



# Annual Report 2008-09

TURNING SCIENCE INTO HEALTH

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## We welcome your feedback

Please submit online at [www.austin.org.au/publications](http://www.austin.org.au/publications)

## Design and Production

Fragile Design

## Principal Photography

Parallax Photography

Cover: At the forefront of medical technology, Dr Mark Goodwin, radiologist and Mr Paul Hubbard, radiographer review images obtained during an interventional procedure in Austin Hospital's new angiography suite.

## 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.

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

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

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

## 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 2008-09, Austin Health's 6,402 staff treated a record 89,668 in-patients and 155,538 out-patients.





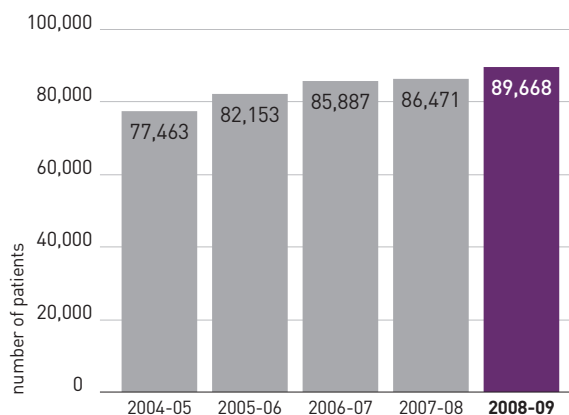
To provide our patients with the best treatments available, we have created a culture where excellence in medical research is highly valued and the training of tomorrow's clinicians is woven into the organisation's fibre.

This report features some of our most prolific and respected researchers. Their work, and the work of their colleagues, translates to new treatments and innovations, delivered by highly skilled staff.

**And that means our patients get well soon.**

# Year at a Glance

## **TOTAL NUMBER OF PATIENTS ADMITTED TO AUSTIN HEALTH FACILITIES**



The number of patients admitted climbed to 89,668 this year – the eighth consecutive year of growth and a 37 per cent increase since 2000-01.

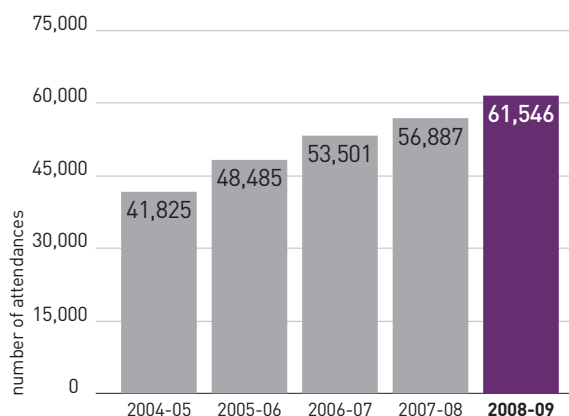
The 3.7 per cent growth in the number of in-patients treated was due primarily to the number of surgical procedures undertaken at The Surgery Centre.

## **END OF YEAR FINANCIAL RESULTS**



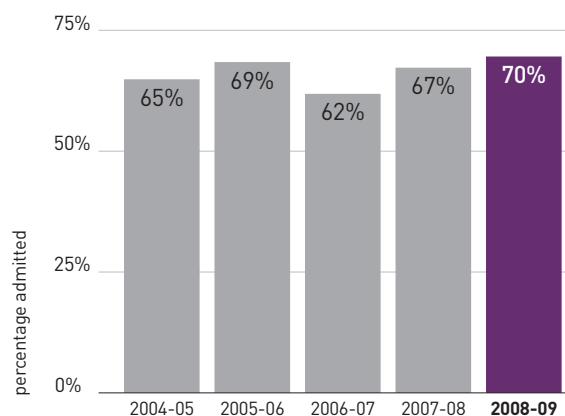
The underlying operating result for 2008-09 was \$242,000. This figure was inflated by a major donation of \$4.2 million to fund medical research.

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



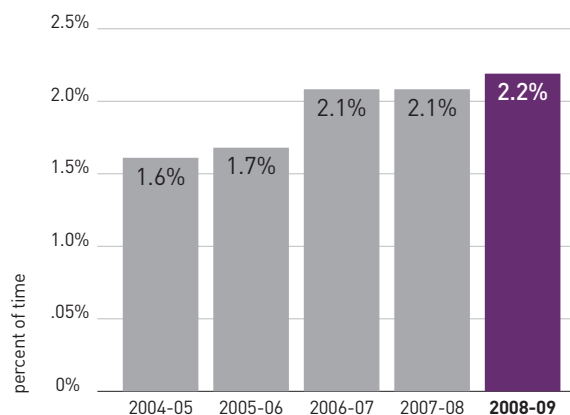
Emergency Department attendances continued to increase sharply this year, with 8.2 per cent or 4,659 more attendances than the previous year. This constitutes a 47 per cent increase in activity since the new hospital opened in 2005. This increase was partly driven by heat-related presentations in summer and the swine flu pandemic during May and June.

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



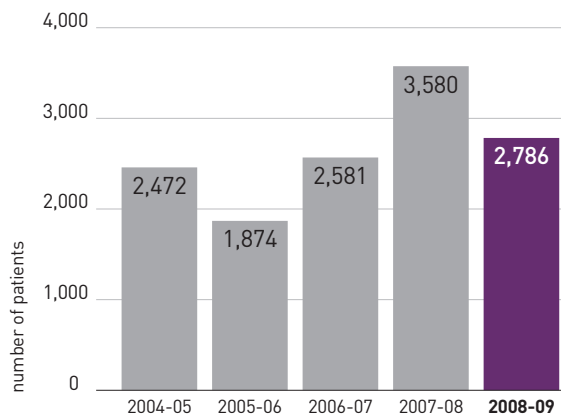
Emergency Department patients admitted to an in-patient ward bed within eight hours increased slightly compared to the previous year, despite increased numbers of patient presentations. This result was due to improved patient flow systems within the Emergency Department.

### PERCENTAGE OF TIME AMBULANCES WERE DIVERTED TO OTHER HOSPITALS



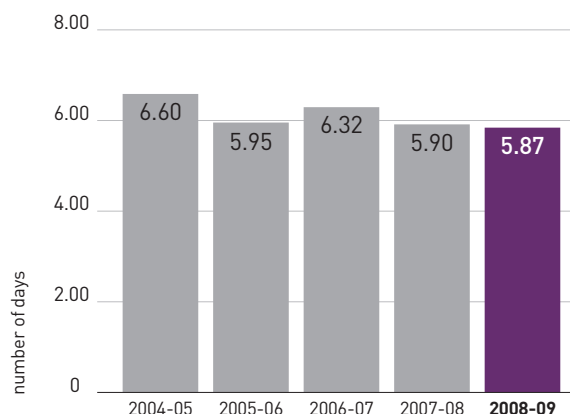
Despite the continued growth in patients presenting to the Emergency Department, Austin Health was again able to achieve the Department of Human Services benchmark of being on bypass less than three per cent of the total time in each quarter. Austin Health is continuing to work closely with the Metropolitan Ambulance Service and surrounding hospitals to minimise time spent on bypass.

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



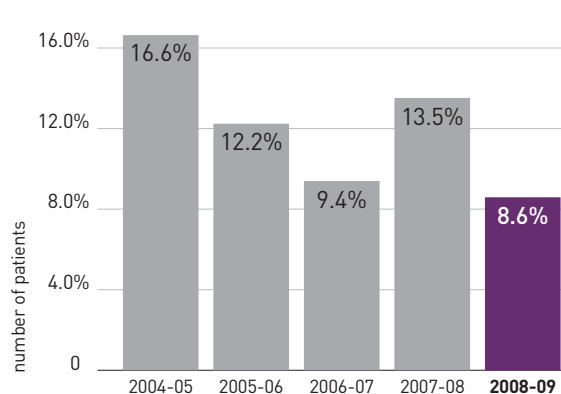
The total waiting list for elective surgery decreased by 22 per cent due to the performance of over 5,000 procedures at The Surgery Centre. This was achieved despite a 15 per cent increase in numbers of patients added to the waiting list.

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



The average length of stay of non-same day patients remained constant compared to the previous year, despite the increasing average acuity of patients admitted. Lengths of stay at Austin Health include long-stay spinal and liver transplant patients.

### PERCENTAGE OF PATIENTS WHOSE ELECTIVE SURGERY WAS POSTPONED BY THE HOSPITAL



There was a significant reduction in the number of patients whose elective surgery was postponed by the hospital this year. This was greatly assisted by the quarantining of elective surgery patients at The Surgery Centre from the pressures of delivering emergency care.

Epilepsy research at Austin Health includes research teams from The University of Melbourne and the Brain Research Institute working together to better understand the causes and treatment of epilepsy. The Epilepsy Research Centre conducts internationally recognised research into the genetics of epilepsy; imaging techniques looking at both the structure of the brain and how it works; and the surgical treatment and psychological aspects of epilepsy. This research is integrated into world-leading patient care that draws on the expertise of neurologists, neurosurgeons, neuropsychologists, radiologists, nuclear medicine specialists, psychiatrists, nurses, EEG technicians, neurophysiologists and researchers.

## All in the mind – unlocking the mystery of epilepsy

→ Laureate Professor Samuel Berkovic AM

Australia leads the world in research into the genetics of epilepsy, and Austin Health's Professor Samuel Berkovic, clinical neurologist, is at the forefront. His genetic research has led to advances in patient care, as well as the adoption of new concepts in understanding and researching the condition.

"An epileptic seizure is a disruption in the communication between the brain's nerve cells, which is via little electrical and chemical signals," he said. "During a seizure there is an uncontrolled burst of abnormal electrical activity that could be likened to a brain storm."

Most seizures are brief, and a recovery period of up to a day is common. For a person with regular seizures, the condition has a devastating effect on their confidence and quality of life.

Leading an expert team in the Comprehensive Epilepsy Program at Austin Health, Prof Berkovic's discovery of the first epilepsy gene was a major breakthrough. The discovery led to a series of others, and proved that many types of epilepsy are genetic or the result of inherited changes in ion channels in the brain. His research has contributed to a great increase in the knowledge about the inheritance of the condition and its fundamental causes.

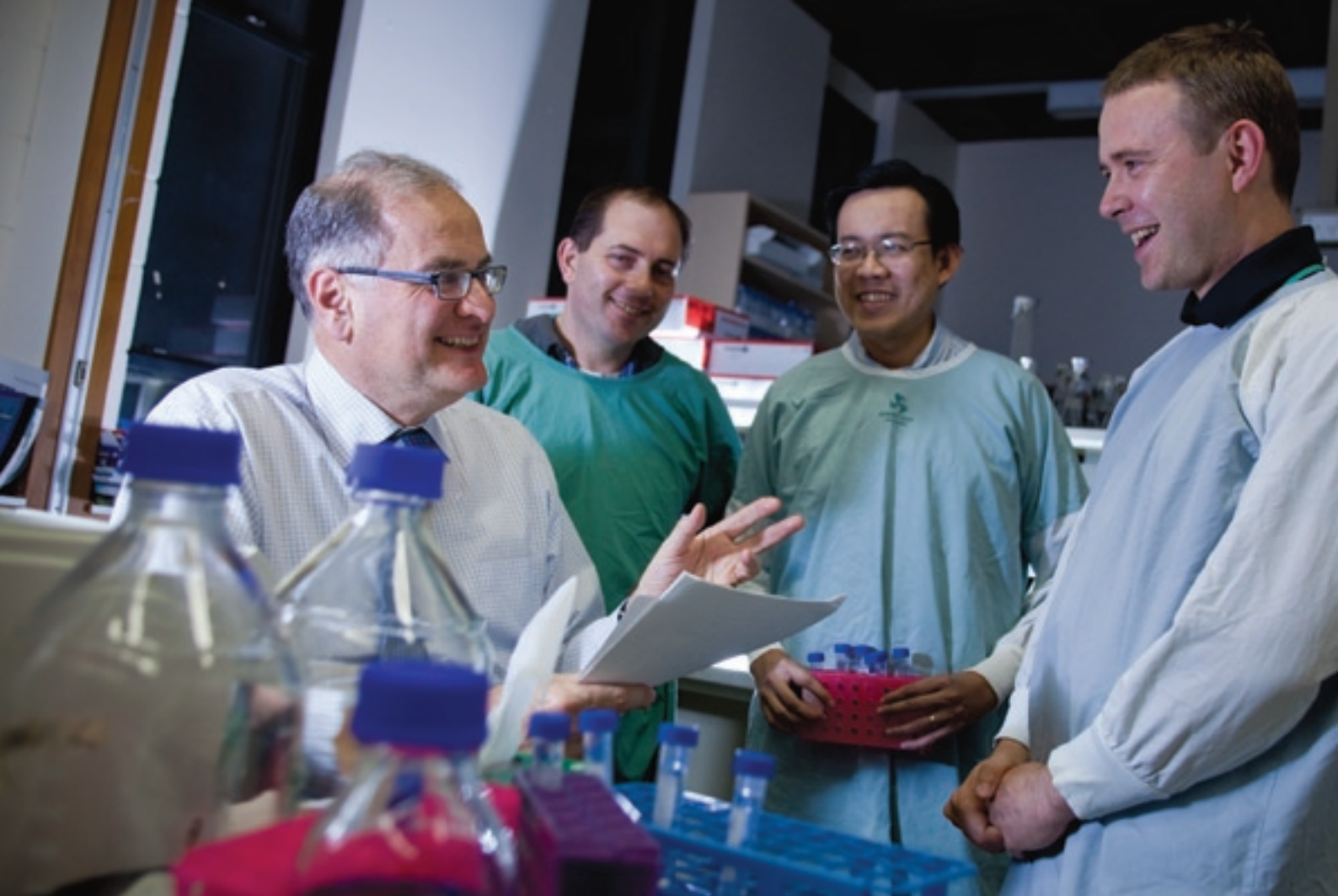
Because of his work, more accurate diagnosis, treatment and counselling is now available to people with epilepsy, who number around one or two per cent of the population.

"By researching and understanding the genes that cause epilepsy, and there are several, we can improve therapies and treatments for our patients," said Prof Berkovic.

Prof Berkovic's motivation for his research is driven by his intrigue with the brain as an electrical organ. His first job, at the Austin Hospital as a neurology intern in 1978, brought him under the influence of the founder of the neurology unit, Dr Peter Bladin. Dr Bladin's passion for epilepsy inspired the young doctor, whose prodigious work ethic has brought him international acclaim for his achievements.

Now as a senior clinical neurologist and Laureate Professor in the Department of Medicine at The University of Melbourne, students of the highest calibre travel from across the world to work with his team of first-rate neurologists. Epilepsy patients too travel to the Austin Hospital from all over the southern hemisphere, so the students are exposed to the most acute and complex epilepsy patients.





The team's genetic research contributes to knowledge that is fundamental to the biology of epilepsy and in understanding how and why a 'brain storm' or a seizure develops. The electrical activity in a patient's brain is recorded by an electroencephalogram (EEG). The EEG recording shows rhythmical electrical activity, often called brain waves. The brain waves may be normal or show abnormalities in certain regions. For researchers, the challenge lies in understanding the cause of the brain's activity.

Compared to his experience as a young doctor at Austin Hospital, Prof Berkovic is excited about the technology that is now available for genetic studies.

"The research environment has come a long way in twenty years," he said. "The revolution in genetic technology and knowledge, exemplified by the Human Genome Project, has allowed unprecedented insights into human disease.

For people with epilepsy, I believe we are working towards a far greater understanding that will give our patients more confidence and control over the lives."

Pictured above: Laureate Prof Samuel Berkovic AM in the Department of Medicine, The University of Melbourne at Austin Health's genetics laboratory, John Damiano, research assistant, Dr Kheng Seang, neurology registrar and Dr Todor Arsov, senior research fellow.

**Prof Samuel Berkovic is director of the Comprehensive Epilepsy Program at Austin Health, Director of the Epilepsy Research Centre and Scientific Director of the Brain Research Institute.**

**He holds a personal Chair in the Department of Medicine, Austin Health at The University of Melbourne and is an adjunct Chair in the Department of Neurology and Neurosurgery at McGill University, Montreal, Canada.**

**He is the author of over 300 peer-reviewed papers, and is on the advisory board of *Brain* and the editorial board of *Epileptic Disorders*.**

**Prof Berkovic's most notable recognition was his election to the Royal Society in 2007. Others include: Member of the Order of Australia, 2005; Research Medal for Scientific Research in Human Health, The Royal Society of Victoria, 2006; Distinguished Scientist Award, Austin and Repatriation Medical Centre, 2002**



**Hear Prof Berkovic speaking to Prof Jeffrey Zajac about epilepsy at [www.austin.org.au/podcasts](http://www.austin.org.au/podcasts)**

# Chairman and CEO Report

Mr Tim Daly AM, Chairman of the Board of Directors and  
Dr Brendan Murphy, Chief Executive Officer



It was a productive and eventful year at Austin Health. We treated the largest number of patients in our 127-year history; demonstrated strong patient care and quality clinical performance; performed research that rated on the world-scale; recruited and retained talented, committed staff; and, pleasingly, met our financial targets with a modest operating surplus.

The Board approved new, five-year clinical service and strategic plans. These key documents were endorsed and will guide our complex task of providing clinical services that range from community-based secondary care through to highly complex state-wide and national services. The Board reaffirmed the need to strongly support the crucial leadership role of our major state-wide services, such as the liver transplant, spinal and ventilatory support services.

Our focus on research was reaffirmed as a cornerstone of Austin Health through the establishment of the Austin LifeSciences Office for Research. The Office provides a vital single point of contact for all campus research activity for our hospital-based researchers, the research institutes based at Austin Health, and our university partners. It also serves to promote the impressive and extensive research profile to external stakeholders. The Office for Research will be enabled through an endowment of \$4.2 million from the senior salaried medical staff trust fund.

The number of hospital in-patients increased by 3.7 per cent, representing an additional 3,197 patients over last year. This can be attributed to the additional elective surgery performed at The Surgery Centre at Heidelberg Repatriation Hospital, as well as a number of initiatives that improved patient flow throughout the health service.

Austin Health performed 30 per cent more surgery than in the previous financial year, highlighting the success of the elective surgery centre model, which provides a balance between the competing demands of emergency and elective surgery. The Surgery Centre strategy has been recognised as an exemplar of the elective surgery service model favoured by the National Health and Hospital Reform Commission. However, there remains work to be done to address procedures in high demand by the community, such as joint replacement surgery.



The ongoing development and upgrades of Austin Health's facilities continued, with major building works underway. We welcome the significant developments at Heidelberg Repatriation Hospital. Construction started on the Health and Rehabilitation Centre, which will combine the full range of subacute services under a single roof. Construction will soon start on the new Centre for Trauma-Related Mental Health, where specialist treatment for post-traumatic stress disorders will be provided. At the Austin Hospital, the new child care centre and the Bio-Resources Research Centre both near completion.

The establishment of the Olivia Newton-John Cancer and Wellness Centre remains Austin Health's highest priority capital investment. The existing facilities for the large and growing cancer programs are unsatisfactory. We are indebted to Olivia and the fundraising appeal executive, led by Mr Terry Campbell AO and Mr Andrew Hagger, for their commitment to fundraising for the project. We continue to work with governments to realise the additional funding that is required to establish this vital facility.

The 3KZ Building was demolished to make way for the Austin Neuroscience Facility. Following substantial investment from both State and Federal Governments, The University of Melbourne, the Mental Health Research Institute (MHRI) and a number of philanthropic bodies, construction of this facility is now underway. The building will accommodate the Florey Neurosciences Institutes, The University of Melbourne, Austin Health and the MHRI. Such substantial investment shows a great commitment to strengthening Melbourne's reputation as a world centre for biomedical and neuroscience research, and continued acknowledgement of this site as a leading research precinct.

On February 7, bushfires caused massive destruction of life and property, dangerously close to Melbourne. We are proud that Austin Hospital's Emergency Department (ED) coped with the crisis with skill and efficiency. Professionals from the mental health service are still involved in the reconstruction effort. The Austin Health community was saddened to learn that one of its most outstanding and long-term staff members, Prof Rob Pierce, died defending his home from the fires at St Andrews. Many other Austin Health staff lost homes and property.

The emergence of the contagious H1N1 influenza flu centered on Melbourne, and generated a massive increase in presentations to the ED. A highly-skilled team from our Infectious Diseases and Emergency Departments displayed tremendous leadership in managing the crisis as it unfolded.


This year saw significant change in the health service senior executive roles. We farewelled Mr John Richardson, Mr Chris O'Gorman and Dr Mark Garwood and thank them for their collective years of service. We were joined by Ms Fiona Webster, executive director of Strategy, Quality and Service Redesign; Dr John Ferguson as chief medical officer; and Mr Luke Mulkearns, executive director Human Resources.

Directors Mr Robert Webster and Ms Joe Manton both completed their statutory terms at the end of June. The Board of Directors thanks Ms Manton for her contribution over the last nine years, and Mr Webster for his contribution since he joined the Austin and Repatriation Medical Centre Planning Committee in February 1995.

We extend our thanks to the Hon Daniel Andrews MLA, Minister for Health and the Department of Human Services for their ongoing support.

We close by offering our gratitude to the staff, volunteers and Board of Directors of Royal Talbot Rehabilitation Centre, Heidelberg Repatriation Hospital and Austin Hospital. It is their dedication, hard work and focus that were behind the successful performance of 2008-09.

Finally, In accordance with the *Financial Management Act 1994*, we are pleased to present the following report of operations for Austin Health for the year ending 30 June 2009.



**Mr Tim Daly AM**  
Chairman



**Dr Brendan Murphy**  
Chief Executive Officer

25 August 2009

# Board of Directors

Austin Health's Board of Directors consists of nine Directors, appointed by the Victorian government. The Board leads the strategic direction for the management, administration and control of Austin Health, its funds and its facilities. Directors are elected for a term of up to three years and may be re-elected to serve for up to nine years.

## **Mr Tim Daly AM B.Bus, CPA, FAICD**

Tim was appointed Chairman of the Board in 2003. He is a member of the Finance and Audit Committees and chairs the Remuneration Committee.

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

Tim was Chairman of the Board of the Metropolitan Ambulance Service from May 2000 to June 2008.

For his services to the Victorian health care system, Tim was awarded an Order of the Medal of Australia in 2009.

## **Ms Joanna Betteridge BA, LL.M, GAICD, Acc M LEADR**

Joanna joined the Board in 2003 and is a member of the Audit Committee, the Clinical Safety and Quality Committee and the Remuneration Committee.

Joanna practices as a lawyer in the employment and occupational health and safety areas of law. Prior to starting her own law practice and consulting business in July 2004, she was a partner at Maddocks lawyers.

Joanna is also an accredited mediator. She is a graduate member of the Australian Institute of Company Directors

and is Vice Chair of the Board of Melbourne Citymission. Joanna lectures in workplace law for the Law Faculty's postgraduate program at Monash University and is a member of the Advisory Panel for the Monash University Law Faculty Master of Laws coursework program specialising in Workplace and Employment Law.

## **Ms Suzanne Evans BEc, Dip Ed FCPA FAICD**

Suzanne was appointed to the Board on 1 July 2008 and is a member of the Audit Committee and the Community Advisory Committee.

Suzanne has a background in Finance and Economics and has broad management experience in corporate governance, accountancy and in the public service. Most recently she was General Manager Customer and Community Relations for Western Water. She is a current Director of the North East Water Corporation, a member of the Osteopaths Registration Board, she sits on the Australian Osteopath Council's Accreditation Committee and was an inaugural member of the Customer Consultative Committee for the Medical Practitioners Registration Board.

## **Ms Barbara Hingston BA(Admin), BSW GAICD, AASW**

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

For the past 10 years Barbara has worked in public and community health in the management and delivery of services addressing family violence, sexual assault and other trauma. She continues to be involved in the evaluation of public policy practice in these fields. She is a current Board member of 'headspace' - National Youth Mental Health Foundation. Barbara has also served on the Board of Mackillop Family Services Victoria 2003-2006 and other

community and government boards in the Australian Capital Territory and Queensland, including the Dental Board of Queensland. Her past executive roles include Executive Director, Mercy Health Care Australia and Deputy Executive Director, Corporate and Communications, Australian Heritage Commission.

## **Mr Stephen Kerr BA BSW Dip Crim. GAICD**

Stephen was appointed to the Board in 2006 and chairs the Primary Care and Population Health Advisory Committee and is a member of the Clinical Safety and Quality Committee.

Stephen is a Director of Atkinson Kerr and Associates who specialise in planning and review of Indigenous health and community services. Past employment includes Lecturer in Welfare Studies at Monash Gippsland, General Manager of the Victorian Correctional Health Service and Senior Executive in the Department of Human Services. He has been Chair of North Richmond Community Health Limited for the past three years.

## **Ms Joe Manton GDWA, Fellow Williamson Community Leadership Program, Accredited Access Consultant**

Joe is a member of the Community Advisory Committee and the Primary Care and Population Health Advisory Committee. She has had an extensive career in health and community services. Joe is a Director of Access Audits Australia, providing disability access advice, publications and consultancy services to the government, community and corporate sectors. She is also the Director of the Institute of Access Training Australia and a Member of the Australian Institute of Building Surveyors. Joe is also a Committee Member of the Association of Consultants in Access Australia and the Convenor of the Victorian Access Consultants Network.

Joe has been instrumental in establishing and developing a range of community services as well as the evaluation and review of services, programs and processes within a variety of organisations. She regularly presents

on disability access improvement issues, develops disability action plans and is highly experienced in facilitating community engagement.

**Ms Josie Rizza**

**BEC , CA, Grad Dip Applied Finance and Investment, GAICD**

Josie joined the Board of Austin Health in 2005. She chairs the Finance Committee and is a member of the Audit Committee and the Remuneration Committee.

Josie has expertise in finance, accounting, corporate governance and risk management. Josie is a Chartered Accountant and previously had a senior role in a large multi-national, public company providing tax planning advice. Josie has served on the Victorian Eye and Ear Hospital Board and chaired the Audit and Finance and Investment Management Committees.

Josie is currently the Treasurer for and a director of Tweddle Child and Family Health Services. In that capacity she chairs the Finance and Risk Management Committee. Josie is also the Chair of the Finance, Governance and Audit Committee for The Queen Victoria

Women's Centre Trust and sits as a Trust member.

Josie is also an independent member of the Audit Committee for the Victorian Department of Treasury and Finance.

**Professor David Scott MB BS MD MS FRACS**

David joined the Board in 2005 and was RACS Executive Director, Head of Vascular and Transplant Surgery at Monash Medical Centre and Professor and Chair of Monash University Department of Surgery.

David chairs the Clinical Safety and Quality Committee and is a member of the Finance Committee.

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

David also chaired the RACS International Humanitarian Surgical Aid Program and was medical director for East Timor AusAid Specialist Surgical Program.

**Mr Robert Webster**

**DBA, FCPA, FRICS, FAPI, MAICD**

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

**Pictured below: (L-R) Prof David Scott, Ms Josie Rizza, Ms Joanna Betteridge, Ms Suzanne Evans, Dr Brendan Murphy, Ms Barbara Hingston, Mr Robert Webster Mr Stephen Kerr, seated Ms Joe Manton and Mr Tim Daly.**





# ➤ Organisational Structure

## AUSTIN HEALTH BOARD

Mr Tim Daly AM  
Chairman

Ms Joanna Betteridge

Ms Suzanne Evans

Ms Barbara Hingston

**Chair, Division of Medicine**  
Professor Jeffery Zajac

**Chair, Division of Surgery**  
Professor Chris Christophi

**Chair, Division of Psychiatry**  
Associate Professor Richard Newton

**CHIEF  
EXECUTIVE  
OFFICER**

## EXECUTIVE DIRECTORS



**Acute Operations**  
Mark Petty

### Clinical Service Units

- Medical and Emergency
- Specialty
- Surgical
- Anaesthesia, Peri-Operative and Intensive Care
- Cancer, Spinal and Outpatients
- Access and Demand



**Chief Medical Officer**  
Dr John Ferguson

- Medical Education Unit
- HMO Services
- Pharmacy
- Clinical Photography
- Health Sciences Library
- Radiology
- Nuclear Medicine and PET
- Pathology



**Ambulatory and  
Nursing Services**  
Ann Maree Keenan

- Mental Health CSU
- Sub-Acute CSU
- Ambulatory and Continuing Care
- Nursing Services
- Austin Child Care Centre
- NCASA (Northern Centre Against Sexual Assault)
- Community Advisory Committee

Mr Stephen Kerr

Ms Joe Manton

Ms Josie Rizza

Prof David Scott

Dr Robert Webster



Dr Brendan Murphy, CEO

- Corporate Counsel
- Fundraising
- Corporate Communications
- Board Secretariat, including shared responsibility for Audit with CFO
- Austin LifeSciences Office for Research

**Senior Medical Staff Chair**  
Dr Ian Harley



**Human Resources**  
Luke Mulkearns

- HR Business Services
- People and Performance
- Employee Relations
- Work/Life Balance
- HR Business Partners
- OH&S
- HR Projects - Kronos



**Finance**  
Ian Broadway

- Finance
- Supply
- Billing
- Audit (shared with CEO)



**Strategy, Quality  
and Service Redesign**  
Fiona Webster

- Quality, Safety and Risk Management
- Austin by Redesign
- Clinical Information, Analysis and Reporting
- Veterans Liaison
- Health Information Management
- Projects Group
- Service Planning and Performance
- Board Clinical Safety and Quality Committee
- Primary Care and Population Health Advisory Committee



**Infrastructure  
and Commercial**  
Michael McDowell

- Capital Works
- Facilities Maintenance
- Environmental Services
- Stericlean
- Security
- Car Parking
- Food Services
- Information Technology
- Mail and Transport
- Medichief (CPU)

Clinical research is integral to the provision of best practice cancer care. At Austin Health, research is conducted in conjunction with a number of research organisations, including the Ludwig Institute for Cancer Research and The University of Melbourne. Translational research in the fields of medical oncology and clinical haematology is world-renowned and radiation oncology, psychology, allied health and nursing continue to investigate ways to improve patients' quality of life. Currently 113 studies are underway into anti-cancer drugs to destroy or inhibit renal, prostate, melanoma, brain, haematology and solid tumours. Many patients who have reached the end of their conventional treatment are invited to join the trials to access otherwise inaccessible drugs. We are proud to provide them with the best possible care, and with a second chance of hope.

## The hope for an end to cancer begins with research

→ Professor Jonathan Cebon

As a young doctor at the Austin Hospital, Jonathan Cebon came under the mentorship of the late Dr Wally Moon. Described fondly as a colourful character, Dr Moon was Medical Superintendent of the Austin when it had been the "Hospital for Incurables".

Dr Moon was renowned as a compassionate, hands-on physician who pioneered cancer medicine in Australia. His enthusiasm for high-quality, holistic care inspired many young trainee doctors to become cancer specialists, including Dr Cebon who went on to become a Medical Oncologist, Professor of Medicine and cancer researcher with the prestigious Ludwig Institute for Cancer Research (LICR), which jointly operates the Medical Oncology department at Austin Health.

"I see my work as clinician and researcher as inseparably intertwined," said Prof Cebon. "In order to do the very best for our patients we need to continually find ways to improve on treatments and therapies. The only way to do this is by research."

In addition, Prof Cebon is deeply aware of the psychological effect of cancer on those who are touched by the disease, both patients and their loved ones. With tangible empathy, he instils Dr Moon's concern for patients' wellbeing into his team's approach to their care.

It is recognised in the community that cancer is a huge health problem. Of those who develop the disease, 30 per cent will die despite their treatment, which may be a combination of surgery, radiotherapy and chemotherapy.

"The reality is that current cancer treatments are not good enough and we have to do better," said Prof Cebon. His team of researchers are focussed on cancer immunology: the interaction between cancer and the immune system. Prof Cebon is overseeing cancer vaccine clinical trials that seek to determine whether vaccination can prevent, or

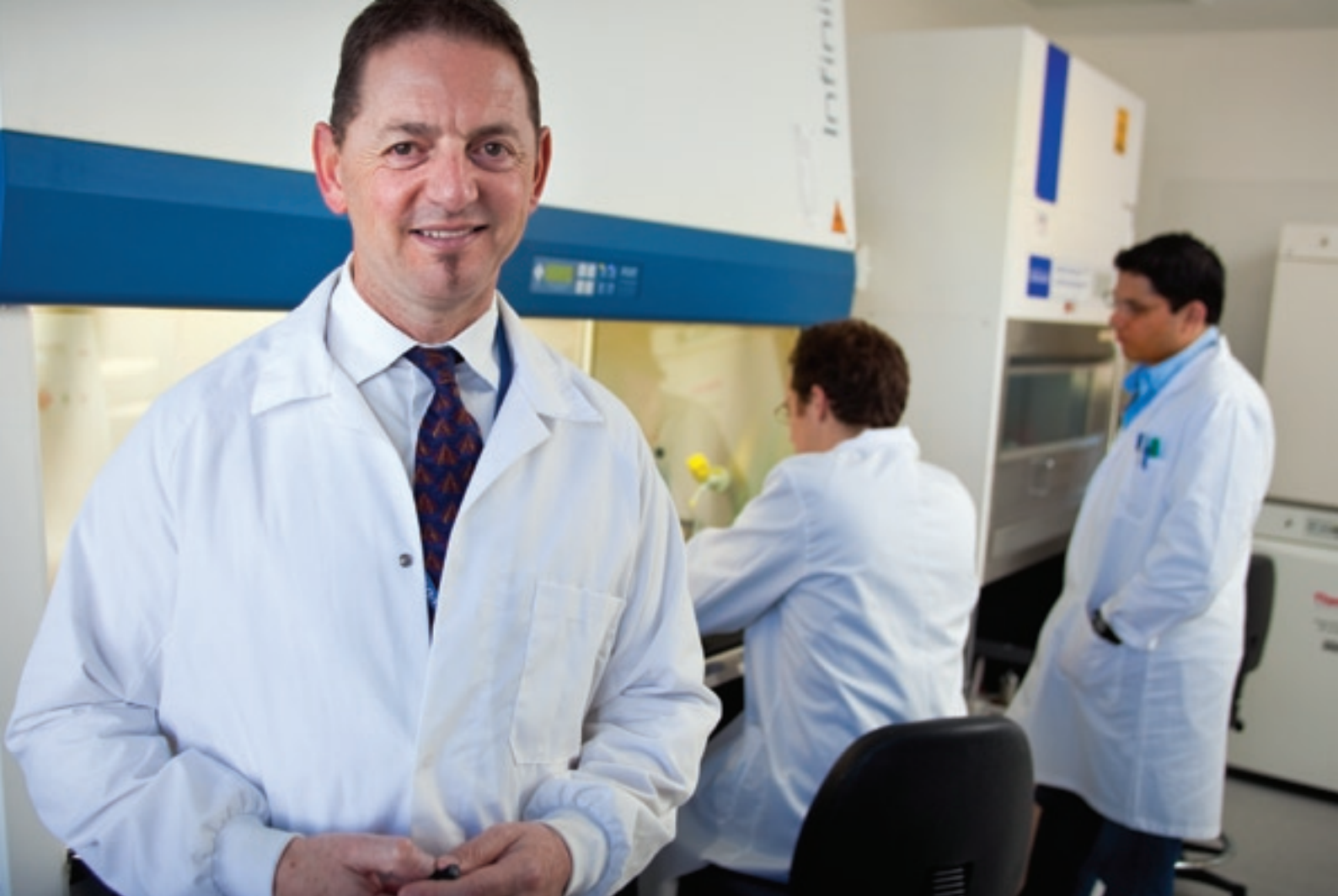
significantly delay, cancer recurrence in patients after the surgical removal of their primary tumour.

One of the major research programs sponsored by LICR is to try to understand what it is that the immune system 'sees' on cancer cells, so it can seek out those cells and destroy them. A number of 'targets' on cancer cells have been identified as a result of this research enabling the team to develop immuno-therapies.

The vaccines work on a similar principal to vaccinating children against disease. Instead of trying to prevent whooping cough, for example, the team is training the immune system to attack cancer cells. Following the surgical removal of a patient's tumour there is a risk that some cancer cells escape surgery. With malignant melanoma, cancer cells can come back within two years or even sooner.

Data from Prof Cebon's melanoma vaccine clinical trials points to evidence that most of the patients who received the vaccine develop strong immune responses against the cancer target molecules. The hope is that





this will defend them against the return of cancer.

"This work is still in the research phase," cautioned Prof Cebon. "We are continuing to work, both in the laboratory and in clinical trials, to develop these vaccines."

Excitingly, a number of discoveries made by the joint Austin Health/LICR research teams have been licensed by GlaxoSmithKline, and are under development for commercial use in the future.

Cancer research and treatment at Austin Health is performed by teams of highly-skilled and experienced specialists in a range of professions. As colleagues, the clinicians and researchers depend on one another for intellectual input, ideas for stimulation and access to equipment and technologies. Prof Cebon describes Austin Health, LICR and its collaborators as a community. It is by collaborating with other members of the community that his team is able to achieve what would be impossible as individuals.

An extremely valuable collaboration for cancer patients is the Centre for PET (Positron-Emission Tomography) at Austin Health. Led by Prof Andrew Scott, the Centre provides the means of evaluating tumours in patients with the use of PET scanning on-site.

For Prof Cebon, it is not just the development of the melanoma vaccine that defines his career. It is the nurturing of a team of clinicians, who care for cancer patients with skill and empathy; talented researchers, who perform leading-edge work; and their supportive collaborators that is his greatest reward.

Pictured above: Prof Jonathan Cebon, Dr Andrew Weickhardt, Research Fellow Assoc Prof John Mariadason, Head of the Oncogenic Transcription Laboratory in the Ludwig Institute for Cancer Research vaccine laboratory at Austin Hospital.

**Prof Jonathan Cebon is director of the joint Austin Ludwig Oncology Unit at Austin Health and heads the Ludwig Institute for Cancer Research's Cancer Vaccine Group in Australia.**

**He is director of the Cancer Vaccine Collaborative, Australasia, Professor of Medicine in the Department of Medicine Austin Health, The University of Melbourne.**

**He is author of 128 papers.**



Hear Prof Cebon speaking to Prof Jeffrey Zajac about cancer at [www.austin.org.au/podcasts](http://www.austin.org.au/podcasts)



# Acute Operations

Austin Health performed 21,000 surgical procedures in 2008-09, an 18 per cent increase over last year. The highly-successful elective surgery model at The Surgery Centre contributed to a surgical waiting list reduction of 22 per cent.



## SPECIALTY

The Departments of Cardiology and Cardiac Surgery have initiated a clinical program to replace narrowed aortic valves using a new minimally-invasive technique. The procedure can be performed via the transfemoral or transapical approach. The first procedure at Austin Health was performed in December via the transapical approach and was one of Australia's first heart valve replacements that did not involve open-heart surgery. It involved inserting a new type of pericardial heart valve, constructed from cow tissue, via a small incision between the ribs. The procedure was guided via x-rays and ultrasound to the aortic valve position. The transfemoral technique follows a similar principle except the valve is inserted into the heart through a small incision in the patient's leg. The new technique eliminates the need for a heart-lung machine and reduces the patient's recovery time, which makes it suitable for those at very high risk from major cardiac valve surgery.

Assoc Prof George Matalanis pioneered a technique to replace a patient's aorta while ensuring continuous blood flow to the brain. In a 12-hour procedure, Assoc Prof Matalanis re-routed the arteries supplying blood to the patient's brain. The arteries were disconnected one at a time, allowing two to provide blood flow, until finally all three were supplying blood from a bypass machine. The technique enabled a quicker recovery and eliminated the risks associated with traditional deep cooling such as the impairment of higher brain function. To share the revolutionary method, the surgery was broadcast from Austin Hospital's operating theatre to a symposium of international surgeons in Queensland.

A heart attack (myocardial infarction) is a medical emergency and the patient has no time to lose. Blood supply must be restored to the heart urgently with a miniature balloon and a stent. For every 15 minutes saved before the blocked artery is cleared, there is a seven per cent increase in patient survival. Following last year's pilot program, the time lapse between ST segment elevation myocardial infarction (or STEMI)

patients presenting at ED and receiving treatment has been cut by 43 minutes. The mean time for treatment is now 73 minutes, well below the best-practice target of 90 minutes. A multidisciplinary team from ED, Cardiac Catheterisation Laboratory and the Cardiac and Thoracic Ward have continued to seek ways to shave off precious minutes. The staff have now partnered with Ambulance Victoria to introduce direct admission to the Cardiac Catheterisation Laboratory from the ambulance, expected to provide an even greater reduction in 'door to balloon' times.

The Cardiology Department benefitted from DHS' Targeted Equipment Program funding to upgrade two cardiac ultrasound machines with state-of-the-art replacements. Valued at \$800,000, the high-volume machines offer 3D and 4D scanning capability to analyse the health of a patient's heart. With 7,000 scans carried out annually, staff appreciate the advanced ergonomics of the equipment.

Tragically, the highly-esteemed Prof-Director of Respiratory and Sleep Medicine, Robert Pierce, died in Victoria's bushfires on Saturday 7



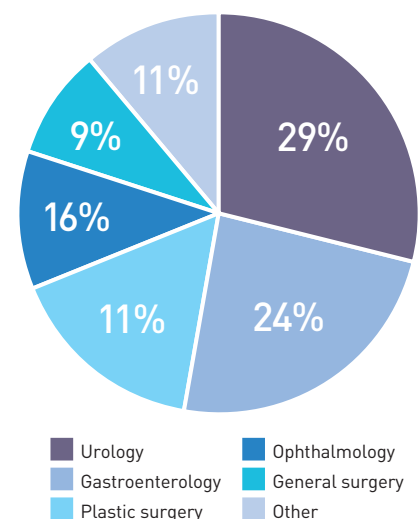
Pictured left: Mr Philip Hayward and Associate Prof George Matalanis perform an Australian-first form of aortic replacement surgery at Austin Hospital.

February. Prof Pierce’s legacy includes the establishment of the Victorian Respiratory Support Service and Institute for Breathing and Sleep. An outstanding clinician, researcher and mentor, Prof Pierce was a passionate advocate for the respiratory and sleep health of indigenous Australians and had taken sabbatical leave in northern Australia to deepen his knowledge of these issues. In the days before his death, Prof Pierce received major funding from the Victorian Neurotrauma Initiative to research sleep disorders in quadriplegic patients. He will be sadly missed by all at Austin Health, but most acutely by his patients, research students and staff.

### SURGICAL

Over 21,000 emergency and elective operations were performed during the year. This is an increase of more than 3,200 operations, or 18 per cent, on 2007-08 and was accompanied by a 15 per cent increase in the number of patients added to the surgical waiting list. Despite this increase in demand, Austin Health reduced its elective surgery waiting list by 783 patients, or 22 per cent, compared to the previous year. This was due to the opening of The Surgery Centre in July 2008. Its four theatres, endoscopy room, and flexible cystoscopy room increased capacity for elective-only surgery.

The Surgery Centre - breakdown of procedures performed



With an innovative model focussed on less complex cases, over 5,000 operations have been performed at The Surgery Centre since its opening.

### ANAESTHESIA AND PERIOPERATIVE

Following a \$2 million grant from DHS in November, the Operating Theatre Suite undertook major refurbishment works of two of its 12 theatres. Theatres three and four are used for complex procedures and were decommissioned for extensive upgrades. Comprehensive strategic planning ensured that the impact on work-flow was minimised. Works were completed in four months and met rigorous safety and quality standards before re-opening on 22 April.

As patient throughput continues to increase year-on-year, innovative solutions are essential to maximise the use of resources and provide the best patient care. Elective surgery was quarantined at The Surgery Centre at Heidelberg Repatriation Hospital from the emergency surgery demands at Austin Hospital. Importantly, the relatively controlled environment of the centre offered valuable opportunities for clinical teaching.

The implementation of green light laser treatment for enlarged prostates, or benign prostatic hyperplasia, commenced at The Surgery Centre in September following a Victorian Elective Surgery Funding grant of \$179,000. The state-of-the-art technology replaced an invasive surgical procedure known as transurethral resection of the prostate (TURP). The green light laser therapy provides a minimally-invasive day procedure as effective as the traditional TURP, with fewer side effects. All of the theatre technicians, nursing staff and three urologists received extensive training on the use of the system and performed more than 60 treatments.

### INTENSIVE CARE UNIT

The year was the busiest experienced by the Intensive Care Unit (ICU), which cared for over 2,000 critically ill patients. DHS provided funding to open an additional bed, bringing the number of funded beds to 17. At times of peak activity, ICU has expanded to full capacity within the 20-bed area of pod A and pod B, and beyond into the adjacent 10 bed area of pod C for the first time. Additional funding was provided by DHS to purchase essential equipment including ventilators, haemofiltration machines, monitors and a video laryngoscope to enable the additional bed to be opened.

The medical emergency team responded to over 1,800 calls. The ICU liaison nurse reviewed more than 1,600 patients, continued to provide follow-up services to patients discharged from ICU, and reviewed acutely unwell patients on the ward.

The post-graduate critical care nursing program achieved excellent results this year. Several students were honoured in the top two per cent of all higher education students at RMIT for 2008. This is testament to the graduates’ application, but also to the ICU educators and nursing staff in providing guidance, education and support throughout the year.

### CANCER SERVICES

Cancer Services continued to work with the Olivia Newton-John Cancer and Wellness Centre (ONJCWC) project team on the design of the new centre. The ONJCWC will be constructed on the site of Cancer Services’ existing premises, Heidelberg House. In preparation for the demolition of the old building in 2010, Day Oncology moved into temporary accommodation in the nearby Lance Townsend Building. Old wards in the Harold Stokes Building were refurbished to meet current standards in preparation for receiving the cancer in-patient wards in August 2009.

Planning for the ONJCWC programs continued. New positions will be created, including a manager’s position to develop the wellness and supportive care services. A grant was received from



the John Cummins Memorial Fund to fund a new 12-month role to set up a support group and source appropriate patient information for patients with brain tumours.

In collaboration with The University of Melbourne, planning was undertaken to create a new role as Professor-Director of Haematology. Preparation was undertaken to develop an expanded role as Director of Palliative Care Services to lead Austin Health's inter-professional, holistic care of patients in the advanced stages of a progressive terminal illness. The new role will support Austin Health's continued involvement with the North Western Palliative Care consortia.

Under the leadership of Medical Director Assoc Prof Paul Mitchell, the North Eastern Metropolitan Integrated Cancer Service (NEMICS) continued to facilitate the improvement of the coordination of cancer care in the local region. Its strategic plan was endorsed and the development of multi-disciplinary care services continued. To improve communications between NEMICS sites, videoconferencing facilities were established.

## SPINAL

As a state-wide acute and sub-acute spinal services provider, the Victorian Spinal Cord Service (VSCS) is in a unique position to improve the long-term outcomes of people with a spinal cord injury. To this end, the VSCS engaged in a joint project with key patient funding agencies, the Transport Accident Commission (TAC) and DHS, as well as the subacute provider Caulfield Hospital, to develop an improved model of service delivery.

After two years of research the new model will be piloted in August 2009. The innovative pilot program goes beyond the current in-patient rehabilitation model to address the vocational, psychosocial and recreational needs of patients to support their transition back into community life. It is anticipated that the program will reduce patients' length of stay in hospital and minimise their re-admissions.

Over the next two years the model will be progressively implemented and evaluated by TAC, DHS, Caulfield Hospital and Austin Health.

## OUTPATIENTS

Over 155,000 people attended outpatient appointments at Austin Hospital and Heidelberg Repatriation Hospital for a range of services. Currently over 15 per cent of patients fail to attend their outpatient appointment. This compromises the efficiency of the service and results in other patients waiting longer for a re-scheduled appointment.

The department successfully sought funding from DHS to trial then introduce a system using short message service (SMS) text messaging to send appointment reminders to patients' mobile or home telephones. On evaluation, the reminders improved attendance by up to 10 per cent, enabling staff to re-allocate cancelled appointments and reduce waiting times for appointments.

## EMERGENCY DEPARTMENT

Over 60,000 people came to Austin Hospital's Emergency Department (ED) for treatment during the year. This represented an increase of eight per cent compared with last year and an increase of 47 per cent since the Austin Hospital



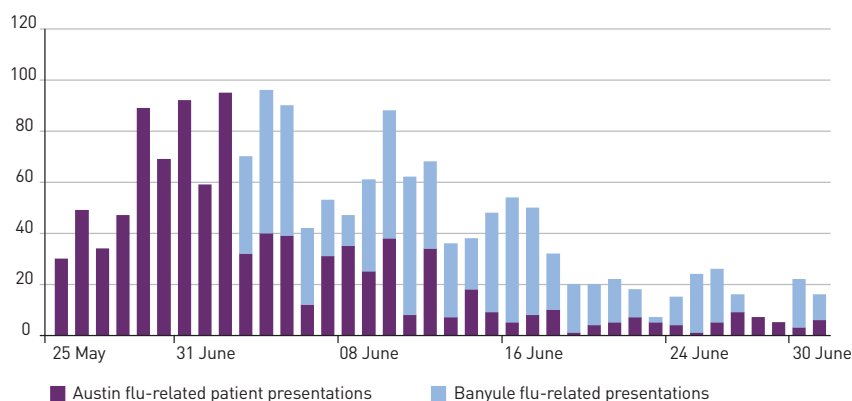
Tower opened in 2005. ED staff continued to refine their processes for ensuring rapid treatment of non-admitted patients or improved access to care for patients requiring admission to the hospital.

To reduce unnecessary ED presentations for residents of residential care facilities, an outreach program was introduced following last year's successful trial. ED doctors accompany a Hospital in The Home (HITH) nurse to attend, assess and treat the patient at their care facility, avoiding the need to transfer to hospital. If required, patients are sent to ED for acute assessment or admitted to hospital. The program reviewed 25-30 patients each month and received positive feedback from general practitioners, facility staff, residents and families.

The 'fast track' X-ray service, a joint initiative between ED, Radiology and Ambulance Victoria, was introduced to enable timely processing of nursing-home patients requiring non-urgent X-rays. The new process reduced the need for more than one ambulance, as the patient arrived and was transferred home in the same ambulance. This eliminated waiting for a return ambulance, allowing the patient to return home quickly and avoiding unnecessary waiting in ED.

To easily access the expertise of the state-wide Victorian Toxicology Service, the Victorian Poisons Information Centre (VPIC) relocated from the Royal Children's Hospital to the ED. In collaboration with ED, Pharmacy and Clinical Pharmacology and Therapeutics, the VPIC is able to provide information to callers about the effects of poisons and where required offer advice about management.

## Flu-Related Presentations



## INFECTIOUS DISEASES

Hand Hygiene Australia director, Prof Lindsay Grayson, oversaw the implementation of a world-first national hand hygiene program across Australian hospitals. The program aims to halve the rate of antibiotic-resistant 'superbug' patient infections.

Following the May outbreak of the H1N1 strain of the influenza virus, or swine flu, the Infectious Diseases Department took a leading role in advising hospital and government on the treatment and testing of patients. At the peak of community concern, an additional 90 patients presented to ED daily. To cope with this demand, a temporary flu clinic was established at the Banyule Community Health Centre, in a joint initiative between Banyule Community Health and Austin Health. Banyule Community Health provided the staff to run the clinic while the Department provided advice about patient management protocols. This clinic enabled Austin Health to divert concerned people with mild flu-like symptoms from the ED.

Pictured left: "The bullring" at The Surgery Centre links four theatres, two endoscopy suites, a recovery unit and 12-bed short-stay ward.

At Austin Health, research into osteoporosis is coordinated through the Endocrine Centre for Excellence, Australia's largest research and treatment facility in this field. Its outpatient clinic, clinical trials unit, endocrine lab and bone mineral density unit work collaboratively to find solutions for treating diseases of the endocrine system such as osteoporosis, diabetes and thyroid disorders. Research into conditions including diabetic kidney disease, androgen deficiency in men, hyperlipidemia, skeletal growth, obesity and foetal growth is underway. It is home to Australia's only high-resolution 3D peripheral quantitative computed tomography system, a non-invasive method of measuring bone quality that supports patient care as well as testing the efficacy of new medication in trials.

## Osteoporosis – a life's work to slow the breakdown of bones

→ Professor Ego Seeman

Clinical investigator, endocrinologist, and entertaining raconteur, Professor Ego Seeman is internationally renowned as a man of science. He became a researcher for a simple reason: it's fun

"There is beauty in exploration," said Prof Seeman, with his trademark ebullience. "I love the scientific method. It is creative and incredibly exciting."

Prof Seeman's contributions to osteoporosis research were recently recognised by the prestigious International Osteoporosis Foundation Medal of Achievement, an honour of the highest order that he describes simply as "very nice". For Prof Seeman, it is his love of science, and of the teaching of science, that inspires him.

"Research is the single most important factor in the proper treatment of our patients," he explains. "Teaching, research and patient care grow within each other, none can exist in excellence without each other."

Osteoporosis, a condition where the bones become porous and break easily, is one of the world's most common and debilitating diseases. One in three women over 50 will experience osteoporotic fractures, as will one out of five men. The disease is, to some extent, preventable. It can be readily diagnosed and effective treatments are available.

Prof Seeman describes a patient's concomitant loss of independence as terrible.

"To be in constant pain, to need people to help you, to need a walking stick makes for a difficult life," he said. "Besides the impact on a person's quality of life, fractures are associated with a reduction in survival."

The skeleton is a dynamic organ. Bone renews itself continually. Old bone is removed along with tiny fractures and is replaced with new bone. But after the

age of 25 years, the replacement process breaks down. While only one per cent less bone is replaced each time old bone is removed, "if you lose one percent of bone per year over 40 years, you've lost almost half your skeleton," said Prof Seeman.

"We have succeeded in extending our lives beyond the age of 50, and it is the loss of female hormone that underlies the decay of bones and predisposes women to osteoporosis."

Prof Seeman has a number of research interests, particularly the ways in which the skeleton grows. It is through studying physiology that leads to drug development, which in turn translates to evidence-based health care. In addition, the epidemiology of disease gives him clues as to the causes of disease.

For example his groundbreaking collaboration with The University of Melbourne's Professor John Hopper of the Australian Twin Registry unequivocally demonstrated that cigarette smoking is a causative factor of osteoporosis in women.





Prof Seeman's boundless enthusiasm for nurturing the talent of his students reflects his own experience as a younger man, mentored by Austin Health's late Austin Doyle.

"At the Austin there has been a long culture of electrifying debate," he said. "I teach my students, as I was taught, to see science as a verb, not a noun. It is a pathway full of challenges beginning with defining the right question, defining the study able to answer the question, seeing the weakness and fallibility of numbers, being cautious in interpreting the information, and prepared to give up what seemed to be a wonderful idea when the research tells you it was not such a good idea. The Austin Hospital's tradition of belief in disbelief is the fountain of originality and advancement. A life in research, teaching and patient care is a great privilege."

The work is an end in itself, he said. But in the end, the patient is everything.

"As a doctor, one of the best things I can do for my patients is to give them reassurance," he said. "If I say 'I can fix this', then I have given them another day of hope, another day of peace."

Pictured above: Prof Ego Seeman and post-doctorate students Dr Ashild Bjornerem, Dr Ali Ghasem-Zadeh, research fellow, Dr Qingju Wang (obscured) and Dr Xiaofang Wang in the bone mineral density scanning lab in the Endocrine Centre for Excellence, Heidelberg Repatriation Hospital

**Prof Ego Seeman is an endocrinologist and deputy director of Austin Health's Endocrine Centre for Excellence; Professor of Medicine, The University of Melbourne.**

**He is author of over 200 publications and editor of *Advances in Osteoporosis*, *BoneKey*, *Journal of Bone Mineral Research*, *Bone*, *Osteoporosis International*, *Calcification Tissue International*.**

**Winner International Osteoporosis Foundation Medal 2009, American Society Bone Mineral Research 2002 Fred C Bartter Award for Excellence in Clinical Research, Matheson Lecturer University of Melbourne 2004.**



**Hear Prof Seeman speaking to Prof Jeffrey Zajac about osteoporosis at [www.austin.org.au/podcasts](http://www.austin.org.au/podcasts)**



## Nursing and Ambulatory Care

Austin Health's nursing workforce strategy supports nurses to provide skilled care at the bedside. The multi-tiered approach blends complementary sets of skills that result in better care for patients and more rewarding careers for staff.

➤ Austin Health continued to attract skilled nursing staff despite the ongoing shortages of nurses in the competitive health care market.

Over 1,730 equivalent full-time nurses were employed in 2008, comprising 40 per cent of the total Austin Health workforce. The opening of new services, such as the 24-bed Ward 10 and the increased bed capacity in ICU, means that the demand for qualified nurses in all divisions continued unabated.

In response, Austin Health continued to develop and refine its nursing workforce strategy to ensure it is sustainable both in terms of its capacity and capability.

### HEALTH ASSISTANTS (NURSING)

Following 2008's feasibility study, comprehensive planning took place to introduce a pilot program that created traineeships for six new roles as health assistants (nursing). Employed in July 2009, the trainees will provide assistance to nurses with tasks such as feeding patients and attending to their personal hygiene. As Austin Health's patients increasingly have more complex health conditions, division 1 and division 2 nurses will be able to spend their time using their advanced clinical skills while being supported in some of the basic care by the health assistants. The health assistants (nursing) will undertake training at RMIT TAFE, after which they will be assigned to wards where they are additional members of staff – over and above nurse-patient ratios. The pilot will be evaluated after 12 months, and if successful, the role may be introduced into additional wards.

### CARE BY DESIGN

The acuity of in-patients, and the increased rate of patient turnover, has contributed to a nursing workload of consistently rising complexity. Nursing

and Ambulatory Care recognised that these factors add up to increased pressure on nurses, and can impact on their stress levels and job satisfaction.

In response, Strategy, Quality and Service Redesign introduced a pilot program to introduce improvements to nurses' work practices. The initial pilot wards – Mellor Ward at Royal Talbot Rehabilitation Centre, Ward 8 West at Austin Hospital and Ward 11 at Heidelberg Repatriation Hospital – reviewed the tasks that prevent nurses from providing bedside care, such as looking for information or tools needed to perform nursing care.

By providing training and introducing strategies and tools, the project aims to identify and eliminate waste – of time, energy and resources – quickly and efficiently. The standardised, ward-based improvement program will empower ward staff to redesign their work processes and provide more time for direct care. Importantly, the project aims to improve staff morale and patients' experience.

Pictured left: Emergency Department division  
one nurses: Carli Baldacchino, Eliza Baxter  
and Chris Gartside

## RESIDENTIAL OUTREACH SERVICE

Austin Health's Hospital in the Home (HITH) service provided hospital-standard care to 55 patients each day in the comfort of their homes. While HITH patients must be clinically stable to be eligible for the service, increasingly acute care was provided with a 43 per cent increase in the number of patients requiring complex wound care and intravenous antibiotics

HITH nurses joined ED consultants and aged care services to provide acute assessment to 190 patients in residential aged care facilities. See page 17 for more information.

## SUB-ACUTE SERVICES

A major project for Sub-Acute Services was the introduction of an online system to facilitate improved referral, assessment and waiting list processes. Funded by a \$130,000 grant from DHS, the program was introduced in June.

It assists clinicians to provide more productive, patient-focussed care by providing timely referrals, referral response, improved transparency and accountability. In addition, the new system has improved efficiencies by reducing the duplication of effort and data entry.

## WARD 10

Funding totalling \$5.5 million was received from DHS to open and operate a specialist ward to treat a mix of acute and sub-acute patients. Located at Heidelberg Repatriation Hospital, Ward 10 will deliver an innovative solution to the growing demand on medical wards at Austin Hospital, particularly by the elderly.

The new 24-bed service will cater to the specific needs of elderly patients who, increasingly, have more complex conditions and require longer stays in hospital. The ward will enable patients to transfer from the Austin Hospital but continue to receive acute care treatment from doctors and sub-acute clinicians.

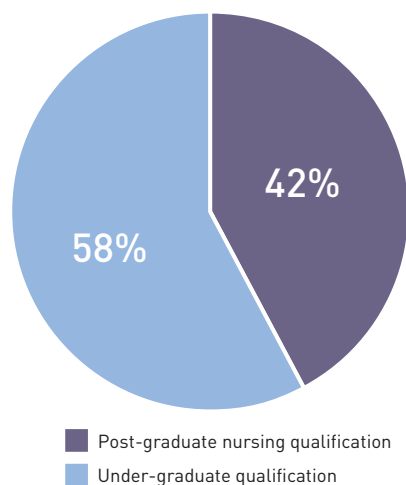
Preparation works included the \$1.5 million refurbishment of an old,

decommissioned mental health ward on level one of the Flanders Building that commenced in May. The nursing and medical model of care was developed and a recruitment campaign commenced. Ward 10 is scheduled to open in August 2009.

## NURSING WORKFORCE STRATEGY

Ongoing development opportunities were offered to nurses to extend their clinical skills. With close links to affiliated universities, the provision of post-graduate education ensured Austin Health's nursing staff is highly skilled. An education pathway that commences immediately following the graduate year has fostered a culture of ongoing educational achievement, and more than 42 per cent of Austin Health's nurses have a post-graduate qualification.

Austin Nursing Qualifications



## MENTAL HEALTH

The mental health governance structures were redeveloped with strong emphasis on content of care, accountability, patient and carer representation and inclusion. The services are now governed by a clinical executive and an operational executive. The committee structures have been further strengthened through the development of safety and quality committees.

The Child and Adolescent Mental Health Services in-patient unit for teenagers, housed in the 100-year old Marion

Drummond Building on the Austin Hospital site, was redesigned to improve patient and staff safety. The attractively renovated space includes an innovative 'sensory space', a safe courtyard and isolation room, a recreation room, shared meals area, single-accommodation bedrooms and a medical treatment room. A similar renovation is underway in the state-wide Child In-patient Unit.

At Heidelberg Repatriation Hospital, the construction of a new, purpose-built facility commenced to house the Veterans Psychiatry Unit and the Victorian Psychological Trauma Treatment Service. The new building is expected to open its doors in October 2010.

In response to Victoria's devastating bushfires of Saturday 7 February, staff from the Victorian Psychological Trauma Treatment Service played a leading role in assisting psychological recovery amongst communities affected by loss of life and property. In recognition of this service, DHS awarded a two-year contract to VPTTS for service provision and the training of health professionals to provide post-trauma psychology services.

Mental Health completed the planning and development of an operational model to introduce a unique Medicare-funded clinic for people experiencing post-traumatic stress disorder but without a source of funding to underwrite the cost of psychological or psychiatric services.

Austin Health signed a memorandum of understanding with the Australian Centre for Posttraumatic Mental Health to collaborate on training and education for mental health workers.

Austin Health participated in feasibility studies, planning and community consultation for the proposed Mental Health Rehabilitation Centre at the Heidelberg Repatriation Hospital. The \$141 million centre was planned to accommodate secure extended care and medium-secure forensic services but its bid was not approved in the Victorian government's May 2009 budget.



### **CRECHE REDEVELOPMENT**

Since 1970, the Austin Child Care Centre has been located in a slate-roofed brick house built in 1882. Overlooking Heidelberg Station, the site is undergoing redevelopment to create a modern, purpose-built centre. Stage one of the redevelopment was completed in April with the opening of two new rooms for babies. The stage two development of two new rooms for toddlers is underway and due for completion in August 2009. Stage three will include the renovation of the original house for its planned use as the centre's single point of entry and administrative hub.

### **VOLUNTEER PROGRAM**

Over 600 people generously volunteered their time to provide services that enhanced the experience of patients such as providing them with company, transport, and helping out with administrative support. A dedicated manager was appointed in February to oversee the introduction of this valuable assistance into new areas of hospital.

### **NUTRITION AND DIETETICS WITH SPEECH PATHOLOGY**

Approximately 13 per cent of patients in hospitals have some degree of swallowing impairment. They are at risk of choking, and of food and fluid entering their lungs while they eat. Some require texture-modified food to enable them to swallow safely. Speech Pathology, in collaboration with Nutrition and Dietetics and Food Services, undertook

a systematic review to determine the risk of incorrect provision of meals for this patient group. An audit showed that some patients were not receiving the correct texture-modified meal to help them swallow safely.

A comprehensive process redesign ensured that communication between speech pathologists, menu monitors and dietitians resulted in patients receiving correct meals more often. Systematic risk reduction strategies were introduced and resulted in significantly more patients receiving correct meals.

### **COMMUNITY ADVISORY COMMITTEE**

The Community Advisory Committee (CAC) developed and endorsed Austin Health's community participation plan. Members of the CAC were instrumental in the development of Austin Health's annual Quality of Care Report. A consumer register was established to identify past or present patients and/or relatives or carers interested in sharing their experiences, opinions and ideas for improvement about Austin Health services.



Pictured left: Julie Zagorski, clinical support nurse demonstrates equipment to Carolyn Progue, health assistant (nursing).

Pictured right: Dr Daniela Sartor, research officer, and Dr Tony Verberne, research fellow, at work in the Clinical Pharmacology laboratory.





# Research

Austin Health's culture of medical, research and teaching excellence combine to offer our patients access to rare advantages. Working in collaboration, our researchers and clinicians develop and test pioneering surgical procedures and newly-created drug therapies with promising results.

 The newly established Austin LifeSciences brings together major institutes to form a research powerhouse in Heidelberg, already designated as a Victorian biotechnology precinct. They include hospital and The University of Melbourne departments of medicine, surgery, psychiatry and physiotherapy, the National Stroke Research Institute, Ludwig Institute for Cancer Research, Brain Research Institute, Australian Centre for Posttraumatic Mental Health, Institute for Breathing and Sleep, Epilepsy Research Centre and the Parent-Infant Research Institute. The multidisciplinary alliance consists of world-class scientific leaders conducting research in cancer, neurosciences, transplantation, heart disease, hypertension, immunology vaccines, endocrinology and sleep disorders.

In addition, Austin Health is host to the Nucleus Network, which conducts early phase clinical trials in new medications. The following pages include brief highlights of a sample of research achievements in 2008-09.

## **CANCER MEDICINE: JOINT AUSTIN/ LUDWIG ONCOLOGY UNIT**

Austin Health's team plays both a national and international leadership role in the treatment and research of cancer. Prof Jonathan Cebon and Assoc Prof Ian Davis have developed approaches for harnessing the immune system to attack unique targets on cancer cells. These studies have led to substantial grant support from the NHMRC, Melanoma Research Alliance and Victorian Cancer Agency (VCA) for pioneering work into targets shared with germ cells and stem cells within cancer. Assoc Prof Ian Davis has pioneered new anti-cancer treatments, leading several international clinical trials with drugs that target molecular pathways in kidney cancer and the immune-stimulating protein interleukin IL-21 in melanoma. These trials together with his comprehensive laboratory research program into cancers of the genito-urinary tract have been recognized through research fellowships from both the NHMRC and VCA. Dr Niall Tebbutt is an international leader for the clinical research into

bowel and upper gastro-intestinal (GI) cancers. He designed the MAX study, the largest study ever run by the Australasian GI Trials Group and initiated international collaboration with the UK. He also initiated other studies in advanced colorectal cancer involving novel combinations of biologic agents such as the DUX study (dual targeting by cetuximab and erlotinib) and the Vengeance study (dual targeting by bevacizumab and AMG386). He is a leading recruiter to multiple clinical trials of novel therapies and co-authored two *New England Journal of Medicine* publications establishing a survival benefit for cetuximab in k-ras wild type chemotherapy refractory colorectal cancer.

## **CHRONIC FATIGUE SYNDROME (CFS)**

Paediatrician Dr Lionel Lubitz and exercise physiologist Brett Gordon's work on the role of graduated exercise in CFS was published in *The Journal of Paediatrics and Child Health* in March. Dr Lubitz presented a study on the effect of CFS on family functioning at the International CFS meeting in Reno,

Nevada in March on behalf of Dr Tanya Newnham, Dr Sarah Wilson and Prof Ingrid Scheffer. This was the first study to show the serious consequences on the family of the adolescent with CFS in terms of family activities, parental employment and financial burden.

### CLINICAL PHARMACOLOGY

The Department of Clinical Pharmacology and Therapeutics, together with Nucleus Network, established the Austin Centre for Clinical Studies, a 16-bed, phase one, clinical trials unit in February 2008. Since opening, 15 new drugs have been tested. In its drug discovery activities, Clinical Pharmacology also focussed on the identification of novel markers for the diagnosis and treatment of prostate cancer and neural regulation of the circulation, pancreatic function and blood glucose. With The University of Melbourne, the department continued to provide evaluation of drugs submitted for registration with the Australian Therapeutic Goods Administration (TGA) and the New Zealand equivalent, Medsafe. After independently evaluating clinical trial results, the department made recommendations to the TGA on the safety and efficacy of 20 drugs, as it does each year.

### AGED CARE SERVICES

The department participated in a number of Alzheimer's disease treatment trials. Major projects included: the single blind, placebo-controlled, randomised study in mild to moderate Group Alzheimer's Disease patients to assess the safety, tolerability, pharmacokinetics and pharmacodynamics of GSK239512, a selective histamine H3 receptor antagonist; ENA713D Exelon® (rivastigmine) a 24-week, multi-centre, open-label evaluation of compliance and tolerability of the once-daily 10cm<sup>2</sup> patch formulation in patients with probable Alzheimer's disease; and a fixed-dose study of SB-742457 versus placebo when added to existing donepezil treatment in subjects with mild to moderate Alzheimer's disease; CTN Phase IV Prospective Research in Memory clinics; and

an open-label, non-randomised, multi-centre study to optimise image assessment and evaluate the efficiency and safety of BAY94-9172 [ZK 6013443] positron emission tomograph for detection/exclusion of cerebral amyloid beta in patients with probable Alzheimer's disease compared to healthy volunteers.

### DEPARTMENT OF MEDICINE

#### The University of Melbourne at Austin Health

In a NHMRC-funded grant, Dr Rachel Davey led a team who questioned the mechanism by which male hormones, androgens, contribute to skeletal growth and bone accrual in puberty and in bone maintenance post-puberty. In a paper published in the November edition of the prestigious American *Journal of Bone and Mineral Research* (JBMR), the team demonstrated that androgens act through androgen receptors in mineralising osteoblasts to maintain bone by regulating both bone breakdown and the coordination of bone matrix synthesis and mineralisation. The team found that this action is most important during times of bone accrual and high rates of bone remodelling. These findings make a valuable contribution to the body of research into male osteoporosis.

Likewise funded by NHMRC, Dr Davey led a project that provided fuel to the debate on the physiological role of calcitonin, a thyroid hormone that inhibits bone breakdown and is used in some countries to treat this condition in patients with osteoporosis. Research findings published in the JBMR provided strong evidence for a biological role of the calcitonin reception in the regulation of homeostasis in states of calcium stress.

Again funded by the NHMRC and published in the international biology journal, *The FASEB Journal* in August, Dr Helen MacLean led a project that identified the mechanisms of anabolic androgen action in muscle strength. The team bred a mutant strain of mice in which males had extra fat and reduced muscle development and strength, but females were normal. The team

demonstrated that in males, androgens act through the androgen receptor to regulate multiple pathways that control muscle mass, strength and fatigue resistance, but that androgens are not required for peak muscle mass in females. The work has implications for drug therapies used for older people at risk of falls and those with chronic disease.

### ENDOCRINE CENTRE FOR EXCELLENCE

A team led by Prof George Jerums and Assoc Prof Richard Maclsaac investigated the usefulness for indigenous Australians of a common kidney function test, as this group's rate of kidney failure is over five times that of the general population. Assoc Prof Maclsaac led a study of 3,900 type 2 diabetes patients and found that earlier, more proactive intervention in the treatment of the disease could reduce the risk of serious complications such as visual impairment, nerve function and kidney disease.

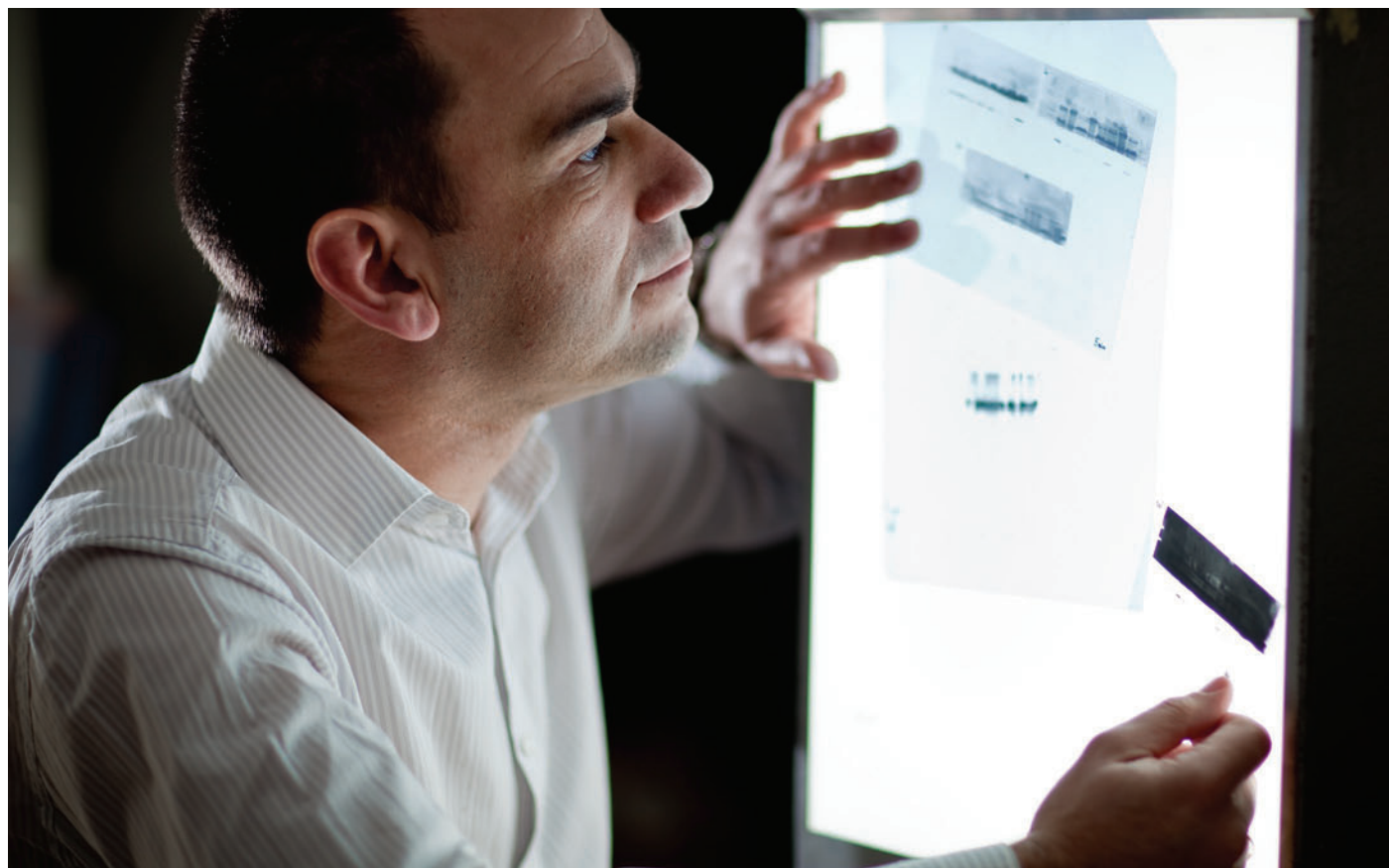
Prof Jerums, Assoc Prof Maclsaac and Dr Elif Ekinci showed that a diet high in salt reduced the effectiveness of the two most commonly used drugs to protect kidney function in patients with type 2 diabetes. Prof Ego Seeman led a team including Dr Sandy Iuliano that showed that nutrition supplementation made of whey protein concentrate and vitamin D reduced the rate of falls among elderly people. Dr Cherie Chiang and Prof Jeffrey Zajac reported that over 90 per cent of patients admitted with a hip fracture were vitamin D deficient.

### EMERGENCY DEPARTMENT

The Emergency Department (ED) researchers were involved in over a dozen publications, many more conference presentations and posters, and increases in intra and inter-institution collaboration. Emphasis was placed on the evaluation of drugs in the ED setting with considerable work being undertaken by both under and post-graduate research students.

One highlight was a randomised controlled trial (RCT) demonstrating that a vapocoolant spray, compared with

Pictured below: Dr Sofianos Andrikopoulos reviewing research into the cause of diabetes.



a placebo (water) spray, significantly reduced the pain of intravenous cannulation. This research won the 'Best Paper by a Fellow' at the Australasian College for Emergency Medicine Annual Scientific Meeting and was published in the prestigious *British Medical Journal*. ED also completed a second RCT demonstrating that vapocoolant spray has significant advantages over the more traditional subcutaneous lignocaine.

#### **INTENSIVE CARE UNIT**

As the foremost intensive care research unit in Australia, the ICU participated in 18 major international and national trials, multiple in-house investigator-driven trials, and national and international collaborations. Published in the prestigious *New England Journal of Medicine*, the NICE-SUGAR Study Investigators (2009) Intensive versus conventional glucose control in critically ill patients showed that the practice of lowering an ICU patient's blood sugar levels to normal levels carries significant risk of death. Another

significant investigation was whether the hormone erythropoietin could reduce the severity of disability from traumatic brain injury. Prof Rinaldo Bellomo and Prof Ian Baldwin led research activities which produced in excess of 50 journal publications and multiple book chapters for the year. By this measure, Austin Health's ICU is one of the top five research focussed ICUs in the world.

#### **LIVER TRANSPLANT UNIT**

The Liver Transplant Unit (LTU) is actively involved in clinical research both nationally and internationally. The LTU's national network includes the NSW Virology Research Lab, studying antiviral therapy and the prevention of cytomegalovirus (CMV) disease in liver transplant patients. With the Anti-Cancer Council of Australia and the University of New South Wales, the LTU looked at the incidence of cancer post-transplantation and identified risk factors for this group of patients. With the Royal Victorian Eye and Ear Hospital, the LTU investigated the prevalence of age-related macular

degeneration post-transplant. With the Liver Transplant Unit at Flinders Medical Centre, SA, the researchers retrospectively collected data from patients with cirrhosis and hepatocellular carcinomas who underwent liver resection, determining the long-term survival, the rate of tumor recurrence and identifying prognostic factors associated with liver resection.

The Liver Transplant Unit undertook research with other transplant units around the globe. Research currently being undertaken internationally involves studying the safety and efficacy of anti-viral medication to enable patients diagnosed with hepatitis B and C to safely receive organ transplants and studying the safety and efficacy of new anti-rejection medication to improve long term transplant survival.



## NEPHROLOGY, ENDOCRINOLOGY AND SURGERY

Austin Health played a key role in providing hope for insulin-resistant type 1 diabetes patients through the National Islet Transplant Program that involved a consortium of Australian transplant and diabetes researchers. The program used emerging therapies to take insulin-producing islet cells from a deceased donor pancreas and injected them through a vein into the patient's liver where they begin to produce insulin. Austin Health surgeons had a major role in donor organ retrieval and Assoc Prof Frank Ierino and his team provided a comprehensive medical screening program for potential recipients before waitlisting them for the procedure. This is a collaborative program in Victoria with St Vincent's Institute of Medical Research and St Vincent's Health where the early procedures have been performed and plans are underway to perform this procedure at Austin Hospital.

## NUTRITION AND DIETETICS

Nutrition and Dietetics assessed the adequacy of fluid intake in dysphagic patients and identified the factors affecting fluid intake at three Melbourne teaching hospitals. Fifty patients were assessed. Of these, 46 per cent had a stroke diagnosis and 24 per cent had respiratory problems. Seventy-six per cent of patients were malnourished and the mean oral fluid intake was only 42 per cent of estimated fluid requirements. Those on thickened fluids, who required assistance with drinking, were bedridden or reliant on a wheelchair, met a significantly lower estimated fluid requirement than those independent with drinking or mobility. Strategies to improve fluid intake in this high-risk population are being investigated. The project was funded by a Deakin University small project grant.

## PHYSIOTHERAPY

The Physiotherapy Department collaborated with and participated in a number of significant projects. Key projects included a study into the effect of lower limb prostheses (traditional vs novel) upon the ability of above-knee amputees to traverse 'everyday' terrain. The department contributed to a study into a three-dimensional analysis of shoulder girdle movement to understand factors associated with shoulder pain following stroke.

## SPINAL AND ACQUIRED BRAIN INJURY RESEARCH

Austin Health researchers were awarded more than \$14 million from \$19 million in grants available from the Victorian Neurotrauma Initiative for projects to improve the quality of life of people with spinal cord injuries (SCI). A \$4.9 million grant was awarded to the late Prof Robert Pierce to investigate how sleep quality could be improved in people with quadriplegia. Prof Pierce's student, Dr David Berlowitz, was subsequently appointed lead investigator. Prof Mary Galea was awarded \$4.7 million to investigate exercise in SCI patients, including its potential to recover neurological function. Another \$4.9 million was awarded to a team led by Prof John Furness from The University of Melbourne that included several Austin Health chief investigators.



Pictured left: Dr Melanie Freeman, cardiology fellow and Prof Louise Burrell, Head – cardiovascular research group, in the cardiovascular research lab.



## LUDWIG INSTITUTE FOR CANCER RESEARCH AT AUSTIN HEALTH

Prof Andrew Scott, Director of the Ludwig Institute for Cancer Research (LICR) at Austin Hospital led a team responsible for the development of a new paradigm in targeting cancer cells, the monoclonal antibody (mAb) 806. Preclinical investigations and a phase one, first-in-man trial at Austin Hospital in 2007, determined that mAb806 binds to a previously unreported epitope of the Epidermal Growth Factor Receptor (EGFR) that is only exposed in over-expressed, mutated or amplified EGFR. Over-expression of EGFR occurs in more than 50 per cent of some types of cancers. Current therapies that target EGFR cause side-effects by targeting EGFR both when it is over-expressed on cancer cells and when it is present in usual amounts on normal cells. Unlike these reagents, mAb806 has been shown in pre-clinical testing to have no cross-reactivity with normal tissue, and is the first tumour-specific antibody directed towards a cancer-related growth factor receptor.

In November one of the LICR spin-off companies, Life Science Pharmaceuticals, licensed mAb806 to pharmaceutical company Abbott. LICR at Austin Health continues to be actively involved with Abbott in the ongoing clinical development of this exciting cancer therapy candidate.

## NHMRC EXCELLENCE AWARDS 2008

Reinforcing Austin Health's national importance as a research precinct, two of its researchers were recognised with prestigious NHMRC Excellence Awards, only given to the seven highest-ranking grant and fellowship recipients in Australia.

Neurologist Prof Graeme Jackson, Director and founder of the Brain Research Institute was recognised for his work defining the causes of epilepsy and classifying the brain's developmental abnormalities using magnetic resonance imaging. Dr Sofianos Andrikopoulos, head of the Islet Biology Research Group at The University of Melbourne Department of Medicine at Austin Health, was recognised for research that suggested that a common class of drugs used to treat type 2 diabetes, sulfonylureas, actually accelerate the disease.

## AUSTIN LIFESCIENCES RESEARCH WEEK

Researchers from Austin Health and its associated institutions and universities participated in the annual Research Week celebrations in October. The Austin LifeSciences Symposium and plenary session were popular events, and 153 researchers displayed their work in the annual poster competition.

Numerous awards were given for excellence in various fields of research, including allied health, cancer, stroke, nursing, parent/infant, clinical and general research. The 2008 Distinguished Scientist Award was presented to endocrinologist and internationally-recognised expert on osteoporosis Prof Ego Seeman for his contribution to the Austin research community over his career at Austin Health.

Rising talent Dr Cherie Chiang won both awards open to young researchers – the Austin Lifesciences Award for Basic Research and the Young Investigator Award, for her abstract Mineralisation and Bone Resorption are Regulated by the Androgen Receptor in Male Mice.

## NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL GRANT WINNERS 2009

**Prof L Burrell:** Vasopressin and heart failure, \$551,250

**Prof E Seeman, Dr R Zebaze and team:** Cortical porosity to bone fragility, \$596,250

**Prof J Proietto:** Understanding how obesity and abnormal lipids are linked, \$320,100

**Prof G Jerums, Assoc Prof R MacIsaac and team:** eGFR in indigenous Australians, \$926,200

**Prof J Zajac, Dr R Davey and team:** Male hormone receptors in bone-forming cells, \$451,625

**Dr S Andrikopoulos, Dr B Fam and team:** The role of a liver enzyme in controlling body weight, \$475,125

**Assoc Prof I Davis, Prof J Cebon, Assoc Prof W Chen and team:** Immune targeting of melanoma stem cells, \$506,250

**Prof A Scott, Dr P Ramsland and team:** Using the immune system to treat cancers, \$543,500

**Prof D Power:** Waste control in kidney disease, \$438,000

**Dr D Christiansen, Dr P Ramsland, Dr H Vaughan, Prof M Sandrin and team:** The role of carbohydrates in transplantation, \$541,500

**Prof R Bellomo and team:** Erythropoietin in Traumatic Brain Injury (EPO-TBI), \$1,848,475



# Teaching and Training

Austin Health is affiliated with The University of Melbourne for medical education. In nursing education, Austin Health is a major clinical school for La Trobe University with strong links to RMIT and Deakin Universities.



## **THE UNIVERSITY OF MELBOURNE CLINICAL SCHOOL AUSTIN HEALTH/ NORTHERN HEALTH**

The Austin Clinical School enrolled 100 high-performing fourth year medical students from The University of Melbourne, attracted to the school for its excellent teaching and modern clinical facilities.

An important drawcard for students is the school's reputation. In an outstanding result, 2009's three top-scoring students in the final exams at The University of Melbourne had attended the Austin Clinical School.

The already abundant opportunities within the program included rotations through general medicine, surgical and specialty areas of Austin Health. In 2009, the program was expanded to include vascular surgery for the first time.

In an important new approach to medical education, the focus of the final year program shifted to a model that provided students with skills more closely linking them into their following internship year. To intensify students' learning experiences, the number of students in each group accompanying interns on patient rounds was halved, exposing them to greater learning opportunities with patients. In addition, the students received training in the typical medical emergencies they would expect to experience as interns, so they graduated better-equipped with the skills required by interns.

It is very pleasing that almost 50 per cent of students applied for intern positions at Austin Health, representing a high percentage of the students eligible to work in Australia.

The Austin Clinical School staff were involved in planning the curriculum development and course content in preparation for the implementation of the The University of Melbourne's forthcoming "Melbourne Model". In 2011, Bachelor of Science graduates will commence their post-graduate degrees in medicine.

## **MEDICAL EDUCATION UNIT (MEU)**

Acknowledged by the Australian Council on Healthcare Standards as one of the best medical education units in Australia, the MEU provides innovative education and training to meet the needs of our post-graduate medical staff.

The MEU in collaboration with the Clinical Nursing Education Department, The University of Melbourne and La Trobe University, has developed an inter-professional Clinical Skills Centre that enables training opportunities in a hands-on environment. Equipped with a wet lab, a dry lab and a SimMan Room, simulated clinical situations enhance and develop skills and knowledge across all disciplines.

As a measure of the Unit's success, over 30 candidates sat for both the written and clinical Royal Australasian College of Physicians (RACP) training program and achieved a pass rate of over 80 per cent.

Highlights for the year included the development of a user-friendly orientation package for junior doctors;

the provision of new simulation equipment for skills practice; and use of the most effective and innovative education methods such as simulations, small-group interactive learning, and online curricula to suit different and changing needs.

### **CLINICAL NURSING EDUCATION DEPARTMENT (CNED)**

Austin Health's status as an employer of choice for nursing graduates continued into its seventh consecutive year. As a result of active recruitment campaigns and positive clinical experiences of Austin Health's undergraduate students, the Graduate Year Program again achieved a 100 per cent first-round computer match.

Another measure of the superior calibre of Austin Health's nursing staff is that those undertaking post-graduate studies increased by 11 per cent over last year. In the 2009 academic year, 93 students enrolled.

The 2009 practice advancement program was expanded to include two additional clinical areas and offer greater development opportunities for the 53 nurse participants. The program continued to inspire and motivate staff to enrol in postgraduate courses and bridge the gap between the Graduate Year Program and enrolment in post-graduate courses. The program has proved a successful retention strategy.

The department's return-to-practice program continued to bring unregistered nurses back to the industry via an accredited re-registration or refresher course. Since 2000, 129 nurses completed the re-registration program and 199 nurses completed the refresher program. The 2009 program enjoyed 94 per cent retention and targeted clinical areas experiencing a staffing shortfall. As a result of this program, two nurses were employed to work in the new Ward 10.



**Pictured opposite:** Dr Miranda Siemienowicz and Dr Henry Patel practice on SimMan in the Clinical Skills Centre.

**Pictured right:** Graduate nurses Courtney Green and Susan Pradhanang review patient records.





## Chief Medical Officer

In addition to meeting the requirements of junior and senior medical staff, the Chief Medical Officer directorate expanded to include Austin Health's diagnostic services: Radiology; Nuclear Medicine and PET; and Pathology.



Significant changes took place within the Chief Medical Officer (CMO) directorate during 2008-09.

The directorate undertook a review of its process for credentialing its medical staff and defining their scopes of clinical practice. The result confirmed an ongoing robust and comprehensive appointment process. A full revision of the medical application form was completed, and a review of the formal appointment processes commenced. To further support medical appointments, the Medical Advisory Committee expanded its role as the peak medical body overseeing medical appointments and enhanced its advisory role to the executive team and Board of Directors.

Austin Health fully assessed a number of health sector reviews and audits and enacted recommendations for improvements. The outcomes of both the Ombudsman's Report on Alfred Health, and the Garling Review of New South Wales Health were analysed and recommendations were presented to the Board of Directors for endorsement.

A number of innovative programs, introduced at both national and state level, were incorporated in Austin Health's planning for the future. Key highlights included a clinical placements governance model to oversee the management of undergraduate placements across the health sector. As home to the Victorian Liver Transplant Unit, as well as a significant renal transplantation unit, Austin Health enthusiastically engaged with the newly inaugurated Australian Organ and Tissue and Transplant Authority.

As a direct result of government initiatives introduced several years ago, a large increase in the number of Victorian medical graduates is due in 2012. The number of new graduates in Victoria will increase by 100 per cent over four years, with 690 medical graduates anticipated in 2012. Austin Health is expanding its recruitment to accommodate this increase and planning is underway to provide the graduates with new and expanded training opportunities to help foster a strong medical workforce for the next generation. New training programs will be delivered by the

Medical Education Unit with the extension of inter-professional training and establishment of a skills centre at Austin Hospital. In addition, DHS grants will fund initiative projects for specific training programs. Austin Health's training affiliations with The Northern Hospital, Bendigo Health, The Epworth, Echuca Regional Health and Wimmera Health Services have expanded to allow for additional opportunities. Planning is in progress with the Victorian Institute of Forensic Medicine for Victoria's first forensic pathology internship rotations to commence in 2010.

In 2008-09 a number of senior doctors either retired and passed over the mantle to the next generation or moved on to new professional opportunities. These included Professor Graham Burrows; Professor Geoff Donnan; Mr Mal Douglas; Ms Jenepher Martin; Dr Brian Buxton; and Dr Robyn Murray.

## ACCREDITATION

In addition to the organisation-wide survey successfully conducted by the Australian Council on Healthcare Standards, Austin Health underwent a variety of accreditation assessments at a teaching and training level. This year a number of surgical specialties practised at Austin Health underwent external review. A highlight was the five years accreditation for cardiothoracic surgery, an increase from a single year's accreditation previously. This recognition reflected the efforts of the Cardiac Surgery Department in promoting the teaching and training aspects of this specialty. Austin Pathology received three years full accreditation as a category GX Laboratory, the highest level attainable, with the National Association of Testing Authorities.

## FACILITY IMPROVEMENTS

Ongoing physical upgrades and the installation of new equipment continued to meet increasing demand for diagnostic services. To improve radiology services, a Magnetic Resonance Imaging 1.5T unit at Austin Hospital was replaced in September. A large new angiography suite was completed in April. It includes a bi-plane angiography unit installed in May. This new equipment provides sharp, high-resolution images that enable radiologists to see microscopic blood vessels in great detail. The system features two x-ray machines positioned at 90-degree angles that provide two different views simultaneously.

A Targeted Equipment Program grant funded the installation of digital fluoroscopy rooms in the Radiology Department at Austin Hospital. The digital system delivers advantages over analogue systems such as direct transmission of data and detailed reports as well as the capacity to store the images electronically on the hospital-wide system.

A mammography room was installed in Heidelberg Repatriation Hospital's Radiology Department to accommodate a new digital mammogram unit that delivers improved imaging of dense tissue. The upgraded equipment allows

radiologists to view and manipulate images on a computer screen to study areas of interest in detail, without the need for extra x-rays. Patients will benefit from improved accuracy of biopsies and fewer mammograms. In conjunction with the new digital machines, three new ultrasounds came online in June.

Following a grant from DHS of \$4 million, a new cyclotron - a particle accelerator used to make the positron-emitting radioisotopes required for PET scans - came online in August. As the most sophisticated and advanced cyclotron in Australia, it is capable of accelerating H- ions up to 18MeV and D- ions up to 9MeV. Its increased production capacity is projected to allow enough daily production of radioisotopes for the next 15-20 years for both the Centre for PET, and potentially other hospitals in Victoria. Importantly, it gives the Centre for PET the capability to produce a suite of novel PET tracers, critical for research activities, which cannot be accessed elsewhere in Australia. The Centre for PET research projects received a boost with the addition of a research-only PET camera, funded by Bayer Schering Pharma.

## PATHOLOGY

A redevelopment of the Pathology Department's facilities commenced, with stage one of its construction underway. The facility will house better patient areas and new and enhanced testing facilities. Pathology research and diagnostics on-site will be possible with the establishment of a molecular diagnostics laboratory. The lab will enable Austin Health to undertake the timely, cost-effective diagnostics of various illnesses. It also opens the way for research into the genetic characteristics of diseases and the ways in which they respond to pharmacological treatments and other therapies.

## PHARMACY

The opening of The Surgery Centre in July created additional demand for comprehensive clinical pharmacy services. A dedicated pharmacist is based within the centre to administer pharmacy services to the in-patient unit and the operating suite.

As oral chemotherapy agents become more widely available, patients prefer to take chemo pills at home rather than visit hospital for an intravenous infusion. Although more convenient for patients, the orally-delivered drugs carry the same risks as parenteral chemotherapy. In response, the Pharmacy Department developed a protocol and procedure for the supply of oral chemotherapy for patients.

The aged care pharmacy team undertook several projects designed to improve the care of frail, older people who are commonly prescribed multiple medications. To further support safe medication use by the elderly, a joint Austin Health-Monash University aged care pharmacist position was formalised. This position will strengthen existing teaching and research links between the hospital and the university's Faculty of Pharmacy and Pharmaceutical Sciences.

Type 2 diabetes and its major risk factor, obesity, are becoming increasingly common in the community. There are no easy answers to this dangerous and complex condition. At Austin Health, research into these related disorders is coordinated. Findings are shared between the clinical research in the Endocrine Centre for Excellence; the Metabolic Disorders Centre; basic science into the causes of diabetes and body weight regulation; and applied clinical research from the Weight Control Clinic. Patients of the Clinic have the opportunity to participate in trials testing the efficacy of new medications for diabetes and obesity, and the NHMRC has funded grants into studies on weight regain.

## A growing concern – treatment of obesity at Austin Health

→ Professor Joseph Proietto

The rate of obesity in developed countries has been described as a 'global epidemic' that is set to increase. In 2005, 3.2 million Australians were obese, but research suggests that number will double by around 2025. The condition has important and sometimes devastating effects on people. They are at risk of type 2 diabetes, and the bulk of obese people become insulin resistant. Sleep apnoea is widespread. High blood pressure and cholesterol too are common in obese people. Combined, these factors are major contributors towards stroke and heart attack.

At Austin Health, Prof Joe Proietto, a Professor of Medicine and endocrinologist, is working towards unlocking the genetic secrets that underlie this serious and complex health problem. He is a scientist and clinician investigating the genetic and biochemical causes of obesity and type 2 diabetes. As well as treating patients, Prof Proietto oversees two phases of research into what drives people to over-eat. In his laboratory, scientists study molecules and genes to understand their function. This science translates into the second phase of research, where his clinical research unit studies weight, particularly to understand why people regain weight after losing it.

"I believe that this is the most critical question in obesity management," said Prof Proietto. "Most obese people are able to lose weight but hardly any can keep it off. There is a common view that such people are lazy and return to old habits. But this is not consistent with the desires of my patients. They are desperate not to be obese."

Obesity is widely misunderstood, and Prof Proietto's mission is to demystify the condition.

"I see this as a social justice issue," he said. "There is no doubt that obesity is the last 'legitimate' form of discrimination in all facets of our society. There is an attitude that obese people only have themselves to blame. This lack of sympathy means people are not motivated to assist them, even among the medical profession."

Led by Prof Proietto, his team of researchers are looking at the changes to the hormones in the blood following weight loss. The team found that cholecystokinin, a hormone responsible for signalling the feeding circuits in the brain and conveying a sense of satiety, is barely secreted following weight loss. This leads to people eating larger meals, which leads to weight regain.





Prof Proietto also says that there is growing evidence that genes could be permanently switched off by environmental factors. He cites studies that have shown that malnourished pregnant women are likely to have obese children, and studies in rats that support the epigenetic features of obesity.

The clinic's co-location at Austin Health offers many advantages to Prof Proietto's research, particularly the ability to undertake brain imaging in functional MRI (magnetic resonance imaging) and image the brain's hunger pathways. An example he offers is a project that looks at the ways in which ketosis, created when the body is burning fat in the absence of sugar, changes the ways in which the brain functions when a patient is viewing images of food.

"After 20 years of solid research, we have a better understanding of obesity," he said. "But we are still learning. With collaboration between basic and

clinical research groups, we believe that we can improve the lives of many people living with a range of endocrine and metabolic disorders."

With PhD students and advanced medical science students working in his lab and clinic, Prof Proietto is proud of his students' success. Recently, students have come from France, Austria and Brazil to work on his team. Four of his group's students are now working in North America, the only country to have a more obese population than Australia, and Prof Proietto said it is very rewarding to contribute to an international body of work.

Pictured above: Professor Joseph Proietto in Austin Health's Endocrine Centre for Excellence with PhD students Wynne Pong, Nicole Wong and Maria Stathopoulos (obscured).

**Prof Joseph Proietto is an endocrinologist and head of the Weight Control Clinic at Austin Health.**

**He is the inaugural chair of the Sir Edward Dunlop Medical Research Foundation, Professor of Medicine, in the Department of Medicine Austin Health, The University of Melbourne.**

**He is author of over 100 articles, book chapters and books on obesity and diabetes. He is an editor and reviewer of a number of international scientific journals.**

**Prof Proietto sits on the editorial board of *Molecular and Cellular Endocrinology***



Hear Prof Proietto speaking to Prof Jeffrey Zajac about obesity at [www.austin.org.au/podcasts](http://www.austin.org.au/podcasts)



## Support Services

Beyond Austin Health's busy wards, clinics and laboratories, are committed staff working to plan and provide the best available health care, both now and for generations to come.

## Infrastructure and Commercial

### ENVIRONMENTAL SUSTAINABILITY

This year Austin Health made a concerted effort towards monitoring and reducing its natural resource consumption and volume of waste generated. Improving the organisation's environmental performance was identified by Austin Health's staff as a priority, and was included in the organisation's new strategic plan. An Environment Committee, chaired by the executive director Human Resources, Mr Luke Mulkearns, was established to work towards the development of a holistic, organisation-wide approach to sustainable practices.

A conservation and waste management officer was appointed in 2008 to improve Austin Health's environmental performance. The establishment of this position aligned the organisational strategy to build a strong and sustainable future by reducing our environmental impact. The role also ensured that the organisation is capable

of addressing the requirements of the government's sustainability agenda.

Significant resources were invested to compile current data on waste generation and water and energy consumption. The audits formed the basis of performance benchmarks and highlighted opportunities to develop better guidelines to increase resource efficiency and recycling initiatives across Austin Health's three sites.

### ENVIRONMENTAL SERVICES

The Environmental Services Department, responsible for cleaning all of the non-clinical areas at Austin Health's three sites, exceeded the Victorian healthcare cleaning benchmark standard of 85 per cent. External auditors reported Austin Hospital's score of 93.6 per cent to DHS, as well as scores of 94.6 per cent and 93 per cent for Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre respectively.

### SECURITY

Security staff at Austin Health's three sites are on duty 24 hours a day, seven days a week. A number of service improvements have been introduced, including: upgrading the closed circuit surveillance system; introduction of a 24/7 security guard role in Austin Hospital's ED, annual competency training programs, emergency response team procedures and introduction of the organisation's risk management program to enhance departmental reporting.

### FOOD SERVICES

The Food Services Department introduced ChefMax, a food management program that electronically assigns individual meals to patients according to their preferences and dietary requirements. The system is integrated with MedTrak, the patient management system which enables efficient updates of patient diet changes, admissions, discharges and bed movements. Further the system enables comprehensive cost analysis including meal-based and tray-based reporting.



**Pictured left: the Food Services Dept produces meals for 2,500 patients each day.**

These advantages provide significant benefits for the department's daily supply of a fully-plated meal service to the Royal Women's Hospital, which also utilises ChefMax to place its order. Patients enjoy the personalised service provided by Food Services' menu monitors, who collect the patient's meal orders at the bedside using a Tablet PC replacing an old, paper-based process.

Another significant project was the investment in the technology and serving-ware to enable the introduction of the fully-plated meal service to in-patients at Heidelberg Repatriation Hospital which will commence in August 2009.

### CAPITAL WORKS

The Austin Hospital site continues to undergo renewal. Construction progressed on the new Bio-Resources Centre which is on track for completion in August 2009. The nearby 3KZ Building, originally a children's facility that opened in 1939, was demolished to make way for the construction of the new Florey Neurosciences Institutes Building.

The future site of the highly-anticipated Olivia Newton-John Cancer and Wellness Centre is occupied by Heidelberg House, c1939. The enabling works for the building's demolition commenced and the first departments relocated in June 2009 into refurbished sections of levels three and eight of Harold Stokes Building. On level nine of the same building, the upgrade of the infrastructure in decommissioned wards commenced to be followed by refurbishment to accommodate the arrival of the in-patient wards in August 2009.

At Heidelberg Repatriation Hospital, construction of the Health and Rehabilitation Centre commenced. The building, long-awaited by the hospital's veteran population, experienced construction delays but is on track for completion by mid-2010. The contractor for the Health and Rehabilitation Centre, Kane Constructions, will also undertake the construction of the adjacent new Centre for Trauma-Related Mental Health facility – the future home of Austin Health's expert psychiatric service. Also

at the site, the refurbishment of a ward in the Flanders Building commenced to enable the establishment of the new 24-bed Ward 10.

A range of infrastructure upgrade projects were completed. New efficient steam absorption chillers replaced outdated chillers at both the Austin Hospital and Heidelberg Repatriation Hospital to ensure the reliability of chilled water supply for air conditioning on the respective sites.

Ongoing upgrades and replacement of electrical works were completed to meet current standards, including replacement of the switchboards and uninterrupted power supply (UPS) equipment. Continuous power to the Operating Theatre Suite is assured as the UPS was replaced during the refurbishment of operating theatres three and four.

### MEDICHEF

Austin Health's main kitchen, the Central Production Unit (CPU), continued to produce nutritious food items equivalent to 3,500 meals per day for patients and customers. In addition to providing the patients of Austin Health and the co-located Mercy Hospital for Women last year, the CPU has provided a fresh food bulk service to Caulfield General Hospital since July. To support this initiative and attract new clients, this service was branded Medichef in January.

### INFORMATION TECHNOLOGY SERVICES

To support clinical care, Information Technology Services (ITS) focussed on increasing medical staff access to patient information. In the Outpatients Department, patients' referral letters were scanned into electronic records to ensure that referral information is readily accessible for clinical staff. The number of desktop computers in clinical areas was increased by 15 per cent, bringing the total number to 3,500.

Disaster planning continued and the recovery capabilities for critical IT systems were upgraded. The Emergency Department's bed management system was enhanced to include 'Health Displan' screens, technology that enables fully streamlined patient flows in a mass-disaster emergency situation. Also in ED, the printing system was upgraded to enable staff to print triage, labels and in-patient registration forms on the printer closest to their workstation: a time-saving system.

Ongoing upgrades of communication tools continued. Staff email storage capacity was doubled and ITS now supports smart phones, portable windows devices and iPhones.



**Pictured above: Prof Colin Masters, the Hon Gavin Jennings MLC, Prof Samuel Berkovic, the Hon Jenny Macklin MP, Prof Graeme Jackson, Premier John Brumby and Prof Geoffrey Donnan turn the first sod at the building site for the future Austin Neuroscience Facility.**



## OUR PEOPLE STRATEGY

A departmental restructure of the Human Resources (HR) team was undertaken to ensure Austin Health's people strategy focuses on meeting the expectations of Austin Health's services while competing for a highly-skilled workforce known for chronic shortages in identified professions.

A key component of the new model was the introduction of the 'business partner' role. As business partners, three HR staff members were integrated into each of the organisation's major business units. Their role is to support the leaders of those units in ensuring that their operational goals were achieved in alignment with the organisation's strategic people goals.

This new approach to the provision of HR services is focussed on advancing the values and interests of the organisation and its people, while delivering its ongoing existing goals to the highest standard. While in its earliest stages of implementation, the HR business partners have tailored a variety of initiatives to assist managers in making the most of the professional capabilities of their staff as they deliver quality services in a safe and supportive workplace.

The function has renewed its commitment to Austin Health's values - Integrity, Accountability, Respect and Excellence - in the belief that in practice, they will not only sustain but accelerate a positive workplace culture. In practical terms, the team aims to build the values into a frame of reference to guide the ways in which staff relate to one another, share ideas and work together to get things done.

Austin Health again achieved an outstanding result in recruiting 139 graduate nurses, 100 hospital medical officers (HMOs) and 80 interns in 2009. Coordinated via the Postgraduate Medical Council of Victoria, the new graduates' preferences were matched against Austin Health's selection criteria. By recruiting those who ranked most highly against the selection criteria, Austin Health employed professionals who are amongst the brightest of their graduate year with a commitment to working at Austin Health.

## STREAMLINING ADMINISTRATION

Over the past three years, Austin Health has taken a lead role in DHS' Human Resources Management Project to pilot comprehensive payroll and human resources systems. This initiative comprises a key component of the Victorian Government's state-wide information and communication technology strategy, HealthSMART.

The Chris21 human resources system entered its third year of operation at Austin Health. A pilot of the Kronos rostering program was introduced and integrated with Chris21 in early 2008. The new systems will replace systems that have been in operation for 20 years.

The Kronos rostering systems transitioned from the pilot to the production phase in February. At year's end, 1,100 nursing staff were rostered with Kronos. All nursing staff are scheduled to be using the system by the end of 2009. The full benefits of the system will not be realised until it is in use across the entire division, when all functions can be brought into operation.

## ADVANTAGES FOR OUR PEOPLE

Austin Advantage, the in-house salary packaging program managed by HR, attracted an additional 17.5 per cent of staff users to its salary packaging facility during the 2008-09 fringe benefits tax period. This brings the total number of users to 5,412, approximately 85 per cent of the eligible workforce. Revenues from Austin Advantage have been channelled into programs that directly benefit Austin Health staff. These included health and

wellbeing initiatives such as subsidised nicotine replacement therapies provided by the Smoking Cessation Unit, as well as learning and development initiatives.

## CORPORATE WELLNESS

A healthy and happy workforce is one likely to attract and retain the best talent. This objective was defined in Austin Health's new HR strategic plan. In response, the work/life balance manager position was created to support the cultural change required to help our people balance the demands of their personal and professional lives.

A number of initiatives encouraging staff to be active and eat well were also introduced. The Healthy Options Committee promoted walking and cycling challenges and new food outlet contractors at Austin Hospital began serving healthier meal choices.

Notably, Austin Hospital joined Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre in becoming 100% smoke-free on 1 July 2009.

## PEOPLE AND PERFORMANCE

The performance review process provides valuable recognition of staff's achievements while enhancing their understanding of their team's priorities and goals. People and Performance provided the training, tools and templates for managers to conduct staff reviews with a high degree of competency.

A focus on self-awareness is integral to our approach in developing leaders at Austin Health. A number of initiatives designed to improve the communication skills, attitudes and self-awareness of staff were introduced successfully.

## SAFETY AND HEALTH

Austin Health's Occupational Health and Safety (OHS) strategy is focussed on preventing injuries from occurring. With this important goal, the OHS Department provided staff with training and support to improve their compliance with safe working practices. The number of WorkCover claims reported by Austin Health dropped. The department aims

Pictured below: division 1 nurse Jennifer Maffei, liaison nurse Naveeni Natkunarajah, division 2 nurse Diane Gration, nurse practitioner Nick Gaynor, NUM Janice Brown, clinical nurse educator Andrew Motley and clinical nurse consultant Megan Yeomans.



to maintain this trend and reduce the severity of the claims. Of the claims defined as severe, 54.7 per cent were caused by incorrect manual handling.

A new OHS model was introduced to embed safety awareness across the organisation. The new structure established four OHS committees across each of the organisation’s directorships, and replaced a single organisation-wide committee.

The committee members are made up of staff health and safety representatives and each committee is chaired by an Austin Health executive director. By demonstrating commitment and strong leadership on safety issues, the executive are empowering their staff to assist in increasing safety communication and the identification of potential hazards and unsafe work practices.

Many of Austin Health’s non-clinical support services staff do a great deal of manual work and can be at risk of injury. A back injury prevention project

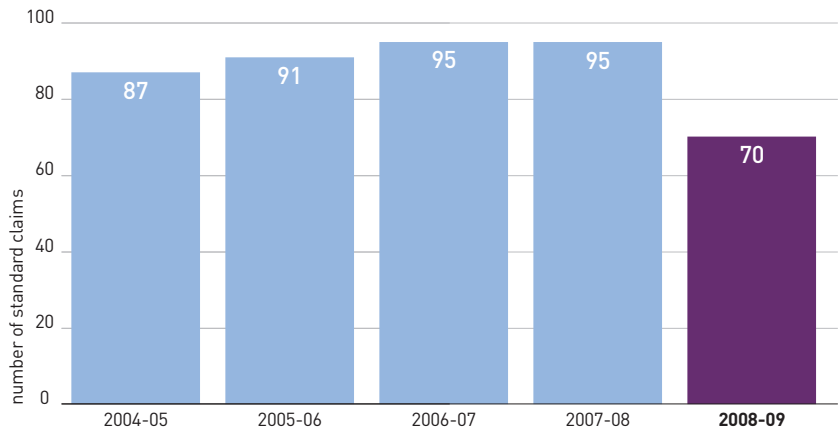
“Backsafe” was introduced to teach correct manual handling, correct working posture and back injury prevention. More than 80 per cent of support services staff completed the “Backsafe” program.

The department received funding from WorkSafe Victoria’s Return to Work Fund to provide an interpersonal conflict management training program to

managers of targeted areas. The course participants learned how to identify and manage the early stages of interpersonal conflict between staff.

Managers were trained to provide strategies that manage unhealthy conflict and to seek assistance when required.

WorkCover Claims Reported by Austin Health



# ➤ Strategy, Quality and Service Redesign

The imperative to maximise the use of all available resources in planning and delivering health care led to exciting innovations.

Strategy, Quality and Service Redesign (SQSR) was established in September as a result of an organisational restructure.

The new directorate brought together key business functions including: strategy and service planning; clinical information management, analysis and performance reporting; the integration of quality, safety and risk management; veteran liaison; and service improvement and redesign. The directorate supports continuous improvement by providing clear strategic direction, access to performance information and service improvement.

## **SERVICE PLANNING AND PERFORMANCE**

The Austin Health 2009-12 Strategic Plan was completed following consultation with staff, DHS and other key stakeholders. It sets the strategic direction and agenda for Austin Health for the next four years. Its objectives were translated into programs of work in the annual Austin Health business plan, which provides a strong focus for achieving key priorities across all levels of the organisation.

Austin Health was honoured with four awards in the 2008 Victorian Public Healthcare Awards. Nine submissions demonstrating outstanding practice were entered into the 2009 program.

## **QUALITY, SAFETY AND RISK MANAGEMENT**

The Quality, Safety and Risk Management Unit consists of Quality Systems, Medico-legal, Risk Management, Patient Representative Office and Respecting Patient Choices. These functions were consolidated to deliver an integrated quality and risk management function and improve the synergy of activities that enhance patient care.

The 2008 Quality of Care Report was produced in line with DHS requirements and distributed to 170,000 households in the Austin Health catchment. Development of the 2009 report commenced and aims to promote broad consultation and enhanced consumer engagement in an exciting new magazine-style format.

## **PERFORMANCE REPORTING**

Improving performance is reliant on access to good quality, timely data. During 2009, an external vendor was contracted to develop the first stage of a comprehensive, dashboard-driven performance reporting system (PRS). The first stage of this project will provide executive team and senior managers with an intuitive tool to monitor and analyse a range of high-level, organisation-wide key performance indicators.

## **AUSTIN BY DESIGN**

Austin by Design was funded as part of DHS' Redesigning Hospital Care program. By employing 'lean thinking' methodologies to redesign service delivery, outcomes are improved while time-wasting activities are reduced. The program is being applied to ward operations, ED, and Cardiac Surgery, accompanied by a training program to assist staff to develop redesign skills.

In the nursing context, new ways of working are being developed to eliminate time lost on activities that divert from patient care. Two wards introduced the system and gained in measurable efficiency, and planning for a third ward to join the program is underway. In ED, the project included Ambulance Victoria and DHS to develop a standardised process to offload arriving ambulances into the appropriate area of ED in a timely and efficient manner. A review of the patient pathway for cardiac surgery commenced with the aim to streamline access to theatre, intensive care and into the ward to minimise patient delays and potential cancellations of surgery.

## **SCANNED MEDICAL RECORDS**

Health Information Services commenced the implementation of scanned medical records to enable timely, simultaneous access to medical record information to multiple users across all Austin Health sites. Significant planning work was undertaken and a vendor was appointed. The highly-anticipated system is expected to go live by the end of 2009.

## **HealthSMART CLINICAL SYSTEMS PROJECT**

In February, Austin Health commenced planning to implement a new DHS-sponsored clinical system, Cerner Millennium. The program will enable clinicians to electronically prescribe and administer medications, order pathology and radiology tests, view results and record key patient information electronically. The system has the potential to deliver advanced functionality to enhance patient care and is expected to be fully implemented by July 2011, subject to Board approval.

## **VETERAN COMMUNITY**

Veterans' Liaison provides a single point of contact to veterans and war widows. An annual program of commemorative services was held at the Heidelberg Repatriation Hospital over the course of the year including ANZAC Day, Remembrance Day and Vietnam Veterans Day.

Liaison with ex-service organisations continued and the Heidelberg Repatriation Veterans Centre, linked to a state-wide network, continued to support pension and disability claims. The \$2 million Heritage Appeal campaign continued to raise funds to support a number of activities that preserve veterans' historical link to Heidelberg Repatriation Hospital.



# ➤ Fundraising

Austin Health's world-class care is enhanced by the generosity of its donors, corporate partners, supporters and volunteers. Their donations, gifts and bequests enabled the health service to provide extra equipment for patients, improve its facilities, and perform important research.

This year, a net result of \$1.77 million was raised to help support the work of Austin Health. A further \$2.2 million was raised toward the Olivia Newton-John Cancer and Wellness Centre Appeal. Over 3,400 new donors joined the 42,000 donors who respond to Austin Health's quarterly appeals. Thanks to those who responded to the appeals, more than \$100,000 was raised to purchase additional equipment for Cardiac Surgery, Liver Transplant Unit, Aged Care Services and ICU. Special thanks are offered to the individuals who chose to leave bequests of almost \$1.7 million.

Once more, Austin Health was thankful for the contributions of the 'Friends of Austin Health' who devoted thousands of hours during the year to raise funds and contributed \$198,073. To preserve the veteran heritage of Heidelberg Repatriation Hospital, Tattersall's donated \$50,000 towards the Heritage Appeal.

The Olivia Newton-John Cancer and Wellness Centre Appeal continued to gain momentum thanks to the leadership of Terry Campbell (Emeritus Chairman) and new Appeal executive chairman, Andrew Hagger. Olivia met with the centre's project team and was thrilled with the architectural plans.



In September, Olivia attended the Lord Mayor's Charitable Foundation Ball, where the foundation gave an extraordinary grant of \$1.5 million, their largest donation to date. In addition, Olivia attended two events with the Myer Community Fund celebrating the \$1 million partnership pledged over four years. More than \$120,000 was raised from The Good Music Month concert with Olivia and her friends, including Guy Sebastian, Vanessa Amarosi and Kate Ceberano. The Appeal also welcomed a number of new ambassadors: Dannii Minogue, Sir Cliff Richard, Sigrid Thornton, Deborah Hutton, Pat Farrar, Tottie Goldsmith, Leeza Gibbons, Sue McIntosh, Barbra Ward, Melinda Schneider and John Lazarou.

**Pictured above: Olivia and Assoc Prof Paul Mitchell, medical director Cancer Services at a fundraising event for the Olivia Newton-John Cancer and Wellness Centre Appeal.**

# Our Supporters

## **THANK YOU**

Austin Health donors have made 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.

One of the major projects supported this year continues to be the capital appeal for the Olivia Newton-John Cancer and Wellness Centre Appeal. Special thanks to all who have supported Olivia's vision to see this centre come to reality – we are getting so close!

Thanks to the individual donors, corporations and community groups who have supported Austin Health by donating, or running events to raise funds. Thanks also to individuals who have made gifts in memory of loved ones. This makes a significant difference to our work.

Of course we also thank the many individuals who have made a bequest to Austin Health – their lasting legacy goes on to ensure the continued growth of our health service for future generations.

## **FRIENDS OF AUSTIN HEALTH**

Special acknowledgement for the work undertaken by the Friends of Austin Health. This group volunteers many hours to raise funds throughout the year to purchase much needed equipment for Austin Health. Their dedication is remarkable, and send our special thanks to all, under the leadership of President, Mrs Beverley Briese OAM.

## **Auxiliaries and Volunteers**

President, Friends of Austin Health, Mrs Beverley Briese  
Austin Health Volunteers Auxiliary  
Friends of Austin Health  
Diamond Creek Auxiliary  
Greensborough Auxiliary  
Royal Talbot Rehabilitation Centre Auxiliary  
Templestowe Auxiliary  
Volunteer drivers  
*...with special thanks to more than 600 volunteers who support Austin Health every year*

## **Austin Health Ambassador**

Mr Denis Walter

## **Olivia Newton-John Cancer and Wellness Centre Appeal Patron**

Olivia Newton-John OBE AO

## **ONJCWCA Ambassadors**

Ms Pat Farrar  
Ms Leeza Gibbons  
Ms Tottie Goldsmith  
Ms Deborah Hutton  
Mr Eddie McGuire  
Mrs Sue McIntosh  
Ms Dannii Minogue  
Sir Cliff Richard OBE  
Ms Melinda Schneider  
Ms Sigrid Thornton  
Ms Barbra Ward

## **ONJCWC Appeal Emeritus Chairman**

Mr Terry Campbell AO, Chairman  
Goldman Sachs JBWere

## **ONJCWC Appeal Chairman**

Mr Andrew Hagger, EGM  
Insurance MLC and NAB Wealth

## **ONJCWC Public Appeal Chairman**

Mr Andrew Demetriou, CEO,  
Australian Football League

## **ONJCWC Appeal Executive Committee**

Mr Paul Bonnici, Marketing and Creative Strategist  
Mr Max Campbell, Director,  
Outlook Financial Services  
Ms Alisa Camplin, Manager, Multi Vendor Management, IBM  
Prof Jonathon Cebon, Director  
Oncology Unit, Ludwig Institute for Cancer Research  
Dr Colin McLeod, Group Marketing Manager, Australian Football League  
Mr Scott Lorson, Media Strategist  
Dr Brendan Murphy, CEO, Austin Health  
Mr Morry Schwartz, Director, Pan Urban Corporation

## **ONJCWC Appeal Advisory Committee**

Mr Michael Andrew, Chairman  
Australia, KPMG  
Mr Chris Butler, Partner, Ernst and Young  
Mr Peter Court, Managing Director, Streetscope Research Pty Ltd  
Mr Tim Daly, Chairman, Austin Health Board  
Ms Michaela Green, Executive Director, Aegis UCMS Group  
Assoc Prof Paul Mitchell, Austin Health  
Mr Lee Moffit, Lee Moffit Cancer Centre  
Mr Robert Pradolin, General Manager, Australand  
Mr Phillip Scanlan AM, Australian Consul-General, New York

## **ONJCWCA Young Professional Advisory Group**

Melanie Beith, Mallesons  
Sam Cottell, Clayton Utz  
Andrea Hassett, Deloitte  
Mark Malinas, Allens Arthur Robinson  
Rachael Meadows, Allens Arthur Robinson  
Jessica O'Hara, Clayton Utz  
Cindy Perryman, Ernst and Young  
Mark Phillips, Ernst and Young

## **HRH Heritage Appeal Patron**

Major General David McLachlan (Ret'd) AO, State President RSL (Vic Branch)

## **HRH Heritage Appeal Committee**

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Mr Craig Langdon MP, Member for Ivanhoe  
Mr Noel Sanderson, Veteran  
Mr Robert Winther, Austin Health

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Mr Noel Walker  
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Mr Martin Williamson  
Mr Michael Wilm  
Dr Jos M Xipell  
Mr Guo Hua Zhou and Mrs Xiao Wen Lu

#### **Estates and Bequests**

Estate Ian John Bailey  
Estate Dorothy Sadie Barke  
Estate Howard Wesley Berry  
Estate H and C Brennen Bene  
Estate Louis Berner  
Estate A L Blannin  
Estate William Andrew Bon  
Estate Ethel Mary Davenport  
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Estate Mary Ann Edwards  
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Estate William F Fletcher  
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Estate Arthur William Godfree  
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Estate L Henty  
Estate Edward Vernon Jones  
Estate Gustave Alexander Junier  
Estate Ernest John Kebby

Estate Oceana Kimpton  
Estate John Lambrick Trust  
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W H Russell Trust  
Estate F E I Smith  
Estate Elizabeth Stephens  
Estate Wesleigh Gordon Tabe  
Estate A L D Taylor  
Estate Flora Louisa Thompson  
Estate H G Turner  
Estate Eliza Wallis  
William and Eileen Walsh Trust  
Estate Wright C Trust  
Estate J F Wright  
Estate Henry Herbert Yoffa

#### **Clubs, Groups and Community Events**

Arden Crescent Concert Series  
Art in Motion  
Australian Institute of Professional Photography (AIPP)  
Associazione Padovani nel Mondo  
Circolo del Victoria  
Banyule/Watsonia RSL Trust  
Bentleigh War Widows and Widowed Mothers Assoc  
Billings Long  
Blue Illusion  
Body and Soul Expo  
Bundoora Contact Community Centre Inc.  
Catalina Club of Victoria  
Celebrating Women in Photography  
Chocolatier Australia Ivanhoe  
Doncaster-Templestowe Amateur Swimming Club  
Eating for a Cause  
Garry Tyson Memorial Golf Day  
Good Music Month  
Heidelberg Theatre Company Inc.  
Hot Rhythm Swing  
Ivanhoe Traders Association  
Lioness Club of Brown Hill and District  
Lions Club of Mooroolbark  
Lions Club of Waverley  
Lungs in Poor Shape  
Macedonian Senior Citizens Club  
Maria SS Della Quercia Divisora  
Masonic Masters Group 1989-90  
Northern Football League

Order of the White Shrine of Jerusalem  
Panton Hill Cricket Club  
Pickle Movie Club  
Pink Party  
PLC Association Inc.  
Preston War Widows and Widowed Mothers  
Repat Café  
Rosanna Primary School  
Rotary Club of Brighton North  
Rotary Club of Heidelberg  
Rotary Club of Central Melbourne  
Rotary Club of North Balwyn – Rotary River Ride  
Rotary Club of Williamstown  
RSL Altona Sub Branch  
RSL Bairnsdale Sub Branch  
Women's Auxiliary  
RSL Epping Sub Branch  
RSL Geelong Women's Auxiliary  
RSL Morwell Women's Auxiliary  
RSL Noble Park Sub Branch  
RSL North Balwyn Sub Branch  
RSL (Vic Branch) Inc  
RSL (Vic Branch) Women's Council of Victoria  
RSL Greensborough Sub Branch  
Scrap 4 Cancer  
Sovereign Order of St John of Jerusalem  
TPI Association  
Victorian Veterans Council  
Victorian Orchid Club  
War Widows Guild  
Whitefriars College  
Whittlesea F/C Inc. Social Club  
WOW Ivanhoe Social Club  
*... and numerous other smaller events and individuals who held celebrations requesting donations in lieu of gifts*

#### **Trusts and Foundations**

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The S R Stoneman Foundation  
Tattersall's George Adams Foundation  
Walter and Eliza Hall Supplementary Trust  
WCF Thomas Charitable Trust



# Senior Staff

## Executive Team

**Dr Brendan Murphy**  
Chief Executive Officer

**Michael McDowell**  
Redevelopment Infrastructure and Commercial

**Ian Broadway**  
Finance

**Dr Mark Garwood**  
Chief Medical Officer (to November)

**Dr John Ferguson**  
Chief Medical Officer (from November)

**Ann Maree Keenan**  
Ambulatory and Nursing Services

**Chris O'Gorman**  
Corporate Development (to July)

**Fiona Webster**  
Strategy, Quality and Service Redesign (from September)

**Mark Petty**  
Acute Operations

**John Richardson**  
Human Resources (to July)

**Luke Mulkearns**  
Human Resources Services (from October)

**Clinical service unit directors**  
Sub-Acute Services

**A Szyz**

**Dr R Weller**  
Anaesthesia, Perioperative and Intensive Care

**D O'Leary** (to November)

**R Griffiths** (from December)

**A/Prof L McNicol**  
Cancer, Spinal and Outpatients

**R Gould**

**Dr P Mitchell**  
Medical and Emergency

**J Macloy** (to December)

**C Goodyear** (from March)

**A/Prof G Thomas**  
Mental Health

**L Potter**

**Prof G Burrows** (to December)

**A/Prof R Newton** (from February)  
Chair Division of Psychiatry

Specialty Services

**L Turner**

**Dr J Johns**  
Surgical

**B McDonald** (to September)

**M Heland** (from October)

**Mr M Douglas** (February)

**Prof C Christophi** (from April)

## Senior Nursing Staff

**S Afrasiabi**

**J Ahmling**

**M Apostilidis**

**R Armstrong**

**K Arunasalam**

**K Aspridis**

**L Auriant**

**J Batten**

**D Baulch**

**E Bogdan**

**M Bowkett-Hall**

**K Bowler**

**D Brown**

**J Brown**

**L Bujas**

**C Cheshire**

**P Connors**

**M Conway**

**M Cook**

**M Cosgriff**

**R DeZilva**

**C Denton**

**S Dixon**

**W Driver**

**I Edney**

**A Gonzales**

**C Holland**

**M Hooke**

**K Hopkins**

**E Hughes**

**G Jepsen**

**G Jones**

**G Knuckey**

**S Lorman**

**A Manley-Grant**

**C McCarthy**

**R McFarland**

**N Mitton**

**R Monger**

**A Moulder**

**C Naismith**

**K Owen**

**R Interlandi**

**J Phelan**

**S Pillai**

**K Reid**

**K Rim**

**L Robb**

**J Rogan**

**K Skinner**

**J Scott**

**N Seevanayagam**

**J Shoesmith**

**K Spotswood**

**K Ireland**

**T Tait**

**K Tan**

**S Har Tan**

**B Vandenberg**

**J Vella**

**E Wadeson**

**H Walters**

**A Warland**

**N Wendel**

**A Wilcox**

**M Wood**

**K Young**

## Senior clinical staff

**Prof P Angus**  
Director Gastroenterology and Hepatology, Medical Director Liver Transplant Unit

**Mr A Auldist**  
Head Paediatric Surgery Unit

**Mr C Baker**  
Director Radiology

**Prof S Berkovic**  
Head Comprehensive Epilepsy Program

**A Bladen**  
Manager Occupational Therapy

**A/Prof D Bolton**  
Head Urology Unit

**A/Prof D Brown**  
Director Victorian Spinal Cord Service

**A/Prof R Buchanan**  
Head Rheumatology Unit

**Mr M Campbell**  
Head ENT/Head and Neck Unit

**Mr L Castles**  
Head Breast and General Surgery Unit

**Prof J Cebon**  
Director Austin Ludwig Oncology Unit

**Prof C Christophi**  
Chair Division of Surgery, Prof of Surgery, Head of HPB/T Unit

**Dr N Coventry**  
Director Child and Adolescent Mental Health Service

**N Crinis**  
Director Pathology

**S Crowe**  
Deputy Director, Ambulatory and Nursing Services

**Dr P Crowley**  
Director Anatomical Pathology

**Mr R Cunningham**  
Head Orthopaedic Unit 1

**A/Prof H Dewey**  
Head In-patient Stroke Service

**C Doebrich**  
Manager Orthotic and Prosthetic Services

**Prof G Donnan**  
Director Neurology (to January)

**Dr L Doolan**  
Director Operating Room Services

**Mr M Douglas**  
Head General and Upper Gastrointestinal Unit

**Dr J Duggan**  
Director Clinical Haematology

**Dr B Fabiny**  
Director Radiology

**A/Prof G Fabinyi**  
Director Neurosurgery

**Prof O Farouque**  
Director Cardiology

**Mr G Fell**  
Director Vascular Surgery

**Mr S Flood**  
Head Plastic and Reconstructive Surgery

**H Fithall**  
Manager Hospital in the Home

**Prof A Frauman**  
Director Clinical Pharmacology, Toxicology and Hypertension Services

**Prof M Galea**  
Director Rehabilitation Science Research Centre

**K Garrett**  
Director Pharmacy

**Dr P Gow**  
Director Endoscopy

**Prof L Grayson**  
Director Infectious Diseases and Microbiology

**Dr K Gullifer**  
Head Ophthalmology Unit

**Dr G Gutteridge**  
Director Intensive Care Unit

**Prof C Hamilton**  
Director Radiation Oncology

**Dr I Harley**  
Chair Senior Medical Staff Association

**A/Prof M Hopwood**  
Director Veterans' Psychiatry Head Brain Disorders Program

**Dr M Howard**  
Director Victorian Respiratory Support Service

**Dr R Lakshmana**  
Director North East Area Mental Health Service

**Prof G Jerums**  
Director Endocrinology (to June)

**Prof B Jones**  
Director Liver Transplant Unit

**Dr E Jones**  
Deputy Director Cardiology (from April)

**Dr F Kerr**  
Director Emergency Medicine

**Mr S Knight**  
Head Thoracic Surgery Unit

**D Leahy**  
Manager Social Work,  
Interpreters and Transcultural  
Services, Aboriginal Health

**Prof R Macdonell**  
Director Neurology

**AM Mahoney**  
Manager Clinical  
Nursing Education

**A/Prof George Matalanis**  
Director Cardiac Surgery

**A/Prof C McDonald**  
Acting Director of Respiratory and  
Sleep Medicine (from February)

**Mr I Pilmer**  
Acting Head Colorectal General  
Surgery

**Dr C Meehan**  
Head Dermatology

**Prof J Milgrom**  
Director Clinical and Health  
Psychology

**C Nall**  
Director Physiotherapy

**A/Prof R O'Brien**  
Clinical Dean School  
of Medicine

**L Owen**  
Manager North East  
Post Acute Care

**R Paino**  
Aged and Residential Care Co-  
ordinator

**A/Prof N Paoletti**  
Head Consultation/Liaison  
Psychiatry

**L Pearce**  
Manager Nutrition and Dietetics

**P Moore**  
Head – Adolescent Gynaecology  
and Family Planning Unit

**Prof R Pierce**  
Director of Respiratory  
and Sleep Medicine (to February)

**Prof D Power**  
Director Nephrology

**Mr J Robin**  
Head Orthopaedic Unit 2

**Prof C Rowe**  
Director Nuclear Medicine and  
Centre for PET

**Mr M Rutherford**  
Head Oral Maxillofacial Surgery

**A/Prof M Saling**  
Director Clinical Neuropsychology

**A/Prof A Scott**  
Head Centre for PET, Program  
Director Ludwig Institute for  
Cancer Research

**T Shevchenko**  
Manager Hospital Primary Care  
Liaison Unit

**Dr C Smith**  
Medical Director Pathology

**Prof A Street**  
Director La Trobe/  
Austin Health Clinical  
School of Nursing

**J Sweeney**  
Manager Speech Pathology

**Dr R Vaughan**  
Director Endoscopy

**Mr R Westh**  
A/Director Orthopaedic Surgery

**Mr P Wilde**  
Head Spinal Surgery Service

**Dr R Woodruff**  
Head Palliative Care

**A/Prof M Woodward**  
Head Aged Care Services

**Prof J Zajac**  
Chair Division of Medicine,  
Prof of Medicine, Director of  
Endocrinology (from July 2009)

**Senior support staff**

**R Anderson**  
Manager Central Production Unit

**J Begley**  
Manager Transport and Couriers  
Services

**J Clark**  
Manager Human Resources  
Business Services

**R Condon**  
Director Austin By Design

**D Cosentino**  
Manager Austin Child  
Care Centre

**G Cozaris**  
Director Information Technology  
(from October)

**P Davey**  
Director Clinical Information,  
Analysis and Reporting

**J Davis**  
Manager Research Ethics

**D Edwards**  
Clinical Photography

**M Ellis**  
Board Secretariat

**D Ellks**  
Change Manager Sym.Fin.e

**J Evans**  
Manager Strategic and Business  
Planning/Quality (to November)

**H Fithall**  
Manager Ambulatory and  
Continuing Care

**A Germech**  
Financial Controller

**K Gogel**  
Manager Employee Relations

**C Goodyear**  
Manager Access and Demand (to  
February)

**Dr H Grusauskas**  
Director Medical Education

**J Heselev**  
Director Corporate  
Communications (from March)

**K Hider**  
Community Advisory Committee

**D Hill**  
Human Resources Business  
Partner Ambulatory and Nursing  
Services

**S Hillman**  
Director Fundraising

**C Hirst**  
Corporate Counsel

**H Hussein**  
Manager Occupational Health  
and Safety

**K Jenkins**  
Manager Health Information  
Management

**D Kelleher**  
Director Service Planning and  
Performance

**A Lafferty**  
Human Resources Business  
Partner Acute Operations

**I Leong**  
Director Capital Works and  
Infrastructure

**A Macleod**  
Director Clinical Governance (to  
January)

**K McCarthy**  
Manager Northern Centre  
Against Sexual Assault

**S McConchie**  
Manager Hospital Medical Officer  
Services

**R McGlynn**  
Manager Security (to December)

**L McKay**  
A/Manager Corporate  
Communications (to March)

**A McLean**  
Manager Health Sciences Library

**J McLeod**  
Project Director

**A Moorhouse**  
Manager Medical Physics

**J Moorfoot**  
Director Quality, Safety and Risk  
Management

**B Morton**  
Manager Supply

**J Neill**  
Director Supply and Contracts

**M Noa**  
Manager Security (from  
November)

**P Oppy**  
Director Information Technology  
(to October)

**K O'Sullivan**  
Manager Access and Demand  
(from February)

**Dr S Panagiotopoulos**  
Manager Office for Research

**G Reeves**  
Manager Stericlean

**L Robertson**  
Patient Representative

**R Sedgwick**  
Manager Cleaning and Waste  
Services

**A Smith**  
Manager Work/Life Balance

**C Smith**  
Manager Food Services

**A Whitby**  
Director Pastoral Care

**J Wilkinson**  
Director Facilities Maintenance

**R Winther**  
Veteran Liaison Officer

**A Wright**  
Manager Learning and  
Organisation Development  
(to March)

# Awards and Scholarships

## AWARDS

### Medical Education Unit awards 2008

#### Dr Nancy Sadka

Best Resident as Mentor

#### Dr Mandy Lau

Best Registrar as Mentor

#### Dr Andrew Nunn

Best Senior Medical Staff as Mentor

#### Dr Prahlad Ho

Best Resident in Teaching

#### Dr Ali Aminazad

Best Registrar in Teaching

#### Dr Mark Newton

Best Senior Medical Staff in Teaching

#### Dr Yan Chow

Best Resident as Supervisor

#### Dr Ada Cheung

Best Registrar as Supervisor

#### Assoc Professor Gwynne Thomas

Best Senior Medical Staff as Supervisor

#### Assoc Prof Bill Silvester

Best Intern Education presenter

#### Assoc Prof Russell Buchanan

Best HMO Education presenter

#### Dr Stephen Warrilow

Most outstanding overall contribution to education and training

#### Dr Jenny Than

Most outstanding contribution to the Medical Education Unit

#### Dr Jason Trubiano

Intern of the Year

#### Dr Kacey Williams

Intern of the Year – runner-up

### Research Week awards

#### Ian Baldwin

Nursing Research Award

#### Dr Luke Burchill

AHMRF Young Investigator Award

#### Dr Patrick Carney

AHMRF Young Investigator Award

#### Dr Cherie Chiang

Austin Lifesciences Award for Basic Research

AHMRF Young Investigator Award

#### Dr Adee Davidson

sanofi aventis Prize for Cancer Research

#### Jennifer Ericksen

Parent-Infant Research Institute Early Years Award

#### Dr Leighton Kearney

Ludwig Institute Scholarship

#### Dr Sheila Patel

Austhosp Travelling Fellowship

#### Dr Philip Peyton

sanofi aventis Prize for Clinical Research in Vascular Medicine

#### Shauna Poole

Allied Health Research Award

#### Catherine Said

National Stroke Research Institute Prize for Stroke Research

#### Professor Ego Seeman

2008 AHMRF Distinguished Scientist Award

### International Nurses Day awards

#### Eleanor Hughes

Clinical Leadership Award

#### Christina Hornby-Waring

Care and Compassion Award - Graduate Nurse Year

#### Lorelle Martin

Clinical Excellence Award

#### Kallie Yammouni

Clinical Excellence Award – Graduate Nurse Year

### BJ O'Rourke Fellowships

#### Rebecca Monger and Georgina Knuckey

#### Emily Moor

### Spirit of Anzac Award

#### Physiotherapy Veterans Team

### External awards

#### Dr Sofianos Andrikopoulos

National Health and Medical Research Council (NHMRC) Excellence Award 2008

#### Dr Siddhartha Deb

DS Nelson Trainee Prize, March 2009

#### Claudia Doebrich

Ian Brand Prize 2008

#### Professor Geoffrey Donnan

Bethlehem Griffiths Research Foundation (BGRF) medal 2008

#### Dr Elif Ekinci

2008-2009- NHMRC Post-Graduate Medical Fellowship for research into Salt, Hypertension and Microalbuminuria in patients with Type 2 Diabetes  
Pfizer CVL Grant 2007-2009: to support MD/PhD into Salt, Hypertension and Microalbuminuria in patients with Type 2 Diabetes  
Ipsen International Travel Grant, September 2008

#### Professor Graeme Jackson

National Health and Medical Research Council (NHMRC) Excellence Award 2008

#### Rosemary Moore, David Berlowitz, Linda Denehy, Ken Sharpe, Bruce Jackson, Christine McDonald

Thoracic Society of Australia and New Zealand/Boehringer-Ingelheim Prize

#### Assoc Professor Richard Newton

Margaret Tobin Award 2009

#### Mr Phuong Phan

Gait CCRC Clinical Research Training Fellowship

#### Professor Ego Seeman

International Osteoporosis Foundation Medal of Achievement 2009

#### Dr Yisha Tong

Chinese Ultrasound Doctor Association (CUDA) Outstanding Contribution Award

#### Dr Qingju Wang

International Bone Mineral Society Young Investigator Award 2009

#### Nicole Wong

Pincus Taft Young Investigator Award 2008

#### Tania Quirk

Mayfield Education Academic Excellence Award for Diabetes Education 2008

### External non-medical awards

#### Tim Daly

Member of the Order of Australia 2009

#### Sharon Hillman

Fellow of Fundraising Institute of Australia (FFIA)

#### Dorothy Lewis

Darebin Australia Day Award 2009

#### Rhonda Martinez

Winner, Chapter 1 (Vic) Cadbury Fundraiser Volunteer of the Year

#### Allen Bailes

Banyule Community Volunteer of the Year



## SCHOLARSHIPS

### Dr Ali Al-Fiadh

National Heart Foundation/National Health and Medical Research Council scholarship  
Pfizer Australia Cardiovascular Lipid Grant 2009

### Esther Chan

Ian Scott PhD scholarship from Australian Rotary Health, to investigate the management of acute agitation in the Emergency Department (ED) setting.

### Kok Fei Chan

Australian Government Endeavour International Postgraduate Research Scholarship  
The University of Melbourne International Research Scholarship

### Dr Emma Frankling and Dr Robyn Stargatt

Australian Rotary Health Research Grant

### Dr Melanie Freeman

Heart Foundation Postgraduate Research Scholarship 2009

### Dr Darren Hiu Kwong Lee

Jacquot Research Entry Scholarship 2009

### Dr Leighton Kearney

Heart Foundation Postgraduate Research Scholarship, including an additional award for being the Heart Foundation's top ranked clinical scholar 2009-10  
Pfizer Australia Cardiovascular Lipid Research Grant

### Elizabeth Mackey

Post-graduate Nursing Scholarship

### Tracy Sheldrick

QUOTA South Pacific Area Scholarship 2008  
Royal Talbot Rehabilitation Centre Health Professionals Scholarship 2009  
Department of Human Services (DHS) Improving care for older people and people with complex needs scholarship 2009

### Dr Bryan Wai

Heart Foundation/ National Health and Medical Research Council Postgraduate Research Scholarship 2009, for his research project Echocardiographic Predictors of Cardiovascular Outcomes and Their Progression in Diabetes Mellitus  
CardioVascular Lipid Travel Grant 2008  
CardioVascular Lipid Research Grant 2009 for his research project Novel genetic markers of cardiac disease in patients with diabetes

Cardiac Society of Australia and New Zealand Travelling Fellowship 2009 for his project Progression of Cardiac Structural and Functional Parameters in Type 2 Diabetes Mellitus

### Dr Andrew Weickhardt

2008 NHMRC Scholarship  
Roche Haematology Oncology Targeted Therapy Scholarship 2009.



Pictured right: Dr Andrew Weickhardt  
NHMRC Scholarship winner 2008.

The underlying operating result for 2008-09 is a small surplus of \$242,000. Pleasingly, this figure approximates the budgeted breakeven target. For a year greatly influenced by a difficult funding environment and significantly higher staffing costs, in particular those related to medical staffing, it is a commendable result.

Austin Health reported its operating result as a surplus of \$4.521 million. It is important to note that this figure is the result of a major donation of \$4.2 million to fund medical research through Austin LifeSciences.

That Austin Health achieved its budget target while treating record patient numbers was due largely to efficiencies

gained by the improved budget accountability processes introduced over recent years.

Austin Health's longer term objective is to improve its financial result to provide the necessary funds to replace equipment and keep up with technological advancements. This will require even greater budget rigour to ensure that limited resources are allocated in a manner that maximises overall performance.

The Finance Department continued to build on previous years' improvements. The effort made to improve the quality of the core budgetary and financial reporting processes are beginning to reap rewards. This has freed up staff

time to provide an improved service to departmental managers and budget holders, and to initiate numerous business improvement projects.

The Department's contact with the public has improved, with highlights including the on-going success of the Private Patient Initiative, improved contract management and the work undertaken to improve the collection of patient admission information. Planning is underway to introduce similar efficiencies through the implementation of a state-of-the-art patient billing system, and improved operations of the supply and procurement functions.

Financial Summary	2005 \$000	2006 \$000	2007 \$000	2008 \$000	2009 \$000
Total Revenue	443,646	474,953	507,829	550,319	608,637
Total Expenses	448,353	474,002	504,011	550,247	604,116
Operating Surplus/ (Deficit) before capital and specific items	(4,707)	951	3,818	72	4,521
Capital and Specific Items	(11,557)	(4,991)	(15,832)	(10,018)	11,856
Operating Surplus/ (Deficit)	(16,264)	(4,040)	(12,014)	(9,946)	16,377
Accumulated Deficit	(63,064)	(65,732)	(78,501)	(88,034)	(74,824)
Total Assets	673,660	683,512	715,487	766,238	1,190,514
Total Liabilities	141,934	142,649	152,161	177,711	197,252
Net Assets	531,726	178,255	563,326	588,527	993,262
Total Equity	531,726	178,255	563,326	588,527	993,262

Revenue Indicators	Average Collection Days					In-patient Accommodation Fees Outstanding		
	2009 Days	2008 Days	Under 30 Days \$000	31-60 Days \$000	61-90 Days \$000	Over 90 Days \$000	Total 30/6/09 \$000	Total 30/6/08 \$000
Private	69	51	892	524	185	333	1,934	3,379
TAC	123	93	177	81	74	164	496	1,119
VWA	62	223	160	49	67	427	703	676
Other Compensable	249	95	113	72	68	262	515	397
Psychiatric	49	67	39	8	4	15	66	76
Residential Aged Care	7	5	13	11	-	-	24	14
<b>Total</b>	<b>56</b>	<b>55</b>	<b>1,394</b>	<b>745</b>	<b>398</b>	<b>1,201</b>	<b>3,738</b>	<b>5,661</b>

# Our Clinical Services

## STATEWIDE SERVICES

Australian Centre for  
Post-traumatic 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  
Acquired Brain Injury Unit

## 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

## SUB-ACUTE AND 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

After Hours GP Clinic  
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  
Secure Extended Care  
Clinical and Health Psychology  
Community Mental Health Services  
General Hospital Psychiatry  
Drug Dependence Clinic  
Eating and Mood Disorder Program  
Mother and Baby Unit  
Older Veterans' Psychiatry Program  
Veteran's 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



Austin Health's Infectious Diseases Department conducts research into infection control, public health, microbiology and clinical medicine as well as providing expertise in the care of patients with infectious diseases. The Department has close links with Austin Health's Departments of Microbiology and Infection Control, and the three groups work collaboratively to provide the best in patient treatment. The Department leads Australian research into the epidemiology of the Bairnsdale Ulcer and currently holds an NHMRC grant to study the epidemiology and virology of the H1N1 (swine flu) virus in its Australian epicentre, Melbourne.

## Desire to help drives doctor-detective

→ Professor Lindsay Grayson

As part-physician and part-investigator, Prof Lindsay Grayson specialises in diagnosing and treating infections caused by bacteria, viruses and parasites. These bugs can attack any organ and often make patients acutely unwell, showing symptoms with which their treating general practitioners may not be familiar.

"At the Austin Hospital, our department treats few chronic infectious diseases. Often our patients are acutely unwell and are admitted in an emergency," said Prof Grayson. "Our role is to diagnose complex, often antibiotic-resistant bugs and urgently implement steps to eradicate them."

Without investigation and treatment, such patients are likely to die. Identifying the patient's illness and finding innovative solutions to multiple problems makes the work challenging. Yet the results are usually dramatic. Following treatment, the patient returns home as healthy and well as they were before their infection.

Research is vital to the success of treating infectious diseases. At Austin Health, research is focussed on controlling antibiotic resistance and finding solutions to resistance mechanisms in the laboratory. Prof Grayson said that his team's challenge lies in translating current knowledge about antibiotic-resistant superbugs into practical interventions that help clinical practice.

It is through educating health care workers about his team's research findings that Prof Grayson has found his greatest career rewards. At Austin Health, his team measured hand hygiene practices by conducting multiple observational sessions of staff in clinical practice.



"Hand hygiene is the single most important strategy in reducing hospital-acquired infections," said Prof Grayson.

He led the development of the DeBug™ Program at Austin Health, a hand hygiene compliance initiative using an alcohol-based hand rub. Its success led to the introduction of the program into all hospitals state-wide. The national roll-out is now underway.

Prof Grayson is building on the gains made through the program. Currently, his team is finetuning the optimal ways in which to educate the different craft groups within health care on facets of dealing with superbugs, and the infection control procedures that are necessary to control them.

His knowledge, and that of his team, is highly sought after by his students – medical undergraduates, interns and HMOs.

"It is exciting that the Infectious Diseases rotation attracts competition by young doctors," he said. "Our residents are some of the busiest in the hospital, and we have great expectations of them. They are enthused about enquiring into diseases and finding solutions to them."

It is the challenge of developing better ways of approaching infection control and finding innovative solutions that keeps Prof Grayson excited about coming to work.

"Encouragingly, the Austin has a very open culture," he said.

"We address issues and declare them openly. That allows us the freedom to deal with them openly. At Austin Health we identify systematic problems and find systematic solutions. That quality is what makes us the key leading research hospital in Australia."

Pictured above: Prof Lindsay Grayson with Wei Gao, infection control research scientist in Austin Health's microbiology lab.

**Prof Lindsay Grayson is director of the Infectious Diseases and Microbiology at Austin Health; Professor of Medicine, The University of Melbourne and Honorary Professor in the Department of Epidemiology and Preventive Medicine, Monash University.**

**He is author of over 95 articles and is a Member on the editorial board of *Clinical Infectious Diseases* and also *Antimicrobial Agents and Chemotherapy*, Washington DC USA.**



Hear Prof Grayson speaking to Prof Jeffrey Zajac about infectious diseases at [www.austin.org.au/podcasts](http://www.austin.org.au/podcasts)

# Mandatory Reporting

By Government Gazette Notice dated 1 July 2000 the Governor in Council, on the recommendation of the Minister for Health, established Austin and Repatriation Medical Centre as a body corporate, being a metropolitan health service, pursuant to the provisions of the *Health Services Act 1988*. The organisation changed its name to Austin Health in 2003. Pursuant to amendments in 2004 to the Health Services Act, Austin Health was designated a public health service and appears as such in Schedule 5 of that Act.

## ATTESTATION ON COMPLIANCE WITH AUSTRALIAN/NEW ZEALAND RISK MANAGEMENT STANDARD

I, Brendan Murphy 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.



**Dr Brendan Murphy**  
Chief Executive Officer  
Heidelberg  
25 August 2009

## ATTESTATION ON DATA ACCURACY

I, Brendan Murphy certify that Austin Health has put in place appropriate internal controls and processes to ensure that the Department of Human Services is provided with data that reflects actual performance. Austin Health has critically reviewed these controls and processes during the year.



**Dr Brendan Murphy**  
Chief Executive Officer  
Heidelberg  
25 August 2009

## EX-GRATIA PAYMENTS

Austin Health made no ex-gratia payments for the year ending 30 June 2009.

## FREEDOM OF INFORMATION APPLICATIONS 2008-09

Requests Received	782
Fully Granted	619
Partially	23
Denied	0
Other	
- Withdrawn	27
- No documents	32
In progress	81

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 reports on these requests to the Victorian Department of Justice annually.

## 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 2008-09, one disclosure of improper conduct or detrimental action by Austin Health or its employees was made.

Procedures are available on the Austin Health website ([www.austin.org.au](http://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.

## VICTORIAN INDUSTRY PARTICIPATION POLICY ACT 2003

Austin Health let no contracts of \$3 million or over in 2008-09 and therefore no VIPP disclosure is required.

## 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's 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.

## 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.

## CONSULTANCIES ENGAGED DURING 2008-09

- 1. In excess of \$100,000 per consultancy**  
There were no consultancies in 2008-09 greater than \$100,000
- 2. Less than \$100,000 per consultancy**  
There were 19 consultancies engaged at a total cost of \$392,229



# Mandatory Reporting

## **AVAILABILITY OF ADDITIONAL INFORMATION**

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Austin Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- a. A statement of pecuniary interest has been completed.
- b. Details of shares held by senior officers as nominee or held beneficially.
- c. Details of publications produced by the department about the activities of the entity and where they can be obtained.
- d. Details of changes in prices, fees, charges, rates and levies charged by the entity.
- e. Details of any major external reviews carried out on the entity.
- f. Details of major research and development activities undertaken by the entity that are not otherwise covered either in the Report of Operations or in a document that contains the financial report and Report of Operations.
- g. Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- h. Details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services.
- i. Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- j. General statement on industrial relations within the entity and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- k. A list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved.

## **WORK FORCE DATA**

In 2008-09, workforce data reporting requirements changed from reporting YTD numbers to reporting staffing numbers in the month of June 2009. If the same reporting method was applied in 2007-08, the current month head count number would have been 6,198.

Labour Category (2008-09)	June current month FTE	June YTD FTE	June current month head count
Nursing Services	1,987.52	1,928.36	2,637
Administration and Clerical	758.60	732.37	932
Medical Support	631.94	619.08	738
Hotel and Allied Services	635.50	647.61	747
Medical Officers	146.99	136.23	155
Hospital Medical Officers	364.45	333.15	369
Sessional Medical Officers	101.33	85.93	312
Ancillary Support Services	410.89	395.61	512
<b>Total</b>	<b>5,037.21</b>	<b>4,878.35</b>	<b>6,402</b>

# Mandatory Reporting

## AUSTIN HEALTH ACTIVITY DATA 2008-09

Admitted Patients	2006-07	2007-08	2008-09
<b>Discharges</b>			
Acute (including rehabilitation)	83,185	83,726	86,840
Mental Health	940	920	889
Aged and palliative care	1,003	1,024	1,167
Total Separations	85,128	85,670	88,896
Total WIES (Weighted Inlier Equivalent Separations)	59,022	61,430	64,754
Total bed days (accrued)	301,964	307,945	306,692
<b>Available Beds (at June 30)</b>			
Acute (including rehabilitation)	678	684	718
Mental Health	138	137	131
Aged and palliative care	58	59	77
Other	60	60	60
Total Available Beds	934	940	986
Intensive Care Beds	17	17	17
<b>Non-Admitted Patients</b>			
Victorian Ambulance Classification System (VACS) – No. of Weighted Attendances	102,364	97,387	98,678
Allied Health Occasions of Service	79,974	80,389	79,228
<b>Elective Surgery Performance</b>			
Elective surgery – removals from waiting list	7,243	7,623	10,321
Category 1 patients waiting less than 30 days	100%	100%	100%
Category 2 patients waiting less than 90 days	50%	38%	62%
Category 3 patients waiting less than 365 days	82%	83%	88%
<b>Emergency Department Performance</b>			
Emergency Department presentations	53,501	56,887	61,546
Category 1 patients receiving immediate attention	100%	100%	100%
Emergency patients admitted to an in-patient bed within 8 hours	63%	67%	70%
Percentage of operating time on hospital bypass	2%	2%	2%
Non-admitted emergency patients with a length of stay of less than 4 hours	67%	71%	72%
No. of patients with an emergency department length of stay greater than 24 hours	5	0	0

# Statement of Priorities

A 'statement of priorities' is the key accountability agreement between Austin Health and the Minister for Health. The following documents Austin Health's delivery of, or substantial progress towards, the key shared objectives of financial viability, improved access and quality of service provision and is consistent with sections 65ZFA and 65ZFB of the *Health Services Act 1988*.

## Part A: Strategic and planning priorities

### STRATEGIC PRIORITIES FOR 2008 – 09

STRATEGIC PRIORITY	DELIVERABLES	DUE DATE	ACHIEVEMENT
1. Strategic service plan	In consultation with DHS complete the Austin Health strategic service plan for the next 5-10 years	November 2008	Achieved
2. Planning for Mental Health rehabilitation facility	Completion of the feasibility study and approved business case within agreed timeframe for submission to ERC	November 2008	Achieved
3. Site master planning across the three sites	Continue master planning across three sites	June 2009	Site survey of all infrastructure services commenced
4. Review Austin Health's strategic plan	Review and develop new strategic plan 2009-2011	June 2009	Achieved
5. Continue to provide better access to emergency and elective surgery	Meet DHS access and performance targets Improve outpatient access and referral management	June 2009	See section B for performance data Outpatient improvements made
6. Improve Austin Health cash position	Meet statement of priorities financial targets Ensure sufficient capital funds are available to meet proposed equipment and infrastructure works	June 2009	Achieved - see section B for performance data Achieved
7. Complete, with capital management branch, an independent audit of the Austin Hospital tower redevelopment	Independent documentation of defects and other issues documented, with plans for rectification prior to full disengagement of MPV	October 2008	Issues identified and planning for resolution progressed
8. Implement the Metropolitan Food Services Strategy	Central Production Unit kitchen operating to planned capacity	June 2009	Achieved
9. Human Resources restructure	Implement new HR delivery model in response to external review and new leadership	June 2009	Achieved
10. Redesigning Hospital Care program	Participate in the Redesigning Hospital Care Program Complete the redesign capability building process Establish new team and projects including productive ward project implemented	June 2009	All achieved
11. Infrastructure and Utilities	Continue to update and improve the reliability of key infrastructure and utilities	June 2009	Site survey of all infrastructure services commenced



# Statement of Priorities

## PLANNING PRIORITIES FOR 2008-09

DELIVERABLES	ACHIEVEMENT
1. Completion of the Austin Health strategic service plan	Achieved
2. Continue to develop master plans for the three Austin Health sites	Site survey of all infrastructure services commenced
3. Significantly increase elective surgery throughput in The Surgery Centre and refine the new elective surgery model of care	Achieved
4. Implement a revised health service redesign program	Achieved
5. Completion of the feasibility study and business case for the Heidelberg Repatriation Hospital medium-security forensic mental health centre development, mental health service plan and model of care	Achieved
6. Completion of final design documentation for the veterans mental health redevelopment for tender in early 2009	Achieved
7. Complete planning and design documentation for stage one of the Olivia Newton-John Cancer and Wellness Centre	Achieved
8. Continue to develop cancer services as part of the North Eastern Integrated Cancer Service and according to the Cancer Action Plan 2008-2011	On target
9. Implementation of the work plan and review program as an organisation-wide performance management program	Achieved
10. Workforce planning including workforce redesign, succession planning, employee assistance program and return to work support	On target
11. Addressing the key issues raised in the 2008 employee opinion survey	Achieved and ongoing
12. Continuing to plan for an electronic medical records by commencing the implementation planning study for HealthSMART clinicals in early 2009 and developing the final business case for document scanning	Achieved
13. Build on the integrated risk management system incorporating business continuity management and code brown disaster planning	On target
14. Continue to identify and make service improvements to enhance flow through all areas of the hospital including outpatients	Achieved
15. Implement new cardiac model of care	Achieved
16. Complete clinical review of liver services	Achieved
17. Implement recommendation of renal clinical service review	Implementation commenced

DELIVERABLES	ACHIEVEMENT
18. Participate in Department of Human Services (DHS) Medical Equipment Replacement Program	Achieved
19. Develop with programs and capital management branches a strategy to address the issues arising from the conditions survey of Mellor Ward at Royal Talbot Rehabilitation Centre	Achieved
20. Update asset management plan for buildings and equipment	Capital plan updated
21. Continued expansion of the client base for Central Production Unit	Expansion continuing
22. Continued planning and redevelopment of radiology department facilities including angiography suite, Emergency Department computerised tomography (CT) and ultrasound suite and Heidelberg Repatriation Hospital radiology redevelopment	Completed. Under construction.
23. Strategies to support and sustain improving care for older people across the whole of health service	Achieved
24. Continue to update and improve the reliability of key utilities and infrastructure	On track with good progress
25. Continue to plan for infrastructure improvements for Department of Medicine laboratories	Stage one redevelopment approved and proceeding
26. Continue to implement the credentialing and defining the scope of clinical practice policy for medical practitioners	In progress

## MAJOR CAPITAL DEVELOPMENTS

DELIVERABLES	ACHIEVEMENT
1. Construction of Health and Rehabilitation Centre development including hydrotherapy pool and rehabilitation gym due for completion in early 2009	Construction delayed. Due for completion in first half of 2010
2. Continuation of Bio-Resources Facility construction due for completion in August 2009	On target
3. Finalise plans and commence construction of Florey Neurosciences Institute, including decant	Achieved
4. Documentation and tender for stage one of Olivia Newton-John Cancer and Wellness Centre	Achieved
5. Commence Austin Child Care Centre redevelopment	Achieved
6. Complete refurbishment of CAMHS adolescent unit and reinstate full clinical operations and service functions	Achieved

# Statement of Priorities

## Part B: Performance priorities

### FINANCIAL PERFORMANCE

Operating Result	2008-09 Actual (\$M)	2008-09 Target (\$M)
Annual operating result	4.5	0
Cash management/liquidity	2008-09 Actual	2008-09 Target
Creditors (days)	45	< 60
Debtors (days)	45	< 60
Net movement in cash balance (\$M)	1	- 14.9

### SERVICE PERFORMANCE

WIESS activity performance	2008-09 Actual	2008-09 Target
WIES performance to target (%)	98	98 to 102

Elective surgery	2008-09 Actual	2008-09 Target
Elective surgery admissions	10,321	9,510

Critical care	2008-09 Actual	2008-09 Target
ICU minimum operating capacity – Austin Hospital	17	16

Quality and safety	2008-09 Actual	2008-09 Benchmark
Accreditation status (%)	Full	Full
Cleaning standards (%)	94	85
Submission of data to VICNISS (%)	100 since April 2009	100
VICNISS Infection Surveillance Indicators	No Outlier	No Outlier
Participation in the Hand Hygiene Program	Yes	Yes

Mental Health	2008-09 Actual	2008-09 Target
28 day readmission rate (%)	13	14

Access performance	2008-09 Actual	2008-09 Benchmark
Operating time on hospital bypass (%)	2	3
Emergency patients admitted to an in-patient bed within 8 hours (%)	70	80
Non-admitted emergency patients with length of stay of less than 4 hours (%)	72	80
No. of patients with length of stay in the emergency department greater than 24 hours	0	0
Triage Category 1 emergency patients seen immediately (%)	100	100
Triage Category 2 emergency patients seen within 10 minutes (%)	94	80
Triage Category 3 emergency patients seen within 30 minutes (%)	79	75

Elective surgery	2008-09 Actual	2008-09 Benchmark
Category 1 elective patients admitted within 30 days (%)	100	100
Category 2 elective patients waiting less than 90 days (as at 30 June 2009) (%)	44	100
Category 3 elective patients waiting less than 365 days (as at 30 June 2009) (%)	83	100
No. of patients on the elective surgery waiting list	2,786	3,160
Number of Hospital Initiated Postponements (HiPs) per 100 scheduled admissions	8.6	8

# Statement of Priorities

## Part C: Activity and Funding

### ACTIVITY AND FUNDING TYPE

Weighted Inlier Equivalent Separations (WIES)	2008-09 Activity Achievement	2008-09 Activity Target
WIES Public	49,070	49,907
WIES Private	10,348	9,111
WIES Renal	1,769	1,804
Total WIES (Public, Private and Renal)	61,187	60,822
WIES DVA	2,542	2,697
WIES TAC	1,025	924
WIES TOTAL	64,754	64,443

#### Acute Non in-patient

VACS – Allied Health	52,704	51,472
VACS – Variable	96,333	97,714
VACS - Other	–	–
Radiotherapy – WAUs Public	46,912	46,858
VACS Allied Health – DVA	25,017	23,334
VACS Variable – DVA	2,345	3,211
Radiotherapy – WAUs DVA	1,926	1,392

#### Non-acute In-patient

CRAFT	728	737
Rehab Spinal	6,456	3,449
Rehab L1 (non DVA)	4,811	6,855
Rehab L2 (non DVA)	423	482
GEM (non DVA)	15,315	11,872
Palliative Care – In-patient	4,855	5,500
Rehab 1 – DVA	48	84
Rehab 2 – DVA	1,070	844
Rehab Other	–	–
GEM – DVA	2,165	2,199
Palliative Care – DVA	790	988

Non-acute Ambulatory	2008-09 Activity Achievement	2008-09 Activity Target
SACS – Non DVA	15,280	14,850
Post Acute Care	1,542	1,600
Transition Care (Non DVA) – Bedday	6,042	6,873
Transition Care (Non DVA) – Homeday	6,271	9,125
SACS – DVA	294	698
Post Acute Care – DVA	1,086	1,100

#### Aged Care

Aged Care Assessment Service	1,836	1,764
Other Aged Care	–	–
Residential Aged Care	21,848	21,696



# Disclosure Index

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

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### Legislation

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