Austin Health

SUSTAINABILITY REPORT 2008/09

ENTER

INTRODUCTION

Austin Health is working towards becoming more environmentally sustainable. Health care is very complex, and it is challenging to do all that we do while also practicing in ways that are gentle on the environment. Health care makes significant negative impacts on the environment through high energy needs, toxin use and waste generation but our commitment to improved sustainability is strongly supported by our staff.

As a direct result of staff participation in the organisation's strategic planning sessions in late 2008, environmental sustainability was included as a key direction to pursue in the strategic plan for the first time. Its elevation from a principle to a strategic goal will guide our activities, through the newly established Environment Committee, from capital planning through to waste reduction and improved efficiency of resources usage.

A conservation and waste management officer was appointed in 2008 to identify and manage improvements in resource consumption, recycling and waste generation. Significant resources have been invested to compile current data on waste, water, electricity and gas consumption. The audits have identified opportunities for better waste management and guidelines to increase resource efficiency and recycling initiatives within Austin Health. In alignment with our core value of accountability, we acknowledge that we need to improve our environmental performance. This report outlines some initiatives to green Austin Health.

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INTRODUCTION

Message from
Dr Brendan Murphy
Chief Executive Officer

It is my pleasure to present Austin Health's inaugural sustainability report 2008/09.

There is a growing imperative for the health sector to improve its environmental performance. Until recently, our focus has been solely on patient outcomes and, in this respect, we have achieved extraordinary benefits for our communities. Nationally, our public health system delivers more than 4.3 million occasions of care each year, with more than 1.5 million of those in Victoria. The quality of health care we enjoy is internationally recognised. However, with the threat of climate change and its associated impact on human health, we need to broaden our health focus beyond the boundaries of our facilities to deliver quality health care within a healthy environment.

The economic and legislative environment in which modern health services are delivered is one of unique constraints, pressures and opportunities. Hospitals work within the legal requirements of occupational health and safety regulations, infection control guidelines and environmental protection laws. In addition, hospitals work with fixed budgets and performance targets that are set well in advance, but exist in the context of constantly rising public demand and expectations. These elements create a challenging environment in which to effect change, yet Austin Health is conscious of its duty of care both to its patients and to its community. While our initial efforts may appear modest, I am proud that Austin Health is moving to embrace its environmental performance as a core value.

This report lists comparative data on Austin Health's consumption of energy and water over time. It includes data that tracks the organisation's waste generation. Case studies illustrate the approach we are taking to reduce our environmental footprint and record some of our successes and many of our challenges. Most importantly, it establishes some baseline material on which we can build.

I look forward to reporting achievements in years to come.

Dr Brendan Murphy
Chief Executive Officer
Austin Health

INTRODUCTION

Message from
Mr Michael McDowell
Executive Director
Infrastructure & Commercial

Recent years have seen a growing movement within the health sector to reduce resource costs, meet regulatory obligations and demonstrate environmental responsibility.

At Austin Health, we have prioritised the environmental sustainability of our three hospitals as a key organisational value. We have appointed a specialist in the role of conservation and waste management officer to ensure we meet our obligations under the relevant legislation and environmental reporting and to work with staff to identify achievable improvements.

In broad terms, we have commenced the planning processes to improve our resource management by the end of 2009. In 2008, we undertook audits of our water and energy consumption and waste generation. The auditors' recommendations will enable us to cut water and energy use and divert waste from landfill.

We have established an Environment Committee, chaired by Mr Luke Mulkearns, Executive Director of Human Resources. The committee's role is to establish environment policy; set key objectives and targets; develop an environmental management system; and monitor and report our achievements. While the initiative in still in its early days, the committee has been encouraged by the enthusiasm for improvement shown by our staff.

An overview of some of the projects underway is featured in this report and some case studies are presented of simple but effective staff-initiated projects.

I look forward to being able to report against specific objectives and targets that will improve our environmental performance in the future. Until then, I encourage you to read this report and become part of the movement toward environmental sustainability in the health sector.

Mr Michael McDowell
Executive Director
Infrastructure & Commercial

WATER

By 30 June 2009, Melbourne's overall water storages are at around 27 per cent. Reducing the consumption of this precious natural resource is a priority. Recent studies have identified hospitals as major water users. Austin Hospital, Heidelberg Repatriation Hospital and Stericlean Linen Service were listed by Yarra Valley Water in its 2007/08 Sustainability Report as a customer that used between 50 and 100 million litres of water each year. However, each of these sites has developed an action plan to reduce its water consumption via water conservation initiatives. A number of water-saving measures have been identified across the three sites. These initiatives are being assessed and will be implemented as funding becomes available.

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WATER

Case study – Renal Dialysis Water Recycling

It makes environmental and financial sense for Austin Health to look for ways of conserving water or recycling water that may otherwise be poured down the drain. The reverse osmosis dialysis machines at Heidelberg Repatriation Hospital use huge amounts of water that is eventually poured into the sewerage system. While this is viewed as grey water, it does have the potential to be safely recycled for flushing toilets or watering gardens.

The renal dialysis service operates 14 hours each day, six days per week. More than 165 litres of purified water are used in a typical five and a half hour dialysis session. At Heidelberg Repatriation Hospital, 32 patients receive dialysis each day, consuming approximately 5,035 kilolitres of water each year. Of this water, 2,935 kilolitres has the potential to be directed into header tanks in the roof of the Flanders Building and flow through the gravity-fed toilet flushing system.

The dialysis machines remove the excess fluid and waste from the patient's blood, using a purified washing fluid called dialysate, which is finally washed into the sewerage system.

Large volumes of drinking water are purified to prepare the dialysate and flush the machines clean. This water is discharged into common drains, yet it has the potential to be re-used.

The discharged water contains a higher level of salt than drinking water. Following a desalination process, it could be used for garden irrigation but is currently re-useable for toilet flushing. An audit has shown that when the dialysis unit is operating, the volume of water available will exceed the rate of demand in Flanders Wing so water could be stored. Any excess water could also be diverted to a portable tank to water the grounds and garden.

As part of the Greening Our Hospitals - Water Program funded by the Department of Human Services and the Victorian Water Trust, these works commenced in June 2009.

WATER

Case study – Water in the Central Production Unit

The installation of an innovative cleaning system during the construction of the Central Production Unit (CPU) in 2007 led to unforeseen challenges for Ms Eileen Palmieri, Quality Assurance Manager, CPU.

The "e-water" system was imported from Japan as an effective, chemical-free cleaner for sanitising bench tops, work surfaces and hand washing. The system works by combining ordinary cold tap water, a mild salt solution, and an electrical current to create electrolysed water. The electricity is created by placing two metal strips, a cathode and an anode, into a diluted saltwater solution which forces the saltwater molecules to divide themselves into positive and negative ions. This creates alkaline cleaning water and acidic sanitizing water, or electrolysed water, that is equally effective in removing grease as it is bacteria.

After use, the water becomes neutralised and is harmless when discharged into the drains. Compared with traditional cleaning methods, involving polluting chemicals, colours, and soaps, the e-water is an effective, environmentally-friendly alternative.

As the first of its kind in Australia, the electrolysed water did not meet the requirements of the *Food Act (1984)*, which specified that food production surfaces must be cleaned in a chlorine solution diluted at 100:1,000,000 in warm water of 50ºC. As a result, use of the non-toxic, non-polluting, budget-friendly system was rejected by food safety inspectors until Ms Palmieri was able to prove conclusively that the e-water could effectively destroy pathogens, bacteria, viruses and other dangerous organisms.

Ms Palmieri carried out rigorous, comparative tests involving placing fish on the CPU's bench tops then cleaning the area with e-water and traditional chlorine solutions. The bench tops were swabbed, and the results were analysed in a laboratory. The tests showed that e-water is as good as or better than using chemicals to clean and kill bacteria.

Leading the way for other hospitals and organisations to follow, the CPU was successful in establishing e-water as an Australian standard in chemical-free, safe cleaning.

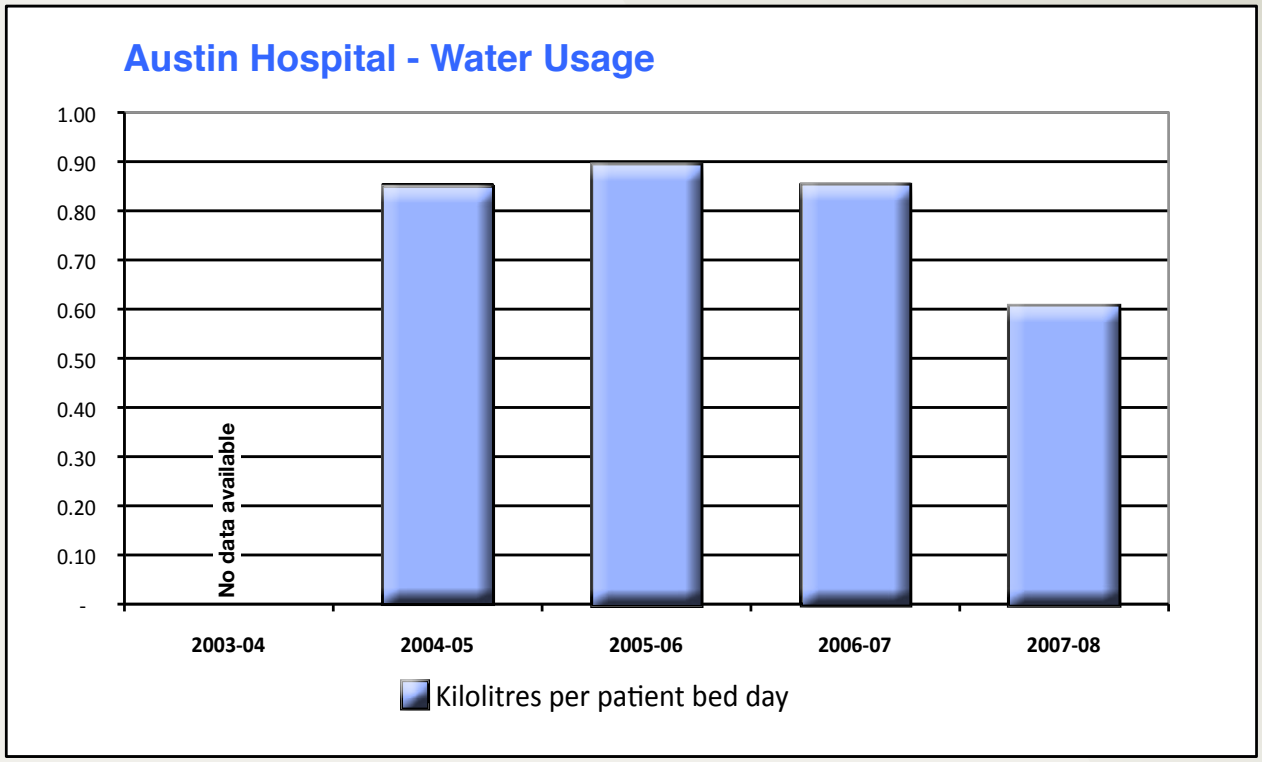
While sparing our waste water system around 130L of sudsy, perfumed and coloured detergent each year, the e-water system is saving the CPU substantial cleaning chemical bills. Ms Palmieri orders a 10L bag of salt every six weeks at an annual cost of around $35.00 compared to over $1,550.00 for the annual detergent bill. While the dishwasher, trolley washer and ovens are still cleaned using chemicals that are plumbed directly into the equipment, the quantity of detergent used has been reduced to around 15L every six weeks.

WATER
Austin Hospital

Over the past five years, a number of water reduction measures have been implemented at the Austin Hospital to reduce consumption of water generally. These include:

- 56 water efficient shower heads across the site
- Dual-flushing toilets with three litre and six litre flush cycles
- The introduction of more efficient electric chillers, reducing demand for condenser water
- Upgraded boilers and cooling towers to improve efficiency.

To meet its aim to reduce Austin Hospital's water usage by up to five per cent in financial year 2009/10, water saving measures are planned as funding becomes available, including the introduction of flow restrictors to taps, upgrading all single flush toilets to dual flush and installation of meters for the boiler house and cooling towers.

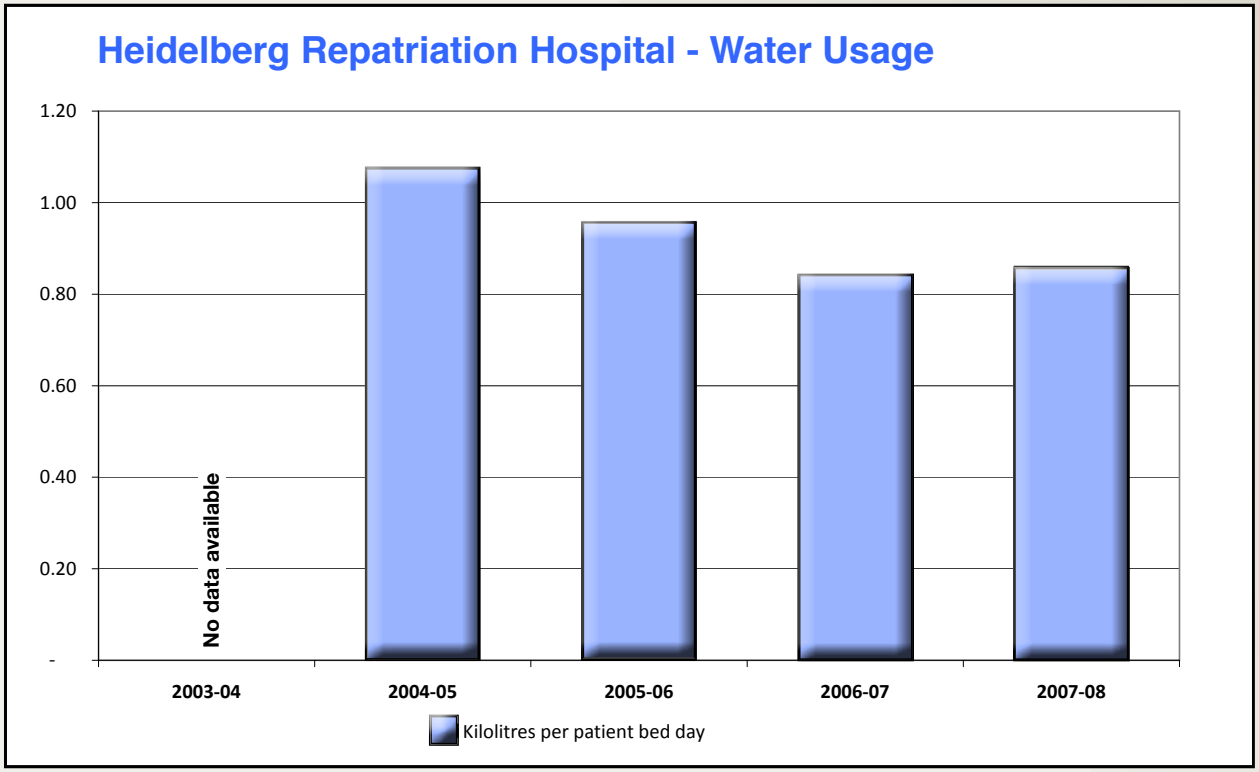


WATER

Heidelberg Repatriation Hospital

Water consumption at Heidelberg Repatriation Hospital has reduced over time, partly due to the relocation of the Mental Health Secure Extended Care Unit and the Clinical Sterilising Supply Department to the Austin Hospital site. The Central Production Unit kitchen and Finishing Kitchen were established using efficient water technology. Additional savings are required to meet the aim of reducing water consumption by up to eight per cent next year. This will be achieved through water re-use, installation of a rainwater tank and reducing output through basins, sinks, troughs and toilets.

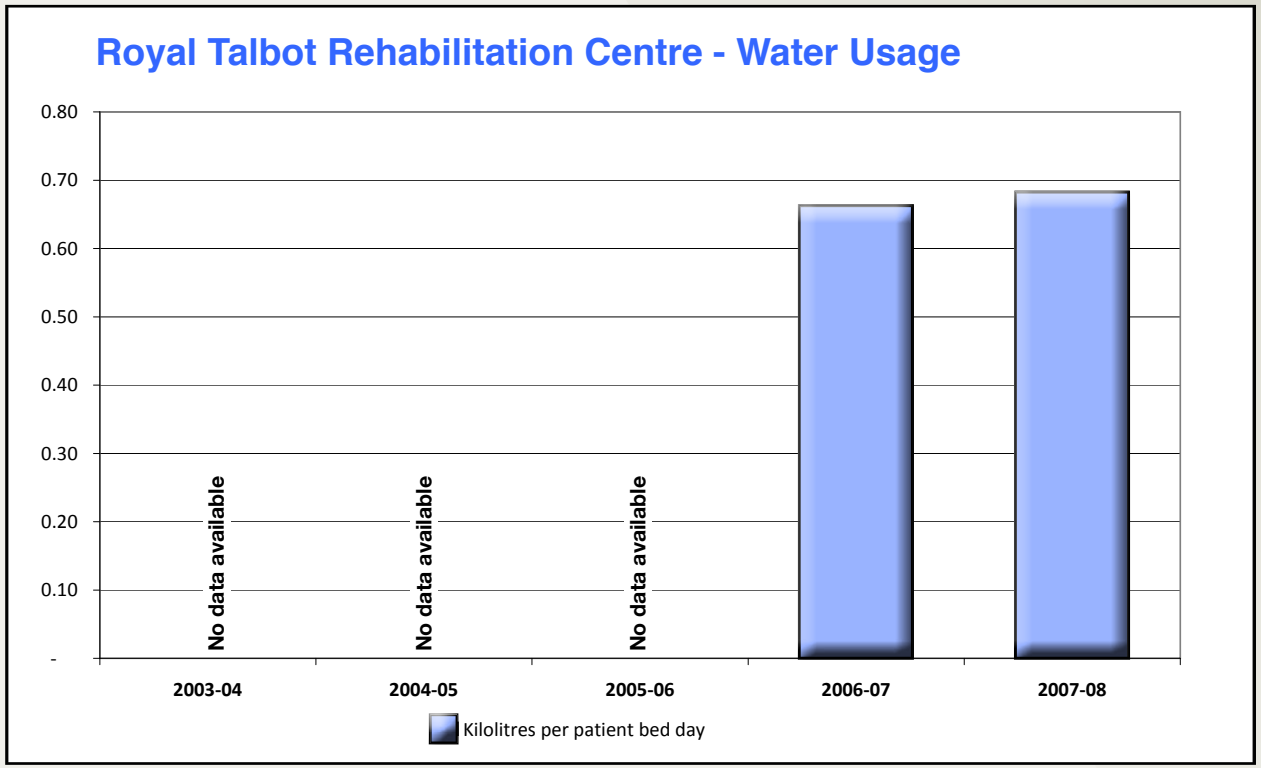
New developments on the site have the potential to challenge this target, as construction of new buildings continues.



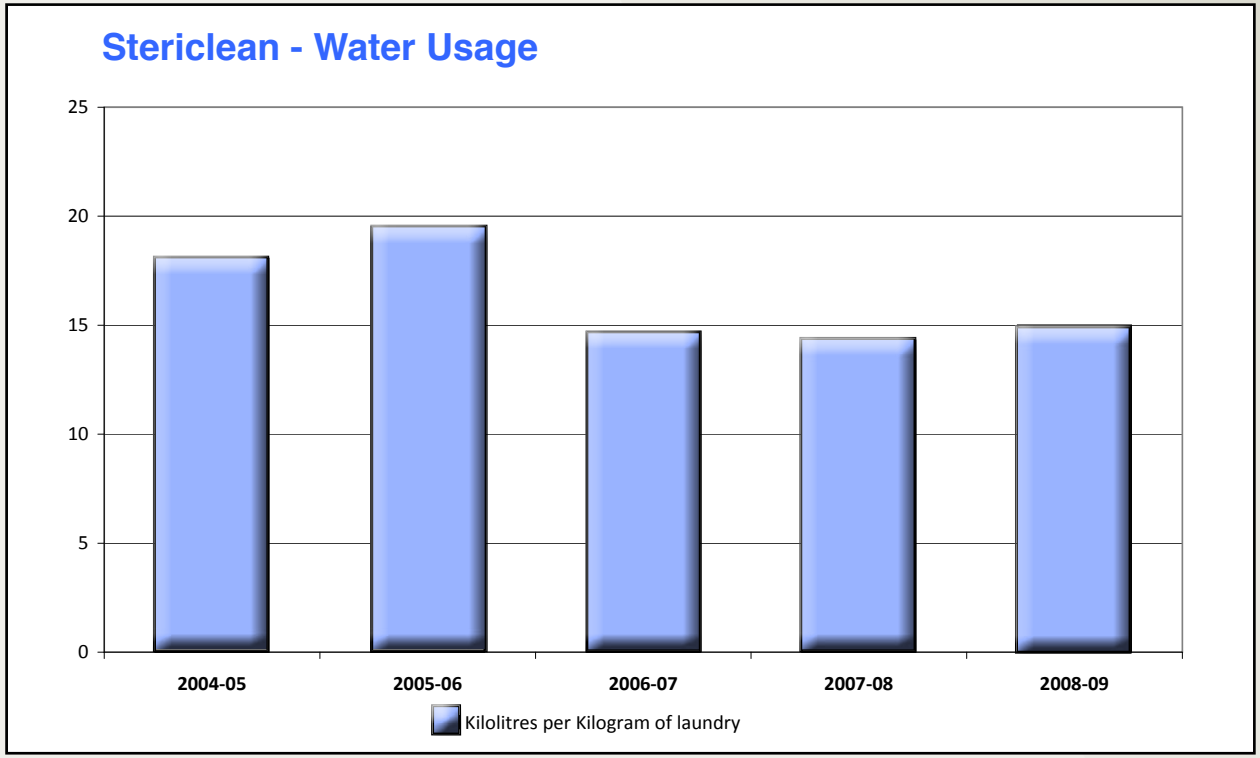
WATER

Royal Talbot Rehabilitation Centre

Royal Talbot Rehabilitation Centre aims to reduce its overall water consumption by 10 per cent in financial year 2009/10. The major water-using facilities at Royal Talbot Rehabilitation Centre are bathrooms where 80 per cent of total water is consumed and the kitchen and the hydrotherapy pool at five per cent each. These areas are being targeted for improvement through reducing consumption and re-using water. In 2006/07, a 32,000 litre water storage tank was installed to store pool backwash and rainwater. The stored water is pumped into holding tanks for cistern flushing. The storage tank receives 20,000 litres of chlorinated water each week which supplies 40 toilets in Mellor Ward and the Therapy Services building. Subject to funding becoming available, the installation of dual flush three litre/six litre systems would conserve approximately one gigalitre of water in the centre's 120 toilets. Potential water savings at the hospital were adversely affected by the impact of two burst water mains nearby.



WATER
Stericlean



Stericlean was established in 1966 and is located on the Austin Hospital site. It provides a complete linen service to Austin Health and Mercy Hospital for Women, as well as several other private hospitals and nursing homes.

The service provides a total linen imprest system to the client base, including the operating theatres, surgical apparel, incontinence products and bed linen. Stericlean's current production output is around 60 tonne per week.

Water efficiencies have been largely attributed to recycling the rinse water from the plant's two continuous batch washer systems.

This water is used in the wetting down and break wash section of the wash process.

In conjunction with Yarra Valley Water, over the last five years Stericlean has completed a water plan and each year has successfully upgraded the plan to meet Yarra Valley Water's requirements.

GAS

Natural gas is the cleanest burning of all of the organic fossil fuels. It has the lowest carbon dioxide emissions of any fossil fuel, so its use produces lower greenhouse gas emissions than coal and oil.

Austin Health has employed natural gas technology wherever possible to fuel its boilers that deliver water heating for both domestic use and for heating buildings, steam-raising and cooling. Additionally, gas is used for cooking and some space heating. These services are delivered by six gas-fuelled boilers at the Austin Hospital site. Three are located in the boiler house, and three are located in the plant room on level nine of the Austin Hospital Tower. One gas-fired boiler is located at Heidelberg Repatriation Hospital.

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GAS

Case study – Gas boilers at Heidelberg Repatriation Hospital

Until they were replaced by state of the art gas boilers in 2004, the boilers at Heidelberg Repatriation Hospital were fuelled by brown coal briquettes. Approximately 550 tonne per week was delivered by truck and dropped into the blackened feeder to supply coal to the boiler. Smoke blowing from the boiler house chimney was a common sight in Heidelberg West.

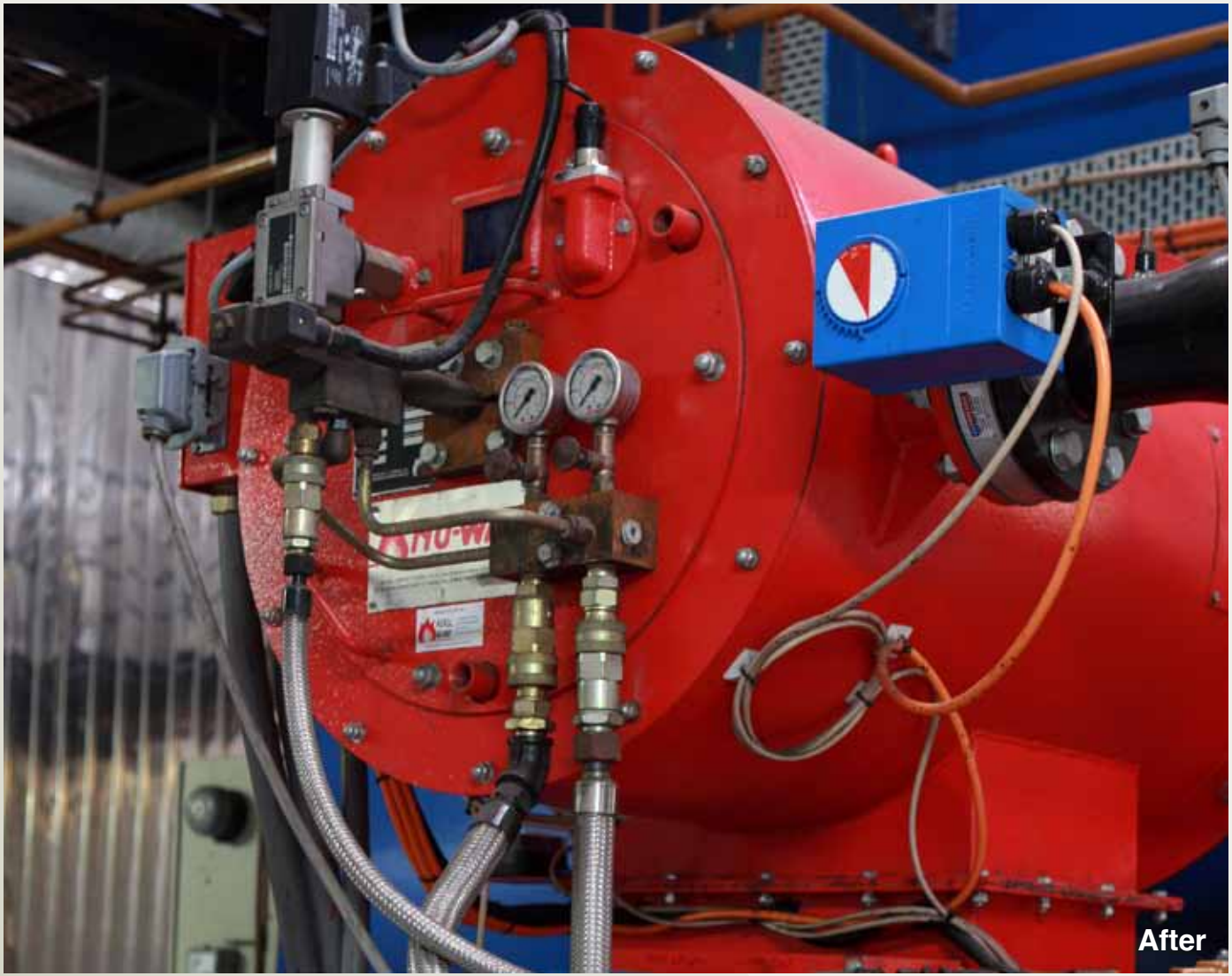
The gas boilers were installed in response to a crisis: a fire at the briquette manufacturing factory in Morwell on Boxing Day 2003. The fire halted all production of briquettes, and with only a week's supply of stock, seven Victorian hospitals were without a source of thermal energy. Only Victoria used brown coal as an energy source and Heidelberg Repatriation Hospital's boilers were configured in such a way as to only receive and burn fuel of particular specifications.

With the assistance of the Department of Human Services, the *Emergency Fuels Act* was enacted to quarantine fuel for Victorian emergency services.

Continued

GAS

Case study – Gas boilers at Heidelberg Repatriation Hospital *Continued*

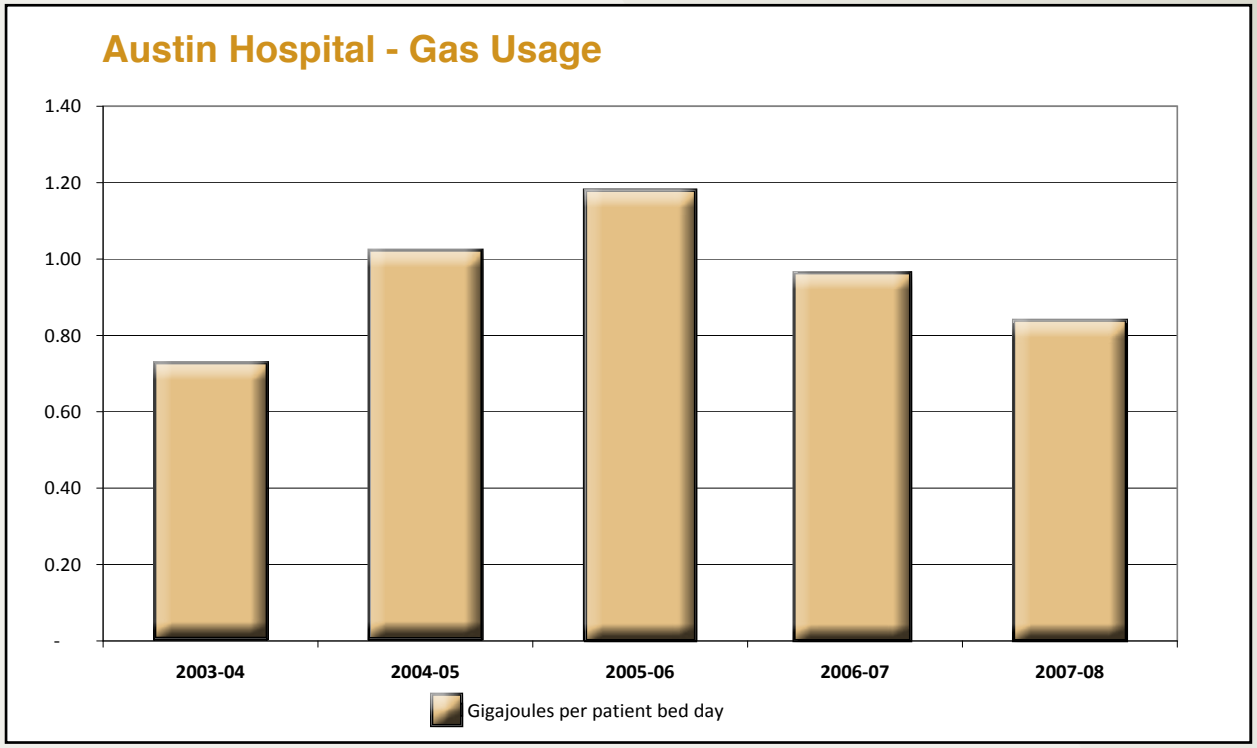


A supply of black coal from NSW was assured. While the critical and vital functions of the hospital were maintained, the polluting nature of the coal was endured by local residents. Complaints of visible emissions, poor air quality and particles fallout was received by both the hospital and EPA Victoria. Public concern over greenhouse gas emissions was such that the then chief executive officer gave a public commitment to install gas-fuelled boilers.

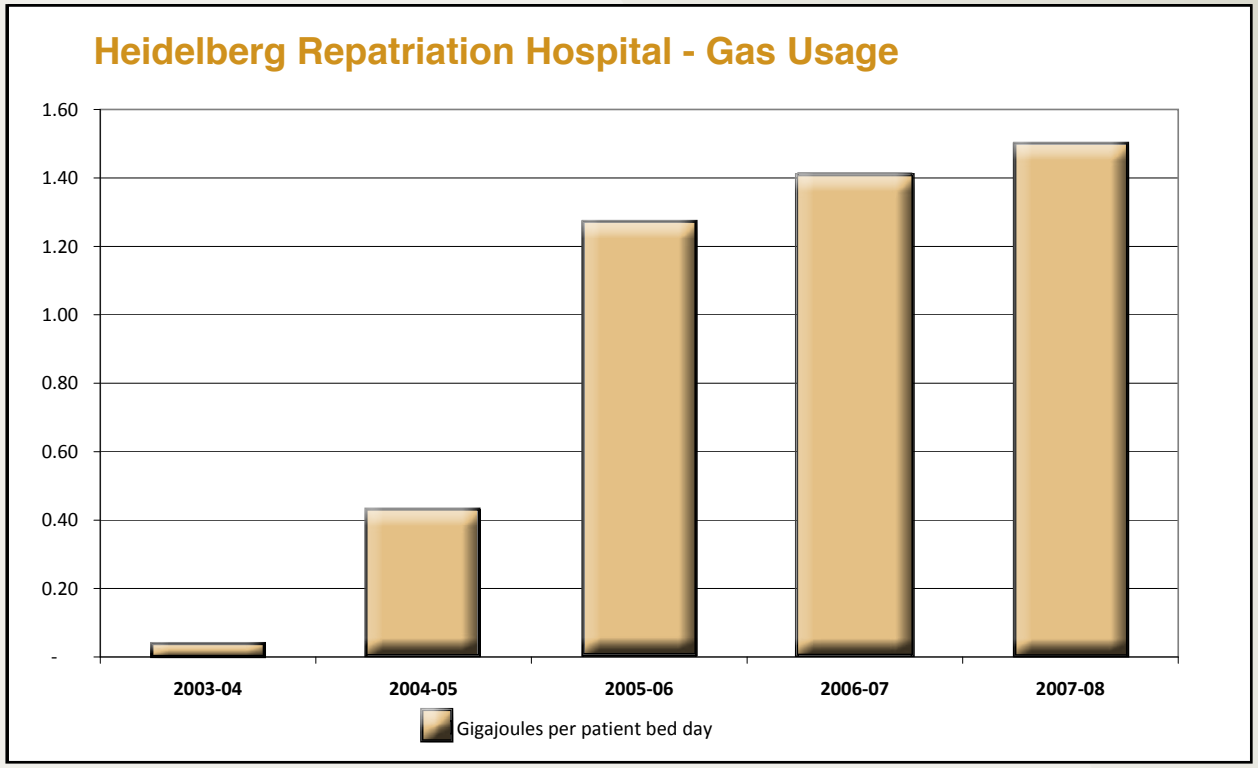
With problems accessing an adequate supply of natural gas, a new pipeline was established from the Waterdale Road line to allow for the conversion from coal to gas. The boilers were shipped to Melbourne from Vietnam and were installed on-site. The new gas boilers were commissioned in December 2004, which led to a significant improvement in air quality and a reduction greenhouse gas emissions.

GAS
Austin Hospital

- The increase in gas consumption between 2004/05 and 2005/06 was due to the decommissioning of a gas turbine to generate electrical power from steam. Electricity was purchased from the Victorian grid. The gas-fuelled boilers were re-commissioned to create steam for heating, but were found to be inefficient in their gas consumption. Combined with increased patient presentations due to the opening of the Austin Tower, gas consumption increased in 2005/06.
- The gas consumption increase in the 2005/06 year reflects the increase in patient numbers created by the opening of the Austin Hospital Tower.
- Despite the year-on-year increase in patient demand, gas consumption has declined as efficiency has increased. On two of three of the boilerhouse boilers, the installation of variable speed drive bands and oxygen trim meters has improved combustion efficiency and increased efficiency by 20 per cent. The third boiler will be upgraded when funding becomes available.



GAS
Heidelberg Repatriation Hospital

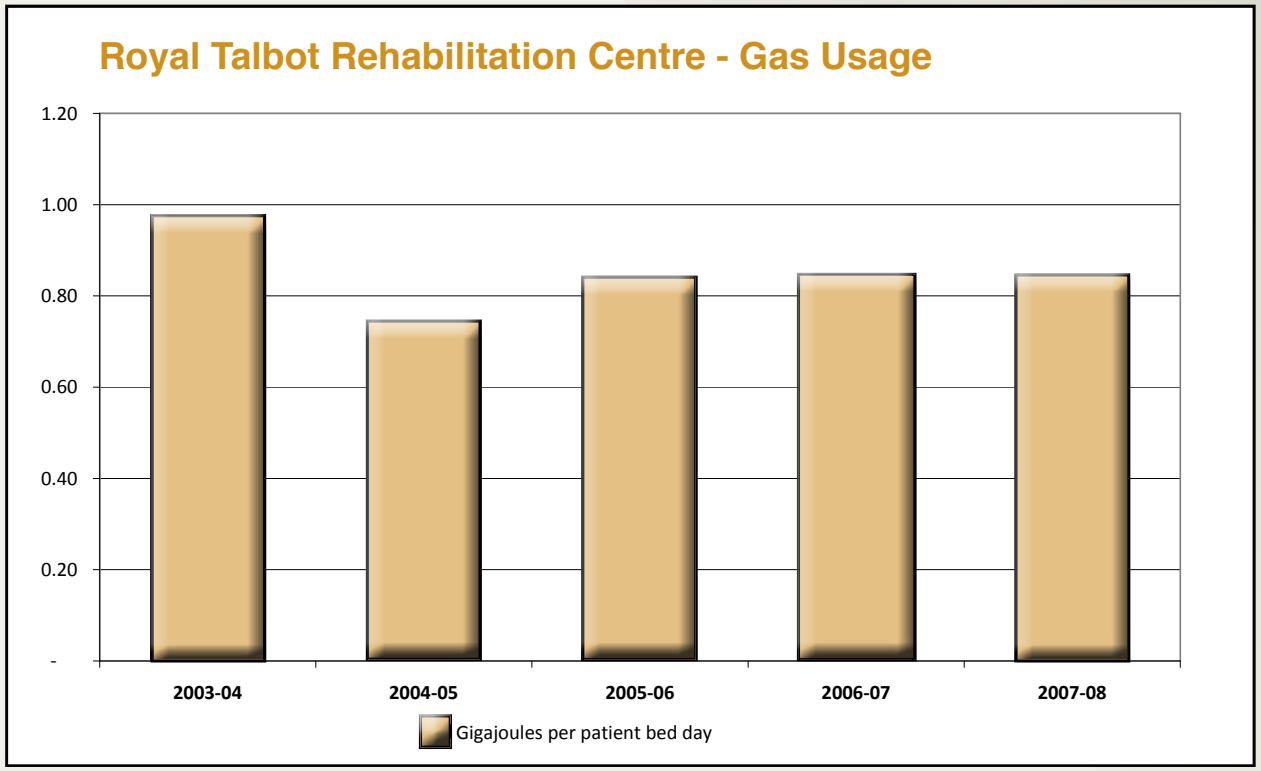


- Gas consumption at Heidelberg Repatriation Hospital increased dramatically when the coal-burning boiler was replaced by the new, cleaner, gas-fired boiler.
- Following this increase, gas consumption increased slightly when the new Central Production Unit kitchen became operational in 2006/07.
- In 2007/08 a new chiller, more efficient in its steam consumption, was installed.
- Ongoing development on the site, including the installation of the new hydrotherapy pool, is expected to increase gas consumption in future.

GAS

Royal Talbot Rehabilitation Centre

- Royal Talbot Rehabilitation Centre has two boilers that provide domestic hot water and heating. Heating at Royal Talbot Rehabilitation Centre is a mix of panel radiators and heated air.
- Some of the older infrastructure such as Mellor Ward and the Therapy Services Building are less efficient to heat, however a new boiler for Mellor Ward was installed three years ago which improved the consistency of water and room heating temperatures.



ELECTRICITY

Brown coal is used to generate electricity in Victoria. It is burned in large-scale boilers that heat water and the steam produced is used to drive turbines that generate electricity. Around 60 million tonnes of brown coal are burned every year in Victoria. Unfortunately, burning brown coal is the most polluting way to produce electricity. It is 33 per cent more polluting than black coal, two or three times worse than natural gas and far worse than renewable energy.

In 2008/09, energy audits were conducted at Austin Hospital and Heidelberg Repatriation Hospital to identify energy saving opportunities. As a result, a number of energy savings projects were recommended and are being investigated.

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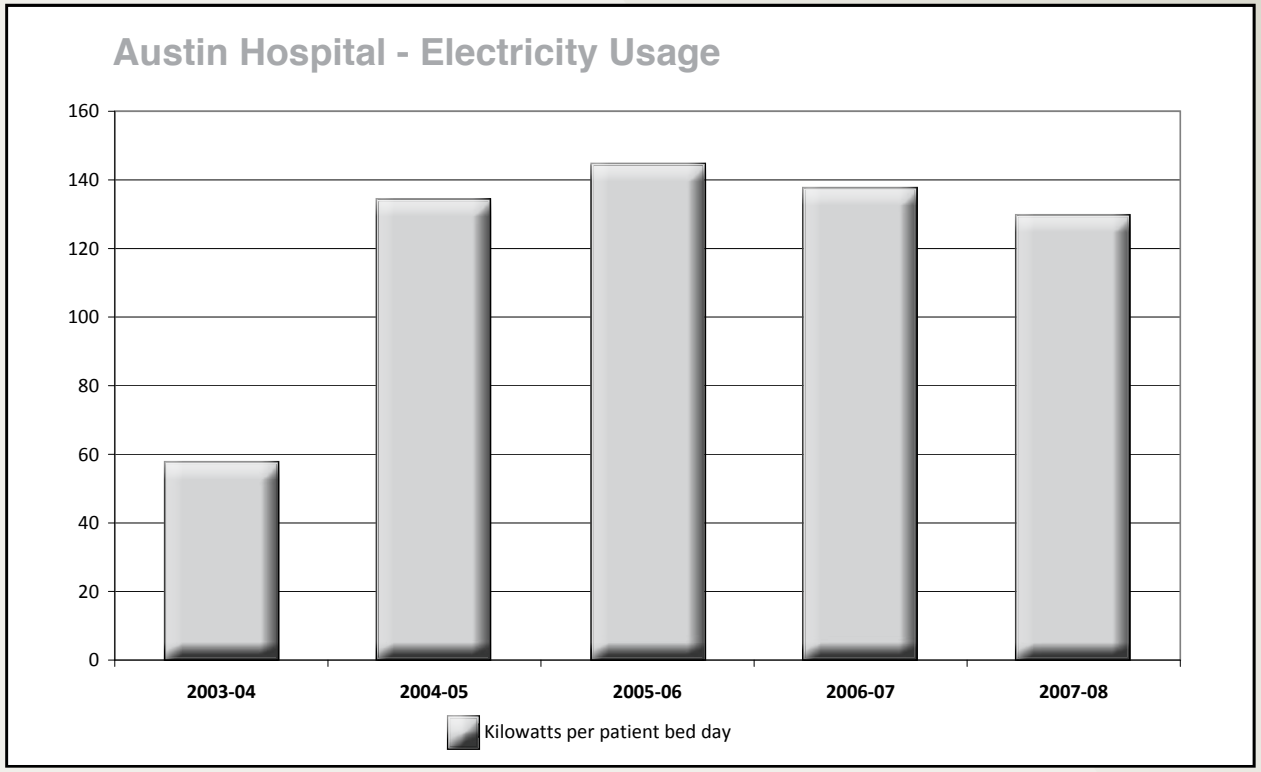
ELECTRICITY
Austin Hospital

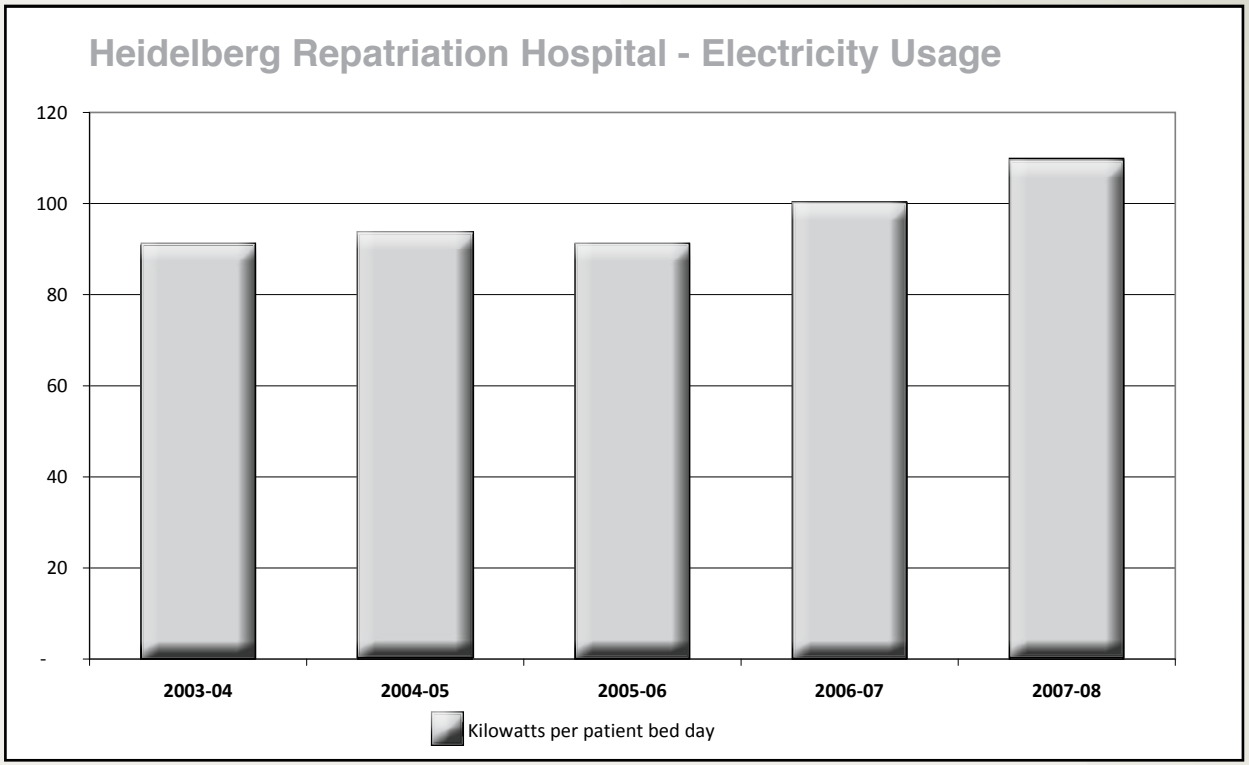
The increase in electricity usage in 2005/06 can be attributed to a number of factors occurring during that period:

- The opening of the Austin Hospital Tower in 2005/06 led to an increase in patient numbers. The new Tower is largely electrically-driven and was built with technologies that adjust usage, for example of lighting, wherever possible.
- The gas-fuelled cogeneration plant on the Austin Hospital site was decommissioned in 2005, as at that time it was no longer economical for Austin Health to produce its own electricity. At that time, electricity could be purchased for almost 50 per cent less than what it cost to generate. The rapid increase in electricity consumption in 2003/04 and 2004/05 reflects the switch to purchasing electricity rather than generating the hospital's own supply.
- The Tower was built with electric chillers, which provide for cooling, heating and sterilisation.



ELECTRICITY

Heidelberg Repatriation Hospital

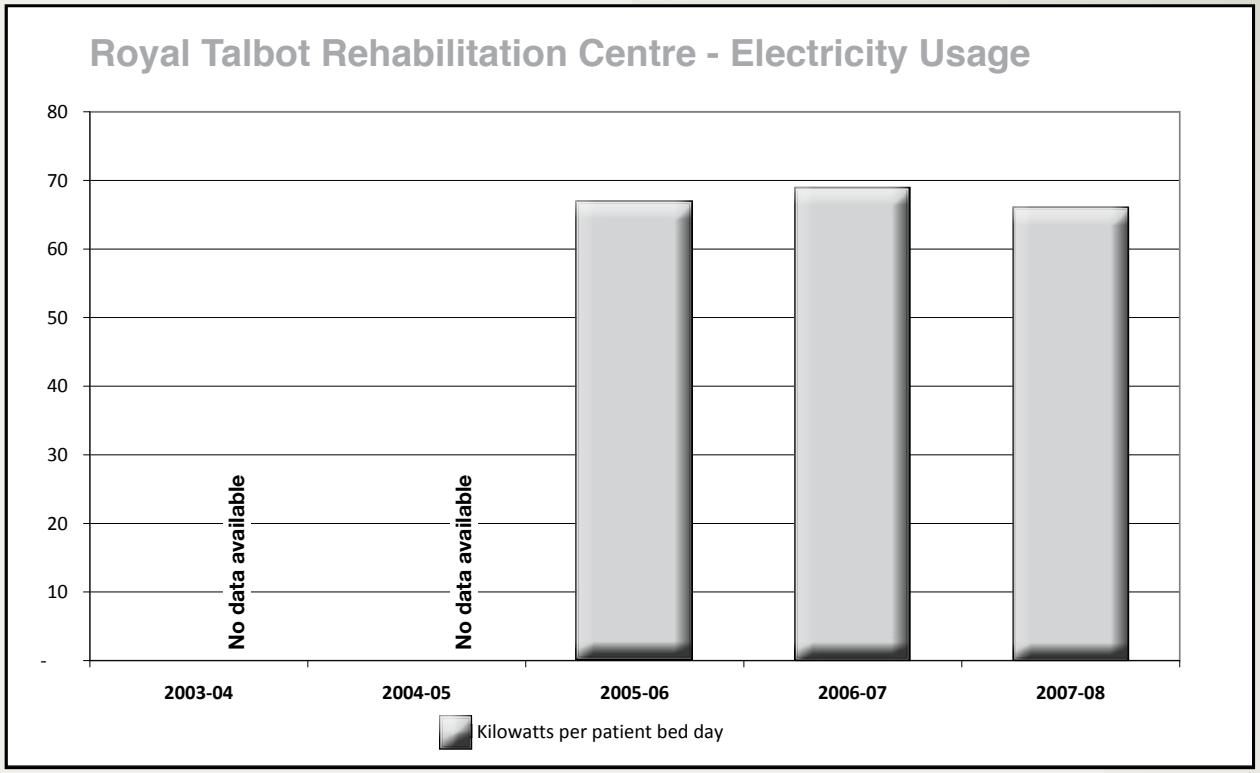


- Electricity consumption at Heidelberg Repatriation Hospital is stable. Due to the usage of gas-fuelled steam absorption chillers on the site, electricity consumption is relatively low.
- Construction on the site impacts significantly on electricity consumption. The demolition and building process is very electricity-hungry. As buildings are demolished, staff are consolidated into fewer buildings and power delivery to unused buildings is shut off.
- The re-opening of the operating theatres in The Surgery Centre is expected to increase electricity consumption.
- The new buildings on the site include environmentally sustainable design components. It is expected that these developments will not result in a significant increase in electricity consumption.

ELECTRICITY

Royal Talbot Rehabilitation Centre

- Royal Talbot Rehabilitation Centre uses electricity to power its four wards and the main kitchen.
- With only 250 people on site, demand is significantly lower than at the Austin and Heidelberg Repatriation Hospitals.
- In events such as power cuts, Royal Talbot Rehabilitation Centre can derive electricity from a diesel generator on its site. This is important as its air-cooling system is electrical.



WASTE

Hospitals generate a range of wastes including recyclables, general, clinical and hazardous wastes. In the past, common practice by many hospitals was to combine waste ‘streams’ for incineration. Old-fashioned incineration practice was a source of potentially toxic air pollutants. It is now reserved for substances that are potentially harmful to human health if buried in landfills. A range of options are available for waste disposal, including landfill, re-use and recycling.

Contents

WASTE

Case study - Waste segregation in Austin Hospital's Operating Theatre and Intensive Care Unit

Since the shutdown of Austin Hospital's incinerator twenty years ago, there have been a number of changes in the way waste is managed.

The clinical waste stream, such as bloody bandages, must be treated to prevent the spread of disease. This waste is shredded and chemically decontaminated before buried in a landfill. Only cytotoxic, pharmaceutical and anatomical waste is incinerated.

With an annual bill of over $700,000 each year, waste disposal is a significant expense to Austin Health as well as an environmental cost. The key to minimising the amount of waste produced is segregation. Recent waste audits at Austin Hospital highlighted segregation of waste into general and infectious disposal categories as an area for improvement in the Operating Theatre Suite and Intensive Care Unit (ICU).

Aside from the environmental impact, the disposal cost of clinical waste is approximately 10 times the cost of general waste disposal. Correctly segregating waste at the point of operation - in the operating suite or at the ICU bedside - will produce cost savings.

Some of the barriers that prevent the correct separation of general waste from clinical waste include convenience, lack of knowledge, concerns about environmental safety and waste disposal arrangements.

To overcome these barriers, operating theatre staff have launched a waste segregation education campaign and trial in operating theatres nine and ten. In these theatres, which are located near the waste disposal areas and are easy to monitor, labelled bins assist in correct segregation.

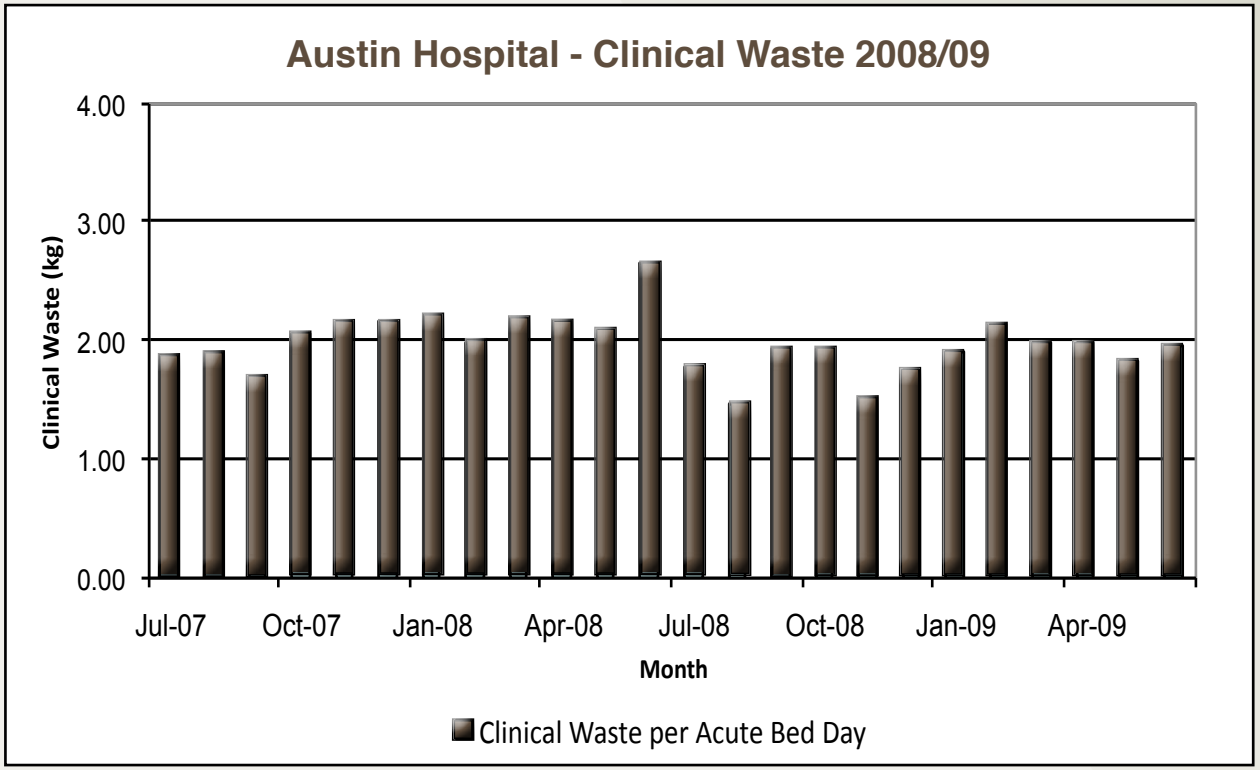
A similar project will be implemented in ICU. With 17 beds available to treat 2,200 patients each year, ICU generates almost 90kg of clinical waste daily at an annual cost of around $33,000.

The team has received funding to install purpose-built industrial grade colour-coded and labelled pedal bins at each bedside. The bins will easily enable increased waste segregation to support the reduction of clinical waste and increase recycling. This project will include monthly audits of the streams of clinical waste, general waste and recyclables that will detail the streams' weight, disposal costs and occupation of each bed.

Waste

Volumes of Clinical Waste at Austin Hospital 2008/09

- An EPA-accredited agent is contracted to collect and dispose of Austin Health's clinical waste. The bags of waste are weighed on-site and the volume is reported to both Austin Health and the Environment Protection Authority. Under Federal Government regulations, the waste must be correctly defined, classified, transported, stored and incinerated. The waste is transported to Dandenong where it is deposited into 5m^3 bins and transferred to the cold storage facility on-site. The waste is then transported to Brisbane for incineration. This is due to a $5 million development currently underway, which will ensure Dandenong's incinerator will be one of the most environmentally advanced systems in Australia.
- Austin Health's cytotoxic, anatomical and pharmaceutical wastes are incinerated at around 1,100ºC to destroy the infectious and toxic matter and ensure the waste can be safely buried in a landfill. This process reduces the waste volume by 90 per cent.

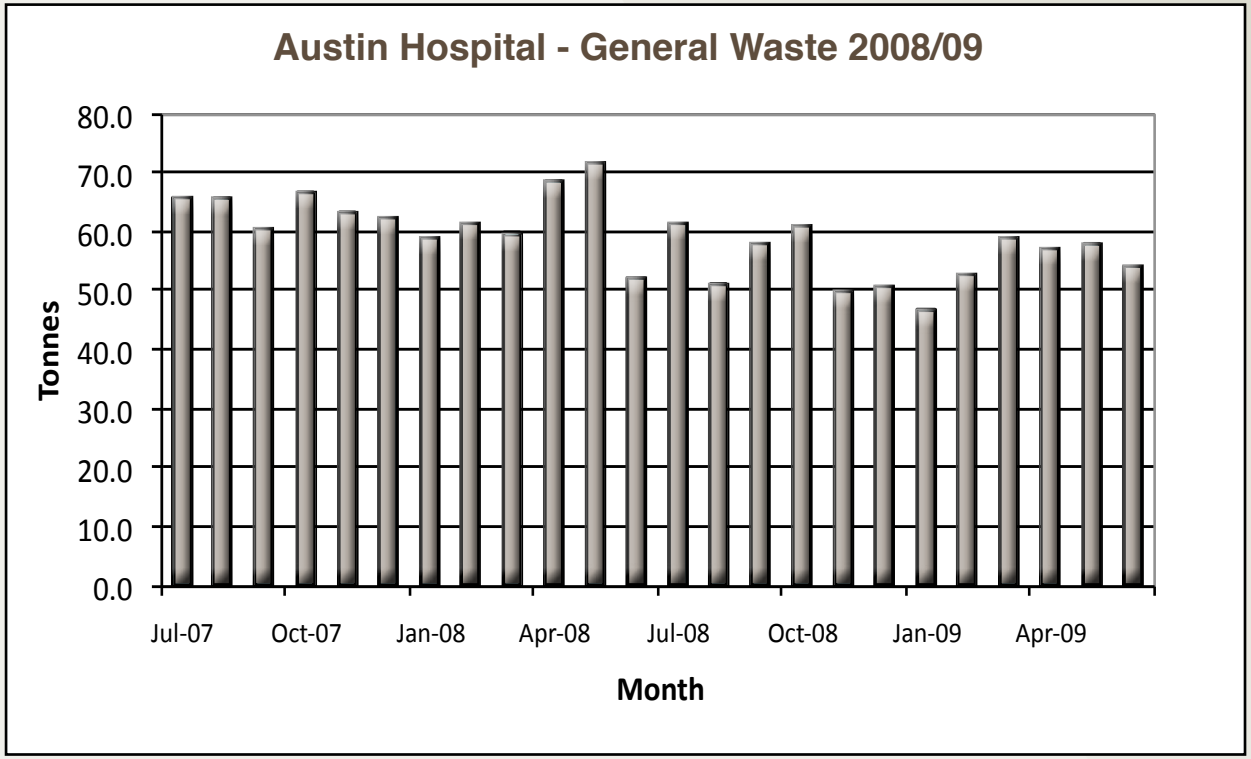


Note – only the cytotoxic and anatomical waste are incinerated

- Regular maintenance and monitoring of incinerators ensures any toxic gaseous emissions meet levels outlined in national standards.
- New incineration technologies mean that potentially toxic emissions are no longer emitted via the incineration process.

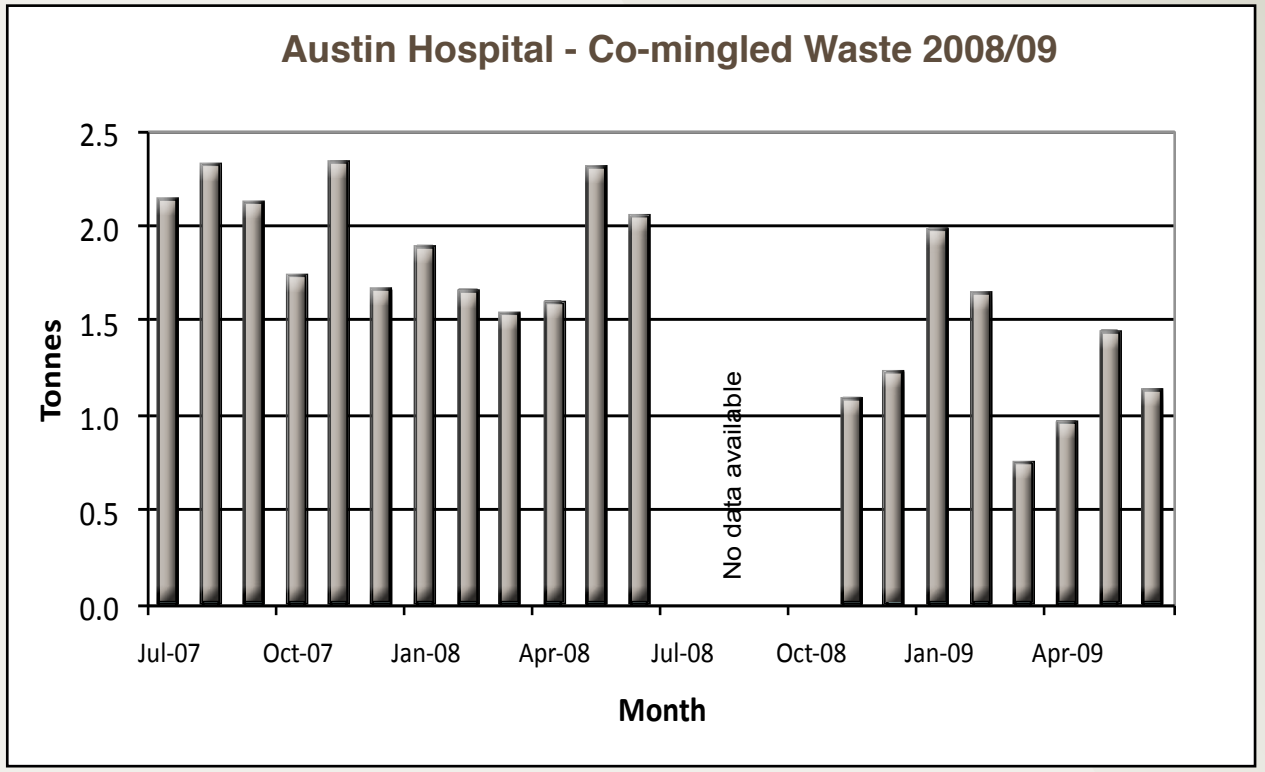
WASTE
Austin Hospital

- General waste is any waste that is not classified within any of the categories of the clinical and related waste streams. This includes office waste and items such as drained dialysis wastes and similar materials.
- General waste is buried in landfill and some is recyclable.
- Whenever possible correct separation of general and recyclable waste should take place at the point of generation, such as in a ward or at a desk in an office.
- Some general waste, such as food and garden waste, can be re-used to make compost or to feed worm-farms to create fertiliser. At present, both Austin Hospital and Heidelberg Repatriation Hospital dispose of food waste in the general waste stream.
- Garden waste is collected and composted by the City of Banyule.



WASTE

Austin Hospital Recycling



- Partial co-mingled recyclables are simply materials all mixed together, such as plastic bottles with glass and metal containers.
- These recyclables are mostly food packaging generated from Austin Health's food outlets and kitchens and packaging materials from Stores and Supply Departments.
- Confidential papers are also considered recyclable as the documents are recycled once shredded.
- Co-mingled recyclable materials require sorting after collection before they can be recycled.

WASTE
Royal Talbot Rehabilitation Centre

Royal Talbot Rehabilitation Centre Waste Data 2008/09

(full data set not available therefore data has been extrapolated)

Stream	Weight (tonnes)	Comments
General	109.8	Based on 9% of total general waste generated throughout Austin Health
Clinical	8.6	
Recyclable	18.6 2.5	Cardboard only, no co-mingled service Confidential paper also recycled

NATURAL ENVIRONMENT

Our Natural Environment

Austin Health's three facilities - Austin Hospital (Heidelberg), Heidelberg Repatriation Hospital (West Heidelberg) and Royal Talbot Rehabilitation Centre (Kew) - merged in 1995. Combined, the three sites occupy 53 hectares of land in suburbs whose natural beauty was depicted by the Heidelberg School of Impressionist art in the late 1880's.

In 2009, the area continues to urbanise but Heidelberg Repatriation Hospital remains characterised by low-rise buildings and wide, green spaces, while Royal Talbot Rehabilitation Centre is fringed by eucalyptus bushland that slopes down to the Yarra River. Building development continues to increase on the Austin Hospital site, which is ringed by busy roads and residential streets. It is essential that each site maintains a safe, healthy environment for staff, patients, visitors and neighbours.

NATURAL ENVIRONMENT

Pests and Insects

Despite the rigorous cleaning regimes employed in hospitals, some visitors are of the six or eight-legged variety. Insects are never welcome, and their presence is effectively managed by the Environmental Services department. While often thought to be a small nuisance, insects can compromise sterile conditions and damage Austin Health's reputation for effective hygiene practices. The department maintains a log of insect sightings that is attended to weekly by an accredited contractor.

Austin Health's specialist contractor, Flick, employs insecticides to destroy pests. The use of insecticides in hospitals is highly-specialised and is governed by WorkSafe. The insecticides are pyrethrin-based, a compound derived from pyrethrum, which is a natural insecticide extracted from the flowers of the chrysanthemum. Aerosol-delivered insecticides are not used and in its place effective gel-based baits are left in places where insects have been seen.

Austin Health is fortunate to have extensive gardens at Heidelberg Repatriation Hospital, and native bushland fringing the Royal Talbot Rehabilitation Centre. Co-existing with nature means that occasionally larger creatures find their way into the sites, particularly around older buildings with lower occupancy. Rodents, possums, cats and foxes have been sighted. Cats are handed over to the Cat Society to be homed if possible, or to be humanely euthanised if necessary. Rodents and foxes are classified as vermin, and are baited or trapped.

NATURAL ENVIRONMENT
Austin, Our Resident Falcon

A rare peregrine falcon chose a level 10 ledge at the Austin Hospital for its home in December 2008 causing staff to walk past the Lance Townsend Building, craning their necks to look into the sky. A lucky few were able to see the falcon catch pigeons mid-flight at up to 320 kilometres an hour.

Austin Health is fortunate to have an avid bird-watcher in Information Technology staff member Russell Thomson. Mr Thomson became one of a small number of people outside Victorian Peregrine Project (VPP) to identify a falcon by the details on the tag around its ankle, after using a telescope from the building facing the falcon to read the code. The VPP was able to identify Austin Health's falcon as a one-year old male born in Sunbury. "Austin" the falcon is thought to be seeking out a mate for the coming spring, when he will reach the minimum age for breeding. Thoughts of fuzzy falcon chicks living on the hospital site have caused a great deal of excitement amongst the staff.

While peregrine falcons are not endangered, they are rare, and there are thought to be no more than six breeding pairs living in the greater Melbourne area. One pair is famous for nesting and breeding on the 35th floor of a Collins Street office building since 2005.

NATURAL ENVIRONMENT
Wellness at Work

A person employed fulltime spends more than half of their waking hours in the workplace. At Austin Health, the Healthy Options Committee was established to promote the wellbeing of staff with the aim of developing a happier, more productive work environment. The Committee takes a holistic approach towards providing support for staff on many levels – physical, emotional and spiritual – with the aim of improving our people's quality of life at work and at home.

The wellness initiatives include information on improving eating habits; assistance with quitting smoking; on-site meditation classes; and walking and cycling challenges in a fun environment. Importantly, a free, confidential counselling program is available to staff who need professional support to work through deeper or personal problems.

With a wealth of cycling paths along the nearby Yarra River, many staff integrate exercise into their working day by cycling to work. This practice is encouraged and secure, undercover storage facilities for 30 bicycles are located in the Austin Hospital car park.

Research suggests that those who are content and feel they are making a contribution rather than just making a living will live a healthier and longer life. If an improved work/life balance reduces work-related stress and injuries and lowers staff turnover then the benefits for all are clear.

NATURAL ENVIRONMENT
Mandatory Reporting

Recent amendments to Victorian and Federal environmental legislation require Austin Health to regularly report to the agencies listed below. Austin Health has embraced this obligation as a minimum requirement, and is striving towards achieving best-practice environmental performance in health care.

Legislation	Department	Program	Site	Reporting Frequency
Environment Protection Act 1997	Federal Department of Environment, Water, Heritage, & the Arts	National Pollutant Inventory	AH HRH	Annually
National Greenhouse and Energy Reporting Act 2007	Federal Department of Climate Change	National Greenhouse and Energy Reporting Scheme	AH HRH	New legislation, presume annually
Environmental Protection Act 1970	Environment Protection Authority, Victoria	Environment and Resource Efficiency Plan	AH HRH	Annually
Water Act 1989	Yarra Valley Water, Victoria	Water Management Action Plan	AH HRH RTRC Stericlean	Annually
Health Services Act 1988	Department of Human Services, Victoria	Agency Information Management System	AH HRH RTRC	Quarterly

AH – Austin Hospital
HRH - Heidelberg Repatriation Hospital
RTRC – Royal Talbot Rehabilitation Centre

TRANSPORT

Austin Health's fleet of 206 cars are generally manufactured by Ford, Holden, Mitsubishi or Toyota. The cars are used as pool vehicles for outreach services, such as the Child and Adolescent Mental Health Service, Hospital in the Home, and ambulatory care in the home. There is a renewed focus on minimising the fleet where possible. In addition, matching the most fuel-efficient and cost-effective car available to meet the needs of the health service is an emerging priority. The government's current draft policy has set procurement targets that all vehicles travelling over 30,000km each year should be low emission – either 4-cylinder, LPG or hybrid.

2008/09 fleet	
4-cylinder vehicles	93
6-cylinder vehicles	100
4-cylinder diesel vehicles	12

FEEDBACK

We hope you enjoyed reading Austin Health's Sustainability Report 2008/09. We value your feedback and ideas for future reports.

You can make your comments online at www.austin.org.au/publications

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