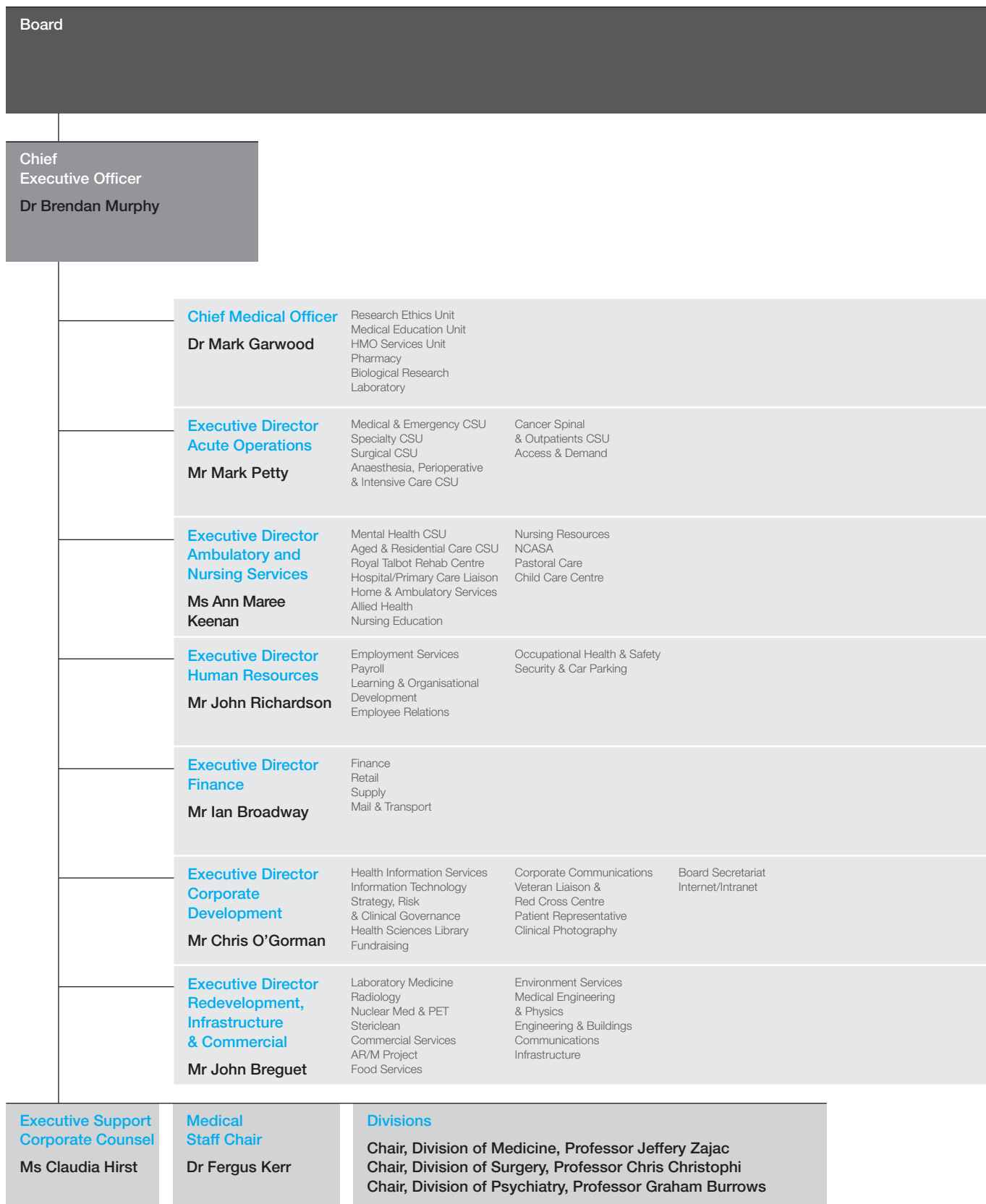
Sam served on the Austin Health Board from 1 July 2005 until 31 August 2005 when he resigned to take up an appointment as a ministerial adviser to the Minister for Transport. Sam was on the Community Advisory Committee and the Primary Care and Population Health Advisory Committee.

#### Mr Robert Webster

MBA, FCPA

Robert chairs the Audit Committee and is a member of the Finance Committee. A Fellow of both the Australian Property Institute and the Royal Institution of Chartered Surveyors, Robert is program leader of property postgraduate studies at RMIT University's School of Property, Construction and Project Management. He is also Vice-President of the Victorian branch of the RSL.

# Organisational structure





# Austin Health Executive



Chief  
Executive Officer  
Dr Brendan Murphy

Executive Director  
Ambulatory and  
Nursing Services  
Ms Ann Maree  
Keenan

Executive Director  
Acute Operations  
Mr Mark Petty

Executive Director  
Finance  
Mr Ian Broadway

Executive Director  
Corporate  
Development  
Mr Chris O'Gorman

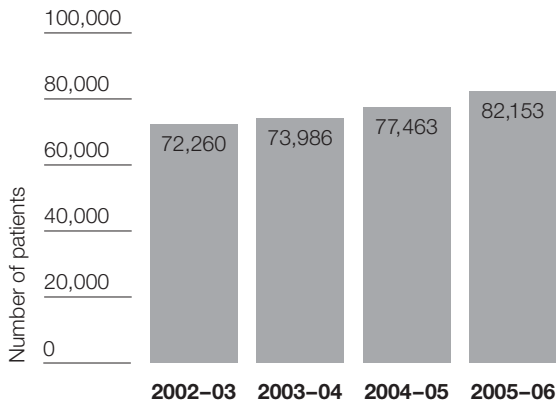
Executive Director  
Redevelopment,  
Infrastructure and  
Commercial  
Mr John Breguet

Executive Director  
Human Resources  
Mr John Richardson

Chief Medical Officer  
Dr Mark Garwood

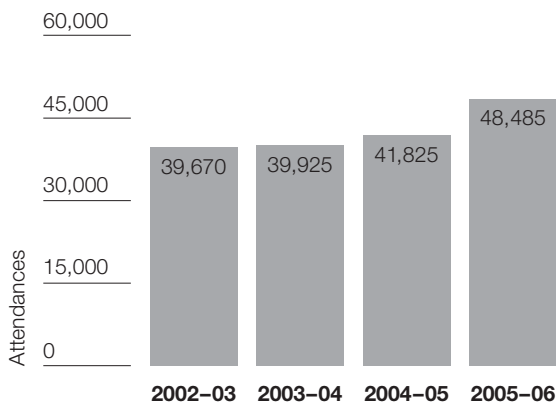
# Year at a glance

## Hospital inpatients treated



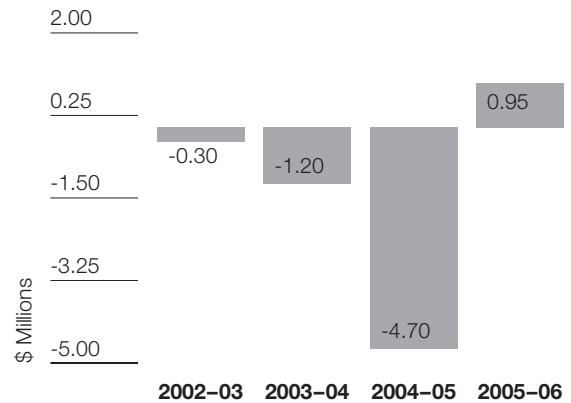
A six per cent increase in the number of inpatients treated this year is consistent with recent trends. Most of the increase came from growing emergency demand in our primary and secondary catchment areas in keeping with the growth in patient numbers attending the Emergency Department.

## Emergency Department attendances



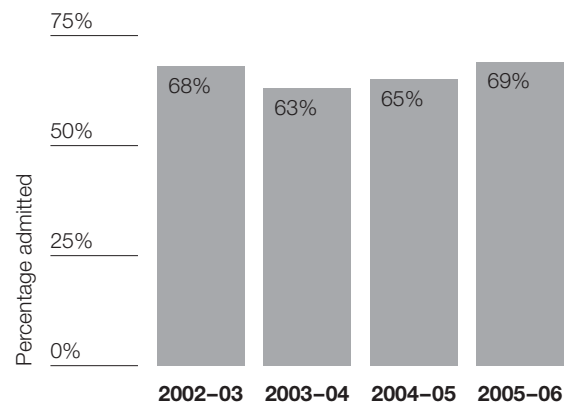
The Emergency Department in the new Austin Hospital Tower experienced an unprecedented 16 per cent increase in attendances to 48,485 in 2005-06, the equivalent of 133 attendances every day. Despite this increase, the admission rate to inpatient wards decreased.

## Operating result



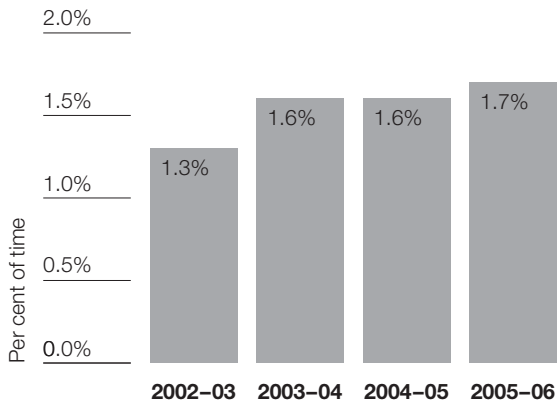
Austin Health achieved a modest operating surplus for the year despite record demand growth in emergency presentations and increased elective surgery. This was a very good result.

## Percentage of emergency patients admitted to a ward within eight hours



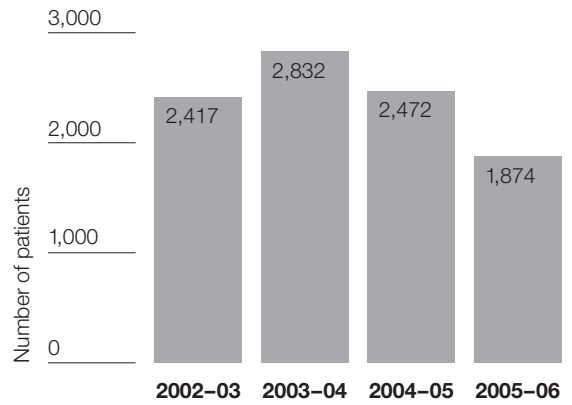
Almost 70 per cent of patients requiring an inpatient bed were transferred to a ward within eight hours of arriving at the Emergency Department. This is a tribute to swift assessment in the Emergency Department, quick and efficient movement to wards, and systems and processes that maximise bed availability for new patients.

### Percentage of time spent on hospital bypass



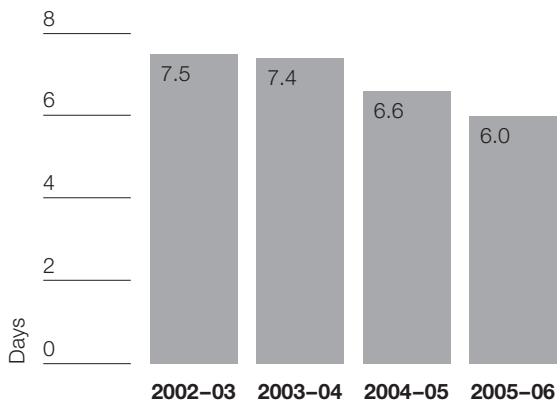
Despite record numbers of people attending the Emergency Department in 2005-06, ambulance access was virtually always available. This was achieved through a range of innovations in patient management and flow through the Emergency Department, in the wards, and in transfers to sub-acute and residential care in the community.

### Elective surgery patients waiting at 30 June 2006



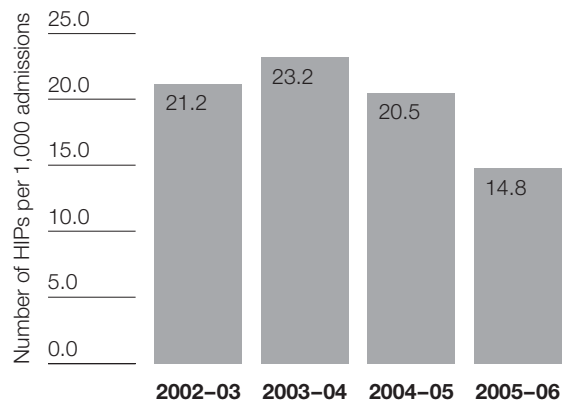
The number of people ready and waiting for elective surgery fell to the lowest level in seven years. Despite record emergency demand, more than 7,850 elective patients were treated this year, an increase of nine per cent from 2004-05.

### Average length of stay for acute patients (excluding same-day patients)



Continual, safe reduction in the length of time patients occupy a ward bed enables Austin Health to meet growing demand and ensures that patients can return to the community with minimal delay.

### Elective surgery – Hospital initiated postponements (HIPs)



Better planning and scheduling enabled Austin Health to substantially reduce the number and rate of postponements/cancellations of elective surgery in 2005-06. This was achieved despite the enormous pressures on operating theatre time from increased emergency surgical demand.

Out of the 11,379 patients admitted to a ward from the Emergency Department, **only 10 had to wait more than 24 hours**, compared with 176 last year, a drop of 94 per cent.





“They’re a team  
of angels. I couldn’t  
be in better hands.”

Donald Drysdale,  
inpatient Ward 6 West.

# Clinical Services

## Acute Operations

Cardiac arrests have reduced four-fold since the implementation of the Medical Emergency Team.

### Surgical

A concerted effort to reduce the number of elective surgery patients on the waiting list was undertaken with the assistance of additional state government funding. In total, 7,853 elective patients were treated – a significant increase from the 7,210 patients treated the previous year. As a result the number of people waiting for elective surgery was reduced from 2,418 to 1,874. Improved theatre use, targeting long-waiting patients and increased auditing of waiting list patients, assisted in achieving this result.

The Surgical Clinical Services Unit introduced a triage process for colonoscopy in an effort to reduce the time patients wait for this procedure. From January 2003 to January 2005 there was a steady climb from 295 to 700 patients awaiting colonoscopy. The triage process reviewed those patients on the list to see who was still in need of colonoscopy and resulted in a significant decrease in the number of patients awaiting this procedure. As a result, the number of patients waiting declined from 710 in April 2005 to 350 in April 2006.

The redevelopment of the Endoscopy and Day Surgery complex is well underway and aims to combine the endoscopy services at the Austin Hospital and the Heidelberg Repatriation Hospital into a new theatre day surgery precinct by June 2007. Planning sessions have been held and project leaders from each site have been designated to successfully plan and implement the move.

The Surgical Clinical Services Unit obtained funding to develop an intestinal transplantation pilot, and consequently the Small Bowel Intestinal Transplant Project is in the planning phase.

As a result of a decrease in the number of available donor livers, the Surgical Clinical Services Unit performed 36 liver transplants during 2005–06 – a reduction from the 41 transplants performed in 2004–05.

### Specialty

The Cardiac Catheterisation Laboratory moved from the Harold Stokes Building to two new laboratories in 5 North of the Austin Hospital Tower in February. The laboratories feature two new flat bed panel detectors which offer accurate imaging of microscopic blood vessels and the ability to treat patients for cardiac intervention within one day – a benefit to patients and clinicians. The new location also enables co-location with the Cardiology Diagnostic Laboratory, the Coronary Care Unit and the Cardiac Ward.

A new community facility for residents of the Bowen Centre is currently under construction and will be complete in 2007. The facility will be managed by Disability Services and aims to provide assistance to allow more independent living in the community. Staff took residents on a tour of the new site in June.



The new state-of-the-art cardiac catheterisation laboratories opened on level 5 of the Austin Hospital Tower providing an all-in-one cardiac diagnostic centre for ultrasound, ECG, pacemaker and catheterisation procedures.

The Department of Human Services funded Austin Health to undertake a Remote Patient Monitoring project. This project is a randomised control trial of 160 patients which will monitor 80 of the participants via computers in their homes. The aim of the project, which went live in June with the first group of eight congestive heart failure and chronic obstructive pulmonary disease patients enrolled, is to avoid an acute exacerbation of the patients' illness through early intervention. Patients receive training in using the system to measure their physiological signs and undertake a daily questionnaire. The clinical team views this information using a web browser.

The Specialty Services Clinical Services Unit conducted a number of services reviews including:

- A review of neurosurgery with renowned neurosurgeon Professor Michael Fearnside from Westmead Hospital participating as an external reviewer. The review resulted in the introduction of additional theatre sessions, additional surgeon sessions and consolidation of outpatient clinics.

- A review of cardiac surgery with Dr Clive Wellington and Mr Richard Bunton participating as external reviewers. The final report and priority implementation plan was completed in June 2006.
- A review of the ophthalmology service with Professor Hugh Taylor from the Royal Victorian Eye and Ear Hospital participating as external reviewer. The review confirmed that the complete range of ophthalmology services, including retinal procedures, provided at Austin Health facilities was appropriate and led to the purchase of a new vitrectomy machine.
- A review of respiratory medicine. The review supported the establishment of a home sleep study service and new respiratory and sleep outpatient clinic to meet increased patient demand.

# Clinical Services

## Acute Operations

### Emergency and Medical

A 16 per cent increase in attendances placed unprecedented demand on the Emergency Department. The number of patients treated in the Emergency Department rose from 41,825 in 2004–05 to 48,485 in 2005–06. This demand had a flow-on effect to the acute and sub-acute wards. Improved patient flow initiatives assisted with managing this growth in demand for services.

The Victorian Quality Council chose Austin Health to lead the statewide Hand Hygiene Project. The team from Infectious Diseases undertook a mentoring role for new hospitals participating in the project and were responsible for data collection, analysis and staff training in the database. Using medicated wipes for equipment and DeBug hand rub has resulted in a 53 per cent reduction in patients with methicillin-resistant *Staphylococcus aureus* bacteremia at Austin Health. The Infection Control Team won the Minister's Award for Outstanding Team Achievement at the 2005 Victorian Public Healthcare Awards for their work on the Hand Hygiene Program.

The appointment of a Director of Emergency Medicine Research has placed Austin Health at the forefront of research in emergency medicine. In 2005–06, the department published 14 papers (with a further five in submission), collaborated in several multicentre trials and formed strategic links with the Royal Melbourne Hospital and St Vincent's Hospital departments of Emergency Medicine. There is potential for future collaboration in the areas of toxicology and complementary medicine, patient flow, pre-hospital care, pain management and clinical practice change. The collaboration between the Austin Health Toxicology Service and the Victorian Poisons Information Service has led to the establishment of a cooperative model of care linking pharmacists, poison information specialists and clinical experts.

A working party was established to increase preparedness for SARS/avian influenza. The working party developed a preparedness plan and a flowchart to assist in the management of patients affected by this condition. The plan will also help with appropriate communication in the event of an outbreak of SARS/avian influenza.

Austin Health established a collaborative relationship with St Vincent's Health and the Peter MacCallum Cancer Centre to establish an Islet Transplant Program in Victoria. The program involves the transplantation of insulin-producing islet cells as a potential cure for suitable patients with type1 diabetes.

The new Endocrine Centre of Excellence was launched in August. The centre includes an outpatient treatment area, a clinical trials unit, an endocrine laboratory and a bone mineral density unit. The centre will continue to host research into diabetes, obesity and osteoporosis. Located at the Heidelberg Repatriation Hospital, the new centre provides greatly improved surroundings for patients, visitors and staff.

### Anaesthesia, Perioperative and Intensive Care

The Anaesthesia, Perioperative and Intensive Care Clinical Services Unit purchased seven new operating tables after receiving funding of more than \$400,000 from the Department of Human Services. The new tables, which are electronic, reduce manual handling and improve conditions for staff.

Two new intensive care unit beds were funded in 2004–05 and became operational in September 2005, bringing the total number of funded intensive care beds to 16.

The intensive care unit liaison nurse function began in June. These trained critical care nurses are available to assist ward staff to care for patients recently transferred from intensive care.

The Medical Emergency Team won the award for Excellence in Safety of Care at the 2005 Victorian Public Healthcare Awards. Record numbers of Medical Emergency Team calls were initiated in 2005–06, with a monthly average of between 100 and 140 calls. This results in significant benefit to patients: prior to implementing the Medical Emergency Team, four cardiac arrests occurred for every 1,000 admissions; in 2005–06 there was only one cardiac arrest per 1,000 admissions.

### Cancer, Spinal and Outpatients

The North Eastern Metropolitan Cancer Service (NEMICS) was established to support improvements in the integration and coordination of cancer services for people living in Melbourne's north east. NEMICS is a consortium of health services including Austin Health, Eastern Health, Northern Health and the Mercy Hospital for Women. NEMICS is one of eight integrated cancer services established in Victoria to help implement the Victorian Government's Cancer Services Framework. In 2005–06, NEMICS developed a strategic and service plan, which the Department of Human Services has adopted, and formed ten tumour streams which reflect the ten most common cancer types.

The Cancer Clinical Services Unit completed the tender for a new radiation treatment unit in November and chose the supplier to install a new state-of-the-art linear accelerator with cone beam facility at the Austin Radiation Oncology Centre. Installation is underway and patients will begin using the new linac in October 2006.



The introduction of intensity modulated radiotherapy, which uses a combination of software and treatment hardware, resulted in a world-class treatment option for patients with prostate cancer. This radiotherapy was offered to patients in regional Victoria at the Ballarat–Austin Radiation Oncology Centre – the first time the treatment had been used in a regional area (previously, patients would have had to travel to Melbourne to receive this treatment). Now, intensity modulated radiotherapy is the standard form of treatment for prostate cancer patients.

In the Federal Budget the Australian Government announced \$10 million in research funding for the Olivia Newton-John Cancer Centre. Planning continues for the centre, with the project control group developing the strategic and service plan. Meetings have taken place with the architects and quantity surveyors to scope the project. Cancer Services staff continue to work closely with the Fundraising Department to maximise donations for the cancer centre appeal.

The Victorian Spinal Cord Service, as the state service for the management of traumatic spinal cord injury, continued to experience high and often unpredictable demand. The demand arose from new traumatic spinal cord injured patients being admitted, unplanned admissions as a result of serious complications of a patient's chronic spinal cord injury, and patients with a chronic spinal cord injury requiring elective procedures.

In 2005–06 the spinal service worked with the perioperative service to introduce initiatives to maximise access to available beds for those requiring elective procedures. By improving the coordination of patients, beds and surgery, the service was able to achieve a significant increase in the number of patients with chronic spinal cord injury requiring elective procedures being treated.

The Spinal Outreach Risk Reduction Team continued to assist clients with a chronic spinal cord injury in the community. Team members work with the client to resolve issues that could potentially lead to complications and possible hospitalisation.

The Outpatients Department was realigned to the Cancer Services Clinical Services Unit following a restructure of the clinical services units in August.

Following the Auditor-General's review of outpatient services released in June 2005, the Outpatients Department worked closely with the Department of Human Services on planning the Patient Flow Collaborative II in an effort to find a systemic approach to improving the patient's journey through outpatients.

The unit developed a campaign addressing patients who fail to attend outpatient appointments. On average more than 100 patients do not attend their outpatient appointment each day. The campaign focused on educating general practitioners and patients about the high number failing to attend appointments and the steps they should follow to cancel an appointment. While this campaign had an initial impact on the number of patients who did not attend appointments, a longer term strategy is required. This will form part of the Outpatients Department's work with the Department of Human Services on the Patient Flow Collaborative II in the next 12 months.

More than \$200,000 was provided under the Department of Human Services' targeted equipment funding for 75 new patient couches and 13 outpatient trolleys. This equipment enhances comfort for patients and improves safety for staff because it doesn't require manual handling.

Funding was made available through the Friends of the Austin to construct children's play areas in the outpatient areas of the Austin Hospital and the Heidelberg Repatriation Hospital. Plans are underway to further enhance the physical environment of the outpatient area at the Austin Hospital to improve conditions for patients and staff.

## Access and Demand

The Access and Demand Unit implemented a new structure for demand management; this incorporated the appointment of the Access and Demand Manager responsible for the coordination of hospital demand management initiatives and direct management of Bed Resource Managers and the Care Coordination Team.

The department developed and implemented an electronic bed management tool to improve bed management and provide a whole-of-hospital view of the bed state. Other health services have shown interest in replicating this web-based program.

Access and Demand also introduced a safety net process for patients waiting longer than 24 hours to be admitted from the Emergency Department to a ward. This has resulted in a 94 per cent reduction in the number of patients that wait in the Emergency Department for a ward bed greater than 24 hours.

Since the implementation of a number of initiatives, including the above, the organisation has continued to improve the performance of the emergency and elective access targets. This continued improvement was despite a significant increase in activity and many challenges that impacted patient access throughout the year including a severe viral gastroenteritis outbreak.

The Spinal Outreach Risk Reduction Team worked with 149 spinal cord injured patients in the community, preventing hospital admissions in 88 per cent of cases.





“Being in a wheelchair and keeping up with two young children keeps me busy, so having a physio and an OT visit me at home makes things a lot easier.”

[Bridget Day, mother with paraplegia.](#)

# Clinical Services

## Chief Medical Officer

A new program to integrate international medical graduates into the Victorian health care system was introduced where graduates ‘shadow’ a junior doctor prior to commencing employment.

### Pharmacy

Pharmacy settled into the new Austin Hospital Tower which encompasses clinical services to the wards and the new satellite pharmacies.

The Department of Human Services granted ongoing program funding to the Medication Alert Project. This project identifies patients at high risk of medication misadventure when discharged. Patients at high risk received a home visit from an outreach pharmacist and patients at low risk received a visit from a nurse from the Royal District Nursing Service. This resulted in a significant reduction in re-admission.

Pharmacy was involved in a number of other patient safety initiatives, including venous thromboembolism prophylaxis, medication reconciliation and perioperative antibiotic prophylaxis.

### Hospital Medical Officer Services

As part of the Austin Hospital redevelopment, hospital medical officers moved into new quarters in late 2005. Facilities include three bedrooms, new furniture, and a dedicated study area. Hospital Medical Officer Services staff moved to new, more centralised offices in June 2006.

Austin Health and the Northern Hospital were fully matched for intern and hospital medical officer 2 positions for 2006. Hospital Medical Officer Services staff produced 523 contracts (PGY1 to registrar), of which 119 required separate applications to the Medical Practitioners' Board of Victoria and 96 required applications to the Department of Multicultural and Indigenous Affairs.

A new Hospital Medical Officer Committee was formed with representatives of senior and junior staff. The committee is a forum to discuss issues such as hospital medical officer health, industrial relations and other areas of concern. Austin Health hopes this committee will strengthen the link between hospital medical officers and Hospital Medical Officer Services.

### Research Ethics Unit

During 2005–06 the Drug Trial Sub-Committee reviewed 111 new protocols, the Non-Drug Scientific Review Committee reviewed 79 new protocols, and the Human Research Ethics Committee considered 182 new protocols. In addition, the Research Ethics Unit considered 90 new studies via the expedited review process and reviewed 43 new animal studies.

The Research Ethics Unit staff restructure came to fruition with a priority to amalgamate staff into one office on one site in the Harold Stokes Building at the Austin Hospital. The amalgamation will reduce time to approve new protocols and protocol amendments.

A new robust billing system for submissions was implemented, permitting updates to the electronic database.



The new lounge for Hospital Medical Officers provides a place where junior doctors can relax, have a bite to eat, debrief or study during their breaks.

#### Medical Education Unit

The Medical Education Unit implemented a new program designed to integrate international medical graduates into the hospital system. Medical clinical educators work closely with international medical graduates to provide clinical and educational support.

The Medical Education Unit acquired funding to install a web cam link between the Austin and Echuca emergency departments. This will enable junior medical staff working in Echuca to seek advice and additional support from senior Austin Health colleagues.

The unit coordinated a weekly education program offering a wide range of medical and surgical topics for pre-vocational trainees. Surgical skills workshops took place at the Royal Australian College of Surgeons and a new series of workshops for junior doctors interested in general practice was introduced.

The education and training activities the Medical Education Unit has organised have enabled more junior doctors to enter vocational training programs of their choice. Ten out of 12 Austin Health doctors were accepted into the basic surgical training program and all five who applied were accepted into the advanced surgical training program for 2006. Twenty out of 23 basic physician trainees passed the written examination, and there was an increase in junior doctors applying for entry into the general practice program.

# Clinical Services

## Ambulatory and Nursing Services

Hospital in the Home managed an average of 52 patients a day at home, requiring 14,500 nursing visits and a further 1,300 visits by other health professionals.

### Mental Health

In May 2006 the Mental Health Clinical Services Unit participated in an in-depth mental health review conducted by the Australian Council on Health Care Standards, which assessed Austin Health mental health services against national standards. The surveyors were very impressed with the service and highlighted strong leadership and a commitment to consumer and carer participation.

Funding was secured for redeveloping acute psychiatric services into a new 30-bed unit and for replacing Bunjill House with a purpose-built secure extended care unit with 25 beds. The new buildings are under construction and will be commissioned in late 2006, delivering state-of-the-art accommodation. During the year, Mental Health widely consulted with carers and consumers from both adult and child and adolescent services to discuss issues, listen to feedback and provide advice on the new site.

Four hundred separate mental health medical records were incorporated into Austin Health medical records to create one integrated medical record for each consumer. This will promote comprehensive continuity of care.

A carer consultant position was established within the service to enhance carer input into the treatment of consumers and to enhance support mechanisms for carers associated with the service.

The Primary Mental Health Team developed and implemented early psychosis treatment guidelines. These guidelines were written for Austin Health clinicians as a best practice guide to assessing and treating early psychosis. The guidelines advocate intensive early intervention and continuity of care to reduce duration of untreated psychosis and to promote self-management.

The Victorian Psychological Trauma Treatment Service was consolidated within the Veterans' Psychiatry Program. The Victorian Psychological Trauma Treatment Service is a comprehensive assessment and treatment service for those suffering from post-traumatic psychological conditions, including survivors of the Bali bombings, emergency services workers and those who have been involved in car and workplace accidents.

The Victorian Psychological Trauma Treatment Service builds on the hospital's long history of post-trauma treatment work with Australian war veterans suffering post-traumatic disorders. The service also offers a specialised group treatment program for traumatised police officers who have established workcover claims and are seeking more effective treatment of their condition. Results have been extremely positive to date.

### Aged and Residential Care

After commencing in 2003, the North East Dementia Pilot was completed in 2005–06. More than 100 admissions with an average length of stay of 85 days occurred during the pilot. Around 65 per cent of clients remained in the community after being discharged from the program. The Department of Health and Ageing, which funded the pilot, indicated it was very impressed with the program and the outcomes for clients.

Aged Care Services coordinated the Improving Care for Older People project, funded by the Department of Human Services. Aged Care has participated in two audits, one on person-centred care for older people and the trial of an older person environmental audit tool across three areas. A number of projects were undertaken as part of the initiative, including a new plan to improve care for older people with cognitive impairment.

Austin Health worked with the Department of Human Services to commence the State and Commonwealth-funded Transition Care Program to enhance patients' transition from hospital to nursing home. The first patient was admitted to the program in June 2006. Transition Care provides short term support and active management for older people at the end of a hospital stay and can be provided in either a residential or community setting.

Aged Care Services achieved 153 more separations and a reduction in length of stay of five days compared with 2004–05 results. A number of factors contributed to the reduced length of stay, such as access to transition care and meetings across all wards to bring together community program and inpatient staff for long-stay patients who often have complex care needs.

Aged Care Services was successful in the Australian Government Aged Care Approvals Round, gaining 30 community aged care packages, ten general extended aged care at home packages, and 20 dementia packages. The Extended Aged Care at Home and the Dementia Programs are offered through a partnership with Melbourne Health. Each of these programs provides long term case management for clients in the community. The Community Aged Care Package Program is now operating at 100 per cent occupancy, the Extended Aged Care at Home Program at 100 per cent occupancy, and the new Dementia Program at 80 per cent occupancy.

### Royal Talbot Rehabilitation Centre

The Royal Talbot Rehabilitation Centre received the highest score in its category in the Victorian Patient Satisfaction Monitor, obtaining the highest overall care index of the 15 Victorian sub-acute services surveyed.

The centre successfully piloted the new sub-acute ambulatory care services funding model. It introduced a new minimum data set and reporting of all data to the Department of Human Services is underway. All targets have been met.

The Movement Laboratory at the new Rehabilitation and Sciences Research Centre was launched to improve prospects for patients with a physical disability by providing a clinical movement analysis service. Using similar technology that athletes use to reach their peak, it is hoped the Movement Laboratory will assist people with a disability to become more independent. Current research projects involve stroke, spinal cord injury, multiple sclerosis and amputees.

A Teamwork and Inpatient Review was conducted across the Royal Talbot Rehabilitation Centre, which resulted in greater consistency of practice and documentation across all clinical services.

The centre presented the *Spinal cord injury: the story continues* art exhibition in conjunction with Corporate Communications to provide hope and encouragement to newly injured patients. The poster series profiled 11 patients who had already returned to the community following rehabilitation.

Generous donations from Daimler Chrysler, the Jack Brockhoff Foundation, Danks Family Trust and Team Handcycle resulted in a new patient transport bus being purchased. The \$85,000 vehicle allows transportation of up to five people in wheelchairs and will be used to transport patients for leisure activities and between Austin Health sites.

With funding from the Friends of the Austin, a sensory garden was constructed outside the Acquired Brain Injury Unit. The garden was established as part of the Horticultural Therapy Program and provides a place for patients, family and friends to meet outside and enjoy the sight and scents of the garden.

The centre sought fundraising to extend the creative therapies program. Thanks to donations from private benefactors, trusts and the Friends of the Austin, this program will continue and allow patients to take part in music therapy, horticulture and art therapy programs.

### Hospital Primary Care Liaison

The Hospital Primary Care Liaison Unit worked closely with Austin's community partner agencies and the Banyule Nillumbik Primary Care Alliance to implement an electronic patient referral system known as S2S eReferral. The system helps to coordinate and manage consumer information across services and keeps a history of referrals and referral outcomes over a period of time. There are now 14 local agencies registered to use the system. Austin Health has 15 services using the system, including five new services registered in 2006. Austin clinicians have made almost 500 electronic referrals since the system was introduced in 2005.

The unit also implemented electronic discharge summaries and admission/discharge notifications to general practitioners. The unit's general practitioner audit highlighted how these forms have improved communication with Austin Health.

### Home and Ambulatory Services

Hospital in the Home celebrated its tenth anniversary and continued to offer targeted patients the option of receiving their hospital care at home. In 2005–06 the service managed an average of 52 patients a day at home. This required 14,500 nursing visits and a further 1,300 visits by other health professionals and support staff.

A patient satisfaction survey conducted in 2005 indicated 97 per cent of respondents were happy to continue their hospital care at home and 96 per cent indicated they found the service very good or excellent.

The Medi-Hotel offered alternative accommodation to patients who received hospital-type care during the day but did not require overnight hospital ward care. Victoria regional patients and their carers also used the facility when undergoing multiple procedures for diagnostic testing accompanied by a medical review.

In 2005–06 Medi-Hotel usage increased by more than 166 per cent and the facility accommodated just over 2,000 occupants. A patient satisfaction survey conducted in December indicated 92 per cent of patients surveyed were pleased with their stay in the Medi-Hotel.

# Clinical Services

## Ambulatory and Nursing Services

### Nutrition and Dietetics

The Nutrition and Dietetics Clinical Services Unit, in conjunction with the Neurology Department, conducted research into the use of a ketogenic diet to improve the management of epilepsy. The unit also worked closely with cancer services on an international multicentre trial to determine the effectiveness of nutritional intervention in patients undergoing chemotherapy treatment.

The Home and Community Care dietetic team expanded its role to include work with the Aboriginal community. As a result, it secured funding to work with the physiotherapy department to conduct targeted health promotion activities for those attending the local social circle.

The unit received funding for a project to improve the identification and management of patients admitted with malnutrition. This collaborative project between Dietetics, Gastroenterology, Clinical Governance and the Clinical Informatics Unit will take place over two years.

### Occupational Therapy

Occupational Therapy worked with the Hospital Primary Care Liaison Unit and the Banyule Nillumbik Primary Care Partnership to adopt an e-referral system. Ongoing staff training and commitment have streamlined referrals to services using e-referral. The Occupational Therapy Department was asked to present to other primary care partnerships to highlight the positive approach it took.

Occupational Therapy forged stronger links with the Acute Psychiatry Unit and community services to develop active relationships and knowledge of services. Referrals are now tailored to better match the patient need to the service they are being referred to, which improves the transition for patients returning to the community.

The unit implemented a computer access and skills program in spinal rehabilitation, resulting in an information technology room being set up at the Royal Talbot Rehabilitation Centre. Staff have taught patients how to use the system so they are able to access this service independently.

Research commenced with the Oncology/Palliative Care Special Interest Group. Home assessments in oncology and palliative care outcome measures were developed to determine the effectiveness of occupational therapy home assessment. The work included a selection of quality-of-life tools and a literature review. Plans for publication are underway.

Occupational Therapy held a career evening, 'Occupational therapy as a career', for secondary school students in response to increasing demand from work experience students. It also undertook wide consultation with schools which resulted in a capacity crowd of enthusiastic possible future occupational therapists.

### Physiotherapy

Following the move to the new Austin Hospital Tower, the Physiotherapy Department is enjoying the light bright space, larger reception area, dedicated diagnostic ultrasound and respiratory rooms, wall oxygen for exercising patients, gait store and teaching spaces.

The area on level three of the Harold Stokes Building has been retained and houses physiotherapy administration, including The University of Melbourne Physiotherapy Clinical School. Clinical activity in the area continues and includes pulmonary and cardiac rehabilitation classes as well as individual assessment and treatment.

The opening of the Rehabilitation Sciences Research Centre at the Royal Talbot Rehabilitation Centre enhances research activity. The centre houses a state-of-the-art Movement Laboratory, which includes a \$400,000 Vicon movement analysis system funded by The University of Melbourne.

### Social Work

Social Work appointed additional in-house interpreters to increase Austin Health's capacity in Greek, Italian, Cantonese and Mandarin interpreting and to add the languages of Arabic, Macedonian, Serbian and Turkish to the service offering.

The Ngarra Jarra Aboriginal Health Program has continued to steadily develop. In November an Aboriginal health peer support worker role was established to work closely with Aboriginal and Torres Strait Islander patients.

Austin Health signed collaboration agreements with six other health and social welfare organisations pledging to work together to achieve improved health and social outcomes for Aboriginal people. Joining Austin Health in the agreement are the Commonwealth Care Respite Centre, North East Valley Division of General Practice, Whitehorse Division of General Practice, Wesley Mission, Moreland Community Health Service, and Waldreas Village.

Planning discharges for patients requiring residential care continues to be a key activity. Throughout 2005–06 patient transfers to residential care progressed steadily, with a reduction in the number of patients awaiting placement in appropriate community services. Social Work staff were also actively involved with Aged Care staff in the Transitional Care Pilot and subsequent Transition Care Program. These programs have provided additional support options for patients who require residential care or are awaiting a residential care vacancy.

### Speech Pathology

A new procedure, fiberoptic endoscopic evaluation of swallowing, was safely introduced this year. The service is available for outpatients with swallowing difficulties, and almost 200 procedures were undertaken with no adverse events during 2005–06. The Speech Pathology Department is a national leader in the use of this diagnostic and assessment tool to assist people who have difficulty swallowing. The department is writing an advanced practice competency training program for delivery to the state as part of the Department of Human Services' Better Skills Best Care Workforce project.

Speech pathologist Michelle Cimoli received the 2006 FJ O'Rourke Award, providing her with a \$5,000 grant to visit the United States and a tour of international centres of excellence that treat swallowing disorders.



The Tracheostomy Review and Management Service was awarded highly commended status in the 2005 Victorian Public Healthcare Awards' 'Innovations in Models of Care' category. The service instituted a number of initiatives in 2005–06, including a tracheostomy training program, its own intranet site, and the tracheostomy policy, procedures and e-learning packages. Other innovations include the publication of the *Tracheostomy care resources* guide and a CD-ROM of the tracheostomy e-learning packages. The Tracheostomy Review and Management Service continues to be recognised as an innovative leader in the area of tracheostomy care.

### Nursing Services

The Enhanced Scope of Practice Project focusing on future workforce redesign for Division 2 nurses was launched. Nursing Services worked closely with the Nurses Board of Victoria and secured funding from the Department of Human Services' Nurse Policy Branch to conduct a 12-month project to implement key competencies for Division 2 nurses to enable them to undertake advanced skill development. This work will continue in 2006–07.

The Department of Human Services funded Nurse Practitioner Project progressed with the development of a framework for implementing the nurse practitioner roles at Austin Health. The first two candidates, both from the Emergency Department, have applied to the Victorian Nurses Board for endorsement as nurse practitioners. Nursing Services has also identified key targeted staff and invited them to attend a mentor education session to aid them in mentoring future nurse practitioner candidates.

Nursing Services met with staff of the Bowen Centre to develop education and career path planning to facilitate a smooth transition to other clinical areas following the closure of the Bowen Centre in 2007.

### Nursing Education

The Clinical Nursing Education Department relocated and the greatly improved teaching and office facilities in the Austin Hospital Tower have enhanced the services this area offers.

The Educational Options Program offered 44 short courses and eight advanced practice courses. Staff uptake of educational options was pleasing, with many of the courses fully booked.

One hundred and ten nurses were recruited into the Graduate Nurse Year Program in 2006. Graduate Nurse Year participants were offered three rotations for the year and were asked to nominate their preferred allocations. Ninety-five per cent of participants were allocated to their first preference.

Seventy-nine nurses undertook specialist postgraduate study in the ten postgraduate nursing courses and 14 participants undertook the Refresher/Re-entry Program.

### Northern Centre Against Sexual Assault

The Northern Centre Against Sexual Assault developed new training modules and a policy and procedures manual to equip staff delivering crisis care. The new training aims to link theory with practice and ensure service users are provided with the best possible service response following recent sexual assault.

The centre completed a new publication, *Reconnecting with young people after sexual assault*, in response to a lack of information for parents and carers of young people who experience sexual assault. The publication provides an overview of the impact of sexual assault and ways parents, carers and families can support young people in their healing journey.

The centre also completed the Towards Safer Student Relationships project. This project aimed to explore the issue of sexually abusive behaviours that occur between students in a school context and to determine the strategies schools are using to deal with these behaviours. The report makes recommendations on appropriate support and interventions for those victimised and those exhibiting sexually abusive behaviours. It also makes recommendations on schools' responses to abusive behaviour.

### Pastoral Care

For the first time, a 24-hour, seven-day-a-week on-call pastoral care service was available to the Intensive Care Unit and the Liver Transplant Unit as a result of increased staffing.

In cooperation with the Mercy Hospital for Women, Pastoral Care held a dedication service for the multi-faith chapel, which 120 representatives from the two hospitals and the local community attended.

The department's chaplains worked closely with the Veteran Liaison Officer to oversee plans and development of the new Anzac Memorial Chapel being constructed at the Heidelberg Repatriation Hospital.

### Child Care Centre

The Austin Child Care Centre received accreditation from the National Childcare Accreditation Council Incorporated under the quality improvement and accreditation system for long care day centres until April 2008. The accreditation process involved a self-assessment from staff and families and a validation survey.

### Consumer Advisory Committee

After five years as Chair of the Community Advisory Committee (CAC), Ms Joe Manton stepped down. From July 2006, the CAC will be chaired by Ms Barbara Hingston. In 2006 the CAC is focussing on the Emergency Department, long-term patients such as liver transplant, spinal and cancer, multicultural services and outpatients.

# Support Services

## Redevelopment, Infrastructure and Commercial

Patients and staff have enjoyed the first year in the new Austin Hospital Tower and have commented on the light, spacious facilities and improved surroundings.

### Redevelopment

Staff feedback on the new Austin Hospital Tower has been extremely positive. Staff enjoy working in the improved surroundings and particularly enjoy the light and spacious areas. Work has continued throughout the year, with Baulderstone Hornibrook to rectify small defects.

Work on the new mental health precinct continued and is on schedule for completion in October. The new buildings, which are purpose-built and were subject to wide consultation, will be a vast improvement on the wards at the Heidelberg Repatriation Hospital. The Acute, Secure Extended Care, Mother and Baby and Eating Disorders Units will all move to the new site in December 2006.

Planning continues for the Olivia Newton-John Cancer Centre, with the project control group working on the strategic and service plan. Meetings have taken place with the architects and quantity surveyors to scope the project. The redevelopment team is working closely with Cancer Services to develop the project.

The State Government allocated funding in the 2006–07 State Budget for a new bioresources facility to be situated on the Austin Hospital site. This facility will incorporate all of Austin Health's bioresources facilities, which are currently in four locations across two sites. Initial scoping work for the project has commenced.

Planning for the demolition of A Block continued. The demolition will allow for a loading dock and waste handling area. The project is out to tender and staff from A Block are moving to level seven of the Harold Stokes Building.

### Engineering and Buildings

The Redevelopment continues to be a major focus for the department with the establishment of ongoing maintenance arrangements and enabling works occupying the attention of staff.

During the year, contractors were appointed to undertake the Boiler and Infrastructure Replacement Project. Installation of the new boilers at Austin Hospital will commence early in 2006–07.

### Department of Nuclear Medicine and Centre for Positron Emission Tomography

Austin Health will use a \$4 million funding grant from the State Government to purchase and install a new cyclotron. Planning for the building works associated with the replacement cyclotron and new bunker is well underway. The new cyclotron will be situated in the sub-basement block of the Harold Stokes Building. Tendering for equipment and final design and for construction will occur early in 2006–07.

Strong growth in demand for positron emission tomography services continued in 2005–06. Clinical demand has resulted in less access to the positron emission tomography camera for research, and the department is seeking to acquire a camera exclusively for research use.



Food surveys indicate improved patient satisfaction since the new finishing kitchen became operational. The kitchen features a temperature controlled plating and larder area.

#### Division of Laboratory Medicine

Pathology activity significantly increased after Austin Health signed service contracts for Northern Health, Mercy Hospital for Women, and Mercy Werribee Hospital. Full pathology services are provided to all sites, including anatomical pathology, biochemistry, haematology and microbiology.

#### Radiology

Radiology implemented a picture archive and communication system across the health service, creating a filmless environment by September 2005. Not using film has meant significant savings for the department and an enhanced service for clinicians. Clinicians provided strong support for the system, and developed a business case for installing a web server that would allow staff to access the system remotely.

Austin Health received full accreditation for the next five years from the Royal Australian and New Zealand College of Radiologists for radiology registrar training (ten positions) and for advanced training in interventional radiology, hepatobiliary imaging, musculoskeletal imaging, neuroradiology, oncology imaging and magnetic resonance imaging.

Radiology purchased and installed a new magnetic resonance imaging machine and 16-slice CT scanner and both were operational by June 2006. The magnetic resonance imaging machine has greatly reduced waiting times for patients because its increased capabilities allow for a greater range of examinations.

#### Food Services

The new finishing kitchen became operational in March 2006. This is a state-of-the-art facility and staff are enjoying working in the improved surroundings.

In June 2006 Food Services implemented a new patient meal delivery service, which allows food to be plated earlier and heated within retherm trolleys to keep the meals hot while being transferred. Feedback from patients about this improvement in customer service has been very positive.

Food Services completed training on the Chefmax Menu Management System for all menu monitors and administrative staff. The Chefmax system allows for electronic menu ordering, putting an end to the paper-based system. This system can store patient menus for up to six months, which is advantageous for patients who are admitted frequently. The new electronic system is expected to be in full operation by the end of 2006.

#### Environmental Services

Environmental Services introduced new technology to improve cleaning services and maximise efficiency. The department purchased ride-on cleaning machines for the Austin Hospital Tower and a street sweeper to assist in maintaining the car parks and the larger hospital facilities.

#### Medical Engineering and Physics

Medical Engineering and Physics coordinated the \$3.8 million one-off equipment funding program, which involved completing all purchase contracts for various clinical service units.

#### Communications Infrastructure

Communications and Infrastructure signed a contract for telephony services with a new supplier, resulting in a significant saving for the organisation.

As a result of the expertise of the Tracheostomy Review and Management team, patients are getting tracheostomy tubes out 20 days earlier, talking 10 days earlier, leaving hospital 30 days sooner and staying out of hospital longer.





“I wouldn’t be alive today without my tracheostomy tube and the help of the tracheostomy team.”

Valda Burnett, lives at home with a permanent tracheostomy tube.

# Support Services

## Corporate Development

7,500 commemorative pavers were purchased during the Austin Hospital Paver Appeal and are being laid on the commemorative circle at the Austin Hospital.

### Hospital Admission Risk Program

The Community Link, Chronic Disease Management, Coaching Patients on Achieving Cardiovascular Health, and Medication Management programs were all streamlined to form one Hospital Admission Risk Program-Chronic Disease Management Program. Austin Health formed a Hospital Admission Risk Program reference working group to work through issues associated with mainstreaming the program.

Service agreements were drafted for all community service providers. Key performance indicators are being developed in consultation with Hospital Admission Risk Program managers.

Work has centred on implementing the S2S e-referral system as a central access point for the Hospital Admission Risk Program-Chronic Disease Management Program. All HARP staff were trained in the system.

### Strategy, Risk and Clinical Governance

Surveyors from the Australian Council on Healthcare Standards undertook a periodic review and reported that the work of the Clinical Governance Team was recognised as outstanding and a national leader.

The Clinical Governance Team won the tender to lead the third statewide Pressure Ulcer Prevalence Survey (PUPPS 3), which was conducted across 87 Victorian health services. Survey results provide valid and reliable data for benchmarking, which can assist health services to reduce pressure ulcers.

The department worked with state and federal health departments on improvement collaboratives, including safer use of blood and blood products, medication safety, organ donation, prevention of deep vein thrombosis, and the 'Safer Systems, Saving Lives' initiative.



The team from Health Information Services rose to the challenge when faced with a 60 per cent increase in the number of medical records transferred between Austin Hospital and Heidelberg Repatriation Hospital.

### Corporate Communications

Following last year's successful community open day to mark the opening of the Austin Hospital Tower, another six major launches were staged in 2005–06, including the State Government's Life Sciences statement, the Endocrine Centre of Excellence and the Movement Laboratory at Heidelberg Repatriation Hospital.

A poster exhibition telling the stories of 11 inspiring Austin Health spinal patients was on display at the Telstra and Transport Accident Commission buildings before being displayed in the foyer of the Austin Hospital Tower. The exhibition reminded all who viewed it of the remarkable feats that can be achieved despite a traumatic spinal cord injury.

Austin Hospital was the subject of significant media coverage following legionella and gastroenteritis outbreaks.

For the third year in a row, Corporate Communications distributed 170,000 copies of the *Quality of Care Report*, the annual report to the community, to local residents.

The report outlined initiatives to improve the quality of care, and other health services are now emulating the format as a result of positive audience feedback and ease of access.

Following the opening of the new Austin Hospital Tower, the switchboard was increasingly busy, with the number of calls peaking at 107,000 in March.

To ease demand on operators, Corporate Communications introduced a campaign to reduce the number of internal calls. Complaints to the Patient Representative resulted in Information Technology developing an electronic solution for the switchboard to enable patient telephone calls to be transferred more efficiently.

Patient Enquiries staff met overwhelming demand in their first year in the new Austin Hospital Tower. They provided a positive public face to visitors while answering 500 telephone calls each day. Fortunately this spike in demand is beginning to subside at the year's end.

# Support Services

## Corporate Development

### Fundraising

The Austin Hospital Paver Appeal saw 7,500 commemorative pavers purchased. The first batch of pavers were laid on the commemorative circle of Austin Hospital Tower forecourt and the remaining pavers will be laid by the end of 2006. Plans are underway to conduct similar paver appeals at the Royal Talbot Rehabilitation Centre and the Heidelberg Repatriation Hospital.

The department communicated with 30,000 supporters via two new quarterly donor newsletters: *Vitality*, focusing on Austin Health activity and *Well Wisher*, which is dedicated to the Olivia Newton-John Cancer Centre Appeal.

The department received two prestigious awards from the Fundraising Institute of Australia for excellence in fundraising. This success would not have been possible without the incredible support of the many donors, bequestors, corporate supporters and volunteers who contribute to the fundraising effort.

Many more donors made the decision to leave the gift of a lifetime by becoming bequest ambassadors, bringing the total number of bequest ambassadors to 54.

Volunteers and auxiliary members from Friends of the Austin once again dedicated many hours of their time and raised more than \$230,000 for the organisation. Austin Health used this funding to purchase new equipment for the Outpatients, Dialysis, Gastroenterology, Cardiology and Physiotherapy departments, the Liver Transplant Unit and the Operating Suite.

Olivia Newton-John visited Austin Hospital in April to oversee plans for a major fundraising event for her cancer centre appeal, ROCKINC, and to discuss future plans for the cancer centre. The Federal Government granted Austin Health \$10 million to support research facilities at the Olivia Newton-John Cancer Centre thanks to the efforts of the Olivia Newton-John Cancer Centre Appeal's executive committee, led by Chief Executive Officer and Chair of Goldman Sachs JB Were, Terry Campbell, and AFL Chief Executive Officer, Andrew Demetriou.

Two major corporate partners for the Olivia Newton-John Cancer Centre Appeal were announced during the year. The National Australia Bank contributed its first \$1 million to the centre appeal and the Australian Pharmaceutical Industries, representing 1,253 stores throughout Australia, will conduct a major instore promotion for the appeal in line with its 'Inhealth – for total wellbeing' brand. These campaigns have the potential to reach more than four million prospective donors nationwide.

Media exposure associated with Channel 7's highly rated *Dancing with the Stars* program enhanced the public profile of the Olivia Newton-John Cancer Centre Appeal. As the charity of choice of former Ms Universe and dance contestant, Jennifer Hawkins, the program exposed the appeal to two million viewers weekly.

### Information Technology

Information Technology continued to bed down the extensive data network facilities introduced with the new Austin Hospital Tower.

The department obtained sponsorship through HealthSMART to trial mobile computing in the Intensive Care Unit and Ward 5.

Information Technology extended the use of remote network access to many clinical and managerial staff, increasing their capacity to deal with patient and administrative responsibilities when absent from the hospital.

The use of electronic discharge summaries, which previously were only available in the Emergency Department, increased in many inpatient units.

The department completed a HealthSMART clinical systems 'benefits realisation survey', which contributes to a baseline for measuring outcomes of HealthSMART clinical projects.

### Patient Representative

Demand on the Patient Representative's office increased following the general increase in patient activity brought about by the opening of the Austin Hospital Tower. The office received 985 complaints and 499 liaison interventions during 2005–06. To reflect the ongoing increase in numbers of complaints, additional hours have been allocated to the Assistant Patient Representative.

Recommendations flowing from investigation of complaints led to a number of significant systems improvements and new protocols being developed.

During the periodic review by the Australian Council on Healthcare Standards, surveyors noted that the Patient Representative provided national leadership in the role.



### Veteran Liaison

Veteran Liaison acts as a single point of reference for all veteran-related matters at Austin Health, which is the largest public provider of medical care to Department of Veterans' Affairs patients in Victoria.

Construction of the ANZAC Memorial Chapel was announced at the Remembrance Day Service in 2005 and the new facility will be dedicated in November 2006 at the traditional Remembrance Day Service.

The State Government announced an allocation of \$6 million to fund a new hydrotherapy pool and the relocated Kokoda Gymnasium. The veteran community received this news with great excitement and Austin Health acknowledges the veteran community's support for this project, particularly the efforts of Major General David McLachlan AO, Victorian State President of the RSL.

The Heidelberg Repatriation Veterans' Centre was opened and is a welcome addition to the veterans' services available at the Heidelberg Repatriation Hospital.

Veteran Liaison continued to provide ongoing support to veterans of past, recent and ongoing conflicts and strives to meet the challenges of the future.

The veteran community and many veteran organisations continued to support clinical services, fundraising, working bees and Austin Health activities. They were involved in planning issues and attended, supported and contributed to major projects and annual ceremonies of observance.

### Health Information Services

Health Information Services experienced an increased workload in many areas, including an increase of more than 60 per cent in the number of medical records transferred between facilities.

The department integrated mental health records into the Austin Health medical records and continued to implement the electronic patient record by making more clinical information available online.

The Casemix Service implemented an education program with performance competencies and reintroduced meetings with specific clinical units in order to improve medical record documentation and clinical coding.

The Clinical Information Unit contributed data as part of the Department of Human Services' Specified Grants Review for Chemotherapy and Radiotherapy and contributed to the Dialysis Review.

The department also participated in the Victorian Cost Weights Study for Inpatients and Outpatients. The Patient Services Data Group was integrated into Health Information Services and all areas participated in numerous benchmarking exercises, such as Health Roundtable and studies with other major metropolitan hospitals.

### Health Sciences Library

The Austin Library redevelopment was completed in June 2006. The library now provides quality resources and services in the expanded and refurbished facility, which provides more space for quiet study, spaces for discussion, and access to additional computers.

As part of the redevelopment, the library collection of the Mercy Hospital for Women was integrated with the Austin collection. This allows staff and students from both hospitals to enjoy access to a wider collection of resources.

Health Services Library purchased authentication software during the year to provide access to the Austin's online resources from the Mercy Hospital's network.

Austin Health's membership of the Victorian Health Libraries Consortium further enhanced access to online resources. During the year, the library intranet and internet pages were redesigned and there were 57,000 hits on the library web pages. The A-Z journal list was accessed 30,000 times.

# Support Services

## Human Resources

The 'In Sickness and In Health' program was introduced to improve the management of unplanned absences and to ensure employees are taking sufficient annual leave to maintain good health.

### Employee Services

Employee Services carried out planning for the first phase of a new human resources management system, which will introduce a new and complex payroll system in July 2006. The payroll component of the Human Resources Management System is the first step in implementing a range of other management functions, and the department completed all the required work to allow for the introduction of further components of the system in the first half of 2006–07. These components will include training and performance and workforce management modules that are designed to assist staff and the organisation in managing career opportunities, training and workforce development requirements.

This project was undertaken with financial and project management support from the Department of Human Services' HealthSMART program as part of a statewide initiative. The next stage of this initiative will be developing a complete and electronic rostering solution that is fully integrated with the new payroll system. Austin Health expects to participate as a lead agency in the development and implementation of this rostering solution during 2006–07.

The Unit also introduced the 'In Sickness and In Health' program to improve the management of unplanned absences and to ensure employees are taking sufficient annual leave to maintain good health and reduce excess leave entitlements which represent a financial liability to Austin Health. This program has decreased sick leave usage and reduced the financial liability of annual leave accruals.

### Employee Relations

Human Resources continued to provide operational support and advice within a complex industrial environment. During 2005–06 the focus fell on new work arrangements in the Austin Hospital Tower which met with some employee and union concerns. These issues were eventually overcome through sustained dialogue and with the assistance of the Australian Industrial Relations Commission.

### Learning and Organisational Development

The Learning and Organisational Development Unit reintroduced the Leading People and Change Program in 2005–06. Participants came from a range of areas and disciplines and included a significant number of medical staff.

Each participated in 360-degree feedback and a professional style assessment, which provided feedback on their individual motives, preferences, needs and talents in critical work areas. Participants worked with the unit to create their individual development plan and participate in coaching sessions. Workshops, project work, guest speakers and leadership laboratories were a key part of the learning methodologies provided.

More than 100 managers and supervisors participated in the Frontline Management Program, which aims to improve organisational effectiveness by increasing the skills of new managers and supervisors in key areas such as occupational health and safety, recruitment and retention, industrial relations, performance management and leading teams.

The unit participated in a Commonwealth Government funded program, which provided more than 60 staff who had no previous formal qualifications with a Certificate IV in Government. This program covers a variety of topics, including workplace communication, managing conflict, occupational health and safety, improving workplace systems and processes, and industrial relations.

## Workforce Data – Number of equivalent full-time staff

|                             | 2004–05        | 2005–06        |
|-----------------------------|----------------|----------------|
| Nursing services            | 1674.53        | 1773.75        |
| Administration and clerical | 639.27         | 647.53         |
| Medical support             | 514.25         | 584.32         |
| Hotel and allied services   | 621.14         | 620.16         |
| Medical officers            | 122.16         | 125.29         |
| Hospital medical officers*  | 322.51         | 288.80         |
| Sessional medical officers  | 69.33          | 73.28          |
| Ancillary support services  | 324.54         | 352.00         |
| <b>Total</b>                | <b>4305.73</b> | <b>4425.13</b> |

\*2005–06 data for hospital medical officers excludes doctors on rotation.

The unit conducted a program providing 109 staff who have training responsibilities with a Certificate IV in Workplace Training and Assessment. Through this program, staff are now qualified to assess training needs, design and conduct on-the-job training, and evaluate training outcomes.

The unit conducted more than 40 organisational development interventions aimed at improving workplace performance in 2005–06. These interventions covered areas such as process redesign, conflict resolution, model of care development, strategic planning, customer service and team work.

### Occupational Health and Safety

Human Resources continued to devote attention to improving the safety of staff through targeted training programs and development and refinement of procedures for dealing with aggression in the workplace. The division also continued to focus on improving manual handling processes. This included continuing the operation of the 'No Lift' program introduced some years ago with considerable positive impact. These and other initiatives to reduce manual handling injuries were rewarded when a WorkSafe Victoria audit of the highest risk non-clinical areas of the hospital resulted in no recommendations for improvement being issued.

The Occupational Health and Safety Unit undertook considerable work reviewing emergency procedures and emergency response systems and improving training mechanisms and support tools for managers and staff. The unit used electronic solutions where appropriate.

The unit also conducted a series of WorkSafe presentations to acquaint managers and other staff with changes to their legislative obligations under the *Occupational Health and Safety Act*.

As part of the new Human Resources Management System, Occupational Health and Safety participated in the introduction of a new incident reporting system (RiskMan). Austin Health expects this system will improve reporting of incidents and injuries, allowing the organisation to more quickly identify action required to prevent further incidents or injury.

### Security

During 2005–06 security staff became more familiar with new technology in the Security Control Room, further improving the standard of security and safety at the Austin Hospital. This new technology was particularly useful in prosecuting thieves and locating lost or confused patients and visitors.

All security staff undertook training to ensure they satisfied updated industry licensing standards. This training also prepared staff for using personal protective equipment which is being introduced to improve the safety and effectiveness of security responses.

### Car Parking

Austin Health gradually extended the use of automated car park entry, exit and payment facilities at the Austin Hospital and the Heidelberg Repatriation Hospital during 2005–06, reducing staffing costs and increasing car park revenue.

This department also directed considerable attention to increasing visitor and staff use of the new Austin Hospital Tower car park to ensure this asset is providing an adequate return on investment while meeting users' needs. These efforts were successful, with the car park now fully used at various times of the week. A review of car park signage and way finding is presently underway.

# Research

## Austin Health's 630 researchers shared in \$25 million worth of research grants in 2005–06.

### Research highlights

The Victorian Government allocated \$24 million in research funding as part of *Healthy futures: the life sciences statement*. Austin Health will use this funding to construct two new buildings on the Austin Hospital site. The first will be a new bioresources facility which will be shared between all research groups within Austin Health. The second building will be one campus of the new Australian Centre for Neuroscience and Mental Health Research. This centre will integrate the Howard Florey Institute, the Brain Research Institute, the Mental Health Research Institute, and the National Stroke Research Institute. A second campus will be located at Parkville. The Commonwealth Government has contributed \$37 million for both nodes of the Australian Centre for Neuroscience and Mental Health Research.

These facilities represent a major investment in research for Austin Health and one that demonstrates the confidence shown in hospital-based research and the pre-eminence of the research conducted by Austin Health.

As part of the *Life sciences statement*, the government also provided funding to relocate some of the Austin Research Institute groups to The Alfred following its merger with the Burnet Institute.

Austin Health has an ongoing commitment to research and has strong partnerships with The University of Melbourne and the major independent research institutes. Austin Health's 630 researchers shared in just under \$25 million worth of research grants in 2005–06.

Researchers in The University of Melbourne Department of Medicine at Austin Health were awarded \$1.8 million in new National Health and Medical Research Council grants for 2006. Research supported includes studies of models of diabetes, structural bases of bone strength and investigations of androgen deficiency. These new grants build on the existing research funding awarded by the National Health and Medical Research Council and other funding bodies supporting research in the fields of androgens and men's health, bone disease, cardiovascular endocrinology, cardiovascular pharmacology, diabetes and its complications, growth factors and cancer, heart disease, neuroprotection and neuroregeneration, neurophysiology, obesity, prostate disease, stroke and thyroid disease.

The Brain Research Institute was pleased to welcome Professor Alan Connolly and his world-class team of physicists and neuroscientists from the prestigious University College London, marking a significant expansion to Austin Health's magnetic resonance imaging capability. The MR Development Group brings a new understanding of magnetic resonance imaging, new skills in development, links with the international community, and a world-class reputation in development and in teaching. This will be the seed for an ongoing skill base in bioimaging in Australia which will be seen as increasingly significant in future years.



Associate Professor David Howells and his team of researchers are working on treatments to limit the damage caused by stroke and spinal cord injury and to promote effective recovery.

The development of advanced imaging technologies at the Brain Research Institute will provide local opportunity for world-leading science developments that have immediate health care benefits. The Brain Research Institute and other neuroscience research groups with important questions to address can work in conjunction with experienced magnetic resonance imaging development scientists to apply the new techniques to clinical areas of epilepsy, stroke, brain trauma and mental health.

The Brain Research Institute now has its second high-field 3 Tesla magnetic resonance imaging system. This second 3T magnetic resonance imaging system realises the vision of an integrated magnetic resonance imaging and neuroscience facility, where basic problems in biology (from large animal models through to human studies) can be fully investigated with advanced MR methods.

The National Health and Medical Research Council Epilepsy Program Grant was renewed in 2006 for more than \$11 million for a further five years. This funding demonstrates that the Brain Research Institute and the broader neuroscience group at Austin Health are internationally recognised as leading the thinking and applications of imaging technologies and genetics to the problems associated with epilepsy. Most in the international community generally perceive Austin Neurosciences as one of the lead epilepsy research centres in the world with pre-eminence in imaging and genetics. Of the investigators taking part in this study, three of nine come from the Brain Research Institute and are associated with imaging. This grant was obtained with colleagues from the Epilepsy Research Centre, the Howard Florey Institute, Monash University and the University of Adelaide.

The Ludwig Institute for Cancer Research Melbourne Centre for Clinical Sciences was recently created by the separation of the Austin and Parkville sites. The Melbourne Centre for Clinical Sciences will have a primary focus on clinical, rather than laboratory, sciences, and will be a site for the Ludwig Institute for Cancer Research clinical trials. The Director of the new Melbourne Centre for Clinical Sciences is Associate Professor Andrew Scott, former Associate Director (Clinical) of the Melbourne branch, and Head of the Tumour Targeting Program.

The Melbourne Centre for Clinical Sciences has about 80 staff and will primarily undertake clinical and translational research, but will also conduct basic laboratory research that supports its clinical activities. The existing joint medical oncology program directed by Professor Jonathan Cebon with Austin Health and involving molecular imaging will continue within the centre.

# Research

During 2005–06 the Ludwig Institute for Cancer Research continued its partnership with Austin Health for planning and fundraising of the new Olivia Newton-John Cancer Centre, which alongside the hospital's cancer services will incorporate institute research and clinical programs.

Associate Professor Andrew Scott and his team were awarded a US\$325,000 exploratory/developmental research grant award (R21) from the National Institute of Health to trial a potential colon cancer therapy at Austin Health.

An antibody drug candidate developed by a team of researchers at the Melbourne branch of the Ludwig Institute for Cancer Research was in-licensed by KaloBios Pharmaceuticals, a therapeutic antibody company, for the treatment of autoimmune diseases. The first generation antibody is planned to enter human clinical trials at Austin Health in mid 2006. In September 2005, the Ludwig Institute for Cancer Research and KaloBios were awarded a National Health and Medical Research Council development grant (\$283,000) for the development of clinical assays to support the phase I study.

Professor Jonathan Cebon and his team are leading an international phase II clinical trial to further test the effectiveness of the therapeutic cancer vaccine NY-ESO-1 formulated in the adjuvant ISCOMATRIX™ for melanoma.

As part of its Cancer Vaccine Collaborative program, the Cancer Research Institute also awarded US\$70,000 to Associate Professor Ian Davis to assist a pilot study of peripheral blood dendritic cells pulsed with NY-ESO-1 ISCOMATRIX® in patients with treated cancer and minimal residual disease at high risk of relapse.

In April 2005 the Victorian Minister for Innovation announced that the Victorian Tissue Bank Initiative was one of 17 successful projects in round three of the Science, Technology and Innovation Infrastructure Grants Program, receiving \$7 million of the \$60 million allocated.

A consortium of the principal tissue banks in Melbourne (Austin, the Ludwig Institute of Cancer Research, Royal Melbourne Hospital, Peter MacCallum Cancer Centre, and Monash Medical Centre), with the Cancer Council Victoria, submitted the application. Austin Health participants include the Department of Anatomical Pathology, the Ludwig Institute for Cancer Research, and the Ludwig–Austin Joint Medical Oncology Unit.

The National Heart Foundation awarded a \$120,000 grant to Professor Louise Burrell, which will enable her team of medical, allied health and scientific colleagues to study an enzyme called ACE2, which is activated after a heart attack.

Head of the Division of Surgery, Professor Chris Christophi's research into the uses of laser hyperthermia ablation and new drug delivery systems targeting the tumour vasculature for the treatment of liver cancer won him the Royal Australian College of Surgeons' most prestigious research endowment, the John Mitchell Crouch Fellowship. The College Council awards the fellowship each year for outstanding contributions to the advancement of surgery or to fundamental scientific research in the field.

Professor Chris Christophi and his Hepatic, Pancreatic and Biliary Research Group were awarded \$507,750 from the National Health and Medical Research Council for investigating novel therapies that target the blood vessels of liver tumours. This is a collaborative study at national and international levels combining the unique expertise of the various participants, including Professor Hiroshi Maeda from Kumamoto, Japan, and Dr Ian Millar from The Alfred hospital. This has the potential to replace standard chemotherapy as the preferred treatment for patients with bowel cancer spread to the liver.

Gastrin was originally discovered as a stomach hormone controlling the production of stomach acid and aiding digestion of food. Recently, the Department of Surgery and others have shown that gastrins are growth factors produced by cancers of the large intestine (colorectal cancers) which accelerated the development of the cancer. Researchers from the Department of Surgery have discovered that gastrins bind iron molecules tightly and that, for some forms of the hormone, iron binding is essential for biological activity. The overall objective of this project is to understand the biological significance of the complex between ferric ions and gastrins and whether blocking the interaction will block the ability of gastrins to stimulate the growth of colorectal cancers. The health significance of these studies are novel therapies for treatment of colorectal cancers and for subjects with iron regulatory disorders.

Associate Professor Paul Johnson, Deputy Director of Infectious Diseases, is the facilitator of a research network with nodes at Austin Health, Barwon Health, Department of Primary Industries Attwood, Monash University and the Victorian Infectious Diseases Reference Laboratory. The group are studying *Mycobacterium ulcerans*, the bacterium that causes Bairnsdale ulcer, sometimes called the 'flesh-eating bug' and known internationally as Buruli ulcer. The work formed the basis of a BBC Documentary to be screened in Europe and the United Kingdom in July 2006. Projects underway currently include a case control study on risk factors for acquisition of Bairnsdale ulcer on the Bellarine peninsula, trapping and testing of more than 10,000 mosquitoes, and work to test whether artificially infected mosquitoes can transmit the organism under experimental conditions. The team also organised and hosted a consensus conference that was held in February. The resulting consensus guidelines will be published later in the year in the *Medical Journal of Australia*.

The Victorian Spinal Cord Service participated in an international multicentre clinical drug trial that saw 240 patients with chronic spinal cord injury between the ages of 18 and 65 years take part at 30 study centres across Australia, New Zealand, India, America, the United Kingdom and Europe. HP184 is a drug that works to prevent the entry of sodium and potassium ions through nerves. This may improve the functioning of nerves and therefore muscle strength, sensory perception, and pain sensation in some spinal cord injured patients. The research study measured the effect of HP184 on muscle strength.

The Victorian Spinal Cord Service conducted a joint study with LaTrobe University's School of Public Health, 'Barriers to post-injury employment faced by compensable and non-compensable patients: a pilot study of traumatic spinal cord injury patients'. The study aims to identify the set of factors (both personal and environmental) reported by interviewees to have impacted on post-injury employment achievements. Results from this pilot study will guide the design of a subsequent intervention to enhance the post-injury vocational achievements of those living with spinal cord injury. Particularly salient will be services that can be commenced while the patient is undertaking primary rehabilitation.

There is emerging, compelling evidence that tetraplegia, the loss of function in arms and legs, results in greater secondary disability due to disturbed sleep and breathing overnight. The 'Sleep Health in Tetraplegia' study aims to comprehensively evaluate sleep health in tetraplegia by documenting sleep disturbances and determining the prevalence and nature of any sleep disordered breathing in the Victorian population with tetraplegia. It is known that obstructive sleep apnoea and sleep disturbances are significantly under-diagnosed in people with spinal cord injury and this project is likely have an immediate positive impact for the participants as problems are diagnosed and treatments are offered. Similarly, these data will be used to guide future clinical trials of novel therapies.

The Parent-Infant Research Institute was awarded a National Health and Medical Research Council grant of \$609,875 for a four-year project entitled, 'Intervention to improve brain, intellectual and behavioural development of premature infants'. This project involves Professor Jeannette Milgrom, Associate Professor Terrie Inder, and Professor Paul Martin.

The Telstra Foundation Community Development Fund gave \$55,000 to a one-year project entitled, 'Premature mothers, fathers and babies – family recovery, relating and infant development'.

A randomised control trial entitled, 'Psychological treatment of post natal depression (PND) is effective', was conducted, comparing cognitive therapy with less specialised psychological interventions. All were demonstrated to be superior to conventional routine care. There are relatively few such studies and this one had the added strengths of a broad community sample, formal clinical diagnosis of depression, manualised interventions, and well validated rating instruments.

Dr Sandra Iuliano-Burns and Professor Ego Seeman are working closely with the Australian Antarctic Division looking at the effects of lack of sunlight on vitamin D levels and bone in Australians wintering in Antarctica. It is believed the lack of sunlight increases bone loss. During winter, vitamin D levels were significantly lowered and bone resorption (the rate that bone is removed from the skeleton) was highest. Levels returned to normal once the subjects had returned to Australia. Bone density measurements of those returning from Antarctica this summer will confirm the amount of bone loss. Australian Antarctic Science funded this project.

# Teaching and Training

Austin Health provides the largest postgraduate medical training program in Victoria, covering all medical specialties, including general practice.

## Teaching highlights

For the many dedicated teaching staff working at the Austin the highlight of the year was the success of the education precinct on level four of the new Austin Hospital Tower. The new lecture theatre, computer laboratories, seminar rooms and tutorial rooms within the precinct have been in almost constant use delivering educational programs to several hundred undergraduate and postgraduate medical, nursing and allied health trainees based at the Austin Hospital. Trainees' learning was enhanced by regular use of new videoconferencing facilities and by improvements to the Austin Hospital library which was expanded to accommodate La Trobe University Nursing Clinical School students and to amalgamate the Mercy and Austin collections. Planning for a multidisciplinary clinical skills laboratory in a ward in the vacated Harold Stokes Building is well under way.

Austin Health/Northern Health Clinical School graduate, Dr Harriet Gee, was the top University of Melbourne medical student in 2005. After graduation she was awarded a Rhodes Scholarship to commence a PhD at the University of Oxford in 2007.

Medical staff at Austin Health provide the largest postgraduate medical training program in Victoria, covering all medical specialties, including general practice. In 2005–06 these training programs were increasingly integrated with educational activities in the hospitals junior staff rotate to; Northern, Bendigo, Echuca and Horsham. Training programs for interns and residents were the main focus of the Postgraduate Medical Council of Victoria annual symposium, which was held in the education precinct in May 2006.

The Austin Hospital Medical Education Unit was involved in a pilot program initiated by the Postgraduate Medical Council, which involved employing a medical clinical educator to educate international medical graduates.

The role of the medical clinical educator is to orientate international medical graduates to the Australian hospital system and to address their post-graduate medical education needs. The team working on the pilot program developed an extensive curriculum to address areas of hospital medical officers' task prioritisation, ordering and interpreting investigations, communication with staff and patients, and common clinical problems. The curriculum is being delivered during weekly group teaching sessions.

Teaching activity for the 150 physiotherapy undergraduate students from The University of Melbourne remained the clinical school's key focus, with the majority of clinical supervision being provided by the three facilities of Austin Health. Warrigal Hospital continued to take fourth year cardiothoracic students in 2005 despite the change in ownership of the organisation to Ramsay Healthcare. Wangaratta Base Hospital successfully took third year musculoskeletal students for the first time. The Department of Human Services provided funding for an associate professor in allied health for La Trobe University and Northern Health, which will mean Northern Health's involvement in the teaching program will be scaled down.

Third year physiotherapy students were among the first students to use the facilities in the new education precinct. Use continued to grow throughout the rest of the year. Of particular value is the student common room, which gives the students a home base and relieves pressure on the physiotherapy clinical facilities. All students are impressed by the quality of the facilities and speak very positively of their student experience with Austin Health as a result.





The new education precinct enables undergraduate nursing students to attend the majority of their classes within the hospital and undertake clinical placement on the wards nearby.

The Austin Health/La Trobe University Clinical School of Nursing has also enjoyed its first year in the education precinct. During the first semester in the new premises, 110 year three undergraduate nursing students attended the majority of their classes within the hospital. In semester two, 'clinical rounds' were trialled to enhance the students' problem-based learning curriculum. The sessions focused on a number of topics related to complex skills and health assessment. These were very successful and were continued into the 2006 program.

The clinical program continued in 2006, with 105 students being placed with one or two registered nurses for their clinical practicum in semester one. Staff of the clinical school continue to work closely with the Clinical Nursing Education Department and contribute to a number of hospital nursing courses.

#### Awards

Professor Sam Berkovic, Director Neurology, was awarded the prestigious Zülch Prize from the Max Planck Society in Germany in recognition of his groundbreaking investigations into the genetic foundations of epilepsy. Professor Berkovic, who heads the Epilepsy Research Centre at The University of Melbourne and the Comprehensive Epilepsy Program at Austin Health, received the prize for his major study of people with epilepsy from large families and more than 300 twins with epilepsy. Professor Berkovic and his research team were the first to prove that many types of epilepsy have a significant genetic component. This has directly led to changes in patient management and new concepts in the understanding of epilepsies. The Zülch Prize is awarded annually for outstanding achievements in basic neurological research. It is shared between Professor Berkovic and Professor Christian Elger, University of Bonn.

Professor Berkovic was also awarded the 2005 Curtin Medal for outstanding contribution to Australian medical science.

Anthony Zulli, cardiac surgery researcher, was awarded the prestigious Peter Doherty Training Fellowship. This is a most prestigious award.

Nurse Unit Manager, Coronary Care Unit, Marcia George received a Medal of the Order of Australia for her service to cardiovascular nursing in developing and implementing new patient care methods.

Dr Philip Hayward, Cardiac Surgery Registrar, received the gold medal in cardiothoracic specialty examinations of the Royal College of Surgeons in the United Kingdom. Dr Hayward previously won the gold medal for the Royal College of Surgeons Fellowship examinations in 2000 and this is the first time the same doctor has won both awards.

Endocrine Centre of Excellence Director Professor George Jerums received the Distinguished Scientist Award to mark Austin Health's 2005 Research Week.

The award, granted by the Austin Hospital Medical Research Foundation, was in recognition of Professor Jerums' prominence as a scientist and his contribution to the research community. His major contribution to research has been in the early detection and treatment of diabetic renal disease.

By June, the number of patients waiting for elective surgery was the **lowest for seven years.**





“This is the team  
that got me back  
on the road.”

Brian Jones, bus driver  
and elective surgery patient.

# Support Services

## Finance

The year ended with a small surplus of just under \$1 million providing a suitable base for sustainable improvement into the future.

The 2005–06 financial year was a successful year with a small surplus of just under \$1 million (after adjusting for capital income and depreciation), compared with a \$4.7 million deficit the previous year. More significantly, the gains made during the year provide a suitable base for sustainable improvement into the future.

The financial turnaround was achieved in difficult circumstances, with the opening of the Austin Hospital Tower drastically increasing patient activity, and related costs. Success was largely due to the successful implementation of an action plan aimed at using the capacity of the new facilities to achieve economies of scale and improve business-related revenues.

A restructure of clinical business units to improve efficiency and accountability across the organisation achieved further enhancements. Within Finance Services these changes were accompanied by actions that improved financial processes and reporting, and the recent implementation of a business-orientated budget system which provides the information required to manage successfully into the future.

Staffing changes have commenced to improve the skills base and ensure resources are focused on improving workflows and meeting the ever-increasing demand to assist Austin Health managers.

### Supply Department

There was a significant increase in the throughput of goods into the health service as a result of the general increase in hospital activity, support to new hospital statewide contracts (for example, pathology services), and support to the Mercy Hospital and other clients. Despite this, the average turnaround time for deliveries to wards and departments continued at the same fast rates that were achieved in 2004–05. Planning is continuing on new systems development, including the rollout of the new electronic requisition system.

Following a review of the organisation's fleet management function, the Supply Department implemented a range of measures designed to reduce fleet operating costs, such as fuel and insurance. These initiatives have already begun to realise savings while maintaining the operational capability of hospital staff.

### Mail and Transport

During the second half of 2005–06, major reforms and restructures within the Mail Services Department more than halved the handling cost per item of hospital mail processed. Further efficiencies are planned for 2006–07.

## Financial Summary

|   | 2001–02<br>\$000 | 2002–03<br>\$000 | 2003–04<br>\$000 | 2004–05<br>\$000 | 2005–06<br>\$000 |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>REVENUE &amp; EXPENSES</b>                                 |                  |                  |                  |                  |                  |
| Total Revenue   | 349,600          | 374,500          | 413,800          | 443,646          | 474,953          |
| Total Expenses  | 345,500          | 374,800          | 415,000          | 448,353          | 474,002          |
| Operating Surplus (Deficit) before capital and specific items | 4,100            | (300)            | (1,200)          | (4,707)          | 951              |
| Capital and specific items                                    | (4,109)          | 287              | 1,186            | (11,557)         | (4,991)          |
| Operating Surplus (Deficit)                                   | (9)              | (13)             | (14)             | (16,264)         | (4,040)          |
| Accumulated Deficit   | (16,202)         | (30,967)         | (45,598)         | (63,064)         | (65,732)         |
| <b>BALANCE SHEET STATISTICS</b>                               |                  |                  |                  |                  |                  |
| Total Assets  | 300,019          | 291,838          | 296,093          | 673,660          | 683,512          |
| Total Liabilities   | 93,809           | 99,936           | 117,838          | 141,934          | 142,649          |
| Net Assets  | 206,210          | 191,902          | 178,255          | 531,726          | 540,863          |
| Total Equity  | 206,210          | 191,902          | 178,255          | 531,726          | 540,863          |

## Debtors Indicators

|                                     | Average Collection Days |              |                           |                        | Inpatient Accommodation Fees Outstanding |                          |                           |                           |
|-------------------------------------|-------------------------|--------------|---------------------------|------------------------|--|--------------------------|---------------------------|---------------------------|
|                                     | 2006<br>Days            | 2005<br>Days | Under<br>30 days<br>\$000 | 31–60<br>days<br>\$000 | 61–90<br>days<br>\$000                   | Over<br>90 days<br>\$000 | Total<br>30/6/06<br>\$000 | Total<br>30/6/05<br>\$000 |
| Private                             | 88                      | 99           | 709                       | 690                    | 500                                      | 529                      | 2,428                     | 1,427                     |
| Transport Accident Commission (TAC) | 77                      | 75           | 104                       | 132                    | 98                                       | 156                      | 490                       | 902                       |
| Victorian WorkCover Authority (VWA) | 33                      | 37           | 10                        | 51                     | 4  | 42                       | 106                       | 229                       |
| Other compensables                  | 74                      | 80           | 35                        | 61                     | 37                                       | 103                      | 237                       | 335                       |
| Psychiatric                         | 88                      | 89           | 42                        | 7                      | 4  | -7                       | 46                        | 24                        |
| Residential Aged Care               | 0                       | 0            | 0                         | 0                      | 0  | 0                        | 0                         | 1                         |
| Total                               |                         |              | 899                       | 940                    | 643                                      | 824                      | 3,307                     | 2,918                     |

# Mandatory reporting

## Freedom of information applications

All applications were processed in accordance with the provisions of the *Freedom of Information Act 1982*, which provides a legally enforceable right of access to information held by government agencies. Austin Health provides a report on these requests to the Department of Justice.

## Consultancies engaged during 2005–06

### 1. In excess of \$100,000 per consultancy

There were no consultancies in excess of \$100,000.

### 2. Less than \$100,000 per consultancy

There were four consultancies engaged at a total cost of \$117,819.

## Freedom of information statistics for 2005–2006

| Freedom of information statistics for 2005–06           |     |
|---|-----|
| Requests received                                       | 594 |
| Fully granted   | 501 |
| Partially granted                                       | 17  |
| Denied  | 2   |
| Other   |     |
| – No documents  | 12  |
| – De-activated/cancelled requests                       | 24  |
| – Requests transferred to another ‘agency’ (Section 18) | 2   |
| In progress   | 36  |

## Whistleblowers’ Protection Act 2001

Austin Health has procedures in place to facilitate the making of disclosures, to investigate disclosures and to protect persons making disclosures.

During 2005–06, no disclosures of improper conduct or detrimental action by Austin Health or its employees were made. Procedures are available on the Austin Health web site ([www.austin.org.au](http://www.austin.org.au)) or can be obtained from the Protected Disclosure Officer, Marie Ellis, on 03 9496 5370 or by writing to Austin Health, PO Box 5555, Heidelberg, VIC, 3084.

## Building Act 1993

During the financial year it has been Austin Health’s practice to obtain Building Permits for new projects and Certificates of Occupancy or Certificates of Final Inspection for all completed projects.

Registered building practitioners have been engaged for all new building projects. In order to ensure Austin Health buildings are maintained in a safe and serviceable condition, routine inspections and ongoing maintenance programs were undertaken. Where required, Austin Health implemented recommendations arising from those inspections through a program of rectification and maintenance works.

## Competitive neutrality

Austin Health continues to comply with the Victorian Government’s Competitive Neutrality Policy. In addition, the Victorian Government’s Competitive Neutrality pricing principals for all relevant business activities have been applied by Austin Health from 1 July 1998.

## Austin Health activity data – 1 July 2005 – 30 June 2006

|   | Acute          | Mental Health | Aged         | Other         | Total          |
|---|----------------|---------------|--------------|---------------|----------------|
| <b>ADMITTED PATIENTS</b>  |                |               |              |               |                |
| <b>Separations</b>  |                |               |              |               |                |
| Same day  | 51,810         | 23            | 20           | –             | 51,853         |
| Multi day   | 27,546         | 1,058         | 1,031        | –             | 29,635         |
| <b>Total separations</b>  | <b>79,356</b>  | <b>1,081</b>  | <b>1,051</b> | <b>–</b>      | <b>81,488</b>  |
| Emergency   | 25,513         | 382           | 846          | –             | 26,741         |
| Elective  | 53,839         | 699           | 209          | –             | 54,747         |
| <b>Total separations</b>  | <b>79,352</b>  | <b>1,081</b>  | <b>1,055</b> | <b>–</b>      | <b>81,488</b>  |
| Public separations  | 68,592         | 828           | 781          | –             | 70,201         |
| <b>Total WIES12</b>   | <b>57,552</b>  |               |              |               |                |
| Average available beds  | 692            | 138           | 62           | 60            | 952            |
| Separations per available bed   | 115            | 8             | 17           | –             | 86             |
| Bed days (accrued)  | 245,243        | 21,131        | 20,942       | –             | 287,316        |
| <b>NON-ADMITTED PATIENTS</b>  |                |               |              |               |                |
| Emergency medicine attendances  | 48,485         | –             | –            | –             | 48,485         |
| Outpatient services – occasions of service  | 287,919        | –             | 7,804        | 21,865        | 317,588        |
| <b>Total occasions of service</b>   | <b>336,404</b> | <b>–</b>      | <b>7,804</b> | <b>21,865</b> | <b>366,073</b> |
| Victorian Ambulatory Classification System (VACS) –<br>Number of weighted attendances | 100,819        |               |              |               |                |
| Number of allied health encounters  | 86,482         | –             | –            | –             | –              |

## Performance measures

### Access

|   | 2003–04 | 2004–05 | 2005–06 |
|---|---------|---------|---------|
| <b><sup>1</sup> ELECTIVE SURGERY PERFORMANCE</b>  |         |         |         |
| Category 1 proportion of patients admitted within 30 days (%)   | 100%    | 100%    | 100%    |
| Category 2 proportion of patients admitted within 90 days (%)   | 64%     | 55%     | 53%     |
| Average waiting times for Category 2 patients on the waiting list as at 30 June   | 137     | 156     | 138     |
| Average waiting times for Category 3 patients on the waiting list as at 30 June   | 318     | 264     | 217     |
| <i>Elective results are provisional pending DHS review of data</i>  |         |         |         |
| <b><sup>2</sup> EMERGENCY DEPARTMENT PERFORMANCE</b>  |         |         |         |
| <b><sup>2a</sup> Triage performance</b>   |         |         |         |
| Category 1 patients receiving immediate attention   | 100%    | 100%    | 100%    |
| Category 2 patients receiving attention within 10 minutes   | 85%     | 83%     | 84%     |
| Category 3 patients receiving attention within 30 minutes   | 74%     | 75%     | 75%     |
| <sup>2b</sup> Patients as a percentage of admissions staying in the Emergency Department<br>for over 8 hours prior to admission to ward | 63%     | 65%     | 69%     |
| <sup>2c</sup> Number of ambulance bypass incidents  | 72      | 76      | 79      |
| <sup>3</sup> Average available beds (Acute)   | 675     | 673     | 692     |
| <sup>4</sup> Number of intensive care beds  | 14      | 14      | 16      |
| <sup>5</sup> Number of coronary care beds   | 10      | 10      | 10      |

# Senior staff

## Chief Executive Officer

Dr Brendan Murphy

## Executive Directors

John Breguet  
Redevelopment, Infrastructure and Commercial  
Ian Broadway  
Finance  
Dr Mark Garwood  
Chief Medical Officer  
Ann-Maree Keenan  
Ambulatory and Nursing Services  
Chris O’Gorman  
Corporate Development  
Mark Petty  
Acute Operations  
John Richardson  
Human Resources

## Clinical Service Unit Directors

Aged Care  
Liz Hamilton  
A/Prof Michael Woodward  
Anaesthesia, Perioperative and Intensive Care  
Denis O’Leary  
A/Prof Larry McNicol  
Cancer, Spinal and Outpatients  
Rhyl Gould  
Dr Paul Mitchell  
Medical and Emergency  
Jillian Macloy  
A/Prof Gwynne Thomas  
Mental Health  
Les Potter  
Prof Graham Burrows  
Royal Talbot Rehabilitation Centre  
Anne Szysz  
Dr Rob Weller  
Specialty Services  
Leanne Turner  
Dr Jennifer Johns  
Surgical  
Bernadette McDonald  
Dr Sue Liew

## Nurse Unit Managers

S Afrasiabi  
J Ahmling  
V Aldridge  
K Arunasalam  
K Aspridis  
M Bassett-Smith  
I Edney  
N Bridgland  
J Brown  
L Bujas  
A Caporilli  
C Cheshire  
M Conway  
MA Cook

M Cosgriff  
R DeZilva  
C Denton  
W Driver  
M George  
J Gill  
A Gonzales  
E Han  
M Heland  
C Holland  
KL Hopkins  
T Hume  
K Ireland  
G Jepsen  
K Kannan  
E Krstevski  
K Lamb  
S Lorman  
M Love  
K Luxmore  
I Manley  
A Manley-Grant  
R McFarland  
J Masci  
R Monger  
A Moulder  
S Nedelkos  
M Nolen  
CA Northmore  
J Patching  
J Payne  
J Phelan  
N Poole  
V Reid  
B Rickard  
K Rim  
J Scott  
J Shoesmith  
T Tait  
K Tan  
S Tan  
L Tassell  
B Toth  
B Vandenberg  
R Vaughan  
A Warland  
N Wendel  
A Wilcox

## Senior Clinical Staff

Prof P Angus  
Director Gastroenterology and Hepatology,  
Medical Director Liver Transplant Unit  
Mr A Auldist  
Head Paediatric Surgery Unit  
Prof S Berkovic  
Head Comprehensive Epilepsy Program  
A Bladen  
Manager Occupational Therapy  
A/Prof D Bolton  
Head Urology Unit

A/Prof G Braitberg  
Director Emergency Medicine  
Dr D Brown  
Director Victorian Spinal Cord Service  
A/Prof R Buchanan  
Head Rheumatology Unit  
Prof B Buxton  
Director Cardiac Surgery Unit  
Mr M Campbell  
Head ENT/Head and Neck Unit  
Mr L Castles  
Head Breast and General Surgery Unit 2  
Prof J Cebon  
Director Austin Ludwig Oncology Unit  
Prof C Christophi  
Chair Division of Surgery, Professor of Surgery,  
Head of HPB General Surgical Unit 1  
Prof P Clarke  
Head Thoracic Surgery Unit  
Dr N Coventry  
Director Child and Adolescent Mental Health  
Service  
A/Prof B Crotty  
Clinical Dean School of Medicine  
S Crowe  
Deputy Director, Ambulatory and Nursing  
Services  
Mr R Cunningham  
Head Orthopaedic Unit 1  
Prof G Donnan  
Director Neurology  
Dr L Doolan  
Director Operating Room Services  
Mr M Douglas  
Head Upper Gastrointestinal and General  
Surgery Unit 3  
Dr J Duggan  
Director Clinical Haematology  
M Egan  
Co-manager Social Work  
Dr B Fabiny  
Director Radiology  
A/Prof G Fabiny  
Director Neurosurgery Unit  
Mr Stephen Flood  
Head Plastic, Reconstructive and Oral  
Maxillofacial Surgery  
J Feltham  
Co-manager Social Work  
H Fithall  
Manager Hospital in the Home  
C Fitzgerald  
Manager Northern Centre Against Sexual  
Assault  
Prof M Galea  
Director Rehabilitation Science Research Centre  
K Garrett  
Director Pharmacy  
Dr P Gow  
Director Endoscopy  
Prof L Grayson  
Director Infectious Diseases



Dr K Gullifer  
Head Ophthalmology Unit  
Dr G Gutteridge  
Director Intensive Care Unit  
Dr M Hopwood  
Director Veterans' Psychiatry Head Brain Disorders Program  
Dr S Howard  
Director Post Traumatic Stress Disorder Program  
Prof G Jerums  
Director Endocrinology  
Prof B Jones  
Director Liver Transplant Unit  
Prof B Louis  
Director Clinical Pharmacology, Toxicology and Hypertension Services  
Dr D MacGregor  
Director Anatomical Pathology  
AM Mahoney  
Manager Clinical Nursing Education  
Mr A McLeish  
Head Colorectal General Surgery Unit 4  
Dr C Meehan  
Head Dermatology  
Prof J Milgrom  
Director Clinical and Health Psychology  
C Nall  
Director Physiotherapy  
Dr D Lim Joon  
Director Radiation Oncology  
L Owen  
Manager North East Post Acute Care  
R Paino  
Heidelberg Repatriation Hospital Site Manager/  
Aged and Residential Care Co-ordinator  
A/Prof N Paoletti  
Head Consultation/Liaison Psychiatry  
L Pearce  
Manager Nutrition and Dietetics  
Prof M Permezel  
Head Gynaecology Unit  
Prof R Pierce  
Director of Respiratory and Sleep Medicine  
Prof D Power  
Director Nephrology  
Mr A Roberts  
Director Vascular Surgery  
Mr J Robin  
Head Orthopaedic Unit 2  
A/Prof C Rowe  
Director Nuclear Medicine and Centre for PET  
A/Prof M Saling  
Director Clinical Neuropsychology  
A/Prof A Scott  
Head Centre for PET, Program Director Ludwig Institute for Cancer Research  
T Shevchenko  
Manager Hospital Primary Care Liaison Unit  
Dr F Kerr  
Chair Senior Medical Staff Association

Prof A Street  
Director La Trobe/Austin Health Clinical School of Nursing  
J Sweeney  
Manager Speech Pathology  
Dr P Thurlow  
Director Division Laboratory Medicine  
Mr R Westh  
Head Orthopaedic Unit 3  
Mr P Wilde  
Head Spinal Surgery Service  
Dr R Woodruff  
Head Palliative Care  
Prof J Zajac  
Chair Division of Medicine, Professor of Medicine, Director of General Medicine

#### Senior Support Staff

D Bulmer  
Manager Employment  
G Chatain  
Manager Food Services  
J Clark  
Manager Payroll Services  
D Cosentino  
Manager Child Care Centre  
P Dalton  
Director Fundraising  
M Denison  
Manager Medical Engineering and Physics  
H Earp  
Manager Learning and Organisation Development  
D Edwards  
Manager Clinical Photography  
M Ellis  
Board Secretariat and Internet/Intranet  
J Evans  
Manager Strategic and Business Planning/Quality  
C Fuller  
Project Officer Ward Restructure and HR Support  
A Germech  
Financial Controller  
G Gibbons  
Co-director Pastoral Care  
K Gogel  
Manager Employee Relations  
J Heselev  
Manager Corporate Communications  
C Hirst  
Corporate Counsel  
K Jenkins  
Manager Health Information Services  
S Kliene  
Manager Hospital Medical Officer Services  
M Lawes  
Manager Building and Engineering Services  
A McLean  
Manager Health Sciences Library

B Morton  
Manager Supply  
P Oppy  
Chief Information Officer  
L Robertson  
Patient Representative  
C Schleiger  
Manager Occupational Health and Safety  
R Sedgwick  
Manager Cleaning and Waste Services  
B Sutton  
Director Clinical Training, Manager Medical Education Unit  
M Tymms  
Manager Redevelopment  
M Way  
Director, Clinical Governance  
A Whitby  
Co-director Pastoral Care  
R Winther  
Veteran Liaison Officer

# Our clinical services

## Statewide Services

Australian Centre for Posttraumatic Mental Health  
Child and Adolescent Mental Health Services  
Ventilation Weaning Unit  
Victorian Liver Transplant Unit  
Victorian Respiratory Support Service  
Victorian Spinal Cord Service  
Victorian Toxicology Service

## Aged Care

Aged Care  
Aged Care Assessment Service  
Aged Care Co-ordination Teams  
Aged Care Volunteer Program  
Community Link Rapid Response Service  
Community Rehabilitation Centre  
Continence Service  
Darley House  
Medical and Cognitive Research Unit  
Memory Service  
North East Dementia Innovations  
Demonstration Pilot  
Northern Region Extended Aged Care at Home Program  
Planned Activity Group  
Wound Clinic

## Allied Health

Nutrition and Dietetics  
Occupational Therapy  
Physiotherapy  
Social Work  
Speech Pathology

## Ambulatory Services

Acquired Brain Injury Unit  
Day Treatment Centre  
Hospital in the Home  
Medi-Hotel  
Neurological Rehabilitation Services  
North Eastern Post Acute Care  
Northern Centre Against Sexual Assault  
Orthotics and Prosthetics  
Outpatients  
Rehabilitation  
Rehabilitation in the Home  
Staff Medical Services

## Anaesthetic, Perioperative and Intensive Care

Anaesthesia  
Day Care Unit  
Day Surgery  
Intensive Care Unit  
Operating Room Services  
Pain Services  
Perioperative Services

## Cancer Services

Ballarat Austin Radiation Oncology Centre  
Cancer Clinical Trials  
Cancer Immunology  
Cannulation and Aphaeresis Service  
Clinical Haematology  
Day Oncology/Chemotherapy  
Familial Cancer Clinic/Clinical Genetics Service  
Medical Oncology  
Palliative Care  
Radiation Oncology  
Lymphoedema Service

## Cardiothoracic Services

Angiography  
Cardiac Catheterisation Laboratory  
Cardiac Rehabilitation  
Cardiac Surgery  
Cardiology  
Coronary Care  
Echocardiography  
Hypertension  
Respiratory and Sleep Medicine  
Respiratory Function Laboratory  
Sleep Disorders Unit  
Thoracic Surgery  
Tracheostomy Review and Management Service

## Diagnostic Services

Anatomical Pathology  
Centre for Positron Emission Tomography  
Chemical Pathology  
Clinical Pathology  
Haematology  
Laboratory Medicine  
Magnetic Resonance Imaging  
Microbiology  
Nuclear Medicine  
Radiology

## Gastroenterology, Surgical and Transplantation

Breast Surgery  
Colorectal Surgery  
Endoscopy  
Gastroenterology  
General Surgery  
Gynaecological Surgery  
Liver Transplantation  
Paediatric Surgery  
Renal Transplantation  
Upper Gastrointestinal Surgery  
Urology

## Medical and Emergency

Clinical Pharmacology,  
Therapeutics and Hypertension  
Dermatology  
Emergency Medicine  
Endocrinology

General Medicine  
Infection Control  
Infectious Diseases  
Medical Assessment and Planning Unit  
Nephrology  
Paediatric Medicine  
Podiatry  
Renal Dialysis  
Rheumatology  
Short Stay Observation Unit  
Toxicology

## Mental Health

Adult Psychiatry  
Brain Disorders Program  
Bunjil House (Secure Extended Care)  
Clinical and Health Psychology  
Community Mental Health Services  
Consultation/Liaison Psychiatry  
Drug Dependence Clinic  
Eating and Mood Disorder Program  
Mental Health  
Mother and Baby Unit  
Older Veterans' Psychiatry Program  
Veteran Psychiatry

## Neurosciences and Vascular Surgery

Clinical Neuropsychology  
Comprehensive Epilepsy Program  
Epilepsy Unit  
Neurodiagnostics  
Neuroimmunology  
Neurology  
Neurosurgery  
Ophthalmology  
Orthoptics  
Stroke Care Unit  
Vascular Laboratory  
Vascular Surgery

## Pharmacy

## Specialist Surgical and Spinal

Audiology  
Dental Services  
Ear Nose Throat/Head and Neck Surgery  
Oral and Maxillofacial Surgery  
Orthopaedic Surgery  
Plastic and Reconstructive Surgery  
Spinal Surgery

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