ICU staff at Epworth Freemasons closely monitor patients’ health throughout the night.
Every day we deliver specialist health care to thousands of patients at seven hospitals in the Melbourne metropolitan area.

Epworth HealthCare staff—from those most visible to those behind the scenes—are all working towards one goal: to improve patients' lives.

In 2009/10, we celebrated 90 years of proud service in Victoria. Our place as a long-standing provider of quality health care owes much to our ability to adapt to the changing demands of medical care. We have the best staff and are developing the best facilities to rise to this challenge as we look towards the next 90 years.

Every day we strive for excellence, everywhere. Through research and teaching we are also working towards a better tomorrow for patients of the future.

This is a snapshot of our day.
The Board is responsible for determining the strategy of Epworth HealthCare and for ensuring the group pursues this strategy as efficiently as possible. Our goal is to provide excellent care for our patients. In monitoring the efficiency with which we are achieving this, the Board requires and receives regular reports on how our hospitals are operating.

Most of these reports find their way to the monthly meetings of the Board through our committees. For example, applications for approval of research projects come to the Board via the Human Research and Ethics Committee; reports on any pressure ulcers or infections come via the Patient Care Council; and reports on the progress of building developments come via the Major Property Development and Procurement Committee. I thank the members of the Board who participate in these committees, the managers who prepare the reports considered by the committees, and the highly-skilled people who assist the work of the Board and the Epworth group.

This report focuses on the theme of ‘every day’. Members of the Board gain insights into the day-to-day operations of Epworth in many different ways. I meet with Alan Kinkade, Group Chief Executive, at 07:30 each Monday so we can discuss the key issues that are likely to arise in the week ahead.

The Deputy President of the Board, Janet Latchford, and I are present at one or two meetings each week as well as other functions.

I appreciate the active contribution of all Board members. We are grateful to the staff who provide reports and keep us informed.

Our improved financial and operational performance has resulted in our ability to purchase the Camberwell property and 50 per cent of the Epworth Freemasons’ Clarendon Street site. These steps reflect the turnaround in our performance.

Over the next few years, some of our greatest operational challenges will result from our building redevelopments—at Richmond, Camberwell and Clarendon Street. These redevelopments are needed if we are to provide facilities of the quality required by our patients, staff and doctors. We thank our benefactors for supporting us in these endeavours.

The development projects will present two challenges. Firstly, we will have to ensure that the projects are managed on time and within budget. The sums of money involved amount to hundreds of millions of dollars, and the consequences of not controlling costs could be serious.

The second challenge will be to maintain excellent patient satisfaction and clinical outcomes while the development projects are underway. This will not be easy. But the challenge is worthwhile, because the end is to provide physical facilities and equipment that are world class. We should settle for nothing less.

Dr Philip Williams
At Epworth HealthCare, we focus on Excellence, Everywhere, Everyday. It is our commitment to achieving consistent, high quality patient care every day that defines our hospitals. We value excellence, and are proud of our significant clinical achievements and medical advances.

Our commitment to quality care has seen our performance strengthen each year. Patient admissions and the number of operations performed have increased by more than 75 per cent over the last five years, and our same-day surgical procedures more than doubled during this time. I am proud of how far we have come and with the direction in which we are heading.

In 2009/10 we invested $15.7 million in operating capital expenditure to improve patient treatment and care, and celebrated a number of medical achievements.

- We had an Australian first when surgeon Mr Daniel Moon removed a kidney through a 2cm hole in a patient’s navel, significantly reducing the risk of infection and improving recovery time.
- An innovative CoreValve System was used to implant replacement heart valves in Epworth patients, performed in our cardiac catheter laboratories. This enables patients to avoid risks associated with major surgery.
- Epworth patients were the first from Victoria to be enrolled in an international study of abdominal aortic aneurysms to improve treatment for patients living with this condition.

We are able to achieve such medical firsts because our doctors and staff are dedicated to excellence in patient care. The Epworth Excellence initiative has been expanded to further enhance patient care through exceptional customer service and skilled and supported staff. As a result we have seen impressive improvements in patient, staff and doctor satisfaction.

There have been remarkable results with the introduction of hourly patient rounds. For example, Epworth Eastern has achieved a 36 per cent reduction in patient falls, a 50 per cent reduction in medication errors and a significant reduction in pressure ulcers over the past year. These results also saw Epworth Eastern awarded the prestigious Australian Private Hospital Association/Baxter Award for Clinical Excellence in 2009.

We continue to achieve significant milestones with our teaching hospital model. Epworth signed an affiliation agreement in 2009 with the US teaching hospital, Cleveland Clinic, to provide unparalleled opportunities for our current and future clinicians, with the first exchange of Fellows between both organisations in 2009/10.

A donation of $7.5 million from the Victor Smorgon Charitable Fund established the Victor Smorgon Epworth Education & Research Institute. The donation funded three academic Chairs in Medicine, Surgery and Rehabilitation Medicine, building on our partnerships with Monash University and the University of Melbourne.
Epworth is expanding its role in the education of health professionals with over 1,000 students placed from 14 universities and colleges. We successfully secured funding through a number of government grants, further increasing the capacity to train medical, nursing and allied health students at Epworth.

A number of strategic acquisitions were made including the assets of Cliveden Hill Private Hospital in East Melbourne, now Epworth Cliveden. We also acquired the property of Epworth Rehabilitation Camberwell and a 50 per cent interest in Epworth Freemasons’ Clarendon Street property. These two investments enable us to move forward with redevelopment plans to further enhance our services for future patients.

The Epworth Richmond redevelopment has commenced which will see it become Australia’s largest private hospital and surgical hospital. This will deliver state-of-the-art facilities, increased specialisation and enhanced amenities to promote collaboration between teaching, research and clinical care. A capital campaign is underway to support the funding of this expansion.

Opportunities for the growth of services and sites have been developed in response to community need. Construction of the redevelopment at Camberwell will deliver increased rehabilitation services and the provision of mental health services.

Heads of Agreement were signed with two universities in Victoria to explore the feasibility of building academic teaching hospitals. Specialist centres to provide community-based services are also being developed.

Our values and behaviours have been communicated across the group and, through these, staff and doctors can help shape Epworth’s future. It is encouraging to see how everyone has embraced what Epworth stands for.

The quarterly CEO dinners have been a wonderful way to recognise and acknowledge our staff, coupled with initiatives such as the Leadership Development Program, staff thank you notes and scholarship program.

We continue to encourage our staff, to develop their skills and explore their potential.

In 2009/10, Epworth was again recognised by the Federal Government as an Employer of Choice for Women. We are one of the few organisations to be acknowledged consecutively over the last nine years for creating a fair workplace and achieving genuine outcomes for working women.

Supporting our communities is an important expression of our values and behaviours. In 2009/10 we continued to donate surplus food to assist FareShare in their mission to feed Victoria’s homeless and hungry. We developed an Epworth Workplace Giving Program for staff to have the opportunity to donate to one of six charities through payroll deduction. We continued to be involved in a number of charity events and supported Wesley Mission at Christmas time to help families in need.

Epworth’s rich history was celebrated throughout the year as we acknowledged our 90th birthday. A commemorative dinner was held in February 2010 in the Plaza Ballroom at the Regent Theatre. In March, a twilight evening at the Melbourne Zoo marked the occasion for staff and their families. Our history, Epworth: A tradition of care, by Dr Janette Bomford, was launched at Government House by the Governor of Victoria, Professor David de Kretser AC and Mrs de Kretser. It acknowledges the contribution of the doctors, nurses, allied health professionals and support staff who have provided quality patient care over the years, and the contribution of benefactors, Board members, administrators and volunteers. We are all, quite rightly, proud of our rich history.

It is an exciting time ahead for Epworth and I would like to thank all our staff, doctors and service partners and our generous benefactors and volunteers for their commitment to our continuing ambition in achieving Excellence, Everywhere, Everyday.

I also thank the Board, led by Dr Philip Williams, for their guidance and support over this year of significant achievement.

Mr Alan R Kinkade
I am pleased to report on the activities of the Medical Advisory Committees and the Group Medical Advisory Council for this year.

Firstly, I would like to thank the doctors serving on these committees for their contribution to making Epworth a great health care institution.

The Group Medical Advisory Council is a committee of the Board of Management, and its functions are prescribed by the Epworth Foundation Act 1980 (Vic). The Medical Advisory Committees at each of our four divisions report to the Group Medical Advisory Council, and provide invaluable advice on a range of clinical and professional matters. In particular, the committees review applications for clinical privileges at Epworth. The local knowledge possessed by committee members helps us ensure that we have the right specialists performing the right range of procedures at each of our campuses.

The major areas of focus of the divisional advisory committees and of the Group Medical Advisory Council over the past twelve months have been:

- advice on credentialing and scope of practice for new applicants and reapplicants
- advice on the introduction of new technologies ensuring patient safety while also keeping Epworth at the forefront of clinical innovation
- engagement in our expanding teaching and research programs as part of our wider teaching hospital strategy
- regular communication with specialist groups and with the wider Epworth medical community.

The coordination of all these functions has only been made possible by the tireless work of the medical services team.

We do have significant challenges ahead. The building developments at Richmond and Camberwell sites will inevitably have some impact, but there is a positive acceptance that the changes will bring very substantial improvements to the professional lives of my colleagues as well as substantial benefits to our patients.

Epworth is now committed to a teaching hospital model. We will need to look at how we manage increasing demand from a range of universities for Epworth to teach medical students, especially with the large increase in numbers of medical students across Australia.

Clinical research is another major focus area, and we are working to enhance our research culture and improve the coordination and publication of some of the great work carried out at Epworth.

Epworth has introduced a values and behaviours statement. We expect that our visiting doctors will also subscribe to this charter, and the early signs are the overwhelming majority of our doctors understand and are happy to endorse it.

We look forward to another busy twelve months in our Medical Advisory Committees and at the Council.

Dr Ronald J Dick
## Year at a glance

### Total bed days

<table>
<thead>
<tr>
<th>Year</th>
<th>Bed Days</th>
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<tbody>
<tr>
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<tr>
<td>2006/07</td>
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<tr>
<td>2007/08</td>
<td>349,567</td>
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<tr>
<td>2008/09</td>
<td>364,970</td>
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<tr>
<td>2009/10</td>
<td>369,759</td>
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### Total patient admissions

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<th>Admissions</th>
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<td>2008/09</td>
<td>107,504</td>
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<tr>
<td>2009/10</td>
<td>112,769</td>
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### Overnight occupancy

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<th>Percentage</th>
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<tbody>
<tr>
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<tr>
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<td>76.8%</td>
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<td>85.2%</td>
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<tr>
<td>2009/10</td>
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### ICU bed days

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<tr>
<td>2009/10</td>
<td>7,755</td>
</tr>
<tr>
<td>Year</td>
<td>Operations performed</td>
</tr>
<tr>
<td>----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>2005/06</td>
<td>38,709</td>
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<tr>
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<td>2007/08</td>
<td>60,421</td>
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<tr>
<td>2008/09</td>
<td>66,126</td>
</tr>
<tr>
<td>2009/10</td>
<td>70,573</td>
</tr>
</tbody>
</table>

A newborn baby is settled by an Epworth Freemasons midwife within hours of birth.
“I appreciate the opportunity to be closer to people when they’re going through the fear and uncertainty of treatment. It is a privilege to help them and their families through difficult times.

Cancer experiences are always different and some illnesses are highly unpredictable. The challenge for us is to keep up with the latest developments that bring better results, and then apply them to patients where appropriate. People are living with cancer longer than they were a decade or even five years ago, thanks to an expanding program of clinical trials and research. At Epworth, we have the opportunity to participate in Australian and international clinical trials, so we try to offer the option of participating in them to as many patients as possible.

I feel for my patients because a cancer diagnosis and treatment can be frightening. My role is to put all the cards on the table and explain the benefits and side effects of whatever treatment options they decide to take. Fortunately, modern treatments are often better tolerated—there are either fewer side effects or we use new medications to deal with those side effects.

Some people choose not to go ahead with treatment or stop it after a while. When this happens, it is important to me to offer the best support and palliative care.”

Dr Ross Jennens
Epworth HealthCare prides itself on not just communicating its values of respect, excellence, community, compassion, integrity and accountability, but delivering on them in a real and meaningful way. Oncologist Dr Ross Jennens sees patients when they and their families are going through some of the most painful and stressful times in their lives. His priority is to help them choose the most appropriate treatment options, ensuring that his patients’ wishes are treated with dignity and respect.
**Epworth HealthCare** is one of Australia’s largest not-for-profit private hospital providers, caring for over 112,000 inpatients each year, with over 27,000 emergency attendances and more than 97,000 rehabilitation outpatient sessions.

Epworth operates seven hospitals and has strategic affiliations with prominent international and national health organisations. It is one of the most advanced medical and surgical services in Australia, with 2,900 accredited medical practitioners, over 4,300 staff and 150 volunteers working in partnership every day to deliver acute surgical, medical, obstetrics and rehabilitation services.

In 2009/10 Epworth commenced several redevelopment projects, expanded its capabilities as a recognised teaching hospital, and continued to set the standard of clinical care through a wide range of innovations designed to meet patient and doctor expectations.
A successful year

A critical focus for Epworth over the past three years has been to achieve and maintain financial and operational stability. Each year performance in this area has strengthened.

In 2009/10 Epworth also exceeded expectations in clinical services and patient care:

- patient admission numbers increased to 112,769, up almost 5 per cent
- patient bed days totalled 369,759
- theatre procedures increased more than 6.5 per cent to 70,573
- births increased to 3,749, an increase of more than 4 per cent
- overnight occupancy rates averaged 87.3 per cent
- patients treated in emergency increased to 27,047.

A total of $15.7 million was invested in operating capital expenditure to improve patient treatment and care. To meet the growing demand for services, staffing increased by 4.5 per cent to 4,314. Over 2,900 medical practitioners were accredited to treat at Epworth.

Epworth Excellence

Epworth Excellence continued to be an important part of the Epworth culture during 2009/10, with 11 staff attending Studer conferences and visiting US hospitals where the Studer methodology has been successfully implemented.

Established in the previous year in partnership with the Studer Group, Epworth Excellence is a group-wide cultural change initiative. It supports Epworth’s ability to provide exceptional care and service, achieve excellent outcomes for patients, and ensures Epworth is a great place to work for staff, volunteers and doctors. This is achieved through a consistent focus on values and behaviours, customer service and leadership development.

The Epworth Excellence program was implemented across all sites and divisions during 2009. An Epworth Excellence Steering Committee and Champions Group determines the best possible strategies for making sure all staff across the entire organisation understand Epworth Excellence, its aims and how to apply it to their day-to-day activities.

Staff have worked to embed the values through initiatives such as team charters, staff forums, and employee and team recognition.

Epworth continues to receive positive feedback as a result of these initiatives. The program’s success has already been demonstrated with Epworth Eastern achieving a 36 per cent reduction in patient falls, a 50 per cent reduction in medication errors and a significant reduction in pressure ulcers over the past year. The hospital also won the prestigious 2009 Australian Private Hospitals Association/Baxter Award for Clinical Excellence.

Creating a premier teaching hospital

Epworth is committed to making a substantial contribution to medical education. Epworth has expanded its teaching capabilities by increasing the number of Registrar and Fellow positions to 46.5.

In August 2009, Epworth signed a world-first affiliation agreement with the renowned US teaching hospital, Cleveland Clinic.

This affiliation provides Epworth with an opportunity to expose Australian Registrars and Fellows to international training experiences for the benefit of patients and research.

Epworth has also signed two Heads of Agreement with universities to explore opportunities to build two new major teaching hospitals in Victoria. Based on successful international models, these collaborations look to establish comprehensive acute and rehabilitation hospitals within university precincts.

The importance of teaching in a private hospital setting was acknowledged in August 2009, through a substantial donation to Epworth from the Victor Smorgon Charitable Fund. The generous donation of $7.5 million established the Victor Smorgon Epworth Education & Research Institute in Hoddle Street Richmond, and funded three academic Chairs.

The Clinical Institute framework, put in place last year, also plays an integral part in enabling Epworth to become a premier teaching hospital. More information about the Clinical Institutes and their highlights for 2009/10 can be found on page 52 of this report.
Epworth HealthCheck is a comprehensive health screening service, which provides clients with a thorough assessment of their physical wellbeing.

This preventative style of health care is designed to detect any potential health problems and provide guidance on lifestyle changes.

Some of the services included in HealthCheck are assessment and screening for cardiovascular risk, diabetes and cancer risk factors, as well as liver and kidney function. Also included are physical assessments including height, weight, blood pressure and strength and stamina exercises.

In 2009/10 Epworth HealthCheck played an integral role in diagnosis of early instances of prostate, kidney and bowel cancer. Life-saving interventional cardiac procedures were also undertaken in a number of Epworth HealthCheck patients as a result of the early detection of cardiac disease.

Supporting the community

Epworth encourages and supports staff to contribute to their community and engage with causes close to their heart. It also looks to how it can make a contribution through the day-to-day activities of its hospitals.

A recent commitment to donate surplus food has helped FareShare in their mission to give healthy, nutritious meals to Victoria’s hungry and homeless people in need.

Additionally, throughout 2009/10, Epworth staff have been involved in a number of community activities.

The Salvation Army in Box Hill (next to Epworth Eastern) provides a dinner every Sunday for members of the local community with volunteer cooks preparing and serving the meal. Staff at Epworth Eastern volunteer to shop, cook and prepare these dinners every six weeks.

Epworth was actively involved in the Breast Cancer Network Australia (BCNA) Field of Women event at the MCG as a Super Supporting Team. BCNA raise awareness and funds to ensure women diagnosed with breast cancer, and their families, receive the best information, treatment, care and support.

In 2009/10 Epworth introduced a Workplace Giving Program, where staff can donate to a charity through payroll deduction. Six charities were chosen by staff: Epworth Medical Foundation, Epworth Research Institute, Make A Wish Foundation, beyond blue, Lort Smith Animal Hospital and Médecins Sans Frontières.

Staff also support a range of other charities and causes by being actively involved in Daffodil Day for the Cancer Council, Prostate Cancer Awareness Week, Brain Injury Awareness Week, International Midwives Day, International Nurses Day, Ride to Work Day, and Around the Bay in a Day to support the Smith Family’s Learning for Life education program.

In addition to this, Epworth Eastern supports charities within their local community. Staff at Epworth Eastern donate to Harrison Community Services which assists families and young people in crisis. They also support Community Options and Booroondara Community Outreach which helps adults, many with a dual diagnosis of a mental health condition and disability.

At Christmas, which is often a time of real need for many in the community, Epworth supports Wesley Mission’s Food for Families campaign. This involves staff members from across all divisions of Epworth donating non-perishable food items, toiletries, toys and gifts to help families and individuals who may need some assistance at this time.

Inspiring future leaders

Epworth’s commitment to grow the capabilities of its staff was a major focus in 2009/10 with the commencement of the Leadership Development Suite. The Suite is designed around eight key leadership competencies deemed critical to leadership success.
It comprises a five day Leadership Essentials foundation program for all leaders, supported by a range of opt-in workshops to further develop areas of particular interest. During the year, 159 Operational and Emerging Leaders graduated from the Leadership Essentials Program, and 115 participated in the eight opt-in modules that were offered during the year.

The leadership development activities were supported by the launch of a comprehensive toolkit and face-to-face forum for new managers. Executive staff were supported with the launch of Epworth’s Executive Coaching initiative, with a 360 degree appraisal process to help guide their coaching discussions.

Epworth Cliveden

Epworth has expanded its clinical facilities to include the former Cliveden Hill Private Hospital in East Melbourne. The hospital, which has operated for over 100 years, specialises in cosmetic, plastic and construction surgery, gynaecology and maxillofacial surgery.

A number of refurbishments have been made to improve the service for patients, staff and doctors. The acquisition expands Epworth’s surgical service offering, while providing exciting opportunities for the future.

An historic occasion

In 2010 Epworth celebrated its 90th birthday. This auspicious event was marked with a black tie ball for 400 guests at the Plaza Ballroom at the Regent Theatre; an evening at Melbourne Zoo to thank staff and their families; and the Governor of Victoria, Professor David de Kretser AC and Mrs de Kretser, launching a history book Epworth: A tradition of care by historian Dr Janette Bomford.

A ‘history wall’ was also launched at Epworth Richmond to further celebrate the group’s long and rich history. The wall captures important milestones since inception, with a timeline filled with photographs and memorable stories. The overall effect is a beautiful visual display for patients, staff and visitors to enjoy.

Strategic growth

The redevelopment of Epworth Richmond was approved in 2009/10 and Boulderstone engaged to build the Bridge Road component. When the renewal and expansion is finished at this site, Epworth Richmond will be the largest private hospital and the largest surgical hospital in Australia, with 777 beds and 39 operating theatres (includes 4 cardiac catheter laboratories). A capital campaign has commenced to support the funding of the redevelopment.

In 2009/10, Epworth also acquired the property which accommodates Epworth Rehabilitation Camberwell and secured a 50 per cent interest in the Clarendon Street property, where Epworth Freemasons is located.

These strategic investments provide greater certainty and allow Epworth to move forward with the redevelopment plans for these facilities.

The development application for Epworth Rehabilitation Camberwell was also approved and work will commence in the near future to expand existing services and develop new ones, including the provision of mental health services in response to the increasing need in the community.

Technological advancements

In 2009/10, Epworth became the first hospital in the Asia-Pacific to install the latest imaging technology in its cardiac catheter laboratories, enabling greater capacity for coronary intervention. Other advancements included:

- the first installation in Australia of the world’s most advanced CT scanner, offering patients the shortest possible time inside a scanner
- CoreValve System technology which helps patients avoid the risks of open-heart surgery
- the acquisition of a radiolucent Jackson table permitting 3D spinal navigation
- development of a group-wide information system by TechnologyOne to manage core services
- a new phone system, upgrade of the nurse call systems, and new payroll and human resources systems.
Looking after staff

Epworth is strongly committed to creating a fair workplace. In particular, a number of policies and practices have been put in place to support women across the organisation. The approach includes providing mentoring and career development opportunities, flexible rosters to accommodate staff members with family responsibilities, part-time work and paid maternity leave.

Epworth has, once again, been recognised by the prestigious ‘Employer of Choice for Women Award’. This is the ninth consecutive year Epworth has received the award from the Federal Government’s Equal Opportunity for Women in the Workplace Agency.

Recognising and acknowledging individual staff members for their contribution is a priority at Epworth. Each year Epworth supports professional learning endeavours through a scholarship program. Up to $10,000 is awarded to each recipient to fund a professional course, conference or project.

The list of the 2009 scholarship recipients can be found on page 62 of this report.

CEO dinners also play an important part, providing an opportunity to formally thank staff for their efforts during an entertaining evening, with those invited to attend receiving a certificate of appreciation. Additionally, service award ceremonies are held throughout the year to recognise long service milestones.

Volunteers

Epworth values its 150 volunteers. They work throughout the hospitals—greeting visitors and providing them with information and directions. They help staff on the wards, in day surgery, emergency department, the library and many other areas. Volunteers also assist in the running of the gift shop, maintaining some of the gardens, supporting the cardiac rehabilitation HeartSmart program, and help with administrative tasks for a number of different departments.

At Epworth Rehabilitation, volunteers work closely with staff helping patients who have a lengthy stay by visiting wards, as well as helping the occupational therapists with patient needs.

Volunteers undergo full training and orientation prior to starting their role.

Some of the highlights over the last 12 months include:

- patient afternoon tea programs run by volunteers to engage elderly patients who are waiting for a residential care placement in an aged care facility
- smart, professional uniforms supplied to volunteers, to help patients and visitors readily identify who can provide assistance
- introduction of Wayfinder Walker Volunteers at Epworth Richmond to escort visitors directly to medical suites and wards
- international medical students volunteering in the maternity unit, day oncology ward and day surgery unit at Epworth Freemasons
- the symbolic planting of a gum tree during National Volunteer Week.

Working with General Practitioners

The Epworth GP Liaison Unit coordinated an extensive continuing professional development (CPD) education program for General Practitioners (GPs). Over 70 meetings were held across the Epworth group.

Further programs were held on site at Ashwood Medical Group, Surrey Hills Medical Centre, Manningham Medical Centre and Blackburn Clinic. Epworth specialists presented at each of these sessions on topics identified by the GPs. The program is fully accredited by the Royal Australian College of General Practice (RACGP).

Epworth hosted its third annual GP Conference in August 2009. The conference is the largest CPD meeting hosted by Epworth. It was a great success with 103 GPs from across Victoria attending, and a total of 37 specialists from across all Epworth sites presenting at the conference.
The conference provided an excellent opportunity for Epworth to engage with GPs and communicate the services available at Epworth. Sessions included: women’s health, stroke and vascular disease, common problems in General Practice, respiratory medicine, orthopaedic presentations, CPR, emergency medicine, and screening and diagnosis of cancer.

**Media relations**

Epworth featured regularly in both electronic and print media. *The Age, Herald Sun* and *Whitehorse Leader* ran several multi-page features about doctors, medical procedures and Epworth HealthCheck, including several images taken in Epworth consulting rooms, clinics and operating theatres. Epworth specialists also featured in talkback segments on radio.

Several programs, such as *Australian Story, Landline, 7:30 Report* and *60 Minutes* ran stories about patients’ rehabilitation journeys.

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**Epworth Pastoral Care**

Pastoral Care has been part of Epworth since its beginnings in the 1920s. As a professional discipline, Pastoral Care has its own unique contribution and place in the health care team.

The Pastoral Care team is made up of a number of Pastoral Care professionals at Epworth campuses. They work together to further enhance the Pastoral Care services across the group, and ensure the service is delivered consistently at acute hospital and rehabilitation sites.

Pastoral Care at Epworth has been active in extending its education with the establishment of a Clinical Pastoral Education Centre. The Centre offers a comprehensive education program for those seeking to provide Pastoral Care in a professional capacity.

**Clinical Pastoral Education**

is an action-reflection process of education, focussed on enhancing pastoral identity and skills. Throughout the course the interns develop a deeper understanding of both the challenges and rewards associated with the role of a Pastoral Care worker in a hospital environment.

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**Library services**

Epworth has a well-equipped library to support the research and studying requirements of its staff, doctors and students on placement.

The library is located at Epworth Richmond and services all sites through an electronic library portal and hard copy resources supplied via courier. Freely accessible and housing over 4,000 catalogued items, the library is an important resource. Services include internet access, photocopying, scanning and printing, studying facilities, a bookshop and access to a number of online databases.

In 2010, the library launched the much anticipated UpToDate database, which is available to all staff. The database is the world’s most widely used clinical decision support tool, trusted by over 360,000 clinicians worldwide. Independent studies have confirmed that the widespread use of UpToDate has had a profound impact on patient care, enabling users to answer questions quickly while increasing their general clinical knowledge. Providing access to UpToDate for all staff demonstrates Epworth’s commitment to excellence.

The library employs three qualified staff to assist with enquiries and information searches, provide training on using the library resources, and disseminate information bulletins regarding current journal contents and research funded by Epworth.

The recreational library, available to all staff and patients, consists of a small collection of fiction and non-fiction books. Volunteers visit patients with a book trolley during the week.
“Prior to joining Epworth Eastern over a year ago, I was a cleaner at a nearby hotel. While I enjoyed my work there, the day-to-day interaction with patients I experience at Epworth makes this new role that little bit more rewarding.

It’s amazing to think that patients, who are often in a lot of pain after an operation, still make the effort to smile at you, and show you they are happy with the service that we provide—that’s the biggest difference.

This year we introduced the Goodnight Service, where we visit each patient’s room for a quick tidy, a chat about their day, and anything else that will make their stay that little bit more comfortable.

We know that hospital is not always where a patient wants to be, so we try to make a more comfortable environment for them, by giving them extra room service. This makes our patients quite happy.

I enjoy working here because we have a good system, and we work well as a team.

For me it’s really rewarding to see people who are happy as a result of the service you extend to them.”
Epworth Eastern continues to set new standards in patient care. Bob Catolico, an Environmental Services Assistant, believes that it is the little things in hospital that make the biggest difference. The team has introduced an award-winning initiative that makes patients’ time in hospital more comfortable.
**Epworth Eastern** is the largest not-for-profit private hospital in Melbourne’s eastern corridor. This state-of-the-art hospital has 223 beds, including an 18 bed critical care unit. Its principle focus is cardiac, vascular, orthopaedic, urology, colorectal and general surgery, and comprehensive cancer and endoscopy services.

An ongoing commitment to excellence at Epworth Eastern has seen significant innovations in clinical and patient care over the past year. As a result, Epworth Eastern was awarded the prestigious 2009 Australian Private Hospital Association/Baxter Award for Clinical Excellence.

Epworth Eastern continues to play an active role in the local community, and was recognised in 2009 as an inaugural inductee of the Whitehorse Business Group Hall of Fame.
Improved and expanded services

During 2009/10 a number of improvements to services were implemented at Epworth Eastern.

Consulting suites were built to accommodate the growing number of specialists choosing to practise at the hospital, including OrthoSport Victoria and North Eastern Weight Loss Surgery. The expanded consulting facilities offer patients access to an increased range of specialist services within one location.

A discharge lounge was also introduced, allowing patients to continue to receive quality care after they have been discharged from their room. Patients waiting for relatives or friends to collect them, or waiting to transfer to another facility, can take advantage of the lounge which is staffed by a Registered Nurse.

A commitment to excellence

Epworth Eastern was awarded the prestigious 2009 Australian Private Hospital Association/Baxter Award for Clinical Excellence.

The award recognised an exceptional program of improvement, including the introduction of hourly nurse rounds, improved patient satisfaction, and a significantly reduced rate of patient falls, pressure ulcers and medication errors.

The ‘We Can Make a Difference’ program, part of the Epworth Excellence initiative, utilised hourly patient rounds and feedback between Nurse Unit Managers and staff to meet its goals.

The program resulted in a 36 per cent reduction in patient falls and a 50 per cent reduction in medication errors over the past year.

The implementation of this program across Epworth Eastern not only achieved improved patient safety and satisfaction, but also improved staff job satisfaction, through increased positive feedback.

Epworth Eastern also increased its overnight patient occupancy by 15 per cent and recorded a marked increase in compliments received from patients and families.

Teamwork delivers outstanding critical care

Vascular surgeon Professor Michael Grigg and cardiologist Dr George Proimos, with the support of Epworth Eastern’s intensive care unit and cardiac catheter laboratory teams, performed an unprecedented hybrid procedure in June 2010.

The specialists worked alongside each other to perform an urgent aortic valvoplasty, which involved the repair of a stenotic aortic valve using a balloon catheter inside the valve.

The hybrid procedure occurred after a patient suffered a heart attack. During urgent treatment by cardiologist Dr George Proimos, three stents were inserted to restore the patient’s blood flow.

An abnormal narrowing of the aortic valve, known as a critical aortic stenosis, was discovered during surgery. At this point the treatment team decided an urgent aortic valvoplasty was required.

Following this successful surgery, the patient was discharged to undertake a rehabilitation program, and has since made a full recovery.
Abdominal aortic aneurysm study

In April 2010 Epworth Eastern specialist Professor Michael Grigg enrolled the first patients from Victoria in a comprehensive international study of abdominal aortic aneurysms (AAA).

Common among older men and smokers, an AAA presents as an extreme dilation of the abdominal aorta which, if ruptured, can be potentially life-threatening.

The study involves 1,200 patients from across six continents, and will be the largest of its kind. Patients who undergo endovascular stent grafts will be monitored for five years, with the key results being reported after the first 12 months, to contribute to improved treatment and care of patients with this type of aneurysm.

Latest technology advances clinical care and patient comfort

An integrated bedside clinical application and patient entertainment system was introduced across Epworth Eastern in April 2010, reinforcing its status as a leader in using the latest technology to improve patient care and comfort.

Through touch-screen monitors at the bedside, patients can access a variety of entertainment options including free-to-air TV and FOXTEL, radio, movies, audio books, games, internet and email.

The system also offers secure access for clinicians and specialists using biometric fingerprint identification, enabling them to conduct a bedside review of radiology, pathology, medication, and current and past patient admission notes.

Epworth Eastern is one of only a few hospitals in Australia to offer this technology.

Improved technique leads to better surgery outcomes

Epworth Eastern’s upper gastro intestinal surgeon Mr Sean Mackay pioneered new surgery techniques to reduce visible scarring and pain, often producing faster recovery times.

The single incision laparoscopic surgery (SILS) technique means body parts, like gall bladders, can be removed with just one 2cm incision below the belly button, instead of the four incisions that are usually required in keyhole surgery.

The new technique allows multiple instruments to be inserted through just one hole. Although more technically demanding than other methods, it is now being used by Mr Mackay in a majority of his gall bladder surgeries, as well as operations on spleens and other organs.

Growth in training and education

Epworth Eastern increased its role in the education of the doctors and nurses of the future. A total of 15 Division One nurses and 15 enrolled nurses (previously known as Division Two nurses) commenced their graduate year program in 2009/10.

Epworth Eastern hosted three General Medicine Registrars in 2010, and for the first time, Registrars specialising in Haematology and Oncology, and General Surgery.

The partnership with Box Hill Institute Nursing Education Centre continued, allowing Registered enrolled nurses to undertake simulated education sessions and clinical nursing and medical staff to receive training in medical emergency procedures. Arrangements are in place for senior clinical, nursing and medical staff to undergo regular medical emergency team (MET) training through simulated case studies at the Simulation Centre.

10:32

Theatre recovery is busy at Epworth Eastern with more than 50 procedures performed daily
In June 2010, Epworth Eastern’s Environmental Services team gained national recognition through the Private Hospitals Association of Queensland’s 7th Annual Innovative Practice Awards, placing runner up for their ‘Goodnight Service’ initiative.

Following an analysis of patient satisfaction ratings and the quality of cleaning standards, Epworth Eastern staff determined a review of the state of patients’ rooms at the end of each day was important.

The implementation of an end-of-day room check, known as the ‘Goodnight Service’, resulted in an immediate rise in patient satisfaction ratings. The service takes place in the early evening, with cleaning staff fulfilling patients’ requests for room cleaning before politely thanking them and saying goodnight.

This commitment to improve customer service was supported by an investment of extra environmental staff hours. Patient satisfaction surveys and internal reviews indicated immediate improvements of up to 6 per cent in room cleanliness, courtesy of cleaning staff and internal cleaning audits.

Engaging with the community

Since opening in 2005, Epworth Eastern has sought to continually engage with the local community. Initiatives such as Epworth Eastern’s food outreach program involves the preparation of meals for disadvantaged people in the local community. It also provides staff with a rewarding experience with each other outside the workplace while supporting those less fortunate.

Epworth Eastern’s commitment to local activities contributed to its induction into the inaugural Whitehorse Business Group Hall of Fame in 2009.

Active staff

Epworth Eastern’s success continued on the sporting field, as team members won a gold and silver medal in events at the 17th Australian Corporate Games. The games encourage companies to support employees in their pursuit of a more active, healthier lifestyle.

Epworth Eastern competed against 50 similarly-sized organisations across 17 sports, including basketball, tennis, golf, badminton, cricket, netball, running and swimming.

Sharing success on the world stage

In October 2009, Epworth Eastern Executive Director Vincent Borg was one of three international speakers invited to present at the Canadian Healthcare Business Development Network Conference entitled ‘Rethinking the Business of Health Care’.

The conference focused on revenue sources that impacted on a hospital’s bottom line. Mr Borg also had an opportunity to visit several hospitals in Toronto, and returned with insights into various strategies used to engage staff, deliver quality care and increase revenue.

Urology Fellow Mr Dennis Gyomber received the award for Best Poster from the American Urological Association at their 2010 annual meeting in San Francisco, after presenting an analysis of Epworth Eastern’s Robotic Prostatectomy Database. His poster chronicled the 1,278 robotic prostatectomies undertaken at Epworth Eastern between 2005 and 2009.

Through analysis of the number of procedures it takes for a surgeon to reach a high level of clinical skill, the research gives important insights into the learning curve of surgeons undertaking robotic procedures.

This research was also presented to the Urology Society of Australia and New Zealand in Perth, and the European Urology Association in Barcelona.
Epworth Freemasons oversees more than 10 new births every day. Edith Bryant works with new mothers to help them establish breastfeeding. She enjoys the rapport she builds with women in the first week after giving birth, and with new parents through the ante-natal classes she gives in the evening.
“A favourite day for me is when I have enough time to witness the look on the faces of all my new mothers once they feel they’ve triumphed with breastfeeding. I am confident then that when they go home, the success will continue.

Recently, I had the chance to do some longer-term care with a patient who had just given birth to her third child with us. Because she lived close-by and didn’t need to stay in hospital just to have her dressings changed, Robyn Ackland (Manager of Women’s Health Services) and I shared the morning and evening home visits, to check on her dressings and help with other settling-in issues she was experiencing.

It is usual for mothers to avoid driving or heavy housework following a caesarean birth, so I found it immensely rewarding to provide a follow-up service in her home.

Mine is a caring profession and that’s why I like it—but one of the best things about my job is when the mothers show such delight when they return to have their next babies and recognise the same team waiting to care for them.”

Edith Bryant
Epworth Freemasons is Victoria’s largest provider of private maternity services, with annual births totalling 3,749. Rated as one of the best maternity hospitals in Victoria, Epworth Freemasons has a dedicated team of experienced midwives and the latest equipment, and works with some of Victoria’s most respected obstetricians.

The hospital is located on two sites in East Melbourne, encompassing a total of 224 overnight beds, 44 post-natal suites, nine fully-equipped delivery suites, a special care nursery, 10 operating theatres, a day procedure centre and an eight-bed critical care unit.

Epworth Freemasons also offers comprehensive cancer services, a broad range of surgical specialities including urology, breast and gynaecological surgery, and specialist breast, women’s and men’s health clinics.
Clinical excellence in maternity

The safe delivery of babies along with positive clinical outcomes for women continues to be a key focus for the maternity team at Epworth Freemasons. The maternity team’s strict protocols, advanced equipment and combined years of experience are all factors influencing positive outcomes for mothers and newborns in their care.

Epworth Freemasons is proud to have a core team of experienced midwives, many who have been with the hospital since its maternity services started 16 years ago. The team work hard to protect their reputation as one of Victoria’s best maternity hospitals and to continually attract Victoria’s most respected obstetricians.

Committed to ongoing quality improvement, the team use the Australian Council of Healthcare Standards’ clinical indicators, which benchmark private and public maternity hospitals, to monitor their performance and identify areas for improvement.

The 2009/10 results confirmed Epworth Freemasons maternity team continues to perform exceptionally well.

A leading maternity hospital

Demand for maternity services at Epworth Freemasons has seen the hospital grow to be one of the busiest maternity hospitals. Annual births at Epworth Freemasons now total 3,749—more than any other private hospital in Victoria.

A 40 per cent increase in the number of babies born at the hospital in the past five years has driven the need to recruit new staff and invest in new technology.

In keeping with advances in equipment and resuscitation practices, Epworth Freemasons invested in infant resuscitation ‘cosy cot’ units in a majority of delivery suites.

Approximately 5 per cent of infants require some resuscitation at birth, and between 1–10 per cent require assistance with breathing. Although the need for resuscitation of newborns is sometimes anticipated, there are many occasions when it is unexpected.

The new neonatal bays include a cosy cot cabinet, radiant heater, low flow micro blenders and a neopuff infant resuscitator. Having this equipment at hand in rooms dramatically enhances the efficiency and safety of resuscitation practices, helping to save more precious young lives.

Installation of the cabinets was made possible following a $125,000 grant from Perpetual Trustees.

Each year, hundreds of nurses from the United Kingdom apply for positions at Epworth, wanting to work in Australia.

In 2009/10 several maternity nurses from the United Kingdom were appointed to positions at Epworth Freemasons. Some were overseas students who had enjoyed their one month placement at the hospital and successfully applied for a permanent position post their graduation in the United Kingdom.

Clarendon Street development

Level 2 works in the Clarendon Street building at Epworth Freemasons were completed in 2009/10, following extensive renovations elsewhere in the building over the previous two years.

The presentation of a streamlined look across the whole Clarendon Street campus has received extremely positive feedback from clinicians, patients and staff.

Epworth has entered into an exclusive arrangement with ING Real Estate Healthcare Fund (IHF) for a joint venture agreement that includes Epworth owning 50 per cent of the Epworth Freemasons property at Clarendon Street, East Melbourne.

This acquisition demonstrates the joint parties’ commitment to planning a redevelopment that is proposed to expand the Clarendon Street site in the near future with an additional 90 beds and several new operating theatres.

A doctor reviews a mammogram online for a same-day consultation at the Epworth Freemasons Breast Clinic
Day Procedure Centre celebrates 20 years

In 2009, Epworth Freemasons’ Day Procedure Centre celebrated 20 years in operation. Today it is the busiest freestanding day surgery in Victoria, with over 12,000 cases performed annually.

Specialties at the centre include gynaecology, general surgery, ophthalmology, oral surgery, urology, plastics and endoscopy.

Sixteen years ago a maternity unit was added to the Victoria Parade building, and the centre cares for those maternity patients requiring surgery, including emergency and elective caesarean sections.

The centre is set to offer a priority endoscopy service to patients in the near future. This service will provide patients with fast and easy access to a colonoscopy or gastroscopy procedures performed by leading specialists using the latest technology.

Women’s Health Clinic

The Women’s Health Clinic at Epworth Freemasons assists women in maintaining good health from adolescence to mature age, offering a comprehensive and convenient health assessment and advice service. Women from all around Australia visited the clinic during 2009/10.

The Women’s Health Clinic is an integral component of the Epworth Freemasons Health Clinics, which include a Breast Clinic, Men’s Health Clinic, GP Clinic, Colposcopy and Laser Clinic, Gestational Diabetes Clinic and a number of Sessional Consultant Suites.

Over the past financial year, the Health Clinics have managed in excess of 14,000 appointments and implemented a number of improvements to the service. This includes a new digital imaging system, which gives doctors immediate access to radiology reports and images, and new gowns for Breast Clinic patients to make their stay more comfortable.

Improved staff satisfaction

Epworth Freemasons has been conducting quarterly staff forums on various topics, including Epworth’s values and behaviours.

In mid 2009, Epworth Freemasons also introduced Executive Rounding as a first step in using ‘Rounding for Outcomes’ as part of a cultural change process. This requires a manager to meet one-on-one with different staff and find out what would make their work life better.

Epworth Freemasons’ Executive recognised that it was the top level of management that needed to own and drive a change program and lead by example. As a result, six members of the Epworth Freemasons Executive Team commenced rounding on a monthly basis with every department in the hospital.

Issues raised during rounding are logged and discussed at strategic executive monthly meetings, with outcomes communicated back to staff via leadership team meeting and staff newsletters.

Cancer treatment and support

Epworth Freemasons has an ongoing commitment to provide comprehensive support and care for patients with cancer. This commitment resulted in continued growth in oncology services in 2009/10, particularly in the day oncology unit, which provides chemotherapy and treatment for patients with cancer in an outpatient environment.

New treatment technology such as High Dose Rate (HDR) Brachytherapy was introduced in 2009 in partnership with Radiation Oncology Victoria.

Food Services staff at Epworth Freemasons ensure more than 250 patients’ choices are catered for during lunch
Brachytherapy is a form of radiation treatment utilising sealed radioactive sources applied directly to tumours, to deliver accurate, precise, highly conformal doses of radiation to accessible, localised curable cancers.

The dedicated HDR suite treats patients with a range of cancers, including gynaecological malignancies and tumours of the prostate.

This form of radiation delivery is a proven method of improving the cure rate and reducing serious side effects. Many patients can be treated on an outpatient basis, although more complex cases require hospital admission for several days.

A state-of-the-art Flexitron Afterloader and computerised planning system was also installed, the first of its kind in Australia.

The cancer service team at Epworth Freemasons offers support services including opportunities for patients to learn more about their cancer diagnosis.

In October 2009, a seminar was held for patients and their families for Breast Cancer Awareness Month. Guest speakers were from the Cancer Council of Victoria together with Associate Professor John Collins, Dr Rick de Boer and physiotherapist Kate Rogers.

Understanding the impact a diagnosis of cancer can have on people and their family and friends is a significant step in paving a road to recovery. Money raised from the event was used to improve the facilities of the day oncology area.

A leader in the provision of cancer services, particularly in breast and gynaecological oncology, Epworth Freemasons works with several key surgeons and oncologists who have strong national and international reputations in female-related cancers.

Spaces for spiritual and emotional healing

Recent improvements to the Courtyard of Peace and Harmony at the Clarendon Street campus, completed in 2009/10, have drawn on the hospital’s Freemasonry heritage. The improvements have enhanced the tranquility of the courtyard, making it a welcome place for patients, visitors and staff to rest and recuperate outdoors.

Over 700 pavers have been laid as part of a fundraising campaign in conjunction with the Freemasonry movement. The project was driven by the Epworth Medical Foundation to acknowledge and recognise the hospital’s philanthropic history, and was dedicated at a ceremony in April 2010 attended by over 120 people.

Following feedback from patients and staff, Epworth Freemasons has extended its focus on the spiritual and emotional health of both patients and staff.

One of the outcomes of this was the re-establishment of the Sacred Space on the first floor adjacent to the wards at Clarendon Street. The design of the new Sacred Space enhances this area for prayer and reflection, and provides a space to simply sit quietly.

A dedication ceremony for the new Sacred Space was held in October 2009, and was attended by Reverend Professor Norman Young from the Epworth Board. Family members of former Epworth Freemasons’ patient Phillipa Clyne kindly donated a pastel painting by Phillipa entitled ‘Spring colours of Western Australia’.

An initiative of the Pastoral Care team, the new Sacred Space also provides a suitable area for group gatherings and services, such as the annual memorial service held to commemorate and celebrate the lives of family and friends who have passed away during the previous year. This year’s occasion recognised that while families and friends grieve the loss of their loved one, hospital staff also appreciate the opportunity to express their emotions with the families and friends of their patients.
Epworth Rehabilitation provides a multi-disciplinary program to aid patient recovery post-surgery, or following an injury, trauma, or stroke. It is this holistic approach that sets Epworth apart, according to Bernadette Dornom, physiotherapist at the ABI Unit at Epworth Rehabilitation Camberwell, because every aspect of a patient’s rehabilitation program is communicated daily among the treating team.
“I try to relate to my patients and understand their emotions when reflecting on what they have lost as the result of trauma or accident. It's pretty tough for them and can be so hard for families, but it means that everyone works with a united sense of purpose.

Head injuries mean patients are here for a long time, so we have the opportunity to get to know them and have an influence on their progress and see change. It is thoroughly rewarding when patients return for a doctor’s review, months or even years after, and they pop up to say hello to the team. Many do much better than they expected.

I look forward to coming to work, first and foremost because the staff here are fantastic to work with.

But the best part of my job is doing physio with patients and knowing that we're making a difference. That's why I'm here.”

Bernadette Dornom
Epworth Rehabilitation provides individualised rehabilitation programs to both inpatients and outpatients following stroke, acquired brain injury, orthopaedic trauma or surgery, musculoskeletal injuries, cardiac events or surgery, pain syndromes and other medical conditions. Patient therapy and treatment in rehabilitation is centred around their needs and capabilities and is provided through therapy and practices that are continuously refined to ensure professional, clinically-current and expert care.

More than 30 rehabilitation specialists work alongside physiotherapists, occupational therapists, social workers, speech pathologists, psychologists, dieticians and rehabilitation nurses, to provide multi-disciplinary care to Epworth patients. With rehabilitation hospitals and services located in Richmond, Brighton, Camberwell, Dandenong and Thornbury, Epworth is internationally renowned for working with patients to maximise quality of life and independence.
Two Epworth Rehabilitation staff were awarded RACV Sir Edmund Herring Memorial Scholarships for projects arising from their work with patients who have suffered traumatic brain injury. The late Sir Edmund Herring was Patron of the RACV Club for 34 years, and the scholarships are awarded annually to fund projects to prevent road trauma and improve the care delivered to road trauma victims.

The scholarship helped Ms Ross devote the time to research guidelines for doctors and clinicians to decide the readiness of patients to enrol in the program. She reviewed several hundred driving assessments conducted at Epworth over the past 10 years to determine which factors influence a successful result for the patient—such as previous driving experience or severity of the initial injury.

Sensory Modality Assessment and Rehabilitation Technique (SMART)

Mrs Claire Swanton’s scholarship enabled her to train in SMART at the Royal Hospital for Neuro-Disability (RHND) in London.

The technique, which was developed by specialist clinicians in the Catastrophic Brain Injury Unit at RHND, is considered the best tool for assessing the recovery potential of severely brain-injured patients in low awareness states.

The program helps clinicians develop treatment and re-assessment plans while providing a good indicator of treatment effectiveness. It also enables family members to be involved in administering treatment, which helps loved ones take a meaningful role in the patient’s recovery.

SMART is not currently used widely outside the United Kingdom, and Mrs Swanton is the first occupational therapist to bring this knowledge and research to Epworth Rehabilitation patients.

Post-hospital care

An Epworth Excellence initiative, introduced to the Brighton campus in January, saw follow-up phone calls being made to patients within 48 hours of discharge. Epworth Rehabilitation Brighton averages 140–150 discharges a month, and contact rates for the calls have consistently ranged between 80–85 per cent since April 2009.

The calls are made to check up on the health and progress of patients. Their responses also provide the clinicians and staff with an opportunity to improve aspects of service provision in line with patient expectations.

12:14

The Driver Education program at Epworth Rehabilitation Camberwell helps patients return safely to driving after an accident or injury

In March 2010, plans for a substantial redevelopment of Epworth Rehabilitation Camberwell were approved by the City of Boroondara. The works will deliver an additional 68 hospital beds, resulting in a total of 142 beds for both mental health and rehabilitation.

Moving into the mental health services area, Epworth will develop a ‘wellness precinct’ for its mental health patients to have access to, and benefit from, other services available on the site.

Current kitchen and dining facilities will be refurbished, along with a number of existing rooms and en-suites. Redevelopment works also include new consulting suites, therapy rooms, ancillary retail and support services, as well as 98 extra car spaces.

Project managers Aurecon and architects Silver Thomas Hanley will oversee progress of the works, ensuring that construction causes minimal disruption to the operations of the current rehabilitation facility.
Quality initiatives at Brighton and Camberwell

Falls and Balance Outpatient Program

The Falls and Balance Outpatient Program is a joint quality project bringing together rehabilitation clinicians from the Brighton and Camberwell sites. The team analysed more than one hundred research studies investigating which factors contributed to balance dysfunction in people, as well as their treatment and assessment.

They found that existing programs lacked specific targeting of individual impairments as well as a planned multi-disciplinary approach to support each patient. The tailor-made program will be developed to match the individual’s improvement needs, while also establishing appropriate community links to involve the GP and the patient’s family.

Increasing nutritional intake

When a survey taken by staff at Epworth Rehabilitation Brighton revealed that 61 per cent of older patients chose not to have food at morning or afternoon tea, clinicians worried that nutritional intake could be compromised. At a time when patients are exercising to rebuild limb and body strength following a stroke or surgery, a decrease in nutritional intake would not be advised.

As a result of the information gathered in the survey, Food Services Assistants now use a brightly-designed menu to tempt the appetite, and encourage patients to select from a range of healthy snacks suitable for soft and diabetic diets.

The menus are explained to patients upon arrival at the centre and again while the morning and afternoon tea trolleys are circulating. In the first month, patient orders doubled.

Twenty one years of TLC

Over the last 21 years, more than 200 patients with acquired brain injury (ABI) have taken their first real steps to independent living while staying at Epworth Rehabilitation’s Transitional Living Centre (TLC) in Thornbury. ABI is a major cause of disability among young adults and can often result in impairment of cognitive skills that are essential for a purposeful, adaptive and goal-directed life.

In this important birthday year, three former residents have returned as regular volunteers. Clint, who lived at the TLC 14 years ago, remembered learning important budgeting skills, and has since established a full-time carpentry business as well as getting married and having three wonderful children. He also does voluntary work with homeless kids who he visits on a weekly basis.

It was thanks to the vision of Keilor Rotary Club, Salvation Army Colonel Warren Golding, Professor John Oliver and Professor Jennie Ponsford that the TLC was established in 1989.

Speech pathology

Epworth’s speech pathologists work closely with other allied health professionals, as well as medical and nursing staff to assist inpatients and outpatients. They work with patients to maximise their communication, swallowing and socialisation abilities.

During the past year, areas of focus included:

– helping stroke patients re-learn the link between letters and sounds
– tailoring electrical stimulation programs to promote blood circulation in paralysed muscles of patients with facial weakness so patients can smile again
– training nursing staff about the anatomical, swallowing and communication changes that follow laryngectomy for throat cancer patients
– helping patients with complex communication needs to use electronic devices in a community setting
– identifying a change in patients’ sense of smell following brain injury
– recommending appropriate foods and fluids that are suitable and safe for patients through x-ray video fluoroscopy.
Rehabilitation staff recognised for their dedication and commitment

Thirty-three Epworth Rehabilitation staff have been formally recognised for their years of service ranging from five to 25 years, with an impressive combined total of 370 years. Their commitment was acknowledged at an annual Service Awards Ceremony with awards presented by Group Chief Executive, Alan Kinkade, and Executive Director Epworth Rehabilitation, Bronwyn Mace. Special mention must be made of the following staff:

**25 years of service**

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Professor John Olver</td>
<td>Victor Smorgon Chair of Rehabilitation Medicine at Monash University and Chairman of Rehabilitation, Psychiatry and Pain Management Clinical Institute</td>
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<tr>
<td>Professor Jennie Ponsford</td>
<td>Director of Monash-Epworth Rehabilitation Research Centre</td>
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<tr>
<td>Lyn Stansbury</td>
<td>Outpatient Coordinator, Epworth Rehabilitation Richmond</td>
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**20 years of service**

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Anne Sutherland</td>
<td>Occupational Therapy Manager</td>
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Epworth expertise helps US soldiers

The American Physical Therapy Society invited Epworth Rehabilitation Clinical Research Neurological Physiotherapist Dr Gavin Williams to talk at their Annual Conference held in Boston in June 2010.

Dr Williams, who is widely-recognised for his work with road trauma victims, spoke about measuring levels of traumatic brain injury and physio programs that help people overcome difficulties caused by the types of injuries experienced in war.

There is increasing evidence that many US soldiers have symptoms of mild brain injury, coming from percussion waves from bombs that explode near to where they are positioned while in action. The symptoms range from unsteadiness and headaches to concentration and sleeping difficulties.

Percussion wave injuries are similar to post traumatic stress disorder, therefore, they are sometimes not instantly recognised and are under-reported.

The US Defence Force is looking abroad for rehabilitation expertise to help find better testing methods to analyse those levels of impairment. They are hoping that their highly-trained soldiers will be able to return to active duty or similar high-functioning roles in the community.

Dr Williams’ advice related to the success of specific testing that has already been developed for Epworth Rehabilitation patients.

A Canadian thank you

A serious road accident in Daylesford in 2008 left Canadian entertainer Carl Dixon with critical injuries—including three smashed limbs, brain damage, the loss of one eye and a lacerated liver. Doctors were able to save his right arm, enabling him to work as a musician once again.

In March 2010, he returned to Epworth Rehabilitation Richmond to thank doctors, nurses and allied health professionals who worked with him around the clock during his four-month stay.

Returning to Melbourne under the TAC’s two year review program, Carl and his wife Betty wanted to thank all the people who helped them—from roadside to recovery. His visit to Dr Michael Ponsford was extended to include a lunchtime concert for everyone, playing a guitar lent to him on arrival in Melbourne.
Epworth Richmond is one of the busiest private hospitals in Australia, treating over 46,000 patients every year. As the Nurse Unit Manager of the Cardiology ward at Epworth Richmond, Sanjee Desilva arrives at 06:30, does a staff handover and checks on the 42 cardiology patients in his ward, who are often seriously ill.
“A good pace keeps me on the move on the ward. I am used to this. For me, working in the cardiology ward is like running a marathon. It’s unpredictable—and the plan for each day can easily change quickly to respond best to what the patient needs. Our team encourages each other to do the best.

I like accountability, flexibility and leading the different teams. With up to 78 staff on a rotating basis, what I love the most is motivating staff. Our floor has its own newsletter and it is a surprisingly well-received document that keeps everyone—doctors, nurses, staff, patients and their families—in the loop.

In the last twelve months we’ve implemented the Admitting Consultant Emergency System (ACE). This gives us protocols to check for signs of patient deterioration early, and we’re already seeing the benefits.

The best thing about my job is the variety of tasks offering me different challenges and an opportunity to learn better ways to do everything.”

Sanjee Desilva
**Epworth Richmond** is Victoria’s largest private hospital and specialises in cardiovascular services, orthopaedics, neurosciences, oncology and general medicine. In addition, the hospital operates a 24-hour emergency department, which treats over 27,000 patients.

More than 32,000 theatre procedures were performed at Epworth Richmond in 2009/10, an increase of 8 per cent. The number of inpatients increased by 4 per cent to 46,940.

The hospital is set to expand with the commencement of a redevelopment, which will provide the necessary infrastructure to effectively meet future health demands. The redevelopment means the hospital will have a total of 777 inpatient beds and 39 operating theatres.
Patient safety and care initiatives

Several initiatives have been put in place to increase patient safety and the standards in clinical care.

In 2009/10, a pilot program was launched at Epworth Richmond to reduce the severity of patient falls, with a multi-disciplinary team established to measure fall numbers and severity, from the previous 12 months.

The multi-disciplinary team defined strategies and tools to reduce the incidence of falls, and a number of ideas were introduced. Low beds for high-risk patients were installed, self-directed learning packages for staff developed, further education in risk management undertaken, and unit champions introduced.

Other learning and development strategies were implemented to help identify and manage extreme and high-risk patients. As a result, Epworth Richmond has dramatically reduced the incidence of patient falls.

Epworth Richmond clinicians and Pastoral Care Coordinators have utilised the Liverpool Care Pathway, which originated in the UK at the Marie Curie Palliative Care Institute, to better care for patients with terminal conditions.

The Liverpool Care Pathway gives staff selective prompts to use with patients and their families to discover as much as possible what might be relevant to an individual patient’s wishes in areas such as nourishment, physical surroundings and medications.

Emergency department

The emergency department at Richmond is the largest private emergency department in Melbourne. Since 2006, admittance has increased by 14 per cent, and over the last 12 months more than 27,000 patients have been treated in the department.

In 2009/10, the Epworth emergency department joined with Ambulance Victoria to become the first private emergency department in Victoria to trial a pre-hospital ECG program to save critical time for patients having a heart attack.

Epworth also decreased its ambulance bypass hours. Compared with bypass times of over 11 hours per week in 2006, during 2009/10 these times fell to fewer than 1.5 hours per week, despite an increase in the numbers of patients opting to attend Epworth’s emergency department.

Improving patient treatment and care

In 2009/10, Epworth Richmond became the first hospital in the Asia-Pacific to install the latest imaging technology in its cardiac catheter laboratories. The commissioning of two new cardiac catheter laboratories enables greater capacity for coronary intervention, with the latest imaging equipment allowing 3D modelling of the blood vessels of the heart and access to the best view of lesions. A new haemodynamic system, used to monitor patients’ blood pressure and ECG during procedures, and an archival system have also been installed.

Epworth Richmond also acquired the radiolucent Jackson table, which permits 3D spinal navigation.

CoreValve procedure: a first for Epworth

A clinical trial, managed across Australia and New Zealand by medical device company Medtronic, saw Dr Anthony Walton insert the first CoreValve System into a patient’s heart at Epworth Richmond’s cardiac catheter laboratories in March 2010. The new CoreValve System is designed to enable replacement of a diseased aortic valve without open-heart surgery or surgical removal of the native valve.

While 95 per cent of procedures see the heart replacement valve inserted via the femoral artery, the Medtronic CoreValve System is small enough to allow insertion through an alternative entry point, via the subclavian artery beneath the collar bone. There have been a number of CoreValve procedures performed since March.

The CoreValve System allows the implant of a replacement heart valve in a procedure that can be performed in the cardiac catheter laboratories without the risks of significant surgery.

The supply department is a hive of activity every day, stocking and dispensing medical and general supplies for Epworth Richmond, one of Australia’s largest private hospitals.
Patient transport streamlined

A new approach to patient and equipment transport has resulted in improved levels of safety and service at Epworth Richmond.

The centralised patient transport department transfers patients between theatres and wards, as well as equipment and luggage transfers. Previously this function was undertaken by each individual department.

By adjusting staff levels across individual wards, a dedicated team of orderlies has been formed, who provide a higher level of service when and where it is needed. Because the team is made up of staff trained specifically in patient and equipment transport, the risk of injury has been significantly reduced.

The centralised team also has greater access to mechanical transport and lifting equipment, further minimising safety risks, and are more proficient in its use because it is a key function of their role.

A new software system known as CARPS has also been implemented to assist in logging, dispatching and monitoring transport requests throughout the hospital. CARPS is supported by call centre staff, who dispatch the job to the orderly. The orderlies and call centre keep in touch via two-way radio, allowing for efficient communication of unforeseen delays and completion of requests.

Since implementation, completion rates of patient and equipment transfers within a benchmark timeframe have increased by over 10 per cent, and the number of transfers completed per hour has increased by 25 per cent.

Kidney first

In what is believed to be an Australian first, surgeon Mr Daniel Moon removed a patient’s kidney through a 2cm hole in her navel at Epworth Richmond in 2009.

The surgeon used an airtight port to carry a camera and two surgical tools at a time to deflate the kidney while still inside the patient’s body, before removing it through the tiny incision.

This keyhole surgery reduces the risk of infection, aids recovery time and is part of a global trend to reduce the number of incisions during surgery.

World’s most advanced CT scanner

In May 2010 at Epworth Richmond, Healthcare Imaging Services (formerly Symbion Imaging) officially launched the Somatom Definition Flash CT, which is the world’s fastest, lowest dose and most advanced CT scanner, developed by Siemens.

It is first of its kind to be installed in Australasia.

The scanner is non-invasive and offers patients the shortest possible time inside the CT, which is a major advance. A patient coming to Epworth Richmond can now undertake an individual scan of body parts—such as the heart, brain or spine—in one sixth of a second. The level of radiation which patients are exposed to is up to 40 per cent lower than in other CT scans. A scan of the entire heart can be performed without the aid of beta blockers in one sixth of a second—a fraction of one heart beat.

Scanning speeds of up to 43 centimetres per second can also eliminate the need for patients to hold their breath during many CT scan procedures.

The speed and accuracy of the new CT Flash Scan offers significant improvement for older patients, young children and intensive care patients.

ICU liaison nurse

In 2009/10 the ICU Liaison Nurse role was introduced into the ICU to review all patients once they have left intensive care. The ICU Liaison Nurses play an important role of facilitating the discharge of patients to wards by preparing the patient and their family for the transition, as well as educating the ward staff of the complex needs of the patient.

The ICU Liaison Nurses provide advice and assessment for patients who have a variation in their status on the ward and they help facilitate treatment options decided by the consultant.
The ICU Liaison Nurses assist in running a tracheotomy special interest group, and provide additional education to raise awareness of the importance of observation, clinical handover and the early detection of patient deterioration.

### Increasing response times

A rapid response system was introduced at Epworth Richmond during 2009/10. The Admitting Consultant Emergency (ACE) system was developed specifically for private hospitals by Epworth’s Senior Intensivist Dr Laven Padayachee and Group Quality Manager Jillian Clarke.

The ACE system responds to patient deterioration with nursing staff making calls for an earlier coordinated response. The system puts in place criteria the nurses need to look for and protocols for notifying doctors. The criteria include changes to a patient’s respiratory behaviour, cardiovascular system, renal function, bloods, central nervous system and other clinical indicators.

In the months since the ACE system was first introduced, Epworth staff and doctors have embraced the new 24 hour emergency response protocols. Calls have increased from 2 per 1000 bed days to 10 per 1000 bed days, which in a hospital the size of Epworth Richmond, means calls come daily.

Since mild level emergencies far outnumber moderate and severe level emergencies, the workload is manageable within hospital resources and budgets. Calls to Code Blue have decreased and weekly meetings are held to review and analyse each call to the ACE system.

### Allergy clinic

In March 2010, Epworth opened Victoria’s first hospital-based allergy group practice led by Dr Joanne Smart. With one in five Australians suffering from allergies, predominantly children and young adults, the allergy clinic is an important addition to the health services offered at Epworth Richmond. The clinic provides specialist treatment and care to patients suffering allergic disease and associated conditions including eczema, asthma, anaphylaxis, urticaria, food allergy, allergic rhinitis, insect-sting allergy and drug allergy.

### Epworth Richmond redevelopment

The planned redevelopment of Epworth Richmond is a unique and exciting opportunity for Epworth to maximise its potential as a leader in innovative, quality private health care and deliver better patient outcomes for the future.

Epworth has engaged one of Australia’s largest building and engineering companies, Boulderstone, to build the first stage of the redevelopment, which will expand the Bridge Road building.

When completed the project will deliver new operating theatres, diagnostic services, rehabilitation treatment spaces and a new critical care building co-locating core medical services—reducing the time between diagnosis and treatment. The redevelopment also includes new teaching and research facilities, and will provide invaluable links between clinical practice, education and research.

The redevelopment will be staged to minimise disruption to services.

<table>
<thead>
<tr>
<th></th>
<th>Existing</th>
<th>Total in new hospital</th>
</tr>
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<tbody>
<tr>
<td>Beds</td>
<td>507</td>
<td>777</td>
</tr>
<tr>
<td>Operating theatres</td>
<td>18</td>
<td>35</td>
</tr>
<tr>
<td>Cardiac catheter labs</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Intensive care unit beds</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td>Day chemotherapy chairs</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Renal dialysis chairs</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Car parking</td>
<td>828</td>
<td>1,166</td>
</tr>
</tbody>
</table>
“I originally started at Epworth on a temporary basis. I was very excited at the prospect of joining such a well-respected hospital, but also a little nervous as it was my first clerical position.

While I had never worked in a hospital environment, I always had a strong interest in health and well-being and so the role seemed like a perfect fit for me.

As a Health Information Services clerk, I help manage all patient medical records. I love the variety and pace of the job—there is never a dull moment. But what I enjoy most is the energy I receive from those around me. The HIS team all works really well together, and it’s very satisfying knowing as individuals and as a team we are appreciated for what we do.

Away from work I like to unwind through meditation. Not a lot of people know, but my name Ankhi was actually given to me many years ago by my meditation teacher. I felt a strong connection with the name, which, when translated from its native Indian, means ‘vision eye’. I suppose it’s something I relate strongly to in my role, as I always have to have an astute eye for detail!”

Ankhi Elliott
Epworth HealthCare support staff provide vital expertise through systems, policies and practices to ensure the smooth operations of the Epworth group. Ankhi Elliott has been a member of the Health Information Services team for 14 years. She is responsible for record retrieval and medical record administration duties.
Board of Management

Mr Anthony Browne
Mrs Yolanda Klempfner AO
Dr Philip Williams
President
Mr Alan Kinkade
Mrs Janet Latchford
Deputy President
Board of Management

Epworth HealthCare is led by a Board of Management. Its operations are defined by the *Epworth Foundation Act 1980* (Vic). The Board meets on a monthly basis to guide the key operations of the business and to discuss the outcomes of the Board Committees. These Committees are Finance, Patient Care, Human Research and Ethics, Remuneration, Audit and Compliance and Major Property Development and Procurement.

Dr Philip Williams is President of the Board of Management. With extensive business experience and enthusiasm, he leads the Board to ensure Epworth achieves its strategic goals.

Board of Management attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Eligible/Attended</th>
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<tbody>
<tr>
<td>Dr Philip Williams (President)</td>
<td>14/14</td>
</tr>
<tr>
<td>Professor Peter Brooks AM</td>
<td>14/11</td>
</tr>
<tr>
<td>Mr Anthony Browne</td>
<td>14/13</td>
</tr>
<tr>
<td>Dr Ronald Dick</td>
<td>14/11</td>
</tr>
<tr>
<td>Mr Rod Fitzroy</td>
<td>14/11</td>
</tr>
<tr>
<td>Mr Peter Hay</td>
<td>14/12</td>
</tr>
<tr>
<td>Mr Alan Kinkade</td>
<td>14/14</td>
</tr>
<tr>
<td>Mrs Yolanda Klempfner AO</td>
<td>14/11</td>
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<tr>
<td>Mrs Janet Latchford</td>
<td>14/13</td>
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<tr>
<td>Ms Judy Leitch</td>
<td>14/12</td>
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<tr>
<td>Reverend Professor Norman Young</td>
<td>14/14</td>
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Epworth HealthCare Executive

The Epworth HealthCare Executive represents each of the operating and corporate divisions. Each executive is responsible for guiding the division to help achieve the goals of the broader business. Operational planning and activities relating to acquisitions, redevelopment, the implementation of Epworth Excellence and further development of the Clinical Institute framework were areas of key focus over the last financial year.

In 2009/10 Elizabeth Kennedy joined Epworth as its first in-house lawyer. In her role of Corporate Counsel, Elizabeth’s focus is to ensure Epworth is
meeting its legal obligations by making everyone aware of the legal framework in which they work.

With over 30 years’ experience as a lawyer and past positions in some of Victoria’s iconic health organisations, Elizabeth brings a wealth of knowledge and skill to manage Epworth’s legal responsibilities.

Dr Peter Dohrmann was welcomed back as Executive Medical Director after 12 months sabbatical leave, returning to a full-time position having previously occupied the role on a part-time basis alongside his neurosurgical commitments since 2002.

The Executive Medical Director role was appropriately expanded to its full-time position to manage Epworth’s continuing growth both as a group of hospitals and as a teaching organisation.

Dr Megan Robertson completed her tenure as Acting Executive Medical Director and accepted the position of Executive Director of Research. In her new role, Dr Robertson will be primarily responsible for leading research programs to national and international prominence.

Financial management

Strong leadership from management teams across Epworth HealthCare led to a further improvement in financial results through 2009/10. Under the guidance of the Board of Management and the Finance Committee, the full year financial result was an improvement of 24 per cent from 2008/09, and over 16 per cent better than the 2009/10 budget, with all operating divisions seeing improved surpluses from 2008/09.

Over the last four years Epworth has achieved a $46 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 a continued focus on cost management, enabled Epworth to fund $21 million in new equipment purchases and redevelopment programs, and to acquire the Cliveden Hill Private Hospital assets. In addition Epworth purchased the Epworth Rehabilitation Camberwell property and 50 per cent of the Epworth Freemasons’ Clarendon Street property. Epworth had been operating both the Epworth Rehabilitation Camberwell and the Epworth Freemasons Clarendon Street properties as a lessee.

The debt reduction program remains ahead of schedule, which will make it possible for Epworth to continue with major infrastructure investments including the redevelopment of the Richmond and Camberwell campuses.

Epworth 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 redevelop and modernise the infrastructure at existing sites and facilitate the growth strategy.

Procurement and facilities

Following on from the initiatives of the previous year, the Supply Department has restructured in 2009/10 to continue its service improvement initiatives.

The team has renegotiated 206 contracts and 29 tenders over the year, including medical consumables, food, furniture and engineering services. The outcomes have provided Epworth with improved commercial arrangements as well as consolidation of products across the sites.

A key initiative has been the creation of the Clinical Products Evaluation Committee (CPEC), which engages with the clinical stakeholders from each division, to identify new products for trial and to review any issues with existing products. This has improved communication between the Supply Department and the end users.

The Facilities Department has also improved customer service to the group with the introduction of a Group Engineering and Facilities Manager. Neil Caughey was appointed to the role and has introduced new procedures and processes for safety and maintenance programs.
Information systems

In early 2010 Epworth commissioned a review of IT enterprise architecture and information management.

The review highlighted that the infrastructure provides maximum flexibility and stability for current needs, and that there is a best practice process in place for implementing information technology. It also validated the direction of the investment in technology, with the standardisation of technology and adoption of best practice based on world-recognised framework of processes (ITIL).

Major achievements this year included the completion of a new purpose-built data centre to increase resilience and add redundancy to the data repository.

A successful project was completed to replace the aging telephone systems at Epworth Richmond, Epworth Freemasons and Epworth Rehabilitation Brighton.

The IT department is providing an integrated system for viewing and managing clinical information.

This clinical information system (CIS) captures patient information by electronically scanning their paper records and then making them available for review. This will eventually include the integration of radiology and pathology results, and the ability to order results online, along with medication management. Most importantly, it will provide doctors with secure access to all patient records from any location.

Human Resources report card

The measurement and reporting of HR performance metrics has become an important feature of the monthly business reporting cycle. HR developed a comprehensive process to track over a dozen business critical people measures including labour turnover, sick leave, mandatory training completion rates, appraisal completion rates and lost time injury rates.

The measurement and reporting enables the development of improvement strategies, thereafter tracking their impact over time.

Health fund contracts

Epworth has continued its priority to maintain strong relationships with all health funds, the Department of Veterans’ Affairs, the Transport Accident Commission and WorkSafe. This ensures hospital out-of-pocket costs for Epworth patients are restricted to the costs they have elected to have through their choice of health fund policy.

Clinical coding is integral to Epworth’s financial results, and the Health Information Services team continues to achieve their targets. Epworth has a very strong training program for new staff employed within this team to ensure the high coding standards, demonstrated through external audits, are maintained. With the national shortage of Health Information Managers and Clinical Coders this is a key element to attracting staff.

The centralised Patient Revenue Team ensures consistent billing and collection of outstanding payments from funds and patients.

Occupational Health & Safety Strategic Plan

The 2009/10 year saw the development and launch of Epworth’s inaugural Occupational Health & Safety Strategic Plan. The plan sets out a number of ambitious goals and targets for the next three years to make Epworth’s workplaces and work systems even safer for staff and volunteers, under the guidance of a newly formed OH&S Strategic Committee.

Key elements include the launch of clear Safety Charters for executives, leaders and employees, and the establishment of six safety subcommittees (each chaired by an Executive-level sponsor) covering major areas of risk. It also includes the initiation of a safety and risk leadership program to instil practical OH&S skills in managers, and the development of a comprehensive safety audit program that will require monthly hazard inspections within all wards and departments.
**Employee Engagement Survey results**

The 2009/10 year saw considerable activity following the inaugural Employee Engagement Survey results in May 2009. Each division delivered on its commitment to publicise the survey results widely to their staff, and work with them to design strategies for areas identified for improvement.

Changes have included enhancements to staff development activities, improved reward and recognition programs, the embedding of values and behaviours into everyday business activities, and better internal communication processes.

**Clinical audit program**

Developments in clinical audit included routine reports to support divisions and specialties in monitoring outcomes of Epworth patients. The routine reports use existing information and expert review and, as a result, lessons and opportunities are identified more readily.

Audit results show that clinical practice at Epworth is in line with industry benchmarks.

The routine reporting approach aligns closely with the Clinical Institute model using the high levels of expertise available within the Institutes and compares clinical practice to national guidelines.

**Clinical risk management**

The clinical risk management program is key to the delivery of safe, quality patient care at Epworth. It assists through the development and application of preventative strategies, and the identification, reporting and investigation of clinical incidents if and when they occur.

The Epworth Board’s clinical governance was strengthened in 2009/10 with more detailed reporting and analyses, of patients’ clinical outcomes and satisfaction, at the Patient Care Council.

Modifications have been undertaken to the incident reporting system to support this process of more detailed reporting and analyses.

Education has also been provided for a range of clinical and non-clinical staff to enhance their knowledge on the management of clinical risks.

**Infection control program**

Epworth commenced its participation in the Victorian Hospital-acquired Infection Surveillance (VICNISS) program in 2009. VICNISS data collection shows that the care provided is of a high quality, evidenced by the small number of hospital-acquired infections.

In June 2010, the infection control program was reviewed by an external infection control expert to ensure that the activities currently being undertaken by the Infection Control team remain appropriate and are in line with industry best practice.

A number of recommendations were provided to assist the organisation move into a leadership role in infection control. Plans are being developed to implement the recommendations in 2010/11.

**Group doctor satisfaction team**

The group doctor satisfaction team, chaired by Associate Professor Ian Fraser, Chairman of the Internal Medicine Clinical Institute, ensures that appropriate plans of action are developed and implemented to further enhance doctors’ satisfaction with Epworth.

The doctor satisfaction survey was conducted in February 2010. Nearly 200 Epworth doctors responded to the survey, representing a cross-section of disciplines and divisions. The results from the survey indicate that Epworth's overall percentile ranking—compared to its competitors—has lifted significantly and has exceeded expectations. The following areas rated very well:

- working in theatre
- quality of ICU/CCU/HDU medical services
- skills of Day Oncology nurses
- clinical skill of ED doctors
- working in Day Oncology
- efficiency of theatre lists
- likelihood of continuing to practice at Epworth.
Clinical Institutes at Epworth bring together the training, education and research arms in major clinical fields. Associate Professor Ian Fraser’s specialty is nephrology—the management and diagnosis of kidney disease. Two years ago, he was appointed Chairman of Epworth’s Internal Medicine Clinical Institute, and has been instrumental in establishing general medical units at Epworth Richmond, Epworth Eastern and Epworth Freemasons, which manage acute medical patients.
“I am thrilled to be involved with Epworth. Since being appointed Chairman of the Internal Medicine Clinical Institute, I have been fortunate enough to work closely with our new Registrars. Part of my role, which I thoroughly enjoy, involves mentoring and training the Registrars and catching up with them on a weekly basis. I find it extremely rewarding helping them prepare for their Royal College of Physicians exam. Epworth has been a site for the Royal College of Physicians exam for the last two years, one of the first private hospitals to do so. I am also involved in teaching the Monash University medical students and the University of Melbourne students.

Another passion of mine is medical research, and I’m actively involved in clinical trials here at Epworth. I’m currently the principal investigator on a trial of Tolvaptan in the treatment of polycystic kidney disease. I am pleased to say that we are about to embark on a trial of a new oral hyperglycaemic, canagliflozin, with the involvement of several endocrinologists at Epworth Richmond.”
Clinical Institutes

A Clinical Institute framework was adopted in 2008/09 and introduced as part of Epworth’s commitment to becoming a hospital group significantly focussing on teaching and research. The Clinical Institute framework was implemented under the leadership of Dr Peter Dohrmann, Epworth’s Executive Medical Director.

Through the Academic Chairs and Clinical Institute Chairmen, academic leadership is provided throughout Epworth, facilitating undergraduate and postgraduate medical education, enhanced research activities, peer reviews and clinical audits. This in turn provides results in improved patient treatment, innovation and outcomes.

A total of 11 Clinical Institutes have been created supporting 46.5 Registrars and Fellows positions, and providing the basis for clinical audit programs. Each Institute is overseen by a Chairman and is supported by a secretariat.

Cardiac Sciences Clinical Institute
Dr Ronald Dick (Chairman)
Mr Aubrey Almeida and
Mr Peter Skillington
(Deputy Chairmen)

Critical Care Clinical Institute
Associate Professor
Nerina Harley (Chairman)
Dr Bill Nimo and Dr Simon Reilly (Deputy Chairmen)

General Surgery and Gastroenterology Clinical Institute
Associate Professor Neil Collier (Chairman)
Mr Sean Mackay (Deputy Chairman)

Internal Medicine Clinical Institute
Associate Professor Ian Fraser (Chairman)
Associate Professor
Jeremy Hammond (Deputy Chairman)

Musculoskeletal Clinical Institute
Professor Richard de Steiger (Chairman)

Neurosciences Clinical Institute
Associate Professor
Graeme Brazenor (Chairman)

Obstetrics and Gynaecology Clinical Institute
Associate Professor
Robert Rome (Chairman)
Dr Len Kliman (Deputy Chairman)

Rehabilitation, Psychiatry and Pain Management Clinical Institute
Professor John Olver (Chairman)
Professor Nicholas Keks (Deputy Chairman)

Chairmen for the Cancer Services Clinical Institute, Diagnostics Clinical Institute, and Surgical Sub specialties Clinical Institutes are yet to be appointed.
Cardiac Sciences Clinical Institute

The Cardiac Sciences Clinical Institute has continued to steadily develop over the past year. We were delighted to appoint Mr Peter Skillington and Mr Aubrey Almeida, both outstanding cardiothoracic surgeons, to joint Deputy Chairman roles.

This year has seen a significant upgrading of our facilities with the commissioning of two new General Electric cardiac catheter laboratories. This has enabled greater capacity for coronary intervention at Epworth Richmond.

A very successful inaugural dinner meeting was held in September 2009. In December we received a delegation of Chinese cardiologists.

In March we hosted a major symposium on carotid artery disease and were fortunate to have internationally-renowned cardiologist Dr Gary Roubin as our honoured guest.

In April this year we held a major clinical audit meeting and dinner, and in June we established an executive subcommittee of the Institute which has been meeting regularly to monitor progress on a number of fronts.

Dr Anthony Walton has successfully commenced our core valve study, where older patients who need aortic valve replacement can have a percutaneous implantation of a new aortic valve. This enables open cardiac surgery to be avoided. We are awaiting further trial data prior to broader application of this technology.

The group has continued with traditional cardiac surgery and coronary intervention audits, with the longstanding clinical meetings held every Wednesday at the Epworth Richmond auditorium. We are planning further evening educational meetings and look forward to planning the 30 year anniversary of cardiac surgery at Epworth in September 2011.

Dr Ronald Dick

Critical Care Clinical Institute

The Critical Care Clinical Institute encompasses the specialties of anaesthetics, emergency medicine and intensive care medicine. While these craft groups act under the auspices of their three respective Colleges, this Institute is ideally situated to take advantage of the synergies of education, teaching, audit and research across the specialties.

A subcommittee has been formed, constituting representatives from each craft group from Epworth Richmond, Epworth Freemasons and Epworth Eastern, and meets monthly to discuss issues of clinical relevance.

Dr Bill Nimo (emergency) and Dr Simon Reilly (anaesthetics) have been appointed as Deputy Chairmen, strengthening the representation from each of the specialties.

A calendar of education events has been developed to take advantage of the many educational opportunities across the three craft groups and campuses. Two clinical symposia are planned for 2011, in Toxicology (targeting Emergency and Intensive Care Medicine) and Pain (across the Critical Care Clinical Institute, the Rehabilitation, Psychiatry and Pain Clinical Institute and the Neurosciences Clinical Institute).

Research and audit are critical components of quality activities and clinical governance. Over a dozen research projects are currently planned or underway across the areas, many of them large multi-centre studies.
A number of clinical audits have been undertaken and a program of clinically focussed issues is being developed.

Accredited Registrar training positions are available in the emergency department and Epworth Richmond Intensive Care Unit, and applications have been made for Anaesthetic Registrar positions under the College of Intensive Care Medicine and are currently under second tier review.

The opportunities of the Critical Care Clinical Institute for harnessing the clinical expertise, educational resources, research and audit experience across three very dynamic specialties are tremendously exciting for Epworth, with the ability to translate these gains and improvements to other Institutes, divisions and to our patients.

**Associate Professor Nerina Harley**

**General Surgery and Gastroenterology Clinical Institute**

The General Surgery and Gastroenterology Clinical Institute formally commenced on 1 July 2009. This has facilitated a dialogue on general surgery and gastroenterology across campus and disciplines, and a focus on integrating clinical, teaching and research initiatives.

General Surgery has supported Registrars at Epworth Richmond, Epworth Freemasons and Epworth Eastern. These are through partnerships with the Austin and Box Hill hospitals.

Epworth Cleveland Colorectal Fellowships have commenced this year, with one Fellow commencing at Cleveland Clinic and one at Epworth to rotate to Cleveland in 2011. An Epworth Cleveland Breast and Endocrine Fellow has also commenced at Cleveland this year.

Progress through these Fellowships requires each Fellow to complete a Masters in Research over the two year period, which enhances the learning modality but will also provide interesting research from both Epworth and Cleveland experiences.

The education program has continued to gain momentum with the fortnightly tutorials by senior clinicians for medical trainees. In addition, a strong cross campus clinical audit program has been established with Monthly Clinical Audit meetings, and fortnightly General Surgery and Colorectal multi-disciplinary team meetings.

The Clinical Institute continues to build momentum and this has been evident by a quarterly cross campus meeting of medical practitioners within the Clinical Institute.

**As the General Surgery and Gastroenterology Clinical Institute moves forward to its inaugural dinner in October 2010 and our first Symposium on Breast Surgery in February 2011, the enthusiasm is continuing to grow and we look forward to developing an innovative Clinical Institute that leads best practice not only in the Epworth group but in the areas of General Surgery and Gastroenterology.**

**Associate Professor Neil Collier**
Internal Medicine Clinical Institute

As in all the Clinical Institutes, Internal Medicine has had a busy year. As expected, we have been busiest in teaching and training. This is now our second year of medical Registrars, with the Epworth Richmond and Epworth Freemasons trainees being basic trainees, and the Epworth Eastern trainee being an advanced trainee.

We provided a tutorial program for our five basic trainees, and four passed the Royal Australasian College of Physicians (RACP) exam. The RACP clinical exam was held at Epworth Richmond again this year, and the hospital received praise for the way the exam was run, and the patients selected. Our task was made a lot easier by the keen group of physicians who regularly passed on names of helpful and interesting patients to myself, or the Registrar.

We had an accreditation visit from the RACP, and have been upgraded to a Level 1 teaching hospital. In their report they highlighted the extremely positive Registrar feedback. We have completed an audit of the use of ACE inhibitors/A2RA antagonists in heart failure across Epworth, with our results comparing favourably with other studies. This will be presented at the “Grand Round” program initiated by Professor Richard Gerraty.

At the end of the year I will be going to Cleveland Clinic to meet Dr David Bronson, the Head of Internal Medicine. I will be discussing with him the possibility of two or three speakers coming here next year, as the basis of an Epworth Symposium on Perioperative Care. There are many other activities, with medical student teaching and clinical trials in areas including diabetes, polycystic kidney disease, and deep venous thrombosis. I look forward to a busy 2011.

Associate Professor Ian Fraser

Musculoskeletal Clinical Institute

The Musculoskeletal Clinical Institute brings together the craft groups of Orthopaedics, Sports Medicine, Plastic Surgery and Rheumatology.

This has been a successful year for the Musculoskeletal Clinical Institute both in terms of Registrar training and involvement of more senior consultants in the Institute.

Epworth has been successful in obtaining full accreditation for the orthopaedic Registrar, and Dr Carley Vuillermin passed her final Fellow of Royal Australasian College of Surgeons (FRACS) exams in May 2010.

We have successfully hosted two Orthopaedic Registrar Teaching Seminars at Epworth Richmond. The accredited Registrar is now fully involved in the undergraduate teaching program both for the University of Melbourne and Monash University students in the second half of the year.

There have been ten publications in peer reviewed academic journals by surgeons associated with the unit this year, with several more being accepted for publication. An Australian Research Council (ARC) Linkage Grant with Professor Mari Botti on ‘The investigation of best practices for pain management in joint arthroplasty patients’ was awarded in February 2010, and will hopefully lead to standardisation in this important area.

Epworth was one of three Australian hospitals implementing a Pilot Femoral Neck Fracture Registry in Australia, and a report has been tabled and is before the Federal Government.

As the Chairman of the Clinical Institute I have had the opportunity to attend several meetings throughout the year, including the large American Academy of Orthopaedic Surgeons and also the Combined English Speaking Orthopaedic Associations in the United Kingdom.

Professor John Olver, Victor Smorgon Chair of Rehabilitation Medicine, and Medical Director of Epworth Rehabilitation, works with a patient to determine the next phase of treatment.
I presented several papers at both meetings, and there was a strong representation from Epworth in papers given at the recent Australian Orthopaedic Annual Scientific meeting.

There has been increased involvement in both the monthly Journal Club and MRI meetings and in audit activity which is encouraging.

The next phase in the growth and development of the Institute will be the active inclusion of plastic surgery and rheumatology, sister disciplines with much to add to the contribution that the Musculoskeletal Clinical Institute can make to Epworth.

Professor Richard de Steiger

Neurosciences Clinical Institute

In this inaugural year for the Neurosciences Clinical Institute several goals have been achieved, with much work to be done.

The task of changing the mindset of Neurosciences clinicians—from one of purely private practice to one where audit, teaching, research and Fellowship with colleagues become possible—has been challenging. That being said, there is significant goodwill among the neurologists, neurosurgeons and orthopaedic spinal surgeons who make up the Institute, and real progress has been made.

Most importantly, we have instituted quarterly Morbidity and Mortality meetings, chaired by an independent Chairman, Ms Elizabeth Lewis. The criteria for selection of cases for discussion have been selected by the Institute clinicians. The first two meetings have been held, and it has been decided to recurrently apprise the clinicians of their attendance record on each occasion of invitation to the next meeting.

The Institute plans to have a SET1 Neurosurgical Registrar and a Spinal Fellow, with a view to starting in 2011, and the establishment of these positions will present major challenges for Epworth and the Institute equally. We are mindful of our responsibilities in hosting and teaching these young surgeons.

In the last year Epworth Richmond has led the way in spinal surgery in Victoria by the acquisition of a radiolucent Jackson table. This was the first such table acquired by a hospital other than the Royal Children’s Hospital in this state, and was specifically targeted to permit 3D spinal navigation. Two other hospitals in Melbourne have since purchased Jackson tables. We are now working out a business plan to permit the introduction of an optimal system of spinal navigation to bring spinal surgery at Epworth into a new era.

Associate Professor Graeme Brazenor

Obstetrics and Gynaecology Clinical Institute

Dr Len Kliman was appointed Deputy Chairman to focus on obstetric issues.

The senior Registrar in Surgical Gynaecology training post, which was established in February 2009, continued. Trainees are in the last one or two years of their six-year training program with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and rotate from the Royal Women’s Hospital for six months at a time. The position has become popular and is a unique introduction to private practice.

The 2009/10 trainees Dr Nic Georgallis and Dr Clare Myers conducted clinical audit projects on ‘The use of packed red cells in gynaecological surgery’ and ‘Return to theatre after gynaecological surgery’ respectively. An application has been developed for a Level 2 Registrar training post in obstetrics, but this has yet to be finally approved and funded.
Rehabilitation, Psychiatry and Pain Management Clinical Institute

As Epworth moves forward with building plans at all three Rehabilitation campuses—Richmond, Camberwell and Brighton—much work has been done in assisting with the early planning stages of new wards and therapy areas at all sites. Of particular interest will be the new development at Epworth Rehabilitation Camberwell, which will also include psychiatry services.

From the teaching point of view, Epworth Rehabilitation supported the training of a total of six Registrars during the year in the three rotations. Epworth provides a monthly training session for all Victorian Registrars, and this year more of our thirty Rehabilitation Physicians from Epworth Rehabilitation Richmond and Epworth Rehabilitation Camberwell became involved in Registrar teaching, and there was an increased number of tutorials. It is pleasing to note that Epworth Rehabilitation has been fully matched for Registrars for next year.

Earlier this year, Professor Nicholas Keks organised a Psychiatry Master Class focussed on Psychopharmacology, which was very well attended.

This year saw the establishment of the Medical Research arm of the Rehabilitation Medicine Unit, when the Epworth-Monash Rehabilitation Medicine Unit was established. Currently there are two doctors and two therapists involved in PhD research projects. Topics include a study of anosmia after traumatic brain injury, the evaluation and development of a new scale for measuring outcome following hip and knee replacement, and an analysis of patient flow issues from acute to rehabilitation units for those patients with non-traumatic spinal cord injury.

There is one other therapist engaged in Masters research on brachial plexus injuries and the use of electrical stimulation for facial palsy. In addition, there are other doctors who have started to evaluate clinical outcomes through the development of databases and individual research projects, who are being supported by the Unit. The Epworth-Monash Rehabilitation Medicine Unit was enhanced by the appointment of a full-time research assistant during this past year.

The main clinical audit focus has been an evaluation of the Australian Rehabilitation Outcome Centre data on the change of inpatient functioning and length of stay of all of our patients in rehabilitation, and the ability to benchmark this data against national standards.

Professor John Olver

The Obstetrics and Gynaecology Clinical Institute held its inaugural Symposium at the Park Hyatt Hotel in June 2010. The interstate guest speakers were Professor Ian Hammond (Perth) and Professor Alastair MacLennan (Adelaide). The symposium attracted more than 120 registrants, and the feedback about the meeting was encouraging.

The Obstetric Unit is increasingly active and there were in excess of 3,700 births in 2009/10. The increased obstetric activity has brought its own set of challenges, which are being addressed. An anaesthetic roster has been introduced to provide continuity of cover.

The Obstetrics and Gynaecology Clinical Institute conducts quarterly Clinical Audit meetings, which are interesting and well attended. The Gynaecological Oncology service holds its multi-disciplinary meetings at Melbourne Pathology every two weeks, and the Obstetric Journal Club meets on a monthly basis.

Associate Professor Robert Rome

A patient receives an hourly visit from a nurse at Epworth Eastern
Education and training at Epworth have expanded over the past two years, with the medical education program supervising more than 46 Registrars and Fellows. Professor Geoffrey Metz, President of the Australasian College of Physicians from 2008 to 2010, is a consultant physician and gastroenterologist as well as Epworth’s Director of Medical Education.
“Teaching is a wonderful addition to the working day for my generation. After 30 or 40 years of practice and performing surgical procedures, the specialist’s knowledge and experience is at its peak. It’s the time to pass on all that accumulated wisdom, and both teachers and learners find the exchange very satisfying. People are living longer and staying healthier thanks to research, advances in modern medicine and improvements in the way doctors work and communicate.

In my lifetime, I’ve noticed that disciplines—from neurology to cardiology and oncology—have recognised the benefits of a more holistic approach to their patients’ conditions. Now we link them to a team of expert allied health practitioners that includes physios, speech and occupational therapists, psychologists, dieticians and social workers. In the old days it was all about the specialists’ relationship with patients. Nowadays we work in teams and have a strong working relationship with their GPs as well as the ancillary staff.

Epworth is a very exciting place at the moment. Since introducing the Teaching Hospital Steering Committee, enthusiasm has grown and more than 200 medical staff have opted to participate in the teaching model. There is a great vibe around the place. We are certainly leading the way for private hospitals to be a significant part of doctor education in the future.”
Education and training

Epworth is evolving to a full teaching hospital by building the resources and facilities to educate the current and future clinical workforce. This will improve the quality of care and outcomes for patients.

Education and training continued in 2009/10 through the teaching hospital initiative, as well as ongoing investment in staff training and development.

Epworth maintained highly successful education programs for both undergraduate and postgraduate medical, allied health and nursing students, supported by senior specialist clinicians and clinical educators from across the group.

The number of students seeking nursing, medicine and allied health placements at Epworth hospitals is increasing each year. In 2009/10 more than 1,000 students from 14 universities and colleges completed their placements at Epworth.

Clinical audit and peer review have been enhanced within this new teaching environment. The development of enhanced multi-disciplinary teamwork and learning is also maturing through these processes.

Appointments to the Academic Chair and Clinical Institute Chairman roles have provided academic leadership to Epworth’s postgraduate education and research activities.

Registrars and Fellows program

Epworth now has 46.5 Registrar and Fellow positions in various speciality areas across the campuses. Several medical colleges have accredited Epworth facilities as registered training sites, increasing Epworth’s ability to offer postgraduate medical training across a broad range of specialities.

Epworth has also continued to participate in the Commonwealth Specialist Training Program for Registrars, and has provided seed funding for several positions. Fellowships in urology, musculoskeletal, and in foot and ankle were established during 2009/10.

Epworth HealthCare/ Cleveland Clinic Fellowships

The placement and exchange of advanced specialist trainees is one of the key benefits to come out of the formal agreement between Epworth and Cleveland Clinic established last year. Four Fellowship positions under the Epworth HealthCare/ Cleveland Clinic affiliation commenced in 2009/10. Two positions are located at Cleveland Clinic in colorectal surgery and breast endocrine. Two positions are at Epworth in interventional cardiology and colorectal surgery.
Definitive surgical trauma care

The annual Definitive Surgical Trauma Care (DSTC) course and Definitive Perioperative Trauma Nursing Care (DPTNC) course were held at Epworth Richmond for the first time in early 2010. Guided by an instructor, surgeons and theatre nurses worked together in small teams on a range of trauma surgeries.

The course is strongly recommended for any surgical trainee in their latter years of training, as it is regarded as the only one of its kind that provides an upgrade of surgical decision-making and surgical skill development in the management of serious injuries. The DSTC Committee of the College of Surgeons works closely with the International Association for Trauma and Intensive Care in developing these courses, and providing them in Australia and around the world.

Due to the resounding success of the inaugural courses at Epworth Richmond, the Committee will hold a second course in November 2010.

Undergraduate medical training

Undergraduate medical training continued to expand during 2009/10 at Epworth, with third year medical students from The Alfred and Monash University rotating through Epworth hospitals. This builds on the existing rotations of final year medical students from the University of Melbourne and Monash University.

Final year medical student exams are now being conducted at Epworth, and the first Royal Australasian College of Physicians (RACP) exams to be held at Epworth Richmond were completed in 2009. Both of these initiatives have proved to be highly successful and will continue into the future.

Inaugural psychopharmacology master class

Epworth hosted a psychopharmacology master class for the first time in 2010. The master class is held twice yearly for those who wish to refresh psychopharmacology skills or to develop further expertise in therapeutics.

The popularity of these classes is in part due to the open-style forum, which allows colleagues to discuss topical issues by sharing their own ideas and experiences. Deputy Chairman of the Rehabilitation, Psychiatry and Pain Management Clinical Institute, Professor Nicholas Kekis, and Dr Judy Hope presented the session, which was attended by a mix of psychiatrists, trainees, Registrars and nurse practitioners.

OPTIMoveS

Allied health staff at all Epworth campuses have benefited from increased education and training as part of the OPTIMoveS program. The program equips occupational therapists and physiotherapists to work within the ‘No Lift’ framework established at Epworth, which is designed to reduce the risk of injury to clinical staff and improve patients’ mobility during recovery.

The program has proven so successful that it is has been implemented at other hospitals in Melbourne, and further work has been undertaken to develop a training competency.

Clinical education

Epworth Rehabilitation appointed a full-time Clinical Educator in January 2010 to coordinate both graduate nursing programs and ongoing clinical education across the Brighton, Camberwell and Richmond sites.

Epworth Rehabilitation’s major focus for clinical education has been falls prevention, medication error prevention and the preceptorship program, which allows experienced nursing staff to provide support and guidance to graduate program participants.

Staff in the Maternity unit at Epworth Freemasons benefited from a new Competency Day initiative which was an opportunity for all staff to focus on achieving relevant competencies within a specific timeframe.

The day oncology unit at Epworth Freemasons provides chemotherapy and treatment for patients with cancer in an outpatient environment
**Scholarships program**

The Epworth HealthCare Scholarships program supported the development of eight individual staff members in 2009, providing up to $10,000 for each recipient to undertake an academic or professional course, conference or project in their field.

**Scholarship recipient**

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<th>Scholarship recipient</th>
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<tr>
<td>Girly Figerado</td>
<td>Mr Tim Acton</td>
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<td>Epworth Eastern</td>
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<td>Kathryn Pateman</td>
<td>Baxter Healthcare</td>
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<td>Epworth Eastern</td>
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<td>Amanda Leckie</td>
<td>Advantage Salary Packaging</td>
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<td>Epworth Freemasons</td>
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<td>Sarah Brady</td>
<td>Mr Tim Acton</td>
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<td>Epworth Freemasons</td>
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<td>Melanie Drummond</td>
<td>Mr Anthony Browne</td>
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<td>Karen Ekberg</td>
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<td>Epworth Richmond</td>
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<td>Sally Matthews</td>
<td>Abbott Vascular</td>
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<tr>
<td>Carly Arkinson</td>
<td>Advantage Salary Package</td>
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<td>Epworth HealthCare</td>
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Study and research topics of the successful applicants include cancer care, health services management, joint replacement education and change management. The awards are an important part of Epworth’s commitment to provide staff with more opportunities for professional learning and leadership development.

Epworth wishes to acknowledge and thank the sponsors for their tremendous support of this great initiative.

**Division One Graduate Nursing Program**

For the first time, a site-specific Division One Graduate Program was held at Epworth Eastern, with 15 graduates commencing in February 2010.

At Epworth Freemasons, four graduates commenced in the Midwifery Graduate Program in February 2010. They completed rotations through the Post-natal Unit and Delivery Suite, and a two-week roster in the Special Care Nursery.

The introduction of two defined rotation streams at Epworth Richmond gave graduates the option to undertake an initial six month rotation in a single ward, followed by a further two three-month rotations in other areas, or undertake three standard four-month rotations.

The two streams were introduced to meet the different training and support needs of graduates.

During the year, 18 graduate nurses also rotated between the three Epworth Rehabilitation sites, allowing them to gain valuable experience in a non-acute setting.

**Enrolled Graduate Nursing Program**

The enrolled Graduate Nurse Program, previously the Division Two Graduate Program, had intakes of graduates in August 2009 and February 2010 at sites across Epworth.

Research was undertaken into the changing role of enrolled nurses within Epworth, ensuring enrolled nurses remain a highly skilled and satisfied part of Epworth’s workforce. A 360° inclusive research process has led to the development of improved career opportunities for enrolled nurses in theatre, emergency department, intensive care unit and clinical education.

The passing of Intravenous Medication Endorsement by the Nurses Board of Victoria will also create further opportunities for enrolled nurses at Epworth to expand their scope of practice once they undertake more advanced medication endorsement training.
Undergraduate nursing placements

More than 650 nursing students completed placements at Epworth in 2009/10. Over 100 of these undergraduate nursing students completed their placements in both ward areas and theatres, through partnership programs with Deakin University, Monash University and Box Hill Institute.

The Nursing Education Collaboration Holmesglen Epworth was also finalised in 2009/10. This model of undergraduate clinical placement will allow a selected group of enrolled and Division One nursing students to undertake all their clinical placements at Epworth.

The aim of these collaborative programs is to ensure possible recruits for the Graduate Nurse Program are ‘work ready’ and familiar with the acute care environment prior to commencing the graduate program with Epworth at the completion of their studies.

Federal grants success

Epworth was successful in receiving funding as part of the Federal Government Increased Clinical Training Capacity 2010 round of grants. The funding will be directed towards the expansion of the Collaborative Clinical Education Epworth Deakin (CCEED) program to support increased Division One undergraduate nursing places across the group. This grant totalled $1.44 million which will enable Epworth to provide a skills training lab at Epworth Richmond and equipment at each campus. It will also enable the development of an online learning system for nursing students.

In addition, Epworth was successful in two applications for Innovative Clinical Teaching and Training grants for infrastructure which were submitted in January 2010. These include $5 million for the establishment of an education precinct at Epworth’s new teaching hospital development in Geelong with Deakin University which will include full simulation capability.

A total of $1.2 million was awarded for the inclusion of education facilities within the Epworth Rehabilitation Camberwell development.

Academic appointments in Medicine, Rehabilitation Medicine and Surgery

In March 2009, Professor Richard Gerraty was appointed the Victor Smorgon Chair of Medicine at Monash University. An internationally recognised stroke expert, Professor Gerraty is currently the Head of Stroke Research at Monash University’s Neuroscience Department and the Victorian Chairman of the Australian and New Zealand Association of Neurologists.

In his role, Professor Gerraty will focus on further developing neurosciences at Epworth, in particular fostering research and teaching to improve outcomes for people following stroke.

Professor John Olver was appointed as the Victor Smorgon Chair of Rehabilitation Medicine at Monash University, comprising dual relationships with Epworth and Monash University incorporating Epworth Rehabilitation and the Faculty of Medicine, Nursing and Health Services.

As the Chair, Professor Olver works in partnership with Professor Steve Wesselingh, Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University, to jointly set the agenda for the development of new directions in rehabilitation policy, services, research and teaching.

Renowned orthopaedic surgeon and Chair of the Musculoskeletal Clinical Institute, Professor Richard de Steiger, has been appointed Victor Smorgon Chair of Surgery and Professor of Surgery, by Epworth and the University of Melbourne.

Part of Professor de Steiger’s role is to foster excellence in research, professional activities and policy development related to surgery; define the objectives and goals for surgical services; and ensure all surgical service commitments to patient care, teaching and research are maintained.
“Listening to patients whose back pain is seriously affecting their lives is difficult, and it’s the main reason I began to train in minimally-invasive fusion surgery six years ago.

My research projects are important to me because it means that surgery performed here at Epworth contributes to improving outcomes for patients everywhere. In recent years we have lacked enough information to guarantee the funding of new technology in spinal surgery. To convince people to change, we need to publish evidence of well-documented data from large numbers of surgeries. There are now multiple studies in multiple centres all around the world—and I think the more the better.

It’s an ongoing project of course, but already there is strong evidence that pain is reduced, hospital stays are shortened and there are fewer complications, such as the need for blood transfusions, but we still need to research the long-term benefits.

It is very rewarding to make a positive difference in people’s lives.”
Research plays a key role at Epworth HealthCare, and staff and doctors contribute to projects in Australia and around the globe. Neurosurgeon Mr Paul D’Urso pioneered minimally-invasive spinal surgery techniques at Epworth. He hosts workshops to teach new methods to Australian neurosurgeons and participates in international research projects in spinal techniques.
Human Research and Ethics Committee attendance

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<tr>
<th>Name</th>
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<tr>
<td>Reverend Professor Norman Young (Chairman)</td>
<td>11/10</td>
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<tr>
<td>Mr Alan Kinkade</td>
<td>11/7</td>
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<tr>
<td>Professor Mari Botti</td>
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<td>Professor John Olver</td>
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<td>Professor Jennie Ponsford</td>
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<td>Professor Jane Fisher</td>
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<td>Dr Jim Breheny</td>
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<td>Mr Philip Roff</td>
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<td>Dr Megan Robertson</td>
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<td>Mrs Yolanda Klempfner AO</td>
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<td>Ms Harriet Ziegler</td>
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<td>Ms Mary-Jane Crabtree</td>
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<td>Mr Roland Williams</td>
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<td>Mrs Deborah Clark</td>
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Human Research and Ethics Committee

The Human Research and Ethics Committee (HREC) overviews and supports research at Epworth.

Four main principles underpin the National Statement of Ethical Conduct in Human Research:

- respect
- research merit and integrity
- justice
- beneficence.

These are the fundamental cornerstones of the HREC, which are essential in promoting a relationship of trust, mutual responsibility and ethical equality, and involving the recognition that each human being has value.

While the committee must ensure the ethical probity and methodological integrity of the projects submitted, its role is not primarily that of policing. Its major concern is to support and resource researchers to promote reflective practice in an ever-changing environment in research, and respond to continuing developments within the health care, biomedical research and biotechnology industry environments.

With the continued focus and advancement of teaching and research across all of the Epworth campuses, the HREC processes have continued to mature, enabling broader strategic and ethical issues to be dealt with ethically and responsibly, and ensuring those with diminished or no autonomy are empowered and protected.
It has also been necessary to streamline our processes for Quality Assurance, Negligible Risk and Low Risk Studies. A subcommittee of the HREC has been established to deal with this fast growing and substantial area. We are fortunate that Professor Mari Botti has agreed to Chair this subcommittee.

The subcommittee commenced at the end of 2009 and has seen a rapid utilisation and growth in the number of proposals considered.

The HREC will continue to preserve a strong perspective on activities where it involves human participation or definable human involvement, use of their data or tissue, and has a purpose of establishing facts, principles or knowledge.

Reverend Professor
Norman Young
Chairman

Epworth Research Institute

The Epworth Research Institute is the governing body that oversees, coordinates and administers all research across Epworth.

Research activity is supported by the Clinical Institutes, the Victor Smorgon Epworth Education & Research Institute, the Epworth Prostate Cancer Research Centre, the Clinical Trials Centre and affiliations with the Cleveland Clinic as well as by the University of Melbourne, Monash University and Deakin University.

The Epworth Research Institute was established in 2010 and is located in the hospital precinct, ensuring close collaboration between basic scientific research and clinical practice.

Strategies have been set in place to enhance research capabilities, including the appointment of Dr Megan Robertson as the Executive Director of Research. Dr Robertson provides dedicated focus and leadership in research.

As well as being essential to providing optimum care to patients, research activity plays a critical role in Epworth becoming Australia’s foremost private academic medical organisation.

Current research projects

Inter-professional clinical handover in the emergency department: tools to evaluate handover quality
Principal Investigator: Dr Bernice Redley
Inter-professional clinical handovers in complex clinical situations are associated with high risk for preventable communication errors and significant patient safety issues. This study aims to develop reliable observational measures of the quality of team communication during clinical handover in the emergency department, and thus contribute to improving the quality and safety of patient care by identifying good practice, reducing the risk of miscommunication.

Investigating the absorption of therapeutic compounds through human skin
Principal Investigator: Dr Nicholas Kennedy
Delivering therapeutic drugs directly through the skin has enormous potential in the treatment of diseases. This project aims to create topical creams for the delivery of medications across the human skin using a novel form of Vitamin E cream that promotes the co-delivery of a range of medications such as morphine.

A phase III, randomised, double-blind evaluation of the safety and efficacy of Apixaban in subjects with a recent acute coronary syndrome: Apixaban for prevention of acute ischemic events–2 (APPRAISE-2)
Principal Investigator: Dr Ronald Dick
The purpose of this study is to determine if Apixaban (a new oral anticoagulant), when given in addition to standard treatment to subjects who have recently experienced unstable angina or a heart attack, is safe and can prevent further cardiovascular events such as another heart attack, unstable angina or stroke. APPRAISE-2 is an international, multi-centre, double-blind, placebo-controlled, randomised

16:59

Patients work on their balance, coordination, muscle strengthening and mobility in the hydrotherapy pool at Epworth Rehabilitation Brighton
clinical trial assessing the effect of Apixaban on rates of cardiovascular death, myocardial infarction or ischemic stroke.

**Australian Cardiac Procedure Registry (ACPR)**

Principal Investigator: Dr Ronald Dick

Despite the declining incidence of coronary heart disease (CHD) over the last two decades, CHD remains the single largest cause of death and disability in Australia. The decline in incidence is partially attributable to major therapeutic advances including coronary artery bypass grafting, percutaneous coronary intervention and improved pacing techniques. This study aims to pilot a national registry in interventional cardiology and cardiac surgery to provide information and outcomes of established and emerging procedures performed across Australia.

**Australian multi-centre colonic endoscopic mucosal resection (EMR) study**

Principal Investigator: Dr Gregor Brown

Bowel cancer is the second leading cause of cancer death and the most common cancer in Australia. Colonoscopy is important in early detection and prevention of colorectal cancer, and is increasingly being used to manage large colonic polyps that experienced colonscopists remove using endoscopic mucosal resection. This study aims to prospectively audit every case of colonic EMR of large flat polyps performed on adults in the leading institutions around Australia, to identify factors associated with good or poor outcomes of this procedure.

**Care coordination to support cancer patients undergoing adjuvant chemotherapy: a pilot study**

Principal Investigators: Professor Mari Botti, Dr Patricia Livingston

There is limited evidence for best practice in the provision of information and support to cancer patients undergoing chemotherapy. This pilot study aims to assess a new model for care coordination focussing on preparing patients for procedures and treatments, providing emotional and social support, ensuring continuity of care and addressing individual needs. This intervention will be provided by specialist liaison nurses for patients undergoing adjuvant chemotherapy for recently diagnosed breast or colorectal cancer.

**Integrated care for the reduction of secondary stroke (ICARUSS) study**

Principal Investigator: Dr Jacques Joubert

Stroke is the most common cause of chronic disability in older Australians. After a first stroke there is a high rate of stroke recurrence, increasing disability and institutionalisation. However, recurrent stroke is largely preventable with optimal management of recognised risk factors including hypertension, atrial fibrillation, hyperlipidaemia, diabetes and smoking. The study will measure the effect of the 'integrated' care model including specialists, general practitioners and stroke coordinators on risk factor modification and stroke outcomes: stroke recurrence, death, depression and disability.

**Longitudinal head injury outcome study**

Principal Investigator: Professor Jennie Ponsford

Traumatic brain injury (TBI) is the leading cause of disability in those aged under 30. If severe, it can cause physical, cognitive, behavioural and emotional changes that affect the capacity to live independently, return to work or study, engage in recreational activities and make or sustain relationships. This can result in social isolation, poor self-esteem, anxiety and depression which evolve over many years. This study, running since 1995, documents long-term outcome and the needs of TBI patients, as a basis for rehabilitation programs and ongoing service provision.

**A prospective case-controlled observational study of quality of recovery following knee surgery under general anaesthesia**

Principal Investigator: Associate Professor Colin Royse

Recovery following general anaesthesia is a complex issue confounded by the type of surgery, inflammation, different anaesthetic drugs and techniques, patient health, and different patient and clinician perceptions of what constitutes a good recovery. This study will assess the utility of a new quality of recovery scale, the Post-operative Quality Recovery Scale, which is completed pre-operatively.
and then sequentially at defined intervals post-operatively. In particular, this study looks to identify whether age or extent of surgery influence recovery after general anaesthesia.

**FORTIS-M: a phase III, randomised, double-blind, placebo-controlled study of oral talactoferrin, in addition to best supportive care, in patients with non-small cell lung cancer who have failed two or more prior treatment regimens**  
Principal Investigator: Dr Ross Jennens  
Talactoferrin, an orally active immunomodulatory protein, is a new treatment option for non-small cell lung cancer (NSCLC) patients who have already failed two or more prior treatment regimens. Patients with advanced or metastatic NSCLC will be studied using talactoferrin as an alternative treatment to determine the overall survival of participants.

**Comparison of health and development of young adults born with and without assisted conception**  
Principal Investigator: Associate Professor Jane Halliday  
Currently, almost 3 per cent of babies born in Australia have been conceived with assisted reproductive technologies (ART). The aim of this project is to undertake a systematic investigation of the health and development of young people aged 18–28 years who were conceived from IVF treatment, by collecting data from mothers and young adults from IVF and comparing this to the general Victorian population.

**Influences on participation in outpatient cardiac rehabilitation: a case study**  
Principal Investigator: Professor Mari Botti  
Cardiovascular disease remains the leading cause of death in Australia and, as the population ages, the burden of cardiovascular disease is expected to remain high. Cardiac rehabilitation programs (CRP) aim to help patients achieve lifestyle changes that will reduce risk factors using a combination of exercise, education, counselling and support. However, CRP attendance is poor world-wide. This study investigates the multifactorial influences on attendance at Epworth Richmond Cardiac Rehabilitation programs by patients with cardiovascular disease.

**Multiple emergency department acupuncture trials (MEDACT): randomised controlled trials of acupuncture vs pharmacotherapy for acute pain relief in emergency departments**  
Principal Investigators: Professor Marc Cohen, Dr Michael Ben-Meir  
Pain is the most common reason for presenting to an emergency department, yet evidence demonstrates that pain is managed inadequately in this setting. Further evidence suggests that acupuncture is an effective therapy for pain relief. The objective of this study is to determine whether acupuncture alone or as an adjunct to medication provides clinically significant pain relief at one hour for patients presenting to the emergency department with low back pain, migraine and acute ankle injuries.

**An open, randomised, controlled, parallel group, phase III study to investigate the safety and efficacy of fermagate and lanthanum carbonate, together with a randomised, placebo-controlled, double-blind fermagate comparison in haemodialysis (HD) patients with hyperphosphatemia**  
Principal Investigator: Associate Professor Ian Fraser  
A major function of the kidneys is to control the blood level of certain substances including phosphate, that helps calcium strengthen bones, provides energy for muscles and is involved in many chemical reactions in the body. Kidneys normally remove excess phosphate through urine. People with kidney disease on haemodialysis develop hyperphosphatemia resulting in heart, blood vessel and bone damage. This study will investigate fermagate, a new treatment to help control phosphate levels, that has reduced serious side effects compared to current treatment options.
Impact and risk factors associated with Influenza H1N1 in the Australian hospital system, Epidemic 2009 (INFINITE 2009)
Principal Investigator: Dr Con Giannellis
INFINITE aims to establish a registry of patients admitted to ICUs with Influenza A infection including swine flu. Investigators will establish reporting lines to allow for real-time provision of information to public health officials across Australia. This research is central to acquiring an early understanding of a global pandemic of major public health significance. An initial paper from this study was published in the prestigious New England Journal of Medicine last year.

Development of guidelines for return to driving following traumatic brain injury
Principal Investigator: Ms Pamela Ross
The aim of this study is to improve knowledge about return to driving following traumatic brain injury (TBI), in order to maximise road safety and quality of rehabilitation care for this group of individuals. This will be achieved by reviewing the outcomes of all of the Occupational Therapy Driver Assessments conducted on patients with a TBI at Epworth Rehabilitation over the last 10 years.

Patient attitudes towards surgical training in private hospitals
Principal Investigator: Dr Murray Spencer
With almost 3,000 medical students due to graduate in 2012, an ageing surgical workforce and high demand for surgical services, there is an increasing need for surgical training positions. Additional surgical training positions may be identified in the private sector. The aim of this study is to investigate patients’ attitudes to surgical training at Epworth.

SPIRIT PRIME clinical trial: a clinical evaluation of the XIENCE PRIME™ and XIENCE PRIME™ LL Everolimus Eluting Coronary Stent System
Principal Investigator: Dr Ronald Dick
The XIENCE PRIME and XIENCE PRIME LL Everolimus Eluting Coronary Stent System is a device/drug combination product used to improve coronary luminal diameter in patients with symptomatic heart disease due to de novo native coronary artery lesions. This study is a prospective, two-arm, open-labelled, multi-centre registry evaluating the safety and effectiveness of this system.

Cognition, awareness and psychosocial functioning following traumatic brain injury: their evolution and biological underpinnings
Principal Investigator: Professor Jennie Ponsford
This project proposes to follow up participants with traumatic brain injury (TBI) over the first year after their accident, examining the relationship between three key variables: cognition, awareness, and organic brain changes. It aims to examine the recovery of cognition, to examine changes in the brain using MRI, to investigate the development of awareness of injury-related changes and its sub-types, and to examine the role that biological, psychological, social, and environmental factors play in predicting the changing course of cognition, awareness, and the brain structures over the first year of post-injury.

A multi-site study to investigate the optimal bladder filling instructions for prostate cancer patients undergoing radical radiation therapy using image guided radiation therapy (IGRT) to verify daily bladder volume
Principal Investigator: Dr Kellie Knight
Radiation therapy for prostate cancer is planned using an initial CT scan to locate the prostate accurately within the pelvis. However, the prostate can move, significantly affecting treatment delivery. One cause for variation in prostate position is differential bladder filling. This study investigates optimal bladder filling instructions to minimise bladder filling variation across a treatment course by performing Image Guided Radiation Therapy (IGRT) using CT to verify the location of the prostate and surrounding organs prior to treatment.

CoreValve–International ReValving® registry: percutaneous aortic valve replacement (PAVR) with the CoreValve ReValving system
Principal Investigator: Dr Anthony Walton
Aortic valve stenosis occurs in 1–2 per cent of the over 65 population and 4 per cent of the over 85 population, and...
progressive valve narrowing leads to the need for valve replacement that traditionally requires open-heart surgery. CoreValve has developed a device for percutaneous valve replacement that can be performed utilising local anaesthesia. This study evaluates the performance, efficacy and safety of the percutaneous implantation of CoreValve's prosthetic aortic valve in patients with severe symptomatic native aortic valve stenosis who have an elevated surgical risk.

A safety and efficacy trial evaluating the use of Apixaban in the treatment of symptomatic deep vein thrombosis and pulmonary embolism (AMPLIFY and AMPLIFY-EXT)

Principal Investigator: Dr Megan Robertson
Deep venous thrombosis and subsequent pulmonary embolism (blood clot to the lungs) requires treatment with anticoagulants to prevent further clot development. Standard treatment involves the use of oral anticoagulants that have significant risks of interfering with other drugs and other side effects. The objective of this study is to determine if Apixaban, a new alternative oral anticoagulant with an improved safety profile, is equivalent to standard therapy in prevention of recurrent symptomatic deep vein thrombosis and pulmonary embolism.

Radiotherapy adjuvant versus early salvage (RAVES)

Principal Investigator: Dr Patrick Bowden
Radical prostatectomy is the most common treatment modality for clinically localised prostate cancer. However, 20–50 per cent of patients with clinically localised disease will have extension beyond the resected prostate area with a high risk of relapse. This multi-centre trial compares post-prostatectomy radiotherapy with early salvage radiotherapy only if recurrence occurs. If radiotherapy at recurrence results in equivalent outcomes and improved quality of life, it would become the standard treatment.

Late systolic playing in bileaflet mitral valve prolapse

Principal Investigator: Mr Aubrey Almeida
Late systolic playing is a unique pattern of motion of the heart muscle that has been described in patients with abnormal heart valve function associated with valve leakage.

This study will use cardiac ultrasound examination to develop a mathematical description of this condition, and thus increase the understanding of the disease mechanism. The knowledge of the mechanism will assist clinicians in tailoring treatment plans for patients with this condition.

Impact of food choice, energy intake and regurgitation symptoms on weight loss and compliance with population based dietary guidelines in post bariatric surgery patients

Principal Investigator: Ms Melanie McGrice
The obesity epidemic continues to grow in Australia. Laparoscopic adjustable gastric band (LAGB) and sleeve gastrectomy are common surgical techniques that aim to restrict the ability to consume large quantities of food, thereby aiding weight loss. This project aims to explore food choices in post-surgical patients and the relationship this has to total energy intake, nutrient intake and degree of weight loss.

Cystralloid versus Hydroxyethyl Starch Trial (CHEST): a multi-centre, randomised, controlled trial of fluid resuscitation with starch (6 per cent hydroxyethyl starch 130/0.4) compared to saline (0.9 per cent sodium chloride) in intensive care patients on mortality

Principal Investigator: Dr Con Giannellis
Patients in ICU often require fluid to increase their blood pressure to acceptable levels or because the doctors treating them feel that the volume of fluid in the blood is inadequate. The main aim of this project is to find out whether critically ill adults with low blood volume who receive fluid resuscitation with Voluven® (a starch solution) compared to saline (a salt solution) have varying survival 90 days later.

A phase II, randomised, placebo-controlled study to evaluate the efficacy of topical pure emu oil for arthralgic pain related to aromatase inhibitor use in post-menopausal women with early breast cancer: joints under study (JUST)

Principal Investigator: Dr Richard de Boer
Aromatase inhibitor drugs provide protection against
breast cancer recurrence, but a common side effect that may limit treatment is joint pain and stiffness. There are anecdotal reports dating back to the 1860s of the effectiveness of emu oil for alleviation of dry skin, muscular complaints and improving wound healing. The aim of this study is to determine whether the use of emu oil rubbed into painful joints on a daily basis can lessen the pain in joints experienced by women taking an aromatase inhibitor for breast cancer.

Program for the assessment of clinical cancer tests (PACCT-1): trial assigning individualised options for treatment: the TAILORx trial
Principal Investigator: Dr Ross Jennens
Breast cancer is the most common cancer in women aged 40–70 years, for whom the disease is the second greatest cause of cancer death. Over the past 10 years, increased use of hormonal therapy and chemotherapy has contributed to a decline in breast cancer deaths. This clinical study evaluates the benefits of chemotherapy for early breast cancer in patients with an intermediate risk of recurrence, and aims to more clearly identify the patients likely to benefit from chemotherapy and those who require hormonal therapy alone.

A retrospective QA review of patients who have received silicate substituted calcium phosphate Actifuse™ as a bone graft in a variety of orthopaedic procedures
Principal Investigator: Mr Timothy Whitehead
Bone grafting may utilise natural bone or a synthetic bone substitute such as Actifuse. This retrospective QA review will collect information about surgery including the preparation of the site, the type and amount of Actifuse used, and the outcome in orthopaedic procedures. Radiological review will assess changes in the graft, trabecular regrowth, bone remodelling and incorporation, new bone formation and healing.

Audit of blood and blood product transfusion practice in patients undergoing major gynaecological surgery
Principal Investigators: Associate Professor Robert Rome
Large numbers of patients rely on blood products to support them through medical/surgical care, or for regular transfusions to maintain health. Patients who are transfused expect that the decision to transfuse is appropriate, that the blood products are safe, and that the transfusion process meets the highest standards. This retrospective audit aims to assess the indications for blood transfusion in patients undergoing major gynaecological surgery.

Investigating the use of transcranial magnetic stimulation (TMS) to evaluate neuroplastic changes underpinning rehabilitation after acquired brain injury (ABI)
Principal Investigators: Dr Alan Pearce, Professor John Olver
The past decade has produced greater insights into the neuroplastic changes that underpin recovery from ABI. Transcranial magnetic stimulation (TMS) is a non-invasive, painless and safe technique that is used to investigate the human nervous system. This study investigates the relationship between neuroplastic changes and functional outcomes following botulinum toxin injection. It aims to gain a better understanding of the neuroplastic adaptations that occur as a result of rehabilitation so that therapeutic interventions may be better targeted for improved rehabilitation outcomes.

Acardio study: cardiovascular outcomes study to evaluate the potential of aleglitazar to reduce cardiovascular risk in patients with a recent acute coronary syndrome (ACS) event and Type 2 diabetes mellitus (T2D).
Principal Investigator: Dr Ronald Dick
Patients with Type 2 diabetes have an increased risk of cardiovascular disease. The aim of this project is to assess whether aleglitazar, a drug to assist in control of blood sugar levels in diabetics, can be used to decrease the death rate or increase the health state of people who have Type 2 diabetes and have recently experienced a heart attack or symptoms of acute coronary syndrome (symptoms resulting from decreased blood flow to the heart).

Evaluation of the prostate cancer risk information clinic
Principal Investigators: Professor Anthony Costello, Associate Professor Declan Murphy
There is ongoing debate about the risks and benefits...
of prostate cancer screening, including PSA blood testing. Screening may lead to the early detection of prostate cancer before symptoms develop, permitting cure or treatment that could extend life. Alternatively, screening may lead to the diagnosis and treatment of a cancer that may never cause any health-related problems. This study aims to review the Prostate Cancer Risk Information Clinic at Epworth and to evaluate if the service is useful to men.

**Safer roads to recovery: assessing readiness for driving after TBI**

**Principal Investigator:** Professor Jennie Ponsford

More than two-thirds of traumatic brain injury (TBI) survivors return to driving. Despite this, limited research investigating driving performance following TBI has been conducted. The aims of this study are to examine the nature and causes of driving difficulties following TBI, as a basis for developing more reliable and valid assessment procedures for readiness to return to driving and thereby improving the safety of drivers with TBI.

**Long term impact of TBI in women**

**Principal Investigator:** Professor Jennie Ponsford

Traumatic brain injury (TBI) is a leading cause of death and disability worldwide, and the majority of TBIs (~60-70 per cent) are sustained by men. Little research has been directed toward the unique female experience of TBI. This international study aims to assess the impact of TBI on women’s reproductive health (menstruation, conception, age at time of menopause, frequency and severity of menopause) compared to trauma control subjects without a TBI.

**Endurant stent graft natural selection global post-market registry (ENGAGE): a multi-centre, post-market, non-interventional, prospective study**

**Principal Investigator:** Professor Michael Grigg

The Endurant Stent Graft System is a new generation percutaneous aortic repair system. ENGAGE is a registry that aims to expand our clinical knowledge by prospectively collecting global ‘real world’ safety and clinical performance data, and increase the clinical evidence about the safety and effectiveness of these devices.

**Ovarian cancer patterns of care survey**

**Principal Investigator:** Associate Professor Penelope Webb

The 2007 Senate report ‘Breaking the silence: a national voice for gynaecological cancers’ called for improved management of women with gynaecological cancer. For this to occur, a clear understanding of the current patterns of care and outcomes for patients and identification of areas where changes could have the greatest positive effect need to be implemented. This study will collect socio-demographic and treatment information for all women diagnosed with ovarian cancer in Australia during one year to describe the patterns of patient management and to relate this to patient survival.

**Prediction of death following withdrawal from life-sustaining treatments (PREDICT)**

**Principal Investigator:** Associate Professor Nerina Harley

Withdrawal from life-sustaining treatments has been established on ethical, legal and medical grounds over the last decade. However, limited data are available in Australia regarding the limitations or withdrawal of life-sustaining treatments. This trial aims to collect clinical information regarding clinician prediction of treatment withdrawal to death to enable the development of a tool to support decision making, and help predict which patients will require prolonged palliative care planning from those which would only survive for a short period.

**Increasing critical care nurses’ diagnostic accuracy of atrial electrograms by using an innovative education program**

**Principal Investigator:** Dr Judy Currey

Patients may develop heart rhythm abnormalities called supraventricular arrhythmias following heart surgery. A 12-lead electrocardiogram (ECG) is used to diagnose these arrhythmias. An alternative is the atrial electrogram (AEG) obtained by measuring from the temporary atrial pacing wires that are left in place after heart surgery. The aim of this study is to increase critical care nurses’ diagnostic accuracy of AEGs by using an innovative evidence-based education program. This will benefit nurses’ management of post-operative heart patients when patients develop a supraventricular arrhythmia.
Tissue specific regulation of cortisol via 11β hydroxysteroid dehydrogenase 1 and the metabolic syndrome
Principal Investigator: Dr Christina Jang
Type 2 diabetes is a major public health issue in Australia. While insulin resistance and obesity are known to be closely associated, the molecular mechanisms underlying this link remain unknown. An emerging body of evidence implicates abnormal cortisol metabolism via 11βHSD1 as a pathogenic mechanism. This project will explore whether epigenetic alterations in 11βHSD1 gene expression occur in patients with Type 2 diabetes by analysing samples of fat, liver and muscle collected at the time of abdominal surgery.

Measuring outcomes in rehabilitation following hip and knee arthroplasty: developing and validating a tool based on the international classification of functioning, disability and health (ICF) comprehensive core set for osteoarthritis (OA)
Principal Investigator: Professor John Olver, Dr Jen Alviar
Joint replacement procedures are now commonly performed for chronic arthritis. Following the procedure, patients may be referred for rehabilitation that has been shown to improve outcomes in terms of pain, function and quality of life. This study aims to develop and validate an outcome assessment tool for patients undergoing rehabilitation following joint replacement using the International Classification of Functioning, Disability and Health core set for osteoarthritis as a starting point. Outcome assessment is important in identifying the most effective and efficient interventions.

Analysis of benign and malignant prostate tissue: signalling pathways and novel biomarkers
Principal Investigator: Professor Anthony Costello
Prostate cancer is the second most common cause of cancer death in Australian men. The malignancy has a wide spectrum of biological aggressiveness. It is important to adequately predict tumour behaviour to enable appropriate patient selection for early aggressive therapy or reassurance with long-term surveillance. To assist in determining tumour activity, this study aims to assess genes and signalling pathways that are activated by androgen receptors in various stages of prostate cancer, and to identify levels of prostate-specific exosomes in various stages of prostate cancer.

Biomarkers in prostate cancer: utility in progestination
Principal Investigator: Professor Anthony Costello
In 2006 prostate cancer was the most frequent newly diagnosed cancer in Australian men. There is currently no satisfactory test that will determine the prognosis of men with prostate cancer, as the commonly used prostate specific antigen (PSA) test lacks specificity and sensitivity. In this project, we test prostate cancer cells for various genes, proteins, and other molecules to find a marker, or group of markers, that can help to differentiate those with aggressive disease from those who are likely to run a more indolent course.

Mother and baby outcomes in singleton assisted reproductive technology pregnancies
Principal Investigator: Professor David Healy
The health of babies and their mothers after assisted reproductive technology (ART) is of great international interest. The ‘birth emphasising a successful singleton at term’ (BESST) outcome is a definition of a successful outcome in ART. This study will examine outcomes for mothers and singleton babies following ART, specifically, in vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI). This project will inform health care providers, the community, and those with infertility about issues regarding the health of mother and baby when ART treatments are used.

Blastogenesis defects and assisted reproductive technologies: a case control study
Principal Investigator: Associate Professor Jane Halliday
Assisted reproductive technology (ART) was pioneered in Victoria during the 1970s and has assisted thousands of Victorian couples to have children despite fertility problems. Previous research has shown that babies born through ART are at increased risk of having a birth defect compared to babies who were conceived naturally, but further investigation is required to confirm these findings. The aim of this study is to determine whether
ART was more likely to be the method of conception in blastogenesis defect cases.

**Evaluation of a model to predict outcomes post-endovascular aneurysm repair (EVAR) study**
**Principal Investigator:** Dr Gary Frydman
This project aims to evaluate and improve a pre-existing model for predicting outcomes for individual patients following ‘keyhole’ surgery for abdominal aortic aneurysm, an expansion of the main artery in the abdomen. This procedure is known as endovascular aortic aneurysm repair (EVAR). The model was developed to allow clinicians to predict before surgery the likelihood of individual failure based on the following risk outcomes: risk of death, need for further treatment, unsuccessful repair and 3 year survival.

**Translation of evidence into pain management practices in acute care environments**
**Principal Investigator:** Professor Mari Botti
The aim of this study is to develop a post-operative, pharmacological pain management algorithm (MAPP) to effectively manage pain in the post-operative orthopaedic patients. The MAPP tool will be developed based on best available evidence and in collaboration with a multi-disciplinary panel. Following consensus, the MAPP will be implemented and evaluated based on patients’ pain experience and pharmacological pain management practices across multiple sites.

**GBS Active: targeted active surveillance for Guillain-Barré Syndrome following the introduction of H1N1 vaccine**
**Principal Investigator:** Dr Nigel Crawford
This project is being undertaken to explore the potential association between Panvax™ H1N1 vaccine (CSL) vaccine and occurrence of Guillain-Barré Syndrome (GBS). Guillain-Barré Syndrome is a rare neurological condition causing acute paralysis and is of public health importance. The information from this project is anticipated to benefit all people by helping to find out if GBS is seen at an increased rate in the six weeks after influenza vaccine.

**Australasian maternity outcomes surveillance system (AMOSS)**
**Principal Investigator:** Associate Professor Elizabeth Sullivan
AMOSS is an active surveillance system designed to collect data on rare or serious conditions in pregnancy. The aim is to conduct studies that will assist in developing knowledge and improve understanding of risks, diagnosis and treatment of rare conditions in pregnancy.

**Australian sessile colonic polypectomy audit**
**Principal Investigator:** Dr Gregor Brown
This study aims to prospectively audit the removal of small colonic polyps in several major endoscopy centres across Australia in order to compare safety of various polypectomy techniques. Data will be pooled for analysis specifically comparing techniques with regard to immediate or delayed complications. Results will make an important local contribution to endoscopic practice in Australia and abroad.

**Prevalence and effectiveness of opioid use in pain management post total hip replacement surgery**
**Principal Investigator:** Dr Srividya Viswanathan, Dr Stephen De Graff
This project aims to document analgesic prescription including indications and outcomes following opioid prescription at Epworth Rehabilitation Camberwell post hip replacement surgery. A database will be created for the use of opioids post hip replacement surgery, and will evaluate the effectiveness of opioids using the Visual Analogue Score (VAS). This will be the first stage of a process aimed at optimising opioid use post hip replacement in a rehabilitation setting.

**Men’s experiences at Melbourne IVF**
**Principal Investigator:** Dr Sarah Phillips
This project will obtain information regarding men’s initial experiences at Melbourne IVF using a short satisfaction survey. Melbourne IVF will benefit from the information obtained and may be able to improve customer care and patient services.
Hospital survey on patient safety
Principal Investigator: Dr Megan Robertson
Unsafe medical care is a major source of morbidity and mortality throughout the world. Patient safety is a critical component of the quality of health care and a prerequisite for high-quality care, encompassing the three components of quality: structure, process and outcomes. As part of the World Health Organisation High 5s program on medication reconciliation, this well-validated survey tool the ‘Hospital Survey on Patient Safety’ will be used to assess attitudes and perceptions regarding patient safety activities across Epworth Richmond.

Sedation Practices in Intensive Care (SPICE)
Principal Investigator: Dr Con Giannellis
The aim of this study is to assess the current practice of patient sedation in intensive care units across Australia and New Zealand. The objective of this study is to generate information regarding baseline practice with respect to the management of sedation, analgesia, agitation and delirium, in order to guide the design of subsequent randomised controlled trials.

Prostate specific antigen (PSA) watch audit project
Principal Researcher: Associate Professor Declan Murphy
This study is being undertaken to confirm the accuracy and clinical usefulness of a rapid quantitative prostate specific antigen (PSA) measuring device using a finger-prick blood specimen. Researchers will compare the values obtained using the PSA Watch—Biocscan reader system with those PSA readings from a reference laboratory. The improvement in monitoring of patients with prostate cancer could translate into public health cost savings.

Outcomes of gastric band fills as found with a patient self-reported questionnaire: The VEW questionnaire
Principal Researcher: Mr Patrick Moore
The VEW (vomiting, eating and weight loss) questionnaire has been developed as a method for the assessment of post bariatric surgery patients, as well as a research tool into the eating behaviour of these patients.

Medical Emergency Team (MET) dose study
Principal Researcher: Dr Megan Robertson
The MET is an Australian initiative that aims to identify patients who are declining clinically in hospital and provide timely intervention to improve outcomes. This study aims to assess the variability in MET dose in approximately 60 MET-equipped Australian hospitals, the association between MET dose and patient outcomes, and the in-hospital mortality of patients subject to MET review, in comparison to patients subject to ICU admission, as well as the hospital population overall.

Gynaecological cancers data management project
Principal Investigator: Dr David Hansen, Associate Professor Robert Rome
The aim of this project is to identify a nationally consistent approach to the collection of gynaecological cancer data that will facilitate comparative analysis of cancer outcomes and result in the establishment of evidence-based national benchmarks.

Management of young patients with colorectal cancer
Principal Investigator: Mr Satish Warrier, Colorectal Fellow
The aim of this study is to review management practices for colorectal cancer in patients less than 50 years of age. These patients are at a higher risk of subsequent malignancy due to the biology of the cancer as well as the length of the follow-up. The extent of resection and surveillance strategies will be assessed. This data will assist in the generation of a prospectively created database to assist surgeons with future research, and assist with improved surgical practices in this patient group.
Clinical Trials and Research Centre

The Clinical Trials and Research Centre provides research services to the Epworth group. Overseen by the newly appointed Executive Director of Research, the centre employs two managers and eight research staff to assist clinicians from all fields of medicine who are interested in pursuing research.

The day-to-day work at the centre ranges from answering simple clinical questions about aspects of care through to participating in collaborative studies.

Monash-Epworth Rehabilitation Research Centre

The Monash-Epworth Rehabilitation Research Centre has had another productive year. The longitudinal head injury outcome study has continued, funded by the Victorian Neurotrauma Initiative (VNI).

The impact of age, genetic and cultural factors on long-term outcomes have been examined.

Studies of psychiatric disorders and substance use following traumatic brain injury (TBI) and the process of adjustment following injury continued. The Centre is also conducting intervention studies to enhance quality of life for TBI patients.

A National Health and Medical Research Council (NHMRC) grant was awarded for a study evaluating the efficacy of motivational interviewing and cognitive behaviour therapy for anxiety and depression following TBI. Another study is evaluating the efficacy 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. Methods of improving goal directed behaviour following TBI are being evaluated at Epworth’s Transitional Living Centre.

Eleven doctoral and two honours students from Monash University are conducting research in the Centre. The Centre had 20 journal papers published, and staff made 30 presentations at national and international conferences.

Epworth/Deakin Centre for Clinical Nursing Research

Research activities within the Epworth/Deakin Centre for Clinical Nursing Research focused on three major areas:

- patient outcomes after surgery for prostate cancer
- inter-professional communication and nurse-to-nurse clinical handover
- post-operative pain assessment and management.

The three year longitudinal, comparative study of the trajectory of recovery after surgery for localised prostate cancer continued, with funding from the Prostate Cancer Foundation of Australia.

The Australian Commission on Safety and Quality in Health Care funded the multi-modal, multi-centre study of inter-professional communication in handover situations led by the Epworth/Deakin Centre in 2008. The outcomes of this research were recommendations for standardised processes for clinical handover to improve patient safety.

Investigations are underway on the impact of these standardised processes on patient outcomes in post-anaesthetic care units, and the applicability of these processes in the emergency department.

Two Australian Research Council Linkage project grants were received in November 2009 and July 2010.

In 2009/10, the centre had 14 papers published or accepted for publication and members of the centre presented at national and international conferences.

The Collaborative Clinical Education Epworth-Deakin (CCEED) program continues to grow and currently supports close to 90 undergraduate nursing students.
“In hospital, lives can be changed forever and people may become vulnerable in moments of great personal trauma. It is never just a stroke, a car accident or a heart attack. People can struggle to understand the frailty of human existence. Questions of meaning and purpose are common. Sometimes they question what sort of a person they must be for this terrible event to have happened.

A sense of belonging is the essence of Pastoral Care. Epworth’s Pastoral Care team understand very well that we are a listening presence and are here for patients, families or staff in a way that helps them. I am very clear about the uniqueness of my vocation. I can ask the questions that nobody else can. While the doctor is the one who tells a patient that an illness is terminal, I am the one who can ask how it feels to know this.

By being present, by honouring as sacred the stories that are unfolding before me, I am involved in validating that person’s experience. Sorrow is part of this, so pretending not to be moved by their situation would be a mistake, because I am. I believe passionately that I have an opportunity to be part of something special. It is an enormously spiritual act and a huge privilege.”

Reverend Tom Rose
Senior Chaplin Reverend Tom Rose believes that people choose Epworth because of its values, regardless of their religious background. The need to be heard, to be valued, to be understood, to be loved and to know there is more to life is universal.
The Epworth Medical Foundation (EMF) is the fundraising arm of Epworth. As a not-for-profit organisation, Epworth relies on the generosity of the community to continue to improve clinical care, education and research endeavours.

The total raised by EMF in the 2009/10 financial year was over $5.1 million. General fundraising income (excluding bequests and capital projects) increased by 11 per cent, however, bequest income was significantly lower than the previous 12 months.

The following summarises the results of fundraising initiatives during 2009/10.

<table>
<thead>
<tr>
<th>Income</th>
<th>30 June 2010</th>
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</thead>
<tbody>
<tr>
<td>Donations</td>
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<tr>
<td>Special events</td>
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<td>Direct mail appeals</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$5,189,528</strong></td>
</tr>
</tbody>
</table>

The foundation is governed by a Board of Trustees. Members include:

- Mr Lindsay Cuming AM (Chairman)
- Mr Rod Fitzroy
- Mr Brian Hamley AM
- Mr Keith Irvine
- Mr Alan Kinkade
- Mr Anthony Nicholas
- Mr Michael Robinson AO
- Mr David Rosback AM
- Dr Philip Williams.

**Cambodia cycling challenge**

In early February 2010, a cycling challenge through Cambodia was held to raise funds for Epworth HeartSmart, a cardiac rehabilitation program. Epworth Board member, Mr Rod Fitzroy, was among the participants who helped raise over $30,000.

Paramedics are in constant contact with Epworth Richmond’s emergency department to ensure a prompt response on arrival.
EMF held several fundraising events throughout the year. A total of 1,600 guests attended these events, raising $669,225 in the 2009/10 financial year, an impressive increase of 28 per cent on the previous year.

**ABI Cup 2009**

In November 2009 EMF took the traditional soccer match between Epworth and Victoria Police to a higher level, playing the match as a curtain-raiser to the A-League game between Melbourne Victory and Central Coast Mariners at Etihad Stadium.

Through partnerships with the TAC, Melbourne Victory and Victoria Police, the ABI Cup is part of a campaign to increase awareness of the human cost of road trauma to the community, and raise critical funds for the rehabilitation service provided by Epworth Rehabilitation’s ABI Unit.

**Annual gala ball**

Over 950 doctors, staff, Board members, sponsors and friends filled the Peninsula Room at the Atlantic Group, Docklands in October 2009 for a night of fine dining, dancing and illusionary entertainment. Integral to the night’s success was the support received from major partner Maquet Australia, associate sponsor Slade Pharmacy, event partner Atlantic Group, plus 40 sponsors who supported the event.

Fundraising activities on the night included items donated by the *Herald Sun*, Radio 3AW, Garuda Indonesia, Moonee Valley Racing Club and Flight Centre Richmond.

**Women in Health Care lunch**

The allergy epidemic was the topic of discussion at this year’s Women in Health Care luncheon. Channel 7’s Lynda Kinkade was MC on the day, and specialists Dr Joanne Smart (Paediatric Allergist Immunologist) and Dr Michelle Caldecott (Respiratory and Sleep Physician) led a discussion on the prevalence, symptoms and treatment of allergies. The lunch was hosted by Deputy President of the Epworth Board, Mrs Janet Latchford, at the Atlantic Group, Docklands on 6 May 2010.

Joining event sponsor Advantage Salary Packaging, were table sponsors BatesSmart, Health Super, Holding Redlich, HPS Pharmacy, Monahan & Rowell, Silver Thomas Hanley, Slade Pharmacy and the TAC, and in-kind sponsors Printwize and Griffith & Rowe. The event raised a total of $35,000 for EMF and highlighted Epworth’s new Allergy Clinic.

**Direct mail appeals**

Throughout the 2009/10 financial year EMF held four direct mail appeals and raised over $940,000, an increase of 10 per cent on the previous financial year.

Equipment purchased from the direct mail appeals included a new cardiac bypass machine, neonatal resuscitation cabinets, ventilators, pressure relieving mattresses, defibrillators, critical care monitors, syringe drivers and resuscitation trolleys. In addition $406,000 was raised for research across the group. The appeals attracted 2,329 new donors to EMF’s supporter base.

**Investing in Excellence**

EMF launched a capital campaign titled *Investing in Excellence* to raise a target of $50 million towards the Epworth Richmond redevelopment over a five year period. More than $3 million had been pledged towards the campaign before 30 June 2010.

Funds from the campaign will be used to build and equip new and expanded services including a new emergency department, operating theatres, intensive care unit, diagnostic and therapy areas, clinical care wards and educational facilities.

**Auxiliaries**

EMF is supported by several fundraising auxiliaries who generously donate their time.

– Heartbeat Epworth raising funds for the cardiac unit.
– Friends of Epworth raising funds for clinical equipment.
– Cancer Unit Auxiliary raising funds for the cancer unit.
Bequests

Bequests were received from the following Estates:

Lea T Baul
Ernest Brown
Hazel Colliver
Beatrice M Colwill
K S Cowell
Evelyne L Greenwood
Laura Gregory
Reginald E Gregory
P & J Gruchy
Henry A Hamilton
Gordon Holland
Eric W Holt
Stephen R Jope
Gordon Kersey
Alfred E Lavey
Winifred Schwartz
Jean M Thomson
Isabel J Tom

Trusts and Foundations

Generous contributions were received from the following private, corporate and community trusts and foundations:

Edward Broadhurst Estate
Fred & Vi Lean Charitable Trust
H & K Johnston
Family Foundation
Heymanson Family Foundation
Jack & Robert Smorgon
Families Foundation
Joe White Bequest
Naphtali Family Foundation
Samuel Nissen Charitable Foundation
The Angior Family Foundation
The Barbara Luree Parker Foundation Ltd
The Cassidy Bequest Gift Fund
The Eric & Elizabeth Gross Foundation
The Florence Craig Testamentary Trust
The Habig Charitable Foundation
The Lew Foundation
The Margaret Walkom Bequest
Trust Company Limited
Victor Smorgon
Charitable Fund

Associations

The following gave their time freely to provide support and raise funds:

Cancer Unit Auxiliary Group
Friends of Epworth
Heartbeat Epworth

Donations

Epworth is grateful for the support of the following:

**Major Donor**

$25,000–$49,999

Mr Mui Heng

$10,000–$24,999

Mr & Mrs W & J Boerkamp
Mr & Mrs T & V Browne
Mr C E Golding
Mr I Johnston
Mr & Mrs R & M MacDonald
Mrs L Miller
Mr J Nicholson
Ms A Palmer
Dr & Mrs J & J Reddish
Mr G Shalit & Ms M Faine
Mrs B Shearer
Mr A Venuto
Mr S Wellard

**Guardian**

$5,000–$9,999

Mrs R Beaconsfield
(In Memory)
Miss J Bell
Mr J W Davies
De Winter Family (In Memory)
Mr & Mrs J & W Duffield
Mr R Glenn
Mr & Mrs S & W Hanlon
Miss D M Hanson
Mrs S Harris
Mr & Mrs L & M Heale
Mr J Hope
Mr K Irvine
Mr G Maguire
Mrs M Manders
Mr D J Parks
Mr & Mrs G & N Rumbold
Mr & Mrs K & A Thornton
Dr E Xipell

**Supporter**

$2,000–$4,999

Mr R Abbey AO, DCM
Mr D Alder
Miss P Alston
Mr M Anderson
Mr & Mrs P & S Aughterson
Mr K Bailey
Mrs D Bardoel
Mr & Mrs C & G Barrett
Mr G R Blair
Mrs E Brown
Mr G Callinan
Mr V Camera (In Memory)
Mr E L Cameron
Mr & Mrs P & I Canet
Mr & Mrs J & M Carroll
Mrs J Chappell
Mr & Mrs C & E Congress
Mr J Conroy
Mrs M Cusack
Dr R Dick
Mrs P Fairweather
Mrs F Fausett
Mrs A G Fusco
Mrs E Goegan (In Memory)
Miss H Glascodine
Dr P Godfrey
Mr L Gorr
Mr J Gough AO & Mrs R Gough
Prof C Hamilton
Mr N Henderson
Miss W Hurse
Mr R Kingsley
Mr D McKinnon
Mr C McLaren
Mr P & A McNamara
Mr C McPherson
Mrs S L Muir
Mr K O’Connor
Mr S J Palamara
Miss S Perrett
Mrs M Ross AM
Mr P Salera (In Memory)

Mrs I Sampieri
Mr C Schulz
Mrs N Sier
Dr J G Sloman
Mrs K Smith
Mr A Steere
Mrs G Stott
Ms A Toniazzo
Mr D Tricks
Mr P Yunghanns

Corporations
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Hospital Coordinator, Eliza Armstrong is the ‘eyes and ears’ of Epworth Richmond. Along with her fellow coordinators, she helps ensure the smooth and efficient running of the hospital.

“I have worked at Epworth for 11 years and in that time I have held several different roles. I began as an Associate Nurse Unit Manager with ICU. I was in that position for four years before moving into the Hospital Coordinator role. I now work part-time in both, and thoroughly enjoy the challenges and rewards that come from dealing with critically ill patients in ICU and coordinating the running of the hospital. I can honestly say no two days are ever the same.

I really love working independently while also playing a central part in liaising with the different wards and bookings department. The role of Hospital Coordinator is quite unique, in that we really do get to see the ins and outs of the hospital. The people at Epworth are fantastic and there is a real sense of camaraderie among the staff. At times you can feel extremely busy when everything comes at you at once, but it is also one of the most rewarding jobs and I can honestly say that I feel very privileged to be a part of Epworth.”
ICU staff at Epworth Freemasons closely monitor patients’ health throughout the night.