

100%

AUSTIN

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 2007-08, Austin Health's 7,162 staff treated a record 85,670 inpatients and 151,968 outpatients.

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100% COMMITMENT

MEET STEPHEN,
OUR LONGEST SERVING
EMPLOYEE OF 48 YEARS,
AND JENNA, A NEW STARTER
AT AUSTIN HEALTH.

FROM ITS MODEST ORIGINS AS A PHILANTHROPIC PROJECT
IN 1882, AUSTIN HEALTH HAS GROWN RAPIDLY IN ITS
SIGNIFICANCE TO ITS COMMUNITIES. AS A WORLD-CLASS
CENTRE FOR TEACHING, RESEARCH AND HEALTH CARE,
AUSTIN HEALTH CONTINUES TO ATTRACT ACCOMPLISHED
CLINICIANS AND ACADEMICS - AS WELL AS THE BRIGHTEST
STUDENTS AND GRADUATES TO ITS STAFF OF OVER 7,000.

YEAR AT A GLANCE

ACHIEVEMENTS

TOTAL NUMBER OF PATIENTS ADMITTED TO AUSTIN FACILITIES

85,670

2007-08

73,986	77,463	82,153	85,887
2003-04	2004-05	2005-06	2006-07

The strong growth in the number of patients treated over recent years slowed in 2007-08, mainly due to a decrease in same day activity. Non-same day activity continued to grow with an increase of five percent over the previous year.

PERCENTAGE OF EMERGENCY PATIENTS WHO WERE ADMITTED TO A WARD BED WITHIN EIGHT HOURS

67%

2007-08

63%	65%	69%	62%
2003-04	2004-05	2005-06	2006-07

A number of new initiatives to improve patient flow are reflected in an increased proportion of patients admitted to an inpatient bed within eight hours of arrival at the Emergency Department.

TOTAL NUMBER OF PEOPLE WHO PRESENTED TO THE EMERGENCY DEPARTMENT FOR TREATMENT

56,887

2007-08

39,925	41,825	48,485	53,501
2003-04	2004-05	2005-06	2006-07

Emergency Department attendances continued their steep growth with an increase of 6.3 per cent over the previous year and a 42 per cent increase since 2003-04. This unprecedented growth in emergency demand has proved a significant challenge and has impacted on elective surgery.

AVERAGE LENGTH OF STAY FOR ACUTE PATIENTS (EXCLUDING SAME-DAY PATIENTS)

5.9 DAYS

2007-08

7.4	6.6	6.0	6.3
2003-04	2004-05	2005-06	2006-07

The average length of stay of non-same day patients continued to decrease, despite an increase in the proportion of emergency patients, who have a longer than average length of stay.

END OF YEAR FINANCIAL RESULT

\$72,000 SURPLUS

2007-08

\$-1.20m	\$-3.10m	\$0.77m	\$3.80m
2003-04	2004-05	2005-06	2006-07

Despite the number of patients treated, significantly exceeding the funded activity, a small operating surplus was still achieved.

CHALLENGES

PERCENTAGE OF TIME AMBULANCES WERE DIVERTED TO OTHER HOSPITALS

2.1%

2007-08

1.6%	1.6%	1.7%	2.1%
2003-04	2004-05	2005-06	2006-07

The percentage of time that the hospital was on bypass was well within the target threshold of three per cent. It was the same as in the previous year, despite a significant increase in Emergency Department activity.

TOTAL NUMBER OF PATIENTS WAITING FOR ELECTIVE SURGERY AT YEAR'S END

3,580

2007-08

2,832	2,472	1,874	2,581
2003-04	2004-05	2005-06	2006-07

Total waiting listing number increased during the year, despite a record number of surgical operations being performed. The total waiting list number is an inaccurate measure of elective surgery performance, which is best monitored by waiting times and throughput statistics.

HOSPITAL INITIATED POSTPONEMENTS OF ELECTIVE SURGERY

14%

2007-08

0%	17%	12%	9%
2003-04	2004-05	2005-06	2006-07

The increase in hospital initiated postponements of surgery was partly due to a change in data methodology and also due to an increased demand for emergency surgery, which adversely impacted on the elective program.

CHAIRMAN'S REPORT



In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Austin Health for the year ending 30 June 2008.

The presentations to Austin Health for health care, both from the local community and for access to the statewide services such as transplants, spinal injury, respiratory services and child and adolescent psychiatric care have all continued to grow. The demand for emergency services increased by an additional 6.3 per cent, creating pressure on the ability to provide satisfactory access to elective surgery.

In response, the Board is delighted to report that the fit out of the new elective surgery centre at the Heidelberg Repatriation Hospital was completed, and operations commenced in July 2008. This new service will improve access to a range of elective surgery procedures.

The establishment of the comprehensive Olivia Newton-John Cancer and Wellness Centre is the highest priority capital investment project for Austin Health.

“THE ESTABLISHMENT OF THE COMPREHENSIVE OLIVIA NEWTON-JOHN CANCER AND WELLNESS CENTRE IS THE HIGHEST PRIORITY CAPITAL INVESTMENT PROJECT FOR AUSTIN HEALTH.”

The Board is hopeful that a funding package can now be finalised, incorporating contributions from the State Government, the Australian Government and from the Fundraising Appeal to enable this urgent project to commence. The Board thanks Ms Olivia Newton-John for her continuing enthusiastic commitment to establishing this exciting new cancer treatment and wellness centre. The Board extends its thanks to Mr Terry Campbell, Chairman of the Olivia Newton-John Cancer and Wellness Centre Appeal Committee and all its members, for their contributions to the success of the fundraising appeal.

The importance of Austin Health as a place of learning and research has contributed to the quality of its services and its reputation, both in Australia and internationally. Research at Austin Health continues to attract substantial funding across a range of specialties, such as cancer, neurosciences, transplantation, hypertension, immunology, endocrinology and sleep disorders.

The Board has valued highly its collaborative relationship with the Ludwig Institute for Cancer Research. The Board is also delighted that the world renowned Florey Neurosciences Institutes will now establish a research facility on the Austin Hospital site to consolidate the excellent research being undertaken by the National Stroke Research Institute and the Brain Research Institute.

The Board extends its thanks to Chief Executive Officer Dr Brendan Murphy, the executive team and all staff at Austin Health for their contribution to the achievement of an outstanding outcome for 2007–08. And to the volunteers who continue to play a vital and diverse role across Austin Health, the Board offers its sincere appreciation.

The retirement of Professor Colin Johnston as a Board Director of Austin Health marks the end of a long and distinguished association of over 20 years. Professor Johnston's roles have included Professor of Medicine and Head of The University of Melbourne Clinical School and a Board Director since 2000. The Board thanks Professor Johnston for his outstanding contribution.

The Board is grateful to the Minister for Health, the Hon Daniel Andrews 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.

Mr Tim Daly

Chairman
25 August 2008

CEO'S REPORT



“OUR MOST PRESSING CHALLENGE REMAINS MEETING THE DEMAND FOR OUR WORLD CLASS HEALTH CARE.”

The Austin Health of 2008 is very different from the “Hospital for Incurables”, established in 1882, but the compassion and commitment of its staff remains just as strong. The breadth of its services is remarkable, from community and home based care through to the largest collection of high technology quaternary statewide services in the Victorian health system. All this is underpinned by an outstanding teaching and research program, by any measure as successful as our clinical services.

In the last financial year, 2007–08, Austin Health’s services, profile and activity have all continued to grow at a remarkable rate and our most pressing challenge remains the demand for our world-class health care.

The unprecedented growth in emergency attendances, since the opening of the Austin Hospital Tower in 2005, has continued. During 2007–08, 57,000 people presented at the Emergency Department and we treated a record 85,670 inpatients. This demand creates a challenging operating environment, as we work within physical and staffing constraints and the available funding. By continuing to improve and streamline the way in which we work, Austin Health’s staff achieved efficiencies that allowed for a record number of patients to receive high quality treatment within these constraints. The dedication, commitment, and professionalism of all staff is one of the defining characteristics of Austin Health.

Despite the demand pressure, we were able to achieve a small operating surplus and also improve a number of access targets, particularly those in the Emergency Department. A breakeven operating financial result (excluding capital items and depreciation) is the target we commit to with government and we are proud to have yet again achieved this. The financial result including capital depreciation (the bottom line of the result) will nearly always be reported as a significant deficit for Austin Health because of the depreciation of our new buildings, which is unfunded. This deficit figure is an accounting requirement which does not represent a performance measure for health services and is, unfortunately, often misunderstood by those reading financial statements.

Our most exciting innovation in patient care during 2007–08 was the development of the dedicated elective surgery centre at the Heidelberg Repatriation Hospital. The Surgery Centre, which opened in July 2008, ushers in a new era in elective surgery treatment in Victoria. The centre offers patient-centered care delivered by highly-skilled professionals in comfortable, harmonious surrounds.

Significant building works took place during the year. In addition to the fit out of The Surgery Centre at Heidelberg Repatriation Hospital, the \$10 million Health and Rehabilitation Centre commenced construction and the Victorian Government’s investment of \$15.5 million funding to redevelop the Veterans’ Psychiatry Unit was welcomed. The new freestanding, purpose-built facility will offer highly specialised trauma-related mental health services. It will provide a valuable extension of existing psychiatric services to the veteran community and to other people with trauma-related mental health problems.

The national and international profile of the Austin research community continues to grow. Over 700 Austin researchers and postgraduate students receive in excess of \$25 million each year in external research funding. To bring together, in one integrated function, the diverse research groups on campus, we are very pleased that the Austin Lifesciences Office for Research has now secured funding and been established. Austin Lifesciences will support the diverse specialties investigated at Austin Health, including cancer, neurosciences, transplantation, heart disease, hypertension, immunology, vaccines, endocrinology, sleep disorders and many more.

Finally, I wish to thank those who have contributed to the ongoing success of Austin Health. The Board, the executive and the Planning and Resources Committee have worked diligently to lead the service into the future. There are more than 7,000 staff who are the lifeblood of Austin Health, and I extend my sincere thanks for their commitment and efforts.

Dr Brendan Murphy

Chief Executive Officer

ORGANISATIONAL STRUCTURE

Austin Health Board



Mr Tim Daly

- Finance Committee
- Primary Care + Population Health Advisory Committee
- Remuneration Committee
- Audit Committee



Ms Joanna Betteridge

- Quality Committee
- Remuneration Committee
- Audit Committee



Ms Barbara Hingston

- Quality Committee
- Community Advisory Committee



Professor Colin Johnston

- Quality Committee



Mr Stephen Kerr

- Primary Care + Population Health Advisory Committee
- Audit Committee



Ms Joe Manton

- Community Advisory Committee
- Primary Care + Population Health Advisory Committee
- Remuneration Committee



Ms Josie Rizza

- Finance Committee
- Remuneration Committee



Professor David Scott

- Finance Committee
- Quality Committee



Mr Robert Webster

- Finance Committee
- Audit Committee

CEO



Dr Brendan Murphy

Medical Staff Chair

Dr Ian Harley

Business Support Austin Pathology

Executive Support Corporate Council

Ms Claudia Hirst

Divisions

Chair,
Division of
Medicine, Professor
Jeffery Zajac

Chair,
Division of Surgery,
Professor Chris
Christophi

Chair,
Division of
Psychiatry,
Professor Graham
Burrows

**Executive Director
Redevelopment Infrastructure
& Commercial**

Mr John Breguet 2 December
2007

Mr Michael McDowell from
December 2007

- Business Units
 - Nuclear Medicine & PET
- Stericlean
- Commercial Services
- AR/M Project
- Food Services
- Environmental Services
- Medical Engineering & Physics
- Engineering and Buildings
- Communications Infrastructure

**Executive Director Corporate
Development**

Mr Chris O’Gorman

- Health Information Services
- Information Technology
- Quality & Planning
- Risk Management
- Health Sciences Library
- Fundraising
- Corporate Communications
- Veteran Liaison
- Patient Representative
- Clinical Photography
- Board Secretariat

**Executive Director Ambulatory
and Nursing Services**

Ms Ann Maree Keenan

- Mental Health
- Aged and Residential Care
- Royal Talbot Rehabilitation 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 Human
Resources**

Mr John Richardson

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

Executive Director Finance

Mr Ian Broadway

- Finance
- Supply
- Mail & Transport
- Admissions and Billing
- Contracts

Chief Medical Officer

Dr Mark Garwood

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

**Executive Director Acute
Operations**

Mr Mark Petty

- Clinical Service Units
 - Medical & Emergency
 - Specialty
 - Surgical
 - Anaesthesia, Perioperative &
Intensive Care
 - Cancer Spinal & Outpatients
- Access & Demand
- Clinical Governance
- Radiology

MEDICAL & SURGICAL SERVICES

A UNIQUE MODEL OF CARE, SEPARATING SHORT-STAY ELECTIVE PROCEDURES FROM EMERGENCY AND COMPLEX ELECTIVE CARE WAS INTRODUCED AT THE SURGERY CENTRE. THIS CENTRE HAS THE CAPACITY TO TREAT AN ADDITIONAL 2,000 PEOPLE EACH YEAR.

Surgery

Demand for both emergency and elective surgery continued to increase at Austin Health during 2007–08. An additional 807 operations were performed over the previous year, an increase of 4.7 per cent. A one-off grant from the Department of Human Services funded 630 of these operations, enabling Austin Health to stabilise the length of time patients waited for elective surgery, reduce the number of long-wait patients and slow the growth of the surgical waiting list.

The Surgical and Anaesthesia, Perioperative and Intensive Care clinical service units worked collaboratively to deliver a major project – the \$8 million dedicated elective surgery centre at Heidelberg Repatriation Hospital. At The Surgery Centre, short-stay elective procedures are separated from emergency and more complex elective care. This model reduces the likelihood that patients' surgery will be postponed. The Surgery Centre helps to cut waiting times while providing the high-quality care associated with a teaching and research hospital.

During its first year of operation, The Surgery Centre has the capacity to treat 6,000 people for procedures including urology, plastics, general surgery, breast surgery, ophthalmology and minor orthopaedic surgery. The centre opened in July 2008 and features four operating theatres, two endoscopy suites, a 10-bed recovery unit and a short stay ward.

Austin Health's Victorian Liver Transplant Unit also continued to grow at a rapid rate during 2007–08. Fifty liver transplants were completed during the year, representing the highest number of patients ever treated. There are now over 500 post liver transplant patients who continue to require ongoing care. A service review is currently being undertaken to develop a strategic plan that will see the service operating well into the future.

Specialty

Over \$337,000 in funding from the Department of Human Services allowed Austin Health to introduce endobronchial ultrasound equipment. The ultrasound provides a non-invasive method of diagnosing lung cancer that also allows physicians to determine the stage of the cancer's progression. While the traditional mediastinoscopy requires surgery followed by a delay before results are received, the new endobronchial ultrasound is a day procedure that usually delivers results on the same day. This allows clinicians to determine the most appropriate management plan for the patient, be it surgery, chemotherapy or radiotherapy treatments.

The first procedure was performed in January, followed by another 27 patients in the first half of 2008. So specialised is this equipment that patients are now being referred to Austin Health from around the state.



+2,000

MEDICAL & SURGICAL SERVICES

The Austin Hospital's two sleep laboratories were combined into a single location. Operating two sleep laboratories drew heavily on sleep scientist resources and the amalgamation of the wards will produce recurrent savings of \$60,000 each year. The new seven-bed sleep lab effectively utilises the space available in an updated former ward and will accommodate approximately 2,000 in-lab sleep studies each year. Sleep studies help patients experiencing sleep apnoea, respiratory failure, neuromuscular disorders, narcolepsy and insomnia.

An audit carried out during the year showed that the time between a patient presenting with a heart attack and completing their immediate treatment could be improved. To address this, an extensive collaboration between the Emergency Department (ED), Coronary Care and the Cardiac Catheterisation Lab resulted in a new process to reduce delays. In accordance with best practice guidelines, patients presenting to ED with heart attack symptoms are now assessed and transferred to the cardiac catheterisation labs for rapid and urgent treatment including coronary balloon angioplasty and stent treatment. The aim is to achieve a 'door-to-balloon' time of less than 90 minutes in over 75 per cent of patients. Early results indicate these goals are being met.

Emergency medicine

THE AUSTIN HOSPITAL'S
ED TREATED OVER 15,000
MORE PATIENTS IN 2007-08
COMPARED WITH THE
PREVIOUS YEAR.

This 6.3 per cent increase was consistent with a year-on-year rise of 40 per cent since the Austin Hospital Tower opened in 2005, stretching resources across all services. This unprecedented growth demanded innovative solutions to quickly transfer patients into wards.

The 'Three-Two-One' project was developed to ensure that patients' transfer from the ED to a ward is as safe, rapid and comfortable as possible. It aimed to ensure patients receive timely care by allowing three hours for their assessment (including tests), two hours to connect with their medical unit, and one hour to transfer to a ward. By meeting these timeframes, Austin Health ensures its care meets best practice targets.

Patients who arrive at ED now have greater options for care following the opening of an after hours general practice clinic at the Austin Hospital in January 2008. The clinic was established in collaboration with the North Eastern Valley and Northern Divisions of General Practice to provide after-hours services for patients who would otherwise be seen by their local general practitioner. The clinic provides a valuable alternative that provides some relief to demand on ED services.

Infectious diseases

Hand hygiene has been identified as a high priority for preventing health care associated infection and forms part of the Australian Commission on Safety and Quality in Healthcare's associated infections initiative. The commission awarded a contract to Austin Health, under the leadership of Professor M Lindsay Grayson, Director, Infectious Diseases, to undertake the Commission's National Hand Hygiene Initiative that will lead to a national model for hand hygiene.

Cancer Services

Following the installation of a second state-of-the-art linear accelerator in the Radiation Oncology Centre, cancer patients now have access to treatment with improved accuracy. This treatment minimises damage to surrounding healthy tissue.

Collaboration and cooperation with other Victorian cancer services continued throughout 2007-08 with Austin Health actively participating in the North Eastern Metropolitan Integrated Cancer Service (NEMICS). With the aim of improving cancer care in the region, Austin Health was represented on the NEMICS executive, reference group and multidisciplinary tumour expert groups, and provided input into its 2008-2010 strategic plan. Membership with North Western Palliative Care

Consortia continued and participation in its committees contributed to implementing the *Regional palliative care plan 2006-2010*.

A new role, Professor-Director of Radiation Oncology was created to drive research within the Radiation Oncology Centre.

Cancer Services contributed to the strategic, design and business planning for the Olivia Newton-John Cancer and Wellness Centre. In support, Olivia Newton-John and cancer centre ambassador Dannii Minogue have visited patients and staff at Heidelberg House to share their vision of future cancer treatment at Austin Health.

Spinal Services

The Victorian Spinal Cord Injury Program was established to design, implement and review an integrated model of service delivery for people with a spinal cord injury statewide. The Victorian Spinal Cord Service is working in collaboration with the Transport Accident Commission, the Department of Human Services and Bayside Health to improve psychological, vocational and health outcomes for people with spinal cord injury.

A nursing handover document was developed to facilitate discharge from the Intensive Care Unit (ICU) to the acute ward. After implementation, 86 per cent of staff reported a reduction in stress levels associated with caring for patients transferred from ICU.

Several strategies were implemented to provide staff working on the spinal rehabilitation facility with training and support to manage aggressive patients. Early identification of patients at risk, increased communication between acute and rehabilitation wards, a formalised patient orientation program and training for all senior nursing staff has resulted in a reduction in incidents of patient aggression.

Outpatients

The Outpatients Department continued its refurbishment with funding from Department of Human Services. Improvements include upgrading the public announcement system, installing televisions in waiting areas and commissioning a mosaic by a local artist. Improving and standardising outpatients processes included introducing electronic correspondence and establishing referral triage guidelines for specialties.

Anaesthesia and Perioperative

During 2007–08 Operating Room Services engaged in a wide range of activities including finalising sterilisation services refurbishment works.

Following its opening in June 2007, the new \$12 million Surgery and Endoscopy Centre at Austin Hospital improved patient access to surgery, with over 800 additional procedures undertaken. The centre's 23-hour overnight beds provided increased access for patients who required care for longer than day care units would usually be able to provide.

MORE THAN 1,800 PATIENTS BENEFITTED FROM STAYING IN THE 23-HOUR BEDS FOLLOWING THEIR SURGICAL PROCEDURES. THIS MODEL OF CARE CONTRIBUTED TO REDUCING DEMAND ON WARD BEDS BY ALLOWING PATIENTS TO BE MONITORED WITHIN THE CENTRE.

Working in partnership with the Surgical Clinical Services Unit, an electronic emergency theatre booking system was introduced. The new system has added efficiencies to the emergency surgery booking process by improving the flow of patients, and was widely accepted by all staff.

With a \$1.5 million equipment grant from the Department of Human Services, the unit purchased ophthalmology microscopes, a laser for urology, ultrasound guided systems to enable improved vascular access for anaesthetists and an ultrasonic aspirator used by general surgeons, among other equipment.

Intensive Care

The year was challenging for the Intensive Care Unit (ICU), which treated more patients than ever before. The increase was mainly associated with post liver transplant patients (including patients with liver failure), acute spinal cord injuries and cardiac surgery patients. The Medical Emergency Team attended to 1,800 calls to wards and, to assist other hospitals, the unit also accepted a large number of intensive care transfers in 2007–08.

Initiating an advanced scope of practice program for senior intensive care trained nurses was another major achievement for the year. The program enables nursing staff to insert radial arterial lines, a procedure that has traditionally only been undertaken by medical staff. This initiative drew on the Nurses Board of Victoria's scope of practice guidelines for nurses, and was supported by the medical and nursing staff. During the year, 30 nurses achieved competency in this practice.

The unit purchased new equipment to help provide the high standard of treatment expected of a tertiary-level ICU. Included among the purchases was a new arterial blood gas analysis machine that was obtained using equipment funds from the new ICU bed that opened in mid-2007. Further, the Department of Human Services generously awarded \$50,000 for a new haemofiltration unit. It is the seventh unit in the ICU and plays a vital part in treating seriously ill patients.

Access and Demand

The Access and Demand Unit continued to develop strategies to deal with ongoing growth in demand for patient access to services.

SINCE THE MOVE INTO THE NEW AUSTIN HOSPITAL TOWER IN 2005, EMERGENCY PRESENTATIONS HAVE RISEN BY 40 PER CENT, EXCEEDING THE SEVEN TO 10-YEAR GROWTH PROJECTIONS.

The unit undertook a number of initiatives to assist with improving patient flow processes and systems. These ranged from the review of bed management systems to detailed seasonal planning to assist Austin Health to manage the demands of winter. The enhancement of the roles of the clinical coordinators, who facilitate discharge planning, assisted in managing daily patient flow issues including access to subacute, long stay patient planning and coordinating access to community programs to assist with discharge from hospital.

As well as rolling out the 'Three-Two-One' program in ED, the service improvement program facilitated other projects aimed at maximising patient flow and efficiency. These included streamlining emergency surgery patient management and inter-hospital transfers; improving the acute to subacute interface; and improving access to radiology.

Ambulatory Care Centre

The Ambulatory Care Centre (ACC) successfully managed increased patient activity with an additional 400 day-treatment attendances in 2007–08. Many patients attended for infusions of antibiotics and other intravenous procedures.

Adjacent to the ACC is the Transit Lounge, a well-appointed space where patients can receive medical services while waiting for transport home. Used five days a week, the lounge frees beds in hospital wards while providing patients with a comfortable space to receive non-urgent medical treatment.

SUBACUTE
SERVICES

870+

AN AUSTRALIAN-FIRST PROGRAM ALLOWED THOSE WITH SEVERE DISABILITIES, INCLUDING QUADRIPLEGIA, TO EXPERIENCE WEIGHTLESSNESS AND FREEDOM OF MOVEMENT THROUGH IN-POOL SCUBA DIVING. OVER 870 PATIENTS PARTICIPATED IN CREATIVE AND LEISURE THERAPIES AND COMMUNITY PROGRAMS THROUGH THE ROYAL TALBOT REHABILITATION CENTRE.

Demand for subacute services grew by five per cent during 2007–08. Subacute services include inpatient hospital care, day therapy programs, rehabilitation in the home, post-acute care assistance at home, community packages to assist older patients to live at home and linking with other service providers to support patients making the transition from hospital to home. The service includes a 60-bed residential care facility at the Heidelberg Repatriation Hospital site. Up to 400 people, aged between 15 and 91 years, access Austin Health's subacute services at any time. Their requirements range from short term care to lifetime dependencies.

Following an extensive review during 2006–07, Aged Care Services amalgamated with Rehabilitation Services. Though the services continue to remain on separate Austin Health sites (Heidelberg Repatriation Hospital, the Royal Talbot Rehabilitation Centre and a 19-bed service in Reservoir), joint management has enabled a more coordinated, streamlined and timely transfer from acute treatment into subacute programs. Early indicators suggest that staff and services are better aligned to patients' needs. Duplication of referrals and assessments has been significantly reduced as a result of the amalgamation.

The Royal Talbot Rehabilitation Centre integrated and streamlined its service model and referral and intake process by unifying its programs during the year. The Community Therapy Services program therapists can treat patients admitted to any of the programs, reducing wait times and duplication while improving continuity of care.

Staff and patients gave comprehensive input into the functional design of the new \$10 million Health and Rehabilitation Centre. The new centre will bring most of the non-bed-based subacute aged care programs under one roof, including day therapy programs, memory, continence, falls and balance clinics, and the Kokoda Gymnasium. These services are currently housed in three separate areas on the Heidelberg Repatriation Hospital site. The new centre will improve access to these services for patients, especially those who attend multiple appointments across different programs. The centre will house a 15m x 8m hydrotherapy pool. The pool is highly anticipated by both physiotherapists and veterans, many of whom helped raise funds to see the centre realised.

Also at Heidelberg Repatriation Hospital, aged care patients moved to a newly

upgraded ward in the Flanders Building. The renovation provides a comfortable environment for a mix of patients, both those receiving rehabilitation and others awaiting placement in residential services. The ward also houses the Cognitive Assessment and Management Service and brings all these services into the same building as the two rehabilitation/geriatric evaluation and management wards. Co-locating patients has reduced service duplication and facilitated staff sharing.

The Acquired Brain Injury Unit at the Royal Talbot Rehabilitation Centre trialled a process using therapy and support services to improve patient discharge from the inpatient unit. As a result, the Community Integration and Support Service provided an earlier and smoother discharge for 57 patients during an 18-month trial period and successfully sought funding to continue the service.

A new electronic referral, assessment and wait list system was designed to better track information about the availability of places in all subacute services. The system will be implemented during 2008–09 and will allow referrers, assessors and staff to see up to date information including waiting lists and times.

OF THE 422 DIVISION 2 NURSES ON STAFF, 149 HAVE ACHIEVED THEIR MEDICATION ENDORSEMENT.

149

Austin Health has firmly established its status as an employer of choice for nursing staff, despite a continuing statewide shortage of nurses. To attract the best nurses, and provide a rewarding working environment for nurses on staff, Austin Health developed an annually-updated report documenting its responsive nursing workforce plan. The plan provides the framework for a cycle of strategic management and improvements to overcome nursing workforce challenges. It highlights successful management strategies and provides direction for the multi-departmental nursing advisory council for the upcoming year.

The nursing workforce plan also addressed ongoing strategies to reduce roster shortfalls and subsequent use of agency nursing staff. One component of the plan targeted former nurses seeking to restart their careers. Austin Health offered clinically supported refresher and re-entry education programs to 16 nurses throughout the year.

The Clinical Nursing Education Department (CNED) programs are clinically relevant and aim to connect participants with evidence-based best practice. CNED encourages nurses to develop their careers further by providing ongoing supported education and development for the nursing workforce.

Professional development

Austin Health continued to invest in its division 2 nursing staff to develop and improve their scope of practice, and allow them to increase their contribution to more complex patient care. As a result, an additional 39 division 2 nurses are now qualified to administer medication to patients. A new program specifically designed to introduce newly-registered division 2 nurses to clinical practice was introduced in collaboration with CNED. The six-month program commenced in March and is one of the first programs of its kind to be offered by a public health service in Victoria.

Division 1 nurses also took advantage of opportunities to enhance their own scope of professional practice. In ICU, nurses were trained to insert patients' arterial lines to monitor blood pressure and support frequent access to arterial blood sampling, formerly performed by a doctor.

The development of the nurse practitioner role at Austin Health continued to gain momentum. Nurse practitioner candidates work in neurosurgery, early youth psychosis and emergency. A project recently commenced to explore the potential model of care that nurse practitioners could provide in both stroke and dialysis.

Nursing Services actively participated as a member of The Health Roundtable. This is a membership organisation that provides senior health care staff with a forum to share best practices with other like organisations, while opening opportunities for collaboration and networking. The theme was 'The Nursing workforce sustainability group', and senior nursing staff benefited from attending the inaugural meeting held in Sydney in April.



Nursing Services continued its close collaboration with Learning and Organisational Development to ensure that the developmental needs of our nursing managers were met. The advanced management program for assistant nurse unit managers (ANUMs) continued as a core program after the overwhelming success of the inaugural program conducted in 2007. Following a review from an external agency, feedback showed that our staff reported a high retention of the information they learned, which was integrated into their professional practice. A further honour was the nomination in the 'Australian Human Resources Awards' program, where the program was listed as a finalist in the best learning and development strategy category. Forty-three ANUMs participated in the program this year, which ran from February to May. Additionally the emerging leaders program was offered to new nurse unit managers this year, targeting the development needs of staff new to management.

Recruitment

An exciting outcome originating from the 2007 nursing workforce plan included attracting 121 Graduate Year Program participants for 2008. For the sixth consecutive year, Austin Health achieved an outstanding result from the computer matching process coordinated by the Postgraduate Medical Council of Victoria for graduate nurse positions. The new nurses were ranked very highly against Austin Health's selection criteria, a testimony to both their nursing skill and commitment to working at Austin Health.

Nursing Services developed a new recruitment campaign for nursing staff this year, with support from Corporate Communications. The campaign's theme was *Austin Nursing – Join Our Team, Be Inspired*, and was launched in May to coincide with a recruitment open day.

The creative campaign components included four web videos and postcards featuring nurses from across the health service. Central to the theme was the nurses' personal comments, thoughts and feelings about being part of the Austin Health nursing team. The result was a sincere and relevant message about nursing at Austin Health.

Health and wellbeing

During the year Nursing Services undertook a project to look at sick leave taken by nursing staff. The project provided insight into why nurses take sick leave and produced a series of recommendations for management. The Healthy Options program was one initiative to come out of the recommendations. This program provides staff with information, resources and opportunities to improve their health and wellbeing. While the outcomes of the program are too early to measure, the early indicators are positive.

Nutrition and dietetics

A survey about the Home and Community Care (HACC) Dietetic Service showed a high level of satisfaction with the service. Users rated the dietitians' holistic approach to considering patients' health needs and ongoing care requirements very highly. The program also received the highest rating level under HACC-specific accreditation.

The Nutrition and Dietetics Department evaluated meal assistance strategies implemented as part of a volunteer program in aged care. The study followed a pilot which indicated that the nutrient content of meals could be improved.

The Home Enteral Nutrition Program was also evaluated during 2007–08, demonstrating that despite a 360 per cent increase in demand over the past 10 years, continuous improvements have delivered a quality program with high levels of client satisfaction.

Austin Health joined forces with Melbourne Health and Western Health to contribute expertise to developing a clinical school model for dietetic training at Deakin University in 2008.

Occupational therapy

Austin Health's Occupational Therapy Department received funding from the Edmund Herring Scholarship for its research project, 'Development of a standardised off-road assessment battery to be used in licensing recommendations for older or functionally impaired drivers'. The assessment provides patients with an opportunity to obtain a comprehensive evaluation of their ability to drive a vehicle safely and independently, which is required by VicRoads for drivers who may have health conditions that impact on their ability to drive safely.

A weekly hand-strengthening group for plastics patients began during 2007–08. So innovative was the project, an occupational therapist presented a paper on the topic at the Euro Hand Conference in Switzerland. The department will now undertake further research in this area.

PHYSIOTHERAPISTS PROVIDED 16,000 SESSIONS TO VETERANS IN 2007-08. THE VETERAN COMMUNITY WERE THRILLED WHEN CONSTRUCTION OF THE \$10 MILLION HEALTH AND REHABILITATION CENTRE COMMENCED WHICH WILL INCORPORATE A NEW PHYSIOTHERAPY GYMNASIUM AND HYDROTHERAPY POOL.

16,000

Physiotherapy

Following the success of its physiotherapy-led clinics for orthopaedic and neurosurgery outpatients, the Physiotherapy Department extended the model of care to patients with peripheral joint conditions in orthopaedics. In the clinics, the physiotherapists assess suitable patients and separate them from patients who require surgery, helping to reduce waiting lists for treatment. Surgeons are now able to focus on patients who are not generally suitable for conservative management while physiotherapists treat those patients who have a better chance of responding to treatment.

Patients referred to the chronic pain service are now triaged by physiotherapists. This new model of care will be evaluated via a Department of Human Services grant in 2008.

Social work

The Social Work Department surveyed patients and families involved with the acquired brain injury, neurology, amputee and orthopaedic rehabilitation programs at Royal Talbot Rehabilitation Centre regarding their psychosocial needs and satisfaction with the department's services.

The results of this project were presented at the 'Best of Both Worlds' international conference sponsored by Royal Talbot Rehabilitation Centre and Epworth Hospital in November 2007.

In 2007, the department worked with the Northern After Hours Family Violence Service and Berry Street Family Services to establish joint after-hours domestic violence response protocols. Implementing the protocols has ensured that women experiencing domestic violence who present to the ED after hours receive a referral to Berry Street for continued services.

A review of the Ngarra Jarra Austin Health Aboriginal Program commenced to determine how well its activities align with the Department of Human Services' *Improving Care for Aboriginal and Torres Strait Islander Patients* strategy.

Speech Pathology

The Speech Pathology Department, in conjunction with La Trobe University's School of Human Communication Sciences, delivered a competency training course for use of the Fiberoptic Endoscopic Evaluation of Swallowing (FEES). FEES is an instrument that allows vision of the upper aero-digestive tract during swallowing via an endoscope passed through the nose.

As an advanced practice skill, it enables patients with swallowing problems to be more accurately assessed and managed. The first of its kind in Australia, this course resulted in competence training of six speech pathologists in other teaching hospitals in Melbourne.

One treatment for patients with swallowing disorders is the prescription of texture-modified food and fluids. To ensure Austin Health patients receive their prescribed food and drink correctly, the department led a multidisciplinary team in an audit of provision procedures. A systematic review and process redesign was undertaken to reduce the risk of the incorrect provision of prescribed texture modified food or fluids. A post-implementation audit showed a significant improvement in accuracy.

The Speech Pathology Department at Royal Talbot Rehabilitation Centre collaborated with Deakin University and Delta Society Australia to complete a pilot research project investigating the impact of integrating animal assisted therapy into rehabilitation for patients in the Acquired Brain Injury Unit.

MENTAL HEALTH

New programs and initiatives

Introducing the Youth Early Psychosis (YEP) program at the Austin Hospital was a major achievement for the Mental Health Clinical Services Unit in 2007–08. The program provides an early intervention service for young people who are experiencing, or at risk of, a first episode of psychosis. A nurse practitioner was also appointed to provide an advanced clinical case management service to young people experiencing their first episode of psychosis.

The unit's services for children continued to develop with the CASEA program being established in late 2007. CAMHS (child and adolescent mental health services) and Schools Early Action (CASEA) is a team of allied health clinicians that provides early intervention for children with extreme behavioural problems. The group programs operate in local schools for children from five to eight years old and also provide support to participants' parents and teachers.

The Acute Inpatients Unit's Parent and Infants Program actively liaised with community-based maternal and child health nurses to identify and intervene in attachment issues between mothers and infants.

Maternal and child health nurses also collaborated with the unit in the organisation and delivery of the International Clinical Supervision Conference 2007.

A Victorian Government-funded initiative to train and support maternal and child health nurses to identify patients experiencing postnatal depression was fully rolled out across the northeast region. Monthly meetings for support and case discussions continued, and access to a psychiatrist was included to review patients for the nurses.

Another new program 'Baby Love', aiming to improve attachment and infant outcomes for the children of mentally ill mothers, was launched in August at Northpark Private Hospital and is providing a service that can be accessed by both private and public patients.

New staff/roles

A pioneering role that provides advice to CAMHS from the perspective of a carer of a young person with a mental illness was established during the year. The carer consultant facilitates consumer and carer participation and advocates for service improvement.

In addition, the role supports Austin Health's quality and risk management programs including reviewing satisfaction surveys and implementing change in the best interests of families using the service.

The Emergency Department is an important entry point for patients presenting with psychiatric or psychosocial problems. The nurse practitioner mental health candidate role, established in ED in late 2006, continued to provide effective care to this group of patients, while playing a vital mental health resource role for other emergency staff.

A new community mental health nurse employed by Austin Health and based at Banyule Community Health Centre, was appointed to help general practitioners to assist mental health patients to receive the care they require. The nurse is available to coordinate services for patients and provide ongoing clinical care. This helps to ensure patients with a mental illness are able to access services, and may assist to reduce unnecessary hospital admissions.

120%

AUSTIN HEALTH HAS A LONG HISTORY OF TREATING VETERANS EXPERIENCING POST-TRAUMATIC STRESS DISORDER. IN 2003 THIS EXPERTISE LED TO AN EXPANSION OF THE SERVICE TO NON-VETERANS WHO HAVE EXPERIENCED A TRAUMATIC EVENT. THIS SERVICE CONTINUES TO GROW WITH A 12 PER CENT INCREASE IN THE NUMBER OF PATIENTS REFERRED IN 2007-08.

Capital works

Approximately \$2 million in funding was received to upgrade the CAMHS inpatient units.

The two units, based at the Austin Hospital site, provide care for up to 12 children and 12 teenagers. The units are housed in a building almost 100 years old, which requires upgrading for safety and quality care. Working with the Department of Human Services Mental Health Branch, the unit has developed extensive plans for redevelopment. Work has commenced in the Adolescent Unit, to be followed by the Child Unit in 2009.

The services available at the existing Veterans' Psychiatry Unit at the Heidelberg Repatriation Hospital were expanded to include services for those involved in traumatic incidents such as motor vehicle or workplace accidents. A new purpose-built facility, the Centre for Trauma Related Mental Health, will be developed to house the combined services. Funding has been received for demolition works and the planning and design for the future use of the site is underway.

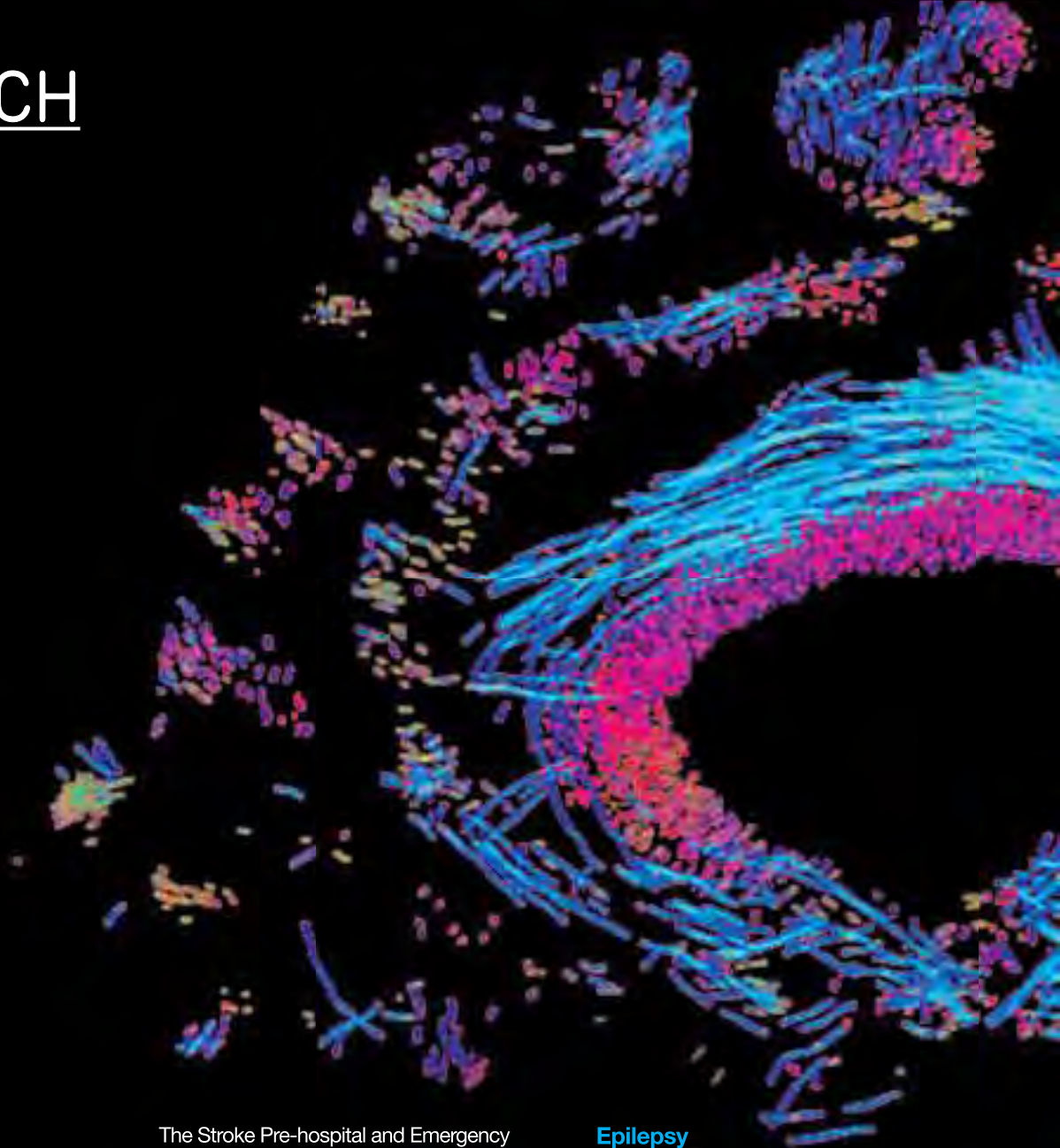
Professional development for staff

A commitment to recruiting and retaining quality nursing staff was supported through multiple streams of nurse training, development and clinical support. Last year, six nursing assistants completed Certificate 3 aged care training and Division 2 (medication endorsed) training to extend both their scope of practice and their career opportunities. In addition, the unit invested in its nursing workforce strategy by funding an additional six nurses to participate in its Graduate Year Program. The unit also received funding for two graduate placements.

All nursing staff continued to be offered comprehensive clinical supervision. The unit has a strong culture of supervision that has the potential to increase and maintain high morale by enhancing individual accountability for clinical practice. The unit hosted the 2007 International Clinical Supervision Conference, which profiled Austin Health's achievements both nationally and internationally.

A visiting professor of nursing from La Trobe University worked collaboratively with the psychiatric nurse education team. This initiative provided expert support for nursing research activities, for example, in assisting the nurse practitioner candidate to obtain a publication grant from the Department of Human Services and to carry out mandatory research activities associated with the role.

RESEARCH



Stroke

Austin Health will soon construct one of two purpose-built facilities that will bring together 500 neuroscientists, creating the biggest brain research institute in the southern hemisphere. The project will see the National Stroke Research Institute and the Brain Research Institute join forces with the Howard Florey Institute to form the Florey Neurosciences Institutes. This new entity will be housed at the Austin Hospital site with another facility at The University of Melbourne.

The Stroke Pre-hospital and Emergency Evaluation and Diagnosis (SPEED) study investigated patterns and timelines of care for stroke patients from the onset of symptoms through to first medical assessment in the Emergency Department. For the first time in Australia, tapes of patients' calls for ambulance assistance were reviewed to identify the symptoms reported by callers. Only 44 per cent of callers reported the problem as stroke, and family members were most frequently the person who called for ambulance assistance. The study identified that the best response for people experiencing a stroke or observing a stroke in others is to call an ambulance.

The National Stroke Research Institute is involved in the largest ever stroke rehabilitation trial, recruiting more than 300 patients. At its completion in 2010, this international study will recruit over 2,100 participants through hospitals in Australia, New Zealand, Scotland, Canada, Singapore and Thailand. The study is testing the hypothesis that earlier and more intense mobilisation of stroke patients will improve their outcomes.

Epilepsy

The Epilepsy Research Centre (ERC) has 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. Comprising a multidisciplinary team of staff and collaborators, the year's highlights included research results across multiple disciplines including clinical epileptology, electro-physiology, brain imaging, neuropsychology, genetics and molecular biology.

The ERC found that deletions or duplications in a particular potassium channel gene could cause benign neonatal seizures. These copy number variations are being increasingly recognised as an important disease-causing mechanism. The study of families with the rare condition of epilepsy and mental retardation limited to females led to the identification of the causative gene for this rare epilepsy syndrome and the expansion of the phenotype. Using only three families, the causative gene was found for the rare and progressive condition, action myoclonus renal failure.



700+

AUSTIN HEALTH FOSTERS RESEARCH THAT ENHANCES PATIENT CARE, CHALLENGES CLINICAL PRACTICE AND PROMOTES INNOVATIVE HEALTH SERVICE DELIVERY. AUSTIN'S 700 RESEARCHERS INVESTIGATE CANCER, NEUROSCIENCES, TRANSPLANTATION, HEART DISEASE, HYPERTENSION, IMMUNOLOGY, VACCINES, ENDOCRINOLOGY AND SLEEP DISORDERS.

Brain image created using MRtrix software developed by Dr J-D Tournier at the Brain Research Institute, Melbourne.

PET technology

Austin Health Centre for Positron Emission Tomography (PET) researchers achieved a world-first in diagnosing the very early stages of Alzheimer's disease. The research team's human study validated using a PET scan imaging agent that reveals amyloid accumulation in the brain, thought to be the cause of Alzheimer's disease. The results of this trial were published in the February edition of the prestigious international journal, *Lancet Neurology*.

Continuing studies investigating with this tool to diagnose a range of dementia types, as well as hypoxia imaging in oncology, were funded by two National Health Medical Research Council (NHMRC) grants of over \$1.7 million during 2007–08. International trials of the imaging agent will commence in August expecting an outcome of improved patient accessibility to early diagnosis. This will lead to earlier treatment that may delay the onset or progression of the disease.

PROFESSOR ANDREW SCOTT LED THE LARGEST REPORTED PROSPECTIVE STUDY OF PET IN ONCOLOGY PATIENTS. THE STUDY OF 30,000 PATIENTS HAS SHOWN THE IMPACT OF FLUORODEOXYGLUCOSE (FDG) PET IN ONCOLOGY PATIENT MANAGEMENT, AND IS BEING USED BY THE COMMONWEALTH GOVERNMENT TO SUPPORT ITS REVIEW OF FUNDING FOR PET THROUGHOUT AUSTRALIA.

Further studies into prostate cancer imaging, hypoxia imaging in colorectal cancer, and molecular imaging of renal cancer continued with funding from NHMRC and philanthropic grants.

Medical and cognitive

The Medical and Cognitive Research Department undertook a number of studies during the year. Seven participants took part in the first human study of a drug called a Monoclonal Antibody. It is hoped that this drug will successfully remove the amyloid protein from the brain of patients with Alzheimer's disease. In addition, three participants took part in a study of the drug PBT2, which was developed by a small biotechnology company in Melbourne to also remove amyloid protein. Eleven participants took part in a study on the drug Memantine, which is currently prescribed to people with moderate to severe Alzheimer's disease. The study evaluated the use of Memantine on participants' communication abilities.

Led by Mr Rohan Elliot, the 'Evaluation of a clinical pharmacy service for elderly hospital outpatients' project demonstrated that clinical pharmacy services in hospital outpatients clinics can improve the safety of complex medication use by the elderly and potentially reduce the risk of adverse outcomes. This was completed between July 2007 and June 2008, with funding support from the Windermere Foundation.

Nutrition and dietetics

A collaborative study undertaken by Austin Health's Nutrition and Dietetics Department and the Austin Centre for Applied Clinical Informatics assessed malnutrition risk rates in the general medical population. The study demonstrated that 26 per cent of patients admitted were at high risk of malnutrition, but only 24 per cent of these patients were referred to a dietitian by current referral practices. An electronic screening tool developed by the team attempted to narrow this gap by ensuring that all patients assessed as being at high risk of malnutrition are automatically referred to the dietitian. The tool continues to be trialled in the general medical area with promising results.

Infectious diseases

Professor Lindsay Grayson was appointed to lead the national Hand Hygiene Australia project. This major initiative builds on the pioneering research performed at Austin Health from 2001 to 2003, which is the model that will be rolled out across Victoria through the Victorian Quality Council. Austin Health will be the national coordinating centre for this project.

Associate Professor Paul Johnson is the senior investigator on a Department of Human Services grant to continue investigations into the mode of transmission and environmental reservoir of *Mycobacterium ulcerans*, the causative agent of Bairnsdale/Buruli ulcer. The project is in collaboration with the Victorian Infectious Diseases Reference Laboratory, The University of Melbourne, Monash University and the Victorian Department of Primary Industries. The group published several significant scientific papers in the field during the past 12 months.

Associate Professor Paul Johnson, Dr Gillian Wood and Dr Ben Howden were successful in attracting NHMRC funding for a community study of Staphylococcal resistance in collaboration with The University of Melbourne's School of Population Health. The study will get underway during the second half of 2008 and run for three years.

Dr Ben Howden, Dr Kyra Chua and Associate Professor Paul Johnson continued a successful collaboration with Monash University during 2007–08 on the mechanisms of vancomycin resistance in *Staphylococcus aureus* and the importance of various virulence genes in severe community-acquired staphylococcal infections.



An Australia-wide study on community-acquired pneumonia conducted by Dr Patrick Charles, Professor Lindsay Grayson and local and interstate collaborators was the subject of Dr Charles' PhD thesis awarded in June. Community-acquired pneumonia is one of the most common serious infections presenting to emergency departments throughout the world. The study looked at both causes and, importantly, developed new treatment algorithms for patients with the disease.

Cancer

The Ludwig Institute for Cancer Research (LICR) conducted preclinical and clinical research in growth factor signalling and cancer immunology in 2007–08. The research was part of the institute's investigation into the therapeutic modalities of small molecule inhibitors, antibodies and cancer vaccines.

A USD \$1 MILLION TEAM SCIENCE AWARD FROM THE WASHINGTON DC BASED MELANOMA RESEARCH ALLIANCE HAS BEEN GRANTED FOR AN INTERNATIONAL INVESTIGATION INTO IMMUNE TARGETING OF MELANOMA STEM CELLS.

LICR principal investigator Professor Jonathan Cebon will lead a multi-centre international research team for this three-year collaborative project. Professor Cebon is also the recipient of a NHMRC Practitioner Fellowship 2008–12 and HJ Lloyd Charitable Trust funding.

Endocrine

Austin Health's Endocrine Centre for Excellence conducted a study on the effects of 12 months of sunlight deprivation on vitamin D and bone health. The project used expeditioners to the Antarctic as its subjects because there is no sunlight or other sources of vitamin D on that continent. Findings showed that vitamin D levels became deficient within three months and significant bone loss at the hip was observed after 12 months. The team is conducting a randomised placebo controlled trial using three different levels of vitamin D to determine the minimal level needed to prevent these hormonal and skeletal responses.

Research Ethics

Due to the complexities of approving 'expedited review' studies, a more stringent application process for human studies was introduced during the year meaning more Austin Health studies required full scientific and ethical review.

The NHMRC introduced a new edition of the *National statement on ethical conduct in human research* (March 2007) and conducted a national training day in October.

Fewer animal studies were reviewed this year, reflecting the NHMRC funding cycle. The Bureau of Animal Welfare audited Austin Health, resulting in a review and update of the Animal Ethics Committee documentation. Overall, the housing and environment provided for the animals was satisfactory.

A new website for the Institutional Biosafety Committee was created. The committee approves all work involving the conduct, management or containment of genetically modified organisms at Austin Health.

TEACHING AND TRAINING

Austin Clinical School

The Austin Clinical School has become a popular choice for undergraduate medical students from The University of Melbourne. The new facilities, the excellent teaching reputation and the fact that Austin Health students score highly in examinations, have contributed to this popularity.

The critical examinations for The University of Melbourne medical course are at the end of semester nine, and the clinical school was announced the top-scoring clinical school in 2008.

TWENTY PER CENT OF STUDENTS SCORED H1, AND ANOTHER 30 PER CENT SCORED AN H2A.

This was achieved despite an increased number of students attending the school - the intake rose to 97 in 2008. This means the school has close to 300 students spread between Austin and Northern Health sites during semesters eight and 12.

Austin Health is also in great demand for placements from interstate and overseas students on four to eight-week elected rotations. The health service's reputation ensures that we always have more applicants than we can offer places to, and again this year neurology, oncology, emergency and respiratory medicine were particularly popular. This success is largely attributable to the dedication of the clinicians who are extremely committed to teaching. There is a very strong teaching and research ethic at Austin Health and the clinical school is very grateful for the support it receives. The clinical school is also strongly supported by all levels of administration, and regular meetings facilitate free exchange of ideas throughout the year.

"MORE THAN 75 AUSTIN HEALTH NURSES WERE IN POSTGRADUATE COURSES DURING THE YEAR."

The popularity of the health service amongst The University of Melbourne students is also reflected in the large numbers applying for intern positions at Austin Health. It is pleasing that almost all of the top students chose to return to Austin Health, and it is hoped this tradition will continue to ensure a high quality, coherent and happy workforce in the years to come.

Nursing Education

Austin Health's highly successful Graduate Year Program continued to attract some of Victoria's brightest graduate nurses to launch their careers at Austin Health.

Of 600 applicants for the graduate program, 115 nurses were employed in 2007-08. Around one third of the new staff had completed their nursing degrees at La Trobe University and had undertaken their clinical placement with Austin Health. Their seamless transition through university into clinical practice with Austin Health indicates the strength of the collaboration between La Trobe University and the Austin Clinical School. The partnership's value to both organisations, and to our students, continues to grow.

Nursing Education continued to strengthen during the year, with two new programs designed to support and develop staff being introduced. The 'Introduction to practice' course for newly-graduated division 2 nurses provides support for staff transitioning from TAFE onto the hospital wards.

The emergency advancement year gives nurses interested in pursuing an ED specialisation an insight into the challenges and rewards of emergency nursing. The program offers vital support and on completion the nurses who decide to commit to a career in emergency enrol in postgraduate study.

Both programs attracted a large number of applications, suggesting that the Clinical Nursing Education Department (CNED) is successfully delivering supportive education programs tailored to specific career stages and interests.

Around 60 per cent of staff within CNED are undertaking or completing higher degrees in education. As well as a reflection of the department's commitment to the concept of lifelong learning, their higher degrees enable the nurse educators to offer best practice teaching to their students.

More than 75 Austin Health nurses were enrolled in postgraduate courses during the year.

The valuable relationship between Austin Health and La Trobe University is of enormous benefit to students employed at Austin Health. CNED supported the clinical component of courses provided by La Trobe. The nurses are highly supported and encouraged, with lectures delivered at Austin Hospital.

A number of nurse educator staff from CNED were invited to deliver presentations at national and international nursing conferences during the year. These presentations represent the scope of work undertaken by the department and recognise the depth of expertise within it. Opportunities to present within the health community provide vital networking opportunities for staff and assist with their own professional development.

Hospital Medical Officer (HMO) development

The 2007–08 medical staff recruitment campaign was a great success, with HMO Services' presence at the annual Medical Careers Expo creating interest in vacancies at Austin Health. The campaign drew on the reputation of Austin Health as a great place to 'piece your career together'. The theme emphasised that newly-qualified doctors are offered seamless career progression. As a result, many of the top medical students from Victoria and interstate will commence their careers at Austin Health in 2009.

The campaign contributed to an outstanding result from the computer matching process coordinated by the Postgraduate Medical Council of Victoria for intern positions. The 80 interns recruited by Austin Health, in conjunction with Northern Health, were ranked very highly against Austin Health's selection criteria. It is expected that these successes will continue in the recruitment of HMO and registrar positions to Austin Health in 2009.

The development of some new and interesting placements for our HMO staff proved to be a winning move for many of those who participated in the 2008 program. The Pre-vocational General Practice Placement Program, established in conjunction with local divisions of general practice, was enthusiastically embraced by Austin Health and HMO Services.

The program provided an opportunity for many HMOs to experience general practice as a potential career path. For those who have undertaken these placements, the response has been overwhelmingly positive. Placements are available in both Victoria and the Northern Territory, providing HMOs with a rewarding and sometimes challenging experience in remote Australia.

Partnerships for training opportunities also expanded to the private sector in 2008. Austin Health has formed a partnership with Epworth HealthCare to enable surgical trainees to work for six months at the Epworth Hospital in Richmond. This alliance has provided valuable experience and training, such as elective orthopaedic and general surgery, that may not be available at Austin Health. Once again, the opportunity to be involved in alternative training venues has been well accepted and enthusiastically embraced by both Austin Health and the participating trainees.

Medical Education Unit

In July 2007 the Postgraduate Medical Education Council of Victoria (PMCV) accreditation surveyed the Medical Education Unit's (MEU) programs for junior doctors. The survey report acknowledged the intern education program provided comprehensive training opportunities and the resident education program was commended.

In collaboration with CNED, The University of Melbourne and La Trobe University, the unit established a multidisciplinary clinical skills centre at Austin Health. The clinical skills centre will provide a clearly-defined area for practical education for health providers working at Austin Health. It will be a shared facility with a focus on promoting excellence in communication and working relationships. The unit would like to acknowledge the donation of \$55,000 from the Collier Foundation that enabled the purchase of Sim Man, an advanced, interactive patient simulator. Sim Man is an important part of training programs that help to improve patient safety and outcomes.

In March 2008, the MEU made a successful grant application to the Department of Human Services to develop a para-linguistic program to improve the language and cross-cultural communication skills for international medical graduates. Topics included communication with patients and families, communicating bad news, paralinguistic communication, pronunciation and health care terminology.

Austin Health's basic physician trainees formed the major part of the largest cohort to sit for the Fellowship of the Royal Australasian College of Physicians clinical examination. The Central North West Basic Physician Training (BPT) Consortium cohort included trainees at Austin Health, Northern Health, Bendigo Health and Wimmera Healthcare Group. An implementation program for the new Royal Australasian College of Physicians basic physician training curriculum was initiated under the management of the Austin Health Director of Physician Training, with the support of the Central North West BPT Consortium.

Health Sciences Library

The library undertook an extensive client survey that included all sites, plus the Mercy Hospital for Women. With an extremely good response rate of almost 700, the survey reported that the library is performing well. Importantly, the respondents indicated that they believed the library's information contributes to quality patient care.

THE LIBRARY PERFORMED WELL AGAINST ALL OF THE CRITERIA INCLUDED AND, WHEN MEASURED AGAINST OTHER LIBRARIES, SET A NEW BENCHMARK FOR GENERAL SATISFACTION AT 85 PER CENT. IT ALSO RATED HIGHLY IN PERCEPTIONS OF ITS OVERALL QUALITY.

AUSTIN HEALTH
IN THE COMMUNITY

7,000+





**A GLOBAL FUNDRAISING EVENT,
THE GREAT WALK TO BEIJING,
INSPIRED AN ADDITIONAL 7,000 PEOPLE
TO DONATE TO AND SUPPORT THE OLIVIA
NEWTON-JOHN CANCER AND WELLNESS
CENTRE APPEAL. THIS NETWORK
OF SUPPORTERS SPONSORED OLIVIA
AND HER FELLOW WALKERS AS
THEY TREKKED 228 KILOMETRES
ALONG THE GREAT WALL OF CHINA.**

Community Advisory Committee

The Austin Health Community Advisory Committee (CAC) is a subcommittee of the Austin Health Board, with representation on Austin Health's Cultural Diversity Committee, the Mental Health Consumer Carer Advisory Group and the Heidelberg Repatriation Hospital's Community Consultative Committee.

During 2007–08 the CAC worked with the Outpatients Department at Heidelberg Repatriation Hospital to complete improvements for patients, their families and visitors. The CAC advocated for recovering chairs and repainting in the waiting areas, as well as modifications to the public toilets to improve access. Other improvements included an upgraded patient call system that allows zoned paging and an improved queuing system that contributes to reduced crowding in waiting areas.

Also at Heidelberg Repatriation Hospital, the CAC played an important role in planning The Surgery Centre. The CAC highlighted the importance of a service culture of meeting individuals' care needs through adopting flexible protocols and procedures and adequate nurse staffing levels. The CAC also communicated the value patients place on maintaining their privacy and dignity, as well as accurate and timely information and communication.

The CAC is developing an Austin Health consumer register for past and present patients, their relatives and carers who are interested in sharing their experiences, opinions and ideas for improving Austin Health services.

A community information evening was held with more than 100 local community residents discussing potential new capital works projects at the Heidelberg Repatriation Hospital site.

Hospital Primary Care Liaison

The Hospital Primary Care Liaison Unit undertook a survey of local area general practitioners (GPs) to seek feedback about services provided to their patients by our Outpatients and Emergency Departments (ED) as well as communication with them about patient discharge. Overall, the feedback was positive, with 95 per cent of GPs satisfied with the quality of clinical services in the Outpatients Department although 69 per cent were dissatisfied with the waiting time for appointments.

Over 79 per cent of GPs were satisfied with their patients' access to quality of clinical services and communication with the ED. Almost 70 per cent were satisfied with the discharge summaries they received from Austin Health. There were some concerns (almost 30 per cent) with the quality of information provided and the investigation results. Over half of the GPs surveyed reported an improvement in the relationship between Austin Health and GPs in the past 12 months.

AUSTIN HEALTH IN THE COMMUNITY

Hospital Primary Care Liaison (cont.)

The unit worked closely with divisions of general practice to build collaborative relationships with Austin Health services. One example, in collaboration with the North East Valley Division of General Practice, was an audit of patient discharge communication with aged-care residential facilities. The aim of the project was to ensure patients were discharged back to facilities with their current health assessment and treatment information. Overall findings indicated that Austin Health provided timely and adequate patient information to facilities on discharge.

The unit continued to work closely with Austin Health's community partner agencies and the Banyule Nillumbik Primary Care Alliance to implement the electronic patient referral system known as S2S eReferral. The system helps to coordinate and manage consumer information across services as well as keeping a history of referrals and referral outcomes over a period of time. Austin Health now has 23 programs and 109 users registered on the system to send and receive electronic referrals.

Hospital in the Home and Medi-Hotel

Austin Health's Hospital in the Home program continued to expand, with a 17 per cent increase in admissions to the service in 2007-08.

TO MEET DEMAND, THE SERVICE PROVIDED OVER 10,000 NURSING VISITS TO PATIENTS IN THE COMFORT AND PRIVACY OF THEIR OWN HOMES.

The Medi-Hotel is located on the Austin Hospital site. It is well utilised by country patients, with 75 per cent of patients coming from rural areas. The hotel offers a comfortable alternative to hospital accommodation to patients undergoing extensive testing or acute care treatment.

Northern Centre Against Sexual Assault

The Northern Centre Against Sexual Assault (NCASA) provided counselling and advocacy services to 596 people who had experienced sexual assault during the year. This included 97 crisis care responses to those that had experienced a recent sexual assault. In addition, telephone counselling support and referral was provided to 153 people. A satellite service at Plenty Valley Community Health Service was established to improve access to the service for residents. Professional support and secondary consultation was provided to 121 professionals.

NCASA continued its community engagement by providing training to professionals including Austin Health's ED nurses, Koori youth workers, psychology students, mental health professionals and prevention work at Epping Secondary College. Staff from NCASA participated in a number of committees and partnerships with the Northern Family Violence Strategic Network, Northern Area Mental Health Partnership Project, Northern Hospital Psychiatric Unit, Victorian Council Against Sexual Assault Forum and the Statewide Advisory Committee to Prevent Sexual Assault.

Pastoral Care

The Pastoral Care Department adapted to a number of changes during the year including losing external chaplaincy funding and a reduction in staff through retirement, resignation and extended leave. At the same time, funding was received for a part-time Anglican chaplain, and to provide part-time services in aged care at Darley House.

Simultaneously, negotiations and planning were undertaken to develop the Heidelberg Repatriation Hospital pastoral care site with a focus on consolidating educational and chaplaincy facilities in close proximity to the ANZAC memorial chapel to improve access for patients, families, staff and interns.

Fundraising

At the heart of Austin Health's strength lies its community, with many long-term supporters generously helping the health service to continue to provide outstanding patient care. The Fundraising Department welcomed a large number of new supporters during the year with regular fundraising campaigns, events and raffles.

MORE THAN 35,000 SUPPORTERS RECEIVED REGULAR FUNDRAISING CAMPAIGN COMMUNICATION, AND THEIR GENEROUS RESPONSE ENABLED AUSTIN HEALTH EITHER TO PURCHASE PATIENT EQUIPMENT OR CONTRIBUTE TOWARDS ITS GOAL TO BUILD THE OLIVIA NEWTON-JOHN CANCER AND WELLNESS CENTRE.

Thanks to donors' support, Austin Health purchased additional equipment for the Liver Transplant Unit, Spinal Cord Service, Paediatrics Unit and Diabetes Service.

The Friends of Austin Health again provided wonderful fundraising support for patient equipment, and raised an outstanding \$217,410 through their auxiliaries.

A growing number of people contributed significantly to fundraising by nominating in-memoriam donations in lieu of flowers at funerals and including Austin Health or the Olivia Newton-John Cancer and Wellness Centre Appeal in their will. More than \$600,000 was raised through these programs during the year, with many new Austin Health Bequest Ambassadors welcomed.

The department continued to foster valuable relationships with supporters of Austin Health. Special functions were held including: tours of the hospital; a Christmas concert with Austin Ambassador Denis Walter and friends; a preview performance of *The Nutcracker* in partnership with the Australian Ballet; and special performances with Olivia Newton-John. Community-run initiatives further assisted fundraising through various concerts, dinners and walkathons. A specially developed namesake rose was launched and Olivia recorded a fundraising album of duets called *A Celebration in Song* with Delta Goodrem, Sir Cliff Richard, Jimmy Barnes and other guest artists.

In what was the largest fundraising campaign ever undertaken by Austin Health, the Great Walk to Beijing was a global media and web-based campaign run during the year. The walk was intended to symbolise the steps cancer patients must take on their road to recovery. Joined by more than 70 cancer survivors and celebrities, Olivia walked 228 kilometres across extreme sections of the Great Wall over 23 days. Importantly, more than 7,000 people registered their financial support for the Great Walk and the event fostered many valuable new alliances with donors, corporate partners and celebrities to help future fundraising.

Hospital Admission Risk Program

Austin Health's Hospital Admission Risk Programs (HARP) programs continued to provide a wide range of services to prevent or reduce ED presentations. The program targets patients with heart failure, respiratory disease and diabetes and patients with chronic and complex care needs at risk of admission to hospital.

The sustained growth in ED presentations and overall hospital activity led to expanding the three HARP programs to cope with the challenges posed by increased patient referrals. A new stream of care was introduced to provide support for HARP patients with psychosocial care needs. The psychosocial impact of chronic disease and complex care needs is well recognised, and the addition of a clinical psychologist to the HARP care team was warmly welcomed.

An evaluation of HARP patient outcomes was undertaken and the results confirmed that the HARP programs at Austin Health had a major impact in reducing ED presentations and length of stay for patients who do require admission to hospital.

THERE WAS AN OVERALL REDUCTION BY 41 PER CENT IN ED PRESENTATIONS FOR PATIENTS ADMITTED TO A HARP PROGRAM IN THE 12 MONTHS AFTER THEIR HARP EPISODE. OF THE SAME GROUP OF PATIENTS ADMITTED TO HOSPITAL, THERE WAS AN 18 PER CENT REDUCTION IN THEIR LENGTH OF STAY.

Patient Representative

Demand for assistance from the Patient Representative office – whether to resolve a complaint or to provide advocacy and support for a patient or relative – continued to increase in 2007–08. As a result of education and staff experience, straightforward and minor concerns were generally resolved at the time, which meant that the issues brought to the patient representative were increasingly complex.

An objective measure of the effectiveness of the patient representative's service was that only six complaints out of 1,019 were taken to the Health Services Commissioner. All complainants were advised of this option if they were not satisfied with the outcome of their complaint.

The major focus of complaints management continued to be identifying areas for improvement. Some recent examples were the increase in the level of paediatric services and skills available in the ED as a result of increased numbers of children attending. Additionally, identifying and treating people with special needs was improved.

Austin Health's patient representative coordinated a national complaints management benchmarking survey during the year. Pleasingly, the results show that Austin Health achieved the highest number of best practice indicators out of the seven major Australian hospitals that participated.

Veteran Liaison

The Heidelberg Repatriation Hospital continued to hold a special place in the hearts of veterans and war widows, many of whom continued to be cared for by Austin Health. The Veteran Liaison Officer remained the key point of contact for all matters relating to the veteran community.

Building development at Heidelberg Repatriation Hospital entered an exciting phase with a new hydrotherapy pool and the Kokoda Gymnasium under construction at the new Health and Rehabilitation Centre. The funding allocation for rebuilding the Centre for Trauma Related Mental Health, incorporating the veterans' psychiatry unit, was well received.

Austin Health's \$2 million Heritage Appeal also continued during the year. The *We Will Remember Them* mosaic in Remembrance Garden was unveiled, as was the Fromelles Garden, which commemorates the loss of many young Australians in World War I. The brass Heritage Bell and the Lest We Forget Bell were also donated. Under the guidance of its patron, RSL State President Major General David McLachlan AO (Retd), the appeal is gaining further momentum.

PHARMACY AND DIAGNOSTIC SERVICES

IN 2007-08, THE NUMBER OF PATIENTS RECEIVING POSITRON EMISSION TOMOGRAPHY (PET) SCANS EXCEEDED 4,000 FOR THE FIRST TIME. THESE SCANS ARE MAINLY USED TO ASSESS CANCERS, NEUROLOGICAL DISEASES AND CARDIOVASCULAR DISEASE. DEMAND FOR PET SCANS HAS CONTINUED TO GROW BY AT LEAST 12 PER CENT EACH YEAR FOR THE PAST FIVE YEARS.

4,000+

Pharmacy

The past year was a busy period for the Pharmacy Department. Some of its activities included providing pharmacy services to the Surgery and Endoscopy Centre and the Post Anaesthesia Recovery Unit; selecting the new IV pumps with dose error reduction software; introducing the 2007-09 Health Purchasing Victoria pharmaceutical contract; migrating the pharmacy software system to a new server and operating environment; planning the move of the Victorian Poisons Information Centre from Royal Children's Hospital to Austin Health; and participating in the home total parenteral nutrition review with a number of other health services.

The pharmacy was also one of the lead investigators for a multicentre study into environmental contamination with cytotoxic drugs within and outside pharmacy clean rooms. This was the first time this study had been undertaken in Australia using equipment and rooms complying with Australian standards. The study indicated that despite the rigour of the Australian standards, environmental contamination was present and using a closed system, transfer devices reduced the occupational risk to staff.

The pharmacy also commenced server to server e-commerce with our primary pharmaceutical wholesaler. Part of this change was introducing the Global Trade Identification Number (GTIN) to identify drugs. The GTIN is an international standard adopted to identify pharmaceuticals and other consumables. This was the first step in standardising the description of a drug that facilitates both commercial transactions and moves Austin Health towards a standard transferable code useful for hospital staff to identify drugs prior to administration. This will improve patient safety as elements of HealthSMART (the whole of Victorian Government ICT strategy) are introduced as GTINs are part of the drug identifiers used in HealthSMART clinical systems.

Austin Health is one of three sites involved in a Department of Human Services workforce redesign sponsored program to look at the role of pharmacist prescribers in different clinical settings. This work is being carried out in conjunction with Monash University.

Pathology

Austin Pathology is the largest provider of public pathology services in Victoria. It currently provides services for Austin Health, Northern Health, Mercy Hospital for Women, Mercy Werribee Hospital and Craigieburn Health Service, and is well positioned for future increases in demand.

The department's focus on enhancing service delivery resulted in evaluating and testing new equipment during the year. This will enable on-site testing for microbial diseases that is currently outsourced, providing a more rapid result for clinicians. Importantly, the range of available tests increased, which improved the accessibility and timeliness of results.

A blood gas analyser for rapid 'point of care' testing was installed in the ED, bringing the department into line with other major teaching hospitals. The machine provides very rapid blood analysis for patients in resuscitation beds, decreasing turnaround times by 15 minutes. Pathology staff in the main lab remotely monitor the machine.



Austin Pathology's research partnerships also gained momentum in 2007–08. In conjunction with the Ludwig Institute for Cancer Research (LICR), an area of the lab was refurbished to house the Victorian Cancer Biobank. In addition, research services to Endocrinology and Clinical Pharmacology departments increased.

Developing more comprehensive training programs enhanced Pathology's teaching and training services. The Department of Human Services funded an extra haematology registrar in recognition of our ability to train pathologists and to provide additional support for the increased demand for our services.

Quality improvements for Austin Health involving laboratory support have been prominent in anticoagulant management, transfusion medicine and infection control. Pathology developed rapid testing to help contain the spread of Vancomycin Resistant Enterococcus. With state government funded equipment, the continued surveillance and rapid testing for Multi-Resistant Staphylococcus Aureus colonisation and infection was confirmed.

Radiology

Radiology implemented a new staffing structure in February 2008, which included both a medical director and non-clinical director.

The radiology service continued to grow with higher throughput of both emergency and inpatient numbers. Complex interventional procedures, ultrasound and venous access were significantly in demand. Replacing the natural attrition of staff was difficult and stretched departmental resources, resulting in some delays for patients. New strategies were introduced to resolve any long-term impact.

The Department of Human Services provided funding to replace ageing equipment. This included an Angio Bi-plane unit that will be housed in a new angiography suite and a digital radiography mammography unit. The Radiology Department will also replace an aged MRI unit with a new unit in late 2008.

The department has begun planning for increased capacity and future growth. Implementation of any new or increased services will be provided through planned hospital growth with the appropriate allocation of resources.

Department of Nuclear Medicine and Centre for Positron Emission Tomography (PET)

For the first time, the number of patients receiving PET scans exceeded 4,000. Demand has grown by at least 12 per cent each year for the past five years.

Construction of a cyclotron bunker and installation of a new cyclotron neared completion during the year. The total cost of the project is \$4.3 million, consisting of \$4 million from the Department of Human Services and \$300,000 from research funds. The new cyclotron can produce far greater quantities and a wider range of positron emitting radio-isotopes for clinical scans and research than the old smaller cyclotron installed in 1991. The cyclotron came online in August 2008.

Austin Health's Associate Professor Christopher Rowe was appointed as president of the Brain Imaging Council of the US-based Society of Nuclear Medicine in 2007–08, the first non-US clinician to hold this position.

HEALTH AND SAFETY

Clinical Governance

In 2007–08 the Clinical Governance team audited the consent information given to patients regarding their illness and treatment. The project compared the information patients received from clinicians at Austin Health with the Australian Government's National Health and Medical Research Council (NHMRC) recommended guidelines.

FOLLOWING THE INTRODUCTION OF 12 KEY POINTS FOR CLINICIANS TO DISCUSS WITH PATIENTS, A SUBSEQUENT SURVEY SHOWED AN IMPROVEMENT OF PATIENTS' UNDERSTANDING OF THE NHMRC RECOMMENDED ELEMENTS OF INFORMED CONSENT.

Aligned with acknowledged surgical best practice, Clinical Governance initiated a time out protocol that introduced procedures for cross checking patient information before angiography and radiology procedures were performed. The practice ensures patients are correctly identified, that the procedure is scheduled correctly, that their consent has been recorded, and that the correct part of their body for their procedure has been marked.

Risk Management

While Austin Health has been an industry leader in clinical governance, or patient safety, a greater emphasis on business risk management was delivered through creating a Risk Manager role in June 2007. As a result, an organisation wide risk management framework was developed and implemented. The framework focussed on providing staff with consistent tools and processes for assessing, managing and communicating risk issues.

The framework is reflected in the revised risk management policy and procedure documents and a staff education program is underway to support the change in practice.

"THE AUSTIN HEALTH 2007 QUALITY OF CARE REPORT WAS DISTRIBUTED TO OVER 170,000 HOUSEHOLDS"

Quality and Planning

Quality improvement is important for any health care organisation. As such, Austin Health is accredited under the Evaluation and Quality Improvement Program from the Australian Council of Healthcare Standards (ACHS), the principal independent authority for measuring and implementing quality improvement systems in Australian health care organisations.

The accreditation process is based on a systematic, external peer review. It operates on a four-year cycle of self assessment, an organisation-wide survey and a periodic review to ensure Austin Health meets ACHS standards. During 2007–08 Austin Health successfully completed the organisation-wide survey and was awarded the maximum four year accreditation. This is an outstanding achievement as the organisation was assessed against ACHS' newly-released standards addressing the safety and quality of care at Austin Health. In their report the survey team noted, "Quality patient care is a clear focus of Austin Health".

The Austin Health 2007 Quality of Care Report was distributed to over 170,000 households.

Community feedback was positive. Many readers rated the layout, readability and range of articles as excellent, with one reader noting, "Overall, I'd say it makes us locals proud of our local hospital".

As Austin Health's strategic plan reaches the end of its lifespan, a number of strategic priorities were progressed. A new, integrated safety and quality framework was developed including a revised committee structure. A new business planning process was developed and piloted, and supporting software is currently under review.

Occupational Health and Safety

Austin Health's health and safety systems provide the organisation with a framework that helps to maintain a healthy and safe environment for staff, patients, contractors and visitors. Working safely is a priority for all staff, who are supported by a safety culture and dedicated team of occupational health and safety (OHS) professionals.

The role of managers in improving workplace safety was a particular focus in 2007–08. By clearly communicating the responsibilities of all managers in providing and maintaining a safe and healthy work environment, they are equipped to promote safe working practices through leadership.

Austin Health remained committed to continuous improvement and last year undertook a comprehensive review of how dangerous goods are handled and stored resulting in a more consistent organisation-wide approach.

The organisation's systems and procedures are regularly audited by both internal and external agencies, including Worksafe, to ensure full compliance with OHS legislative requirements. An internal analysis of the claims management processes led to improvements and cost savings.

The return to work rate following an injury improved significantly after a dedicated manager was employed in 2007.

LAST YEAR, 97.5 PER CENT OF CLAIMANTS RETURNED TO WORK TO PERFORM EITHER FULL OR PARTIAL DUTIES. IN ADDITION, THE NUMBER OF DAYS LOST DUE TO INJURY WAS REDUCED BY 39 PER CENT. THIS ACHIEVEMENT IS A TESTIMONY TO THE ONGOING, ORGANISATION-WIDE MANAGEMENT OF HEALTH AND SAFETY.

SUPPORTING OUR PEOPLE

Human Resource Services

A major project was undertaken during 2007–08 to introduce an internally-managed salary-packaging program for staff. Staff participating in Austin Advantage now receive better service and Austin Health retains fees that would otherwise have been paid to an external provider. Importantly, Austin Advantage has been well received by staff, whose feedback describes the service as timely and accurate.

WHEN AUSTIN ADVANTAGE COMMENCED ON 1 APRIL 2008, AROUND 4,500 STAFF HAD SIGNED UP TO USE THE SERVICE. THE PROGRAM NOW PROVIDES SALARY-PACKAGING SERVICES TO 4,900 STAFF, WITH MEAL ENTERTAINMENT BENEFITS PROVIDED TO 2,350 STAFF.

The Employment Unit experienced increased levels of activity, processing 1,564 letters of appointment, 2,476 variations to employment contracts and 2,344 recruitment requests, while placing 594 job advertisements in print media and on the internet.

Employee relations

The Employee Relations Unit continued to provide strategic and operational advice and support to managers working through industrial relations, performance management, attendance and disciplinary matters. The unit accessed the Australian Industrial Relations Commission to work through union and staff concerns about the roster changes required to improve the quality of services provided by Austin Pathology laboratories.

Workforce Data			
			2007-08
Labour Category	June current month FTE	June YTD FTE	June current month head count
Nursing services	1,882.20	1,823.09	2,932
Administration and clerical	714.72	701.62	1,047
Medical support	599.54	605.68	872
Hotel and allied services	634.70	639.76	837
Medical officers	130.10	129.21	182
Hospital medical officers	323.59	308.73	755
Sessional medical officers	83.87	76.78	338
Ancillary support Sservices	386.77	367.74	649
Total	4,775.49	4,652.61	7,612

Learning and organisational development

The Learning and Organisation Development Unit undertook a significant project to develop Austin Health's new staff performance management program. With the assistance of an external agency and senior staff, the program aims to deliver improved performance culture through employee engagement and a limited pilot will be introduced over the next six months.

The unit developed and introduced Austin Health's new emerging leaders program, aiming to develop the key leadership skills of senior staff such as nurse unit managers and other senior clinicians. The program enabled participants to understand their individual leadership style, and to engage their teams in learning about successful leadership strategies. In addition the unit introduced a popular lecture series that explored common workplace issues at Austin Health.

An organisation-wide staff satisfaction survey returned 2,145 responses. The results showed that staff rated Austin Health highly. In addition, the survey questions were compared against a benchmark set by responses to identical questions by staff at three other similar hospitals. Austin Health outperformed in almost 70 per cent of comparable questions.

Child Care Centre

The Austin Child Care Centre is a 59-place centre that provides quality day care for the children of Austin Health staff. Plans are underway to redevelop the centre and expand to include an additional 11 places while improving the physical infrastructure. Staff and families are encouraged to be actively involved in continuing improvement and striving for the highest standards of quality care.

Highlights of the year included participating in community events such as NAIDOC Week in July to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander people and ANZAC Day celebrations.

BUSINESS SUPPORT

Information Technology

Austin Health continued its focus on improving clinical efficiency and patient safety through using information technology. A clinical systems planning day, attended by 40 senior staff, was held in August 2007 to determine priorities.

The electronic discharge summary system for inpatient episodes was introduced in more clinical units, reaching 60 per cent of units by mid-2008.

A NUTRITION RISK PILOT PROJECT DEMONSTRATED IMPROVED ASSESSMENT OF THE ALMOST 40 PER CENT OF PATIENTS WHO ARE FOUND TO BE MALNOURISHED ON ADMISSION.

A smartcard identification system was developed for clinicians working in The Surgery Centre to improve speed of access to electronic medical record information.

Major human resource systems, particularly rostering, salary packaging and an upgraded training records system, were implemented during the year.

“THE DEMAND FOR MEDICAL SERVICES CONTINUED TO GROW WITH OVER 250,000 PATIENT RECORDS MOVING ACROSS SITES IN THE PAST YEAR”

Demand for new network services and the need to replace ageing information technology infrastructure continued to present a challenge for funding and staff capacity. During 2007–08, the number of servers on Austin Health’s network increased from 101 to 163 and the amount of data in storage area networks grew from 23 terabytes to 38 terabytes.

Health Information

Health Information Services revised the medical record audit tool to ensure it covers the continuum of patient care. The new tool was piloted by a number of Austin Health’s clinical service units and was subsequently rolled out to all units.

The demand for medical services continued to grow with over 250,000 patient records moving across sites in the past year.

To simplify the process, a policy was developed to allow patients, in certain circumstances, to take their records with them when they have multiple appointments on different sites on the same day.

Staff from Health Information Services participated in a range of benchmarking studies with major Melbourne hospitals and The Health Roundtable to assist with national initiatives to identify best practice management of medical records.

The Clinical Information Unit (CIU) is responsible for collecting, linking, auditing and reporting the costs and revenue for patient care at Austin Health. In 2008, the unit provided patient costing data to the mandatory state government Victorian Cost Weight Study, which is used to determine hospital funding. The unit also provided data and analysis for the Department of Human Services’ Specified Grant Reviews and its data was used to help secure new technology funding and additional funding for some clinical services. In addition, the unit provided costing, performance and benchmarking information to a number of internal and external reviews to ensure continuous improvement.

The Management Information System Development and Support Unit continued to provide timely decision support information to the executive and managers. Major projects included developing a clinical audit database for the general medicine units, providing information for the hospital service plan and initiating a project to review and improve the management information reporting infrastructure within the health service.

Clinical Photography

Each year Clinical Photography provides a range of photographic services to Austin Health. During 2007–08 its activities included providing patient photography to assist in managing wounds and facilitating research by providing poster publications for Austin Health Research Week and international and national conference presentations.

DEVELOPMENT, CAPITAL AND SUPPORT SERVICES

Capital Works

The Capital Works Division appointed a new Director of Capital Works and Infrastructure. A departmental restructure during the year provided the opportunity to improve the process for the delivery of capital works within Austin Health.

Funding was approved for a number of major capital projects, which include \$25 million for the Olivia Newton-John Cancer and Wellness Centre and \$15.5 million for the new Centre for Trauma Related Mental Health on the Heidelberg Repatriation Hospital site. Planning and detailed design are underway for these two projects.

Projects under construction included The Surgery Centre, the Health and Rehabilitation Centre, staff relocation from the 3KZ building which will be replaced by the new Florey Neurosciences Institutes Building and the Australian Bio-Resources Centre.

A range of infrastructure projects has also commenced. Some of these projects were: refurbishment of two wards at Heidelberg Repatriation Hospital; provision of a new transformer and switchboard in the boiler house on the Austin Hospital site for power to the new Bio-Resources building; and upgrading of the electricity infrastructure to provide additional capacity for the Harold Stokes Building.

NEW PROJECTS IN THE PLANNING PHASE INCLUDE THE PROPOSED 122 BED MEDIUM-SECURITY MENTAL HEALTH FACILITY ON THE HEIDELBERG REPATRIATION HOSPITAL SITE AS WELL AS CLEARANCE PROJECTS AT THE SAME SITE; THE PATHOLOGY DEPARTMENT REDEVELOPMENT AT AUSTIN HOSPITAL; AND REDEVELOPMENT OPTIONS FOR THE MELLOR WARD ON THE ROYAL TALBOT REHABILITATION CENTRE SITE.

Biomedical Engineering

Biomedical Engineering continued to provide management, support and technical advice in medical equipment safety during 2007-08. More than 9,500 tasks were completed including commissioning, repair and maintenance of equipment. In addition, the unit provided support during the commissioning and bedding down of the Surgery and Endoscopy Centre's new equipment, systems and procedures. Additional support was also provided in procuring and preparing the new medical equipment for The Surgery Centre.

Food Services

The Food Services Department introduced a decentralised management structure following the recommendations of an independent review in 2007. The department secured a three-year contract to provide a plated meal service to The Royal Women's Hospital, which has allowed the potential to upgrade the existing facility to cater for additional volume.

The Central Production Unit's (CPU) Food Safety Program was accepted by Banyule Council and is currently registered as a 'class 1' food premises. The CPU standardised and tested all recipes to ensure Victorian nutritional specifications were met.

Stericlean

Stericlean Linen Service successfully consolidated its services eliminating the need to operate the plant on Saturday mornings. As a part of its strategy to ensure water is used efficiently, the service's water management plan was upgraded within Yarra Valley Water guidelines. A HydroShare web-based meter was installed to provide real-time water meter consumption data, reports and graphs.

WATER USAGE WAS REDUCED BY 21 PER CENT IN 2006-07, AND A FURTHER 12 PER CENT IN 2007-08.

MANDATORY REPORTING

Attestation on compliance with Australian/New Zealand Risk Management Standard

I, Tim Daly, Chairman of the Board of Austin Health, certify that Austin Health has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard (4360:2004) and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The Board Audit Committee verifies this assurance and that the Austin Health Risk Register has been critically reviewed within the last 12 months.

Austin Health is committed to the ongoing evaluation and development of our new risk management framework.

Mr Tim Daly



Chairman
25 August 2008

Ex-gratia Payments

Austin Health made no ex-gratia payments for the year ending 30 June 2008.

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 2007–08

Requests received	678
Fully granted	610
Partially granted	25
Denied	1
Other	20
- Not processed	
- De-activated/cancelled requests	
In progress	22

Consultancies engaged during 2006–07

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

There were two consultancies in 2007–08 greater than \$100,000

- (a) Adesse Pty Ltd conducted and implemented a review of food service operations - \$152,725
- (b) Norman Disney & Young were engaged to carry out a fire safety audit \$101,600

2. Less than \$100,000 per consultancy

There were 10 consultancies engaged at a total cost of \$208,243.

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 2007–08, 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, 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 2007–08 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.

Activity Data Table					
	Acute	Mental Health	Aged	Other	Total
Admitted patients					
Separations					
Same day	54,594	12	13	-	54,619
Multi day	29,132	908	1,011	-	31,051
Total separations	83,726	920	1,024	-	85,670
Emergency	31,931	391	792	-	33,114
Elective	51,795	529	232	-	52,556
Total separations	83,726	920	1,024	-	85,670
Public separations	69,278	669	760	-	70,707
Total WIES14	61,430	-	-	-	-
Average available beds	684	137	59	60	940
Separations per available bed	122	7	17	-	91
Total Bed Days (accrued)	257,574	29,201	21,170	-	307,945
Non-admitted patients					
Emergency medicine attendance	56,887	-	-	-	56,887
Outpatient services - occasions of service	392,483	-	20,800	21,810	435,093
Total occasions of service	449,370		20,800	21,810	491,980
Victorian Ambulatory Classification System (VACS) - No. of weighted attendances	97,387				
No of allied health encounters	80,389				

	2005-06	2006-07	2007-08
1. Elective Surgery Performance			
Category 1 proportion of patients waiting less than 30 days	100%	100%	100%
Category 2 proportion of patients waiting less than 90 days	53%	50%	38%
Category 3 proportion of patients waiting less than 365 days	81%	82%	83%
2. Emergency Department Performance			
2a. Category 1 patients receiving immediate attention	100%	100%	100%
2b. Percentage of emergency patients admitted to an inpatient bed within 8 hours	69%	63%	67%
2c. Percentage of operating time on hospital bypass	2%	2%	2%
2d. Percentage of non-admitted emergency patients with a length of stay of less than four hours	70%	67%	71%
2e. Number of patients with an emergency department length of stay greater than 24 hours	10	5	0
3. Average Available Beds (Acute) *	647	664	684
4. Number of Intensive Care Beds	16	17	17
5. Number of Coronary Care Beds	10	10	10

Available beds:

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

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

FINANCES

Austin Health again achieved a breakeven¹ financial result and recorded a small surplus of \$72,000 in 2007-08. The result was achieved in extraordinarily difficult circumstances. Austin Health incurred costs of well in excess of \$3 million due to increased numbers of patients which were not funded. That a surplus was achieved was due to improved budget accountability that has led to efficiencies that have both reduced costs and increased revenue.

In the longer term, improved financial results are essential to provide the capital required to meet patient demand, replace equipment, and maintain services with technological advances.

From a Finance Department perspective, there were a number of initiatives that contributed to another successful year. Highlights included earlier month end reporting; further streamlining of the budget process; playing a major role in a project that will improve patient billing across the health sector; providing a customer focused management accounting service to departmental managers; the ongoing success of the Private Patient Initiative team; implementing a new purchase requisition system; and developing a business planning model for Austin Health, among other process improvement activities.

Financial Summary					
	2003/04	2004/05	2005/06	2006/07	2007-08
	\$000	\$000	\$000	\$000	\$000
Total Revenue	413,800	443,646	474,953	507,829	550,319
Total Expenses	415,000	448,353	474,001	504,011	550,247
Operating Surplus/ (Deficit) before capital and specific items	(1,200)	(4,707)	951	3,818	0.1
Capital and Specific Items	1,186	(11,557)	(4,991)	(15,832)	(10,018)
Operating Surplus/ (Deficit)	(14)	(16,264)	(4,040)	(12,014)	(9,946)
Accumulated Deficit	(45,598)	(63,064)	(65,732)	(78,501)	(88,034)
Total Assets	296,093	673,660	683,512	715,487	766,238
Total Liabilities	117,838	141,934	142,649	152,161	177,711
Net Assets	178,255	531,726	540,863	563,326	588,527
Total Equity	178,255	531,726	540,863	563,326	588,527

Revenue indicators								
	Average collection days				Inpatient accommodation fees outstanding			
	2008 Days	2007 Days	Under 30 days \$000	31-60 Days \$000	61-90 Days \$000	Over 90 Days \$000	Total 30/6/06 \$000	Total 30/6/05 \$000
Private	66	90	937	876	592	974	3,379	1,929
TAC	132	118	199	260	203	457	1,119	912
VWA	262	77	103	85	99	389	676	396
Other								
Compensable	134	138	80	104	27	186	397	328
Psychiatric	67	56	42	18	8	8	76	119
Residential Aged Care	5	20	1	10	3	0	14	13
Total	82	89	1,362	1,353	932	2,014	5,661	3,697

¹Health Services' financial results are measured by the reporting results before capital and specific items (refer shaded area), due to depreciation expense not being matched by a funding source.

OUR CLINICAL SERVICES

Statewide services

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

Aged Care

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

Allied Health

Nutrition and Dietetics
Occupational Therapy
Physiotherapy
Social Work
Speech Pathology

Ambulatory Services

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

Anaesthetic, Perioperative and Intensive Care

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

Cancer Services

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

Cardiothoracic Services

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

Diagnostic Services

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

Gastroenterology, Surgical and Transplantation

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

Medical and Emergency

Clinical Pharmacology, Therapeutics and Hypertension
Dermatology
Emergency Medicine
Endocrinology
General Medicine
Infection Control
Infectious Diseases
Medical Assessment and Planning Unit
Nephrology
Paediatric Medicine
Podiatry
Renal Dialysis
Rheumatology
Short Stay Observation Unit
Toxicology

Mental Health

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

Neurosciences and Vascular Surgery

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

Pharmacy

Specialist Surgical and Spinal

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

SENIOR STAFF 2007-08

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Dr B Murphy

Executive directors

J Breguet

Redevelopment Infrastructure and Commercial (to December 2007)

M McDowell

Redevelopment Infrastructure and Commercial (from December 2007)

I Broadway

Finance

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Chief Medical Officer

AM Keenan

Ambulatory and Nursing Services

C O'Gorman

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M Petty

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J Richardson

Human Resources

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Cancer, Spinal and Outpatients

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Mental Health

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L Auriant

J Batten

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Epilepsy Program

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Prof G Donnan

Director Neurology

Dr L Doolan

Director Operating Room Services

Mr M Douglas

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Director Clinical Haematology

M Egan

Co-manager Social Work

Dr B Fabiny

Director Radiology

A/Prof G Fabinyi

Director Neurosurgery

Dr O Farouque

Director Cardiology

Mr G Fell

Director Vascular Surgery

Mr S Flood

Head Plastic and Reconstructive Surgery

J Feltham

Co-manager Social Work

H Fithall

Manager Hospital in the Home

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Prof M Galea

Director Rehabilitation Science Research Centre

K Garrett

Director Pharmacy

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Director Endoscopy

Prof L Grayson
Director Infectious Diseases and Microbiology

Dr K Gullifer
Head Ophthalmology Unit

Dr G Gutteridge
Director Intensive Care Unit

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I Harley
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Head Brain Disorders Program

Dr M Howard
Director Victorian Respiratory Support Service

Dr S Howard
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Clinical Dean School of Medicine

L Owen
Manager North East Post Acute Care

R Paino
Aged and Residential Care Co-ordinator

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Head Centre for PET, Program Director
Ludwig Institute for Cancer Research

T Shevchenko
Manager Hospital Primary Care Liaison Unit

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Medical Director Pathology

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Director La Trobe/Austin Health Clinical School of Nursing

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Manager Speech Pathology

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A/Director Orthopaedic Surgery

Mr P Wilde
Head Spinal Surgery Service

Dr R Woodruff
Head Palliative Care

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

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J Clark
Manager Payroll Services

D Cosentino
Manager Child Care Centre

J Davis
Manager Research Ethics

P Dalton
Director Fundraising (to May 2008)

M Denison
Director Facilities Maintenance (to March 2008)

D Edwards
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M Ellis
Board Secretariat

J Evans
Manager Strategic and Business Planning/Quality

A Germech
Financial Controller

G Gibbons
Co-director Pastoral Care

K Gogel
Manager Employee Relations

C Goodyear
Manager Access and Demand

H Grusauskas
Director Medical Education Unit

J Heselev
Manager Corporate Communications (to May 2008)

S Hillman
A/Director Fundraising (from May 2008)

C Hirst
Corporate Counsel

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K Jenkins
Manager Health Information Services

I Leong
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Manager Building and Engineering Services (to May 2008)

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S McConchie
Manager Hospital Medical Officer Services (from March 2008)

R McGlynn
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B Morton
Manager Supply

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Director Supply and Contracts

P Oppy
Director Information Technology

L Roberton
Patient Representative

C Schleiger
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R Sedgwick
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C Sharrock
Manager Hospital Medical Officer Services (to January 2008)

C Smith
Manager Food Services

A Whitby
Director Pastoral Care

J Wilkinson
Director Facilities Maintenance (from April 2008)

R Winther
Veteran Liaison Officer

A Wright
Manager Learning and Organisation Development

OUR SUPPORTERS 2007-08

Thank you

Austin Health donors make a significant difference contributing to research, patient support and vital patient equipment across all areas of Austin Health including Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre.

Ms Olivia Newton-John with other cancer survivors and international celebrities undertook a major trek along the Great Wall of China to raise awareness and funds for cancer particularly towards the Austin's new cancer and wellness centre.

Thank you to the many community groups and individuals who ran events to raise funds.

In Memoriam Gifts - gifts made in memory of a loved one again made a significant contribution to the work of Austin Health.

Friends of Austin Health

Special acknowledgment is made again this year of the Friends of Austin Health - the volunteer fundraising auxiliaries whose efforts each year raise valuable funds for equipment under the leadership of their President, Mrs Beverley Briese OAM.

In addition, major raffle proceeds have contributed over \$1.5 million towards the Olivia Newton-John Cancer and Wellness Centre Appeal over the last few years.

Thankyou.

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Professor Jonathan Cebon, Director Ludwig Oncology Unit

Austin Health thanks all supporters during 2007-08 and particularly acknowledges and thanks the following major donors.

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 Mr Dean Williams
 Mr Michael Wilm
 Ms Judy Winikoff
 Mrs Ann Woollard
 Mr Frank Wilson
 Dr Jos M Xipell
 Mr David Xu
 Mr Shau Kai Yee

Clubs, Groups, Community Events

Australian Association of Kastorians
 Bayside Companion Dog Training School
 Campania Sports & Social Club
 City of Darebin Mayoral Dinner
 City Harvest Church Singapore
 Club Fogolar Furlan
 Josie Minniti's Fun Club
 Lalor Bowling Club
 Leather & Lace Gala Dinner - Rhonda Martinez, Harley City Brunswick
 Lioness Club of Eltham
 Lions Club of Greensborough
 Lions Club of Waverley Inc
 Mergers & Acquisitions Charity Dinner - PriceWaterhouseCoopers and Capital Connect
 Nancy Fyfe Birthday Club
 Mornington Peninsula Legacy Club
 North of the Yarra Quilters
 Only Olivia Fan Club
 Rats of Tobruk Association
 Rotary Club of Brighton North
 Rotary Club of North Balwyn - Rotary River Ride
 Rotary Club of Rosanna
 Rotary Club of Wendouree
 Rotary Club of Williamstown
 RSL Balwyn Sub Branch
 RSL Benteleigh Sub Branch Inc.
 RSL Box Hill Sub Branch Inc.
 RSL Keilor East Sub Branch Inc.
 RSL North Balwyn Sub Branch
 RSL Rye Sub Branch
 RSL Women's [Vic] Branch
 St Patrick's College Ballarat
 Southern Veterans Cycling Club
 Sovereign Order of St John of Jerusalem
 Sportsman Association of Australia [Ballarat]
 TB Ex Service Association of Vic & Tas
 TPI Association
 TPI Social Bowling Club
 Victorian Guild of China Painters Inc
 Victorian Scottish Regiment Association.
 War Widows Guild of Australia (Vic) Inc.
 Whitefriars College
 Whittlesea F/C Inc. Social Club
 Women Out Front - Jodie Harrison

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Great Walk to Beijing

Particular thanks to the people of China, the Chinese and Australian Embassies, Ms Olivia Newton-John and the walkers, cancer survivors and thrivers, sponsors and individual donors.

A special thank you to the 7,000 donors who sponsored the walkers.

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AWARDS AND SCHOLARSHIPS

AWARDS

Professor Sam Berkovic

NHMRC Australia Fellowship (2007)

Professor Berkovic will use his fellowship to work on the integration of high-level clinical medicine, molecular genetics and cutting-edge neuro-imaging in the causes and treatment of epilepsy.

Michelle Cimoli

Victorian Travelling Fellowship

Speech pathologist Michelle Cimoli was the recipient of a Department of Human Services Victorian Travelling Fellowship to investigate workforce issues relevant to allied health and speech pathology.

Associate Professor Ian Davis

Victorian Cancer Agency Clinician Researcher Fellowship

NHMRC Honorary Practitioner Fellowship 2008–2012

Associate Professor Ian Davis, of the uro-oncology laboratory received a number of awards during 2007. He is the recipient of one of four inaugural Victorian Cancer Agency Clinician Researcher Fellowships providing \$150,000 a year for three years for his research into urological cancers.

The NHMRC also awarded A/Prof Davis an Honorary Practitioner Fellowship 2008–2012, and Pfizer Australia have provided support for a Phase I combination therapy study of the cG250 antibody with Sutent® in renal cell cancer. Patient accrual commenced in early 2008.

Mr Ali Ghasem-Zadeh

International Young Investigator Award

Mr Ali Ghasem-Zadeh has been selected by the International Society for Clinical Densitometry to receive their International Young Investigator Award. Mr Ghasem-Zadeh, a member of the Seeman research group, received \$2000 and a certificate for this award. Mr Ghasem-Zadeh's abstract, Micro-structural basis of bone fragility in women and men, was presented at the ISCD's annual meeting in San Francisco in March 2008.

Dr Tom John

AACR-Scholar

Dr Tom John received an AACR-Scholar in training award from the American Association for Cancer Research for research with the gene EC5A/DPPA2 performed during his PhD in the Cancer Vaccine laboratory.

Dr Ken Pang

Fulbright Postdoctoral Scholarship

Dr Ken Pang, Postdoctoral Fellow at the LICR Melbourne Centre, has been awarded a prestigious Fulbright Postdoctoral Scholarship to conduct research at Harvard University's Department of Molecular and Cellular Biology.

Bernadette McDonald and Denis O'Leary

Victorian Travelling Fellowship

The directors of the surgical and anaesthesia, perioperative and intensive care clinical service units received a Department of Human Services Victorian Travelling Fellowship to investigate operational overseas models of elective surgery centre.

Professor Ingrid Scheffer

American Epilepsy Society Research Recognition Award for Clinical Research (2007)

The American Epilepsy Society Research Recognition Award for Clinical Research award recognises an outstanding contribution to clinical research in epilepsy at an international level.

Associate Professor David Taylor

The Morson-Taylor Research Award 2007

Associate Professor David Taylor was awarded the best proposed research project: 'IV droperidol and olanzepine as adjuncts to midazolam for the acutely agitated patient: a multi-centre, randomised, double-blind, controlled clinical trial' by the Australasian College for Emergency Medicine in August 2007

Andrew Tomkin

Sir John Loewenthal Award 2008

Professor Tomkin received the Sir John Loewenthal Award in recognition of his contribution to the objectives of the Heart Foundation by reducing suffering and death from heart disease and establishing community education and service programs on the rehabilitation from and prevention and treatment of heart disease.

Dr Roger Zebase

IOF–Servier Young Investigator Research Grant (2008)

Shun-ichi Harada Young Investigator Award (2008)

The IOF (International Osteoporosis Foundation)–Servier Young Investigator Research Grant aims specifically at encouraging young scientists to carry out high quality research. The grant includes Euro 40,000 towards original research of significant value and international relevance in the field of osteoporosis and a medal. Dr Zebase was also the recipient of the 2008 Shun-ichi Harada Young Investigator Award for insights in the pathogenesis of age-related bone loss. The award includes \$1,000 honorarium and a plaque.

SCHOLARSHIPS

Tania Quirk

The Liz Baker Memorial Diabetes Education Certificate Scholarship

The Diabetes Education Service Liz Baker Memorial Diabetes Education Certificate Scholarship was founded in memory of Elizabeth Baker, a former diabetes nurse educator. The inaugural recipient was Tania Quirk from the Emergency Department.

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The annual report of Austin Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of compliance with statutory disclosure requirements.

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Principal Photography

Bonnie Savage

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Stock

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