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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 Royal Talbot Rehabilitation Centre.

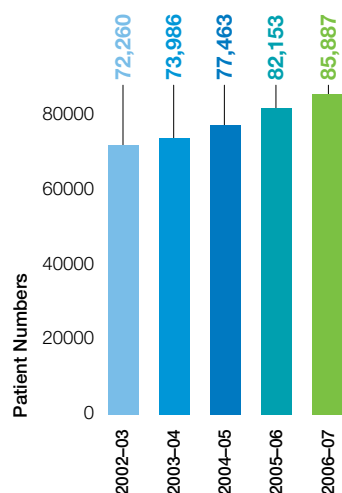
During 2006-07, Austin Health's 6,800 staff treated a record 85,887 inpatients and 149,971 outpatients.



*In 2006, Austin Health
received the public health
system's highest accolade:
the Premier's Award for the
Most Outstanding
Metropolitan Health
Service of the Year.*

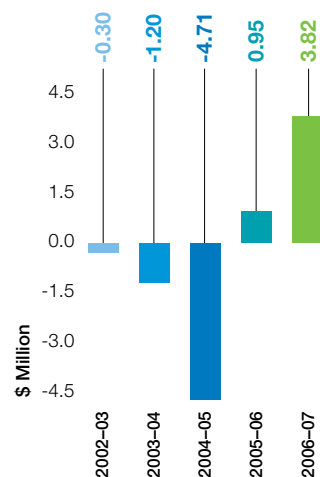
Year at a glance

Total number of patients admitted to Austin Health facilities



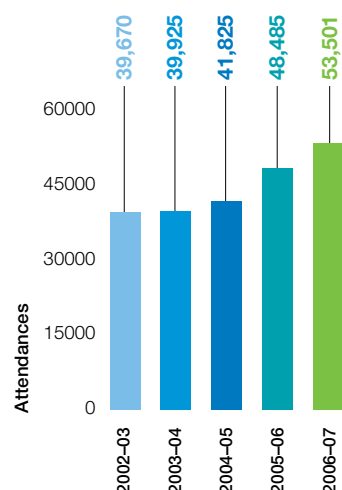
While patient numbers continue to grow steadily, the majority of growth in 2006-07 was in renal dialysis. However, when dialysis is excluded, the proportion of patients categorised as emergency patients has increased from 49 per cent to 57 per cent, a significant shift.

End of year financial result



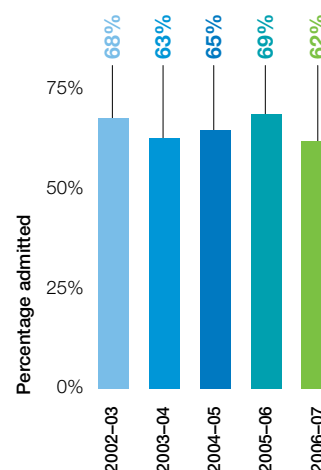
The result for 2006-07, a surplus of \$3.8 million, continues the trend of significantly improved financial management over recent years. This has been achieved despite record growth in demand for services particularly over the past two years.

Total number of people who presented to the Emergency Department for treatment



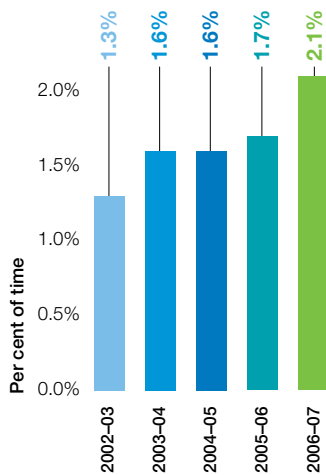
A 10.3 per cent increase in emergency attendances in 2006-07, brings the increase in patients to 28 per cent since the new Austin Hospital Tower opened in May 2005. This increased demand has put significant pressure on all areas of the hospital.

Percentage of emergency patients who were admitted to a ward bed within eight hours



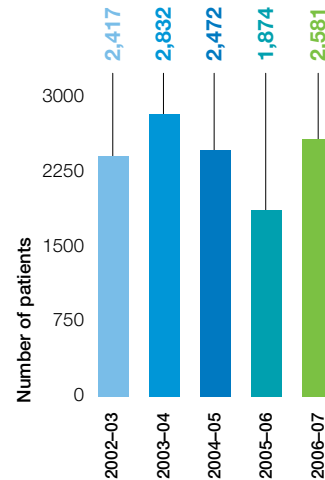
The increase in the number of patients attending the Emergency Department has put pressure on the health service's capacity to improve the speed of admissions to ward beds. However, despite this increase in attendances, only three out of every 10 people who attended the emergency department required admission to a ward or the short stay unit. This rate has remained steady during 2006-07.

Percentage of time ambulances were diverted to other hospitals



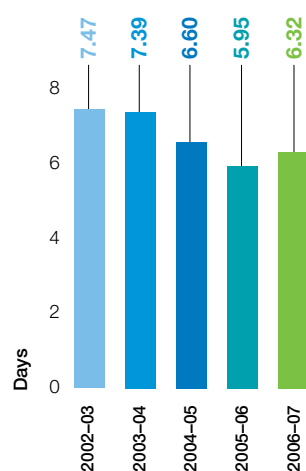
Ambulance access to the Emergency Department was maintained at almost 98 per cent at all times of the day and night despite the increase in attendances and a 22 per cent increase in ambulance arrivals over the last two years.

Total patients waiting for elective surgery at year's end



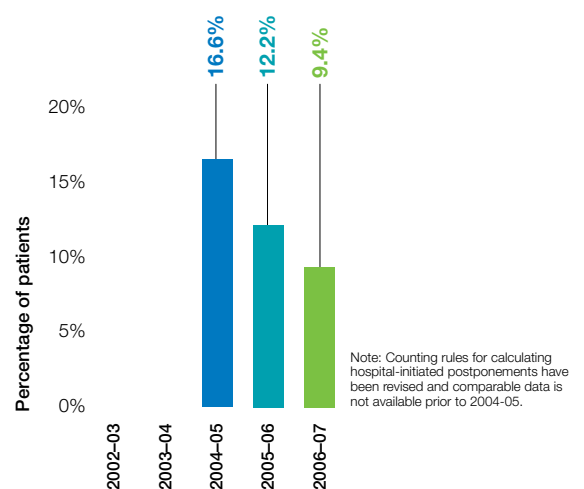
The number of patients waiting for elective surgery increased during the year, mainly due to increased emergency demand. Despite this increase, all category one elective cases were treated within the benchmark time of 30 days.

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



The increase in length of stay is largely attributable to the fact that a higher proportion of emergency patients were treated than in previous years. These patients generally stay longer than non-emergency or elective patients, due to the nature of their conditions.

Percentage of patients whose elective surgery was postponed by the hospital



Despite an increase in emergency surgical patients, putting pressure on theatre time and resources, Austin Health managed to reduce the rate of elective surgery postponement initiated by the hospital to 9 per cent.

Chairman's report



I am pleased to present the 2006-07 annual report for Austin Health.

The health service had another excellent year in terms of service delivery and financial performance. A record number of patients were treated and a small budgetary surplus was achieved. Performance against service targets was good, considering the relentless demand pressure that was evident, especially through the emergency department.

Staff of the emergency department again had to contend with increasing numbers of patients with a ten per cent growth in presentations. A disappointing feature of this emergency demand pressure is the difficulty that it creates in achieving satisfactory access to treatment for patients requiring elective surgery. The Board is delighted that the government has now committed funding to develop a dedicated elective surgery unit at the Heidelberg Repatriation Hospital.

The development of the Olivia Newton-John Cancer Centre on the Austin Hospital site, to consolidate the existing dispersed cancer services into an appropriate facility, is vital to future capability of Austin Health to meet the service quality and demand expectations of this important service. The Board is thrilled to now have commitments from the Commonwealth (\$10 million) and State Governments (\$25 million) in support of the Appeal to fund this new centre. The public fundraising appeal is

progressing well and preliminary planning work with the Department of Human Services for the establishment of the centre has commenced. The Board is delighted with the continuing commitment by Olivia Newton-John to the establishment of the 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.

Volunteers continue to play an essential role across the three sites and their involvement is greatly appreciated by hospital staff. The Board is very grateful for their generous support in terms of their time and fundraising efforts.

The Board is pleased to report that the management of the health service was performed to an excellent standard throughout the year. The focusing of resources to deliver record service delivery outcomes was an outstanding achievement. The Board extends its appreciation and thanks to Dr Brendan Murphy, the executive team and staff throughout Austin Health for their contributions to this achievement.

The Board also congratulates the management team and all staff for their contributions to Austin Health being announced the winner of three categories in the 2006 Victorian Public Healthcare Awards, including the Premier's Award for the Most Outstanding Metropolitan Health Service of the Year.

The performance of the health service in the 2006-07 year has continued to build on the outstanding reputation of Austin Health in providing quality clinical services, combined with excellent research and educational capabilities. The Board is confident that Austin Health is well positioned to continue to service the Victorian community well.

The Board extends its thanks to the Minister for Health, the Hon Bronwyn Pike, and the Department of Human Services for their continuing support.

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', with a stylized flourish at the end.

Mr Tim Daly

Chairman

Chief Executive Officer's report



Another record year has come to an end and our results have been very pleasing. The Austin Hospital Emergency Department has continued its growth and treated 53,500 patients during this year. This increase in demand has a flow-on effect across the entire health service, presenting a real challenge to staff, but I'm proud to say that once again we were able to deliver world-class health care in both a timely and financially responsible manner.

Undoubtedly, one of the highlights of the year was Austin Health winning the Premier's Award for the Outstanding Metropolitan Health Service of 2006. This acknowledgement of the efforts of our staff resulted in great excitement across all three Austin Health sites and a sense of achievement was felt by all. Staff recognition is often not given a sufficiently high priority in very busy public health services and this award was important to all of us at Austin Health.

Achieving a small budget surplus, to reinvest in capital works, was especially pleasing given the continued pressure on bed access throughout the year, particularly in the winter months. Staff had to work hard to control costs to enable us to achieve this outcome and I thank them for their efforts.

Building works continue across Austin Health sites and the Austin Redevelopment project is coming to an end with the opening of the Surgery and Endoscopy

Centre at the Austin Hospital in June. This centre has provided a welcome boost to the Austin surgical team and has brought together all endoscopy and day surgery services under one roof. This was a major change management project, which was extremely well executed by the project team.

The future of elective surgery is strong at Austin Health. The Heidelberg Repatriation Hospital's Elective Surgery Centre closed in June to undergo renovation, following the \$8 million allocation in the state budget to refurbish this site. The centre will welcome its first patients in the second half of 2008, providing much-needed additional access to quarantined beds and facilities, dedicated entirely to elective surgery.

The new acute mental health facility on the Austin Hospital site was opened during the year and it now provides a modern facility for this important service. Clients are benefiting from the greatly improved environment, which has already had a positive impact on client outcomes.

There are a number of other capital works projects in progress, including the Austin node of the Florey Neurosciences Institute.

A review of the 2005-2008 strategic plan was undertaken during the year and involved a wide range of staff across the three facilities. The plan is a footprint for the organisation and focuses on continuing to develop the service delivery, research and educational excellence, and efficiency of

Austin Health. The plan stands us in good stead to tackle the challenges we will face into next year.

I would like to acknowledge the efforts of one of our most celebrated surgeons who retired during the year. After joining the staff at the Austin Hospital in 1978, Professor Brian Buxton had an illustrious career in cardiac surgery and established the Department of Cardiac Surgery in 1986. He is a passionate researcher and I thank him for his almost 30 years of service to the hospital.

I wish to extend my thanks to the Board, the Executive, the Planning and Resources Committee and the many other managers of our complex organisation. Most importantly it is Austin's 6,800 clinical and support staff who continue to make Austin Health a premier health service.

A handwritten signature in dark ink, appearing to read 'B Murphy'.

Dr Brendan Murphy
Chief Executive Officer

Austin Health Board

Austin Health's nine member Board oversaw another record year in which 85,887 inpatients and 149,971 outpatients were treated.

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, the Primary Care and Population Health Advisory Committee and is the Chair of the Remuneration 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, LL.M., GAICD, Acc M LEADR

Joanna joined the Board in 2003 and is a member of the Audit, Quality and Remuneration Committees. Joanna practises as a lawyer in the areas of employment and occupational health and safety. Prior to starting her own legal consulting business in July 2004, she was a partner at Maddocks lawyers for 11 years.

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. Joanna also lectures in workplace law and occupational health and safety for Monash University's Law Faculty Postgraduate Program and is a member of the Advisory Panel for the Monash University Law Faculty Master of Laws coursework program specialising in workplace and employment law.

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 is the Chair of the Community Advisory Committee.

Barbara is a counsellor with the Maroondah Community Health Centre, Eastern Access Community Health. She served as a non-executive director of Mackillop Family Services Victoria from 2000-03 and 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 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 GAICD

Stephen was appointed to the Board in March 2006 and is a member of the Audit Committee and is the Chair of 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 University Gippsland, CEO of the Victorian Correctional Health Service and Executive Officer to the Minister for Health (Marie Tehan). He is currently President of the North Richmond Community Health Service.



Ms Joe Manton

PGDWA, Fellow Williamson Community Leadership Program, Accredited Access Consultant and Trainer

Joe is a member of the Primary Care and Population Health Advisory Committee, the Community Advisory Committee and the Remuneration Committee. Joe was Chair of the Community Advisory Committee from its inception in 2001 until June 2006.

Joe has had an extensive career in health and community services. She is the Director of Access Audits Australia, providing disability access advice, training, publications and consultancy services to the government, community and corporate sectors.

Joe has been instrumental in establishing and developing a range of community services within the region. She is a highly sought after trainer and presenter and has extensive experience as a community engagement strategist.

Ms Josie Rizza

BA (Econ) CA, Grad Dip Applied Finance & Investment, GAICD

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.

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 Surgery. 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.

Mr Robert Webster

MBA, FCPA, FRICS, FAPI, MAICD

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 Senior Vice-President of the Victorian branch of the RSL.

The Board from top left to bottom right

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

Organisational structure

Austin Health Board (see pages 6–7)



Chief Executive Officer
Dr Brendan Murphy

**Executive Support
Corporate Counsel**
Ms Claudia Hirst

Medical Staff Chair
Dr Fergus Kerr

Austin Pathology

Austin Health Executive – Clinical Services



Chief Medical Officer
Dr Mark Garwood

Research Ethics Unit
Medical Education Unit
HMO Services Unit
Pharmacy
Biological Research Laboratory



**Executive Director
Ambulatory and Nursing
Services**
Ms Ann Maree Keenan

Clinical Services Units

- Mental Health
- Aged & Residential Care
- Royal Talbot Rehab Centre

Hospital Primary Care Liaison
Home & Ambulatory Services
Allied Health
Nursing Education
Nursing Resources
NCASA
Pastoral Care
Child Care Centre
Community Advisory Committee



**Executive Director
Acute Operations**
Mr Mark Petty

Clinical Services Units

- Medical & Emergency
- Specialty
- Surgical
- Anaesthesia, PreOperative & Intensive Care
- Cancer Spinal & Outpatients

Access & Demand
Clinical Governance

Clinical Service Unit Directors

Mental Health
Les Potter
Prof Graham Burrows

Aged & Residential Care
A/Prof Michael Woodward

Royal Talbot Rehab Centre
Anne Szysz
Dr Rob Weller

Medical & Emergency
Jillian Macloy
A/Prof Gwynne Thomas

Specialty
Leanne Turner
Dr Jennifer Johns

Surgical
Bernadette McDonald
Dr Sue Liew

**Anaesthesia, PreOperative
& Intensive Care**
Denis O'Leary
A/Prof Larry McNicol

Cancer Spinal & Outpatients
Rhyl Gould
Dr Paul Mitchell

Divisions

Chair, Division of Medicine, Professor Jeffrey Zajac
Chair, Division of Surgery, Professor Chris Christophi
Chair, Division of Psychiatry, Professor Graham Burrows

Austin Health Executive – Support Services



**Executive Director
Human Resources**
Mr John Richardson

Employment Services
Payroll
Learning & Organisational
Development
Employee Relations
Occupational Health & Safety
Security & Car Parking



**Executive Director
Finance**
Mr Ian Broadway

Finance
Supply
Mail & Transport



**Executive Director
Corporate Development**
Mr Chris O'Gorman

Health Information Services
Information Technology
Strategy, Risk & Quality
Health Sciences Library
Fundraising
Corporate Communications
Veteran Liaison
Patient Representative
Clinical Photography
Board Secretariat
Hospital Admission Risk Program



**Executive Director
Redevelopment,
Infrastructure & Commercial**
Mr John Breguet

Business Units
• Radiology
• Nuclear Med & PET
Stericlean
Commercial Services
AR/M Project
Food Services
Environmental Services
Medical Engineering & Physics
Engineering & Buildings
Communications Infrastructure



Clinical Services

Acute Operations

The new surgery and endoscopy centre consolidates all day surgery and endoscopic procedures in a single state-of-the-art facility.

Surgical

The Surgical Clinical Service Unit had another busy year with increased demand for emergency surgery, which directly impacted the number of elective procedures able to be performed. New additions to the elective waiting list continued to increase, providing further challenges to staff. An elective surgery monitoring committee met fortnightly to identify and implement strategies to improve management of the longest waiting patients.

New technologies funding was awarded by the Department of Human Services to establish a pilot intestinal transplantation program. The program, to operate in collaboration with the Royal Children's Hospital, will offer hope to children and adults with intestinal failure who have failed intravenous nutrition. Funding has been approved for each health service to perform two intestinal transplants in 2007-08, and two in 2008-09. An Intestinal Transplant Project Officer was appointed to write the necessary protocols and facilitate education to the hospital staff that will be involved in intestinal transplantation.

The intestinal transplantation program will build on the success of the Victorian Liver Transplant Service, which provides a statewide adult and paediatric liver

transplant service and has natural synergies, as many patients with intestinal failure require a combined liver and small intestinal transplant. The long-term aim of the program is to seek national funding to develop a nationwide intestinal failure and transplantation service.

Specialty

Funding was provided by the Department of Human Services to undertake a study to determine the effectiveness of remote patient monitoring. The study is a randomised control trial of 160 patients, of whom 80 will be monitored from a computer in their homes. At year's end, there were 56 patients enrolled from the Chronic Disease Management Program for congestive heart failure and chronic obstructive pulmonary disease. These patients were trained to use the computer system to measure their physiological signs and undertake a daily questionnaire. This information is then viewed by the clinical team using a web browser with the aim of avoiding an acute exacerbation of their illness through early intervention. Patients have reported that they take great comfort in knowing that nursing staff are reviewing their daily observations.

Same day coronary angioplasty, a new model of care for cardiac patients, was implemented in March. This procedure allows cardiologists to access the coronary artery via an artery in the wrist instead of the thigh, which has been the standard approach since the 1970s. Unlike previous

patients who were required to lie flat on their back for hours after the procedure to control bleeding, patients undergoing same day coronary angioplasty are able to get up and return home much sooner. Same day coronary angioplasty is only considered for patients meeting specific clinical criteria.

Four ventilator dependent residents of the Austin Hospital's Bowen Centre moved to their new purpose-built home in Thornbury in April under the auspices of Yooralla. There was a long-held plan for these residents to benefit from living in a community facility rather than a hospital environment. From mid-1998, Bowen Centre residents, respite care patients, the Australian Ventilator Users Network, Austin Health, the Department of Human Services and community providers worked together ensure a smooth transition for residents. The new houses provide a real home and respite option in the community for previous Bowen Centre residents and those who struggle to maintain their own homes. The dedicated staff of the Bowen Centre, some of whom have cared for these residents for over ten years, worked tirelessly to ensure residents felt safe and secure in their transfer to the new Thornbury home.

Clinical Services

Acute Operations

Emergency and Medical

2006-07 was another challenging year for the Emergency and Medical CSU with increased emergency and unplanned activity across Austin Health. Despite this, the Emergency Department (ED) continued to foster a program of research and education, re-engineer and explore different models of care and work with inpatient units to address issues of best practice.

A total of 53,500 patients presented to the ED, an increase of 10 per cent on 2005-06, and 28 per cent on 2004-05. This volume presented significant challenges for timely management of patients. Access block, defined by the proportion of patients spending more than eight hours in ED prior to ward transfer, was at a record average of 37 per cent. This was 48 per cent higher than the previous year. However, only five patients exceeded 24 hours, which was well within the operational target. The Short Stay Observation Unit continued to be well utilised, with 4,655 admissions, a 14 per cent increase on the previous year.

The growth in paediatric presentations was marked with 9,200 children visiting the ED in 2006-07. This figure represents 17 per cent of total emergency attendances and is 15 per cent up on 2005-06 and 64 per cent higher than 2004-05.

The introduction of a fast track model of care and the increased utilisation of the eight-bed Short Stay Observation Unit enabled emergency staff to treat the extra 5,000 patients within the same area, although achieving overall performance targets in the presence of access block remains a challenge.

The Islet Transplant Program, a collaboration between Austin Health, St Vincent's Health and St Vincent's Institute of Medical Research, received funding from the Federal Government and the Juvenile Diabetes Research Foundation. An outpatient clinic was established at Austin Health in late 2006 to regularly assess patients with type 1 diabetes who may be suitable for islet cell transplantation. It is anticipated that some suitable patients from Austin Health may be transplanted in late 2007.

Cancer, Spinal and Outpatients

The Radiation Oncology Department commissioned a new linear accelerator in November at the Heidelberg Repatriation Hospital. One of only a few of its type in Australia, the \$3 million state-of-the-art linear accelerator allows clinicians to target and treat cancers with precision radiotherapy by incorporating the latest radiotherapy technologies, including image guided radiotherapy and intensity modulated radiotherapy.

Funding from the William Buckland Cancer Foundation was used to conduct a review of existing patient information. Cancer Services patient information consists of some 1,400 brochures and the review was conducted in conjunction with medical, nursing and allied health staff with regard to quality, quantity and accessibility.

Clinical, nursing and allied health staff continued to participate in the North Eastern Metropolitan Cancer Service's ten tumour groups: breast, lung, colorectal, genito-urinary, head and neck, upper gastrointestinal, haematology, central nervous system, gynae-oncology, and skin (melanoma). The groups met regularly to discuss ways to improve care coordination, psychosocial care and multidisciplinary care, and reduce variations in care across the north-eastern region.

Planning for the Olivia Newton-John Cancer Centre continued during the year with a particular focus on radiotherapy requirements. Cancer Services continues to work closely with the Fundraising Department and have focused on the State and Federal Governments and an international audience during G'Day USA Week where Olivia attended a gala benefit to promote the Appeal.

The Outpatients Department worked hard during the year to improve access for patients resulting in an overall increase in attendances. Staff efforts also contributed to a reduction in waiting times for new appointments, improved new to review ratios, and an increase in discharge rates.

A much-needed environmental upgrade for the Outpatients Department at the Austin Hospital was completed during the year, including painting of the entire department (thanks to a generous donation from Dulux), new and improved signage and large television screens for waiting areas. A children's play area was also established at both the Austin and Heidelberg Repatriation Hospital's Outpatient Departments.

The Victorian Neurotrauma Initiative approved funding for a two-year project to build the research capacity of the Victorian Spinal Cord Service (VSCS). This creates an opportunity for clinicians within the service to develop their grant application and research skills. The project will fund a full-time Research Development Coordinator position and a part-time Data Base Manager position. The project plan has been developed and recruitment of a Research Development Coordinator is underway.

The VSCS hosted the Australian & New Zealand Spinal Cord Society 2006 Annual Scientific Meeting in conjunction with the 50th year celebration of the VSCS in November. The meeting explored the science that is moving spinal injuries treatment forward and motivated all those in attendance to continue to achieve greater things for people with spinal cord injury.



The new Surgery and Endoscopy Centre at the Austin Hospital has brought endoscopy services, previously provided across two facilities, together under one roof.

A feasibility study, which reviewed and made recommendations to improve the community reintegration of individuals with traumatic and non-traumatic spinal cord injury was conducted by La Trobe University. The study was commissioned by the Transport Accident Commission and the Department of Human Services.

Anaesthesia, Perioperative & Intensive Care

During 2006-07 Operating Room Services were engaged in a wide range of activities to prepare for the opening of the new Surgery and Endoscopy Centre, which welcomed its first patients on 25 June. In preparation for the opening, staff spent many hours testing systems and processes, installing new equipment in the new operating, procedure and endoscopy rooms and commissioning all equipment associated with the centre.

The centre features 37 day surgery beds (12 of which can be converted to 23 hour beds), 22 recovery bays, two endoscopy rooms, two procedure rooms, two

operating suites and a new tea room for staff. The centre offers one point of entry for patients undergoing an elective surgical or endoscopic procedure and a single area where these procedures are undertaken. The centre is in close proximity to the ward areas and also offers a direct dedicated access link from the operating rooms to the intensive care unit (ICU).

Following the opening of the new centre, the day care and operating theatres at the Heidelberg Repatriation Hospital the endoscopy units at both facilities and the Day Surgery Unit at the Austin Hospital were closed. Each of these units contributed to the services provided by the hospitals over a number of years and the past and current efforts of staff were acknowledged.

The State Government allocated \$8 million for the establishment of a freestanding elective surgery facility at the Heidelberg Repatriation Hospital. The funding will be used to refurbish existing physical facilities, including four operating theatres, two endoscopy suites, a recovery

unit, twelve-bed short stay ward, and diagnostic infrastructure. Planning work is well underway and it is anticipated the refurbishment will be complete in June 2008. Once this elective surgery facility is complete it will have the capacity to treat an additional 5000 patients per year for surgical and endoscopic procedures.

The ICU received funding from the State Government for one additional bed, taking the total to three additional beds funded since the new ICU opened in 2005. To facilitate staff recruitment, the department collaborated with Corporate Communications to develop a 'virtual tour' of the ICU that was accessed via the Austin Health website. The tour resulted in a record number of applications for an ICU recruitment campaign.

Clinical Services

Acute Operations

An ICU bedside computer system was installed in May. This new system significantly improves clinician access to relevant patient information and decision-making support.

Thanks to staff fundraising efforts in 2006, the ICU purchased a new echocardiography machine, which has been used in the treatment of critically ill cardiac surgery patients and has been instrumental in guiding cardio-vascular management.

Access and Demand

The Access and Demand Unit continued to develop strategies to deal with the 10 per cent growth in emergency presentations in 2006-07 following the 18 per cent growth the previous year. This growth in demand has led to ongoing challenges to achieve emergency and elective access targets.

A 'whole of hospital' process was introduced to streamline admissions through the Emergency Department. This process, known as '3:2:1' aims to assess patients within three hours, and if necessary have them accepted by an inpatient unit within two hours and in a ward bed within the following hour - achieving a door to admission time of six hours or less. This process was facilitated

by Access and Demand and championed by emergency physicians, signed off by clinical departments, and endorsed by administration, demonstrating the efforts and collaboration of the health service.

Further improvements in patient flow process and systems will be targeted in 2007-08 to assist with the on-going growth in activity.

Clinical Governance

Clinical Governance is a framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.

A project was introduced to improve the safety and reduce adverse events for patients taking Warfarin upon discharge. The Institute for Safe Medication Practices has deemed Warfarin one of the top ten high risk medications and it is widely used with potentially fatal adverse effects. In response, Clinical Governance worked closely with the departments of Haematology, Pharmacy and General Medicine to develop a Warfarin discharge plan. The plan will soon be implemented across all areas of Austin Health and an intranet site about Warfarin is currently in development.

Clinical Governance also introduced a Venous Thromboembolism (VTE) Prevention Project during the year. According to the National Institute of Clinical Studies (NICS), VTE is the most common preventable cause of death in hospitalised patients. As one of 45 hospitals taking part in the NICS VTE prevention program, Clinical Governance staff were involved in the development of VTE prevention guidelines, a risk assessment tool and a patient information brochure entitled 'Stop the Clot', which is available in 11 languages.



Clinical Services

Ambulatory and Nursing Services

Division 2 nurses comprise almost 15 per cent of the nursing workforce across Austin Health – more than any other Victorian metropolitan health service.

Nursing Services

The nursing workforce at Austin Health continues to be healthy despite a national and worldwide nursing shortage. Austin Health has established itself as a nursing 'employer of choice'; retention rates are high and recruitment to positions and programs such as the Graduate Nurse Year are very successful. Nursing Allocations has continued to provide support to the clinical departments through the maintenance and allocation of a robust bank of casual nurses and support staff to meet various complex clinical requirements.

Austin Health remains the largest employer of Division 2 nurses of all metropolitan acute hospitals, with Division 2 nurses comprising almost 15 per cent of our nursing workforce. Austin Health received funding from the Department of Human Services to conduct a 12-month project to implement key competencies for Division 2 nurses that have traditionally been outside this group's scope of practice.

In 2004 changes were made to the Drugs, Poisons and Controlled Substances Act 1981, which allowed Division 2 nurses to administer medications for the first time. This expanded scope of practice makes Division 2 nurses more employable in complex care settings. To increase the number of Division 2 nurses permitted to administer medication, Austin Health worked with RMIT to conduct three Division

2 Medication Administration Programs for Austin Health nurses. By 2008, it is estimated that 50 per cent of Austin Health Division 2 nurses will be endorsed to administer medication.

The Nurses Board of Victoria endorsed two nurse practitioner roles during the year. Both positions are based in the Emergency Department where they have become a highly valued asset to this multidisciplinary team. A further two candidates are currently awaiting endorsements with the intention of occupying roles in Neurosurgery and Mental Health.

Nursing Services coordinated the introduction of the new Emergency Call Buzzer Service in February. These buzzers are used to report 'code blues' in the Austin Hospital Tower and avoid the need to use the phone system to report a code blue. Following the implementation of the new buzzer system, Nursing Services executed the silent nurse call system where all announcements other than urgent calls would be made via pagers rather than an audible alarm. This process has resulted in a quieter and more therapeutic environment for patients, visitors and staff.

Almost 60 Associate Nurse Unit Managers (ANUMs) from various departments participated in a new four-day advanced management program for ANUMs designed to foster the developmental needs of the ANUM group. ANUMs reported that the course increased their confidence and

provided them with tools to apply in their respective work areas to implement best practice.

Nursing Services launched a school holiday program in March to assist staff with primary school-aged children who wished to work during the school holidays – traditionally the most challenging period to staff the health service. Coordinated by 'Camp Australia', the program was attended by over 50 children who undertook a number of enjoyable activities in the presence of highly experienced staff.

Since the establishment of the 'Weight Watchers at Work' program in June 2006, numerous staff have assumed the challenge to shed some extra kilos. By year's end, the 235 program members had collectively lost over 900 kilograms.

Mental Health

The Acute Psychiatric Unit (30 beds) and Secure Extended Care Unit (25 beds) were relocated from the Heidelberg Repatriation Hospital to a state-of-the-art, purpose-built facility at the Austin Hospital. This has resulted in improved comfort, safety and privacy for consumers, which has been reflected through positive consumer feedback.

The Mental Health team played a leading role in the development of the state-wide 'acute arousal' aggression management programs for mental health consumers. This successful program has led to a reduction in seclusion rates and aggressive incidents in the Acute Psychiatry and

Secure Extended Care units. The program, developed by Austin Health staff, has been adopted in a range of other metropolitan psychiatric services.

The Victorian Psychological Trauma Treatment Service (VPTTS), a specific entity for non-Veterans' trauma work, was established. The service provides a comprehensive assessment and treatment service for members of the public suffering post traumatic psychological conditions. The VPTTS also offers specialised treatment programs for emergency services personnel.

The State Government committed \$10 million to redevelop both the inpatient and outpatient branches of the Veterans' Psychiatry Service. The funding will be used to replace the aged wards 17 and 18 with a purpose-built facility. Initial planning has commenced with the development of a model of care for the redeveloped service.

Carer consultants were employed in both the adult, and child and adolescent services to encourage consumer and carer sensitive practices.

A Mental Health Nurse Practitioner position was developed, which focuses on improving access, quality of care and satisfaction levels of psychiatric consumers in the Emergency Department.

Aged and Residential Care

Aged Care Services participated in a Service Plan Review with Royal Talbot Rehabilitation Centre. Consultants were engaged to review both services and the recommendations included a restructure of the two services in one Clinical Service Unit but retaining clinical individuality, acknowledging the existing strengths of the two services.

Aged Care Community Programs have continued to expand with the implementation of the Transition Care Program (42 packages in residential care and the community) and the Case Management Programs (now operating 70 packages). The Extended Aged Care

at Home (EACH) and EACH Dementia packages are for people assessed as eligible to receive a high level of residential care, but who wish to remain in the community. The Community Aged Care Packages are for people assessed as eligible to receive a low level of residential care. Two hundred and seventy eight people have participated in the Transition Care Program in 2006-07 with an average length of stay of 48 days. There were 779 new clients on the HARP funded Community Link program in 2006-07 with an average length of stay of 32 days.

The Improving Care For Older People Project has been running for two years with a focus on identifying the areas of the hospital in greatest contact with older people and working with those areas to introduce best practice initiatives. These initiatives have included the Cognitive Impairment Identifier program, which is the identification of patients with cognitive impairment and an education program for staff focusing on communication strategies to be utilised when interacting with these patients.

Falls prevention education has commenced in collaboration with the Falls Committee and Clinical Governance. This has included sharing learnings from the Aged Care Falls Prevention Program and adapting strategies to suit the acute setting.

Royal Talbot Rehabilitation Centre

The Royal Talbot Rehabilitation Centre's Ambulatory Services were expanded during the year with the addition of post acute care staff and brokerage funding. This has allowed more flexibility to move patients from inpatient to community therapy options. The Acquired Brain Injury Service has also added a 'transition to community' component to their program with the addition of staff to assist patients, community health providers and general practitioners, especially in rural areas.

Further infrastructure upgrades were implemented including: a main signage

upgrade, automated vehicle entry system, water tank installation to collect rainwater and hydro pool backwash to be recycled to holding tanks for flushing of toilets, commemorative pavers laid and patient garden area expanded.

A Sub Acute Services Review was completed in July resulting in the decision to combine Rehabilitation and Aged Care Services into one Clinical Service Unit to better align services on the Royal Talbot Rehabilitation Centre and Heidelberg Repatriation Hospital sites.

This year's fundraising efforts have finally permitted the art, music and horticulture therapy programs to be embedded into the wider rehabilitation program. Sufficient funding is now available to employ permanent therapists for each program for a minimum of ten hours per week per program. Donations have come from philanthropic sources, local businesses and past patients and families.

Hospital Primary Care Liaison

The Hospital Primary Care Liaison Unit (HPCLU) developed a General Practitioner (GP) Access section on the revamped Austin internet site. This useful resource provides access and referral information for GPs who utilise Austin Health services. Staff distributed a directory of Austin Health medical specialists for GPs, which can also be accessed on the Austin Health internet site.

The HPCLU compiled and distributed a GP Resource Kit to GPs in the surrounding catchment area. The kit contains useful telephone contact details at Austin Health, an outpatient clinic timetable, Austin Health medical specialists directory, referral processes for outpatients, Emergency Department, aged care services and urgent cardiology referrals. The kit is also available via the Austin Health internet site.

Clinical Services

Ambulatory and Nursing Services

Home and Ambulatory Services

Home and Ambulatory Services managed over 11,000 patient admissions during the year. These patients received their acute care and treatment in these facilities as an alternative to the traditional in-hospital stay. All areas are working together with their patients and treating doctors to offer the most appropriate service in the most appropriate setting.

Austin Hospital's on-site Medi-Hotel continued to be well utilised with an increase of 88 per cent in occupancy in 2006-07. The majority of occupants were from regional areas, 78 per cent in total, and as some rooms can accommodate carers, the Medi-Hotel has been a welcome overnight alternative for patients and their carers.

The Ambulatory Care Centre has also had a busy year with a ten per cent increase in core daily business. The centre has assisted in meeting hospital bed demand by working with the Emergency Department to care for patients awaiting transfer to the ward. A five-day a week Transit Lounge was also utilised, primarily for patients who were awaiting discharge home or transport to another facility. The staff from the centre cared for these patients and assisted in discharge advice.

Staff from Hospital in the Home cared for 2,800 patients in their homes who otherwise would have had a combined hospital stay of 19,675 days. This required 15,388 nursing visits and 1,227 visits by other health professionals and support staff. Staff continued to educate themselves in new innovations and travelled to national conferences and attended clinical workshops to ensure that their skills are world class.

Nutrition and Dietetics

The Nutrition and Dietetics Department obtained funding from the Department of Human Services to undertake a joint student training project together with St Vincent's Health and Deakin University. The pilot demonstrated the potential to create efficiencies in supervision, with Austin Health reducing teaching time per student hour by one third. In addition, surveys conducted for students and staff indicated that they had an overall positive perception of the placement experience.

In a collaborative project between the departments of Clinical Governance, Gastroenterology and the Austin Centre for Applied Clinical Informatics, the Nutrition and Dietetics Department has successfully developed and implemented an Australian first - an electronic tool that assesses risk of malnutrition. By year's end, the tool was being piloted in Ward 7 East (general medical) and in pre-admission clinics with encouraging results. Over 150 patients have been screened to date, with approximately 20 per cent of inpatients being assessed as high risk and requiring dietetic intervention. The system has proved to streamline and optimise dietetic referrals, promoting early intervention and treatment by dietitians.

Dietician Meagan Ward received the 2007 FJ O'Rourke Award, enabling her to examine dietetic practices and protocols within intestinal transplant and failure centres in the United States. Her learning will prove invaluable when Austin Health's Liver Transplant team undertake the first intestinal transplant later in the year.

Occupational Therapy

The department achieved full staffing throughout the year in what has been a very competitive market for occupational therapists.

One of the year's highlights was the implementation of an evidence-based practice program. The 'Evidence Based Supervision: Building The Case For Effective Clinical Supervision And Reflective Practice' Project was undertaken. The project encompassed a review of the department's supervision program, using an evidence based practice and whole of department quality approach. An educational compact disc was produced to meet other services' requests for a similar program.

The Manager of Occupational Therapy, Amanda Bladen, was re-elected as the Victorian President of Occupational Therapy Australia and was the co-convenor of the group's Occupation, Health and Wellbeing conference held in May.

Physiotherapy

Following funding approval by the Department of Human Services in 2006 for a hydrotherapy pool and veteran gymnasium to be included as part of the Health and Rehabilitation Centre at the Heidelberg Repatriation Hospital, planning is almost complete with construction due to commence in early 2008. This development will provide veterans with a much-needed upgrade to their exercise facilities and better access to hydrotherapy. In addition, the centre will make hydrotherapy available to inpatients at the Heidelberg Repatriation Hospital for the first time.

Specialist clinical examinations for candidates wishing to proceed to Fellowship of the Australian College of Physiotherapists were held at the Austin Hospital. This was the first time these examinations had been held under the newly revised process, with specialties covered including musculoskeletal and sports physiotherapy. Austin Health's first Fellowship was awarded to Ms Kathleen Philip, Senior Musculoskeletal Physiotherapist, Orthopaedic Outpatients and Neurosurgery Triage.



The new 30-bed Acute Psychiatric Unit and 25-bed Secure Extended Care Unit has resulted in improved comfort, safety and privacy for consumers.

Social Work

Social Work day in May was marked with a lecture on 'Reflective Practice in Health for Workers in Health' presented by Fiona Gardner, a specialist in critical reflective practice from La Trobe University. Positive responses were received from many of the 100 attendees comprised of employees of Austin Health and the Mercy Hospital for Women, and representatives from local community agencies including Berry Street and the Children's Protection Society.

Austin Health social workers attended the International Conference of Social Work in Health and Mental Health in Hong Kong in December and presented the following papers: 'Finding Housing for the Mentally Ill: Improving Hospital Discharge Practices', 'Meditation as a Therapeutic Intervention with Cancer Patients', and 'The Profile of Oncology Carers'.

The department, in collaboration with Aged and Residential Care, coordinated a seminar on elder abuse in May. The aims of the seminar were to increase participants'

awareness of elder abuse and ability to recognise the signs, to inform participants about strategies to deal with elder abuse and provide insight into the legal issues surrounding this abuse.

The Austin Health Transition Care Program (TCP) commenced in July 2006. Social Work coordinates referrals to the TCP Residential Care Program from acute and sub-acute wards. During 2006-07, 143 patients were discharged to TCP Residential Care. For some, it provided an opportunity to trial a return home prior to considering long-term residential care. For others the program assisted in making adjustments to residential care. The program has been successful in providing a patient-centred alternative where on-going planning and functional improvement can continue outside the hospital environment with an additional positive impact on patient flow.

Speech Pathology

The Speech Pathology Department is currently undertaking research in a number of clinical areas including, inter and intra rater agreement for Fiberoptic Endoscopic Evaluation of Swallowing (FEES), the relationship between swallowing disorders in COPD and quality of life outcomes of implementing an interdisciplinary tracheostomy team.

The Tracheostomy Review and Management Service's (TRAMS) reputation for excellence in tracheostomy care across the continuum continues to grow. TRAMS has managed over 500 patients, hosted a highly successful series of three national workshops, received awards for international presentations and launched a new internet site showcasing the TRAMS services and resources.

Clinical Services

Ambulatory and Nursing Services

The Speech Pathology Department continues to be national leaders in the use of FEES. During the past year, members of the department have developed a competency training course to teach speech pathologists at other hospitals how to use this important diagnostic tool. In addition, staff have written a position paper regarding the use of this instrumental assessment for Austin Health speech pathologists. The department also purchased a new set of FEES equipment to allow patients with swallowing disorders at both Austin Hospital and Heidelberg Repatriation Hospital equitable access.

Nursing Education

Applications for the 2007 Graduate Nurse Year Program reached a record number, up 23 per cent on last year. This level of interest ensured a 100 per cent match on the Graduate Nurse Year computer match, resulting in all positions being filled. This indicates that Austin Health truly is an employer of choice for nursing staff, largely due to the supportive, friendly environment and the dedication and excellent standards achieved by nursing clinicians and nursing management.

The Refresher and Re-entry programs continued to be well attended throughout the year. These programs provide participants with a refresher of technical skills but also the confidence to return to the nursing workforce. Of the participants who undertook the course during 2006, 93 per cent returned to Austin Health.

During the 2006-07 financial year, Austin Health was home to 75 post-graduate nursing students. Of the post-graduate students from the previous year, 100 per

cent remained on staff at Austin Health indicating the excellent nursing culture that exists across the health service.

A service evaluation questionnaire was sent randomly to 87 nurses across Austin Health in December. The purpose of the survey was to determine if the services delivered by the Clinical Nursing Education Department were meeting the needs of clinical areas and responses indicated an overwhelming satisfaction with the services provided.

Northern Centre Against Sexual Assault

The Northern Centre Against Sexual Assault (NCASA) continued to provide high quality counselling and crisis care to survivors of sexual assault within the NCASA catchment area (Darebin, Whittlesea, Nillumbik, Banyule). A total of 576 clients received counselling, and of those 106 received crisis care after recent assault. In addition 200 people received telephone support and referral and professional consultation was provided to 77 professionals.

The service launched a booklet, 'Reconnecting', for parents and carers of adolescents who have experienced sexual assault. The booklet aimed to inform and support carers and parents who often are unsure about how to best support their adolescent children after disclosure of sexual assault.

In conjunction with CASA House and funded by the Department of Human Services, NCASA worked with Epping Secondary College to develop a whole-of-school approach to sexual assault prevention and education. This pilot program involved professional development to all school staff and workshops with year nine students.

NCASA continued its active membership of the Northern Area Mental Health Service Partnership Network, which continues to develop positive collaboration and enhancement of service provision to people who have experienced mental illness as well as sexual assault and/or family violence.

Pastoral Care

In co-operation with the Veteran Liaison Officer, the department chaplains negotiated, planned and oversaw the opening of the new ANZAC Memorial Chapel, constructed in the Centaur Block at the Heidelberg Repatriation Hospital. Following the opening of the new chapel, new procedures to accommodate the change in venue for Sunday services were developed to facilitate the use of the chapel for a range of religious and spiritual activities. A successful opening and dedication service was conducted as part of the Commemoration of Remembrance Day in November.

Following the retirement of Co-Director Reverend Dr. Graeme Gibbons, Pastoral Care negotiated with local Uniting Churches of Australia to ensure the continuation of Sunday chapel services. Farewell services and functions were held for Reverend Gibbons on his retirement after 33 years and Reverend Robert Street on his retirement after 17 years service at the Heidelberg Repatriation Hospital.

The department provided 45 Healthcare Chaplaincy Certificates of Continuing Education for chaplains within Victorian healthcare institutions completing continuing professional development in 2006.

A pilot mentoring program was introduced in five specialist areas to give intern chaplains intensive training in specialist chaplaincy and to augment pastoral care in these areas.

Child Care Centre

The Austin Child Care Centre is a 59 place centre which provides day care to the children of parents employed at Austin Health. Plans are underway to redevelop the centre adding an additional 11 places and improving the physical infrastructure.

The children and parents participated in a number of activities related to Book Week including a visit from a local librarian and favourite books being read by parents.

Community Advisory Committee

The Community Advisory Committee developed the Community Participation Plan 2006-08 which focuses on building partnerships with consumers, carers and the community. The plan aims to facilitate participation to enable improvement in the health service's programs and services, and work collaboratively with other health providers in Victoria.

Five Community Advisory Committee members completed their membership after having been with the committee since its inception. These members contributed 25 years of collective community service in a voluntary capacity and all at Austin Health thank them for this outstanding contribution.

The Consumer Participation Support Officer presented at the Fifth Australasian Conference on Safety and Quality in Health Care in Brisbane about the role of consumer participation in a major metropolitan hospital.

Applications for the 2007 Graduate Nurse Year Program reached a record number, increasing by 23 per cent, indicating that Austin Health truly is an employer of choice for nursing staff.



Clinical Services

Chief Medical Officer

In 2006-07 a record 55 per cent of Victoria's top 129 interns, chose Austin Health as their preferred training provider.

Pharmacy

The 2006-07 year saw continued growth for the Pharmacy Department. Pharmacy continues to provide clinical services to all three Austin Health facilities, including an on-site service for the new mental health precinct located on the Austin Hospital site.

A medication reconciliation medical record was introduced as part of the Safer Systems – Saving Lives Project as an intervention to prevent adverse drug events. In the past, ward pharmacists routinely performed medication reconciliation when a patient was admitted and discharged from an overnight stay. This meant that the drugs taken by the patient prior to admission or discharge were compared to the drugs prescribed on admission or discharge to remove errors. This information was not available to other health professionals. The new medical record, however can be utilised by various health professionals to document medications and identify any compliance or drug education requirements, which has reduced medication-related problems associated with the transition between hospital and the community.

Pharmacy staff developed and updated eight clinical guidelines including useage of ondansetron in paediatric gastroenteritis, management of delirium/agitation in ICU, orthopaedic extended VTE prophylaxis guidelines and laxative guidelines essential in patient management.

Patient information leaflets in chemotherapy and other areas were introduced. This essential information was translated into several languages to accommodate our multi-cultural patient base. Two e-learning packages were also implemented for staff in the areas of insulin and error prescription abbreviation.

Hospital Medical Officer Services

Much work was undertaken by the department, in conjunction with Medical Administration to change the advertising focus for the 2008 HMO recruitment campaign. The advertising slogan changed to 'Pick your perfect job title – then make it happen here.' At the Medical Careers Expo, staff were inundated with interest from HMOs and interns.

The interview process was also reviewed with the department moving from individual interviews to small group interviews for the 71 intern positions. The department was thrilled with the computer match, as all 71 posts were filled by the top 129 rank order. It is hoped this success will be reflected in the HMO and registrar matches occurring later in the year.

Research Ethics Unit

Research activity within Austin Health in 2006-07 remained very dynamic and consequently the Research Ethics Unit was very active in supporting this work. In July, staff of the Research Ethics Unit amalgamated into one office on the Austin Hospital site. During the amalgamation, a new filing system for trial projects was introduced to simplify retrieval of documents for individual studies. The resulting improvement in retrieval increased efficiency despite an overall 6.5 per cent increase in the number of studies submitted to 298. The number of studies reviewed by the Animal Ethics Committee rose by 50 per cent to 65 per cent.

In addition, the Research Ethics Committee inducted four consumers from the local community to increase the amount of community representation and oversight of human research. The committee was very pleased at the number and quality of the applicants for these positions, which indicated the high level of support and engagement that Austin Health enjoys within its local community.



Pharmacy staff introduced a medication reconciliation medical record as an intervention to prevent adverse drug events.

Medical Education Unit

The Medical Education Unit (MEU) commenced the year with new direction and motivation. The unit's strategic direction is set to promote a seamless continuum of teaching and learning from undergraduate medicine into prevocational training, and from there into vocational training and continuing education for our specialist medical and surgical staff.

The Confederation of Postgraduate Medical Education Councils requested all states and territories' individual health services, hospitals and practices to develop strategies to integrate its framework within their own local environments. In response, the MEU identified and completed stage one of program mapping against the capabilities of the new curriculum, a pilot of a new assessment framework for interns, and production of a position paper

on Advanced Cardiac Life Support. The MEU is the first such unit in the states and territories to produce a learning module on Urban Indigenous Cultural Safety which resulted in a \$14,500 grant from the Department of Human Services.

In January the MEU orientated 70 interns over a three-day period to Austin and Northern Health. The orientation program included credentialing activities, clinical skill training and shadowing of their new positions. In February a further 180 residents and registrars completed a half day orientation at the Austin Hospital. The MEU was also successful in obtaining sponsorship from the Medical Defence Association of Victoria to the value of \$15,000 for orientation and intern programs.

Work is well advanced on the development of a mentoring and support program that will provide junior doctors with a

mentoring resource that has synergy with the work currently being undertaken by the Australian Medical Association to support doctors in training. The MEU is working with the newly formed medical defence company 'Avant' to provide a robust program for junior doctors.

Support Services

Redevelopment, Infrastructure and Commercial

Three major projects were completed this year that significantly improve environs for patients and staff.

Capital Works & Infrastructure

A number of major and minor capital works and infrastructure projects were carried out during the year. The larger projects included the development of two new operating theatres, day surgery facilities and recovery suite within the area previously occupied by the emergency department at the Austin Hospital. The redevelopment of the boiler house facility, without major interruption to hospital activities, and refurbishment of the Central Sterile Supply Department were also completed.

Planning, design and in some cases early works, has advanced on a number of projects including the Bio Resources Centre, the Health & Rehabilitation Centre (including hydrotherapy pool) at the Heidelberg Repatriation Hospital, the Olivia Newton-John Cancer Centre, and the Florey Neurosciences Research Centre.

After two years of occupancy, it was timely to undertake a review of wayfinding within the Austin Hospital facilities. The review recommended additional and modified signage both within and external to the facility, the separation of lift traffic from the car park into the Austin and Mercy Towers and improvements to the street traffic and vehicle drop-off points around the site. It is pleasing to report that actions on all of these recommendations are underway and due for completion by the end of 2007.

Pathology

A new brand, Austin Pathology, was launched replacing what was previously the Division of Laboratory Medicine and Network Pathology. The service continues to be the largest provider of public pathology services in Victoria and provides pathology for Austin Health, Northern Health, Mercy Hospital for Women and Mercy Werribee Hospital. In addition, pathology is provided for the newly opened Craigieburn Health Service.

A new management team, reporting directly to the Chief Executive Officer, commenced in January headed by Mr Nick Crinis, Director, Dr Carole Smith, Medical Director and Mr Kevin Amery, Business Manager. Dr Peter Crowley was been appointed the Director of Anatomical Pathology and Professor Lindsay Grayson the Director of Microbiology.

Pathology continued its tradition of strong teaching and training, enhanced by the acquisition of teaching arms and a digital camera for microscopes, and new continuing education programs.

An additional anatomical pathology registrar was appointed through funding from the Department of Human Services in recognition of the major need for training of anatomical pathologists. Research links continued particularly with the Ludwig Institute for Clinical Research (LICR), Endocrinology and Clinical Pharmacology. An area is being refurbished to house the Tissue Bank, a joint initiative with LICR.

New routine tests were introduced, particularly in biochemistry. New equipment has been installed in all disciplines to improve efficiency and timeliness of results, with plans in development for further automation and robotics with refurbishment of the laboratory to accommodate these changes. Quality improvements for both the laboratory and Austin Health have been particularly prominent in Anatomical Pathology and Cytology, Transfusion Medicine and Infection Control.

Radiology

The Radiology department continued to operate despite construction going on around them for much of the year. The professionalism and tolerance of staff and patients is recognised and appreciated.

Demand for radiology services continued to increase with a six per cent rise in activity across the year.

The department eagerly received a number of new machines and improved facilities during the last financial year including an angiography unit for the department at the Austin Hospital, a general x-ray room at the Heidelberg Repatriation Hospital, and two new ultrasound machines. Planning for a new interventional suite, a satellite service in the emergency department and improvements to the building fabric at the department on the Heidelberg Repatriation Hospital site were undertaken and should progress to works in the coming year.



The Central Production Unit at the Heidelberg Repatriation Hospital has the capacity to produce two million meals per year.

Department of Nuclear Medicine and Centre for Positron Emission Tomography

The demand for services reached record levels with over 3000 PET scans performed in 2006-07. This reflects a growing trend with the number of PET scans increasing by 70 per cent over the last four years. General nuclear medicine studies also reached a new peak.

Construction work commenced on the bunker to house the new cyclotron. Works will be completed and the new machine operational by the end of 2007.

Facilities Maintenance

The Engineering and Building Services department was restructured during the year and replaced by the Facilities Maintenance Department and the Capital Works and Infrastructure Department. The separation of these functions has enabled a greater focus on the discrete activities of maintenance and capital planning.

A much-needed upgrade of electrical supply at both the Austin Hospital

and Heidelberg Repatriation Hospital commenced. Funded through a \$1.9 million infrastructure grant from the Department of Human Services, these works will continue for the remainder of 2007.

After receiving a one-off \$3.8 million grant for medical equipment from the Department of Human Services, the eagerly anticipated equipment was rolled out across all facilities during the year. Among this equipment were electric beds, patient trolleys, examination couches and other general medical equipment. A further \$1.54 million was received in targeted equipment funding and was used to commission a new angiography machine in February.

Food Services

Austin Health's new cutting edge central production kitchen at the Heidelberg Repatriation Hospital commenced operation in June 2007. The kitchen forms part of the Department of Human Services' Metropolitan Health Food Services Strategy. Austin Health's production kitchen

has the capacity to produce the equivalent of two million meals per year and the food for up to a third of Melbourne's hospitals. It is anticipated that producing food for many hospitals from a central controlled environment will be more efficient and result in improved standards of safety. The kitchen is currently producing food for the Austin Hospital, the Heidelberg Repatriation Hospital, the Royal Talbot Rehabilitation Centre and the Mercy Hospital for Women.

A new food service delivery system was implemented across the three Austin Health facilities and Mercy Hospital for Women, whereby state-of-the-art equipment and technology are used to serve, reheat and transport food to patients at the Austin Hospital. This system has resulted in more streamlined and customer-focused service to patients. Improved patient satisfaction has been evident through positive feedback from patient satisfaction surveys particularly regarding food temperature due to the new reheating technology.



Support Services

Corporate Development

The new Austin Health website is viewed by an average 1,600 unique visitors each day and was successfully used in an innovative campaign to recruit ICU nurses.

Hospital Admission Risk Program

The past year has been very busy for staff of the Austin Health Hospital Admission Risk Program (HARP). With growth in Emergency Department presentations, the demand for services has grown enormously.

The HARP programs at Austin Health are Community Link Rapid Response, Chronic Disease Management and Diabetes.

Community Link Rapid Response provides a short-term case management and brokerage service to clients with chronic and complex needs to prevent admission to hospital.

The Chronic Disease Management program commenced outreach, individual and group self-management programs to clients with heart failure, chronic lung disease, COACH (a telephone coaching program for clients who have had a cardiac event) and home medication reviews to 'at risk' clients.

The HARP Diabetes program provided a Diabetes Complications Assessment Service for clients diagnosed with diabetes. This service allows clients to attend a clinic and undergo a comprehensive diabetes risk screen and needs assessment. Each client is seen by an endocrinologist and referred to other services such as diabetes nurse educator, dietitian or podiatrist.

The large team of dedicated staff working in the programs have a strong commitment to providing high quality services to clients and ensuring that clients have adequate supports to remain safely at home. HARP programs and staff are located at Austin Hospital, the Heidelberg Repatriation Hospital, Banyule Community Health, Darebin Community Health, Nillumbik Community Health and the Royal District Nursing Service.

Quality and Planning

Austin Health continues to receive positive feedback from patients surveyed through the Victorian Patient Satisfaction Monitor. Patient feedback from the Austin Hospital and Royal Talbot Rehabilitation Centre in particular demonstrated that the services meet or exceed other like hospitals.

Over 30 responses from the community were received following the distribution of the 2006 Quality of Care Report to over 170,000 households. 70 per cent of respondents rated the report as excellent and noted that the general hospital information provided in the report was interesting and informative.

The Strategic Plan underwent an extensive mid term review with 15 projects identified as priority areas for action to ensure the health service continues to work towards the six strategic priorities. The projects include integration of clinical and non-clinical safety and quality, 'next generation'

workforce planning, completion of the masterplanning process at the three Austin Health facilities and development of a clinical service mix strategy.

Corporate Communications

Corporate Communications worked closely with the Liver Transplant Unit to contribute to a new television series, The Gift, to be screened on Channel 9 late in 2007. The eight-part television series focuses on the work of the liver transplant unit and the personal and difficult struggles of patients as they wait for a suitable donor organ to become available. It is hoped the series will increase organ donor rates in Australia and was a great opportunity to showcase the dedication and skill of the transplant team at Austin Health.

The redeveloped Austin Health internet site was launched in August featuring interactive maps, a frequently asked question section, media releases and departmental 'mini-sites' to promote the work of individual departments of the health service. Since the launch of the new site, www.austin.org.au has registered up to 1,800 unique visitors per day and promotes the work of the health service worldwide, 24 hours a day, seven days a week.

Support Services

Corporate Development

Fundraising

The Fundraising Department continued to grow the donor support base, providing regular communications, publicity and campaign information about Austin Health and the Olivia Newton-John Cancer Centre Appeal.

Supporters responded very positively to an Austin Health fundraising mailing campaign seeking assistance in purchasing new items of equipment for improved patient care.

The Friends of Austin Health, under President Beverly Brieze, once again provided incredible support this year, raising over \$400,000 through their various auxiliaries and opportunity shops.

The Fundraising Department secured a \$25 million matching grant from the State Government towards the Olivia Newton-John Cancer Centre Appeal which is the appeal's biggest commitment to date.

Almost a quarter of a million dollars was raised for the cancer centre appeal through a corporate battle of the bands competition, ROCKINC, at the Rod Laver arena in July. Thirteen major national companies were involved, including Telstra as presenting sponsor. The ROCKINC event enabled the department to forge new and dynamic corporate associations and reinforced the goodwill of existing supporters, adding considerably to the department's existing portfolio of support. The event also won a prestigious award from the Fundraising Institute of Australia.

The appeal also received \$115,000 from an Australia Day ball, held by the American Australian Association in New York as part of the G'Day USA celebrations. The event was attended by the Australian Foreign Affairs Minister Alexander Downer who declared Olivia Newton-John an honoree of the event.

Information Technology

An innovative new system was implemented that automatically notify General Practitioners (GPs) on the day their patients are admitted to, and discharged from, the health service. Most notices are sent by email or fax, so GPs are able to quickly act upon the advice, improving continuity of care for patients.

The use of electronic discharge summaries was extended throughout the year providing GPs with relevant information about their patient's stay in hospital. Twenty-four of the hospital's 54 clinical units were using the electronic summary by June 2007 and this number will increase over the next year.

The department assisted with the introduction of new computer facilities in ICU, which includes a computer terminal at each bedside and smart-card access to the system for clinical staff to improve efficiency and reduce patient risk.

A major update of the hospital's main patient computer software system, TrakCare, was completed by Trak Health Systems Australia. The updated software will enable Austin Health to continue its evolution towards an electronic patient record.

New software to facilitate risk assessment of patients' nutritional status on admission to hospital was introduced. This software enables dietitians to become quickly involved in the care of patients who may need special dietary assistance.

Major upgrades to Austin Health's computer network facilities, addition of storage (now 20 terabytes), improved network protection, and usage of virtual server technology to replace ageing servers at substantially reduced cost were completed.

Patient Representative

The number of people seeking assistance from Patient Representative staff has increased significantly over the past 12 months. Rather than being an indicator of poor service, quality and safety experts believe that it is important that an open culture exists within the hospital that encourages incident reporting by staff and also encourages patients and their families to express their concerns. Information gained in these two ways is a powerful catalyst to promote improvement of quality of care and services provided.

The increased accessibility of the office for patients and their families through its position near the main foyer of the Austin Hospital has been an important factor in the increased number of complaints and liaison interventions. A number of favourable comments have been received regarding this location in addition to comments about the high level of support provided for patients, relatives, external service providers and staff members.

Resolving complaints to the satisfaction of all concerned is the priority of the Patient Representative, but in addition, the department's focus is to achieve systems improvements where deficits have been identified as a result of complaints. This has been demonstrated over the year by development of written guidelines for making an MRI referral, a resource package developed for staff regarding provision of adaptive switches for disabled patients, and development of an information booklet for stroke patients.

Veteran Liaison

A wide range of issues continues to be relevant for the care of veterans and war widows. Services of commemoration such as ANZAC Day are very well attended, and a number of services with attendances varying between 20 and 600 people are conducted each year.

Building development at the Heidelberg Repatriation Hospital over coming years will include a new Kokoda Gymnasium and hydrotherapy pool and a new Veteran Psychiatry Unit. Veterans eagerly welcomed the funding announcements for both of these projects.

A significant initiative undertaken by Veteran Liaison, in collaboration with the Fundraising Department, is the \$2 million Heritage Appeal which will include heritage work such as the completion of the ANZAC Memorial Chapel, upgrading of the Remembrance Garden, construction of a Bell Tower, the Duckboard Heritage Track and many other features. Major General David McLachlan AO(Retd) State President of the RSL is the Appeal Patron. The face of the Appeal is Edward Kenna VC who was cared for from 1945 to 1946.

Health Information Services

Health Information Services staff provided a number of privacy in-service training sessions to other departments and posted frequently asked questions on the Austin Health intranet site.

Health Information Services worked closely with the Outpatients Department to review the processes involved in the provision of medical records to clinics and their return to the department.

Health Information Services commenced cost recovery for research projects which has resulted in a small amount of funding for some additional staff and improvements in service.

After a concerted effort by staff, typing turnaround time for outpatient letters improved from 20 days in July 2006 to two days in June 2007.

All areas within Health Information Services participated in a range of benchmarking studies with major Melbourne teaching hospitals and the Health Roundtable.

The Clinical Information Unit (CIU) has provided data and analysis for the Department of Human Services Specified Grant Reviews and new technology submissions. This work involved costing various patient cohorts to determine the cost impact of implementing proposed new technologies.

The CIU also contributed costing and performance information to a range of internal and external clinical service reviews, is intricately involved with the

Clinical Audit process and continues to improve the range, quality and timeliness of activity and performance related reports and information to Clinical Service units.

Health Sciences Library

The refurbished and expanded Austin Library was officially opened by the then Victorian Major Projects Minister, John Lenders, on the 20 September 2006.

The Health Sciences Library has provided authentication software to enable staff seamless access to the vast amounts of subscribed electronic information, including online journals, online books and databases from wherever they are working, be it within Austin Health, the Mercy Hospital for Women, various research institutes or from home.

Commemorative services conducted at the Heidelberg Repatriation Hospital are a chance for Victorians of all generations to honour the sacrifices of our veterans.



Support Services

Human Resources

Over 50 Associate Nurse Unit Managers participated in an innovative training program, developing skills and building self-confidence to effectively manage the day-to-day functioning of the health service.

Human Resources Services

Austin Health successfully completed the implementation of CHRIS21 (the new Human Resources Management & Payroll system) during 2006. Much work was undertaken to facilitate the introduction of further components of the system in the first half of 2006-07. These components of the system include training, occupational health & safety and workforce management modules, designed to assist staff and the organisation in managing career opportunities, credentialing and training requirements.

Of major significance, Austin Health was nominated as a lead agency for the development, commissioning and rollout of the new state-wide rostering solution. This project puts Austin Health in the vanguard in terms of the ability of the Health Service to generate significant managerial and operational improvements through improved rostering practices. This project is being undertaken with financial and management support from the Department of Human Services' HealthSMART programs as part of a state-wide initiative.

The Employment Unit experienced a particularly productive year, processing over 1200 letters of appointment, 2380 variations to employment, 1765 recruitment requests and 2556 job advertisements in the print media and internet.

Employee Relations

The Employee Relations Unit continued to provide strategic and operational advice and support to managers dealing with difficult industrial relations, performance management, attendance and disciplinary matters as well as the introduction of significant changes in the workplace, particularly changes flowing from ongoing redevelopment of facilities. This support included appearances in the Australian Industrial Relations Commission and other employment-related tribunals. The Employee Relations Unit also continued to deal proactively with grievances and issues raised by employees. Where appropriate, third party investigators were used to ensure the integrity of the investigative process.

Learning and Organisational Development

Learning and Organisation Development launched a new program designed specifically for Austin Health's Associate Nurse Unit Managers. The Advanced Management Program saw 53 ANUMs learn about themselves as leaders, about their role at Austin Health, how to work across the various departments, how to engage others, be more effective at budgeting and time management and how to manage change. This highly successful program has resulted in increased confidence and skills in this group of staff who are critical to the smooth functioning of the health service.

The Leading People and Change program for our potential leaders ran with 14 participants, including senior doctors, and nurses. The program resulted in the identification of several initiatives to enhance hospital performance, including managing inter-hospital transfers and more effective streamlining for emergency surgery.

Occupational Health and Safety

A major focus for the unit was on improving the return-to-work rate of injured workers, culminating in the employment of a dedicated Return to Work Manager in January 2007.

The Occupational Health and Safety Unit continued to devote considerable attention to improving the safety of staff through targeted training programs and development and refinement of procedures for dealing with manual handling injuries, fire & emergency procedures and aggression in the workplace. To augment the training and facilitate ease of access, aggression management, preventing bullying & harassment and fire & emergency e-learning package was developed and implemented.

During 2006-07 there were a total of 94 WorkCover claims resulting in 2,219 days lost.



285 new dual-controlled electric beds replaced old manual beds, decreasing the risk of workplace back injuries for nurses.

Security and Carparking

The Security Service continued to provide a timely and highly responsive service to all areas of Austin Health, as well as the co-located Mercy Hospital for Women.

An agreement was signed with Banyule City Council for the monitoring and fining of illegally parked vehicles on the Austin Hospital site. Parking officers began patrolling the site from February and this has resulted in a marked improvement in the traffic flow and management of vehicles accessing the Austin Hospital site by reducing the number of illegally parked cars.

Workforce data

	2005-06	2006-07
Nursing services	1,773.75	1,808.15
Administration and clerical	647.53	676.65
Medical support	584.32	598.04
Hotel and allied services	620.16	631.15
Medical officers	125.29	134.43
Hospital medical officers	288.80	303.25
Sessional medical officers	73.28	76.32
Ancillary support services	352.00	382.60
Total	4,425.13	4,610.59



Research

Austin Health is one of Australia's most productive research hubs, boasting over 600 researchers sharing in over \$22 million worth of research grants in 2006–07.

Research highlights

Austin Health has an ongoing commitment to research and enjoys strong partnerships with The University of Melbourne and the major independent research institutes. Researchers based at Austin Health facilities received over \$22 million in grants in 2006–07. In addition, the Austin Hospital Medical Research Foundation administered approximately \$1.4million in research project grants funded by various agencies to 20 Austin-based researchers.

The Epilepsy Research Centre comprises a multidisciplinary team of staff and collaborators who have made major advances over the past 18 years towards investigating and identifying the genes involved in epilepsy and the underlying molecular mechanisms that cause various epilepsy syndromes. This year's highlights have included research results across multiple disciplines including clinical epileptology, electro-physiology, brain imaging, neuropsychology, genetics and molecular biology.

An international study on severe epilepsies with intellectual impairment beginning in infancy was completed. Research staff found that a particular sodium channel gene is responsible for a variety of clinical presentations in infants.

In this study, researchers also focused on children whose severe disease was attributed to vaccination. Most cases of alleged 'vaccine encephalopathy' bore mutations of the same sodium channel gene and thus vaccination was not to blame. This is not only of diagnostic importance but is also relevant to public health and the medico-legal arena. An editorial in the journal, *Lancet Neurology*, described this paper as the most important paper in epilepsy of 2006.

A gene that is proposed to regulate cell surface levels of several ion channels, receptors and transporters involved in regulating neuronal excitability, was found to be a potential susceptibility gene for epileptic photosensitivity.

Work was also undertaken in the area of neurocognitive and epilepsy treatment outcomes where researchers concluded that temporal lobe epilepsy can be associated with sodium channel mutations and when this mutation is present, epilepsy surgery can be just as successful as when it is not. Therefore, sodium channel mutations are not a contraindication to epilepsy surgery. The ongoing outcome after post temporal lobectomy seizure recurrence is significantly poorer than an equivalent period of complete seizure freedom after surgery. Research also showed that temporal lobe surgery that spares the hippocampus still results in task-specific verbal learning deficits when tissue near the hippocampus is removed.

Research is an important focus of the Aged Care Clinical Services Unit and all professional groups have undertaken studies across a wide range of issues including dementia, wound healing and physical activity. The Medical and Cognitive Research Unit commenced a study on therapies for dementia looking at six different medications that may improve or even cure conditions such as Alzheimer's Disease. Other projects commenced include a study of whether treating anaemia in older people improves quality of life, and the benefit of various vaccines in later life.

The Centre for Nuclear Medicine and PET performed the first human studies with a new PET compound developed at the University of Pennsylvania that shows brain amyloid in Alzheimer's disease. On the basis of the findings, this compound is now going into international clinical trials as a diagnostic agent for very early Alzheimer's disease. Funding was secured for a research PET camera and an animal PET camera for oncology and neuroscience research was installed.

Pressure ulcers are a significant problem in the spinal area with a prevalence of 60.9 per cent. Research undertaken by the Nutrition and Dietetics Department indicates that use of specialised nutrition support in spinal patients with pressure

Research



Austin Health's ongoing commitment to research is strengthened by its partnerships with the University of Melbourne and other major research institutes.

ulcers may have beneficial results. The mean healing time of 7.8 weeks observed in the treated group of spinal patients with stage three or four pressure ulcers is significantly less than estimates in the general literature of between 18-22 weeks. Any improvement in the healing rate eases patient pain and discomfort, and has the potential to deliver considerable cost savings to the health service.

Senior Clinician Karen Manley's recent research into the use of probiotics as a treatment of vancomycin-resistant enterococci (VRE) has shown encouraging results in the rate of VRE clearance in the renal population.

The Rheumatology Unit has an active research program looking at different aspects of inflammatory rheumatic diseases. Dr Lionel Schachna is following the progress of over 300 patients with ankylosing spondylitis on an ongoing basis. He has collaborated with several investigators in both Canada and other departments of the University of Melbourne.

Publications and presentations at both the Australian Rheumatology Association and the American College of Rheumatology have resulted from this work. Associate Professor Russell Buchanan has over 600 patients on his rheumatoid arthritis database. He is looking at the impact of rheumatoid arthritis on bone and its long-term impact in addition to measuring outcomes of different therapies in these patients.

Research activity in the Emergency Department continues to increase with a number of projects coming to fruition in the last twelve months. During the year Emergency Department staff had 17 publications in peer-reviewed journals, three other articles accepted for publication and gave 20 conference or seminar presentations. As part of the expansion in academic activity, the department developed an Advanced Medical Science student program and the first PhD candidate commenced work. At the close of the financial year, there were 25 ongoing research projects in the department, many of which are cross-disciplinary and involve collaborations both within and outside the hospital. The projects are investigating

a large range of topics associated with emergency medicine including therapeutic errors, injury epidemiology and prevention, respiratory and endocrine disease, ED sedation and service provision. The department aims to expand the undertaking of randomised controlled trials in the near future.

Professor Rob Pierce and his colleagues from the Institute for Breathing and Sleep (IBAS), along with colleagues in Adelaide, Perth and New South Wales received a \$1.5 million enabling grant from the National Health & Medical Research Council (NH&MRC) to set up the Australasian Clinical Sleep Trials Network. Sleep research continued to be focus of improving quality of life and prevention of cardiovascular disease. Dr Maree Barnes, Professor George Jerums and Associate Professor David Hare undertook a collaborative project with NH&MRC funding to investigate the links between sleep apnoea, diabetes and cardiovascular disease. The study found a very high

prevalence of sleep apnoea in patients with metabolic syndrome, and is continuing to evaluate whether treatment with continuous positive airway pressure will alleviate the ongoing cardiovascular risk burden. This project is being further developed by Dr Barnes and Dr Catherine Hill to explore a diet and exercise program for obese sleep apnoeic patients. This has shown an encouraging weight loss of 13 per cent over four months.

A post-graduate AHMRF funded research project in collaboration with the Mercy Hospital for Women (Prof Michael Permezel) investigated neurocognitive function in early and late pregnancy, and evaluated whether the concept of 'placenta brain' does exist, and whether it is related to sleep disruption in late pregnancy. IBAS was also fortunate to secure two NHMRC grants commencing in 2007, one of which will be used to evaluate the reliability and validity of in-home diagnostic sleep monitoring, and the second, led by Dr Fergal O'Donoghue, is extending previous work into the physiology of upper airway muscles and the causes of sleep apnoea.

In collaboration with Dr Andrew Thornton at the Royal Adelaide Hospital, Mr Peter Rochford and Professor Rob Pierce have received funding from the Australian Sleep Trials Network to conduct a randomised trial into the reliability of diagnostic testing in Australian and New Zealand sleep laboratories. The results from this study will inform the design and implementation of a new inter-laboratory quality assurance program.

Associate Professor Christine McDonald led a series of studies investigating breathlessness and the use of supplemental oxygen in a range of respiratory and non-respiratory diseases. The NH&MRC and the National Institutes for Health (NIH) have funded a large multinational project into the use of oxygen as palliative therapy for relief of dyspnoea. Physiological studies examining the mechanisms by which oxygen and other treatments induce changes in dyspnoea

and measures of operating lung volumes are also proceeding.

The Department of Respiratory & Sleep Medicine in collaboration with Associate Professor David Hare was fortunate in attracting funding from the Department of Human Services of over \$600,000 to examine the effects of remote patient monitoring on patient outcomes for severely disabled patients who are admitted to Austin Health frequently with exacerbations of their COPD or heart failure. This collaboration with Nursing Informatics is providing important information about the efficacy and cost-effectiveness of home monitoring for patients with these common conditions.

Cellular biological studies of monocyte and macrophage function in COPD and lung cancer have been funded by a grant from the Cancer Council. These studies are a collaboration between Associate Professor McDonald, Dr Pouniotis and Professor Apostolopoulos at the Burnet at Austin Research Institute.

The first ever New Investigator Grant from the National Health & Medical Research Foundation for the Physiotherapy Department was awarded to Sue Berney, Senior Physiotherapist from the Intensive Care Unit and Dr Linda Denehy, Senior Lecturer in Cardiorespiratory Physiotherapy, University of Melbourne. Valued at \$350,000, this grant will fund a project to investigate quality of life in intensive care survivors and how this might be improved by an exercise program.

During 2006-2007 the Ludwig Institute for Cancer Research (LICR) continued its partnership with Austin Health for the planning and fundraising for the Olivia Newton-John Cancer Centre, which alongside the hospital's cancer services will incorporate LICR research and clinical programs.

Professor Jonathan Cebon and his team completed accrual for the International Phase II clinical trial they are leading to test the effectiveness of the therapeutic melanoma cancer vaccine NY-ESO-1 / ISCOMATRIX. Support for this study is

through the Cancer Vaccine Collaborative, a global enterprise from the Cancer Research Institute in New York and LICR.

Associate Professor Ian Davis has led the first multi-centre study investigating IL-21 in patients with surgically incurable metastatic melanoma. In view of the promising results from this study, a second study of IL-21 has commenced. Associate Professor Ian Davis was also the recipient of a 2006 Australia Post Fellowship through the Royal Australian College of Physicians, enabling detailed assessment of immune responses in melanoma patients.

The first clinical study of monoclonal antibody (mAb) 806 has been completed in a trial led by Professor Andrew Scott. The specificity of 806 was demonstrated to be markedly different to other anti-EGFR mAbs which target wild-type EGFR on normal tissues.

The licensing of the humanised anti-Ley antibody, hu3S193, to Wyeth-Ayerst for an antibody-toxin conjugate has led to Phase I studies with this agent being completed in the USA and at Austin Health in 2006 under the direction of Professor Andrew Scott and Dr Niall Tebbutt. These physicians are also conducting a trial in colon cancer patients with radioimmunotherapy (131I-huA33) combined with a chemotherapy drug that is thought will further sensitise the cancer cells to the radioactivity. This trial has been funded in part by an NIH Exploratory/Developmental Research Grant Award (R21).

Several grant awards have been received by LICR scientists for research support over 2007-2009. Associate Professor Weisan Chen, Dr Terrance Johns and Dr Lisa Ebert will receive individual NH&MRC or Victorian Cancer Council grants totalling over \$1 Million for their basic research projects. Professor Andrew Scott was awarded a grant of USD\$1.6 million from The Atlantic Philanthropies Foundation for research into novel anti-cancer antibodies. The

Harry J Lloyd Charitable trust has awarded Professor Jonathan Cebon USD\$100,000 for research into melanoma. Dr Craig Gedye has been awarded a 2007 Australia Post Fellowship through the RACP to assist with this study.

Ensuring patients are up and mobile within 24-hours of suffering a stroke is the aim of new rehabilitation research aimed at saving lives and reducing disability. The Austin Hospital stroke unit was the first Australian hospital to commence recruitment in July for 'A Very Early Rehabilitation Trial' (AVERT). The aim of the study is to determine whether early rehabilitation leads to fewer deaths, improved mobility, better quality of life and is cost effective.

Very early rehabilitation is provided by physiotherapist and main investigator Tara Purvis and a nurse team on Ward 6 East. Tara won the Austin Health 2005 F.J O'Rourke Fellowship which enabled her to travel and learn about the very early rehabilitation program in Norway, an opportunity which has led to Tara becoming main investigator at the Austin Health site. Nurses, physiotherapists, occupational therapists and other medical practitioners provided assistance with the trial and have actively recruited 37 patients within the first 12 months of the trial. In 2006, a grant of

\$2.8 million was awarded by the NH&MRC to support the trial. The trial involves more than 20 hospitals around Australian and New Zealand, will recruit over 2000 patients and take five years to complete.

Projects completed by the Rehabilitation Sciences Research Centre (RSRC) include the investigation of the effectiveness of physiotherapy intervention for upper limb function in chronic stroke patients, for patients following total hip replacement, as well as a study investigating the role of exercise on depression in patients following stroke. In addition an NHMRC-funded project investigating pelvic floor muscle training for elderly women with stress urinary incontinence was completed.

New projects include a study of motor development in premature infants and in infants undergoing heart or abdominal surgery, and an investigation into the role of exercise in preventing symptoms in patients with early Parkinson's Disease. Dr Noel Lythgo was awarded an Early Career Researcher Grant to investigate gait maturation in school-aged children. Professor Mary Galea was one of a group of investigators awarded a \$1.5 million Strategic Research Infrastructure Grant in haptics and 3-D virtual immersive environments. This group is now known as MUVES (Melbourne University Virtual Environments for Simulation) and Professor Galea will work with members of the group to develop innovative methods for rehabilitation of people with nervous system injury.

During 2006 RSRC welcomed a visiting Fellow, Dr Patricia de Groot from the Radboud University, Nijmegen, the Netherlands, with whom a project was conducted investigating the effect of whole-body vibration on blood flow in the femoral artery in healthy subjects. Collaboration with Dr Thomas Angeli, from the University of Vienna continued, examining the feasibility of using an adapted rowing ergometer with functional electrical stimulation in paraplegic patients. This work was conducted by his PhD student Roman Talla under the supervision of Dr Prisca Eser. Other visitors were Dr Zhen Huang from the Peking University First Hospital, Professor Arthur Prochazka, University of Edmonton, Canada, and Dr Margaret Mayston, University College, London.

Awards

Dr Scott Baker

Endocrinology Research Fellow

Winner – Cardiovascular and Lipid Research Grants Award, Pfizer, 2007

Professor Sam Berkovic

Director of Epilepsy

Elected – Australia Fellow, 2007

Elected – Fellow of the Royal Society, 2007

Winner – Clive and Vera Ramaciotti Medal for Excellence in Biomedical Research, 2006 Clive and Vera Ramaciotti Awards for Biomedical Research

Winner – Research Medal for Scientific Research in Human Health, The Royal Society of Victoria, 2006

Highly commended – Minister's Award for Outstanding Individual Achievement, 2006 Victorian Public Healthcare Awards

Stephen Braithwaite

Darley House Nurse Unit Manager

Winner – Australia Day Achievement Award, Austin Health 2007

Professor Geoff Donnan

Director of Neurology

Elected – Priscilla Kincaid Smith Oration at the Annual College Congress, Royal Australasian College of Physicians, 2007

Elected – Honorary 4th Athasit Oration, 7th Biennial Convention of the ASEAN Neurological Association, 2007

Winner – William Feinberg Award for Excellence in Clinical Stroke, 2007 American Stroke Association meeting

Winner – Distinguished Scientist Award, Austin Health, 2006

Elected – Shri N. P. V. Ramasamy Udayar Oration, Sri Ramachandra Medical College and Research Institute, 2006

Dr Elif Ekinci

Endocrinology Registrar

Winner – Cardiovascular and Lipid Research Grants Award, Pfizer, 2007

Associate Professor David Hare

Senior Cardiologist

Winner – Most Distinguished Service Award, Australian Cardiovascular Health and Rehabilitation Association, 2006

Dr Simon Judkins

Emergency Physician

Winner – Australia Day Achievement Award, Austin Health, 2007

Professor Jeanette Milgrom

Director of Clinical and Health Psychology

Winner – College Award of Distinction, Australian Psychological Society, 2006

Kathy Reid

Ward 8 Associate Nurse Unit Manager

Winner – International Nurses Day Nursing Clinical Excellence Award, Austin Health 2007

Associate Professor Christopher Rowe

Director of Nuclear Medicine and Centre for Positron Emission Tomography

Elected – President, Brain Imaging Council, Society of Nuclear Medicine, USA, 2007

Kathryn Salamone

Aged Care Clinical Nurse Educator

Winner – International Nurses Day Nursing Clinical Leadership Award, Austin Health 2007

Associate Professor David Story

Anaesthetist

Elected – Scientific Convenor of the Australian and New Zealand College of Anaesthetists Annual Scientific Meeting, 2007

Bobbi Toth

Darley House Nurse Unit Manager

Winner – Australia Day Achievement Award, Austin Health 2007

Bernadette Vandenberg

Palliative Care Nurse Unit Manager

Winner – Clinical Leadership Award, Austin Health, 2006

Meagan Ward

Dietician

Winner – FJ O'Rourke Fellowship, Austin Health, 2007

Kristy Young

Child Adolescent Mental Health Service

Nurse Unit Manager

Winner – FJ O'Rourke Fellowship, Austin Health, 2007

Team Awards

Winner – Spirit of Anzac Award, Austin Health, 2007 Outpatients Department

Winner – Premier's Award for Metropolitan Health Service of the Year, Victorian Public Healthcare Awards, 2006 Austin Health

Winner – Excellence in Continuity of Care, Victorian Public Healthcare Awards, 2006 The 'Improving Diabetes Care' HARP program

Winner – Excellence in Consumer and Carer Participation, Victorian Public Healthcare Awards, 2006 The Respecting Patient Choices Program

Highly commended – Excellence in Safety of Care, Victorian Public Healthcare Awards, 2006 'Safety in the Operating Suite'

Highly commended – Minister's Award for Outstanding Team Achievement, Victorian Public Healthcare Awards, 2006 The Clinical Governance team

Winner – Wyeth Award, Wyeth Australia in association with the Medical Journal of Australia, 2006 DeBug Infection Prevention team



Teaching and Training

Demand for placements with Austin Health has increased as students from around the world become aware of the health service's prominent reputation for clinical teaching and training.

Teaching highlights

Austin Health has gained significantly in popularity amongst undergraduate medical students, with the new facilities clearly having an impact on perceptions of the clinical school. At each of the three-year levels there are approximately 85 students with a gradual increase occurring over the past two years. Austin Health is also in great demand for placements for students on four to eight week elective rotations from universities from around the world and the program continues to expand. During the year there were 68 students accepted in general or specialty units from hundreds of applicants. Students are aware of the health service's prominent international reputation in neurology, oncology, emergency and respiratory medicine being particularly popular. The great strength of the clinical school lies in the dedicated teaching staff and the supportive relationship between the university departments and the health service which ensures that students receive excellent training from a broad range of specialist clinicians committed to teaching.

The clinical school underwent a change in leadership at the end of 2006 when Clinical Dean, Professor Brendan Crotty, left to take up the role of the inaugural head of the Deakin University Medical School. Professor Crotty made an outstanding contribution to the Austin/Northern clinical school over his nine years in office. He was involved in the development and implementation of the new University of Melbourne medical curriculum and played a major role in the design of the new training and education facilities in the Education Precinct. Professor Crotty

brought outstanding skills, compassion and dedication to his roles as educator, clinician and administrator and was highly respected by all who worked with him.

Originally trained at the Austin Hospital, Associate Professor Richard O'Brien, an endocrinologist, was appointed Clinical Dean in 2007. He spent the last 15 years at Monash University, much of that time as head of the Diabetes Service at Monash Medical Centre. As well as being active in undergraduate teaching, Associate Professor O'Brien has a long standing interest in continuing education for general practitioners, and is developing a vascular education program through the Australian Atherosclerosis Society. There are major changes planned at Melbourne University and the clinical school will be working closely with Austin Health staff in the design of the new post graduate medical curriculum which will commence in 2011.

The strong and reciprocal relationships between the La Trobe University/Austin Health Clinical School of Nursing and Austin Health was further demonstrated during 2006-07. During the last year, 120 third and fourth year undergraduate nursing students attended the majority of their classes within the Education Centre of the Austin Hospital Tower. Involvement of Austin Health clinical staff in both lectures and tutorial sessions has increased during the year, as has the input of staff from La Trobe University into Austin Health clinical nursing courses, in particular sessions on complex skills and health assessment.

A feature of the La Trobe University education program has been the use of 'clinical rounds' to enhance the students' problem-based learning curriculum and clinical skill development. This innovative clinical program is now well established

throughout the hospital with students being placed with one or two registered nurses for their clinical practicum in each semester. The clinical school also provides education for postgraduate nursing courses. A number of Honours, Masters and Doctoral students are also undertaking research training at Austin Health.

The Austin Physiotherapy Clinical School, has been busier than ever this year due to the withdrawal of the Northern Hospital from the teaching program. With responsibility for 40 per cent of the undergraduate students at The University of Melbourne, some 160 students across Austin Health's three facilities had to develop creative approaches to deal with the larger student numbers. This has been exacerbated by a larger than usual number of third year students in 2007.

Fortunately, the faculty was able to provide additional funding to assist. This has enabled the employment of more clinical supervisors at the Austin Hospital in order for double the numbers of students to be taken in any one clinical block through the use of innovative scheduling.

Teaching of Clinical Masters Degree students in Musculoskeletal Physiotherapy from both La Trobe and Melbourne universities has also continued, as well as supervision of students undertaking Clinical Masters in other areas as well as a range of research higher degrees.

Support Services

Finance

For the second year running, a small surplus was achieved despite record growth in demand for services.

The 2006-07 year was successful with Austin Health again achieving its financial targets with a surplus of \$3.8 million, noting that after taking into account equipment items purchased from operating funds this surplus is reduced to \$1.3 million.

The result was especially pleasing given additional cost pressures resulting from over target patient activity levels. The challenge in future years will be to continue achieving operating efficiencies in order to provide the resources required to meet on-going growth in patient demand and technological advances, whilst at the same time continuing to achieve the surplus results necessary to maintain equipment and capital requirements.

The year was also successful from a Finance Department perspective with all areas of Finance improving service delivery. Highlights included further staff appointments to compliment changes made in recent years to improve capability, compliance and efficiency gains from process improvement projects; a timely and streamlined budget process; initiation

of a project to greatly improve the patient billing system; the development of a business planning process to be utilised across Austin Health; and the outstanding success of the Private Patient Initiative team in coping with increased activity and improving the revenue base. Most pleasing is the willingness of the team to provide support to other areas of the health service, and the positive feedback received in this regard.

Supply

The major increase in throughput of goods to the health services experienced by the Supply Department in 2005-06, was sustained during 2006-07. At the same time, average turnaround times for stock ordering and delivery cycles to wards and departments reduced slightly, due to ordering system improvements, the completion of refurbishment works in the Harold Stokes Building, and refinements to purchasing techniques. Over the same period there was also a reduction of nearly 20 per cent in the value of backorders for stock ordered by wards and departments. Rollout of a new ordering system, WorkplaceReq, to replace the six-year-old E-Req system, is well underway and expected to be complete by the end of 2007.

Mail and Transport

The first year of operation of the restructured mail and internal courier has resulted in the quadrupling of service coverage to most Austin Health clinical sites. Services were also extended to the new Mental Health precinct and other sites. The volume of mail processed continued to increase during the year.

Demand pressure for external/cross campus courier services continued during the year. The majority of these increases were in the movement of patient records and Pathology items.

Financial summary

	2002-03	2003-04	2004-05	2005-06	2006-07
	\$000	\$000	\$000	\$000	\$000
Total revenue	374,500	413,800	443,646	474,953	507,829
Total expenses	374,800	415,000	448,353	474,001	504,011
Operating surplus/ (deficit) before capital and specific items	(300)	(1,200)	(4,707)	951	3,818
Capital and specific items	287	1,186	(11,557)	(4,991)	(15,832)
Operating surplus/ (deficit)	(13)	(14)	(16,264)	(4,040)	(12,014)
Accumulated deficit	(30,967)	(45,598)	(63,064)	(65,732)	(78,501)
Total assets	291,838	296,093	673,660	683,512	715,487
Total liabilities	99,936	117,838	141,934	142,649	152,161
Net assets	191,902	178,255	531,726	540,863	563,326
Total equity	191,902	178,255	531,726	540,863	563,326

Revenue indicators

	Average collection days		Inpatient accommodation fees outstanding					
	2007	2006	Under 30 Days	31-60 Days	61-90 Days	Over 90 Days	Total 30/06/2007	Total 30/06/2006
	Days	Days	\$000	\$000	\$000	\$000	\$000	\$000
Private	90	88	791	619	298	221	1,929	2,428
Transport Accident Commission (TAC)	118	77	216	224	146	325	911	490
Victorian Workcover Authority (VWA)	77	33	109	20	22	246	397	106
Other compensables	138	74	52	27	15	233	328	237
Psychiatric	56	88	47	7	5	60	119	46
Residential aged care	20	0	5	6	2	–	13	–
Total	89	78	1,220	903	488	1,085	3,696	3,307

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.

Freedom of Information statistics for 2006–07

Requests received	591
Fully granted	543
Partially granted	18
Denied	0
Other	4
• Not processed	18
• De-activated/cancelled requests	
In progress	8

Consultancies engaged during 2006–07

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

There was one consultancy to the value of \$100,000 for a review of the CAMHS and Schools Early Action Program (CASEA).

2. Less than \$100,000 per consultancy

There were nine consultancies engaged at a total cost of \$170,163.

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 2006–07, 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) 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.

Victorian Industry Participation Policy Disclosure

Austin Health let no contracts of \$3 million or over in 2006-07 and therefore no VIPP disclosure is required.

National Competition Policy

Austin Health continues to comply with the National Competition Policy. In addition, the Victorian Government's Competitive Neutrality pricing principals for all relevant business activities have been applied by Austin Health.

Austin Health Activity Data 2006–2007

	Acute	Mental Health	Aged	Other	Total
Admitted Patients					
Separations					
Same Day	55,351	17	11	–	55,379
Multi Day	27,834	923	992	–	29,749
Total Separations	83,185	940	1,003	–	85,128
Emergency	31,024	456	793	–	32,273
Elective	52,154	484	217	–	52,855
Total Separations	83,178	940	1,010	–	85,128
Public Separations	70,210	717	751	–	71,678
Total WIES13	59,022	–	–	–	
Average available beds	678	138	58	60	934
Separations per available bed	123	7	17	–	91
Total Bed Days (accrued)	255,805	25,767	20,392	–	301,964

Non-Admitted Patients					
Emergency Medicine Attendances	53,501	–	–	–	53,501
Outpatient Services - occasions of service	377,110		16,840	20,869	414,819
Total occasions of service	430,611	–	16,840	20,869	468,320
Victorian Ambulatory Classification System (VACS) - No. of Weighted Attendances	102,364				
No of Allied Health Encounters	79,974				

	2004-05	2005-06	2006-07
1 Elective Surgery Performance			
Category 1 proportion of patients admitted within 30 days %	100%	100%	100%
Category 2 proportion of patients admitted within 90 days %	55%	53%	69%
Average waiting times for Category 2 patients on the waiting list as at 30th June	156	138	145
Average waiting times for Category 3 patients on the waiting list as at 30th June	264	217	221

Elective results are provisional pending DHS review of data

2 Emergency Department Performance			
2a Triage Performance			
Category 1 patients receiving immediate attention	100%	100%	100%
Category 2 patients receiving attention within 10 minutes	83%	84%	78%
Category 3 patients receiving attention within 30 minutes	75%	75%	66%

2b Patients as a % of admissions staying in the Emergency Department for over 8 hours prior to admission to ward.			
2c Number of Ambulance Bypass Incidents	76	79	120
3 Average Available Beds (Acute)*	622	647	678
4 Number of Intensive Care Beds	14	16	17
5 Number of Coronary Care Beds	10	10	10

*Revised counting rules have been introduced for 2006-07 using a census count as at the last Wednesday of each month.

The 2004-05 and 2005-06 figures have been revised to more closely reflect the changed counting rules which now exclude Hospital in the Home beds.

Our supporters

Donors to Austin Health have made a significant difference contributing to research, patient programs and vital equipment.

In Memorium Gifts – gifts made in memory of a loved one – continue to grow and altogether made a significant contribution to the work of Austin Health. More than \$147,000 was donated through Austin Health's in memoriam program.

Olivia's Circle Donors – This special group of donors grew during the year and at year's end there were 980 Olivia's Circle members contributing the Appeal.

Special acknowledgment is made of the Friends of Austin Health – the volunteer fundraising auxiliaries whose efforts each year raise valuable funds for equipment.

Austin Health Ambassador

Mr Denis Walter

Olivia Newton-John Cancer Centre Appeal Patron

Ms Olivia Newton-John

USA

American Australian Association, New York
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Mr Edward A McDermott Jr., President & Senior Executive Officer, Ludwig Institute for Cancer Research New York
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Dr Brendan Murphy, CEO Austin Health
A/Prof Paul Mitchell, Medical Director Cancer Services Austin Health
Professor Jonathan Cebon, Director Ludwig Oncology Unit
Mr Peter Dalton, Director of Fundraising Austin Health

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Sam Cottell, Senior Associate Clayton Utz
Andrea Hassett, Partner Deloitte
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Rendle O'Connell, Director PricewaterhouseCoopers
Jessica O'Hara, Senior Associate Clayton Utz
Cindy Perryman, Principal Ernst & Young
Mark Phillips, Senior Manager Ernst & Young

Austin Health thanks all supporters during 2006-07 and particularly acknowledges and thanks the following major donors.

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 Mr Arthur Kee Yip

Clubs, Groups, Community Events

Christmas Cracker Event
 – Michelle Atkins & Dale Pope
 Eastern Veterans Cycling Club

Farmers Market Event – Lynne Cochrane
 Nancy Fyfe Birthday Club
 Ivanhoe Traders Association Inc
 Josie Minniti's Fun Club
 Leather & Lace Gala Dinner – Rhonda Martinez,
 Harley City Brunswick
 Lions Club of Greensborough
 Mergers & Acquisitions Charity Dinner
 – CapitalConnect, Hallmark Conferences
 & Events, PricewaterhouseCoopers
 Mornington Peninsula Legacy Club
 Only Olivia Fan Club
 Rats of Tobruk Association
 Rotary Club of North Balwyn – Rotary River Ride
 Rotary Club of Rosanna
 RSL Balwyn Sub Branch
 RSL Bentleigh Sub Branch Inc.
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 RSL Keilor East Sub Branch Inc.
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 Southern Veterans Cycling Club
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 War Widows Guild of Australia (Vic) Inc.
 Waverley Bushwalking Club Inc. - Jim Ray
 Whittlesea F/C Inc. Social Club
 Women Out Front - Jodie Harrison

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(as at 30 June 2007)

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Executive directors

John Breguet

Redevelopment Infrastructure and
Commercial

Ian Broadway

Finance

Mark Garwood

Chief Medical Officer

Ann Maree Keenan

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Chris O’Gorman

Corporate Development

Mark Petty

Acute Operations

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Human Resources

Clinical service unit directors

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Anaesthesia, Perioperative
and Intensive Care

Denis O’Leary

Associate Professor Larry McNicol

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Rhyl Gould

Dr Paul Mitchell

Medical and Emergency

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Mental Health

Les Potter

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Royal Talbot Rehabilitation Centre

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Surgical

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S Afrasiabi

J Ahmling

V Aldridge

M Apostilidis

R Armstrong

K Arunasalam

K Aspridis

M Bassett-Smith

J Batten

K Bowler

S Braithwaite

N Bridgland

J Brown

L Bujas

A Caporilli

C Cheshire

M Conway

M Cook

M Cosgriff

J Daniel

R DeZilva

C Denton

S Dixon

W Driver

I Edney

M George

A Gonzales

N Grimmer

E Han

M Heland

C Holland

K Hopkins

T Hume

G Jepsen

G Knuckey

K Lamb

S Lorman

K Luxmore

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R McFarland

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C Naismith

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M Nolen

C Northmore

R O’Malley

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S Pillai

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K Rim

J Scott

J Shoesmith

M Smith

T Tait

C Talty

K Tan

S Tan

B Toth

B Vandenberg

R Vaughan

A Warland

N Wendel

A Wilcox

K Young

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

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A/Prof R Buchanan

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General Surgery Unit 3

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Director Clinical Haematology

M Egan

Co-manager Social Work

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Director Radiology

A/Prof G Fabinyi

Director Neurosurgery

Mr Stephen Flood

Head Plastic, Reconstructive and Oral
Maxillofacial Surgery

J Feltham

Co-manager Social Work

H Fithall

Manager Home and Ambulatory Services

Prof M Galea

Director Rehabilitation Science Research
Centre

K Garrett

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Dr P Gow

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Prof L Grayson

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Microbiology

Dr K Gullifer

Head Ophthalmology Unit

Dr G Gutteridge

Director Intensive Care Unit

Dr M Hopwood

Director Veterans' Psychiatry
Head Brain Disorders Program

Dr M Howard

Director Victorian Respiratory Support
Service

Dr S Howard

Director Post Traumatic Stress Disorder
Program

Prof G Jerums

Director Endocrinology

Prof B Jones

Director Liver Transplant Unit

Dr F Kerr

Chair Senior Medical Staff Association

Prof B Louis

Director Clinical Pharmacology, Toxicology
and Hypertension Services

K McCarthy

Manager Northern Centre
Against Sexual Assault

AM Mahoney

Manager Clinical Nursing Education

A/Prof George Matalanis

Director Cardiac Surgery

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

Acting Director Radiation Oncology

A/Prof R O'Brien

Clinical Dean School of Medicine

L Owen

Manager North East Post Acute Care

R Paino

Aged and Residential Care Co-ordinator

A/Prof N Paoletti

Head Consultation/Liaison Psychiatry

L Pearce

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Prof M Permezel

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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 Carole Smith

Medical Director Pathology

Prof A Street

Director La Trobe/Austin Health Clinical
School of Nursing

J Sweeney

Manager Speech Pathology

Mr R Westh

Head Orthopaedic Unit 3

Mr P Wilde

Head Spinal Surgery Service

Dr R Woodruff

Head Palliative Care

Professor J Zajac

Chair Division of Medicine, Professor of
Medicine, Director of General Medicine

Senior support staff**A Germech**

Financial Controller

D Bulmer

Manager Employment Services

G Chatain

Manager Food Services

J Clark

Manager Payroll Services

D Cosentino

Manager Child Care Centre

J Davis

Manager Research Ethics

P Dalton

Director Fundraising

M Denison

Director Facilities Maintenance

D Edwards

Manager Clinical Photography

M Ellis

Board Secretariat and Internet/Intranet

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Planning/Quality

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K Gogel

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J Heselev

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HARP Co-ordinator

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R McGlynn

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A McLean

Manager Health Sciences Library

B Morton

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P Oppy

Chief Information Officer

L Robertson

Patient Representative

C Schleiger

Manager Occupational Health and Safety

R Sedgwick

Manager Cleaning and Waste Services

C Sharrock

Hospital Medical Officer Services

L Toby

Risk Manager

A Whitby

Co-director Pastoral Care

R Winther

Veteran Liaison Officer

A Wright

Manager Learning and Organisational
Development

Our clinical services

Statewide services

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

Other services

Acquired Brain Injury Unit
Acute Psychiatry Unit
Adult Psychiatry
Aged Care
Aged Care Assessment Service
Aged Care Volunteer Program
Amputee Services
Anaesthesia
Anatomical Pathology
Audiology
Austin Pathology
Ballarat Austin Radiation Oncology Centre
Brain Disorders Program
Breast Surgery
Cancer Clinical Trials
Cancer Immunology
Cannulation and Apheresis Service
Cardiac Catheterisation Laboratory
Cardiac Diagnostics Unit
Cardiac Rehabilitation
Cardiac Surgery
Cardiology
Centre for Positron Emission Tomography
Chemical Pathology
Chronic Fatigue Program
Clinical and Health Psychology
Clinical Haematology
Clinical Neuropsychology
Clinical Pathology
Clinical Pharmacology, Therapeutics and Hypertension
Colorectal Surgery
Community Link Rapid Response Service
Community Mental Health Services
Community Rehabilitation Centre
Comprehensive Epilepsy Program
Continence Service
Coronary Care

Day Oncology/Chemotherapy
Day Treatment Centre
Dental Services
Dermatology
Diabetic Nurse Education
Drug Dependence Service
Ear Nose Throat/Head and Neck Surgery
Eating and Mood Disorder Program
Echocardiography
Emergency Medicine
Endocrinology
Endoscopy
Epilepsy Unit
Gastroenterology
General Hospital Psychiatry
General Medicine
General Surgery
Gynaecological Surgery
Haematology
Hospital in the Home
Hypertension
Infection Control
Infectious Diseases
Intensive Care Unit
Liver Transplantation
Lymphoedema Service
Magnetic Resonance Imaging
Medical and Cognitive Research Unit
Medical Oncology
Medi-Hotel
Memory Service
Microbiology
Nephrology
Neurodiagnostics
Neuroimmunology
Neurological Rehabilitation Services
Neurology
Neurosurgery
Northern Centre Against Sexual Assault
Nuclear Medicine
Nutrition and Dietetics
Occupational Therapy
Older Veterans' Psychiatry Program
Operating Room Services
Ophthalmology
Oral and Maxillofacial Surgery
Orthopaedic Surgery
Orthoptics
Orthotics and Prosthetics
Outpatients
Paediatric Medicine
Paediatric Surgery
Pain Services
Palliative Care
Parent Infant Program

Perioperative Services
Pharmacy
Physiotherapy
Plastic and Reconstructive Surgery
Podiatry
Radiation Oncology
Radiology
Rehabilitation
Rehabilitation in the Home
Renal Dialysis
Renal Transplantation
Residential Aged Care
Respiratory and Sleep Medicine
Respiratory Function Laboratory
Rheumatology
Secure Extended Care
Short Stay Observation Unit
Sleep Disorders Unit
Social Work
Speech Pathology
Spinal Surgery
Stroke Care Unit
Surgery & Endoscopy Centre
Thoracic Surgery
Toxicology
Tracheostomy Review
and Management Service
Upper Gastrointestinal Surgery
Urology
Vascular Laboratory
Vascular Surgery
Veterans' Psychiatry

Disclosure index

This index has been prepared to facilitate identification of compliance with statutory disclosure and other requirements, as required by the Financial Management Act.

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Credits

Design
Stuart Pettigrew Design
 Principal Photography
Mark Chew
Janine Borrow

Print
Bambra Press
 Stock
KW Doggett

This report is printed on FSC certified paper with fibre sourced from managed renewable plantation forests. The paper stock is manufactured by an ISO 14001 accredited mill using elemental chlorine free (ECF) pulps.

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