Excellence is part of our commitment to our patients – everywhere, everyday. At Epworth it means excellence in patient care, excellence in supporting our staff, excellence in research and teaching, and excellence in working with our doctors.

In 2008/09 Epworth HealthCare delivered on this promise and started to plan for the future through increasing focus on patient service, the new clinical institute structure, outstanding operational and financial performance, programs to develop our staff, establishing national and international collaborations, and looking to the redevelopment of our facilities to meet future patient needs.
Epworth is an organisation dedicated to serving the community. In order to do this to the very highest standards in our field of health care we must attract and retain the best people, and we must provide those people with facilities so that they can work to the best of their ability.

The 2008/09 year was one of planning for the future of Epworth HealthCare. The executive team and Board updated our strategic plan entitled *Achieving the Next Quantum Leap in Health Care Service, Reach and Capability*. The plan addresses both our people and our facilities.

A key part of our future is the provision of effective professional development and career planning for our staff. We have developed programs providing scholarships for nurses, training programs for key managers, and a leadership development program for managers at all levels.

Our commitment is to become a hospital group based on teaching and research. Under the leadership of our Executive Director of Medical Services, Mr Peter Dohrmann, we have implemented our Clinical Institute Framework. The clinical institutes created within this framework will support the 40 registrars and fellows we now have, and provide the basis of programs of clinical audit.

Professors are charged with the leadership of teaching and research. Epworth HealthCare has academic Chairs in nursing and psychology. This year, we were delighted to appoint Professor John Olver as the first occupant of the Victor Smorgon Chair of Rehabilitation Medicine at Monash University. John will be leading our research and teaching in rehabilitation medicine. We anticipate that new academic Chairs, also funded through the generosity of the Victor Smorgon Charitable Fund, will be appointed in medicine and surgery in the coming months.

The Board has also given approval in principle for the redevelopment of our Richmond campus. When completed, this enormous undertaking will transform our physical facilities at Epworth Richmond. This $350 million redevelopment will only be possible if we do two things.

In the first place, we must continue to conduct our operations efficiently. This last year was quite outstanding in this respect: all divisions either exceeded their budgets or – in one case – just missed meeting it. If we continue to manage well, we can generate the funds to invest in our people and facilities.

Secondly, we must continue to rely on the goodwill of our many friends and donors. Last year, our donors provided $5.5 million to the Epworth Medical Foundation, which funded more than one third of our capital expenditure. The redevelopment of Epworth Richmond will require that we raise $50 million over the next five years. We are grateful for the continued support of our donors, and trust that it will continue as we embark on this exciting new venture.

As noted in last year’s report, we farewelled some long-standing Board members. I would like to again thank them for their contribution to Epworth over many years.

Three new members joined our Board this year: Professor Peter Brooks, Mr Peter Hay and Ms Judy Leitch. They were selected and approached after careful consideration of the range of skills that we required for the next stage of development. This consideration was undertaken by a selection committee of the Board, by the Board itself and by the Standing Committee of General Synod of the Uniting Church. All three have fitted in easily with the work of the Board and its committees, and each has quickly assumed the roles that we asked of them.

On behalf of the Board, I thank and congratulate members of our staff, our executive led by Mr Alan Kinkade, and our doctors for their achievements over the past 12 months. It has been another year of tremendous achievement. Together we are all committed to achieving the next quantum leap in the delivery of outstanding health care to Victorians. The next few years promise to be a very exciting time to be involved in Epworth HealthCare.

Dr Philip Williams
Group Chief Executive’s Report

This has been an inspirational year. We have deliberately set out to find what is best practice in all aspects of health care delivery. We have put in place some innovative solutions that will see our performance improve over the coming years. We are reaching out to become an outstanding health care service on the international stage. I am thrilled about our future and very proud of the way our doctors, staff, executive and Board are embracing these changes.

Financial stewardship and accountability continue to be a focus and I am pleased to report that our financial performance this year was the best ever. We met all our key financial performance targets this year, which has enabled Epworth to repay a further $26 million in debt. I would like to again thank the National Australia Bank for their continued support. The strategies we implemented to improve our operational and financial performance were independently recognised when Epworth was named Victorian winner of the 2008 Large Business Turnaround of the Year award.

Our financial strength has also enabled Epworth to direct $15 million to much-needed capital expenditure – to replace ageing equipment, introduce new generation technology, acquire an appropriate volume and quality of instrumentation and enhance our facilities.

Our people are our greatest asset. Mr Chris England joined Epworth in September 2008 as the Executive Director of Human Resources. Under Chris’ leadership we are witnessing tremendous improvements in every aspect of our relationship with staff. I am particularly excited about our leadership development program, where we are investing significantly in developing our managers to be leaders of the future.

On a broader note, across the organisation we have reviewed our values – being respect, excellence, community, compassion, integrity and accountability – and associated behaviours. These reflect what Epworth stands for and what will, in the future, truly differentiate Epworth as a centre of excellence in the provision of health care.

I would like to congratulate Epworth staff who donated over $20,000 to the bushfire appeal this year. Epworth matched the staff contributions and together we donated $50,000 to the Red Cross.

Our executive and leadership teams have put a great deal of time and effort in developing our Epworth Excellence initiative. This is an exciting program that will build a culture of service and excellence throughout Epworth. We sent seven staff to San Diego in 2008 to participate in the Studer program, and we have subsequently commenced applying the principles across our divisions. In the early roll out of Epworth Excellence we are witnessing remarkable outcomes. Patient falls have been halved, pain relief enhanced, nurse calls halved, patient satisfaction and doctor satisfaction improved, regular congratulatory letters received about our service and fewer complaints. Staff have embraced the changes that provide them more time to do the things that are important, and better appreciated by patients and doctors for their efforts.

We have made significant progress to become an academic teaching hospital. During this year we have:

- Increased to 43 the number of registrars and fellows in training (nine funded from the Commonwealth Government)
- Appointed Professor John Olver as the inaugural Victor Smorgon Chair in Rehabilitation Medicine
- Established clinical units and a secretariat with eight Chairmen appointed
- Established the Epworth Research Institute to focus on research endeavours and raise funds to support research projects
- Received Commonwealth funding to establish the Epworth Prostate Cancer Research Centre
- Explored an affiliation with the Cleveland Clinic to enhance research and teaching and facilitate benchmarking activities between our two organisations
- Created a specialised unit to foster more research through clinical trials, and
- Redeveloped Hoddle Street for teaching and research activities.
We have achieved record activity levels and many other impressive milestones, including:

- Admitting 107,504 patients
- Recording the highest number of births at Epworth Freemasons – 3,590
- Achieving a record operational surplus
- Fostering improved relationships with health funds
- Gaining organisation-wide accreditation with the Australian Council on Healthcare Standards
- Establishing a new sports medicine service at Epworth Richmond, and
- Acquiring an IVUS machine to improve outcomes for cardiology patients – this is the first time such equipment has been available in the Australian private hospital system.

Our journey to become an employer of choice is progressing well. The Epworth HealthCare Scholarship program was launched this year to provide $10,000 to each recipient to undertake a project or academic course to expand their skills. Epworth appreciates the tremendous support we have received from the sponsors of each of these awards.

I would also like to congratulate Louise O’Connor who received a Johnson & Johnson scholarship to attend Singapore University’s Hospital Management program.

We recognised and rewarded performance in many ways, from the CEO dinners through to individual thank you notes to staff. I greatly appreciate and acknowledge the achievements of our staff through the year.

Fundraising was a significant highlight in 2008/09. I would like to thank all our benefactors and volunteers who provide much valued support for the organisation. In October the Epworth Medical Foundation hosted a successful Gala Ball (A Touch of Silk) with over 700 guests. This was a fabulous night supported by 27 sponsors, attended by over 290 staff and many doctors and achieved a net result of $255,000. The proceeds purchased much-needed equipment for each division.

Ms Janet Latchford, our Deputy President, hosted a successful Women’s Health Luncheon on cardiac health. This was a great forum to increase Epworth’s role in cardiac services and raise funds for vital equipment.

This year has been one of planning for an exciting future. We have updated our strategic and operational plans, and committed significant energy to progress the development applications for two major expansion projects at Richmond and Camberwell. Development applications have been lodged and we anticipate approval in late 2009 with a view to commencing construction in 2010.

I appreciate the strong guidance and support given to me by the Board led by Dr Philip Williams. The Board has provided wise counsel and contributed significantly to our success. I would like to warmly welcome the new Board members who have joined us this year – Professor Peter Brooks, Mr Peter Hay and Ms Judy Leitch.

We continue to engage doctors in all aspects of our operations and I would like to acknowledge their passionate commitment to the development of Epworth HealthCare. I would also like to thank all the doctors that serve on our many committees, and to the specialists who supported our second GP Conference that was an overwhelming success.

The executive team has shown great leadership and commitment. I’m very proud of their outstanding achievements and those of their staff. They continue to reach for a better future and, through their efforts, have laid a very strong foundation for success. I thank everyone for their continued dedication and commitment to Epworth HealthCare.

Mr Alan R Kinkade
Chairman, Group Medical Advisory Council’s Report

Over the last 12 months there has been great activity among Epworth’s 2700 accredited medical practitioners and the site Medical Advisory Committees and Group Medical Advisory Council that represents them. As Chairman of the Council I am also a member of the Board of Management, to which I represent the views of doctors.

The Committees and Council have carried out their usual accreditation and reaccreditation reviews, with many individuals being involved in sub-committee activities such as the Doctor Satisfaction Survey Committee and other local and organisational sub-committees.

There is great excitement amongst many of our members with the proposed redevelopment of the Richmond and Camberwell sites. This progressive upgrading of our facilities will lead to continued excellent delivery of patient care by all our members.

The teaching hospital program is developing at top pace with the appointment of Professor John Olver as the inaugural Victor Smorgon Chair of Rehabilitation Medicine at Monash University. John will continue to develop research and education, and will ensure the excellent reputation of rehabilitation through Epworth HealthCare is maintained.

Further Chairs will be interviewed in the future for both medicine at Monash University and surgery at the University of Melbourne. The filling of these Chairs will lead to greater momentum in the teaching hospital program.

Over the last year there has been a further increase in the focus on the quality of care delivered at Epworth. The Medical Advisory Committees have been represented through the Clinical Audit Advisory Committee (CAAC) and through the Chairmen of the Clinical Institutes. The CAAC is currently working through a formal reporting system for incidents to support the ongoing maintenance of clinical excellence at Epworth HealthCare.

The Council and Committees are greatly served by the Medical Services Department. Over the last seven years as Executive Medical Director, Mr Peter Dohrmann has been a well-balanced, tireless and diligent supporter of the Medical Advisory Council. This includes great work on the bylaws, doctors’ information booklet, and codification of the tiered accreditation process which has been invaluable to the functioning of our Committees and Council. We wish him well for his next 12 months of extended leave from the Executive Medical Director’s position.

As Chair, I welcome Dr Megan Robertson to the Acting Executive Medical Director’s position. I am sure that Megan will, with the assistance of the other medical services team members led by Deb Clark, enjoy the job and settle in quickly.

Thank you to all the representatives who have given their time freely to their roles and congratulations to the new incoming representatives to the Medical Advisory system for the next year.

Dr Ronald J Dick
### Year at a Glance

#### Total Bed Days 2008/09

<table>
<thead>
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<th>Days</th>
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#### Overnight Occupancy 2008/09

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<td>74.9%</td>
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<tr>
<td>2004/05</td>
<td>82.8%</td>
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<tr>
<td>Year</td>
<td>Total Patient Admissions</td>
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<td></td>
<td><strong>Total: 107,504</strong></td>
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<tr>
<td>Year</td>
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Epworth HealthCare is a world-class private provider of medical, surgical, obstetric and rehabilitation services across Victoria.

Since its foundation in 1920 at Richmond, Epworth has provided quality treatment and care for millions of patients. The organisation now operates three of the five largest private hospitals in Victoria and comprises Epworth Richmond, Epworth Freemasons, Epworth Eastern and Epworth Rehabilitation.

In 2008/09 Epworth HealthCare continued to expand its commitment to delivering world-class health care, supported by excellence in teaching and research in medicine, nursing and allied health. Epworth is proud to have developed collaborations with national and international organisations, and to have launched several programs to support and develop its people.
Operational performance

Over the last three years Epworth HealthCare has achieved a $41 million turnaround in performance.

In 2008/09, patient numbers again increased, with over 107,000 patients admitted during the year. Some highlight statistics include:

- Admissions totalled 107,504 – an increase of 7.2%
- Patient days increased to 364,970 – an increase of 4.4%
- Theatre procedures increased by 10% to 66,126
- Births increased by 7.2% to 3,590, and
- Overnight occupancy rates averaged 87.7% in 2008/09.

The continued focus on both operational and financial performance against set targets has enabled the organisation to achieve its strategic objectives.

Epworth Excellence

Epworth Excellence is a group-wide initiative to ensure that Epworth HealthCare provides exceptional care and service, achieves excellent outcomes for patients and customers, and is a great place to work for staff and doctors. This is achieved through a consistent focus on:

- Values and behaviours
- Customer service
- Employer of choice, and
- Leadership development.

Epworth has partnered with the Studer Group to support the development and implementation of Epworth Excellence. Several key staff attended the Studer conference in 2008 and 2009, and visited a number of US hospitals where the Studer principles have been successfully implemented.

Evidence-based tools and processes utilising the Studer principles have been applied in a managed and staged approach across Epworth. These have included regular leader and patient ‘rounding’, leader evaluation management and fundamental practices of service. Reduction in patient falls, increased letters of compliment, decreased complaints and greater patient satisfaction have already been achieved.

Epworth Excellence integrates the many initiatives across Epworth to provide outstanding opportunities for staff development, a feeling of pride and purpose, and the consistent delivery of excellence in patient treatment and care.

Staff turnover

As part of the development of staff-related key performance indicators, Epworth is now regularly measuring and reviewing staff turnover. Turnover in 2008/09 was just 8.96%, somewhat below the health industry average and a significant improvement on past years. A refreshed exit interview program will commence later in 2009, which aims to give management greater insight into the reasons behind staff departures and highlight changes necessary to further decrease staff turnover.
Values and behaviours

Through the engagement survey and consultation, Epworth HealthCare staff highlighted the values and behaviours they believed were important to make Epworth a great place to work while delivering exceptional care. The values – respect, excellence, community, compassion, integrity and accountability – form an integral part of Epworth Excellence.

Each of the values has been accompanied by practical behaviours that demonstrate how the values apply to everyday work activities of staff. As an organisation there is a strong commitment to ensure that these values and behaviours underpin everything.

Leadership development

Epworth HealthCare’s inaugural leadership development suite commenced in June 2009. The organisational development and human resources teams developed a leadership competency framework that targets three leadership groups: emerging leaders, operational leaders and strategic leaders. These groups include over 400 staff across Epworth HealthCare, for whom the suite will provide development opportunities and support.

The program develops key skills, knowledge and behaviours for Epworth HealthCare leaders to manage and develop their teams, and to provide the best patient care and outstanding customer service. It is underpinned by eight core leadership competencies that were developed in collaboration with key internal stakeholders, and offers formal learning opportunities by way of a five-day introductory program, followed by a series of in-depth elective learning opportunities on a whole range of leadership skill areas. The formal workshops will be supported by a range of on-the-job development opportunities, including job rotation, mentoring and shadowing.

Teaching and research

Epworth has made a commitment to delivering world-class health care supported by excellence in teaching and research in medicine, nursing and allied health. In 2008/09 a Clinical Institute structure was put in place to develop Epworth as a teaching hospital.

This year Epworth explored an affiliation with the Cleveland Clinic, an internationally renowned teaching hospital in Ohio, USA, to establish links for fellows at both institutions. A clinical trials unit was also established to provide support for research activities across Epworth HealthCare.

Graduate nurse programs were run for newly graduated Division 1 and Division 2 nurses and midwives across Epworth, together with postgraduate programs for new and existing staff in intensive care, emergency, cardiac, peri-operative, midwifery, orthopaedics and neurology.

The Epworth HealthCare Scholarship program awarded up to $10,000 each to six staff members, who used these funds to undertake a variety of research projects and further education to extend their skills and work at Epworth.
**ACHS accreditation**

In October 2008, Epworth HealthCare undertook an organisation-wide survey with the Australian Council on Healthcare Standards. This was the first time that the organisation had applied for accreditation as one organisation rather than as individual sites. The survey was highly successful and accreditation was granted for the maximum four-year period. This is outstanding, particularly given the complexity and diversity of Epworth HealthCare.

Epworth was awarded Outstanding Achievement in the field of research. This recognised the work of Professor John Olver and his team in Rehabilitation, the research projects undertaken by Professor Mari Botti and the Epworth/Deakin Centre for Clinical Nursing Research, and Professor Jennie Ponsford as part of the Monash Epworth Rehabilitation Research Centre.

**Staff recognition**

Epworth HealthCare recognises the importance of providing positive feedback to staff for a job well done. To this end, a range of programs and events for staff recognition has been put in place across the organisation. Regular award schemes are run by each division, through which staff members who have made an outstanding contribution are duly acknowledged. Staff were recognised for clinical and operational excellence.

In addition, a series of quarterly CEO dinners provided a way for the organisation to say thank you to many staff. Long-serving staff were also acknowledged through service awards and presentations.

**Strategic planning**

Following on from the Epworth Strategic Plan 2007–2012 *Building on Success: Shaping our Future*, the Board and executive participated in a series of workshops in early 2009 to review and update the plan and ensure it remains relevant to the organisation.

The *Strategic Plan Update 2009–2012* represents the directions and strategies envisioned for Epworth HealthCare’s next quantum leap in development. The update highlights Epworth’s continued focus on improving its service model while making gains in the area of health care leadership.

**Epworth HealthCheck**

Epworth HealthCheck, Epworth HealthCare’s executive health screening service, is designed to provide well clients with an extensive range of diagnostic tests and assessments. The service includes a stress echocardiogram, ultrasound, mammography and bone densitometry. Epworth HealthCheck doctors provide a detailed consultation on patient results and give guidance on lifestyle changes to optimise future health.

During the year, Epworth HealthCheck assessed 752 people and identified nine instances of coronary heart disease, and a number of early detections of cancer. Numerous people have been referred for treatment following diagnoses of high blood pressure, depression and diabetes.
Epworth Eastern, opened in June 2005, specialises in cardiac, vascular, orthopaedic and general surgery, as well as urology, oncology, and endoscopy procedures and general medicine. The 2008/09 financial year was a breakthrough year for Epworth Eastern, with admissions increasing by 10% to 23,354, and patient days increasing by 15% to 61,840. There were 16,072 theatre procedures performed, an increase of 17% on the previous year.

Epworth Eastern continues its close involvement with the local community. The hospital sponsored the Surrey Park Panthers Junior Football Club and partnered with the Salvation Army to cook community dinners. Epworth Eastern was very proud to receive the 2008 Whitehorse Business Group Mayoral Award for Good Corporate Citizenship.
Customer service focus

Nurses at Epworth Eastern have embraced their customer service charter, introduced in 2008 as a precursor to Epworth Excellence. All nursing staff now participate in ‘rounding’ to provide a more personalised approach to care, which has received very positive feedback from patients.

Staff workshoped ways to help patients feel more comfortable and confident in their treatment, and have trust in the staff providing the care. This includes ensuring that patients understand what to expect, and a focus on safety to reduce the number of falls. Nurses also leave a ‘sorry I missed you card’ if they visit while the patient is away from their bed, and patients are sent a thank you card after discharge.

Increased surgical demand

The growth in robotic surgery at Epworth Eastern necessitated the regular scheduling of both twilight and Saturday theatre sessions during 2008/09, which were well utilised. Of particular note is the volume of robotic cases in both urology and gynaecology, with over 450 procedures this year. Activity in May and June suggests that next year will see close to 600 cases, which represents the highest throughput of any robot in the country.

Epworth Eastern also experienced a significant increase in the complexity of patients treated, with the Critical Care Unit regularly operating at or near capacity.

Division 2 graduate nursing

Epworth Eastern continued to encourage ongoing training and development through 2008/09. The Division 2 Graduate Nursing Program celebrated its third year at Epworth Eastern, and the education team enjoyed working with the nurses over the year. In a great tribute to the nursing educators and staff, all nurses who completed the program in April elected to stay on at Epworth Eastern.

Food services initiatives

Patients at Epworth Eastern can now select from a new à la carte menu for lunch and dinner. This was made possible by a recent upgrade of the patient menu ordering software used by menu monitors, and the design and roll out of new menu folders. As part of the Epworth Excellence initiative to provide superior customer service, the food services department has also introduced ‘sorry we missed you’ cards. The cards provide contact details so the patient can place their meal order when they return to their room. Patient feedback on the quality of the new menu and the service provided has been extremely positive.

Since the hospital opened in 2005, a key objective has been integration with the local community. The hospital received the 2008 Whitehorse Business Group Mayoral Award for Good Corporate Citizenship. This award acknowledges Epworth Eastern’s food outreach program for disadvantaged people in the local community.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Bed Days</th>
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<tbody>
<tr>
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<tr>
<td>2006/07</td>
<td>45,596</td>
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<tr>
<td>2007/08</td>
<td>53,888</td>
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<tr>
<td>2008/09</td>
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Epworth Freemasons specialises in maternity and women’s health, and is the leading private maternity hospital in Victoria. The 2008/09 year saw a 7% increase in the number of births, to a record 3,590. A unique service for women is offered at Epworth Freemasons through the Breast Clinic, which provides a reassuring same-day service without referral, and includes mammogram, ultrasound, consultation and female surgeons on-site.

Epworth Freemasons also provides comprehensive cancer services and a full range of surgery options including general surgery, urology, orthopaedic surgery, plastic surgery and general medicine. Admissions continued to grow during the year to 32,425, with total theatre procedures up by 7% to 20,028. Building works began to meet the extra demand, and further renovations are planned for the coming year.
**Improved facilities**

During the year, Epworth Freemasons made a number of building and infrastructure improvements, and purchased key equipment for the operating theatres. Major highlights included:

- An additional ten beds for the medical ward
- Dedication of the gynaecological oncology ward (1 East) to the Colwill family, after a substantial bequest, and refurbishment including repainting and recarpeting works to the ward
- An expanded and rejuvenated Day Oncology Unit
- A new day stay recovery area
- The Sleep Unit relocated to Grey Street
- Completed fire works in the ICU and the east wing of 1 East, and
- Improvements to the basement area, radiation oncology areas and the rear entrance to the hospital.

The hospital also purchased new camera towers for theatres. A bariatric mobile surgery table, a TRUS machine for 3 dimensional prostate imaging, and a new microscope for the Day Procedure Centre have contributed to the ongoing support of surgeons operating at the hospital.

**Nurse liaison role supporting patients with cancer**

Epworth Freemasons Day Oncology Unit is one of the key providers of private cancer services to the Victorian community. In 2008/09, Epworth Freemasons employed an oncology nurse liaison coordinator in the day oncology team. The coordinator’s role is to:

- Improve the coordination of patient care
- Improve communication between all providers of cancer care for each patient
- Manage appropriate referrals to key allied health support and services
- Liaise with the patients’ General Practitioners
- Deliver cancer survivorship programs, and
- Provide discharge support and follow up.

The nurse liaison role for outpatients at Epworth Freemasons will further improve its reputation for excellent care.

**Epworth Freemasons Health Clinics**

Located at the Albert Street entrance of Epworth Freemasons, the Health Clinics comprise the Women’s Health Clinic, Breast Clinic, Men’s Health Clinic, Colposcopy & Laser Clinic and more than 20 sessional doctors across a variety of specialties.

The Health Clinics provide comprehensive and convenient advice for the specific concerns of men and women in the areas of contraception, fertility, sexual health, breast health, menopause, gynaecological problems and weight management. With no referral necessary, results on the same day, caring staff and extended consultations, in excess of 15,000 patients this year have attended the Epworth Freemasons Health Clinics for their personal medical needs.
Epworth Rehabilitation is one of the largest private sector rehabilitation services in Australia, located at Richmond, Brighton, Camberwell, Dandenong and Thornbury. The multidisciplinary health care team comprises allied health professionals and experienced rehabilitation nurses who work with expert rehabilitation physicians to create an individualised rehabilitation program.

Epworth Rehabilitation continued to achieve its aim of assisting patients to return to the community with maximum quality of life and independence. This was achieved for even more patients in 2008/09 with a further rise in the number of inpatients admitted to 6,546 and average occupancy for the year at 90%.
Network pain management program

In 2008, Epworth Rehabilitation was successful in its tender to deliver pain management services for the Transport Accident Commission (TAC) and WorkSafe. The Network Pain Management Program is a streamlined approach to care for patients who experience persistent pain. Group therapy is provided with a multidisciplinary focus – including medical treatment, physiotherapy, occupational therapy, psychology and exercise physiology – to help patients develop an independent approach to pain management.

During its first year, 65 patients completed the program at Epworth Rehabilitation Camberwell and its Dandenong site. Provisions were made for patients with special needs, such as language difficulties, to participate in individual programs. Some patients received additional treatment before progressing through the program. It is anticipated that the program will extend to all Epworth Rehabilitation campuses during 2009/2010.

Elim rehabilitation gym

The gym at Epworth Rehabilitation Richmond plays a key role in the rehabilitation of more than 500 patients each year. Located in the historic Elim building, the equipment at the gym is as diverse as the patients themselves, offering basic aids such as rails and steps, to highly complex equipment.

The 2008/09 year saw the first major redevelopment in the Elim gym in 10 years. With the generous support of The Primary Club of Australia, a new gym has been built and fitted out with state-of-the-art rehabilitation and gymnasium equipment. The new gym complements the hydrotherapy pool, which allows patients to build muscle and recover using non-weight-bearing and no-impact exercise.

Scholarship success for Epworth Rehabilitation staff

Doug McKaskie, speech pathologist at Epworth Rehabilitation Richmond, was awarded one of the six Epworth HealthCare Scholarships in 2008/09 to further his studies in the use of neuromuscular electrical stimulation in the rehabilitation of facial paralysis and dysphagia (swallowing difficulties). Doug travelled to the United Kingdom and Queensland to visit and attend workshops at The Lindens Clinic and Royal Brisbane Hospital.

Neuromuscular electrical stimulation is a relatively new technique for speech pathology in Australia, and Doug is seeing benefits for patients he has treated using the technique. Doug hopes to conduct research to further assess the efficacy of this treatment method and eventually establish an outpatient clinic at Epworth Rehabilitation.

Physiotherapists Liz Moore and Natalie Finney were both awarded Sir Edmund Herring Memorial Scholarships from the RACV in 2008. The late Sir Edmund Herring was Patron of the RACV Club for 34 years and the scholarships – which have been awarded annually since 1983 – fund projects by health professionals working to prevent road trauma and improve the quality of care delivered to road trauma victims.

The aim of Liz and Natalie’s research project was to determine the best methods to restore gait through training and re-educating muscle movements.
Epworth Richmond offers comprehensive medical and surgical services including cardiac, orthopaedics, inpatient and day oncology, colorectal and urology. The largest private hospital in Victoria, Epworth Richmond treated 45,179 inpatients in 2008/09, an increase of 4%. The number of theatre procedures increased by 7% to 30,026 and was supported by the new Day of Surgery Admissions unit.

Epworth Richmond will soon be undergoing a staged redevelopment process that will result in a state-of-the-art facility to meet the growing health needs of Victorians. The hospital will be redeveloped to provide an extra 270 inpatient beds including an expanded emergency department.
**Expanded patient service centre**

A new patient service centre structure was introduced to provide better care and service for patients at Epworth Richmond. Growth in staff numbers enabled clinical pre-admission for all Day of Surgery Admission (DOSA) patients, including a face-to-face pre-admission for all joint replacement patients.

Anaesthetic screening was introduced as part of the pre-admission process, and information about higher risk patients provided to doctors to ensure appropriate clinical management. Clerical pre-admission, including informed financial consent, was delivered as a formal process for all planned admissions.

Clerical and clinical pre-admission staff have been working together closely to ensure patients receive a single call to complete both clinical and clerical pre-admission.

**Upgraded amenities**

Several upgrades were made to amenities at Epworth Richmond during the year. The Syme theatre complex was extended, and an extra theatre commissioned, to accommodate increasing demand for orthopaedic surgery.

Staff and visitor amenities were upgraded including new fittings in the bistro, as well as a new, improved selection of food and drinks. Food Services also began a comprehensive review and update of patient menus, which will continue through 2009.

Further to Epworth’s No Lift policy for occupational health and safety, multi movers were introduced across Epworth Richmond. These mechanical aids are used to push beds and trolleys without posing a manual handling risk to staff.

**Enhanced orthopaedic and sports medicine services**

The number of sports and exercise medicine patients at Epworth Richmond has been growing steadily over recent years. During 2008/09 the Epworth Sports and Exercise Medicine Group opened, combining the practices of four doctors – Dr Peter Larkins, Dr Andrew Daff, Dr Bruce Reid and Dr Gary Zimmerman.

OrthoSport Victoria, and the orthopaedic practices of Associate Professor Julian Feller, Mr Timothy Whitehead and Mr Cameron Norsworthy were also established in the Epworth Centre. These complement both Epworth Richmond’s Emergency Department and Epworth Rehabilitation to expand the treatment of sports and orthopaedic injuries.

**Epworth Richmond redevelopment**

The planned redevelopment of Epworth Richmond will see acute and rehabilitation facilities updated to world-class standards, with increased capacity in several key areas to meet growing demand.

Staff and doctors will be consulted later in 2009 on the detailed design to enable final plans to be developed. The redevelopment will be completed in stages over several years. Consultants have been engaged to manage the project and minimise the impact on the operation of the hospital and local residents.

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**Reduction of agency nursing at Epworth Richmond**

Agency utilisation % (average)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tr>
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<tr>
<td>2008/09</td>
<td>3.65</td>
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Problems with the heart and circulatory system are the most common forms of serious illness in Australia today. Epworth HealthCare provides a comprehensive range of services from initial diagnosis to post-operative care and lifestyle advice. Cardiac services are available at Epworth Richmond and Epworth Eastern. There are 42 cardiologists and cardiac surgeons with admitting rights to Epworth hospitals.

MICA initiatives

Mobile Intensive Care Ambulance (MICA) units can now admit patients with acute cardiac problems directly to the Emergency Cardiac Unit at Epworth Eastern. MICA teams use a dedicated mobile phone number to contact the Critical Care Unit Fellow and patients are assessed immediately upon arrival. When patients suffer an acute coronary syndrome – commonly referred to as a heart attack – time equates to heart muscle damage. The sooner patients are treated the less damage there will be. By directly admitting their patients to the Emergency Cardiac Unit or Catheter Lab, MICA units are working with the Epworth Eastern team to facilitate the best possible outcome.

Throughout the year, MICA officers continued to attend education sessions provided by senior doctors and specialists at both Epworth Richmond and Epworth Eastern.

HeartSmart

Epworth HeartSmart, now in its 17th year of operation at Epworth Richmond and its fifth year at Epworth Eastern, is much more than a cardiac rehabilitation program. It is a bridging and community outreach program with a remarkable impact.

The programs focus on helping patients make the permanent lifestyle changes that are often necessary for heart rehabilitation. Dieticians, physiotherapists, pharmacists as well as cardiac nurses and ambulance officers provide practical tools and strategies for cardiac patients to incorporate easily into everyday living.

Advances in non-invasive cardiology

During the 2008/09 year, five new ergonomic and user-friendly echocardiography systems replaced the existing four at Richmond’s Non-Invasive Cardiac Unit (NICU). The Philips purchase, which includes a digital reporting station, four work stations, treadmills and monitoring systems, increases patient flow-through and the capacity of the unit.

NICU provides diagnostic echocardiogram, electrophysiology and ECG stress tests for Epworth cardiology patients – the majority of whom are outpatients.

State-of-the-art equipment

Epworth Richmond was the first private hospital in Australia to get the new IVUS machine – a technologically advanced piece of diagnostic equipment used in cardiology. The new machine, valued at $240,000, enables clinicians to have a three-dimensional view inside blood vessels to identify plaque blockages and damaged areas such as tears or swelling. Previously, patients requiring this assessment would have to be transferred to a large public hospital. Epworth doctors use the machine to help determine the best course of action for the patient.

Six new ECG machines were installed at Epworth Richmond, thanks to the fundraising efforts of Heartbeat volunteers.

Treating congenital heart disease

Over the last 12 months, many adolescents have been treated for congenital heart disease at Epworth Richmond. Paediatric cardiologist Dr T H Goh has performed percutaneous procedures to treat patients with long-standing vascular disorders. New techniques have enabled patients to have large stenting procedures performed to open and support vessels which have been affected from birth. Many of these patients have had surgery as infants, hence procedures performed as adolescents can ‘bridge’ the growing body through to adulthood when a more permanent procedure can be performed.
Dr Ron Dick (left) — Cardiologist and Chair of Cardiac Services
Clinical Institute at Epworth — received a call from the Emergency
Department one Sunday morning last April. Kevin was the patient
Richmond Emergency doctors wanted Ron to see.

RON  Kevin obviously believes that laughter is the best
medicine. When I arrived in the ED at about 9am, the
nurses were in the process of attaching the ECG wires
to Kevin’s chest. He was joking with them about finding
a clear spot where the patches could adhere to skin
and not hair, while I was checking the monitors behind
his headrest. I had to interrupt them to say “Look, I can
see that you are having a heart attack right now”. I had
never seen a patient smiling through that before.

Kevin’s whole story is unusual. He is a fit person – not
a smoker or big drinker. When he started to experience
unusual chest pains that morning, he went for a walk
around his garden, then came inside and calmly typed
t his symptoms into Google!

Kevin did not experience the common symptoms of
a heart attack. He wasn’t in agonising pain and he
didn’t feel there was an ‘elephant sitting on his chest’. But my message to everyone is that chest pain is an
emergency, so seek help early. Once you get here, the
medical response is quick. Getting here is what counts.

KEVIN  I was reading quietly in bed when I felt
discomfort and what I thought could be indigestion.
A Google search prompted me to call an ambulance,
and when they arrived they were calm and efficient.
We agreed that I go to Epworth ED but they insisted
that I be wheeled into the ambulance, even though I
felt perfectly able to walk.

When Ron saw the pictures, he took me straight here
to the catheter lab and used the balloon to open my
right artery before inserting the life-saving stent. I had
arrived at Emergency some time after 8am and by
9.30 I was back on the ward feeling fine.

My work colleagues were shocked when they heard I’d
had a heart attack because they see me as healthy.

My heart is perfect now. I did the stress test – running
for 15 minutes – and the results were normal. I run,
walk, swim and everything is OK. In fact, coming back
from the heart attack, I changed my career and went
back to doing something I really loved.
The Intensive Care Unit at Epworth Richmond is an accredited level 3, 15 bed unit equipped to provide critical care services for conditions relating to all adult specialties.

Epworth Eastern has an accredited level 3, 8 bed Critical Care Unit. Both units are supported by full-time medical fellows and consultant cover.

Epworth Freemasons Intensive Care Unit is a state-of-the-art, 8 bed combined Intensive Care and Coronary Care Unit, with an additional separate 4 bed Telemetry Unit.

Specialist nursing study

A specialist course in Intensive and Critical Care Nursing (ICCN) operated across all sites during 2008/09. Two groups of nurses applied to further their education skills through this course, which counts towards the Postgraduate Diploma in Critical Care Nursing at Deakin University should nurses wish to continue their studies.

The ICCN course received positive reviews from participants who are currently completing their postgraduate studies in critical care nursing. The program provides valuable insight for staff in both clinical and academic requirements of postgraduate specialty training, and is particularly useful for planning career pathways.

Partnering with Critical Care Services across Victoria

Epworth HealthCare participates in the Critical Care Services program coordinated by Adult Retrieval Victoria. This initiative incorporates a state-wide live database of intensive care bed availability across the public and private sector which is managed on a time critical basis. Information is provided on current bed utilisation and communicated to all hospitals with an Intensive Care Unit, to ensure that critical care patients will always receive appropriate and timely care. Epworth HealthCare receives critical patients from both regional and metropolitan Victoria, and works in close collaboration with the public sector to provide ICU beds and specialised care when needed.

Working together to care for patients

Epworth Richmond Intensive Care and Emergency doctors were among many who featured in a story of survival by The Age journalist Geoff McClure, who had been treated for colorectal cancer since 2007. Upon arrival in London last Christmas to start a six-week holiday in Europe with his family, Geoff experienced a medical emergency and was advised by UK doctors to return to Australia immediately. Under the medical care of a friend and with the support of Qantas, he travelled home to Epworth Richmond Emergency where urgent action was taken.

Geoff underwent more surgery by Mr Campbell Penfold, while his oncologist Dr Rowan Doig refused to give up. In the story published in The Age in June, Geoff attributed his survival to the brilliance of Epworth ED and to the care he received from his regular specialists, as well as ICU’s Dr Peter Oziemski.

This illustrates the team approach being built within the Critical Care Clinical Institute covering Emergency Medicine, Anaesthetics and ICU under the stewardship of its Chair, Associate Professor Nerina Harley.

Epworth Freemasons ICU

The Intensive Care Unit at Epworth Freemasons celebrated its ninth year of operation in 2009, admitting over 760 patients with a wide variety of problems requiring care beyond that available in the general hospital ward.

The Epworth Freemasons ICU has a strong reputation for both nursing and medical excellence, and patients are referred not only from other wards but also from Epworth Richmond Emergency Department, external hospitals and from the public system when full.

The opening of maternity beds and a nursery at the Clarendon Street site during 2009 enhanced Freemasons’ ability to care for critically-ill mothers peri partum, enabling both mother and baby to be cared for at the same campus.
Man and down, Sam rides his bike and Con plays tennis with his teenage kids.

Managing Epworth Eastern’s Critical Care Unit is highly challenging according to its Director Dr Con Giannellis (left) and Samuel Ho, Associate Nurse Unit Manager and Clinical Nurse Educator. To wind down, Sam rides his bike and Con plays tennis with his teenage kids.

**Con**  Sam and I talk everyday, starting with handover and ward rounds together at about 7am. We visit each patient and plan their ongoing management in its entirety, checking charts, blood tests and X-rays. We’re joined by physiotherapists, dieticians and ancillary staff, and we ask pharmacists to come on the rounds as well.

As a team, we discuss whether the patient is stable enough to move to a general ward or whether further investigation is needed. Because one nurse is assigned to each intensive care patient, we always involve them in talks about what problems should be addressed.

Apart from ward rounds, there are family meetings and sometimes these are very emotional. It is terribly hard to tell a family that their loved one is not going to survive. Although we may believe we can distance ourselves from people’s pain, as human beings we cannot. I can tell you that we have never lost a patient here without losing a little bit of ourselves as well.

**Sam**  I’ve worked with Con since before this hospital opened so the two of us make a great team. The nurses’ point of view is critical because we are with the patient 24 hours each day. The doctors rely on the nurses to give the best overall picture and identify problems.

Of the 40 nursing staff working across the Critical Care Unit, most prefer to be rostered on a part-time basis.

If we find time (I have two boys under two at home) Con and I try to fit in a coffee and that gives us a chance to talk about the research that we’re doing in the Critical Care Unit. I am research coordinator here and we do a lot of work with clinical trials to try to advance medicine and help patients where we can.

Con is very passionate about his patients and if things aren’t done he will make it very clear that someone needs to move quickly. In a highly stressful situation everyone knows that it’s not about personal criticism – we know it’s about the urgency needed to attend to the sickest person.
Well-equipped with life-saving technology, the Epworth Richmond Emergency Department (ED) is the largest private emergency centre in Melbourne. This year more than 26,000 patients were treated by a team of more than 80 experienced, highly skilled doctors and nurses – available 24 hours a day, seven days a week. The staff are supported by a comprehensive range of specialist consultants, coronary and intensive care units and operating theatres around the clock.

Major gift supports Emergency Department

Five resuscitation trolleys were purchased this year for Epworth Richmond through a major gift from the James and Linda Wang Foundation. The new state-of-the-art trolleys were extensively trialled to ensure the equipment and medications are stored safely yet easily accessed when required.

Each unit is equipped with a defibrillator, ventilator and vital drugs ready for staff to take immediate action in case of emergency. Standardising the equipment across the Richmond site has further reduced the response time in emergencies.

Innovations in emergency care

A joint initiative with Ambulance Victoria commenced during 2008/09 to enable quicker treatment for heart attack patients on their way to Epworth Richmond Emergency Department. The 12-lead pre-hospital ECG program allows MICA paramedics to fax forward an ECG taken in the ambulance. Staff in the emergency department review the ECG and contact the catheter laboratory team prior to the patient’s arrival, significantly reducing critical door-to-balloon time and improving patient outcomes.

The department also hosted education programs with medical students from Monash and Melbourne universities and students from interstate. They ran regular education sessions for MICA paramedics and General Practitioners on a range of emergency medicine topics. During the year, three nurses achieved their Diploma in Critical Care Nursing.

Epworth joined the Alfred and Northern hospitals in a world-first research project to investigate the use of acupuncture for pain management in emergency departments. The trial, which is funded by the Federal Government and co-ordinated by RMIT, is recording responses from a total of 500 patients who present with acute migraines, backache and ankle injuries.

Service improvements

The emergency department continues to look for ways to improve patient satisfaction and communication. For the comfort of patients and their families, the waiting room was refurbished. Questionnaire and feedback cards were provided to all patients upon discharge, so that their experience could be recorded and suggestions acted upon.

Among those who provided feedback, 96.7% answered yes to the question of whether they would recommend Epworth Emergency to others. A similar majority said they could not think of ways to improve their experience because they were completely satisfied with the overall response to their visit.

Communication with General Practitioners was also improved with the introduction of discharge letters from the ED to each patient’s GP. Epworth’s diagnostic service providers joined this initiative by ensuring that the results of their testing were sent to GPs as well.
Ron and I go to many weekly meetings together, so we understand each other’s role and appreciate our respective priorities.

Nurses here never feel that they can’t approach a doctor or make a suggestion, and that’s a reflection of Ron’s management. From the top down, it’s been important to appreciate each other’s roles and to get the best outcome for patients.

It takes a certain type of person to work in ED. We see acutely ill patients – and know what will make a difference. Just because we use skills that involve time pressure and emergency situations, we are still really aware of the importance of the compassionate side of nursing for patients and their families.

If there is a life-threatening situation, I remind myself that I have studied these situations; I have the skills; I have the life-saving equipment – but mostly I can stick my head out to call for help.

You’re never by yourself in Emergency.
The 41 bed multi-disciplinary unit at Epworth Richmond comprises a 31 bed acute care ward and a 10 bed transitional care unit. Epworth Eastern has a 30 bed multi-disciplinary unit for the treatment of acute and chronic medical patients. Epworth Freemasons has completed a redevelopment of its 19 bed medical unit.

**Improving patient service**

In 2008/09, Epworth HealthCare partnered with the Studer Group – an international health care consulting firm – in the implementation of ‘rounding’.

Rounding involves nurses visiting patients hourly to ensure consistency and continuity in patient care. At these times, nursing staff actively engage with their patients to establish any needs they may have and perform required tasks. They also reiterate that a nurse will visit them again in an hour, and check whether there is anything else to do for them before they leave.

Patients do not feel the need to use the call bell as often as they are confident of the time between visits. Similarly, they are less inclined to risk a fall as they know they will have regular assistance.

This approach was piloted at Epworth Eastern, achieving highly positive outcomes for patients and staff and is now being rolled out across all Epworth sites.

**Enhancement of medical units**

The medical unit at Epworth Richmond has been in operation for a number of years in a traditional ward layout with an open plan design. The area underwent extensive renovation in 2008/09, to include a number of private rooms and updated patient accommodation. Both patients and staff benefited from the updated facilities. This initiative has progressed with guidance from the Chair of Internal Medicine Clinical Institute, Dr Ian Fraser.

Epworth Freemasons undertook a dedicated review of its medical unit and as a result reconfigured its medical ward to better meet the needs of patients and staff.

**Meal companion volunteers**

The medical unit at Epworth Richmond specialises in care for patients over 75 years of age. Meal companions, where volunteers assist patients with eating and provide companionship at mealtimes, were introduced at Epworth Richmond in response to feedback from patients and families.

The clinical resource nurse provided an in-service to a group of volunteers to educate and support them in this new role, which will be reviewed for wider application in the coming year.

**Caring for the older patient**

Epworth Eastern introduced a complex case management service in 2008. This service provides support to the medical division for patients over 75 years old with the complex issues.

The service caters for patients who are unable to return to their previous residence due to decreased physical function or impaired cognitive function, or for those patients who require additional support services to return home.

The case manager works with physicians to ensure that timely referrals are made for patients who require transfer to another facility, and that family involvement occurs at the consent of the patient. An holistic approach is taken to ensure that all aspects of ongoing function are considered in the appropriate treatment of these patients.

**Medical registrar program**

Accredited medical registrars have worked to support the Epworth medical units and have fulfilled a valuable role as part of the clinical teams. Epworth physicians supported their training and preparation for their FRACP exams. Epworth Richmond provided the venue for this year’s exams.
Empathy and engagement with patients on the medical ward at Epworth Freemasons are paramount in the nursing care provided by Clinical Nurse Facilitator Louise Caly (right), and Division 1 nurse Kate MacDonald.

**Louise** During the last five years, I’ve worked on all the wards at Epworth Freemasons and loved it. I worked in a GP clinic for 18 months, thoroughly enjoyed it, but missed ward nursing and the hospital setting. I recognised that the best way to hone my skills for the role of nurse educator was to get back on the ward. While my role is a teaching one, I like being hands-on, supporting Kate and the other nurses while getting to know the patients. At least once a week, I run an in-service at the end of a shift. These are quick sessions about procedures, and are a good way to refresh everybody’s skills and get the team together.

When you enjoy the job, it’s everything. Nursing is a great career – especially here. We have a nurse educator or facilitator on each ward. I came back here to work with my fantastic manager and because I love teaching nurses like Kate and watching them develop the very best in patient skills. Respect and teamwork make all the difference, I think.

**Kate** Louise is a born teacher as well as a great support. She likes to get to know the patients and talk to them, which is lovely when she’s guiding us through procedures such as patient dressings. Years ago the role of a facilitator on each ward did not exist. When a patient is having an iron transfusion for example, there is a strict protocol and if you haven’t done one for a while, the facilitator is there and goes through every step. She often pitches in and helps on a practical level too, which is not only nice for the patient but it’s great for us. I like having Louise there watching, as it makes me feel confident that it will go smoothly even if I am nervous.

I moved from Warrnambool, and chose to work at Freemasons after doing agency nursing for about six months. I loved the feel of this ward and the nice, approachable staff. Most of all I feel appreciated. I look forward to getting here, even when I have to wake up 5:50 each morning for up to five mornings in a row!
The Surgical unit at Epworth Richmond specialises in abdominal, colorectal, upper gastrointestinal, urology, gynaecology, hepatobiliary, ear nose & throat (ENT), and obesity surgery. Surgery at Epworth Eastern and Epworth Freemasons includes colorectal, breast surgery and urology such as radical prostatectomies, TURPs and complex stone procedures. Epworth Eastern and Epworth Richmond each have a da Vinci Robot for minimally invasive procedures.

There are Day of Surgery Admission (DOSA) facilities at all three campuses.

Initiatives produce results on surgical ward

The surgical specialties ward at Epworth Richmond, 7ES, introduced strategies to improve patient, staff and doctor satisfaction.

Patient satisfaction was improved using the Epworth Excellence principles, including rounding, information compendiums at each bedside and feedback cards. Strategies to improve staff satisfaction included recognition for outstanding performance, individual professional development plans and improved rostering processes. Doctor satisfaction focused on better communication, participation in clinical rounds and involvement in education sessions.

Ophthalmology and general surgery increase at Epworth Freemasons

During the year, Epworth Freemasons increased its ophthalmology services to patients in the Day Procedure Centre in Victoria Parade. The purchase and installation of the new Leica M844 F40 microscope followed trials by the hospital’s key ophthalmologists.

General Surgery Clinical Institute Chair, Mr Neil Collier – who was recently appointed an Associate Professor at Melbourne University – was joined in new rooms by four other general surgeons – Mr Craig Murphy, Mr Anthony Hyett, Mr Bill Fleming and Mr Jason Winnett, along with oncologist Mr Rick de Boer, specialising in breast, endocrine, bariatric and hepatobiliary surgeries and follow-up cancer treatments.

Australian first in surgery

Surgeons across Epworth HealthCare often perform innovative surgical procedures, and in some cases it is the first time the surgery has been performed in Australia. In February, a groundbreaking ovarian tissue transplant was performed by Dr Luk Rombauds, between identical twins sharing the same DNA. One of the twins had suffered premature ovarian failure and was willing to undergo the laparoscopic procedure so she could try to have a second child.

Epworth’s da Vinci robots

Epworth HealthCare celebrated milestone robotic procedures at both Eastern and Richmond during the year – with the 1000th procedure performed during the year at each site.

There are currently more than a dozen surgeons performing prostate, cardiac and gynaecological surgeries, who routinely use the laparoscopic surgical robot for its precision, control and visualisation.

The robot is a sophisticated instrument used to scale the surgeon’s movements, while a 3D camera gives an unsurpassed view. Its flexible arms access restricted areas in a less-invasive way.

Associate Professor David Webb has found in a specific urological procedure where the bladder and urethra are joined, that 8–9% of patients (up to 34% in some cases) having an open radical prostatectomy go on to experience a urinary retention episode, and have to be admitted to hospital for further endoscopic procedures to treat this complication. In the hundreds of surgeries performed using the robot, the incidence of bladder neck contracture is zero. Associate Professor Webb’s paper on the subject, co-authored by Dr Kapil Sethi and Dr Keira Gee, was published by the British Journal of Urology International in December 2008.
Joe  Frank is an easy man to work with – positive, professional and always striving to achieve better than best practice. He has an accessible way of thinking about cancer patients, is an excellent surgeon and is committed to clinical research.

I look forward to seeing my current patients doing well and greeting new patients with some message of hope for their future. I also find it exciting to interact with my colleagues, because we are all united in the common goal of applying best practice medicine – which in terms of cancer medicine means moving forward at breakneck speed!

Socially when we do get to play, Frank hits the ball as far as Tiger Woods, but he just missed out in the golf temperament stakes. This is a bit surprising given how cool calm and collected he is otherwise. I reckon I can beat him... it is just a matter of time and perhaps bribery!

Frank  Joe is an Oncologist with a strong interest in colorectal cancer, which is my surgical specialty, so I believe that we were destined to work together – not just in patient care but in research as well.

At team meetings we discuss interesting cases with radiation oncologists, paramedical staff experts and the team, and find things to remain joyous about. We talk about patients, the best outlook and care regime for them and remain positive. There is banter and humour and we push each other from an academic and personal perspective.

While I am very impressed by new chemotherapy agents and how effective they are combined with surgery, I am hopeful that more research will see even better products.

I operate regularly at Epworth Eastern and Joe and I see each other at external meetings. We also play golf together – not often enough though.
Since the establishment of Neuroscience services at the Richmond campus in 1970, Epworth HealthCare has developed a national and international reputation for providing the highest levels of patient care and clinical support. There are 23 neurologists and neurosurgeons working at Epworth Eastern and Epworth Richmond.

**New spinal surgery table**

In June 2009, Epworth Richmond purchased a Jackson Spinal Surgical Table, becoming the first Victorian hospital to secure one for use on adult spinal patients. The table provides a safer option for rotating patients at crucial moments during complicated surgical procedures and minimises risk to both staff and patients during the transfer process. Patients can be rotated 360 degrees during the operation, which gives the surgeon both posterior and anterior access with complete spinal stabilisation, at the same time preventing any neurological injury.

The Chairman of Epworth Neurosciences Clinical Institute, Mr Graeme Brazenor, reports that the table also offers unmatched 3D imaging technology.

**Botox for stroke**

In March this year, the Federal Government approved Botox on the Pharmaceutical Benefits Scheme for use by stroke patients with upper limb spasticity. Up to 40% of stroke patients are left with this condition that reduces their quality of life and ability to be fully independent. The resulting muscle tightness can freeze an arm, severely limit movement of wrists or elbows and cause hands to permanently clench. Medical Director of Epworth Rehabilitation, Professor John Olver, who has treated post-stroke patients for many years, says Botox blocks a chemical that tells muscles to contract, freeing them up and restoring movement for months at a time.

**Neuroscience graduates**

In 2008, staff from the Neuroscience ward at Richmond completed postgraduate qualifications in clinical nursing, specialising in neuroscience. Vanessa Cascone, Jade O’Keefe, Suzanne Allen and Nicole Fatchen became the first Epworth team to join the Australian Catholic University further studies program. The course subjects covered both neurological and neurosurgical nursing and included advanced assessment skills, care of complex neurological patients and intensive management of neurosurgical patients.

The course included time spent in theatre, a rotation through ICU, and visits to other organisations including the Royal Talbot spinal unit.

**National Stroke Week 2008**

Stroke patients make up a large percentage of Epworth Richmond’s Neuroscience Unit, and stroke education remains a major focus. The ward participated in National Stroke Week in September 2008. Many staff, visitors and patients gathered fact sheets and education materials, in particular the FAST campaign wallet cards (F- facial weakness, A- arm weakness, S- speech difficulty, T- time to act FAST and call 000 if those signs are noticed). Free blood pressure checks helped raise awareness of high blood pressure as one of the major risk factors.

Four staff attended the 6th Asia Pacific Conference Against Stroke (APCAS), convened by the Stroke Society of Australasia, which featured presentations on service delivery, lifestyle and behaviours, and acute management of stroke and rehabilitation. Staff participated in workshops on stroke advocacy and the establishment of stroke services with limited resources.
Neurosurgeon Mr Peter Dohrmann (left) and anaesthetist Dr Hugh Bartram have operated together at Epworth Richmond thousands of times since early 1990. Together they perform brain and spinal cord surgery, and also catch up socially on a regular basis.

**Peter**  Hugh's done thousands of operations with me and is very experienced with neurology anaesthetics. It's a highlight working with him, the theatre technicians, and staff, and a great way to escape the telephone! I really like Hugh's attention to detail. He has a very methodical routine and gets irritated if you try to disturb this, but in my view, routine is what produces safety. I also like his ability to respond quickly when necessary without getting into a flap.

Hugh's relationship with the patient is exceptional because he visits them the next day and even the day after that to ensure they have no side effects. He is good fun and, like many anaesthetists, determines the tempo and mood of the operating room. Hugh is like the drummer in a band in that respect. He has a very dry wit and uses heavy sarcasm at times – mostly in the form of putting me down. I respond in the same manner of course!

**Hugh**  Peter has been a very good friend over a long period of time. We met at uni in 1973 but probably wouldn't have guessed then that we'd see so much of each other in the decades to come. One common interest is the Melbourne Football Club and we continue to remain ever hopeful...

I have enormous respect for him as a person and as a surgeon. I am very fortunate in my work as an anaesthetist because I get to work with many surgeons I like. It is a privilege to work with Peter. The only thing that annoys me is that he puts his mobile on silent and consequently doesn't hear it, so I have to go through an operator to get to him.

I would say that many patients who meet us together would pick up on our team spirit, perhaps through our humour or just the way we interact. As far as him suggesting that I set the tempo in the theatre, that's very kind of him. Then again, he is a thorough gentleman, so he would say that, wouldn't he?
Obstetric services are offered at Epworth Freemasons, with 9 delivery suites and a 10 cot special care nursery.

Gynaecology services are provided at Epworth Richmond, Epworth Eastern and Epworth Freemasons. There are 67 gynaecologists practising regularly at Epworth hospitals, 30 of whom practise obstetrics at Epworth Freemasons.

Robot-assisted gynaecological surgery

Earlier this year at Epworth Eastern, gynaecological surgeon Mr Tom Manolitsas performed a successful hysterectomy on a patient with cancer of the uterus, utilising Epworth Eastern’s da Vinci robot for its milestone 10,000th operation.

Conventional open surgery would require a 30cm incision, several nights’ hospital stay and a six-week recovery period, but patient Tracey was walking her dog less than 48 hours after the surgery. Mr Manolitsas says her speedy recovery was due to her good health but also to the robot’s ability to do very complex surgery through a few small incisions.

Obstetrics and gynaecology training

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) accredited Epworth Freemasons for a new gynaecological training position. The position is funded by the Federal Department of Health and Ageing’s Expanded Specialist Training Program. Funding has been secured for the maximum two years.

Epworth Freemasons is regarded by RANZCOG as a particularly suitable training site. The College and Epworth Freemasons will review the opportunity to place two additional registrars in the near future.

Increased obstetrics services

With obstetrics at Epworth Freemasons growing by leaps and bounds, the provision of ancillary services to support the large number of patients and doctors was essential. In 2008 the Epworth Freemasons Diabetes Service was formally established, and endocrinologist Dr Myra Yeo and diabetes nurse educator Ms Margaret Hall joined the team. The service provides a timely and co-ordinated review for women experiencing gestational diabetes. A new role of maternity liaison midwife was established to assist with breastfeeding and following up any patients experiencing feeding difficulties.

A year of record births

Second-time mother Jade attended her regular check-up with obstetrician Dr Michael Rasmussen at 10.10am on Friday 14 November unaware that within hours, her baby would mark a major milestone in Epworth Freemasons’ history.

Jade’s due date was still five days away. However, erratic labour pains led the couple to return to the hospital, with regular contractions only minutes apart by the time husband Bruno rushed her to hospital later that day. Gorgeous baby Olivia Jade was born at 3.49pm and was recorded as the 40,000th baby born at Epworth Freemasons since its opening in September 1991.

Thanks to the partnership with the Park Hyatt, Jade was presented with a weekend package for two at the Park Hyatt, including an à la carte dinner at Radii restaurant, to mark this important milestone.

It was an active year for the maternity unit at Epworth Freemasons reaching their record number of births of 3,590 representing an increase of 7%. This makes Epworth Freemasons the busiest private maternity unit in Victoria.
In 2009, Associate Professor Robert Rome (right), who is also Chairman of the Obstetrics and Gynaecology Clinical Institute at Epworth, welcomed senior registrar Dr Nic Georgallis (left) to Epworth Freemasons as the first Obstetrics and Gynaecology trainee.

Rob  Because I’m in charge of the new training program, I see Nic everyday. He joins me for ward rounds at 7.30am and then assists during my surgery lists on Wednesday and Friday afternoons. His weeks are very full, as he is expected to operate with other surgeons up to 8 times a week. We want him to study as well. We give the trainee intense exposure to endoscopic and minimally-invasive or key-hole surgery, as well as open surgery, which is my specialty.

My major interest and vocation is gynaecological cancer. While cervical cancer is decreasing, ovarian and uterine cancer are on the rise, and endometrial cancer has become the most common cancer I see.

As well as the clinical acumen required for dealing with cancer, a good gynaecologist needs to empathise and support women wrestling with the emotional side of this confronting disease. I think Nic will make a good surgical gynaecologist. It’s our job to help with the finishing touches, so he’ll be fine.

Nic  I chose O&G because it concerns women in every stage of their child-bearing years and beyond. When I was a GP in Kerang, I found myself doing more and more obstetrics, so I applied to train in Surgical Gynaecology. Once I was given this offer I couldn’t say no.

The position rotates between Royal Women’s Hospital and Epworth Freemasons. Here I gain incredible experience as the first assistant or co-surgeon in eight to ten operating sessions per week.

As Chairman of the Obstetrics and Gynaecology Clinical Institute at Epworth, Rob is already a busy man, so I certainly appreciate him taking on the role as my training supervisor. Trainees are expected to be involved in research, and my rotation with the Royal Women’s means two nights and one weekend out of every two, so this year is also a big one for me.

If I pass the oral exams, then I’ll become a general specialist in Obstetrics and Gynaecology. My dream is to be in independent practice back here.
Day Oncology Units are located at Epworth Eastern, Epworth Freemasons and Epworth Richmond. The dedicated Oncology Units grew in 2008/09 to meet greater community need. A Brachytherapy Unit, for radiological treatment of cancers, is at Epworth Freemasons. Radiation oncology is provided at all three sites. Over 40 oncologists and radiation oncologists operate from Epworth HealthCare facilities.

Breast clinic at Freemasons

Since it was established in 1986, many Victorian women have visited the Epworth Freemasons Breast Clinic.

The Breast Clinic provides a dedicated screening service, with doctors, radiologists and surgeons. Partnering with MIA Victoria, the clinic offers a doctor consultation and breast exam, mammography, breast ultrasound (with results given that same day) and referral to a surgeon if required.

The clinic aims to give women a definitive answer, either the ‘all-clear’ or a treatment plan. If a patient has already detected a lump or has her mammogram results, she will see a specialist GP and a breast surgeon on the same day.

Enhanced Day Oncology services at Epworth Eastern

Day Oncology is an essential component of the multidisciplinary approach to cancer care, where surgery, chemotherapy and radiation oncology provide an integrated and comprehensive treatment regime.

As part of the program, staff at Epworth Eastern have devised a treatment diary. Patients record their medication, appointments, test results, side-effects and state of wellbeing. With several clinicians involved with each patient, it has proven to be a useful resource for each professional to be kept up-to-date with the treatment plan.

Complimentary neck and shoulder massages, manicures and pedicures are offered to patients attending the centre, providing a welcome relief and distraction during chemotherapy.

Philip Webb Real Estate has proudly supported Day Oncology at Epworth Eastern since the hospital opened in 2005. Attendances have increased fourfold from that time to almost 5,000 per annum.

The commitment from Philip Webb Real Estate spanning over four years has made a significant contribution to Epworth’s oncology services.

Peter Mac partnership with Epworth

Epworth HealthCare joined all Victorians to congratulate Peter Mac on marking their 60th birthday in 2009. At the renovated Peter Mac Centre located inside Epworth Eastern, both staff and radiology patients shared a cake to mark the twentieth year that Peter Mac has provided these services in Box Hill. Peter Mac is also located at Epworth Richmond, where patients have had access to the service for over five years.

Pastoral care and oncology

For many patients, particularly in the oncology area, being in hospital can be a worrying time and patients and families may wrestle with questions of meaning, purpose and wholeness. Within the continuum of belief systems, pastoral care has a vital support role to play for patients, families and Epworth staff. The pastoral care team helps people discover for themselves what it is within their tradition, culture, history and life’s experience that gives them meaning and purpose or a sense of belonging.

Over the past year, the pastoral care teams at Epworth Richmond, Epworth Eastern and Epworth Freemasons have seen an increasing demand for their care and support.
Day-to-day communication between Epworth Freemasons’ Amanda Humphreys (right), Nurse Unit Manager of Day Oncology and Olivia Rea Manager Ward 2 East Medical Oncology is not only essential, but contributes to the smooth transition of patients between both units.

**Olivia** Amanda’s unit managed more than 5,000 treatment sessions during the last year, but always amid the energetic bustle of work is a bright and welcoming atmosphere. Amanda and I encourage our nursing staff to get involved in both Day Oncology and the ward setting. This way they see a complete picture of the care required for cancer patients as they progress through different treatment phases.

Amanda and I are currently developing an oncology nurse bank here at Epworth Freemasons. Cancer nursing is a specialised area and very rewarding for staff that take an active part in managing and coordinating the care of our patients.

Working across both areas not only gives staff the opportunity to know patients and their families better, but means we can encourage staff to de-brief and support each other as well.

**Amanda** In Day Oncology, we see up to 22 patients every day who receive treatment for a range of different cancers, from solid tumours to haematological malignancies. Our unit provides them with the most up-to-date chemotherapy and drug therapies.

Working with Olivia, who is over at the Clarendon Street site, means day-to-day contact – whether this is in person, by phone or email. If patients feel unwell after the first cycle of chemotherapy for example, or are febrile and need fluids, we can help arrange for them to go directly from here to Olivia’s ward.

Olivia and I are delighted that our staff are developing better skills in oncology nursing through their experience at the two Epworth Freemasons campuses. Improving their patient care means understanding the emotional needs of cancer patients too.

My motto is “we are not an island”.
Epworth HealthCare has specialist orthopaedic units at Epworth Richmond, Epworth Freemasons and Epworth Eastern with dedicated teams of nursing, medical and allied health staff.

More than 48 orthopaedic surgeons across the three campuses specialise in the treatment of fractures, dislocations, joint disorders, back problems, foot disorders and skeletal defects.

Epworth leads tissue bank donations

Epworth HealthCare once again contributed the highest number of donations to the Donor Tissue Bank of Victoria (DTBV) in 2008, with the total number of 87 femoral heads kindly donated by eligible patients having hip replacements.

Epworth’s donation of femoral heads provides tissue for transplant across Victoria. Bone is the second most transplanted tissue after blood, and this program allows healthy patients undergoing a total hip replacement to donate the head of their femur following surgery. The bone, which would otherwise be discarded after removal, is processed and stored by the DTBV until the conclusion of routine testing, and then made available for transplantation approximately 12 months later.

Further education in orthopaedics

Orthopaedic nurse Evelyn Chingoma trained in South Africa and has worked at Epworth Richmond since 2004. After successfully completing a Graduate Diploma in Orthopaedics at Victoria University, Evelyn completed her Masters in Orthopaedics in December 2008. In 2009, together with Associate Professor Martin Richardson, she compiled a nursing information booklet for patients with rotator cuff ailments. Now a permanent resident of Australia, Evelyn is passionate about teaching orthopaedics and assists at several short training courses at Richmond.

Dr Tom Treseder, SET 5 Orthopaedic Registrar at Epworth Richmond, became the first accredited registrar from Epworth’s new training program to successfully complete his final Fellowship examinations for the Royal Australasian College of Surgeons.

Acute orthopaedic services

With 89 acute orthopaedic beds and in excess of 35 orthopaedic surgeons, the acute orthopaedic program at Epworth Richmond is one of the largest private inpatient orthopaedic services in Australia. During the 2008/2009 financial year, 1,120 hip and knee replacements were performed – representing an increase of 6.5% from the previous year.

Epworth Richmond has a 9-bed short stay ward which caters for the large growth in surgical management of sporting injuries.

At Epworth Eastern there was a total of 1,694 orthopaedic surgical procedures performed.

Upgrades to the orthopaedic unit at Epworth Freemasons saw new equipment purchased, a revised ward configuration, a digitalised theatre and in-house physiotherapy introduced. Key orthopaedic surgeons provided leadership and advice through the process, while the ward nurse managers invested significant time in training staff towards a stronger focus on customer service. Hourly ward rounds to improve patient satisfaction were also highly effective.

Epworth included in hip fracture registry pilot

Mr Richard de Steiger, Chairman of the Epworth Musculoskeletal Clinical Institute, is the Principal Investigator of a national neck of femur fracture registry of Australia, a pilot project being undertaken at three sites – Goulburn Valley Health, Flinders Medical Centre, SA, and Epworth HealthCare.

The project aims to implement a Hip Fracture Registry similar to European registries. Descriptive statistics will be collected, with data including patient demographics, fracture descriptors, length of hospital stay, residential status, mobility, measure of health status (ASA grade), pressure ulcers, operation details and destination after discharge.
Louise  More than ten hip and knee operations are performed at Epworth Eastern each week, so I think it was a terrific idea to establish the pre-admission clinic. We know that patients are often fearful about how they’ll manage following the surgery, so we prepare them step-by-step for what lies ahead.

They receive lots of information and are free to discuss skin preparation, the surgery, pain management, first steps, exercises and preparing for going home. They can also hire or buy crutches or aids and practise before coming back for the surgery.

The sessions are really about promoting their comfort and safety to ensure their pain is under control and they get the most from their physio sessions.

There are plenty of opportunities for questions – if they need blood tests or chest X-rays, then we’ll organise for this to be done. Both Martin and I are pleased when I see them in the ward and they tell me they are so glad they knew how to manage what lay ahead.

Martin  I had already observed how well the pre-admission clinic worked at Epworth Richmond, so was very keen to introduce it here at Eastern.

Patient feedback about the informed consent presentation has been fantastic. This is a 3D computer-animation module that goes into specific detail about the actual operation, showing preparation of bones and explaining possible complications, such as blood transfusions, post-operative infections or the likelihood of getting a blood clot.

We have learned that patients can address many of their concerns before problems arise. They have told Louise that they prefer being informed and consequently progress through the surgical journey more smoothly, with many getting home much sooner than in years gone by. It is much easier to manage a patient who embraces medical management as one of a team in the overall management process.
Epworth Rehabilitation is internationally-renowned for services and research in rehabilitation.

There are more than 30 specialist doctors at Epworth Rehabilitation at Richmond, Brighton and Camberwell, supported by the Clinical Institute and its Chairman Professor John Olver. They work as part of a team with physiotherapists, occupational therapists, social workers, speech pathologists, psychologists, neuropsychologists, dieticians and rehabilitation nurses.

Ski camp and cycling program

For five patients who headed to Falls Creek in August 2008 with Epworth Rehabilitation staff, Rosie Thom, Nat Fini and Libby Johnstone, it was the first time they’d returned to the snow fields since suffering an acquired brain injury (ABI). The weekend was run in conjunction with Disabled Wintersports Australia and supported by the Transport Accident Commission.

Epworth Rehabilitation also runs a return to cycling program for people who have sustained a traumatic brain injury. Fundamental riding skills and safety strategies are first assessed and taught in a controlled environment. Patients then join supervised rides along the Yarra River. This year 12 patients completed the program.

Researching arm trauma

In December, Epworth Rehabilitation orthopaedic physiotherapist and team leader Bridget Hill was awarded an Epworth HealthCare Scholarship. Bridget is researching traumatic Brachial Plexus Injuries (BPI), a devastating injury usually sustained by young, otherwise healthy individuals following a major injury, such as a car or work accident. In the most severe cases, patients are unable to move their arms, while others can have limited hand function but be unable to move their shoulder or elbow.

Microsurgical repair is currently the only viable option for recovery. Traditionally, people with BPI have been assessed by measuring their range of movement or strength. Whilst these measures are important in relation to the success of the surgery, they appear to have little relevance to the overall functional outcome for the patient.

Bridget’s research includes looking at the non-impairment measures currently being utilised and the clinimetric properties of these instruments, as applied to the BPI population. Determining the most effective outcome measure means that new treatment techniques could then be trialled to optimise recovery.

Loss of smell following TBI

More than fifty per cent of traumatic brain injury (TBI) patients experience loss of smell as a side-effect. This loss affects quality of life as it impacts upon their sense of taste and enjoyment of food or drink. It may also hamper their ability to identify dangers such as smoke or gas leaks and they may experience difficulties in maintaining personal hygiene. Sometimes, their return to employment is affected.

Acting Speech Pathology Manager Melanie Drummond is currently researching this condition known as post-traumatic anosmia as her PhD project. Melanie’s research aims to explore the implications, natural progression and predictors of post-traumatic anosmia over two time periods (6 and 12 months post injury) with respect to its severity and the consequences in an individual’s everyday life.

The ABI Cup

On 5 October, Epworth HealthCare, in association with Victoria Police and South Melbourne Football Club, hosted a day of sport and recreation.

The day included the annual ABI Cup – a soccer match between Epworth HealthCare staff and the Victoria Police Soccer Team – with Victoria Police holding on to the Cup for another year. The annual game aims to raise awareness for people with ABI and funds for the specialised units.
When Sam was transferred to Epworth Rehabilitation, he couldn’t talk or move his left side. After someone suffers a severe brain injury, spasticity or muscle stiffness is very common and can have devastating effects if not managed properly. First physiotherapy sessions focus on stretching and movement that doesn’t cause the patient too much fatigue or agitation. Supporting Sam through all his lessons and training were his wonderful mum and dad. I like working with Sam because he’s highly motivated and works exceptionally hard despite the severity of his injuries.

Sam is a fine example to the many patients at Epworth who have serious injuries. He could be an inspirational speaker. One day he expressed disappointment about not appreciating the talent he had before the accident. He understands now that he’s in for the long haul. Luckily he has both keys to success – determination to work hard and fantastic family support.

Liz

I asked to come back to Epworth for my rehab, despite living in Mornington, so I could go to some of the special physio sessions like running group, circuit group and high-level swimming.

I see Liz five days a week, twice every day. She wants me to work like a dog and I have responded to that. She works me really hard, but I know she’s pleased with me. Sometimes, when I get home my legs hurt so much I want to say “Oh God, kill me now” but I don’t really mean it. I just think it.

It’s true that I want to get back to uni and playing tennis. Liz included me in a virtual reality research project with VLUT, which I loved because the movement in my left arm improved and the physio involved technology. I am working this hard so I’ll get back my old self – the one I was before this tragedy.

Liz is great – just quietly, she’s pretty damn special and I aim to be more like her. In fact I will be kind of sad when I leave here forever.
Dr Philip Williams  
President

Mrs Janet Latchford  
Deputy President

Professor Peter Brooks  
(from October 2008)

Mr Anthony A Browne

Dr Ronald J Dick

Mr Rod Fitzroy  
(from August 2008)

Mr Peter Hay  
(from August 2008)

Mr Alan R Kinkade

Mrs Yolanda Klempfner AO

Ms Judy Leitch  
(from September 2008)

Reverend Professor Norman J Young

Retired

Mr Brian L Hamley AM (August 2008)

Mr Keith L Irvine (September 2008)

Mr Chris D Johns (July 2008)
Board of Management

Epworth HealthCare operates under the Epworth Foundation Act 1980 (Vic) and is led by the Board of Management. The Board meets monthly to direct the high-level operations of Epworth HealthCare. The Board has established the following committees to support the good governance of Epworth HealthCare:

- Finance
- Patient care
- Human research and ethics
- Remuneration
- Audit and compliance, and
- Major property development and procurement.

The 2008/09 year saw significant generational change for the Board, with the retirement of several long-serving members: Mr Brian Hamley AM, Mr Keith Irvine and Mr Chris Johns. Three new members were appointed to the Board, whose significant experience is aligned with the strategic direction of the organisation.

Mr Peter Hay brings significant commercial acumen as a Co-Chairman of Investment Banking Australia at Lazard Carnegie Wylie. He also has experience in company law and public company takeovers including serving as national CEO of Freehills.

Ms Judy Leitch is experienced in the delivery and management of human services and is CEO of the State Coroner’s Office of Victoria. Ms Leitch also supports Epworth’s links to the Uniting Church, and was CEO of Wesley Mission Melbourne for eight years.

Professor Peter Brooks brings experience in medical teaching and research, having served as Executive Dean of the Faculty of Health Sciences at The University of Queensland and numerous other professorships.

Board of Management attendance

<table>
<thead>
<tr>
<th>2008/09</th>
<th>Eligible/Attended</th>
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<tbody>
<tr>
<td>Dr Philip Williams (President)</td>
<td>12/11</td>
</tr>
<tr>
<td>Mrs Janet Latchford (Deputy President)</td>
<td>12/12</td>
</tr>
<tr>
<td>Professor Peter Brooks (from October 2008)</td>
<td>9/5</td>
</tr>
<tr>
<td>Mr Anthony Browne</td>
<td>12/10</td>
</tr>
<tr>
<td>Dr Ronald Dick</td>
<td>12/11</td>
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<tr>
<td>Mr Rod Fitzroy</td>
<td>12/10</td>
</tr>
<tr>
<td>Mr Brian Hamley AM (retired August 2008)</td>
<td>2/2</td>
</tr>
<tr>
<td>Mr Peter Hay (from August 2008)</td>
<td>11/9</td>
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<tr>
<td>Mr Keith Irvine (retired September 2008)</td>
<td>3/3</td>
</tr>
<tr>
<td>Mr Chris Johns (retired July 2008)</td>
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<tr>
<td>Mr Alan R Kinkade</td>
<td>12/11</td>
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<tr>
<td>Mrs Yolanda Klemptner AO</td>
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<td>Ms Judy Leitch (from September 2008)</td>
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<tr>
<td>Reverend Professor Norman Young</td>
<td>12/12</td>
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Epworth HealthCare Executive

The Epworth HealthCare Executive represents each operating and corporate division. The executive directs the operations of the organisation to achieve its strategic goals and grow the business as a whole. During 2008/09 the executive undertook significant strategic planning to direct the future activities of Epworth HealthCare. A number of focus areas were identified, including improved accountability and customer service.

Several initiatives were enacted as a result, including increased staffing of human resources and quality, and benchmarking of non-clinical key performance indicators. These activities proved effective with Epworth HealthCare successfully accredited with ACHS for the maximum period of four years, including the highest award for research.
The executive’s strong focus on operational efficiency was rewarded with all divisions achieving positive financial results in every quarter for the first time during 2008/09. The organisation was also recognised externally, awarded the Large Business Turnaround of the Year award by the Victorian Chapter of the Turnaround Management Association.

Ms Melissa Carfax-Foster resigned her position as Executive Director of Epworth Richmond, having made significant improvements to communications between patients and the hospital, and enhancing Richmond’s reputation for quality care and service. Ms Tracey Scott made an invaluable contribution as Acting Executive Director and ensuring that operations at Epworth Richmond continued to run smoothly until the appointment of Ms Eileen Hannagan to the position in June 2009. Mr Peter Dohrmann took 12 months’ leave of absence in June 2009 from his position as Executive Medical Director to focus on his work in neurosurgery. Dr Megan Robertson has taken the position of Acting Executive Medical Director for this period.

Other appointments included Mr Stephen May as Executive Director Epworth Medical Foundation, Mr Chris England as Executive Director Human Resources, Mr James Piplos as Executive Director Procurement and Facilities and Ms Liz Camilleri as Executive Director Finance. Ms Jo Bourke was appointed Executive Director Quality and Risk Management, and was succeeded by Ms Maureen Willson in March 2009.

Financial management

Strong leadership from management teams across Epworth HealthCare led to a further improvement in financial results through 2008/09. Under the guidance of the Board of Management and the Finance Committee, the full year financial result was an improvement of 45% from 2007/08 and over 11% better than the 2008/09 budget, with all operating divisions seeing improved surpluses from 2007/08.

Over the last three years, Epworth has achieved a $41 million turnaround in performance. Continued strength in operational and financial performance against targets enabled the organisation to achieve its strategic objectives.

Increased patient activity, coupled with continued focus on cost management, enabled Epworth HealthCare to reduce its loan debt by $26 million ($38 million over the past two years) while still being able to fund $15 million in new equipment purchases and redevelopment programs. The debt reduction program is ahead of schedule, which will make it possible for Epworth HealthCare to proceed with major infrastructure investments including the redevelopment of the Richmond campus.

Epworth HealthCare is continuing to focus on managing its key revenue and cost drivers to deliver a consistently solid financial performance. This will ensure that it is able to continue to redevelop and modernise the infrastructure at existing sites and facilitate the growth strategy.

Procurement service improvements

During 2008/09 Procurement and Supply focussed on assessing policy and procedure to provide a more reliable service for staff across Epworth.

Warehouse staff undertook a stock audit to rationalise items held in stock and increase the variety of products available. The Imprest stock management system was rolled out across the organisation, which tracks stock used to maintain availability of medical consumables while preventing redundancy and wastage. The efficiency of the Imprest system has also significantly reduced costs.
Several initiatives were developed to improve communication. The contracts department implemented templates and documentation to manage KPI requirements for suppliers. A clinical products adviser and equipment project manager were appointed to oversee clinical trials and major equipment purchases. In addition to improved communication, these new staff facilitated process improvements and significant cost savings in contracts for both medical and non-medical products and consumables, as well as significant discounts on capital purchases.

**Information systems**

The implementation of the Epworth HealthCare IT reporting strategy was completed in mid 2008. This strategy prescribed the delivery of data to the business through the use of standardised reporting tools and applications. This included the development of a centralised data warehouse where information is integrated into ‘data cubes’.

The business intelligence (BI) team was formed in 2008 to facilitate and develop data reporting requirements. Their primary focus is to enable Epworth to meet its targets and objectives and to ensure that the developed reporting strategy provides support for decision making across the entire organisation. The BI team has built relationships with Epworth’s key stakeholders to ensure reports developed meet requirements.

The past 12 months has seen the BI team working extensively on the delivery of a number of key business reporting projects, including a consolidated daily and monthly activity and labour hours monitoring tool, theatre utilisation reporting, and case-mix reporting.

Epworth is currently part-way through the implementation of a significant upgrade to the payroll and human resources management system, and has also commenced evaluating potential vendors for a fully integrated supply and finance solution.

**Health contracts**

This year has been another positive year for Epworth HealthCare and funder relationships. Epworth HealthCare has agreements with all health funds, the Department of Veterans’ Affairs, the Transport Accident Commission (TAC) and WorkCover.

During the year the patient administration team was decentralised. There is now a team located at each site, reporting to a site-based manager. These teams work closely with the health contracts team to improve the quality of the information captured in the patient management system.

The Health Information Services team continues to provide solid coding and to perform exceptionally well in external reviews of coding accuracy. Clinical coding is integral to the robustness of Epworth’s financial results, as billing cannot take place until coding is completed. The timeliness and accuracy of the HIS team resulted in billing performed earlier following discharge.

**Risk management**

The Board Audit and Compliance Committee approved a review of Epworth’s risk management process during 2008/09. The review ensured that the Epworth’s risk management framework and guidelines were integrated into the business, and well understood by staff.

Deloitte was contracted as Epworth’s service provider to undertake the review. Deloitte auditors worked with an executive group to ensure that the updated integrated risk management framework provides all managers with a toolkit to support their work regardless of role or division.
Audit and compliance program

Internal audits undertaken during 2008/09 included:
- Information technology applications’ service support
- Information technology infrastructure
- Accounts payable
- Payroll
- Human resources and work cover
- Occupational health & safety, and
- Billing and coding audits for acute patients.

The legislative compliance program has been redesigned with the allocation of responsibilities to Executive Directors. Education on the application and validation of compliance with Commonwealth and State legislation has been undertaken. A program of compliance reviews has been developed, and reports provided to the Board Audit and Compliance Committee on a regular basis.

Clinical audit

Clinical audit has been strengthened this year with several exciting developments. Firstly, our clinicians have embraced a new structure around specialty areas, with the introduction of eleven Clinical Institutes across all campuses. Clinical Institute Chairmen were appointed in eight of the Institutes, and commenced programs reporting and further exploring care and outcomes measures.

These activities were supported by the appointment of the Group Director, Clinical Audit Program. This role assists the Clinical Institute Chairmen and the divisional executives and quality coordinators with reports that reflect current patient outcomes. This will provide a better understanding of potential areas of focus to ensure that our patients achieve the best outcomes from their time at Epworth HealthCare.

Quality improvement

Staff across Epworth HealthCare made a strong commitment during 2008/09 to improve the patient experience. A number of activities commenced to support this commitment and improve the quality of care.

Divisional key performance indicators now include the number of patient complaints and compliments, clinical incidents, and changes resulting from those incidents. Upgrades to the RiskMan reporting system have facilitated more accurate reporting. The results are reported each month to the Board of Management Patient Care Council.

A patient charter was developed in July 2008 to help patients understand their rights and responsibilities. A review of complaint management was undertaken, with a policy and process developed to ensure that each patient complaint is understood and acted upon in a timely manner.

Infection control and prevention

Epworth HealthCare is one of the few Victorian private hospitals that participates in the state-wide monitoring of surgical site infection. Data submission commenced in January 2009. Evidence has demonstrated that Epworth performs better than the average Victorian hospital in the management of post-operative wounds.

The infection control and prevention team has worked closely with staff to support the understanding of infection-related conditions and their management. Another part of the team’s work is the staff immunisation program, and managing the impact of outbreaks including swine influenza or H1N1. Regular auditing at each Epworth site was effective in preventing the spread of H1N1.
Clinical risk management

The clinical risk manager is responsible for overseeing clinical incident reporting, supporting quality coordinators and senior staff to undertake case reviews.

An important focus of the role is to develop a group-wide process to standardise clinical incident management and provide training to staff on the incident management system, RiskMan.

Policy review

The Quality unit commenced a review of all policies, protocols and clinical standards during 2008/09. Work began on the migration of all policies onto the Epworth Policy Management online system. The policy management system is available to all staff via the intranet, and provides easy access to this important governing information.

The Executive Policy Review Committee was established to approve group-wide policies. An implementation process has been developed to ensure staff are aware of these policies.

Employer of Choice for Women

Epworth HealthCare was again awarded Employer of Choice for Women status – making it eight years in a row that it has achieved this recognition. On 18 March, the Federal Government’s Equal Opportunity for Women in the Workplace Agency (EOWA) publicly acknowledged 111 organisations around Australia that meet the criteria for this award.

This recognition demonstrates Epworth’s commitment to creating a fair workplace, and achieving genuine results for working women. Epworth provides mentoring and career development, flexible rosters to accommodate family responsibilities, part-time work and paid maternity leave.

Reduced reliance on agency nursing staff

During 2008/09 Epworth HealthCare sought to reduce clinical agency usage. Prior to this initiative, all sites were reporting double-digit percentage figures in agency usage.

Agency usage in the critical care areas and midwifery remained a challenge for the organisation. Plans were put in place to improve this situation by establishing partnerships with key universities to jointly develop postgraduate qualifications. Effective recruitment strategies were identified and implemented to create and maintain a constant and stable nursing staff.

These strategies led to a decrease in agency utilisation and as a result a decrease in patient complaints, increased doctor and staff satisfaction levels and improved patient outcomes.

Recruitment

Epworth welcomed over 530 new staff in 2008/2009. This included 37 nursing recruits from the United Kingdom, attracted through Epworth’s annual overseas recruitment drive. A strong group of graduate nurses was recruited across Epworth, with Division 1 and 2 and midwifery graduate nurses commencing in two stages throughout the year. A number of key executive-level appointments were also made during the year.

A new online recruitment system was put in place allowing all positions to be advertised online and linked through the Seek recruitment website and Epworth homepage. Those looking to work with Epworth can subscribe to email notifications as new positions become available, and applications can be submitted to HR directly through the site.
Occupational Health and Safety

Epworth HealthCare has a sound record in Occupational Health and Safety (OH&S) and WorkCover premiums, in line with health industry averages. In the interest of continuous improvement, a comprehensive self-assessment was undertaken of major OH&S risks and safety systems across Epworth.

The results showed opportunities for improvement, and an executive steering committee was established to develop a detailed strategy to guide group-wide activities, priorities and resource allocation. The strategy will govern activity in this important area over the next three years.

Employee engagement and doctor satisfaction

In pursuit of its goal to become an Employer of Choice, Epworth conducted its inaugural group-wide employee engagement survey in early 2009, in partnership with Best Practice Australia. The response rate from staff was an impressive 69%, and showed the organisation to have an engagement score equivalent to the average for all not-for-profit hospitals in Australia.

The detailed feedback from employees on working life at Epworth provided human resources with an array of ideas. A number of strategies are in development to help make Epworth an even more attractive employer for those who want to work and grow their career at Epworth HealthCare. Organisational values and behaviours were developed with input from the employee engagement survey.

An organisation-wide survey of doctors was conducted and more than 300 responses received. A focus group was established to further explore initiatives to address the issues raised, chaired by Dr Ian Fraser, Chairman of the Internal Medicine Clinical Institute.

One initiative resulting from the survey is the group-wide electronic Doctor Newsletter, aimed at improving communication between medical specialists and Epworth HealthCare.

Scholarship program

Epworth’s inaugural scholarship program was launched in 2008 with support from a range of generous sponsors. High quality applications were received from 24 staff for the six scholarships. The following employees were awarded 2008 Scholarships:

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Sponsored by</th>
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<tbody>
<tr>
<td>Clare Cole</td>
<td>Advantage Salary Packaging</td>
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<td>Epworth Richmond</td>
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<td>Leslie Katzen</td>
<td>Baxter HealthCare</td>
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<td>Andrew Stott</td>
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Each has received support by way of paid study time and up to $10,000 in financial assistance to pursue key projects that will provide significant benefit to both Epworth and the individual in their career development.

Media coverage

Epworth HealthCare raised its media profile considerably during 2008/09. By building relationships with all electronic and print media networks, each division of Epworth received feature-size coverage on important health stories. Monthly media coverage included radio interviews, individual TV news packages and newspaper articles, along with many local news mentions promoting Epworth HealthCare’s expertise in patient care and medical, surgical and rehabilitation services.
**GP education**

The Epworth HealthCare GP liaison unit coordinates an extensive continuing professional development (CPD) education program for General Practitioners (GPs). Over 70 meetings were held across Epworth Richmond, Epworth Eastern and Epworth Freemasons. Between 40–75 GPs attended each session.

Further programs were held on-site at Ashwood Medical Group, Surrey Hills Medical Centre, Manningham Medical Centre and Blackburn Clinic. Specialist presenters spoke at each session and use innovative education techniques to provide a valuable learning experience.

The programs help GPs to develop and update their skills, discuss issues and share their knowledge. The meetings are very well received and provide an opportunity for GPs to find out more about the services offered at Epworth HealthCare, building the number of referrals.

These clinically relevant sessions cover a wide variety of topics that are identified by the GPs as key learning areas. The program is fully accredited by the Royal Australian College of General Practitioners (RACGP) and free for GPs.

The second annual GP Conference was held in August with 72 GPs attending from across Victoria. Sessions covered a broad range of topics including:

- Cancer screening
- Women’s health
- Common problems in general practice
- Common neurological conditions
- Cardiac diagnosis
- Orthopaedics and sports medicine, and
- Emergency medicine.

The sessions and workshops were presented by Epworth medical specialists and extremely positive feedback was received from the participants.

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**Volunteer services review**

Epworth HealthCare is supported by nearly 150 registered volunteers who generously contribute their time and efforts in a variety of roles. Volunteer activities include meal support for patients, patient aides, library/newspaper trolley and concierge support.

A comprehensive review of the volunteer program was undertaken in early 2009, with the intent to expand the volunteer base and the activities that they undertake. The review was conducted under the guidance of an experienced volunteer manager from Barwon Health, who made a number of recommendations towards framing future plans and strategies for optimising volunteer services across Epworth HealthCare.

The review findings confirmed that volunteer participation within Epworth HealthCare provides an opportunity for volunteers to enhance the patient experience, and give back to the community. Volunteers had a strong sense of pride in being involved with Epworth.

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**Social responsibility**

Epworth HealthCare values the communities in which it operates and serves, and is committed to supporting people and organisations within these communities. In the past year Epworth has conducted a number of education programs to support and inform the medical, health and general community. Public education forums at Epworth Eastern covered topics on a range of health and wellbeing issues. Epworth Eastern also continued its active involvements with its local community through the support of local initiatives and staff volunteering with organisations such as the Salvation Army. Epworth has provided medical services for patients from overseas requiring specialist treatment.

This year staff donated over $20,000 to the Red Cross Bushfire Appeal and the Group matched their contribution to a total of $50,000. Epworth also provided medical supplies and staff donated clothes and food for those affected by the disaster.
Human Research and Ethics Committee

Chairman’s Report
Reverend Professor Norman Young

During 2008/09 the Human Research and Ethics Committee (HREC) continued its overview and support of research at Epworth HealthCare. Increased research proposals were received and the committee focussed on supporting projects which furthered developments in patient care, biomedical research and biotechnology.

The extensive contribution and expertise of the committee members has greatly added to the calibre and achievement of research projects undertaken at Epworth.

HREC attendance

<table>
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<tr>
<th>2008/09</th>
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<tr>
<td>Reverend Professor Norman Young (Chair)</td>
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<td>Professor Mari Botti</td>
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<td>Dr Jim Breheny</td>
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<td>Reverend Andy Calder</td>
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<td>Ms Mary-Jane Crabtree</td>
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<td>Professor Jane Fisher</td>
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<td>Dr Yvonne Greenberg</td>
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<td>Ms Nicole Humphry</td>
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<td>Mr Alan R Kinkade</td>
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<td>Mrs Yolanda Klompfner AO</td>
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<td>Professor John Olver</td>
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<td>Professor Jennie Ponsford</td>
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Streamlined process were developed to further improve application processes, guidelines and checklists, approaches to negligible risk and low risk studies and quality improvement. The committee also discussed broader strategic and ethical issues to ensure that the ethical dimension of research is maintained at best practice level.

The HREC established its important role in the developing research infrastructure at Epworth. It has worked in collaboration with the new clinical trials unit and the Victor Smorgon Epworth Education & Research Institute to ensure compliance with NHMRC guidelines and established clinical research practices in Australia.

Clinical trials unit

The clinical trials unit was consolidated and relocated to accommodation at Hoddle Street. Additional resources have been employed to increase the capability in areas such as biostatistics to support research at Epworth.

The unit provides a valuable link between basic research and clinical treatment and care, enabling an efficient and effective translation of research into practice.

Hoddle Street redevelopment

The Hoddle Street premises were refurbished to provide improved facilities for teaching and research including:

- Tiered lecture theatre
- Meeting rooms
- Office accommodation for the secretariat for the Chairman of the Clinical Institutes and clinical trials unit
- Registrars’ study area, and
- Dedicated facilities for the Epworth Prostate Cancer Research Centre.

The Hoddle Street building will be named the Victor Smorgon Epworth Education & Research Institute in recognition of the generous support from the Victor Smorgon Charitable Fund.
Clinical Institutes

Eight Chairmen and two Deputy Chairmen were appointed to the Clinical Institutes established as part of Epworth HealthCare’s teaching hospital initiative.

**Internal Medicine**
Dr Ian Fraser

**Rehabilitation Medicine/Psychiatry and Pain Management**
Professor John Olver

**Obstetrics and Gynaecology**
Associate Professor Robert Rome  
Dr Len Kliman (Deputy)

**Musculoskeletal**
Mr Richard de Steiger

**Neurosciences**
Mr Graeme Brazenor

**Cardiac Sciences**
Dr Ron Dick

**General Surgery/Gastroenterology**
Associate Professor Neil Collier  
Mr Sean Mackay (Deputy)

**Critical Care**
Associate Professor Nerina Harley

The appointments for the remaining three Clinical Institutes – Cancer/Oncology, Surgical Sub-Specialties and Diagnostics – will be made through 2009.

Victor Smorgon Epworth Education & Research Institute

The Victor Smorgon Charitable Fund provided $7.5 million to establish the Victor Smorgon Epworth Education & Research Institute. The Institute will provide a focus for Epworth to expand its teaching and research capabilities, including the training of medical registrars and fellows and progressing the establishment of Clinical Institutes. It will enable close collaboration between basic scientific research and clinical practice through its location in the hospital precinct, leading to the achievement of improvements in patient outcomes.

Links with universities will be strengthened with the establishment of three academic Chairs – Chair of Rehabilitation Medicine with Monash University to which Professor John Olver was appointed, Chair of Medicine at Monash University and the Chair of Surgery at the University of Melbourne.

Victor Smorgon Chair of Rehabilitation Medicine at Monash University

Professor John Olver, Medical Director, Epworth Rehabilitation was appointed the Victor Smorgon Chair of Rehabilitation Medicine. The position comprises dual relationships with Epworth HealthCare and Monash University incorporating Epworth Rehabilitation and the Faculty of Medicine, Nursing and Health Services.

Professor Olver will be working in partnership with Professor Steve Wesselingh, Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash in jointly setting the agenda for the development of new directions in rehabilitation policy, services, research and teaching.

His role as Victoria’s only Chair in Rehabilitation Medicine will be to foster excellence in research, policy development and professional activities, whilst also developing and expanding rehabilitation medicine and the commitment to patient care at Epworth Rehabilitation.
Epworth HealthCare and Cleveland Clinic are developing an affiliation to formalise the relationship between the organisations, share ideas and facilitate ventures including placements and exchanges for medical practitioners, joint clinical research and benchmarking of performance.

Located in Ohio USA, Cleveland Clinic is a not-for-profit multi-specialty academic medical centre that integrates clinical and hospital care with research and education. Cleveland Clinic has led many major medical breakthroughs and their physicians and researchers continue to make life-changing discoveries in many areas, including cancer, heart disease, Parkinson’s disease and stroke.

This unique and innovative affiliation will produce countless benefits for doctors and patients in both countries by providing opportunities for education and research to improve patient care.

### Expanded registrars and fellows program

Epworth HealthCare continues to provide medical training placements to an increasing number of registrars and fellows which has grown from 28.5 in 2008 to 40.5 in 2009. Of these, nine are funded by the Federal Government as part of their Expanded Settings for Specialist Training Program. Registrars and fellows work across all medical specialty areas and provide important services for patients. This program will be further enhanced through the fellowship positions offered through the affiliation with the Cleveland Clinic.

### Current research projects

#### A phase II, randomised, single-blind, two-way cross-over trial to compare the pharmacodynamic and pharmacokinetic properties of transdermally-delivered insulin in combination with the novel penetration enhancer tocopheryl phosphate mix (TPM-02) in Type 1 diabetic volunteers

**Principal Investigator : Associate Professor Richard Simpson**

This is a phase II study which aims to examine the pharmacokinetics and pharmacodynamics of the TPM-02 Insulin Register and the TPM-02 Lispro in Type 1 diabetic patients. Researchers have discovered that a mixture consisting of a 2:1 ratio of tocopheryl phosphate (TP) and sodium di-tocopheryl phosphate (T2P) has the ability to act as a penetration enhancer to deliver compatible active pharmaceutical ingredients (API). The mixture has formed the basis of a novel transdermal delivery technology allowing a passage for select APIs through the skin with ease and without causing irritation or erythema (redness) of completed early phase human studies have been completed with the TPM01 combined with morphine. These early studies demonstrated good transdermal penetration.

Insulin is the second drug to be investigated in humans and is formulated with the TPM-02 formulation. In this study, two formulations of insulin are to be tested to compare their capacity for absorption into the body using the penetration enhancer gel TPM-02. The two insulin formulations are regular insulin (a natural enhancer which has a rapid onset and short duration) and Lispro insulin (a chemically-modified natural insulin which is ultra fast-acting). There have been two studies conducted on humans with TPM-02/Insulin. These were both phase 1 studies in healthy volunteers that examined the pharmacokinetics and pharmacodynamics of insulin after single dosing with transdermal insulin in TPM-02. There is a third phase II study, currently being conducted in Type 2 diabetic patients.
Managing fatigue and sleep disturbance following traumatic brain injury

**Principal Investigator: Ms Kelly Sinclair**

Traumatic brain injury (TBI), or head injury, is a leading cause of disability in young people aged under 40. Problems with concentration, memory and speed of thinking are frequent consequences of these injuries, as well as symptoms such as headaches, dizziness, visual disturbance and irritability. Fatigue, daytime sleepiness and sleep disturbance are also common effects of TBI across the spectrum of injury severity, often persisting over years and causing disruption to work and leisure activities and relationships. More than 60 per cent of patients with traumatic brain injury (TBI) report experiencing fatigue which interferes with their rehabilitation and daily lifestyle. They are frequently associated with the development of depression and anxiety, which in turn may cause further fatigue and sleep disturbance. Pharmacologic interventions have not been found to provide long-term solutions to these problems and have negative side-effects. Despite the frequency of these problems there have been no studies evaluating non-pharmacologic interventions to alleviate fatigue problems following TBI.

Prior to commencing a large-scale intervention which includes cognitive behaviour therapy (CBT), light therapy, or both, the objective of the proposed research is to evaluate the effectiveness of light therapy (blue) on fatigue, daytime sleepiness and/or sleep disturbance following traumatic brain injury. The proposed research will be conducted by a research group from the Alfred Hospital, Epworth HealthCare, and Monash University, including Professor Jennie Ponsford, Dr Shantha Rajaratnam, Professor Jeffrey Rosenfeld, Professor John Olver, Dr Steve Lockely, Dr Tracey Sletten, Dr Michele Grant, Dr Monique Roper and Ms Kelly Sinclair, a doctoral student from Monash University. The intervention involves daily exposure to light of a blue wave length (active condition), which has been shown to increase arousal and improve mood in other patient groups, including (1) those with Seasonal Affective Disorder and other forms of depression, (2) those who experience daytime sleepiness as a result of insomnia or sleep deprivation and (3) in the non-injured population.

It is believed that, if successful, the light therapy could substantially improve the quality of life of individual with traumatic brain injury, improving their participation in vocational, leisure and social activities and enhancing their emotional wellbeing.

A multi-national, observational study to assess acceptability of the GONAL-f® dose as calculated using the **CONSORT Equation** (based on basal FS, BMI, age and antral follicle count) for ovarian stimulation in women undergoing assisted reproductive technology (ART) in accordance with the site’s routine clinical practice.

**Principal Investigator: Dr John McBain**

This is an observational study of the acceptability of the **CONSORT equation** in routine clinical practice. Routine clinical parameters of an ART cycle will be collected and subsequently analysed. No additional assessment or procedures are required.

The **CONSORT equation** is an internationally validated follicle stimulating hormone (FSH) starting dose algorithm, based on readily-available subject characteristics, which enables individualised dosing with the aim of optimising ART outcomes (Merck Serono International study 25198). In case the subject’s response to the GONAL-f® starting dose given by the **CONSORT equation** is judged to be inappropriate (over or under response) by the investigator, s/he can change the subject’s dosing at any given stimulation day and report this change in the **CONSORT eCRF**. Therefore, the chances of a cycle cancellation can be minimised.

The sample size for healthy female partners of infertile couples requiring assisted reproductive technology (ART) is 1,000, with subjects being treated for one ART cycle. This sample size is driven by the precision of the true parameter estimation, by means of controlling the width of the confidence interval. As such, a sample size of 1,000 subjects will allow investigators to obtain a two-sided 95% confidence interval width ranging from 2.5% to 3.1% for an observed estimate for the primary endpoint ranging from 50% to 80% (proportion of subjects receiving a starting dose as suggested by the **CONSORT equation**).
Patient outcomes after open and minimally-invasive surgery for prostate cancer: a longitudinal comparative study

**Principal Investigator: Professor Mari Botti**

The most common treatment for localised prostate cancer is prostatectomy surgery. Urinary incontinence and erectile dysfunction remain the main long-term issues affecting the quality of life of men after surgery. Traditionally, prostate surgery has been achieved through open incision techniques that have significant implications for patient recovery and wellbeing. More recently, minimally-invasive techniques such as laparoscopic surgery have been introduced to reduce the impact of surgery on tissues surrounding the prostate gland. The introduction of robotic-assisted surgery is a further refinement of minimally-invasive techniques. Rapid technological advances related to surgical intervention have the potential to improve outcomes for patients, however these advances need to be evaluated in terms of the intermediate and long-term sequelae (after-effect) for patients.

A prospective, matched, cohort design will be used to evaluate patient recovery after open radical retropubic prostatectomy (RRP), and two approaches to minimally-invasive surgery: robotic-assisted radical prostatectomy (RARP) and laparoscopic radical prostatectomy (LRP) for localised cancer. Recovery will be evaluated using repeated measures during three key transitions: acute (time in ward), intermediate (7 days and 4 weeks after surgery) and long-term (3 months, 6 months, 12, 18 and 24 months post-surgery). The laparoscopic cohort will not participate in the acute hospital transition.

Recovery variables will include repeated measures of: pain intensity and quality, wound healing, functional and psychosocial status. All data will be collected using the urological surgery patient Recovery Survey which integrates several validated quality of life symptoms, sexual and urological function tools, and other measures developed specifically for this study. Repeated measures and the change in outcome variables will be tested using generalised estimating equations (GEE). Pre-operative variables will be included in the model by treatment them as covariates. Qualitative data will be analysed using content analysis methods.

This study will provide a better understanding of distinctive patterns of treatment-related function and dysfunction after alternative treatments for prostate cancer. It is significant because it provides a framework for study patient outcomes to inform health services delivery in a way that is responsive to rapid technological advances.

A phase II dose escalation study to determine the pharmacodynamic and pharmacokinetic properties of transdermally delivered insulin in combination with the novel penetration enhancer tocopheryl phosphate mis (TPM) in Type I diabetic patients and some cases of Type 2 diabetes

**Principal Investigator: Associate Professor Richard Simpson**

Researchers have discovered that a mixture consisting of a 2:1 ratio of tochopheryl phosphate (TP) and sodium-di-tochopheryl phosphate (T2P) has the ability to act as a penetration enhancer to deliver compatible active pharmaceutical ingredients (API). The mixture has formed the basis of a novel transdermal delivery technology allowing a passage for select APIs through the skin with ease and without causing irritation or erythema. Early phase human studies with the TPM combined with morphine, oxycodone and insulin have been completed. These early studies demonstrated good transdermal penetration.

There have been two studies conducted on humans with TPM/Insulin. These were both Phase I studies in healthy volunteers which examined the pharmacokinetics and pharmacodynamics of insulin after single dosing with transdermal insulin TPM. There is a third and fourth study, both of which are phase II, currently being conducted in both Type I and Type II diabetic patients. This phase II study will examine the pharmacokinetics and pharmacodynamics of the TPM Insulin Regular in Type I diabetic patients.
A follow-up analysis of donors' experiences

**Principal Investigator: Ms Michele Carmichael**

It has been suggested that embryo donation may be an efficient way of using the thousands of excess embryos created during IVF procedures, and that it would be worthwhile to investigate how couples can be encouraged to donate rather than discard their surplus of frozen embryos.

Previous researchers have focused on the decision-making processes of individuals and couples facing excess embryo options, analysing their reasons for choosing disposal, donation to research, or donation to another couple. Such research has commonly been conducted whilst couples still had their embryos cryo-preserved, or recently after their decision. Currently, there have been no long-term follow-up investigations on post-decision satisfaction undertaken on individuals or couples who have donated their excess embryos either anonymously or to a known couple.

The purpose of this study, therefore, is to investigate couples' experiences at various time lengths after deciding to donate their excess embryos either anonymously or to a known couple. Qualitative and quantitative data gathered through an anonymous questionnaire sent to selected couples who donated their excess embryos from the period 1995 – 2006 will provide insight into individuals' and couples' post-decision satisfaction. Qualitative data will be transcribed into NVivo, a computer program designed to assist analysis, and analysed using thematic content analysis. Quantitative data will be entered into SPSS, a statistical software package, and analysed using multiple regression and multivariate analysis of variance techniques.

Results of this study may then be used to inform future couples contemplating their excess embryo decision, and to contribute to an area of research lacking in empirical evidence. Through gaining insight into individuals' and couples' long term satisfaction with their decision, a fresh understand of couples' experiences can be used to inform better practice and current management of couples deciding to donate their excess embryos.

The emotional wellbeing of a consecutive cohort of people presenting to an IVF clinic

**Principal Investigator: Dr Sarah Phillips**

It is well-known that both the diagnosis and treatment of infertility are associated with increased levels of stress. In recent years, there has been considerable interest in understanding the emotional wellbeing of people undergoing assisted reproduction procedures. More specifically, researchers have attempted to determine the prevalence of anxiety and depression in patients undergoing IVF treatment, and what impact this presentation has on their treatment outcomes and their emotional needs throughout treatment. For example, previous researchers have found that patients suffering from symptoms of anxiety and depression are more likely to participate in fewer IVF cycles, and experience poorer treatment outcomes (Domar, 2004; Karlidere et al, 2008).

The aim of the current study is to examine the emotional wellbeing of a consecutive cohort of people presenting to an IVF clinic, specifically by examining the prevalence and determinants of clinically significant symptoms anxiety and depression. Patients will be recruited at the time of registration with Melbourne IVF, and will be sent a questionnaire package to complete and return if they choose to participate. The results of this study will then be used to inform clinical practice in the support of IVF patients.

The efficacy of computed tomography (CT) guided corticosteroid injection therapy involving epidural or foraminal sites for patients with lumbar radiculopathy pain

**Principal Investigator: Mr David de la Harpe**

Back and leg pain are a common cause of patient morbidity. Often conservative methods of pain relief such as rest, physical therapy, analgesics, anti-inflammatory agents and sedatives are ineffective, and patients are referred for spinal steroid injections. This prospective clinical study at the Epworth HealthCare will evaluate the efficacy of computed tomography (CT) guided corticosteroid injection therapy involving epidural or foraminal sites for patients with lumbar radiculopathy pain.
Patient pain will be recorded as a Visual Analogue Scale (VAS) prior to the injection, and then at specific intervals following the treatment. Treatment outcomes will be measured as a percentage reduction of the VAS recorded before the procedure, and the VAS recorded two weeks and six weeks post-injection.

The main objectives of this study are to compare and contrast the effects of CT-guided corticosteroid injection therapy involving epidural or foraminal sites for patients with lumbar radiculopathy pain after conservative therapy has failed, and to identify certain factors that may influence efficacy or failure of corticosteroid injection therapy.

**Assessment of gait retraining methods following traumatic brain injury**

**Principal Investigator: Dr Gavin Williams**

Traumatic brain injury (TBI) is the main cause of disability for the 15–25 year old age group. Physical mobility limitations are one of the most common persistent problems following a moderate to severe TBI. These limitations in mobility often restrict participation in recreational and sporting activities and have a significant impact on quality of life.

This project will investigate three contemporary methods of retraining walking post-TBI. As there is no scientific evidence assessing which methods provides optimal benefits, the broad aim will be to determine which gait retraining method best approximates a normal walking pattern in terms of biomechanics and muscle activation. Determining the pre-eminent methods and disseminating this information to clinicians will optimise patient outcomes. This project will contribute to the limited body of evidence for retraining walking post-TBI and influence the direction of future research into mobility and the field of neurological rehabilitation as a whole.

A multi-national, multi-centre, randomised, double-blind study comparing the efficacy and safety of AVE5026 with enoxaparin for the prevention of venous thromboembolism in patients undergoing major abdominal surgery (SAVE-ABDO) EFC6250

**Principal Investigator: Professor Hatem Salem**

The aim of this project is to compare the efficacy and safety of once daily (q.d.) subcutaneous (s.c) injections of 20 mg AVE5026 (10mg in SRI patients) with q.d. s.c. injections of 40 mg Enoxaparin (20 mg in SRI patients) administered during 7–10 days after surgery for the prevention of venous thromboembolic events (VTEJ) in patients undergoing major abdominal surgery. The secondary objectives of this study are to evaluate the safety of AVE5026 in patients undergoing major abdominal surgery, and to document AVE5026 exposures in this population. Patients will be randomly assigned to subcutaneously receive either AVE5026 20 mg once daily (10 mg for patients with chronic severe renal insufficiency [SRI]), or Enoxaparin 40 mg once daily (20 mg for patients with SRI) for 7 to 10 days after surgery. Randomisation will be stratified by region (North America, South America, Western Europe, Eastern Europe, Asia and Rest of the World [RoW]), by the type of surgery (cancer or non-cancer surgeries) and by the estimated creatinine clearance at screening (< or ≥ 30 mL/min).

The maximum duration of study participation will be 42 days including a treatment period up to day 7–10 and a follow-up period with a visit at day 35–42 after randomisation. The study will be considered completed for a patient at the time s/he completes the follow-up visit at day 35–42.
Goal management training following acquired brain injury

**Principal Investigator: Professor Jennie Ponsford**

Acquired brain injury (ABI) is a major cause of disability among young adults and adolescents. ABI often results in impairments in the high level of cognitive skills that are essential for purposeful, adaptive and goal-directed behaviour. These cognitive skills are termed executive functions. Executive functions are crucial for formulating a plan, initiating its execution and resisting distraction to ensure its completion. Executive dysfunction therefore has a detrimental effect on rehabilitation success and independent functioning.

Goal management training (GMT) is a structured theoretical intervention designed to rehabilitate executive dysfunction. GMT involves training individuals with executive dysfunction in the various phases of goal attainment, including orienting oneself to the situation, defining the overarching goals, breaking these goals into sub-goals, memorising and implementing the various sub-goals, and finally monitoring the results of action to determine whether the goal state has been attained. GMT has previously been administered as a comprehensive protocol including both theoretical training and hands-on practical training using the GMT model.

The current study aims to investigate which aspects of the GMT protocol contribute to the attainment of participant goals in the rehabilitation setting. The setting process will also use goal attainment scaling (GAS), which is a collaborative goal-setting process that defines goals in objective, measurable terms, to determine whether this process also improves goal attainment. The proposed research will be conducted by a research group from the Epworth Transitional Living Centre (TLC) and Monash University, including Professor Jennie Ponsford, Dr Michele Grant, Ms Helen Harrington, Dr Michael Schönberger and Ms Stephanie Lee, a doctoral student from Monash University.

Improving the functional communication of adults with traumatic brain injury

**Principal Investigator: Associate Professor Jacinta Douglas**

The majority of adults who sustain moderate to severe traumatic brain injury experience difficulties communicating effectively with family members, friends and people they encounter in their daily lives. These communication problems are a source of considerable ongoing stress, and impact negatively on quality of life for injured individuals. A new approach to functional communication intervention is being evaluated in a randomised controlled trial in this project. This novel intervention focuses on communication-specific coping strategies that can be readily applied across all situations a person encounters on a daily basis. The intervention allows not only the people with brain injury to participate, but also their everyday communication partners.

The project will employ quasi-randomised assignment to treatment versus waitlist conditions. Patients who received speech pathology treatment at Epworth HealthCare and/or from community-based private speech pathology partners, are between 1 and 8 years post-injury and who meet specified selection criteria will be invited to participate. Participants will be divided into matched pairs based on gender, aged, education, injury severity, time post-injury and communication profile. A member of each pair will then be randomly allocated to either the waitlist or treatment group. The treatment program involves working with a clinician for a total of 20 hours (2 hours assessment before treatment, 12 hours treatment: 2 x 1 hour sessions each week for 6 weeks, 2 hours assessment after treatment, 2 hours re-assessment at 1 and 3 months after treatment).
Treatment efficacy will be evaluated by comparing the two groups on pre-treatment, post-treatment, 1 and 3 month follow-up measures. Assessment measures include questionnaires and analysis of recorded conversations, and have been chosen to reflect performance in four domains: communication, communication-specific coping, wellbeing and participation. Scoring and analysis of assessment data will be conducted by a speech pathology blind to group allocation. If evidence supports the efficacy of treatment, it will be offered to waitlist participants and further evaluated.

Individuals who complete this treatment program are expected to show significant gains in their ability to interact productively with others. The communication improvements that result from this treatment are expected to facilitate wellbeing and enhance social function, thus making a significant contribution to improving long-term outcomes.

The impact of gait limitations on general health following traumatic brain injury

Principal Investigator: Dr Gavin Williams

Traumatic brain injury (TBI) is the main cause of disability for the 15–25 year old age group. Physical mobility limitations are one of the most common persisting problems following a moderate to severe TBI. The more serious injuries may result in physical limitations that restrict participation in employment, social, leisure and sporting activities. Limited evidence exists which suggest that mobility limitations are associated with poor cardiovascular health, obesity and depression. The researchers wish to study the relationship between mobility limitations, activity levels, health status and participation rates in TBI, and compare the results to a sample of matched healthy controls. Results from the TBI cohort will be compared to those for the matched healthy control group using independent t-tests, or their non-parametric equivalent. Within the TBI cohort, the mobility performance will be correlated with results for all other health domains.

The main aim of this research project is to identify if mobility limitations impact on health status following TBI, and if so, what are the key health impacts, so that recommendations for the long-term management of these problems can be developed.

Immunomodulatory properties of different stem cell types

Principal Investigator: Mr Timothy Pitt

Mesenchymal stem cells (MSCs) are adult stem cells originally identified in the bone marrow by their ability to become bone, cartilage and adipose (fat) cells (Friedenstein 1968). Recently, their ability to reduce inflammation has been utilised to treat graft-versus-host disease (a disease where the graft causes inflammation in the recipient) and enhance the engraftment of stem cells that make the blood and immunological tissues in bone marrow transplant recipients (Koc, Gerson et al. 2000: Le Blanc, Rasmusson et al. 2004).

This promising therapeutic application for MSCs could potentially be extended to other clinical conditions involving an inappropriate immune response – for example, in autoimmune diseases such as Type 1 diabetes or multiple sclerosis. The most characterised MSCs have been isolated form the bone marrow, however as the collection of bone marrow is an invasive procedure, researchers are seeking an alternative source. MSCs can be isolated from lipoaspirates (fat cells) (Wolbank, Peterbauer et al. 2007), which are easily obtained from liposuction procedures. Once the cells have been isolated, they can be expanded \textit{in vitro} into amounts that could potentially treat many people.

Studying the immunosuppressive properties of MSCs from lipoaspirates may provide an alternative source of therapeutic stem cells to treat various inflammatory diseases and aid bone marrow transplantation.
A phase Ib/2a, randomised, double-blind, controlled study evaluating safety and preliminary efficacy of NeoFuse™ when combined with MasterGraft™ granules in subjects undergoing multi-level anterior cervical discectomy

**Principal Investigator: Dr Tony Goldschlager**

In this research study, investigational adult stem cells will be used for a type of neck surgery called spinal fusion. The cells that will be used in this study are investigational because they are not currently approved by the Therapeutic Goods Administration (TGA) in Australia for use in humans. The study stem cells are cells that are removed from the bone marrow of the iliac crest bone of the hipbone in healthy adult volunteer donors. Human bone marrow contains different types of stem cells. The stem cells that will be used in this research study are called mesenchymal precursor cells (MPCs). MPCs are able to grow up to be many different kinds of cells, such as bone cells. The cells in this study have had special treatment to enable them to grow up as bone cells. The purpose of using them in spinal fusions to help the body’s own bone cells to fill the space between the bones of the spine, that is, to cause fusion between the bones.

The study sponsor, Mesoblast Ltd, has developed a special process to isolate and grow the study’s adult donated bone marrow stem cells into very pure MPCs. These purified cells are called NeoFuse™ in combination with MasterGraft™ Granules in subjects with cervical spine nerve root compression and undergoing anterior cervical discectomy at more than one level of their cervical spine.

In this study, subjects will be randomly assigned to receive one of two doses of active treatment NeoFuse™ (combined with MasterGraft™ Granules) which will be implanted surgically at each affected level of their cervical spine. Control subjects will receive MasterGraft™ Granules only. The object of this research study is to evaluate the ability of NeoFuse™ in combination with MasterGraft™ Granules to fuse the vertebra in subjects who have undergone an anterior cervical discectomy.

A randomised, double-blind, double-dummy, parallel group study to compare YM150 bid and qd doses and enoxaparin for prevention of venous thromboembolism in subjects undergoing elective hip replacement

**Principal Investigator: Professor Hatem Salem**

After surgery like a hip replacement, there is a risk of formation of blood clots in the veins of the legs due to the surgical trauma and lack of movement during and after surgery. The presence of blood clots in the blood circulation is potentially dangerous. Therefore, drugs aiming to minimise the risk are given for 35 days after surgery, and movement should start as soon as possible. Most treatments used for this purpose are taken as an injection.

This study investigates a new drug under development, YM150, which has been designed to help reduce the risk of formation of blood clots in veins following hip replacement surgery. YM150 is an experimental treatment and is not currently approved in Australia or other parts of the world.

The study compares four different dosage groups of YM150 and enoxaparin, an established injectable treatment for preventing blood clots. YM150 is taken as a tablet unlike most that are given by injection. Blood samples will be collected on 10 days over the 65 days of patient involvement. Within 8–12 days after surgery, the patients will have a venogram to assess the presences of thrombosis within the veins in the legs.

Due to its anti-clotting ability, YM150 can increase the risk of adverse bleeding. Patients will be monitored closely throughout the course of the study and any bleeding will be treated appropriately.

The information collected in this study will be analysed to find out if YM150 is safe and effective compared to enoxaparin. It may be used for seeking approval from the medicine regulatory authorities to market the medicine for prevention of blood clots.
The consequences of anosmia following traumatic brain injury

Principal Investigator: Associate Professor Jacinta Douglas

The term ‘post-traumatic anosmia’ describes loss or impairment of the sense of smell associated with head trauma. The implications of this disorder are widespread and impact upon multiple facets of a person’s life including: inability to participate in pre-morbid vocations, inability to enjoy food and beverages, inability to maintain personal hygiene and the inability to identify danger signs (gas, smoke) within the environment.

In 2002, Callahan and Hinkebein (2002) reported that as many as 56% of admissions to a brain injury rehabilitation unit experienced some form of disturbance to their sense of smell. Further, for those who suffer from post-traumatic anosmia, research indicates that the majority will do so over prolonged time periods (Doty et al., 1997). Nevertheless, despite the frequent occurrence and enduring nature of post-traumatic anosmia, there tends to be a lack of awareness in the medical and rehabilitation community and the community at large concerning the deficit itself and its impact on quality of life (Bromley, 2000; Miwa et al., 2001; Van Toller, 1999).

There are many unanswered questions regarding post-traumatic anosmia, each of which requires further investigation. By attempting to address these questions in a systematic manner, clinicians working within the TBI multidisciplinary team will be provided with an increased knowledge base regarding anosmia. It is anticipated that the findings of the project will enhance practice by allowing team members to better assess, educate and provide management strategies for individuals who experience post-traumatic anosmia.

The aim of this study is to explore the implications, natural progression and predictors of post-traumatic anosmia over two time periods – 6 and 12 months’ post-injury with respect to its severity and consequences in an individual’s everyday life. A pilot study has already been completed and the remainder of the project is divided into 3 phases. Each phase has specific aims and accompanying methodology.

Inhibition of gamma – protein kinase C – for the reduction of infarct size in acute myocardial infarction

Principal Investigator: Dr Ronald Dick

This study aims to determine whether an intravenous infusion of study drug (KAI-9803) will be superior to placebo in reducing the size of a heart attack.

This is an international, multi-centre, double blind, placebo-controlled, parallel-group study in those patients who have a heart attack undergoing primary percutaneous intervention (PCI). The primary objective of this study is to evaluate the effect of KAI-9803 compared to placebo on infarct size following an anterior ST elevation myocardial infarction (STEMI) as assessed by CK-MB during the initial hospitalisation in those subjects undergoing primary PCI. 1058 subjects will be randomised from approximately 150 sites worldwide. 908 subjects with an anterior ST elevation myocardial infarction will be randomly assigned to one of four treatment groups: placebo, 50 mg/hr KAI-9803, 150 mg/hr KAI-9803, or 450 mg/hr KAI-9803. 150 subjects only who have had an inferior STEMI will be randomised to either placebo or 450 mg/hr KAI-9803.

The study drug will commence at 45mls/hour as soon as possible after randomisation and will continue for 2.5 hours. Serial blood samples will be taken for 72 hours following PCI. Patients will be monitored with a continuous 12-lead ECG monitor for 24 hours starting before the PCI. At month 3, further blood tests will be undertaken and a Gated Heart Pool Scan (GHPS) will be obtained in all anterior STEMI patients.

All subjects will be assessed for clinical events (death, heart failure or severe ventricular arrhythmias) at discharge, 20 days, 3, 6 and 12 months.
Responding to medical emergencies: system characteristics under examination (RESCUE)

**Principal Investigator: Professor Tracey Bucknall**

Researchers will conduct a multi-centre prospective observational study, the main aim of which is to determine the prevalence and outcomes of patients at risk of a medical emergency in acute care hospitals, and relate this to the activation triggers and actual rate of medical emergency team (MET) activation. Specifically, in a population of acute care patients admitted to multiple hospital wards, researchers will:

- Determine the prevalence of patients as risk of a medical emergency in acute care settings, by assessing the prevalence of cases where patients fulfil commonly used criteria for MET activation
- Assess the frequency of failed and delayed MET activation by relating the number of cases where MET criteria are reached to the number of actual MET activations
- Determine whether the presence of MET criteria is associated with increased 30 and 60-day mortality, unplanned admissions and cardiac arrests.

Data collection will occur (following enrolment of acute care inpatients from 7 metropolitan and 1 regional hospital, of which two are private hospitals excluding inpatients located in ICU or psychiatric wards) in all hospitals at the same time of day across a two-week period. Data will be gathered by new graduates or student nurses trained in data collection for the purpose of this study. Nurses will be allocated approximately 30 patients each, and will inform each patient of the clinical audit and seek verbal consent to take observations. Patient identification initials, ward location and a code will be recorded with the observations. The survey will be printed in a format that can be electronically collated promptly after data collection. Follow-up mortality data will be obtained from the Death Registry. Hospital data on MET activation, unplanned ICU admissions and cardiac arrests will be obtained from hospital records.

Once collected, data will be re-identifiable until codes are destroyed. Analysis will include calculation of the overall prevalence, prevalence at each site, prevalence by age group, gender, patient type (elective or non-elective), hospital, hospital type and MET establishment date. Descriptive and correlational statistics will be calculated.

**A randomised, double-blind, placebo-controlled, phase-IIB study to assess the safety and efficacy effects of ART-123 on subjects with sepsis and disseminated intravascular coagulation**

**Principal Investigator: Dr Benno Ihle**

In this study, all patients will receive best available treatment for sepsis with disseminated intravascular coagulation (DIC). ART-123 or placebo (fluid containing no active medicine) will be administered in a randomised (1:1, like a flip of the coin), blinded manner (unknown to doctor and patient), in addition to the standard of care. Patients are adults with a high risk of disseminated intravascular injection due to known or suspected sepsis.

The first dose of the study medication will be given only after patients have meet the criteria necessary for them to be eligible and have signed the consent form. Patients will be given the study medication once per day at around the same time each day for a total of six days. Patients will have up to 8 additional blood samples taken (on top of their routine INC bloods) during this study to monitor clotting factors. Other investigations will include general medical history taking, physical examination and ECG.

The main purpose of this study is to evaluate whether an experimental drug ART-123 increases the survival rate of patients with sepsis and DIC. In addition, the study will focus on whether the experimental drug can prevent or reverse any organ dysfunction and failure associated with sepsis. The researchers and the sponsor will also collaborate in evaluating the safety of ART-123 in patients with sepsis and DIC. Over 750 subjects have been treated with ART-123 worldwide. Results from these studies indicate that ART-123 is safe and well-tolerated.
Thyroid nodule database and tissue bank: a proposal to improve the diagnosis and prediction of outcome in thyroid nodules

Principal Investigator: Associate Professor Christopher Gilfillan

Thyroid nodules are common in our community and are increasingly common with advancing age. The vast majority of these nodules are benign (not cancerous) and cause trouble only when they press on the windpipe or produce too much thyroid hormone. A small percentage harbours a thyroid cancer and happily, if detected early, these cancers can be treated with surgery and radioactive iodine therapy with excellent prognosis. The detection of these occasional cancers amongst the large number of benign thyroid nodules has long been a challenge for doctors.

Most commonly, patients undergo a procedure called fine needle aspiration cytology (FNAC). This kind of biopsy, where a small number of cells from the nodule are extracted using a fine needle, usually involves an ultrasound examination to guide the needle to the right place. The cells are examined under a microscope and can help to distinguish benign from cancerous nodules. Unfortunately FNAC is not sufficiently accurate in all cases and this means that many people end up having surgery to remove their nodule when there is uncertainty. Many of these operations turn out to be unnecessary.

Research has recently revealed that thyroid nodules commonly have damaged DNA as a cause for their abnormal growth, and in some cases specific types of damage to the DNA is associated with the presence of cancer. Researchers will study whether analysing the DNA from these tumours will improve the diagnostic accuracy of the FNAC tests. Tissue will be collected from FNAC specimens and excised nodules after surgery and storing these specimens frozen. This will enable subsequent analysis of DNA alterations in paired specimens and determination of whether the DNA analysis before surgery helps to predict the diagnosis and prognosis after surgery.

The thyroid tissue bank will provide material that will enable a series of studies examining questions regarding the relationship between the molecular pathology and clinical behaviour of thyroid tumours.

The assessment of balance impairments and effectiveness of intervention using a computerised balance training system (Balance Master) in young adults with traumatic brain injury (TBI)

Principal Investigator: Professor John Olver

The research aims to answer the question of sensitivity between bedside clinical tests and computerised balance assessment to functional outcome in balance training after traumatic brain injury (TBI). The study also is aimed at establishing potential added benefits of a biofeedback balance training system, as compared to current physical intervention, in improving functional independence.

Clinical scales for balance assessment have been used in various neurological conditions to assess balance and functional mobility in neurological conditions. They may not yield similar responsiveness to progress or predict functional impaired balance. Bedside clinical assessment i.e. Sharpened Romberg and walking speed are simple, reproducible bedside clinical assessments. They are validated and reliable in various clinical settings. Visual feedback balance with the computerised Balance Master system has been shown to be effective in stroke patients.

This study will determine the most predictive and responsive measurement tool in TBI individuals with regards to balance outcomes, and will determine the best modality of balance retraining in such populations.

Neck of femur fracture registry of Australia – pilot project

Principal Investigator: Mr Richard de Steiger

The aim of this project is to pilot a model of a hip fracture registry, similar to international European registries, to determine the feasibility of implementing the registry Australia wide. This is one of six national projects that have been funded by the Australian Commission of Safety and Quality in Health Care to update or develop clinical registries, with the ultimate aim of improving the quality and safety of health care in Australia.
The pilot plans to implement a Hip Fracture Registry at three sites, a rural hospital (Goulburn Valley Health), a large metropolitan hospital (Flinders Medical Centre, SA), and a private hospital (Epworth HealthCare – Richmond Campus). It will also consider the accuracy and timing of collection of the proposed data as well as the importance of these data elements. It will assess the method and effectiveness of the four month review process, as well as identify any barriers to implementation and strategies to overcome them.

Descriptive statistics will be presented describing the demographics of hip fracture at each participating hospital. Data items will include patient demographics, fracture descriptors, length of hospital stay, residential status, mobility, measure of health status (ASA grade), pressure ulcers, operation details and destination after discharge. The final report will be submitted to the Australian Commission on Safety and Quality in Health Care in late October 2009.

A multi-centre, randomised, open-label, phase II trial of Tarceva™ in sequential combination with gemcitabine compared to gemcitabine monotherapy as first line therapy in elderly or ECOG PS of 2 patients with advanced NSCLC

**Principal Investigator: Dr Allan Zimet**

This study is combining chemotherapy (gemcitabine) with a new drug called erlotinib (Tarceva™) and comparing it to chemotherapy (gemcitabine) alone in the treatment of patients with non-small cell lung cancer (NSCLC) with a poor performance status, or who are elderly. These patients tend to experience greater toxicity on treatment with standard combination therapy. Recent evidence from studies combining erlotinib with Docetaxel and platinum based chemotherapies in a sequential dosing fashion, one drug followed by another rather than giving them both at the same time, have demonstrated promising effectiveness with manageable side-effects. This study will indicate the potential to improve on gemcitabine given alone with a sequential dosing schedule of erlotinib.

The main aim of this study is to compare progression free survival between those patients who have gemcitabine alone and those who have gemcitabine plus erlotinib. Secondary aims are to compare other rates (non-progression rate, duration of response, overall survival) and also to evaluate safety profiles. The primary endpoint is progression free survival.

**Computer navigation of anterior cruciate ligament reconstruction**

**Principal Investigator: Associate Professor Julian Feller**

The aim of this study is to determine whether a computer navigation software application can provide meaningful feedback to the operating surgeon during anterior cruciate ligament (ACL) reconstruction surgery.

During routine ACL reconstruction surgery, a computer navigation system will be used. This will involve insertion of two small pins into the femur and tibia bones (in which much larger drill holes are made as part of the surgery). An array of reflective markers is attached to each pin and the movement of arrays tracked by infrared cameras. A pointer will also be used to identify various points in the knee. This will be used in exactly the same way that an arthroscopic probe is routinely used during the surgery. The position of the planned bone tunnels in the tibia and femur will be identified, and the diameter of the tendon graft will be entered into the computer. The computer will create a hypothetical model of the graft and how it behaves in terms of lengthening or shortening during knee movements as well as impingement on the femur. The surgery will then be completed in a routine manner and the lengthening and impingement behaviour of the graft will be documented. The pins will be removed from the bones prior to completion of the surgery.

A score sheet will be completed at the conclusion of the procedure in which the surgeon will rate the computer modelling terms of the real behaviour of the graft. Simple descriptive statistics will be used to describe the data. The data produced will be gathered to assist in validation of this software and in the identification of any residual laxity.
The Monash Epworth Rehabilitation Research Centre continued to thrive under the directorship of Professor Jennie Ponsford, aided by eleven research staff. The Centre moved to larger quarters in the Epworth Medical Centre, in Lennox Street Richmond, during 2008/09.

The longitudinal head injury outcome study continued with funding from the Victorian Neurotrauma Initiative (VNI) and involvement of Professor John Olver and Dr Michael Ponsford. Data collection was expanded to Epworth Rehabilitation Camberwell. The VNI has funded an upgrade of the database to a web-based system, which will maximise efficiency and security of the data.

The impact of age, genetic and cultural factors on long-term outcomes was examined, and results from regional areas compared against those from metropolitan Melbourne. Studies of psychiatric disorders and substance use following traumatic brain injury (TBI) and the process of adjustment following injury also continued.

A Monash Strategic Grant was received to evaluate the efficacy of motivational interviewing and cognitive behaviour therapy for anxiety disorders following TBI. A Jack Brockhoff Foundation grant provided funding for an evaluation of light therapy for fatigue following TBI. The evaluation of a multi-family group intervention to enhance adjustment and coping in individuals with TBI and their families also continued with VNI support.

A virtual reality measure of executive function was developed and trialled, and methods of improving goal-directed behaviour following TBI evaluated at Epworth’s Transitional Living Centre at Thornbury. A study carried out at The Alfred Hospital evaluating mild TBI screening and information was completed. Four doctoral students from Monash University submitted theses and passed successfully, and another nine students have projects underway. The Centre had 20 papers published or accepted for publication in international journals, and its staff made 30 presentations at national and international conferences.

The Epworth/Deakin Centre for Clinical Nursing Research

The Epworth/Deakin Centre for Clinical Nursing Research led by Professor Mari Botti continued to develop the research program related to quality and risk management in clinical and health services. This incorporates the implementation and evaluation of specific interventions to improve patient outcomes, models of care that encourage patient engagement in their acute care, health and wellbeing, and the use of data to improve assessment of quality and safety in health care.

Major projects undertaken included the patient outcomes after open and minimally invasive surgery for prostate cancer, a longitudinal comparative study investigating the health and quality of life outcomes of men who have had three different types surgical approaches to removal of the prostate.

The first phase of the inter-professional communication and team climate in post anaesthetic care unit study was completed, and clinical handover tools developed. The second phase of the research including implementation and evaluation of tools will begin early in 2010.

The Collaborative Clinical Education Epworth-Deakin (CCEED) program commenced in 2005 and was designed to optimise the clinical learning experience of student nurses at Epworth. Deakin University undergraduate nursing students undertake tutorials, laboratory experience and most clinical placements at Epworth, enabling students to build relationships with hospital staff and be part of the Epworth team. The CCEED model provides additional professional development for the clinical staff at Epworth. Nurses provide teaching, support and preceptorship for students. The model is one of few where undergraduate clinical collaboration has evolved with the private hospital sector. In 2009, 30 undergraduates participated in the CCEED program at Epworth Richmond. In 2010 the program will extend across all Epworth sites.
Epworth Medical Foundation (EMF) raises funds to support the ongoing operation of Epworth HealthCare. Established in 1982 as a public fund, the foundation seeks contributions from private donors, corporations and philanthropic trusts to assist with funding new and improved facilities, medical equipment, educational scholarships and research programs.

The EMF plays a critical role in providing funds that enable Epworth to continue to deliver world-class health care to Victorians. As a not-for-profit organisation Epworth receives no direct funding from Government and therefore depends on the generosity of supporters to ensure medical teams have access to the technology and equipment needed to deliver life-saving services.

The EMF operates with a small team and is governed by an independent Board of Trustees headed by Mr Lindsay Cuming AM. In addition, a dedicated group of volunteers raise funds for specific areas of need through auxiliary groups including Heartbeat, The Friends of Epworth and the Cancer Unit Auxiliary.

Financial performance
The following summarises the results of fundraising initiatives during 2008/09.

<table>
<thead>
<tr>
<th>Income Type</th>
<th>30-Jun-09</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>$372,200</td>
<td>7%</td>
</tr>
<tr>
<td>Special events</td>
<td>$521,784</td>
<td>9%</td>
</tr>
<tr>
<td>Direct mail appeals</td>
<td>$861,130</td>
<td>16%</td>
</tr>
<tr>
<td>Corporate support</td>
<td>$185,000</td>
<td>3%</td>
</tr>
<tr>
<td>Trusts &amp; foundations</td>
<td>$396,858</td>
<td>7%</td>
</tr>
<tr>
<td>Bequests</td>
<td>$2,956,219</td>
<td>54%</td>
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<tr>
<td>In memoriam</td>
<td>$60,075</td>
<td>1%</td>
</tr>
<tr>
<td>Auxiliaries</td>
<td>$182,246</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$5,535,512</td>
<td></td>
</tr>
</tbody>
</table>

Foundation achievements
In 2008/09 $5.5 million was raised, an outstanding achievement given the challenges of the economic climate. Income matched the same levels generated from all sources in 2007/08, except for bequest income which was 16% down on the record amount received last year.

Annual gala raises over $250,000
Champion jockey Damien Oliver was the guest speaker at Epworth HealthCare’s annual gala ball titled A Touch of Silk held at Flemington Race Course during the 2008 Spring Racing Carnival. Damien was treated for spinal injuries at Epworth following a fall from his horse in a race at Moonee Valley on 24 March 2005. Damien told Master of Ceremonies Craig Willis that he was grateful for the expert treatment provided by staff whilst in Epworth’s care.
Group Chief Executive Mr Alan Kinkade acknowledged major sponsor National Australia Bank, event sponsor ING Medical and associate sponsors Abbott Vascular, Bates Smart, Baxter Healthcare, Bidvest, Boston Scientific, CR Kennedy, Device Technologies, Holding Redlich, Hudsons Coffee, ING Medical Properties Trust, Life Healthcare, Medibank Private, Melbourne Pathology, Medtronic, MIA Victoria, Monash IVF, Olympus, Princes Landry, Printwize, Radiation Oncology Victoria, Slade Pharmacy, Spotless, Victoria Racing Club and TAC.

Thanks to the tremendous efforts of the Special Events Committee chaired by Mrs Robyn Beddison, the event raised a net amount of $255,000 for Epworth HealthCare.

**Women’s Health Lunch**

Epworth Medical Foundation held its second annual Women in Healthcare luncheon on Thursday May 7 at the Atlantic on Central Pier, Docklands attracting 270 guests and raising $40,000 to purchase cardiology equipment across the group.

Cardiovascular disease is the leading cause of death and disability for women in Australia, and Channel Seven’s Lynda Kinkade led the discussion with a panel of Epworth HealthCare doctors – cardiologists Dr Jennifer Johns and Associate Professor Gishel New, cardio-thoracic surgeon Dr Silvana Marasco and GP Dr Diana Bethell. Mrs Christine Croker, a cardiac patient, provided a personal account of her experience, her subsequent lifestyle changes and achievements.

Mrs Janet Latchford, Deputy President of the Epworth HealthCare Board of Management who hosted the event, thanked all those who attended and contributed to the event’s success.

**Gynaecological oncology bequest**

The gynaecological oncology ward at Epworth Freemasons known as 1 East was dedicated to the memory of Thomas and Elizabeth Colwill and their four children Thomas (Jnr), Robert, Ernest and Beatrice. Recently refurbished with funds generously donated by the Colwill family, the 31-bed ward cares for women being treated for cancer of the reproductive organs.

Beatrice May Colwill, the last surviving member of the family, left part of her estate to Epworth Freemasons with the wish for a ward to be dedicated in her family’s memory. Her eldest and last surviving brother Thomas was a Freemason and had a long association with the hospital. The bequest totalled almost $1.5 million.

**Optimal patient care in Syme Theatres**

An anonymous donor to the Epworth Medical Foundation provided a major gift to the Syme Theatres at Epworth Richmond during 2008/09. The gift enabled the purchase of three transport monitors for the operating theatres. This has made a significant difference to staff and patients alike, as staff can monitor patients more closely, which is especially critical for those who have undergone significant surgery.

These monitors allow information to be collected on the patients’ journey from the recovery room to intensive care or back to the ward.
Heartbeat replaces ECG machines at Richmond

Epworth Richmond’s cardiac units received a very generous donation from Heartbeat during the year, enabling the purchase of six new ECG machines that replaced machines that were 12 years old. A wireless network was also installed to assist with electronic archiving of the ECGs across both cardiac units. Epworth is extremely grateful to Heartbeat for their ongoing support and thanks all Heartbeat volunteers for the energy they put into fundraising for Epworth. Their generous gifts are enormously appreciated by staff and patients.

Oncology at Epworth Richmond

The Peace Garden on Level 4 was the result of generous donations from oncology patients and their families who recognised the importance of a quiet space to escape the reality confronting them on a daily basis. Structural additions this year means the garden continues to provide an all-weather sanctuary and comfort for patients and families. The natural light, flowering trees and water fountain provide a soothing and gentle ambience.

Direct mail appeals

An important component of the fundraising program continued to be direct mail appeals. During 2008/09 the four major appeals generated over $860,000, a 2% increase on the previous year, attracting 1,548 new donors compared to 1,386 in 2007/08. The annual mid-year appeal gathered 26% more funds than the previous year.

The year saw the development of marketing materials to help raise the profile of the EMF with staff, doctors, patients and their families. This assisted in attracting more new donors by increasing awareness of Epworth as a not-for-profit organisation seeking support from the community. The development of a new donor newsletter has ensured that donors are kept up-to-date with how their donations are being used and the benefits delivered to Epworth’s patients and their families.

Benefactors Club

The Epworth Benefactors Club acknowledges individuals who make a single donation of more than $10,000 or who notify the EMF that they have included Epworth as a beneficiary in their Will.

This year 24 new members joined the Benefactors Club, 17 of these choosing to support Epworth HealthCare beyond their lifetime. Major donations and income from bequests continued to account for more than 50% of the EMF’s total income. As such, membership of the Benefactors Club is critical to the organisation’s future, and members are recognised each year at the Benefactor’s Luncheon and Honour Board Celebration.
Bequests

Estate of the late G Armstrong
Estate of the late Margaret Benson
Estate of the late Frank Campbell
Estate of the late Beatrice M Colwill
Estate of the late Marjorie B Coombs
Estate of the late Kevin Dalton
Estate of the late J L Davies
Estate of the late G De Fenzi
Estate of the late Peter Haddad
Estate of the late H A Hamilton
Estate of the late E W Holt
Estate of the late James Kelly
Estate of the late Margery Pierce
Estate of the late T E Strangward
Estate of the late Hon Rose Talbot
Estate of the late J M Thompson
Estate of the late Thomas Wade

Trusts and Foundations

Edward Broadhurst Estate
Heymanson Family Foundation
James & Linda Wang Foundation
Joe White Bequest
Robert C Bulley Charitable Fund
The Barbara Luree Parker Foundation Ltd
The Garry White Foundation
The Harbig Charitable Foundation
The Jack Brockhoff Foundation
The Lew Foundation
The Margaret Walkom Bequest
The Pam & Alfred Lavey Trust
W & G Bradshaw Trust

Associations

Cancer Unit Auxiliary Group
Freemasons Hospital Association
Friends of Epworth
Heartbeat Epworth
The Primary Club of Australia

Donations

Guardian

$10,000 – $24,999
Mr & Mrs T & V Browne
Mr & Mrs J & W Duffield
Mr & Mrs K & J Irvine
Mrs Eve Landman
Mr & Mrs R & M MacDonald
Mrs L Miller
Mr & Ms G & M Shalit/Faine
Mrs Y Spencer
Family of Dr A Sweet
Dr & Mrs P & E Williams

Contributor

$5,000 – $9,999
Mr & Mrs S & W Hanlon
Mr & Mrs L & M Heale
Mr J Hope
Mr S Thong
Mr & Mrs K & A Thornton
Mr S Wellard

Supporter

$2,000 – $4,999
Mr D Alder
Miss P Alston
Mr & Mrs L & R Arthur
Mr R Beaconsfield
Miss J Bell
Mr G R Blair
Mr D Buchanan
Mr & Mrs P & I Canet
Mr & Mrs J & M Carroll
Mr J Conroy
Mrs P Fairweather
Mr D Fitzpatrick
Mr T Flood
Mrs S Gelman
Mr & Mrs G & M Gilbertson
Mr R Glenn
Dr P Godfrey
Mr & Mrs A & C Gorrie
Mr & Mrs S & T Greedy
Mrs C H Harris
Mr & Mrs I & N Harris
Miss W Hurse
Mrs M Kloss
Mrs E M Law-Smith
Mr G Maguire
Mrs M Manders
Mr N A Martin
Mr T McCrann
Mr T McLendon
Mr J McPhee
Mr C McPherson
Mrs S L Muir
Mr & Mrs R & H Neilson
Mr & Mrs S & W Olenick
Mr S J Palamara
Mr P Rose
Mrs E Rothfield
Mr G Wignell
Dr E Xipell

**Corporations**

- Abbott Australasia Pty Ltd
- Advanced Medical Transport
- Advantage Salary Packaging
- ANZ Banking Group Limited
- APDD
- Australia Post Corporation
- Bates Smart
- Baxter Healthcare Pty Ltd
- Bidvest Melbourne
- Boston Scientific Pty Ltd
- C R Kennedy
- Corporate Express
- Danar Pty Ltd
- Data Agility Pty Ltd
- Deloitte Touche Tohmatsu
- Device Technologies Australia
- Emirates Leisure Retail (Aust)
- Ethicon (Johnson & Johnson)
- Gallagher Bassett Services Pty Ltd
- Holding Redlich
- HPS Pharmacies
- Hudson Conway Ltd
- Hudsons Hospitals Victoria Pty Ltd
- IAPA Investments Pty Ltd
- ING Medical Properties Trust
- ING Real Estate Healthcare Fund
- IPR Nominees Pty Ltd
- Jellis Craig (Clifton Hill) Pty Ltd
- Jellis Craig (Ivanhoe) Pty Ltd
- Life Healthcare
- Maquet Australia Pty Ltd
- Medibank Private
- Medtronic Australasia
- Melbourne Pathology
- MIA Victoria
- Monash IVF
- NAB Health
- National Australia Bank
- Norman Disney Young
- Olympus Australia
- Optus
- PCI
- Philip Webb Real Estate
- Princes Laundry Services
- Radiation Oncology Victoria
- Rider Levett Bucknall
- Silver Thomas Hanley
- Slade Pharmacy
- Spotless Linen Services
- Transport Accident Commission
- Tyco Healthcare Pty Ltd
Epworth Richmond will be redeveloped and expanded over the coming years to provide for future health demands.

The purpose-built acute and rehabilitation facilities will promote collaboration between teaching, research and clinical care, and better meet patient, staff and doctor needs.
The Epworth Richmond redevelopment provides for an exciting vision that includes 777 acute and rehabilitation beds; 430 new inpatient beds replacing over 160 beds; a new emergency department; 23 new operating theatres replacing six; and four new catheter labs replacing the existing four.

The redevelopment will provide an additional 19 Critical Care beds in a new 24 bed Intensive Care Unit and 49 bed coronary care unit. These facilities will replace the existing 15 bed ICU. It also includes an expansion of oncology services on site.

New rehabilitation facilities will extend the specialist rehabilitation and trauma services for people across Victoria including increased gym and therapy space.

The proposed redevelopment will be built on the existing site along the Erin Street frontage, in four stages over a number of years. Over 390 new on-site car spaces will be provided in a new underground car park that links the Erin Street buildings with the existing Bridge Road basement car park.
Epworth Richmond will be redeveloped and expanded over the coming years to provide for future health demands. The purpose-built acute and rehabilitation facilities will promote collaboration between teaching, research and clinical care, and better meet patient, staff and doctor needs.