



Epworth

EPWORTH
HEALTHCARE
ANNUAL REPORT
2017



We are **EPWORTH**



Epworth

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We are...

We are here for our patients. In the last year we had over 150,000 patients in our care and we recognise that each and every one of them is an individual with their own story. We listen, learn and play our part in making their story the best it can be. We are leaders. Our commitment to improving practice, process and ultimately health outcomes is unwavering.

We are boldly trialling new techniques and equipment. We give our all today, while never losing focus on tomorrow. While we build on almost 100 years of history, we are excited for our future. We are fighting disease progression through research.

We are expanding our facilities. We are carers. When our patients tell us we've changed their lives, it lifts our spirits high and we recognise how privileged we are. We want to ensure all patients have access to quality healthcare. We offer compassion and excellence at all stages of life. We openly share our knowledge to inspire future health leaders. We are a team. More than 10,000 individuals working together toward a common goal. We are keeping each other safe and investing in our people. We are the future of healthcare today.

 [View the full video via the Epworth YouTube channel.](#)

We are **EPWORTH**

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About Us



We have grown from a small facility on Richmond Hill to a multidisciplinary healthcare service spread across 11 Victorian sites



Dedicated to providing outstanding patient care since our founding in 1920, as a 25-bed Methodist hospital



We operate Epworth Pathology and Epworth Medical Imaging services across 5 locations

34,000

More than 34,000 undergraduate nursing, medical and allied health clinical placement days conducted

150

Active researchers

250

Research projects underway

20

Placement agreements with Universities, TAFEs and registered training providers



President's report



Mr Rod Fitzroy
President

It has been both a rewarding and a challenging year for Epworth HealthCare.

On the 16th of November, the Hon. Malcolm Turnbull, Prime Minister of Australia, officially opened Epworth Geelong. This formal opening was the culmination of almost a decade of meticulous planning, encompassing:

- the formation of a strategic alliance with Deakin University,
- the engagement with, and securing of, support from local, state and federal governments,
- the oversight of all aspects of design and construction,
- the recruitment of some 400 staff,
- the commissioning of the building, and
- readiness for the admission of the first patient.

At the end of the first year of operations, Epworth Geelong has by any measure been an outstanding success. Perhaps the most rewarding aspect of this first year has been the embrace of the community that we serve and their expressed appreciation for the dedication and professionalism of our administration, nurses, doctors, allied health professionals and back of house teams.

Across the Group, the demands on our management and staff over the course of the year have been significant. In addition to the opening of a new 'Greenfields' hospital at Geelong, we were required to seamlessly integrate the new Lee Wing at Epworth Richmond into the existing hospital infrastructure.

At Epworth Freemasons, planning for the next phase of development at our Clarendon Street site has advanced with the securing of the commitment of a number of leading clinicians who will ultimately make Epworth their private hospital of choice.

The management team at Epworth Eastern during this past year has also been actively planning for the future and some major announcements can be expected in next year's annual report about progress on the delivery of our vision for this key site in the Epworth network.

There are always challenges confronting a major healthcare provider such as Epworth and, in addition to the major infrastructure work, we have been operating day-to-day in a changing business environment resulting from reductions in private health insurance participation and an increase in policies with exclusions. In Australia, we are fortunate to be the beneficiaries of one of the best healthcare systems in the world for both public and private patients and we all have a responsibility to ensure its ongoing viability.

The current trends in private health insurance cover will place a significant strain on the public health system impacting the quality of care and the timely treatment of patients. This is evidenced by the increasing number of private patients being treated in public hospitals over the last year. We are pleased to note that this issue is now being addressed by the Federal Minister for Health and we look forward to playing a constructive role in ensuring that all Australians receive the best possible care that our dual system can provide.

It was the end of an era at Epworth with the retirement of our Group Chief Executive Alan Kinkade in January. Alan, during his decade at the helm, provided wonderful leadership and saw Epworth grow exponentially across a broad range of measures, including: the number of beds under management; the number of patients treated; the number of staff employed; the increased sophistication of hospital facilities; and the number of visiting medical officers accredited to practise at Epworth hospitals. Alan also had a vision that Epworth could and should become a leader in education and research. That vision has now become a reality and Alan's legacy will be ongoing. In 2016/17, we recorded a 22 per cent increase in medical student placements and supported 34,000 clinical placement days in medicine, nursing and allied health. We now partner with 13 of Victoria's leading universities and technical schools and are the second largest provider of clinical nurse training in Victoria. We also host 150 researchers – currently investigating 250 research projects.

The Board of Management had prepared for the day when Alan Kinkade would no longer lead the Group and, following an exhaustive international search, in October we were delighted to announce that Dr Lachlan Henderson had been appointed the new Group Chief Executive to take effect from January 2017. In his first six months in the role, Dr Henderson has lived up to the expectations placed on him by the Board and, with the support of his Executive team and the Board, will be delivering in 2018 a new strategic plan, which will ensure Epworth remains a healthcare leader.

Through well-considered strategies, we will continue to grow our medical services; facilitate research marshalling the capabilities and strengths of our organisation; offer training and education for the medical leaders of tomorrow and provide a work environment of which our more than 6500 employees can feel proud. Lachlan's journey has just begun but we are confident that, over the years to come – under his leadership, great things will continue to be achieved at Epworth.

Financial stability is critical to the success of a private, not-for-profit institution such as Epworth and our ability to continually reinvest in infrastructure and our people is paramount to delivering on our mantra of Excellence, Everywhere, Everyday. We have a sound financial base and, over the next 10 years, will continue to strategically invest in the provision of world-class healthcare facilities enhancing our existing hospitals and expanding our reach where it is prudent to do so.

Every two years, Epworth undergoes a process of accreditation as part of the EQUIP National Program run by the Australian Council on Healthcare Standards covering 15 standards, including 10 national standards.

These standards provide a comprehensive statement about the level of care that patients can expect from healthcare service organisations. During 2016/17, our hospitals again participated in this review process, with the exception of Epworth Geelong (which was to be assessed when fully operational). The subsequent reporting demonstrates without equivocation the success of our training, planning and overall standards of care with 31 key criteria met with merit. This is our best ever result and I would like to

acknowledge the ongoing dedication of our quality team that guides us through this critical process overseen by our Board's comprehensive governance protocols.

I would like to acknowledge the Epworth Medical Foundation, whose unique initiatives have established 130 annual scholarships for Epworth staff and provided funding for the acquisition of cutting-edge medical equipment. The EMF has also provisioned three major perpetual endowments to commemorate Epworth's 100-year milestone in 2020, funds will be specially provided for:

- ongoing support for patients and their families;
- doctors' education grants; and
- innovation at Epworth.

The Foundation plans to raise \$25 million by 2020 to support this signature initiative and the Board has agreed to match dollar-for-dollar up to this amount.

In November, I will be retiring as President of the Epworth Board in accordance with the governance protocols that specify each member serves a maximum of nine years on the Board and, in my own case, a maximum of three as President. During this time, I have worked with two outstanding leaders, firstly Alan Kinkade and now Dr Lachlan Henderson. I have enjoyed the support of Board colleagues past and present. Joining me in retirement this year, after nine years' service, is Professor Peter Brooks who has, during this period, been an outstanding Board member. Peter's vision of the healthcare 'big picture' has been invaluable to his colleagues, as has his wise counsel on many of the decisions that have been taken during his time on the Board. I would also like to acknowledge the contribution of Dr John Zelcer who in June secured a major private-sector appointment, which regrettably required John to relinquish his role on our Board. John was a dedicated and passionate board member whose opinions were greatly valued by his colleagues during his three years of service.

I wish to acknowledge and thank the Executive team who has supported the Board as it has considered many critical projects to ensure Epworth remains the pre-eminent private, not-for-profit healthcare group in Victoria.

Last, but certainly by no means least, I would like to acknowledge and thank those of the extended Epworth family – our exceptional staff, our donors and benefactors, the Board of the Epworth Medical Foundation generously supported by the Special Events Committee, Friends of Epworth, Heartbeat among others, and those who serve on our Human Research & Ethics Committee, members of our Medical Advisory Councils, visiting medical officers and our army of wonderful volunteers.

It is the shared passion for Epworth and what it stands for that has made my time on the Board so rewarding. As previously mentioned, in 2020 Epworth will celebrate its centenary and, at that time, we will no doubt reflect on a proud history of achievement but I am firmly convinced that our best days are yet to come.

Mr Rod Fitzroy

From the Group Chief Executive



Dr Lachlan Henderson
Group Chief Executive

In January 2017, I was proud to join Epworth HealthCare as the new Group Chief Executive. It was an exciting time to arrive at Epworth given the incredible growth of the organisation over the previous twelve months.

In that context, I would like to acknowledge the significant contribution of my predecessor, Alan Kinkade, who achieved so much during his 10 years in the role. Alan joined Epworth at a difficult time in the Group's history and was instrumental in enhancing the Epworth brand via significant growth in the clinical services and geographic reach of the group. It was Alan's vision that inspired and supported the academic health centre model as well as ongoing innovation in clinical service delivery. I was fortunate to commence this role with the organisation in good shape following Alan's tenure as Group Chief Executive.

Taking on this role involved me relocating from Perth to Melbourne (I haven't changed football allegiances despite the success of Richmond this year!) and I was very pleased to experience the renowned Epworth hospitality first hand. Since my arrival, I have received a very generous welcome from our doctors, staff and all those associated with Epworth. I have tried to meet as many of our 3000 plus accredited doctors and 6800 staff during this time and thank you all for your dedication to Epworth and our patients. It has also been terrific to meet many of our donors and other supporters

who link so closely with us via the Epworth Medical Foundation. Your generosity to support new technologies and equipment, greatly assists our patients' access to the latest medical advances.

This year, Epworth has embarked on a review of its Strategic and Clinical Services Plans. While much has been achieved in recent years, it is critical to review the strategies needed to respond to a rapidly changing healthcare environment. Numerous challenges lie ahead and it is important Epworth strives to best position itself to meet the demands of the growing population in Victoria as well as the healthcare needs of an ageing population. In preparing for further growth, it has been necessary to review the corporate structure that supports the organisation. Led by the Executive team and to accommodate our expanded geography, a service model that is locally delivered, but centrally led is being embedded across the organisation. I am grateful to the many Epworth people who have supported the changes that have accompanied this review.

It is very pleasing to report an incredibly successful first year of operation at our outstanding new hospital facility in Geelong. Amongst the many milestones this year was the launch of the hospital's maternity service and the delivery of our first baby at Epworth Geelong. At the 12 month mark, the hospital also achieved a very positive Australian Council of Healthcare Standards (ACHS) accreditation survey result with plenty of commendations for our staff and the new facility. This result followed the broader Epworth ACHS survey in October 2016, where

thirty Met with Merit ratings (the highest rating possible) were achieved. It is also over twelve months since the opening of the Lee Wing at Epworth Richmond and the new facilities continue to receive outstanding feedback from patients and their families. The new emergency department is regularly breaking activity records as patients seek expert emergency medical care in a fantastic new environment. Part of our future planning is to ensure the older parts of the hospital are refurbished as we look to continue to expand the Richmond campus.

All Epworth sites continue to respond to the healthcare needs of our patients and the community and a number of innovative new treatments are profiled in this Annual Report. In the last twelve months, Epworth Eastern launched a renal dialysis service to better meet the need of patients in surrounding suburbs. The hospital's respiratory service also expanded to include the new bronchial thermoplasty procedure. The first aneurysm coiling for life threatening sub-arachnoid haemorrhage took place at Epworth Richmond's new hybrid biplane theatre. Cardiac patients at Epworth Richmond can also now access the innovative MitraClip valve procedure. The Mazor robot, integrated with the BodyTom Portable Intraoperative CT scanner, for spinal procedures was another innovation. Epworth Freemasons expanded its range of clinical services including a world first in 3D printing, this time to deliver a fully-functioning jaw bone in a single, minimally invasive procedure. Pioneering surgery to attach a new urethra, grown from a patient's own tissue, was also performed at Epworth Freemasons. The opening of Epworth Geelong brought private neurosurgery to the region for the first time. We are incredibly grateful to the talented doctors and Epworth staff who support these clinical innovations.

To enhance the experience of patients, Epworth continues to improve its links between emergency, acute and rehabilitation services. It was particularly pleasing this year to appoint Carolyn Bell to the Executive Director role for our Rehabilitation and Mental Health services. Carolyn was previously Chief Operations Manager at Epworth Richmond and a participant in the Epworth Executive Leadership program. This year also heralded the arrival of several key clinicians at Epworth. Dr Luis Prado, a well-credentialed medical administrator from the private hospital sector in Queensland, headed south to be appointed Epworth Group Director of Medical Services. We also welcomed Professor Nik Zeps as the inaugural Group Director of Epworth Research and Development. Nik is formulating a strategy to ensure that Epworth continues to develop the body of evidence that translates clinical research into better outcomes for patients. Epworth's rapidly expanding mental health service at Epworth Camberwell was similarly boosted by the appointment of Professor Paul Fitzgerald. Paul is overseeing exponential growth in Epworth mental health research to compliment the significant clinical services provided at our Epworth Clinic. In another clinical domain and under the careful watch of Professor Miles Prince, personalised cancer care and research continues to gain momentum at Epworth Freemasons. Miles is leading the way in genomics research that promises to change the face of cancer treatment for patients.

In delivering these new and expanded clinical services, it is important to keep an eye on the facilities needed to support our doctors and staff. This year, two major projects have received Epworth Board endorsement and Town Planning approval. At Epworth Eastern, planned facility improvements include 60 additional beds and three new operating theatres. In addition, much needed consulting room space for doctors will be built as well as a new private emergency department. A major development at Epworth Freemasons Clarendon Street site will deliver 12 beds and three new operating theatres as well as improved amenities for patients receiving chemotherapy. The East Melbourne site will also dramatically benefit from over 300 additional parking spaces as well as new on-site consulting suites for doctors.

As an academic teaching organisation, Epworth remains focussed on staff development and training. It is pleasing to report that 130 Epworth staff benefitted from the generosity of our donors and supporters via our scholarship program, which included five clinical leaders participating in a very successful inaugural Northwell US scholarship study tour. This is an outstanding program to support the development needs of Epworth staff and is inundated with applications each year. In other milestones this year, Epworth's first cohort of medical students from The University of Melbourne completed a full year of undergraduate training at our sites. Epworth staff completed more than 60,000 eLearning (online) courses and we continue to develop our future leaders through dedicated professional development programs. Epworth also links closely with the general practice community and in 2017, 89 education sessions were delivered to 1815 GPs – an amazing effort. In terms of nursing and allied health training, Epworth continues to be a leader. In the past 12 months, 25,862 nursing placement days and 3027 allied health placement days were delivered by Epworth.

Finally, I would like to thank Board President Rod Fitzroy, Board members, the Executive team and Epworth staff for their support during my transition to Epworth. Rod is finishing his term as Board President this year and has made an outstanding contribution to Epworth over a long period of time. It is terrific that he will remain connected to Epworth via an ongoing role on the committee supporting our proposed new development at Epworth Eastern. I'd also like to acknowledge and thank our more than 10,000 dedicated staff, doctors and volunteers who make a difference to the lives of our patients across Epworth every day.

I hope you enjoy learning about some of the talented Epworth staff and doctors profiled in this Annual Report and I look forward to providing further updates in the future. The years ahead will no doubt provide numerous challenges and opportunities for private healthcare and the Board and Executive leadership team is working hard to ensure Epworth is well placed to respond.

Dr Lachlan Henderson

Year at a glance

In 2016/17 we proudly continued to offer quality healthcare to our community. These graphs provide an overview of the care we have delivered.

STAFF

2016/17	6,658
2015/16	6,326
2014/15	5,013
2013/14	5,145
2012/13	4,818
2011/12	3,996

OVERNIGHT OCCUPANCY

2016/17	75%
2015/16	82.67%
2014/15	90.49%
2013/14	85%
2012/13	89.28%
2011/12	88.9%

BIRTHS

2016/17	3,147
2015/16	3,187
2014/15	3,020
2013/14	3,418
2012/13	3,425
2011/12	3,425

TOTAL BED DAYS

2016/17	496,620
2015/16	440,822
2014/15	424,390
2013/14	415,590
2012/13	394,518
2011/12	383,436

TOTAL PATIENT ADMISSIONS

2016/17	176,891
2015/16	148,170
2014/15	141,176
2013/14	132,969
2012/13	122,268
2011/12	115,097

OPERATIONS

2016/17	112,847
2015/16	96,553
2014/15	90,210
2013/14	85,207
2012/13	78,196
2011/12	72,558

SAME DAY SURGERY ATTENDANCES

2016/17	59,812
2015/16	48,408
2014/15	40,610
2013/14	37,050
2012/13	33,977
2011/12	31,937

EMERGENCY DEPARTMENT ATTENDANCES

2016/17	34,567
2015/16	25,759
2014/15	25,691
2013/14	26,606
2012/13	27,388
2011/12	28,137

INTENSIVE CARE AND CORONARY CARE BED DAYS

2016/17	19,090
2015/16	13,361
2014/15	13,616
2013/14	13,662
2012/13	13,730
2011/12	16,241

RADIATION ONCOLOGY — total treatments

2016/17	23,834
2015/16	(Total patients — 1,500) 25,885
2014/15	24,168
2013/14	23,346
2012/13	21,704

Service commenced 2012

RADIOLOGY — treatments administered

2016/17	143,864
2015/16	94,399
2014/15	33,446
2013/14	10,230

Service commenced 2013

Board of Management



Mr Rod Fitzroy
President



Dr Lachlan Henderson
Group Chief Executive
(commenced Jan 2017)



Ms Laura Anderson



Prof Peter Brooks AM



Ms Maryjane Crabtree
Deputy President



Prof Paul Douglas



Assoc Prof Nerina Harley
(commenced Jan 2017)



Mr Alan R. Kinkade
Group Chief Executive
(to Jan 2017)



Mr Robert Macmillan



Ms Janet Matton



Prof Christiaan Mostert



Dr John Zelcer
(to June 2017)

Group Executive

REFLECTS INCUMBENTS AS OF DATE OF PUBLICATION NOVEMBER 2017



Dr Lachlan Henderson
Group Chief Executive
(commenced Jan 2017)



Mr Damian Armour
CEO Epworth Geelong



Mr Scott Bulger
Executive Director
Epworth Medical
Foundation & Brand



Ms Liz Camilleri
Executive Director
Finance & Commercial
Services



Prof Emeritus John Catford
Executive Director
Academic & Medical



Adj. Prof. Sharon Donovan
Executive Director
Clinical Services



Ms Carolyn Bell
Executive Director
Rehabilitation &
Mental Health
(commenced Dec 2016)



Ms Maree Feery
Executive Director
People & Culture



Mr David Nowell
Executive Director
Epworth Freemasons



Ms Louise O'Connor
Executive Director
Epworth Eastern



Mrs Nicole Waldron
Executive Director
Epworth Richmond



Ms Karen Kinmont
Chief Information
Officer

FY 2016/17

Mr Alan R. Kinkade
Group Chief Executive
(to Jan 2017)

Mr Vincent Borg
Executive Director Rehabilitation & Mental Health
(to Dec 2016)

Ms Tess Lye
General Counsel & Company Secretary

Mr James Piplios
Executive Director Procurement & Facilities
(to Sept 2016)

Ms Susan Wardle
Executive Director
Strategy, Marketing & Business Development

Mr Paul Callahan
Acting Executive Director, Procurement & Facilities
(commenced Sept 2016)

Mr Malcolm Wells
Executive Director Operational Projects

We are here for our **PATIENTS**

At Epworth, our patients are at the centre of everything we do. We know each patient is unique and we listen and learn at every opportunity. Getting to know our patients improves the care we provide, and we are privileged to partner with them at every stage of their Epworth journey.





We helped Alan move a step closer to his dream

Rehabilitating the bionic man

Alan lost his arm at work. It happened so fast that at first, he didn't realise that the banging noise he heard was his arm going around in the machine he was working on. "I went to scratch my head and there was nothing there to scratch it with," Alan says.

Seventeen years later, in 2017, Alan, 53, became the first patient in Australia to be fitted with a mind-controlled bionic arm.

The Epworth Rehabilitation amputee program is partnered with The Alfred hospital to provide rehabilitation to both osseointegration and targeted muscle reinnervation (TMR) patients like Alan.

Over the past 12 months, Alan has been participating in rehabilitation, under the management of the amputee

rehabilitation program and ProMotion Prosthetics at Epworth Hawthorn. His recovery involves occupational therapy, physiotherapy and prosthetics intervention.

Occupational Therapist, Abby Hutchison, is a part of Alan's rehabilitation team.

"Alan was referred to Epworth for rehabilitation following osseointegration, a procedure where a titanium implant was placed into the bone of his right upper limb, to which he can quickly and easily attach his prosthesis," Abby says.

"The focus of rehabilitation for Alan following this surgery was a graded weight-bearing program, to encourage strengthening of the implant in preparation for the weight of his prosthesis. Occupational therapy (OT) also ensured he could manage the necessary daily tasks his life roles required of him whilst he was awaiting return to prosthetic use.

"The intensity of Alan's program has varied, from two to three weekly OT and physiotherapy sessions for post-operative reconditioning and intensive virtual training, to fortnightly reviews whilst he completes a daily home exercise program. This includes motor imagery and practice of prosthetic control," Abby says.

...in 2017, Alan, 53, became the first patient in Australia to be fitted with a mind-controlled bionic arm.

"[Recent] advancements in technology will resolve some of the barriers people with upper limb amputation have encountered when attempting to successfully integrate a prosthesis into their everyday lives. The osseointegration surgery enables amputees to do away with uncomfortable harnesses. It also eliminates restrictions to shoulder range of motion caused by a socket and harness and means the arm can be fitted quickly and easily."

Alongside rehabilitation, Alan entered Epworth's TMR program. He underwent a procedure to re-connect unused nerves to muscles in his arm, allowing him to make use of new advanced control systems for his powered prosthesis. The 17 electrodes inside the prosthetic arm socket pick up patterns of muscle signals from inside Alan's arm, allowing him to more intuitively operate the four basic prosthetic functions: hand open, hand close, elbow flexion, and elbow extension.

"[The prosthesis] is the best on the market, commercially. It's the closest you'll get to a real hand," says ProMotion Prosthetist, David Lee Gow, who built the arm using parts from Germany, Sweden and the US.

As TMR is an emerging practice in Australia, the commitment and engagement of everyone involved — including Epworth staff, ProMotion Prosthetics and Alfred Health — has been crucial to the development and success of the program.

Alan continues to attend OT sessions and sees David, to assist him in improving his control of the arm, and in transferring this control into functional use in meaningful daily activities.

"[The prosthesis] is the best on the market, commercially. It's the closest you'll get to a real hand."

"These surgical techniques, rehabilitation and prosthetic technology, significantly improve a person's capacity to control a powered upper-limb prosthesis. For someone to be able to imagine a movement, and have their prosthesis intuitively respond in real time, is a considerable improvement compared to traditional control methods," Abby says.

"The program has been a challenging, inspiring and extremely rewarding experience so far. Alan's progress — from his previous prosthetic control, to controlling

the movement of a virtual limb, and now operating his prosthetic arm — demonstrates the exciting potential of TMR.

"To see Alan and the team's work result in him achieving his personal goals — such as intuitively reaching for his wife's hand or taking a drink from a cup of coffee — will be an extremely rewarding moment," Abby says.

"It's amazing," Alan says, "I'm thinking I want to put the hand down, to shake someone's hand, and the hand is actually doing that. The hand is moving down and opening up, like it's going to shake someone's hand."

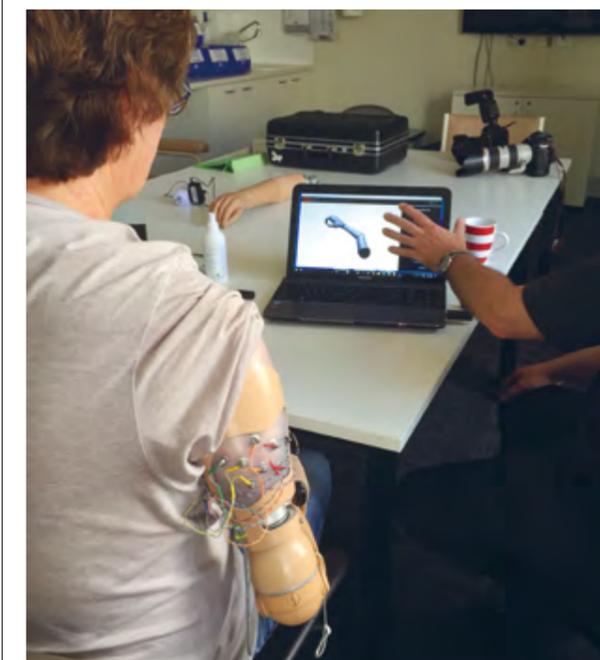
Alan continues to work hard towards goals he has held for almost two decades. "I want to do my shoelaces up again. I want to contribute more around the house and not have to ask for help. I want to go to a dance and hold my wife, Kathy, properly. I want to go to the movies and hold both the popcorn and my wife's hand. It's the little things we used to do together that you miss," he says.

"It's amazing, I'm thinking I want to put the hand down, to shake someone's hand, and the hand is actually doing that..."

Not long after his new arm was fitted, Alan resumed touring mines, factories and construction sites with his suitcase of prosthetic arms, warning against unsafe work practices.

While he shares warning stories from his past, he is already looking to the future: a bionic arm that allows you to experience the sensation of touch. It's already being tested in patients overseas. "You hear about things that could happen in the future, and you want to be the first to try it," Alan says.

*Some content reproduced with permission from the Sunday Herald Sun





We gave Susie her smile back

From left, Susie and Mr George Dimitroulis

A dream realised with 3D technology

In 1989, a serious car accident left Susie with a jaw broken in three places and three missing teeth, amongst other injuries. Her jaw was wired shut for three months, and a series of painful dental surgeries to install bridges and plates soon followed.

Susie later lost a fourth tooth, as what remained of her damaged jaw bone began to shrink, and in 2000, she met with surgeons who suggested a bone graft. She underwent the operation, using bone extracted from her hip; later, false teeth were surgically implanted into the graft. It was a long and painful process.

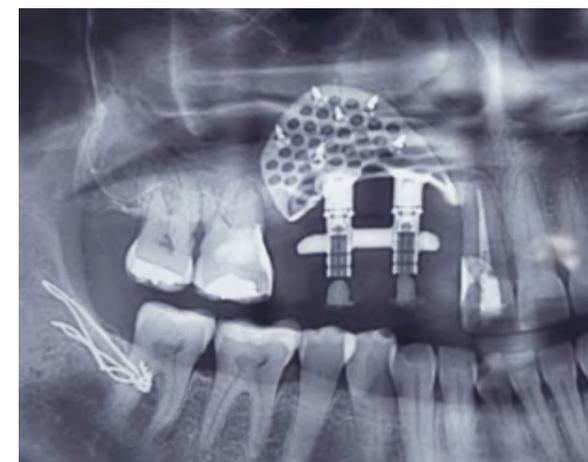
"It was a very expensive surgery and recovery took a long time. I had an infection so the process was even longer for me. I was without teeth for a very long time. Eventually they put the implants in (to hold the teeth),

then there was another long wait, then a prosthodontist put the teeth in," Susie says.

"During that time, I was trying to work. I had worked in radio and television for 20 years so that made it a little bit hard. For the year I was healing, I pretty much worked in the back office rather than in broadcasting.

"Speaking and eating was difficult and I was swollen for a very long time, which, although it didn't bother me, did make some people uncomfortable. I just had to get through it.

"The graft was a bit nerve-racking at first. As it healed it felt like the slightest infection and it would all just come away, and [I was] also dealing with two wounds — one in [my] mouth and another in [my] hip. Walking was also difficult, so I couldn't exercise for a very long time."



Almost 16 years after the graft, tubes placed in her mouth during a knee reconstruction cracked her implants.

"A couple of days later, I realised my implant felt a bit loose. My dentist had already warned me the implants were coming to the end of their life," Susie says.

Susie was referred to Oral and Maxillofacial Surgeon, Mr George Dimitroulis.

"Susie was crying when she first saw me, she was so upset at the thought of another bone graft," George says.

"Oh, I was in a flood of tears! George just kept trying to reassure me there would be no graft this time. He was saying, 'What's wrong? We're going to fix you!' I really didn't want to go through it all again," Susie says.

The surgery — using a made-to-order 3D-printed jaw part based on scans of Susie's face — took an hour, and Susie left the hospital the same day.

"I'd already booked a five-day hike around Kangaroo Island with some friends, and although I had warned them that I may not be able to go I went ahead — two weeks after the surgery.

"I've got a fairly high tolerance to pain and surgeries but there was really no pain after the procedure at all. Comparatively, with a bone graft it's the stress of the healing process [that's] the worst. You really have to be quite fit and healthy before the surgery to be able to deal with what will come afterwards," Susie says.

A bone graft involving teeth requires the patient to wait for the frame to heal to the bone, before teeth can be implanted. Standard dental implants are also held in place with an implanted screw, which takes the weight of the tooth; this means an average two-month wait for the bone to heal around the screw before it is loaded with a tooth.

"With the 3D-printed part, the weight of the teeth is taken by the device — not the single dental implant — so we said we were going to put the teeth on Susie straight away," George says.

The procedure is particularly suited to patients like Susie, who have very little or no jaw bone left, and who are reluctant to endure another bone graft.

"You need people like Susie, who are willing to give these new procedures a go. When you listen to Susie's story you think, 'If I was in Susie's shoes, I'd do the same thing'. If it was between nine months of bone grafting — the soreness, the swelling, the awful things that she went through — and this new technology, there is really no question," George says.

"I had a patient a few years ago, who had been shot in the face. He lost half his jaw and it couldn't be reconstructed. We had to go through the rigmarole of bone grafting and it was nine months before he even got the teeth implanted. He then had 12 subsequent operations to trim back all this tissue we had grafted for him.

"[After] this patient I thought, 'there has to be a better way'. He was a young guy, only 23, and that's when I thought of 3D printing. We were already using it for the jaw joint and I thought this was a great opportunity for us to test whether we could provide Susie with a permanent solution."

Called the Osseoframe, the new device was conceived, developed and manufactured in Australia by George and a team of designers, engineers and prosthodontists. George founded the small Melbourne start-up company, OMX Solutions, which makes the Osseoframe. He reports that his ideas for 3D devices would have gone overseas had it not been for the support of Epworth Freemasons and financial assistance from the federal government, for which he is grateful.

"During the design phase, we sit down with the engineer, we've got the software there, we can see Susie's jaw and can rotate it 360 degrees. I then outline where I want to put the actual frame [and] the prosthodontist decides where they want to put the connectors — relative to the teeth, based on an impression of Susie's existing denture — to make sure the connectors are well placed and parallel. When we pop the denture on, the screws have to be super parallel; the software makes that possible for us," George says.

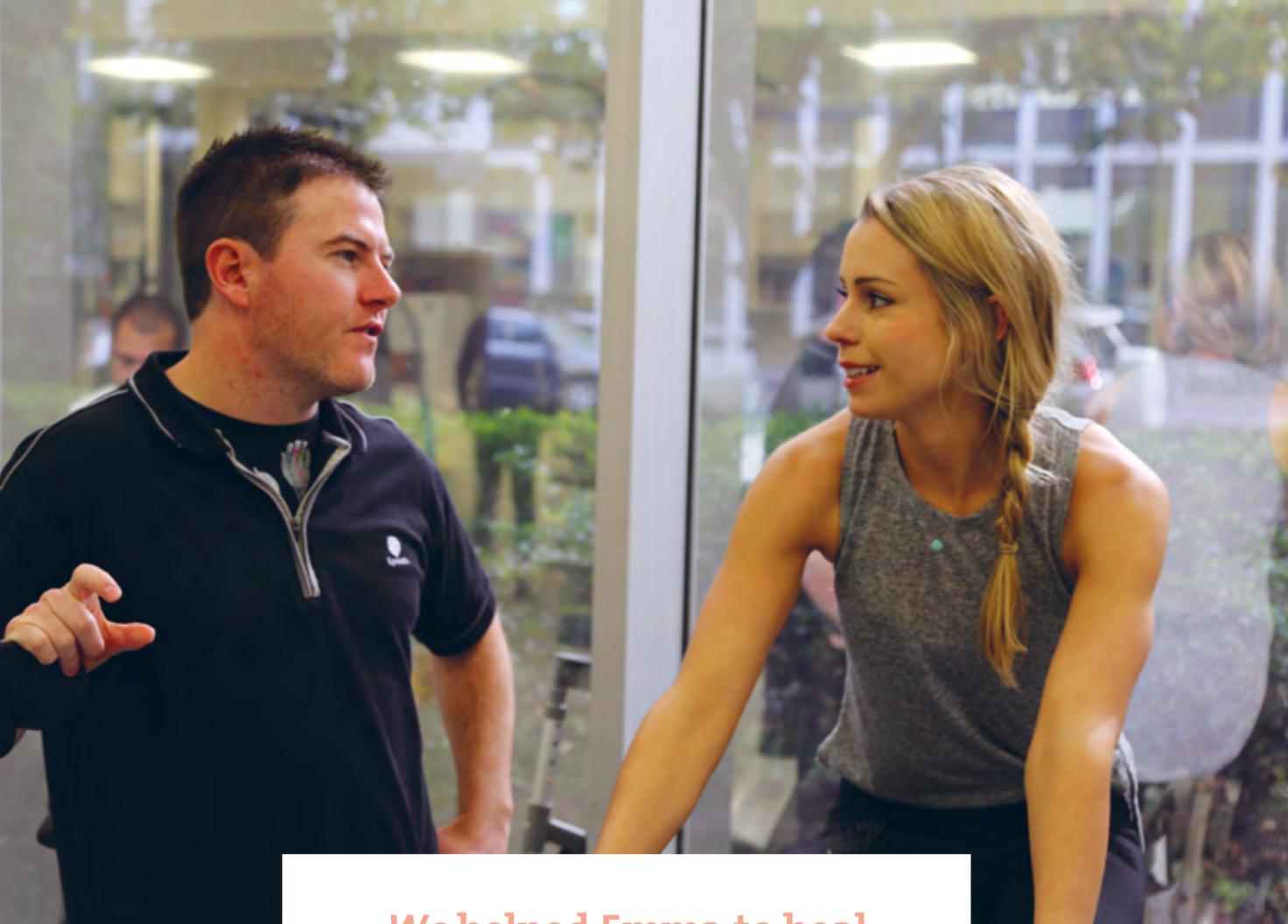
"What you want is for technology to simplify things for patients — often busy, working people who need to go back to work. Particularly someone who works in the media who then has to spend nine months working in the back room. That's crazy."

George will now follow-up Susie for the next five to 10 years, to track the implant's progress.

"Our longest follow-up so far is two years. We just want to see how these early patients go before we introduce Susie to the world stage," he says.

Susie says, "The implant is so light. It doesn't feel awkward; it's nimble. On the day of the surgery, I felt incredibly relaxed. Later, I was expecting it to look swollen and maybe a bit bloody, but there was nothing. I'll remember that day forever, it was special."

George reflects, "It was great to see Susie straight after the procedure. She was sitting in the recovery chair and I handed her a mirror and she was shocked! She appreciates it more than the average person because she had gone through a bone graft and suddenly went from nothing to something in an hour. That's where technology can really do something special."



We helped Emma to heal

From left, Exercise Physiologist, Adrian Sexton and Emma

Blood, sweat and tears: Emma defies the odds

As Emma strolls confidently through the entrance of Epworth Hawthorn, it seems impossible to imagine that just six months ago she was enduring multiple surgeries because of a horrific road accident. What's more astonishing is how calmly Emma recalls the events of that traumatic and life-changing day.

On 29 November 2016, Emma — who works as a dietitian — was cycling to work, as she did most mornings. While she waited at an intersection in the cycle lane, a truck on her right began to turn left as the light changed green, not noticing Emma beside it. "I just felt something hit me very lightly at the back of my bike and before I knew it I was being dragged underneath the wheel," Emma explains. "It felt like it was happening in slow

motion because it wasn't a high-impact accident at all." Emma found herself pinned to the ground by the truck's wheel, which had gone directly over both thighs. "I thought, 'that's me, I'm gone. [...] I hope that it happens quickly'," she says.

"I was screaming and by some miracle people around heard me, so the driver stopped and got out of the truck. I was still completely lucid, conscious, and felt everything, and I had to say to him, 'you need to reverse off me, I'm still under the truck'. When he reversed, that's when I felt my legs just fall apart."

What followed were four gruelling operations over several days, as surgeons attempted to salvage what little tissue remained on Emma's thighs, using skin grafts to cover the extensive open wounds.



"Usually when they do skin graft impressions they take them from the thighs," says Emma, "but they couldn't use the backs of my thighs because they were so bruised and swollen, and being quite small I didn't have enough tissue on my back, so they decided to take them from my calves. They basically took every piece of skin from below the knee and brought it up to the thigh. That took a long time — it was a good five-hour operation." Emma woke to hear the procedure was successful, and then began what would become a remarkable recovery process — built on a solid foundation of unshakeable optimism.

"I think that I was completely delusional from the beginning," laughs Emma, "which actually worked to my advantage. The whole time I was in hospital, I was like, 'I'll probably be out and back at work in a few weeks', but it was just denial — complete denial about how serious my injuries were. I didn't realise how much muscle wastage and how much damage to all the tissue I had.

"When I got to rehab and started in the gym, that's when I realised how hard it was going to be and that I was going to have to work tirelessly."

Emma arrived at Epworth Hawthorn, where she stayed as an inpatient for the first two weeks, receiving rehabilitation daily from a team of therapists covering exercise physiology, physiotherapy and scar management.

A naturally fit and active person, Emma was determined from day one to get back to as close to a normal life as possible, which included the physical activities she'd enjoyed prior to the accident. She credits the team at Epworth Hawthorn for pushing her to achieve her goals, saying, "They're just amazing. They are so focused on every single thing you would normally do in your life and getting you back to that, and they try everything to help you achieve that.

"They've supported me with driving, getting back to work, doing things in the gym that I was doing before. I'm cycling in the gym and I'm working towards getting back to cycling on the road. They all communicate amazingly as a team, so everybody knows what's going on with you all the time," Emma continues. "They're really encouraging — they've got a nice, informal manner with people and they just build up a really good rapport with the patients in here.

She credits the team at Epworth Hawthorn for pushing her to achieve her goals...

"It's great from a patient point of view as well, because meeting other patients in the same position — who've also gone through trauma — makes you realise that maybe your own situation isn't as bad as you thought. You actually see people arrive at rehab in a wheelchair, and then you watch them walk for the first time. It's really amazing."

In her own recovery, it's clear that Emma has exceeded all expectations in terms of her progress post-injury. "I started back at work about six weeks ago and I'm now doing four days a week and gradually going to get to five days," she says. "The surgeons didn't think I'd get back to work so quickly. They said that somebody with the level of injuries I had to my legs wouldn't have reached this level of function even at two years."

Emma has already set herself some impressive goals, including running a triathlon and doing the Eureka Tower Climb. She knows that a positive outlook made all the difference to her recovery, "I might be given bad news by the doctors, but it didn't necessarily mean I couldn't achieve things — I just had to have the right support and the right attitude. It was a lot of hard work: blood, sweat and tears. The physios — you might hate them some days, but they're really good at their job, and you've just got to trust them and know they'll get you back to a good level of function."

"The surgeons didn't think I'd get back to work so quickly. They said that somebody with the level of injuries I had to my legs wouldn't have reached this level of function even at two years."

"I feel like as much as it was a horrible accident, a lot of what's happened since has been positive," Emma says. "It's made me realise that I'm quite strong and it's motivated me to realise I need to do more in my spare time. Sometimes you need something to shake you. This is the biggest physical challenge I've ever undertaken and so any kind of triathlon or physical activity I think I would find quite easy now. In comparison, I think it would be a doddle."



100%

The world-first surgery has been successfully performed on four catheter-dependent patients overseas, treated over a one-to-two-year timeframe from first consult to final follow-up, with 100 per cent success rate.

We are breaking new ground to improve quality of life

From left: Dr Ajay Chauhan and Dr Justin Chee

Giving hope to prostate cancer survivors

For many men who receive a diagnosis of prostate cancer, receiving radiotherapy treatment to tackle the cancer can leave debilitating side-effects. An ageing population means more men who have survived prostate cancer due to early diagnosis and treatment are faced with living with the complications of this disease for many years.

Urethral stricture disease (USD), occurs in a small but significant number of prostate cancer cases, whereby an abnormal narrowing develops in the urethra, making it difficult to pass urine. This can, in turn, lead to recurrent urinary tract infections, bladder stones, prostatitis and, in severe cases, atonic bladder and renal failure.

These can also be issues that men find hard to talk about. A sense of shame about potential sexual issues and embarrassing leakage resulting from the disease means many will postpone seeking treatment.

Adding to the stress, radiotherapy-associated USD has traditionally been difficult to treat, with many patients left with no alternative but the use of external urine drainage bags, severely impacting everyday life.

Now, a pioneering technique creating a new urethra, grown from a patient's own tissue, is providing relief — and new hope — to patients with USD.

Urologist, Dr Justin Chee, and Plastic Surgeon, Dr Ajay Chauhan, of MURAC Health, pioneered the ground-breaking surgical technique, which uses a urethra grown on the patient's forearm from tissue taken from the patient's cheek lining. The new urethra is transferred

from the forearm to the perineum using microsurgery, which is less invasive surgery than is typical when operating within this hard-to-access area.

"Urethral strictures greatly reduce the quality of life of prostate cancer survivors," Justin says.

"Until now, there was no good surgical option to treat prostate cancer survivors with urethral strictures, in particular those who have had radiotherapy. Our new technique provides these patients with an option to permanently cure their condition, effectively freeing them from a heavily restricted lifestyle. We have seen this really transform a patient's outlook and quality of life. That is incredibly rewarding."

The world-first surgery has been successfully performed on four catheter-dependent patients overseas, treated over a one-to-two-year timeframe from first consult to final follow-up, with a one hundred per cent success rate.

"Our new technique provides these patients with an option to permanently cure their condition, effectively freeing them from a heavily restricted lifestyle..."

In Australia, MURAC, in conjunction with Epworth Freemasons, is the only clinic to provide the treatment. This life-changing technique promises sufferers of USD complex the freedom of normal penile functionality, and with that, a boost to self-esteem and much improved quality of life — for years to come.



**We are at the forefront
of technology**

From left, Associate Professor
Tony Walton and John

A tiny clip helping patients to breathe easy

John, a pathologist in his early 80s, was suffering from shortness of breath due to mitral regurgitation (MR). He had already undergone open-heart surgery once, and wanted to avoid doing so again.

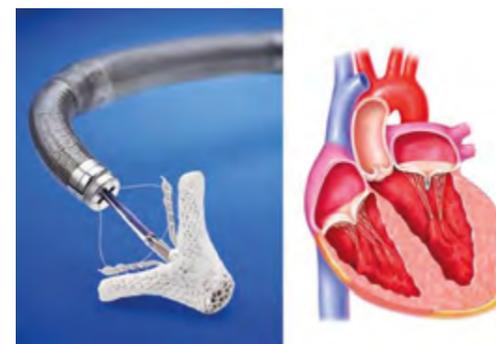
"After my first open-heart surgery, it wasn't so much the pain and discomfort [that was an issue], but the confusion afterwards. I was away with the fairies for a while. In the middle of the night I was pulling out tubes and wanting to go home and they had to bring someone in to calm me down," he says.

In August, John became Epworth's first MitraClip recipient. Cardiologist, Associate Professor Tony Walton, and his team performed John's procedure at Epworth Richmond.

"Before the [MitraClip] procedure, my main symptom was lethargy; I just wasn't interested in doing anything, so I just sort of sat around. If I did try to do anything I would become very short of breath. I didn't have any chest pain or anything, I just couldn't be bothered," John says.

MR is the most common form of mitral valve disease, where blood leaks backwards into the heart's left atrial chamber. Over time, the condition can place extra pressure on the heart, which must pump harder to circulate blood around the body, leading to fatigue, shortness of breath and worsening heart failure.

While open-heart surgery has been the traditional treatment option for MR patients, the MitraClip system allows for a minimally invasive approach. The MitraClip is inserted via a catheter to the heart, meaning no chest incisions are necessary.



Left, the MitraClip device. Right, the device inserted into a heart.

"For John, it dramatically improved his quality of life. For others, who are dying from their MR and cannot have surgery, the MitraClip saved their life."

Unlike John's recovery following his first surgery, he was discharged just two days after the MitraClip procedure. In addition to easing the symptoms of his MR, the clip has also cured John's heart murmur.

"The remarkable thing to me was that I woke up and didn't have tubes or anything. I could get up straight away and wander around," John says.

Tony says, "[The MitraClip procedure] is all about trying to do things less invasively. John has been through open-heart surgery; he knows what it's like. It's pretty daunting to have that done once; to have to face [it] a second time in your 80s would have been unpleasant. However, once [it] would have been John's only option.

"We do still reserve this procedure for people who are considered high-risk for surgery, and although John didn't strictly fall into that category, to put him through open-heart surgery again was a big deal. He had adhesions and scar tissue to get through. We got as good a result as a surgeon would have with John."

During the procedure, the clip is pushed into the heart valve and positioned under the leak, pinning the flapping valve leaflets together and reducing the backward flow of blood. The clip's positioning can be assessed in real time, and adjustments made if necessary without damage to the surrounding tissue. The result for MR patients is often improved breathing and exercise tolerance.

"The remarkable thing to me was that I woke up and didn't have tubes or anything. I could get up straight away and wander around,"

Since John's procedure, Tony has had great success with other patients undergoing the same procedure.

"We've had some patients who were very sick, lingering in hospital and deteriorating significantly, and the clip has quite literally saved their lives. One lady I saw had been confined to hospital for some time. She received the clip and a few days later walked out of hospital," Tony says.

"For John, it dramatically improved his quality of life. For others, who are dying from their MR and cannot have surgery, the MitraClip saved their life."

Tony expects to treat around 15 patients a year at Epworth with the MitraClip.

John, who owns a small farm with his wife, was finally able to get back into running the property after his procedure.

"Now, I have more zest for life, more energy; I can get up and do things. I even started a few new enterprises after the surgery," he says.

"I used to have to wrestle the cows to the ground; I don't do that so much anymore!"



We gave Marnie a new lease on life

Marnie creating another piece of artwork

Painting through depression, to a brighter future

“I was diagnosed with postnatal depression two weeks after my second son was born. It was actually a relief at that stage, to know that I wasn’t going crazy and there was a name for what I was going through. However, it got progressively worse, even though I was medicated and seeing a clinical psychologist,” Marnie says.

Marnie began to turn a corner in her treatment, following a nine week stay in a mother and baby unit. It was then that her baby, then 11 months old, was diagnosed with stage three kidney cancer.

“The diagnosis froze everything for our family, while we focused on his recovery. He lost his kidney and the

ramifications of that have stuck with me even now,” Marnie says.

“I went back to work too soon after everything. I only lasted six months before I left on long-term sick leave. The depression came back worse than it had [been] the first time around. I suffered a lot from anxiety and post-traumatic stress disorder.

“I’d been on a number of antidepressants at that stage. I seem to have a chemically-resistant brain when it comes to antidepressants, so finding [the right] medication was hard. It would work for three months then my brain would rebel and it would stop working and we would have to try something else.

“It was a long road for a few years, then last year I took a turn for the worse and fell into a pretty decent-sized hole, Marnie says.

It was then that Marnie was admitted for transcranial magnetic stimulation (TMS) treatment at Epworth Clinic, under the care of Psychiatrist, Dr Peter Farnbach. The non-invasive treatment is often used when a patient has not responded well to antidepressants.

“At that stage, I was willing to try anything, especially as I have two small kids at home,” Marnie says.

While at Epworth Clinic, Marnie’s diagnosis was changed and the focus of her medication shifted more towards mood stabilisers and anti-anxiety medication. She also began to paint.

“Before I went into hospital a friend said to me, ‘You’re going to get so bored, go and buy a cheap set of water colour paints; you’ll thank me later.’ I had never painted,” Marnie says, “[and] my husband has always laughed at my infrequent attempts to create art, but I bought the set.

“After two weeks in hospital, I was coming off a medication and had horrendous insomnia. It was 2.00am; I was wide awake after trying everything to get to sleep, so I cracked open the water colours. I jumped on to the internet to get some ideas and started to paint some bamboo. It was the first painting I had [done]. I remember finishing it and saying, ‘Who did that?’ It was like I was possessed,” Marnie continues.

“At that stage, I had been doing TMS for two weeks and started some medication changes. I’d also had two weeks to myself away from my family — I think all of those things came together to lead me to a place where I was able to express myself through art, which I’ve never been able to do before. I found that I could paint.

“I asked Dr Farnbach if there is a link between TMS and creativity and he said that while there isn’t any literature to support it, he has heard anecdotally that [a link] can occur. TMS isn’t directed at the creative part of your brain but I do strongly believe that for me, it was a component in unlocking this artistic side. It was amazing.”

Each day while at the clinic, Marnie found herself creating two or three pieces of artwork.

“A lot of it was therapy but a lot of it was just fun. Painting animals and birds,” Marnie says.

“When it came to going home from the clinic after a six-week stay, I felt very vulnerable. All of a sudden, I was a mum again; I had responsibilities at home. But the things I was able to take when I left Epworth were my paints and this talent I had discovered. I was terrified that because it had come out of the blue, it would disappear just as fast. So, I painted like a fiend; I felt like I had to paint and paint and paint before it wore off, like a magic spell.”

For the first time in five years, Marnie is now more than six months stable on medication and is officially in recovery.

“It sounds strange, but I’ve got fond memories of my time at Epworth, because of the staff and because of the care under Dr Farnbach, who always had time for me and my A4 page of questions, which I had every time he came in. For me it was a real turning point,” Marnie says.



[View Marnie’s artwork at www.marniehiggs.com](http://www.marniehiggs.com)

“Recovery is scary though. After being sick for so long, I’m having to learn what being in recovery means for me. I know being sick; I know what the expectations are. If I get dressed when I’m sick, that’s cause for celebration, that’s a win. If I get out of the house and can take the kids to school, that’s a win.

“When you’re in recovery, the expectations are a lot greater. You’re not sick anymore but you’re not well. You’re in a kind of twilight zone.

“But I’ve got a great treatment team behind me. After my time at Epworth, I really see positivity and light in my future. And painting. I think there is a very strong link between mental health and creativity.”

Marnie now wants to help others who are experiencing mental illness, and explain to them the importance of seeking help.

“I want to tell people that sometimes you need hospitalisation; sometimes you need medication. It’s about not denying your body what it needs. If you were diabetic would you deny your body insulin? Of course not. [Also], letting people know how important it is to feed and nurture your body and your soul,” she says.

“My youngest is now five and doing really well; he’s four years clear of the cancer but I’m still struggling. I still have a traumatic response to a lot of things, so the PTSD is still an issue and the depression and anxiety is still pretty significant as well.

“I’ve got a chronic condition, and knowing that I will carry this with me for my life will take some time to digest. I feel like I’ve had such a rough run that the idea of going backwards in any way would be devastating. I’m doing so much better though.

“Even just sitting on the couch with my kids — I could never do that without guilt or anxiety, and now I can. There will always be sadness around the years I missed with my kids but I’ve got a lifetime with them to make up for it.”



**We are creating pathways
for a new era in cancer care**

Professor Miles Prince

Mapping a future for precision medicine

In early 2016, Professor Miles Prince joined Epworth as the inaugural Professor/Director of Molecular Oncology and Cancer Immunology. His appointment marked the launch of precision genomics medicine at Epworth.

The new role meant Miles would be building a comprehensive genomics service at Epworth from the ground up.

“The past year has been about establishing and looking for opportunities to make a big difference,” Miles says.

The terms precision medicine, *personalised* medicine and *individualised* medicine are frequently used interchangeably. Precision medicine in cancer management is about trying to get as much molecular genomic information about a patient’s cancer as

possible. Miles is now working to establish a day-to-day service, where patients who need it are able to access the best genomics data.

“There are some cancers where this sort of information can be really helpful for diagnostics; working out what sort of cancer the patient has. Some patients present with a cancer where, despite the best current testing, it is completely unclear where the mutant cancer cell originates from. Now, using sophisticated genomic testing, we can examine for mutations and work out whether it is, for example, more likely to be a melanoma, or a strange lung cancer, or a blood cancer,” Miles says.

“Other times you know what cancer it is but you need more information about it, such as how is it going to respond to treatment? Thus, we can forecast better, which may help us choose, or avoid, a particular treatment.

“Finally, the ultimate goal of precision genomic medicine is matching the right drug to the known genomic profile of that patient’s cancer. In terms of tailoring treatment, the next phase of personalised medicine is to develop more comprehensive off-the-shelf tailored medicines. As we get more and more drugs we can try and match them to the cancer,” Miles says.

Creating this from scratch means establishing frameworks for data collection; facilitating analysis of this data; escalating research activity to make the most of this information; and channelling this into real world clinical outcomes.

“To put it into perspective, if our doctors are managing a patient who has a tumour removed or a biopsy performed, that specimen must be collected, transported and prepared the right way. The analysis has to be with the best technology available and then reported by specially trained scientists and clinicians in an accurate and timely fashion,” Miles says.

“There are a number of steps in this process and so unfortunately right now most clinicians don’t have access to do that easily. Indeed, if we don’t set up the infrastructures correctly now, this technology will not be readily accessible into the future, and opportunities will be missed.

“We are in the process of trying to work out a system that will be helpful for Epworth doctors, and to respond to what they need,” Miles says.

“It’s a challenge because it’s about implementing a new strategy. It’s a bit like when lung or heart transplants were developed in the 1980s — governments don’t tell you how to set it all up; it’s up to clinical leaders and champions to establish how it’s going to work best. Like those innovators in the 1980s, we have to establish working models for genomics testing and precision medicine.

“The challenge we have in the next few years is that technology is moving forward rapidly, in a number of ways. The analyses we can do, the techniques we can use — these are all improving — but [working out] how to apply these, to create connections between the clinicians and researchers and make gene mapping a part of our routine practice, is what I’m trying to do.”

Over the past year, Miles has worked to put a team together to ensure the growing service maintains its momentum. This includes the ability to address specific, critical research questions.

“The growing Epworth genomics service will facilitate genomics analysis for patients requiring genomic testing as part of their routine care. Moreover, it will facilitate genomic testing for patients being considered for Phase 1 studies and in a number of exciting new clinical trials. Indeed, recent major successes with grants awarded through the Epworth Medical Foundation (EMF) have launched many of the research projects now underway,” Miles says.

EMF funded grants include: Dr Rachel Delahunty’s study looking at the genomics involved in uterine cancer; Mr Dan Croagh’s project exploring pancreatic cancer; and Mr James Lee’s work in thyroid cancer. An exciting haematology project is also underway, examining circulating tumour DNA in blood cancers — co-funded

by the EMF and Perpetual Trustees for \$640,000 — the largest grant the Trustees has ever given Epworth.

“One of the great things is that through EMF we have been able to support the next generation of genomics researchers and begin exploring some important research questions. It’s been a very big commitment on Epworth’s behalf,” Miles says.

“Moreover, the program has appointed an Oncology Clinical Research Fellow, Dr Daphne Day, who will operate at both Epworth and the Walter and Eliza Hall Institute (WEHI), examining genomic studies in bowel and head and neck cancer. We’ve also appointed a Haematology Clinical Research Fellow, Dr Lucy Fox, who is working between Epworth and the Peter MacCallum Cancer Centre and is the clinical leader in the Melbourne Genomics Health Alliance Flagship examining bone marrow failure syndromes.

“As part of our strategy we are working closely with Dr Nik Zeps, recently appointed director of Epworth Research, and Dr Nicole Brooks as senior research coordinator. [We] also have appointed a tissue bank scientist, a research clerk, two genomic scientists and a data manager. We don’t plan to establish all the laboratories here at Epworth, and there is no point in replicating the best international technology already available elsewhere and so we are working closely with the Victorian Comprehensive Cancer Centre, where our two scientists are located,” Miles continues.

“It’s fair to say we are leading the medical community in terms of being able to provide these sorts of resources to do this sort of work. You can see it’s fairly intense, and really a lot of it is about the people.”

As a result of these new appointments, Miles says he expects the process to accelerate very quickly. “Epworth has really taken this opportunity to develop this aspect of genomics medicine, and is looking to the future. It was hugely insightful [of] Epworth to put my position in place, because it allows me to commit to ‘eating and breathing’ this project — to make it happen rather than hoping individual doctors will be able to ‘connect the dots’.

“This is a really important project. It has to be the best quality. Ultimately we need the best possible data for our patients. In the next 12 months, we want to see easy access for day-to-day genomic analysis for patients at Epworth; I think we will see a huge difference in a year’s time.”

“Epworth has really taken this opportunity to develop this aspect of genomics medicine, and is looking to the future...”

Miles is based at Epworth Freemasons and works in collaboration with The University of Melbourne, the Peter MacCallum Cancer Centre and Walter and Eliza Hall Institute of Medical Research. In 2014, he was awarded Membership of the Order of Australia (General Division) for significant services to blood cancer research, patient care and philanthropy leadership.

[View the complete Research Report 2017 via the Epworth website.](#)



We are providing flexibility to patients on dialysis

Trevor and Nurse Unit Manager, Ingrid Stirling

Have dialysis: will travel

Five-and-a-half years ago, Trevor's kidneys failed. At the time, doctors were unable to diagnose the reason, but recently Trevor's doctor has surmised that he has amyloidosis, a rare disease where protein accumulates in an organ, which can lead to organ failure.

"I began home dialysis almost straight away with a portable machine, which gives you the opportunity to travel and is a lot more flexible than having to go to hospital every day. Having said that, when travelling [from] Queensland to Victoria, having a facility like the one here at Epworth Geelong is excellent.

"My partner and I needed to come down unexpectedly and in rather a hurry, for a funeral. Normally we would

have driven down, as I can't take the portable machine on a plane. If I need to fly, [Epworth Geelong's] dialysis service is wonderful to have," Trevor says.

The renal dialysis unit's holiday dialysis service at Epworth Geelong opened along with the hospital in July 2016. Since then, patients have come from around Australia, as well as internationally, for short-term treatment.

Epworth Geelong renal dialysis unit Clinical Nurse Specialist, Ellie Burns, says the service allows dialysis patients — whose movements are often restricted — more freedom to enjoy a break or to visit family and friends interstate.

"The service was initiated to support patients to maintain their lifestyles and improve quality of life. It means patients can still travel and enjoy holidays and not see their disease as a disadvantage. Holiday dialysis

at Epworth is unique due to the flexibility, availability and services we offer," Ellie says.

Trevor says, "We've been here for a week, so being able to come here and do dialysis every second day has been great. It's very accessible. A lot of hospitals will do a holiday dialysis service but you have to book about six months ahead. I was lucky here, in that it only took me one phone call."

At the unit, Nephrologist, Dr Karen Dwyer, takes care of visiting dialysis patients. Karen ensures that she meets with visiting patients at least once during their holiday. Unit staff work hard to accommodate patients' requests during their visit, and full access to the menu is provided, to allow patients to have meals during treatment.

Trevor, whose standard treatment requires a commitment of five-hour sessions, three times a week, says the treatment environment makes a big difference.

"I really enjoyed coming here for treatment. It's a brand-new facility; it's flash and I find when you are stuck for hours in a chair your surroundings really make a difference — you just feel better in yourself," he says.

"I remember once I did dialysis in a renal dialysis unit in quite an old, rundown building and I remember thinking, 'Gee, if this is going to be my life, I don't want to do it.'"

"...It's very accessible. A lot of hospitals will do a holiday dialysis service but you have to book about six months ahead. I was lucky here, in that it only took me one phone call."

The service, which increases availability for holiday dialysis during summer, has benefits for staff, too.

"It enables us to meet new patients, learn new information and build contacts with other renal dialysis units," Ellie says.

"One of our patients, who dialysed with us last year, said she had previously holidayed in Geelong and driven back to Melbourne for dialysis every second day. She said having access to dialysis in Geelong made her holiday more enjoyable and rewarding, especially with a young family.

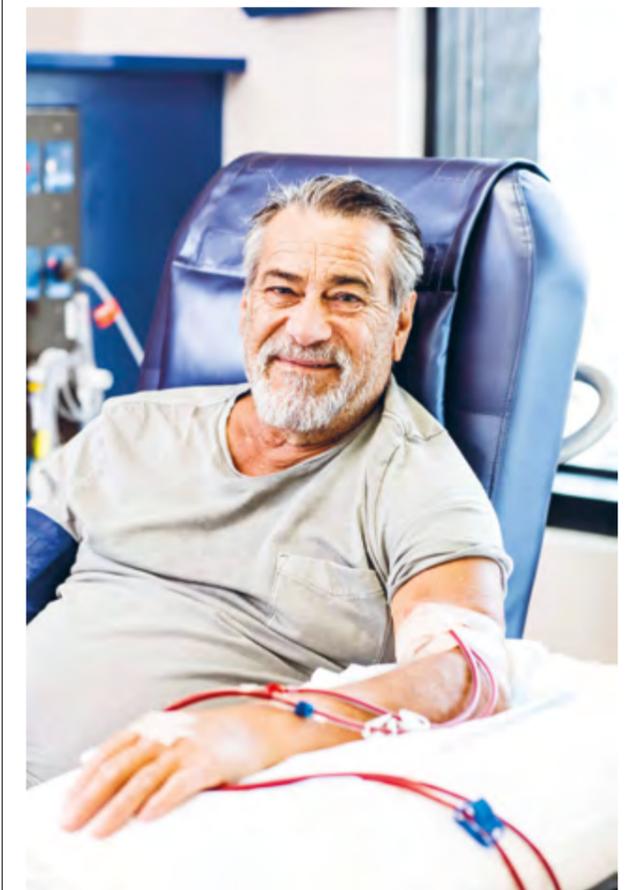
"We also make holiday dialysis easy for our permanent patients with a dedicated 'holiday nurse' to assist with accessing spots and sending of information to holiday units," Ellie says.

Trevor says, "My partner and I moved out of our house and bought a caravan about a year ago, and we travel around quite a bit. I then had a lot of trouble with my leg. I spent a lot of last year in hospital and narrowly escaped having my left leg amputated. While I was in there, I realised how much I prefer to have my dialysis at home. When you go into hospital regularly, if the facilities are dated you feel

like you don't want to be there. The staff are excellent here, they've already told me I can come back.

"Not having access to one-off dialysis services like this one would completely change my lifestyle."

"I really enjoyed coming here for treatment. It's a brand-new facility; it's flash and I find when you are stuck for hours in a chair your surroundings really make a difference — you just feel better in yourself."





We are improving treatments for life-altering mental illnesses

Professor Paul Fitzgerald

Harnessing technology for a new era of mental health research

“At the most direct level, research gives patients access to developing treatments that can have a profound impact on their symptoms and functioning,” Professor Paul Fitzgerald says.

Paul joined Epworth in February, as the inaugural professor director of psychiatry, in partnership with Monash University. Paul’s appointment has also launched the Epworth Centre for Innovation in Mental Health.

“By far the most satisfying part of my role is seeing patients achieve dramatic and life-changing benefits when treated as part of innovative research protocols. On another level, research can provide critical hope to patients: the sense that something is in the pipeline for the future, especially for patients struggling with illness not responding to established treatments.

“My focus so far has been to get a number of research studies up and running as quickly as possible. I have been excited by the openness to research and new ideas at Epworth and the programs in place to facilitate this,” Paul says.

“By far the most satisfying part of my role is seeing patients achieve dramatic and life-changing benefits...”

Paul, a world leader in transcranial magnetic stimulation (TMS), is working to establish a unique clinical research program, with involvement from patients at Epworth Clinic. The centre’s research will focus on some of the key conditions the clinic sees regularly, and will include exploring novel brain stimulation treatments

for depression, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and dementia.

TMS is one such brain stimulation treatment currently used at Epworth Clinic, mostly to treat severe depression. There is now a highly promising range of other similar treatments in development.

“I’ve been doing research for about 20 years now, the majority focused on the technology end of the psychiatry spectrum,” Paul says. “Using technological tools to investigate and understand brain activity, but also developing and clinically testing a number of new forms of treatment using brain stimulation.”

Paul has run more than 15 clinical trials using TMS and related technologies in the treatment of depression, and more recently conditions like OCD, Alzheimer’s disease and PTSD.

15

Paul has run more than 15 clinical trials using TMS and related technologies in the treatment of depression, and more recently conditions like OCD, Alzheimer’s disease and PTSD.

“As that research has expanded to other disorders beyond depression, we have also developed studies using other brain stimulation techniques, including types of stimulation that prove to be a replacement for electroconvulsive therapy and other invasive forms of treatment for more severe patients,” Paul says.

Paul has two key trials commencing at Epworth this year: finding novel treatments for OCD, and personalising treatment for patients with depression.

“The first trial explores the use of TMS in patients with OCD. This is a disorder where there are large numbers of patients who don’t ever get treated. It is a relatively common condition — affecting one to two per cent of the population, and about half the patients with OCD don’t respond to standard treatments and remain chronically disabled. There’s a major unmet treatment need in that disorder,” Paul says.

He notes that there is a surprising lack of innovative treatments under development for OCD — with very few new drugs or other treatments being tested.

“I think that’s an area I have considerable passion for, because if we can develop TMS as a successful treatment in that patient group, it will have very

substantial impact on people’s lives — in the same way that TMS has [had] for depression,” Paul says.

“We are also looking into improving the efficiency and efficacy of depression treatments, to reduce time spent in hospital. To help us achieve this, we want to integrate technologies into therapy that help us dynamically investigate brain activity in a way that can directly drive how treatment is administered, to hopefully take patient outcomes to a new level.

“...if we can develop TMS as a successful treatment in that patient group, it will have very substantial impact on people’s lives...”

“One of the main things that technological development in psychiatry has facilitated is the capacity to think about how we can personalise treatments. A lot of current treatments are a one-size-fits-all approach — everyone gets the same dose of a drug, or the same type of psychotherapy or the same type of brain stimulation.

“We’re getting to the point now where we can use brain imaging, genetics and other ways of investigating brain function to begin determining the way people are treated. It’s an approach that naturally fits with brain stimulation, because we are often targeting very small areas so we can use brain imaging to increase the fidelity and accuracy. It’s also an approach that I think has got application across the board,” Paul says.

“We really want to be at the forefront — not only of developing those technologies — but of working with industry partners and other groups to bring personalised mental illness treatment to patients as quickly as we can.”

The Keable Family Mental Health Fund supported the launch of Paul Fitzgerald’s TMS Lab and mental health research at Epworth Camberwell. The dedicated innovation fund will support ongoing innovation in mental health research, through the full establishment of the mental health lab and dedicated mental health staff scholarships.



We are lucky to have the support of our volunteers and donors

From left, Nola Bailey and Rosalie Heymanson

A history of giving

Rosalie Heymanson has a long history with Epworth, “I originally worked as a volunteer with Epworth’s fundraising arm, Epworth Medical Foundation (EMF). I would come in and help with mail outs. I wasn’t involved with EMF in the early years of my marriage. I had three young children and was involved with their schools and any charity I could help with. I returned to Epworth after an absence of a few years. My husband Bruce ran the very first golf day fundraiser, we also helped with fundraising dinners and lunches,” Rosalie says.

In 1965, Bruce’s mother passed away at Epworth, following a battle with cancer and Rosalie herself later developed cancer and was treated at Epworth Freemasons.

“I became sick in 2006, diagnosed with non-Hodgkin’s Lymphoma, and was treated at Epworth Freemasons. It wasn’t the best, going through the treatments.”

Rosalie was declared in remission after receiving radiation and chemotherapy treatment.

Then, in late 2011, Bruce noticed a problem with swallowing. “In 2012, he came in for a gastroscopy and they found he had oesophageal cancer. It was also in his lungs, liver and later on his sciatic nerve; he was in a bad way. He was treated at Epworth Richmond; the staff there were fantastic —they became like family. Everyone made him as comfortable as possible,” Rosalie says.

Bruce passed away in January 2013.

“After Bruce died, I wanted and needed something more involved, where I would be with people one or two days a week. The EMF staff suggested I should come into the Richmond office on a regular basis. I’m there every Tuesday. Any other day, if I am needed, I am always happy to help,” Rosalie says.

Rosalie also provides financial support to the Epworth Scholarship Program.

Stereotactic Section Head and Assistant Manager with Epworth Radiation Oncology (ERO), Nola Bailey, received a Heymanson Family Scholarship. The funds enabled Nola to travel to the US, where she toured some of the world’s leading providers of radiation oncology teaching, research and treatment. Her trip included Stanford University Hospital in California, the Cleveland Clinic in Ohio and the Memorial Sloan Kettering Cancer Centre in New York.

“The past few years have been an exciting time for Epworth Radiation Oncology (ERO), and for those of us working in the stereotactic field,” Nola says.

“The trip enabled me to compare how we conduct our radiation oncology service and treatment techniques next to some of the world’s best. This is particularly helpful with cases that are rarer for us, where we may only get a couple a year, to see whether we could be providing a better service.

“I’m there every Tuesday. Any other day, if I am needed, I am always happy to help,”

“There is nothing like the hospital experience, to see how techniques are applied in a real world setting and to then reflect on how we do things. Often in conferences, people will present their results, but not the detail about how they actually implement processes and procedures day-to-day.

“I am particularly interested in the treatment of pancreatic cancer with stereotactic radiotherapy. One of the issues with targeting pancreatic cancer with radiation is [that] the pancreas moves while you breathe and what we’re aiming to do is deliver high doses of radiation to a small defined area, with minimal damage to any healthy tissue surrounding the area.

“In Stanford, I had the opportunity to speak with a doctor who was a leading expert in the area of pancreatic cancer. He was so generous with his time and experience, and shared with me new information he hadn’t even published yet. I felt incredibly privileged to be able to gain access to the experiences of people at the top of their field before it was in the public domain.”

In addition to Nola’s trip, the Heymanson Family Scholarship Fund has provided annual financial support to Epworth oncology staff wishing to undertake professional development. This includes funding postgraduate education, attendance at overseas conferences and other learning opportunities.

“I felt incredible privileged to be able to gain access to the experiences of people at the top of their field before it was in the public domain.”

The Heymanson family has also supplied a car, for ERO to transport patients who would otherwise have difficulty accessing the service. Volunteer drivers pick up regional patients staying close by and shuttle them between ERO sites at Epworth Freemasons, Epworth Richmond and their accommodation.

“For rural or country patients the worry about being away from home and how they are going to physically get to the service just adds unnecessary stress. A lot of the treatment we give is five days a week for up to six weeks. The impact of treatment, combined with being away from home and support networks often reverberates, impacting on the patient’s family and their livelihood. Having easy transport to and from treatment provided for them is one less thing to worry about.” Nola says.

Nola returned from her trip with a feeling of pride in what Epworth is achieving, and its competitiveness on the world stage.

“The opportunity to share knowledge back and forth was inspirational and it made me aware of the importance of sharing our knowledge as well. At ERO, we often have professionals from overseas come to see our facilities and to learn from us,” Nola continues, “hopefully they will leave inspired as I did from my experiences overseas. Sharing of knowledge and experience is so important. Why reinvent the wheel?”

“I came away from all three places realising ERO is not straggling behind the rest of the world at all — in fact some of the work we do here [is] actually superior. There was a lot of two way feedback, where I was also able to discuss how we approach things. I realised just how very efficient and streamlined we are. We work well as a service and a team.”

“Bruce and I had spoken about establishing a scholarship for Epworth staff. I felt after he died that the more you give, the more opportunities there are for staff and doctors to develop,” Rosalie says.

“I feel like I am part of the furniture now and if anyone I know is ill I recommend Epworth. It’s the best.”

For more detail on the foundation and its achievements in 2016/17, read the complete Epworth Medical Foundation Philanthropy Report online.

We are **LEADERS**

Epworth has a proud history of innovation in technology and services, achieving many medical 'firsts' and introducing new technologies to Victorian and Australian healthcare. Our ethos of continued improvement means we are always exploring new programs, initiatives and equipment to provide the very best in patient care.



We're expecting!

Epworth Geelong launches maternity service



Location

GEELONG

Level 4 special care nursery



Obstetricians, paediatricians, medical imaging and education under the one roof

Care for babies from
32 WEEKS

A matter of days after announcing the highly anticipated maternity service to the region's GPs, Epworth Geelong received its first maternity booking, with the hospital's first baby due in October this year.

Epworth Geelong has welcomed five outstanding obstetricians, Dr Karl Najjar, and the Geelong Maternity Group, comprising Dr James Swan, Dr Michael Shembrey, Dr Jodie Benson and Dr Emily Huning.

Mums-to-be can expect a first-class service, with a private room and ensuite guaranteed; room service meals available to order; and diagnostic and imaging services located on site, together with a range of support and education programs to guide them through every step of their journey.

In February, two new nurse unit managers and midwives joined the hospital to manage prenatal and postnatal maternity services. Gabby Ryan will look after the antenatal period and birthing suite and Camille Gordon will be responsible for the special care nursery and maternity ward.

"I am really excited to be part of the maternity unit at Epworth Geelong and can't wait to welcome the first mothers and babies to Level 3," Gabby says.

Together with Associate Director of Clinical Services Maternity, Lisa Garner, Gabby and Camille will lead the recruitment phase and final setup of maternity services.

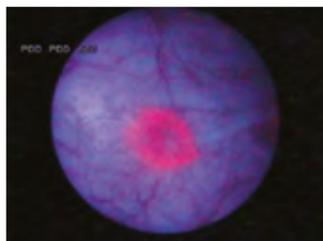
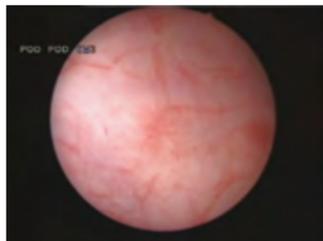
"We've been given a rare opportunity to develop maternity services from the beginning and really think about the level of service we can provide — what we can do to go above and beyond for mums," Camille says.

"I am really excited to be part of the maternity unit at Epworth Geelong and can't wait to welcome the first mothers and babies to Level 3."

Nurse Gabby Ryan



This wolf in sheep's clothing can't hide anymore



Bladder cancer is the ninth most common cancer in the world and is considered easily treatable when detected early. Unfortunately, diagnosing bladder cancer can be less straightforward.

A new diagnostic dye is addressing this issue by providing a higher degree of accuracy in the diagnosis and treatment of bladder cancer. Hexvix is a dye that penetrates cancer cells more quickly than healthy cells, providing a three-hour window where the cancer cells look bright pink when illuminated with an ultraviolet light, allowing them to be clearly identifiable. Mr Paul Anderson, urologist at Epworth Richmond, was one of the first doctors in Australia to carry out the procedure, at the Royal Melbourne Hospital and at Epworth Richmond.

"One challenge is that some bladder tumours may be difficult to see, especially if there is more than one tumour," Paul explains. "Cystoscopy is the main diagnostic tool for bladder cancer, which is a surgical procedure that involves inserting a thin tube with a light and a camera into the bladder, allowing the surgeon to 'see' inside the bladder. But this is a difficult task and the doctor may see some tumours but miss others."

"This technology — called 'blue light cystoscopy' — has been around for some time overseas, and is standard procedure for bladder cancer diagnosis in countries such as Germany and in Scandinavia. I had the opportunity to use this technology overseas and felt that we ought to bring this best practice to Australia," Paul says.

Initially, Paul received a special prescriber status licence to trial the dye in Australia, while pursuing Therapeutic Goods Administration (TGA) approval for use, which has recently been granted.

"With this dye, what would otherwise be invisible to the eye shines brightly pink, allowing for a much higher degree of accuracy in the diagnosis and staging of the tumour."

"With this dye, what would otherwise be invisible to the eye shines brightly pink, allowing for a much higher degree of accuracy in the diagnosis and staging of the tumour. We can then target our treatment much more specifically to the cancer, so we don't over-treat or under-treat the patient," he says. "The benefit for the patient, as shown in overseas trials, is that by using this technology and correctly identifying and treating the cancer, the level of recurrence drops, which in turn means a reduction in the frequency of the patient needing to revisit theatre."

While the dye is expensive, overseas data shows that it is cost effective as it reduces return visits to theatre for a cystoscopy. As a champion of bladder health, Paul's goal is to raise awareness of this disease. "Most people, including some doctors, are not familiar with bladder cancer," he says. "This means the disease can go undiagnosed for a long time, particularly in women, where the symptoms can be confused with urinary tract infections or gynaecological issues. By getting the word out, I hope we can increase awareness and make sure people are diagnosed correctly and early."

Being able to drink my cup of tea, that's all I want



Dr Andrew Evans

Movement disorders are extremely debilitating to the sufferer. Ask Sister Sue of the Sisters of St Joseph. "It got to the stage that I was unable to eat, dress, do buttons up, write or hold my cup of tea. I simply couldn't function or do the most basic things," Sister Sue describes her life before she underwent the novel deep brain stimulation treatment at Epworth Richmond.

"For over 12 years I took medication that didn't really help and my tremors got worse. Then I met Andrew. After talking to him I knew I had been given this incredible opportunity and I didn't have an ounce of doubt in my mind that this was the right thing to do."

Dr Andrew Evans, is a neurosurgeon at Epworth Richmond and one of only five neurosurgeons in Victoria who are qualified to do deep brain stimulation.

"There are different treatments that can be used to treat movement disorders, such as tremors or Parkinson's.

The first is the use of drugs to replace brain dopamine, either as drugs or via implanted pumps. For some people this works, but for others, this is not enough," Andrew says.

"With deep brain stimulation we first do a brain scan, to pinpoint the spot in the brain that is misfiring. During surgery, we put a recording wire through the skull to the spot identified and measure the impact that electric stimulation has on the patient's movements. Once the right spot is confirmed, we insert an electrode that will remain in place, providing electric stimulation. This is controlled by a pacemaker, programmed and fine-tuned to get the best results for the patient. The effect of this is to interrupt the brain's random electric impulses that cause the uncontrolled movements.

"For me, this is the most fundamental patient-centred care with the focus being on improving quality of life for the patient. It is very rewarding," says Andrew.

Growing our urology and musculoskeletal imaging capabilities



Dr Paul Smith conducting an interventional procedure guided by ultrasound at EMI, Epworth Geelong

70+

Prostate MRIs per month

164%

Growth in MSK referrals, incorporating orthopaedic, sports medicine, rheumatology and allied health

63%

Increase in overall outpatient referrals in the 2016/17 financial year

Epworth Medical Imaging (EMI) has prided itself on service delivery across multiple disciplines since welcoming its first patients back in 2014. Giant leaps in uro-radiology (radiological scans and procedures specifically-related to the field of urology), however, were not realised until the recruitment of renowned Uro-radiologist, Dr Alain Lavoipierre to EMI in 2016.

Alain is regarded as a pioneer in prostate MRI, trans-rectal ultrasound and biopsy in Australia. Focussing predominantly on prostate magnetic resonance imaging (MRI), referrals doubled in four months, with patients travelling from interstate to benefit from Alain's expertise.

As clinical lead at EMI's Epworth Freemasons location, Alain worked together with Dr Colin Styles, another well-known name in the field of uro-radiology. Twelve months on, Alain and Colin are reporting on more than 70 prostate MRIs per month, up from 19 per month.

Similarly, a high proportion of patients come to Epworth with musculoskeletal (MSK) injuries and in response to the high demand for related imaging services, EMI has focussed its recruitment particularly in the musculoskeletal space in the past 12 months. Dr Paul

Smith was recruited in January, having completed his MRI MSK fellowship at Regional Imaging; featuring a heavy sports medicine focus and a high case load of MRI, ultrasound imaging and interventional procedures. Paul moved to the role of clinical director at the Epworth Geelong campus in June but continues to report on MSK scans across all sites. Dr Elissa Botterill also joined the EMI Radiology team, in October 2016. Elissa has a strong interest in MSK imaging across all modalities, Elissa joined EMI having undertaken a specialised MSK fellowship at Victoria House Medical Imaging.

MSK referrals, incorporating orthopaedic, sports medicine, rheumatology and allied health, grew an incredible 164 per cent in 12 months. Epworth Medical Imaging has also recorded a 63 per cent increase in overall outpatient referrals in the 2016/17 financial year.

First aneurysm coiling procedure performed at Epworth



Interventional Neuroradiologist, Dr Mike Holt

In August, Epworth performed its first aneurysm coiling for a sub-arachnoid haemorrhage, in Epworth Richmond's new hybrid biplane theatre. Prompt treatment of a ruptured aneurysm can mean the difference between life and death, and Epworth now offers a minimally invasive treatment approach for aneurysm patients that avoids open surgery and its potential complications.

In the coiling procedure, a platinum coil is inserted into the body via catheter and positioned to block blood flow to the aneurysm. The new Siemens Artis Q theatre, situated in the Lee Wing, combines advanced, high-precision imaging technology with a fully equipped surgical suite, and allows Epworth to offer this treatment for the first time. Interventional Neuroradiologist, Dr Mike Holt, performed the procedure on a 59-year-old male patient, who arrived at Epworth with symptoms including the sudden onset of headache and dizziness, caused by bleeding from a ruptured aneurysm.

Mike and his team confirmed the presence of two aneurysms using MRI scans and quickly began treatment. "In patients with aneurysms that rupture, roughly a quarter do not survive to make it to hospital, and of those who do, about another third will have a significant stroke from the event or from subsequent complications of the haemorrhage," Mike says. Urgent treatment, along with careful monitoring of the patient post-procedure, gives the patient the best chance of survival.

Traditional open surgery for aneurysms involves opening the skull to clamp the aneurysm with a clip. "That may be a simple procedure," Mike says, "if the aneurysm is close to the surface of the brain, but if it's deeper, as most tend to be, access to that area can involve additional trauma to the brain. Endovascular treatment — via the arteries — means complications are reduced."

The theatre's sophisticated imaging technology provides the ability to view the aneurysm simultaneously from two angles, creating a 3D model to help plan accurate placement of the coil.

Quieter, calmer scans for MRI patients

In 2016, Epworth Medical Imaging (EMI) was selected as the first site in the southern hemisphere to host new MRI technology by medical technology company GE Healthcare (GE). Since installation, the SIGNA Architect 3T MRI, located at Epworth Geelong, continues to benefit our patients.

Patients who require an MRI can be scanned in less time without compromising on image quality. Scans can also be conducted feet first, including brain scans, which helps reduce any feelings of claustrophobia and offers patients a choice in how they receive their scan. In addition, the new technology features a silent sequencing option to allow for a quieter, calmer scan.

GE selected EMI because of its reputation and expertise in the field and builds on EMI's existing magnetic resonance (MR) expertise in our clinical director, Associate Professor, Pramit Phal whose specific area of expertise is in neuroradiology, in particular, MR imaging of the brain, spine and ear, nose and throat.

Stroke pathway commences at Epworth Brighton

A new quality initiative has commenced at Epworth Brighton with the introduction of a stroke pathway, providing a consistent approach to the management of all newly-diagnosed stroke patients admitted for inpatient rehabilitation. The aim of the pathway is to provide a consistent and evidence-based multidisciplinary approach to stroke management in the rehabilitation setting. The pathway follows the patient from their inpatient admission through to their outpatient program.

The pathway includes routine screening by members of the multidisciplinary team; one-to-one education about stroke with each patient, using the My Stroke Journey information package; and group education, provided by the medical registrar and members of the allied health and nursing teams. This initiative will improve patient understanding of stroke including risk factors, how to prevent stroke, the role of allied health, nursing and the medical team, and the implications of stroke on daily life.

Growing mental health services to meet community need

Epworth Clinic's day programs have continued to grow, including the development and implementation of programs in new clinical areas for Epworth's mental health service.

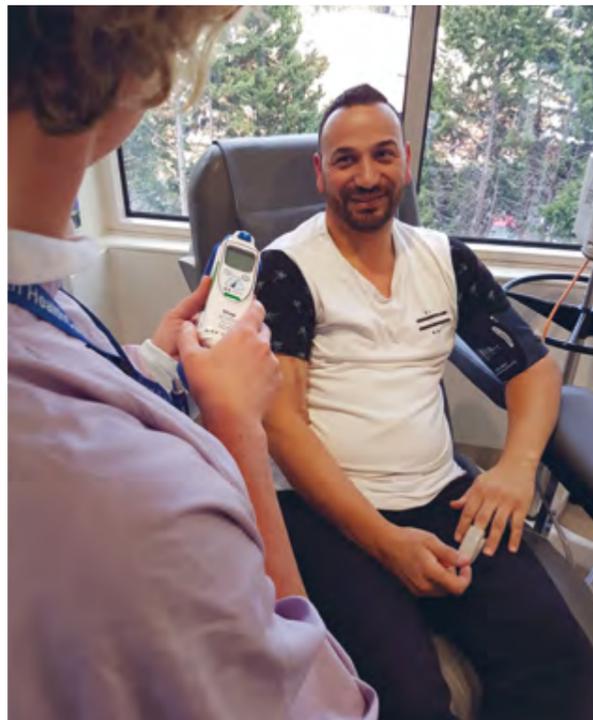
MindMates is a program run by men, for men, and is the first men's mental health program in Victoria to operate in a private hospital setting. The program recognises the high toll that mental illness takes on men in particular, and their ongoing difficulty in accessing the right types of support. The program offers a holistic approach and incorporates exercise physiology in each session. Exploring issues around masculinity,

36%

Epworth Clinic recorded 36% growth in day program activity during 2016/17

relationships, communication and resilience, the program offers men a safe peer environment in which to share their lived experiences. The Footprints program is a specialist program for people with diagnoses of binge eating, bulimia nervosa and other related eating disorders. This program utilises the best practice model of enhanced cognitive behavioural therapy (CBT-E), and offers individuals an opportunity to increase their use of other complementary psychological tools, such as mindfulness practice, self-compassion and values-based actions. Sessions explore topics including reducing the impact of body image on day-to-day life and an individual's sense of self-worth, and increase skills around problem solving, balanced thinking and relapse prevention.

Renal dialysis opens at Epworth Eastern



Epworth Eastern officially opened its new renal dialysis unit, welcoming the unit's first patient, in September.

The brand-new unit features nine haemodialysis stations designed to treat chronic and acute renal disease, while placing patient comfort at the forefront. Each patient is offered a personalised welcome pack when they commence their treatment at the unit.

Epworth Eastern Executive Director, Louise O'Connor, says the unit's focus on excellence in care and patient comfort has been top of mind throughout the unit's development and execution. "We are always looking for ways to improve the offering for our patients, every time our patients come to Epworth Eastern we want to ensure our level of care provides the best patient experience possible."

"The opening of the unit has truly been a team effort and we are all very excited to welcome our new patients," says Louise. "The planning and design of the space has been done to ensure patients are at the centre of everything."

The new renal dialysis service also offers a transport service for those patients who need assistance, as well as providing a take-home meal for patients to enjoy after their treatment.

"Often it is the small touches that can make a huge difference," Louise says.

Cutting-edge technology improves spinal surgery at Epworth Richmond



Epworth HealthCare is the first hospital in Australia to offer a unique combination of cutting-edge technology, recently deployed in an operating theatre at Epworth Richmond.

The BodyTom Portable Intraoperative CT scanner has now been integrated with the Mazor Spine Robot that was installed in January. The equipment was funded entirely through the generosity of our donors.

Epworth Orthopaedic Surgeon, Mr John Cunningham, says the BodyTom is a completely portable, full-body 32-slice CT scanner with a 60cm field of view, and unlike most other intraoperative imaging devices, can be used to visualise soft tissue as well as bone.

"It is capable of scanning the entire spine in cases of complex spinal surgery. It can also complete complex 3D rendering and modelling of anatomy, allowing surgeons to evaluate the operation in theatre, whereas previously patients had to leave the theatre for CT scans in another area.

"The BodyTom has lead lining built into the gantry of the unit to protect staff and patients from unnecessary radiation.

"Any tools that help the surgeon do a better job, ultimately mean a better outcome for the patient," John says.

The robot provides a guidance system based on a computerised pre-operative plan. For example, before an operation, the Mazor robot has been pre-loaded with the precise plans of the patient's vertebrae. During the operation, scans are refreshed using the BodyTom, without moving the patient, and before fixing the screws, cages and plates in the correct position.

The tools do not replace the skill of the surgeon. The improved precision, however, reduces the need

for revision and enables immediate and accurate feedback during surgery. The surgeon then uses the scans to plan the exact position of screws, (as required) using the Mazor Spine Robot. This robot provides sub-millimetre precision.

Executive Director, Epworth Richmond, Nicole Waldron, said that Epworth, which is the only hospital in Australia to offer the use of both machines, aims to remain at the cutting edge of surgical innovation.

"Epworth specialists treat the spectrum of neurological disorders, including primary and metastatic tumours of the brain, erosion of the spine and nerves as well as cerebral aneurysms, strokes, meningitis among other conditions," Nicole says.

"New advances are constantly being made in the treatment of brain and spinal conditions, and I am delighted that Epworth has invested in this unique combination of cutting edge technologies to assist surgeons to provide the highest standard of patient care."

The BodyTom Portable Intraoperative CT scanner at Epworth Richmond is the first installation of this type of scanner into theatre in Victoria. The integration with the Mazor Spine Robot is the first of its kind in Australia.



Guiding patients through the rehabilitation experience



The 'Your rehabilitation journey' patient education video.

When a patient moves from an acute hospital to a rehabilitation hospital there is a period of transition, which for some can be daunting and overwhelming.

Patient feedback and staff observations highlighted the need for an education video explaining the differences between acute and rehabilitation hospitals to ease transition and manage expectations. A short film, 'Your rehabilitation journey', featuring staff and patients has been produced to provide a practical insight into a rehabilitation hospital. It introduces the care team in the rehabilitation setting and provides an insight into daily interactions, while ensuring the focus is on independence. The film also includes patient testimonials, providing unique and valuable insight.

The video is available to patients on all Point of Care (POC) terminals or on the Epworth YouTube channel. The rehabilitation assessment team shows patients the film before a transfer to Epworth Rehabilitation, whether they come from an Epworth acute facility or another hospital. The video has been very popular with patients, carers and their families and we thank all staff involved in its production.

"It is not the decor and furniture that makes this place a warm, happy, safe haven for me, but your kindness, understanding, compassion and willingness to go the extra mile in caring, listening and helping me work through things, riding the waves, so to say, with me. You will never be forgotten because you have made a difference in my life."

Epworth Clinic patient

Leading the way in the management of concussion

The Epworth Rehabilitation Concussion Clinic is an extension of Epworth Rehabilitation's renowned traumatic brain injury unit and has grown to include doctors, neuropsychologists, vestibular and manual physiotherapists and exertional exercise physiologists. Over the past 12 months, return to work, return to driving and return to study assistance has been added to better service the needs of a growing demand. The stand-alone clinic was the first of its kind to be established in Victoria and has created a pathway of care for emergency departments, GPs and the community in managing this very topical condition.

"There has been growing concern regarding the ongoing effects of concussion, particularly in young athletes," clinic founder and Medical Director of Rehabilitation, Professor John Olver, says.

The clinic manages anyone after concussion, with two distinct stages of care: Stage 1: education, risk assessment, triage and rehabilitation planning; and Stage 2: clinical assessment and therapy.

The concussion clinic has noticed an increase in referrals throughout the past winter sports season, with many referrals coming in on a Monday morning after weekend sports have concluded.

"We get quite a few referrals for young people from sports concussion," Neuropsychologist Dr Harvey Jones says. "To think that we are offering advice and educating on the risks associated with return to sport too soon after concussion is certainly reassuring in that we are making a difference for those young athletes' wellbeing."

Cardiac rehabilitation program improves quality of life

Epworth Rehabilitation has expanded its evidence-based cardiac rehabilitation service by introducing a new dedicated heart failure rehabilitation program.

Deputy Physiotherapy Manager, Epworth Brighton, Laura Davidson says, "We know that patients with heart failure benefit from rehabilitation. Program participants report reduced breathlessness, less anxiety and depression and improved feelings of well-being. Importantly, research demonstrates participation in programs like ours helps to reduce the number of acute hospital admissions. It keeps people well for longer."

Specific heart failure programs are now offered at both Epworth Camberwell and Epworth Brighton.

A cardiac nurse runs the program and patients see physiotherapists, occupational therapists, psychologists and dietitians for a mix of education and graded exercise. Patients report that it is a very positive program, which improves activity tolerance and understanding of heart failure.

The program was set up in collaboration with Epworth Cardiologist, Dr Hendrik Zimmet, a specialist in the management of heart failure.

Participants spend time discussing health and lifestyle issues in a group environment and often report feeling supported by their peers.

"Our program empowers people to take control and embrace their goals. I have the privilege of working with them; watching as they gain skills and confidence to manage their disease and discover how much activity and exercise they can be capable of," physiotherapist Francine Alevizos says.

Tim Wilson, Federal Member of Parliament for Goldstein, visited Epworth Brighton to see the program in action. Mr Wilson made his way through the busy rehabilitation facility's gymnasium greeting patients and chatting to staff. "This is my first visit to Epworth Brighton and I'm absolutely thrilled to experience the positivity and compassion that people experience here. The way patients and staff are working together today is exemplary," he said.

Director of Clinical Services, Sheila Daly, says that any patient with a cardiac condition can benefit from some form of cardiac rehabilitation. "People come here for the physical benefits, but they usually go home feeling happier too. And that makes all of our wonderful staff happy."



Tim Wilson, Federal Member of Parliament for Goldstein, exercising under instruction from Deputy Manager Physiotherapy, Epworth Brighton, Laura Davidson

We are COMMITTED

Epworth is committed to ensuring the best possible outcomes for our patients. We realise this goal through the ongoing improvement of our services; rigorous quality standards to ensure a safe and healthy workplace for our people and our patients; and an investment in world-leading research and comprehensive clinical education.



Epworth's newest high-tech employee



TUG, which arrived at Epworth Richmond at the start of May, is a smart, autonomous mobile robot, used in hospitals around the world to transport items between departments. At Epworth Richmond, TUG's job is to transport instruments between the Central Sterile Services Department (CSSD) and Lee Wing theatres.

TUG was the best solution to a number of issues, predominantly reducing manual handling, improving occupational health and safety risks for CSSD and theatre staff, and increasing operational efficiency. Prior to TUG's arrival, instrument technicians would transport the instruments on sometimes heavy trolleys. TUG can now do this work, allowing the technicians to remain in the department. TUG has also improved operational efficiency, with instruments delivered in a timely manner to theatres and returned to CSSD quickly for reprocessing after use. This in turn reduces risk to staff, as well as risk of damage to instruments.

With a map of the entire hospital stored in its memory, TUG uses a scanning laser and sensors to find its way, and communicates through the hospital's Wi-Fi to open doors and operate lifts. TUG's sensors mean a collision is unlikely, especially with its regular polite callout of 'TUG coming through, please keep clear,' as it moves around the hospital using a specially installed traffic light system.

Available for operation seven days a week and expected to take around 50 plus trips per day, TUG carries out duties that complement the work of existing staff. Merna Moushi from Device Technologies, the distributor for the Aethon TUG, has been onsite at Epworth Richmond to ensure TUG has an easy transition into its new role. Merna says, "There are 555 robots worldwide and more than 100 world-renowned institutes in the US with this technology. Epworth is the first private hospital in Australia to have the TUG robot."



Clinical trial for new Alzheimer's drug offering hope to patients

There are an estimated 36 million people worldwide living with dementia. There is currently no treatment available to slow or cure Alzheimer's disease, a form of dementia, however there are several approved drugs on the market that temporarily relieve some of the symptoms, such as memory loss. Epworth is currently involved in the trial of a new Alzheimer's drug, CT1812. This trial explores new medication and strategies to try and prevent the disease from progressing.

The trial will test the safety of the medication and how well the body tolerates a once-daily dose of the investigational product. The study will also evaluate the cognitive functioning of enrolled participants with mild to moderate Alzheimer's disease, to assess the changes and/or stabilisation of current disease progression.

This phase 1b trial will only be conducted in Australia and Epworth is one of four sites chosen to participate. Epworth Clinical Research Coordinator, Donna McCallum, says, "That Epworth was chosen for this study highlights the expertise of our research department staff and pharmaceutical companies' confidence in our ability to conduct high-calibre trials. The trial also allows Epworth to offer patients the opportunity to partake in a trial offering alternative treatment to this disease.

"This is the first time that this medication has been introduced to the patient population. Total participant follow-up is 90 days from the time of randomisation, and given there will only be a select few participants enrolled, I would expect that this project would have all participants recruited and all follow-up appointments completed towards mid-next year. Review of the data collected may take a while after this, as there is a lot of information that is being looked at.

"This is a first phase of the trial, and if the drug is displaying positive outcomes, Epworth is well placed to be involved in the subsequent phases required to get this product onto the market."



Epworth patients screened for eligibility

200+



New Drug

CT1812



Total participant follow-up

90 DAYS

This is the first time that this medication has been introduced to the patient population.

Professor Richard Gerraty, principal investigator for this study at Epworth, is aiming to enrol five to six participants of a total of 16 entered into the trial. Neuroscience Trials Australia, a local contract research organisation, is facilitating the trial in Australia and has done extensive public relations via radio advertisement for this trial.

Along with Prof Gerraty, there are two clinical research nurses involved in conducting the study.

"Other research staff, including Epworth's clinical trials start-up specialist, research management staff and Director, Associate Professor Genie Pedagogos, have not only promoted our ability to perform these very complex phase 1 clinical trials but supported us in getting this trial initiated at Epworth," Donna says.

For more detail on our research, view the 2017 Research Report via the Epworth website.

Opening accreditation success at Epworth Geelong and South West Regional Cancer Centre, Radiation Oncology Department

Part of the requirements when opening new facilities is to ensure that they are accredited against the appropriate Australian Commission on Safety and Quality in Healthcare National Standards and ACHS EQUiP National Standards. The objective of this is to ensure the systems and processes are in place to provide suitable patient care to achieve best possible patient outcomes. The two new facilities – Epworth Geelong and the South West Regional Cancer Centre – undertook this interim accreditation requirement within the first week of opening, coordinated by the Epworth quality team. The planning and preparation that went into the

253

The number of Victorian physiotherapists who have attended Epworth Rehabilitation physiotherapy lectures and education courses in the past 12 months.

opening of the two facilities was evident. The staff at both facilities proudly articulated and demonstrated the systems and processes introduced to them as part of their onboarding to Epworth, the facility, the department and their role. The surveying teams were impressed with the look of the facilities, staff preparedness and the proposed patient journey, to meet patients' overall experience expectations.

The outcome of the two surveys was very positive. All elements and actions of the standards were met, with no recommendations proposed. This was a great result and the staff should be proud of this achievement.

Both facilities will undergo a second accreditation one year post-opening, to demonstrate that the desired outcomes have been reviewed and achieved, or improvement opportunities identified and addressed.

A first birthday for Epworth Geelong

Epworth Geelong celebrated its first birthday on 4 July 2017, and what a year it has been for our newest hospital, built to expand access to healthcare treatments and services in the growing region of Greater Geelong and South West Victoria.

Providing the most fundamental services on opening, staffing two mixed-specialty wards and performing simple surgical procedures, confidence in the hospital grew quickly and Epworth Geelong has continued to celebrate one milestone after another ever since.

Four wards are open, each dedicated to its own group of specialties: surgical, medical oncology, rehabilitation/sleep studies, and complex care, including pain management, cardiac and neurosciences.

In the past 12 months, Epworth Geelong has recorded

acute admissions	4600
operations	8100
presentations to ED	6350
sleep studies	270
admissions to ICU	440
admissions to rehabilitation	1100
car parks	380 on opening to 600
staff	409 on opening to 635

The perioperative team have already performed a series of firsts in complicated surgeries, particularly in the field of neurosciences, and the hospital's medical and rehabilitation services continue to expand in capacity and reach.

Maternity services have been launched and Epworth Geelong's first baby is due in spring 2017, with the opening of the hospital's fifth and final ward, for maternity and women's health.

The hospital's growth is evident in the increase of Epworth Geelong staff, from 409 people on 4 July 2016, to 635 today, and counting. Epworth Geelong has recorded staff turnover of less than eight per cent since opening, lower than the group average and an outstanding result for a new build. The new starter pulse surveys have indicated positive feedback around orientation, and overall satisfaction with Epworth as an employer and management presence.

"I am proud of the culture we have established at Epworth Geelong. The continuous positive feedback we receive is testament to the hard work, commitment and passion of our team," CEO, Epworth Geelong, Damian Armour says.

Epworth Freemasons: growing in 2018



Epworth Freemasons received town planning approval to extend its facilities at the Clarendon Street site. Works will include development of a ten-level building, the Grey Street Centre, and a six-level basement carpark in Albert Street, with construction to commence in late 2017.

Melbourne City Council approved the first phase of the Epworth Freemasons' master plan in late 2016, which also includes a new hospital entrance via Albert Street.

The project will expand the existing Clarendon Street footprint with approximately 2500m² of integrated space and functionality for specialist consulting doctors; an additional 12 inpatient beds; a new day oncology unit adjacent to the existing oncology ward; and four new operating theatres and endoscopy suites, totalling 12 theatres at the Clarendon Street hospital. Plans also include a state-of-the-art multidisciplinary meeting room facility, a 300-space car park and a new loading zone and drop-off entrance for patients on Albert Street.

With demand for health services expected to double over the next decade, Epworth Freemasons is ideally situated — in the heart of Melbourne — to respond to a growing and ageing population. The development will also provide space for innovation, research and medical

training, as part of Epworth's commitment to translating research into best practice clinical care. The new facility will further facilitate relationships with international institutions Cleveland Clinic, Mayo Clinic and Johns Hopkins, for conducting shared patient trials.

Epworth Freemasons' also opened a new day medical unit at the Clarendon Street campus in September. The day medical unit complements the existing bone marrow service and will enable greater access for patients to undergo treatments such as blood and blood product administration, iron infusions, bisphosphonate administration and immunoglobulin administration. Since opening, the unit has seen over 60 patients, in comfortable surroundings overlooking the newly refurbished Epworth Freemasons courtyard. Experienced day medical unit staff offer patients the option of either a chair or bed when receiving their treatment to enhance patient comfort and privacy.



Epworth Geelong paediatric skills course participants

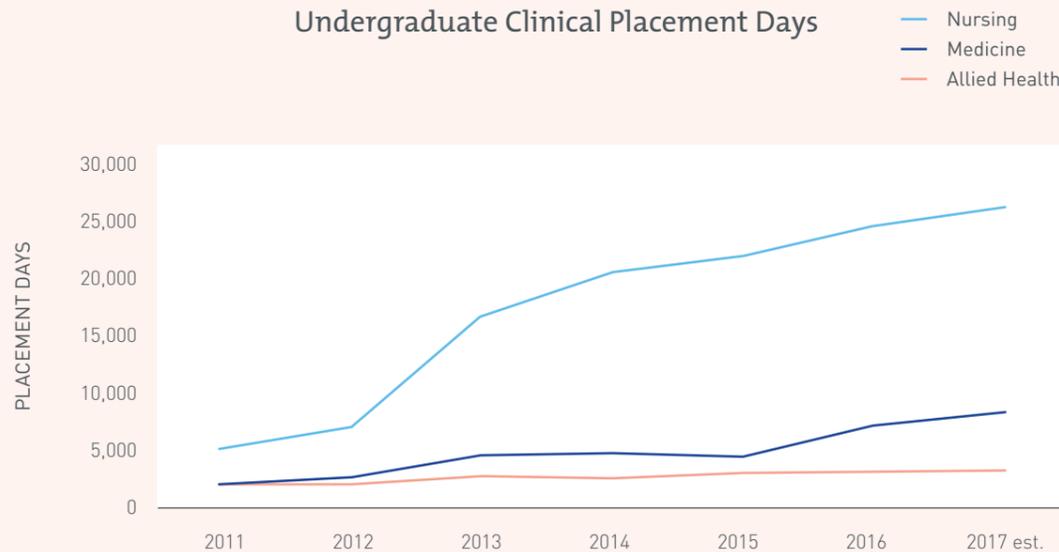
Clinical knowledge upskilling at Epworth Geelong

The first paediatrics skills station education program was held for emergency, intensive care and post-anaesthesia care unit staff at Epworth Geelong in October. Twenty people put their hand up for one of the two half-day sessions which provided training and support around anaphylaxis, seizures, severe croup, paediatric life support (baby and child), intra osseous, choking, calculations and bleeding post-tonsillectomy. The skills stations provided an interdisciplinary education opportunity, with experts from across the hospital and Deakin University leading the sessions and sharing their knowledge. With an increase in paediatric presentations recently showing great trust in Epworth Geelong, this program was developed to ensure the team is equipped to provide the best care possible in paediatric emergencies.

Excellence in educating health professionals of the future

Epworth is a significant provider of professional entry undergraduate clinical training, covering a range of disciplines from medicine, nursing and allied health. Clinical placements have been steadily growing over the last five years and have received a significant boost in the area of nursing, as a consequence of centralising the coordination of placements and medicine through the introduction of the Epworth Clinical School, a partnership with the University of Melbourne to teach medical students.

Undergraduate Clinical Placement Days



Epworth to implement state-wide simulation training

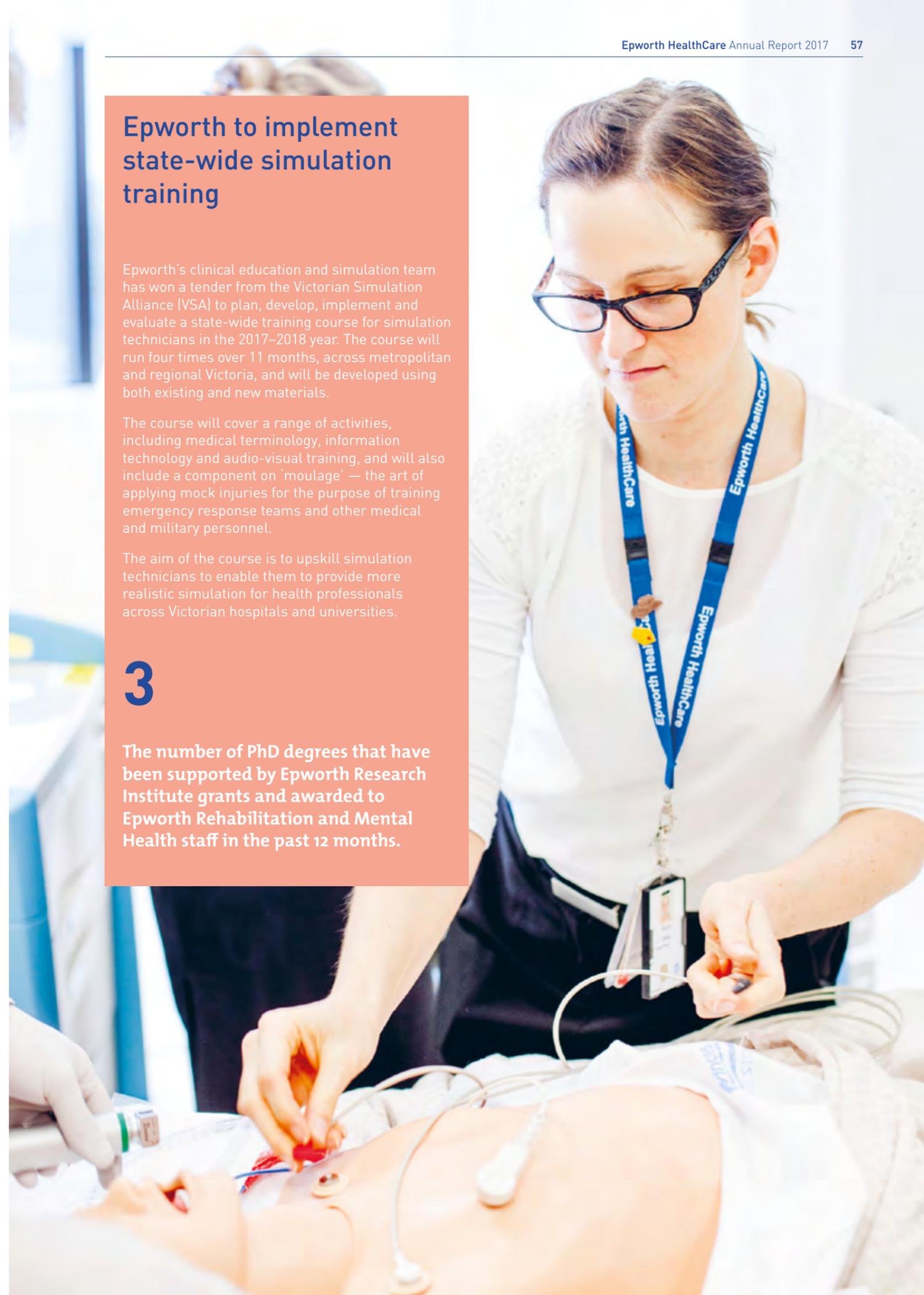
Epworth's clinical education and simulation team has won a tender from the Victorian Simulation Alliance (VSA) to plan, develop, implement and evaluate a state-wide training course for simulation technicians in the 2017-2018 year. The course will run four times over 11 months, across metropolitan and regional Victoria, and will be developed using both existing and new materials.

The course will cover a range of activities, including medical terminology, information technology and audio-visual training, and will also include a component on 'moulage' — the art of applying mock injuries for the purpose of training emergency response teams and other medical and military personnel.

The aim of the course is to upskill simulation technicians to enable them to provide more realistic simulation for health professionals across Victorian hospitals and universities.

3

The number of PhD degrees that have been supported by Epworth Research Institute grants and awarded to Epworth Rehabilitation and Mental Health staff in the past 12 months.



Medical education at Epworth moves to a new level



In 2016, Epworth completed its first year as a Clinical School of the University of Melbourne (UoM).

The previous year, UoM invited Epworth to become the first full clinical school in a private hospital in Victoria. This means medical students allocated to the organisation now receive all of their clinical education at Epworth — from the start of their clinical years (year two of the four-year medicine course, or MD2), through to the completion of their medical degree in MD4. Epworth coordinates students' full curriculum, tutorials, placements and exams, with MD2 students predominantly located at Epworth Richmond.

The first cohort completed surgery, medicine and ambulatory specialties at the end of 2016 and all achieved honours in their assessments, a remarkable group achievement. The students also returned victorious from their term break, having won the Clinical School Cup at this year's MD Student Conference.

The group has now moved into MD3, where they receive exposure to specialties such as psychiatry at Epworth Camberwell, obstetrics and gynaecology at Epworth Freemasons and general practice with GPs

in Melbourne's inner east. In 2018, medical students will complete their final year with Epworth — the first cohort of Epworth Clinical School graduates.

Epworth has also received enormous support from the doctors associated with Epworth hospitals who have undertaken the clinical teaching. Universities are progressively recognising those who have made substantial contributions to teaching with honorary university appointments such as Senior Lecturer and Associate Professor.

Epworth Geelong has also accepted its first medical students, on rotation from Deakin Medical School. A 2017 program was developed for students to rotate through Epworth Geelong via the Geelong Clinical School — initially via surgical and emergency department rotations. Likewise, radiology students from Deakin University, Warrnambool campus, will spend time with Epworth Geelong's radiology team.

Epworth has previously taken medical and surgical students rotating from The Royal Melbourne Hospital, St Vincent's Clinical Schools and Monash University.

Epworth Clinical School second year medical students from The University of Melbourne.

Interactive workshop builds nurses' critical thinking

An interprofessional clinical supervision four-hour interactive workshop for Epworth nurses has been developed and made available to all Epworth nursing staff. The course, delivered across all Epworth hospitals, develops supervisor skills in areas such as identifying learning styles, providing feedback and assessment, and supporting learners' critical thinking.

The course is a great opportunity for new or experienced clinical supervisors to enhance their skills and cement best education practice. Over 180 staff attended through 2017. Feedback was exceptional, with all participants reporting that the course met their learning needs and that they felt confident to apply the skills learnt in the workplace. The course will be incorporated into the Graduate Nurse Development program.

180+

The number of staff who attended the interprofessional clinical supervision four-hour interactive workshop

Cleveland Clinic intern program: developing nursing leadership

In 2016, eight successful applicants participated in the Cleveland Clinic Nursing Leadership Intern Program, with funding from the Epworth Scholarship Program.

The scholarships were made possible with thanks to donors and sponsors of Epworth Medical Foundation and recipients travelled to the US to undertake the fully funded two-week development course.

All participants were required to share their experiences with the organisation upon their return, and to apply what they learned to improve clinical practice at Epworth.

The affiliation agreement with the Cleveland Clinic helps Epworth continue its goal of becoming a leading research and teaching hospital.

Enhancing our rehabilitation facilities

With assistance from the Epworth Medical Foundation, the Rehabilitation and Mental Health division has invested approximately \$700,000 during the past 12 months in the upgrade of its facilities. At Epworth Richmond, significant restoration and upgrades were completed on the heritage-listed Elim building over the 2016 Christmas break, including the installation of an outdoor therapy garden.

The Elim garden is an exciting addition to the occupational therapy program, where patients can be empowered through their involvement in the planting, maintenance and harvesting of healthy produce in the garden, and contribute to a natural, enriched environment to support their recovery and rehabilitation.

At Epworth Camberwell, renovations included the modernisation of group therapy rooms, the installation of new gym equipment for use in physiotherapy and the creation of a state-of-the-art therapy workshop. Deputy Manager Occupational Therapy, Simon O'Byrne, says, "We can now offer patients individual and group sessions across a very wide range of craft and woodwork

activities including use of a 3D printer, a drafting table, full range of painting facilities, a cutting and embossing machine, and of course our traditional woodwork projects."

Patients who have already used the space comment on the bright and airy feel of the room and enjoy spending some of their day away from the hustle and bustle of the wards.

At Epworth Brighton, significant renovations have been completed in the hydrotherapy pool, gymnasium and building entrance. Two sessional consulting rooms as well as a conference room have been added to the front of the building, allowing for increased capacity to recruit further consultants to the busy facility.

At Epworth, we aim to deliver excellence in every aspect of care. We measure our performance against national quality standards and, where no national standards exist, we set our own. In fact, we often set higher standards for ourselves – we don't just want to provide good care, we want to provide the best care.



Code worried — helping patients and family raise the alarm

Epworth recognises the importance of providing channels for patients and their loved ones to easily raise concerns regarding clinical deterioration. 'Code worried' was launched in September across Epworth and provides patients and their loved ones the ability to flag urgent health concerns with staff; as part of a process of escalation.

Patients and their loved ones are first encouraged to raise concerns with their nurse. If these concerns have not been resolved, patients and family members are then encouraged to speak with the nurse in charge. If the issue is still present, those concerned are encouraged to call the code worried hotline, connecting them to a senior member of the leadership team who will review and address their concerns.

Ensuring the safety and comfort of our youngest patients

Paediatric services have grown significantly throughout the organisation in the past 12 months. Group-wide there have been increasing paediatric admissions, predominantly Epworth Richmond's paediatric unit. To support this expansion, significant quality initiatives have been implemented to enhance both safety and the hospital experience for children and their families.

Paediatric specific resources have been provided for staff to guide age appropriate care, such as online medication prescribing resources and emergency equipment. Policies, protocols, documentation and care guides have been developed to facilitate current best practice care.

Significant paediatric education has also occurred, to enhance staff's knowledge and confidence in caring for children. There has been a particular focus on identification of the unwell child and escalation of care, through group-wide paediatric seminars and updating of learning resources such as the *Recognition of the deteriorating paediatric patient resource guide*.

In March, Epworth Richmond hosted a group-wide event in collaboration with the Australian College of Children's and Young People's Nurses entitled 'The paediatric food allergy and anaphylaxis epidemic'. In July, Epworth Geelong and Epworth Richmond hosted the Australian College of Emergency Nursing Paediatric Course for the senior nursing staff, which significantly increased their

confidence in caring for children. Early in 2017, several senior nursing staff at Epworth Geelong attended the credentialed Advanced Paediatric Life Support course to learn how to optimally manage paediatric emergencies.

To provide age and developmentally appropriate care, child-friendly décor has been introduced, particularly at Epworth Richmond and with the group-wide introduction of play panels. To ensure children and their families are well educated and to allay anxieties, parent information brochures have also been developed. This includes a children's activity book entitled 'My visit to hospital'; designed to prepare young children prior to surgery. Likewise, boxes of toys have been introduced group-wide, to enable staff to provide distraction during procedures. Both these initiatives are valuable to minimise anxieties and improve children's and their families' hospital journey.



80%

In 2016/17, the Epworth Medical Foundation provided approximately 80 per cent of all research funding at Epworth.

[View the Research Report 2017 for more information.](#)





We are part of a **COMMUNITY**

Epworth maintains a strong tradition of caring for our community. We support many health-related causes each year and partner with international health organisations to provide free specialist procedures to those unable to access care. Funds generously donated to the Epworth Medical Foundation from our community of benefactors and donors are used to improve patient care and facilities and we remain dedicated to sharing the expertise of our staff with Victorian general practitioners.

Donated artwork brightens day oncology



Executive Director, Louise O'Connor; Anne-Maree's husband, John and son Sam, Anne-Maree Wise and her mother Norma Splatt.

A new painting is bringing sunshine and beauty to the Epworth Eastern day oncology unit after being donated by artist Anne-Maree Wise and unveiled at a special morning tea in July. The date was significant to Anne-Maree and her family as it was the second anniversary of the death of her sister, Fiona Boletti.

An art teacher, Anne-Maree explained that she started to paint after her sister's death as a way of coping with her grief. The painting she has donated, 'Brighton Beach', depicts a place where the two sisters played and enjoyed summer times as young girls.

In unveiling the painting, Executive Director, Louise O'Connor, thanked Anne-Maree and said that we feel honoured at Epworth Eastern to receive such a generous gift.

Epworth Eastern works closely with a number of community organisations each year including:

- UnitingCare Harrison
- Boroondara Community Outreach Program
- Salvation Army
- Lions Club of Boroondara – Gardiners Creek's 'Chemo Caps' project
- Surrey Hills Football Club
- Mirabel Foundation
- Melbourne Period Project
- The Uplift Project and many others

Supporting GP development

Epworth's General Practitioner (GP) Liaison Unit provides a quality Royal Australian College of General Practitioners (RACGP) accredited education program for GPs. Through a range of communication channels, the unit also raises awareness of the services and medical expertise available at Epworth hospitals.

Through Epworth's education program, GPs are provided with an opportunity to update their clinical skills and knowledge on new and advanced surgical and diagnostic procedures and medical treatments. In 2016/17, the GP Liaison Unit delivered 89 education sessions to 1815 GPs. These educational activities included: thirty-nine GP clinic lunches, 30 GP meetings, 13 online webinars, 5 CPR training courses and two full day Category 1 symposia.



GP liaison unit education sessions (2016/17)

89



GPs in attendance

1815

Common medical emergencies and the big cancer questions

The first GP Category 1 symposium for the 2016/17 financial year, 'common medical emergencies in general practice' was held at Epworth Geelong. Workshops and plenary sessions covered acute abdominal pain; acute gastroenterology; assessment of acute knee injuries; fracture imaging; shoulder dislocations; diabetic emergencies; acute vascular assessment; reading ECGs; and an ophthalmology update. Speakers included Mr Andrew Thomson, Dr Paul Smith, Dr Matt Ryan, Dr Adam Roberts, Dr Mayur Krishnaswamy, Dr Catherine Jaworski and Dr Merv Ferdinands.

In March 2017, a second symposium was held at Epworth Eastern, covering 'The big questions – prostate, colorectal, breast and cervical cancers.' Workshops and plenary sessions included colorectal cancer; the National Bowel Screening Cancer Program; the role of prostate-specific antigen and MRI; radiation as an alternative; chemotherapy treatment options; breast reconstruction; and the National Cervical Cancer Screening Program. Speakers included Dr Andrew White, Mr Malcolm Steel, Mr Raaj Chandra, Assoc. Prof Joseph McKendrick, Assoc. Prof Damien Bolton, Mr Nicholas Campbell, Dr Andrew See, Miss Suzanne Moore, Dr Serene Foo, Mr Frank Lin and Dr Stella Heley.

The Epworth annual GP engagement survey show satisfaction levels are high among the GPs we serve, with the majority of GPs finding our Continuing Professional development activities relevant, of high standard with a good variety of topics.

"I really enjoyed and looked forward to your excellent weekends of learning."

"Sessions were highly relevant to my daily practice. They were of good length and presenters were excellent."

"I have been to Epworth sessions three times now and am always impressed with the quality of the presentations."

Epworth Geelong holds its first accredited GP education symposium

Supporting our GPs through education continues to be a priority. Epworth Geelong held its very first Category 1 GP education event in September — a symposium on common medical emergencies — opened by CEO, Epworth Geelong, Damian Armour.

A wide range of topics was covered during the event, commencing with a plenary session on acute abdominal pain and acute gastroenterology, presented by Professor Glenn Guest, Mr David Wardill and Dr Chris Hair. This was followed by clinical skills workshops in the education precinct, where GPs could update their clinical knowledge.

Topics included assessment of acute knee injuries (Dr Andrew Thomson), fracture imaging (Dr Paul Smith), and shoulder dislocations (Dr Matt Ryan). The afternoon's small group workshops covered diabetic emergencies (Dr Adam Roberts), acute vascular assessment (Dr Mayur Krishnaswamy), and cardiac — reading ECGs (Dr Catherine Jaworski). The day ended with a plenary session updating GPs on ophthalmology emergencies, presented by Dr Merv Ferdinands.

The session provided an excellent opportunity for Epworth Geelong specialists to engage with GPs and was well received by attendees.



Epworth Geelong's first GP education symposium

Epworth blue is turning green

Epworth Richmond perioperative services comprises 28 operating theatres caring for an average of 150 surgical patients every day. Surgeries require a large amount of equipment and the use and disposal of many consumable items. Single-use products in operating theatres are great from an infection control perspective, but create a large amount of waste.

A small group of dedicated and environmentally-aware staff, led by Registered Nurse Rebecca Pascoe, observed that some single use items would never be in contact with the patient – that is, would not be contaminated – and began investigating whether these materials could be recycled. The team’s initiative aimed to reduce the unnecessary production of waste through reducing, reusing and recycling materials.

“We use a lot of consumables in theatres and I see a lot of waste created which should be recycled. I have always been passionate about sustainability and conservation of the environment, so it seemed natural to step up and improve our performance,” Rebecca says. “We are accountable for the waste we produce, and aim to manage it in the most environmentally friendly way possible.”

The program, which this year seeks to recycle more than 3000 canisters at Epworth alone, is to be rolled-out nationally. Rebecca has been chosen to lead the awareness campaign. “I could see there was a massive gap and huge potential for us to be recycling more. We just needed the resources and staff education to get started,” she says.

The program would fail without staff getting behind it and building it into their normal practice. Rebecca says, “Keeping the collection bins free of contaminants is our biggest challenge, so training is critical to the program’s success.”

Recycling programs now include:

- Blue towels – the small towels used in operations. In 2016/17, almost three tonnes of these towels were processed for use in other contexts. This number is likely to grow in years to come, as more sections of the hospital join the recycling program.

3000+

The number of canisters the program seeks to recycle this year at Epworth alone

- Kimguard – the blue wraps used to package sterile instruments to ensure they remain sterile until used in the operating theatre. They are single use and many will be used in every operation. By ensuring these wraps are kept separate from other waste, they can be recycled into other non-medical products. In 2016/17, we recycled 12.5 tons of Kimguard – almost 9000 bags of used wraps.
- Anaesthetic aluminium bottles – since launching in December, this program has recycled approximately 750 bottles that otherwise would have gone to landfill. The program has been so successful that the provider, multi-national health products company Baxter Healthcare, is now implementing nationally.
- Anaesthetic circuits – the hoses that transport oxygen, air and anaesthetic gas from an anaesthetic machine to the patient. Usually, the circuit is discarded at the end of each day and replaced with a new circuit in preparation for the next day. However, work done by Epworth Richmond with suppliers means that our anaesthetic circuits are the only circuits on the market that have been tested and validated for use for up to seven days, reducing costs and environmental impact.
- PVC – intravenous fluids bags, masks and tubing are now recycled into garden hoses and children’s playground matting. In 2016/17 we recycled almost three tonnes of PVC tubing.

Executive Director, Epworth Richmond, Nicole Waldron, says “Everyone at Epworth is supportive of the theatre team and this great initiative to reduce waste. Opportunities for further sustainability and environmentally friendly initiatives are integral to our ongoing operational processes and ultimately, to our continued success.”



Blue towels recycled 2016/17

~3 TONNES



Kimguard’s recycled 2016/17

12.5 TONNES



Anaesthetic aluminium bottles recycled since December

750 BOTTLES



PVC recycled 2016/17

~3 TONNES

Registered Nurse, Rebecca Pascoe



Our anaesthetic circuits are the only circuits on the market that have been tested and validated for use for up to seven days, reducing costs and environmental impact

New status allows access to more artwork

The power of artwork to positively affect a patient's recovery is well documented, with many hospitals now turning their previously sterile, blank white walls into carefully curated art collections.

With Epworth's commitment to offering the best possible patient experience, displaying art across our sites benefits not only our patients receiving treatment but also contributes to the experience of visitors and staff at the hospitals.

Since the public gallery space opened at Epworth Geelong in July, Epworth Arts Foundation Limited (EAFL) has been accepted into the Australian Government's Cultural Gifts Program.

This means Epworth's supporters can now donate artwork from their personal artwork collections to EAFL and receive tax deductions for doing so.

Epworth Art Collection Manager, Tracy Spinks, says this new status will help Epworth expand its collection. "Being part of the Cultural Gifts Program is an important step towards building an Epworth art collection. It allows us an opportunity to accept works that, in many cases, would be beyond our reach.

"The program itself aims to move works, often isolated in private collections, into the public domain and, for

Epworth, showcasing such works around our various hospitals will have immediate positive effect. I am very much looking forward to being a part of this process."

Tracy says she's already received a lot of positive feedback about the gallery at Epworth Geelong from staff, patients, students and visitors. The gallery will offer a three-monthly rotating exhibition program and may even one day delve into the artistic talent pool of some of Epworth's own staff.

"In the future, I would be keen to see an exhibition of works drawn from some of our Epworth staff — I know of two or three staff at least who, beyond being employees of Epworth, are talented artists," says Tracy.

"I anticipate that when all the wards are open, and the hospital occupancy grows, the gallery will offer a space of interest and respite to many. Artworks in the hospital environment can play an important role in creating an atmosphere that aids recovery.

"They help to reduce the clinical sterility that is often associated with a hospital environment and, beyond being pleasant to look at, can offer a distraction from immediate anxieties or an opportunity for reflection — all very important factors that contribute to a sense of wellbeing."

"Artworks in the hospital environment can play an important role in creating an atmosphere that aids recovery..."

Epworth Art Collection Manager, Tracy Spinks



Sponsoring Vietnamese surgeons to develop orthopaedic techniques



Mr Andrew Beischer with two visiting Vietnamese doctors

For many years now, Epworth Orthopaedic Surgeon, Mr Andrew Beischer, has participated in clinical training of surgeons from overseas. Visiting Fellows are regularly sponsored by Australian doctors and health services so they will share the new skills they learn amongst the health populations of their own countries. In his role as a board member of the Australian Orthopaedic Association (AOA), Andrew developed a relationship with the Hospital for Traumatology and Orthopaedics (HTO), in Ho Chi Minh City. HTO is the busiest orthopaedic hospital in Vietnam and Andrew was keen to establish a program that sponsored young orthopaedic surgeons to visit Melbourne to learn current surgical techniques, while also experiencing something of life in Australia during their three-month stay.

Epworth joined the 'Project HTO' partnership and since its inception in January 2015, 12 orthopaedic surgeons have been through the program. Another initiative that was identified as a priority under Project HTO was the introduction of an English learning program for 2017, alongside the plan to reinvigorate and restock the hospital library in Ho Chi Minh. Recognising its limited resources and decades-old textbooks and journals, Andrew suggested the provision of an air-conditioner, up to-date supply of medical literature and online access to medical journals. It was an idea warmly embraced by everybody he told.

Two friends immediately donated \$10,000 through the Norman Beischer Medical Research Foundation, which was established by Andrew's beloved father, an Emeritus Professor who died just over two years ago after a lifetime working in obstetrics and gynaecology.

"The Epworth Medical Foundation then offered to meet that amount to supply new textbooks, which will stay in the library. To enable staff to borrow books, I am encouraging my AOA colleagues to clean out their shelves and we'll find a way to ship them over," Andrew says. "We also received an enthusiastic response from Epworth Richmond Library Manager, Susie Moreton, who met and welcomed the visitors from HTO in February.



Location of New Library

Ho Chi Minh City



Estimated completion date

2018



Amount funded

\$20,000+

"The new Epworth/HTO Friendship Library will be completed in early 2018. I liked the idea of what we can achieve through friendship, and the name reminds me of the Friendship Bridge that the Australian government built over the Mekong River," Andrew says.

"When the doctors come to Melbourne, they come to the beach with us, go to the footy, sing in St Ignatius church with the Vietnamese community and truly experience life and work in Australia. They are our friends and we have already forged lasting and generous relationships across several Melbourne hospital groups and with individual doctors."

Nothing seems to hold back the systematic plans that Andrew has to share the surgery techniques and equipment enjoyed in privileged, developed countries. The library is one of four initiatives planned for this year under Project HTO. Apart from his father as mentor, Andrew admires the Fred Hollows approach to improving another community's health. "Just get in there and do it," he says.

Australian clinical training program brings Mongolian doctors to Epworth



Dr Oggie, Dr Sam Hargreaves, Executive Director, Epworth Freemasons, David Nowell, and Dr Unur at a gala fundraiser dinner in March

For both surgical practice and fundraising efforts, Obstetrician and Gynaecologist, Dr Samantha Hargreaves, has been visiting Africa and Mongolia for many years, to help improve obstetric and gynaecological treatment there. This year, in a collaborative partnership with her Royal Women's Hospital colleagues, who initiated the clinical assistance program in Mongolia several years ago, Sam has garnered financial sponsorship from Epworth Medical Foundation (EMF) to pay for two Mongolian doctors to come to Australia for practical medical and clinical experience. Dr Unurjargal Davaajav (Dr Unur), head of gynaecology at Maternity 1 hospital in Mongolia, and Dr Munkh-Od Zorigt (Dr Oggie), have arrived in Melbourne as guests of Epworth and are taking part in a specially designed, intensive program.

The doctors are working alongside specialists at several Melbourne health institutions — including Epworth (Epworth Freemasons, Epworth Richmond and Epworth Eastern), the Royal Women's, the Mercy Hospital for Women, Women's Ultrasound Melbourne, the Jean Hailes Clinic, and with IVF experts at Melbourne IVF — and are attending multidisciplinary meetings and conferences. "Both doctors are very excited to be given this opportunity to experience our health system and see the treatments we are able to offer women in Australia. I am hoping they will learn on a practical, clinical and operational level," Sam says.

This is Dr Unur's second visit to Australia, after she came to participate in a conference six years ago. She has so far found the program incredibly educational. "I've seen a lot of things at Epworth hospitals that I would like to establish in Mongolia, including creating a day surgery room, a new menopausal station, and consultation rooms for our doctors," Dr Unur says. "Mongolia is a developing country and as a public hospital we have very limited resources," she adds. "We would like to do lots of things but it's hard to get everything, though we will try our best.

In Australia, you are using a lot of new technology and new instruments, and your doctors are educated to a very high level. We are doing the same procedures in Mongolia but with different facilities.

"I would like to thank Epworth for this program because I've met a lot of doctors who are learning the differences between healthcare in Mongolia and Australia and this will be very useful for developing the relationship between the two countries."

Sam says that the push to improve women's health in Mongolia was begun by Dr Kym Jansen from The Women's. She was joined by Dr Emma Readman from Mercy Health and over the years by Dr Elizabeth Farrell and a team of anaesthetists and perioperative nurses, and a tradition was born. Approximately eight years ago, Kym performed the very first gynaecological laparoscopy in Mongolia, and last year the team watched their Mongolian colleagues perform a number of complex cases themselves.

Sam acknowledges the generosity of EMF in contributing to this program. "I am very grateful to EMF and thankful I went hiking in Japan with them to raise funds for radiation oncology. It was a marvellous trip, where I discovered firsthand the ways they are distributing the funds they raise to improve healthcare not just at Epworth, but for everyone. I have since discovered more about all the work they are doing and the ways they help Epworth doctors make such a difference — and in my case, to women's health on a global level!"

For more information or to donate, visit the Epworth Medical Foundation website epworthmedicalfoundation.org.au



A happy traveller, thanks to Epworth emergency



Judi and husband Russell

Epworth Geelong emergency patient, Russell explains how a quick stop to fix his knee helped to save him a painful drive back to Queensland.

"My wife Judi and I departed on a driving holiday from the Sunshine Coast, Queensland in July. Our plan was to travel to Victoria and drive from Melbourne to Adelaide via the Great Ocean Road. We were looking forward to this trip as it was the first holiday we'd had in a while. A couple of years back I lost my job and it took me a while to find a new one, so this was our first holiday since starting my new job 15 months ago.

"We drove down south and spent some time in Sydney, then headed toward Melbourne. It was during this stage of our journey that my knee became sore and increasingly painful to bend. The pain was compounded by sitting and driving for long periods of time, and it got to the stage where I couldn't get in or out of the car without suffering excruciating pain.

"Despite the pain, we made it to Melbourne, and spent three nights there. We went to a chemist and bought some pain killers and a knee brace and that seemed to help. So, having rested for three days, we decided to continue our trip. Not far out of Melbourne we stopped for petrol and I decided that the pain of getting in and out of the car was too much, so Judi took over the driving. It was a Saturday and we didn't know if doctors'

surgeries were open on Saturdays in Victoria. But I had to see someone for the pain – it was that bad.

"We continued driving and saw a sign that said, 'Epworth Geelong'. Being out-of-towners, we didn't know anything about this hospital, but my thought was that even if they weren't able to help, they would at least be able to direct me to someone who could.

"Stopping at Epworth was such a good thing to do. We arrived at the emergency department and were seen straight away. The lady in reception was lovely and I received great treatment from the nurses and doctors.

"Dr Matt drained fluid from the knee and that was a huge and immediate relief. He also provided painkillers, so I started feeling better pretty much straight away. Until then, the pain was so bad that it was hard to think, so getting help was an enormous relief.

"I was amazed with the hospital. It had all the bells and whistles, including a smart TV with internet connection (Point of Care device), at each bedside in the ED. We didn't have a place to stay in Geelong, so were a bit worried about what to do. But Dr Matt suggested we could use the smart screen to connect to the internet and find a place locally. Judi did this while I was having the tests. We found a nice place to stay and were there for four days, enabling me to rest my leg.

"On the fourth day, I tested my leg with a short drive, just locally to Queenscliff. My leg was improving all the time, the medical staff had done such a good job that I could drive comfortably.

"The X-rays showed some arthritis, but Dr Simon said it was not serious enough to cause the pain. He recommended I get an MRI when I got home to investigate further. I haven't done that yet, but I will. I've had similar events twice before, but not as severe, and they only lasted about 36 hours.

"It was the best medical service we've ever seen. We have been in and out of hospitals quite a bit, with members of the family who have been unwell, but Epworth really impressed us. The fact that we didn't have to wait was incredible.

"We never made it to the Great Ocean Road, nor to Adelaide. We decided to make our way back home slowly, so the knee wouldn't flair up again. It was nice. We drove through Ballarat and Echuca and went on a paddle boat. It was great. We were able to drive the car home and avoid leaving it behind, thanks to the treatment I received."

Heartbeat Epworth, supporting Epworth Eastern cardiac patients

Heartbeat Epworth has provided fantastic support to cardiac patients since 1984. It was formed, and continues to be supported, by ex-cardiac patients who felt that they owed a debt of gratitude to the staff and hospital that gave them a second chance at life. This support group for cardiac patients has now been expanded to include Epworth Eastern.

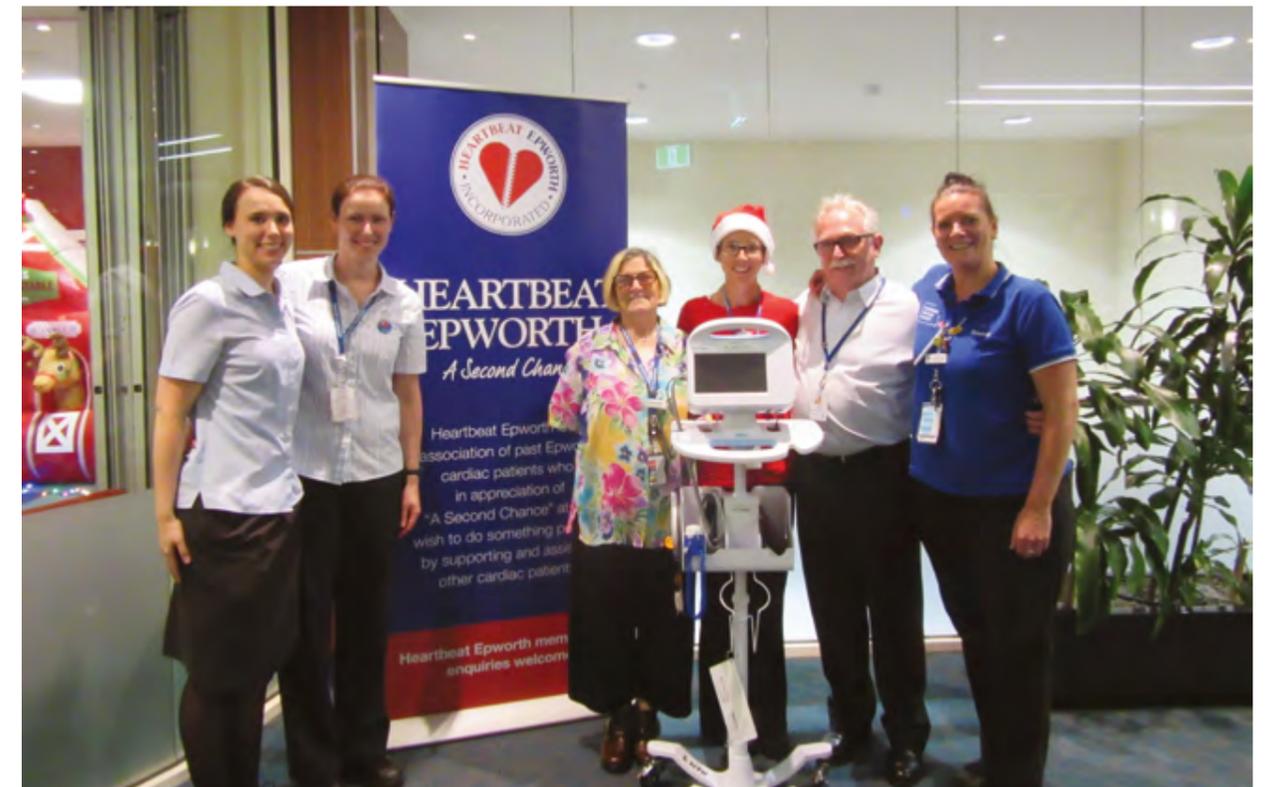
Heartbeat Epworth also fundraises for specific projects and purchases equipment to be used in the cardiac unit and HeartSmart Program. Epworth Medical Foundation provides valuable support to Heartbeat and matches dollar for dollar any money raised.

Heartbeat Epworth Eastern, alongside EMF, has donated several items to assist the cardiac unit, including:

- Sara Combiliser (\$25,000) — Achieving greater patient mobility during the first days after surgery, even while in intensive care or while mechanically ventilated. Also provides patients with better physical stimulation, improves vascular and respiratory function, and reduces the risk of hospital-induced delirium.

- a 12-lead ECG machine (\$13,757) — a critical tool for clinicians to diagnose and treat many cardiac anomalies including heart attacks, abnormal heart rhythms, and abnormal heart functions
- two temporary pacers (\$6,829 each) — for maintaining a heart rate when a patient's own heart rate is abnormally slow
- two Welch Allyn Connex Vital Signs Monitors (\$4,100 each) — an advanced, touch screen monitor with improved workflow and training, which measures pulse oximetry, blood pressure and temperature
- a Tanita weigh chair (\$2,160) — a durably constructed chair scale that is easy to use and secure for ambulatory elderly, frail, and recovering patients
- an Etac Turner (\$745) — to facilitate the transfer of patients between seating positions.

Heartbeat Epworth Eastern volunteers are committed to providing reassurance to cardiac patients and their families, aiming to alleviate the doubts and fears patients often experience before, during and after their treatment.



Bill Preston and Dot Williams, Heartbeat volunteers, present a vital signs monitor to staff from 2 North

Life-saving surgery a gift to Maria



A young woman from Timor Leste is now recovering following life-changing neurosurgery at Epworth Richmond. Maria is a 26-year-old woman, studying at university in East Timor. She comes from a small village, three hours' drive from Dili, where her family are farmers. All the family's income, as with many Timorese families, is going towards Maria's university education, which is around \$600–\$700 per annum.

When Maria started to experience weakness and muscle wasting in both hands in early 2016, humanitarian medical centre Bairo Pite Clinic, based in Dili, sent out a call for help. There were no facilities in Timor to diagnose or treat Maria, and few resources to support people with disabilities.

Melbourne GP, Sue English, who has worked with communities in Timor Leste for the last 15 years, raised the money to fly Maria to Darwin for investigations and assessment. MED radiology, Western Pathology and doctors at Danila Dilba medical centre all donated their resources and time to help.

Tests revealed Maria had Arnold Chiari Malformation at the base of her brain and a resultant extensive cervicothoracic syrinx, which had expanded and was

causing damage and injury to her brainstem and spinal cord. Without surgery, her condition would worsen and she would become progressively more disabled, then quadriplegic. The condition can be fatal; however, it is reversible with surgery to decompress the narrowing at the base of the skull to release pressure on the brainstem and spinal cord.

Epworth Neurosurgeon, Mr Patrick Chan, and colleagues Surgical Assistant, Dr Greg Matthews, and Anaesthetist, Dr Daniel Stiglitz, volunteered to perform Maria's surgery pro bono, as soon as they were approached by Dr English. Physician, Dr Ana Chrysostomou, and her medical team also volunteered peri-operative medical care for Maria's inpatient stay.

Dr English approached Children First Foundation — recognised for their social and humanitarian commitment, usually to children up to the age of 20. In Maria's case, Children First agreed to provide accommodation and pre and post-surgical care, and arranged her medical visa. Epworth Richmond, with support from Epworth Medical Foundation, agreed to provide the much-needed hospital care.

At the time of pre-operative review in Melbourne, Maria had significant weakness in her hands and was in urgent need of the surgery to prevent further neurological deterioration. She was unable to perform even the most minor tasks, such as peeling a vegetable.



We are a **TEAM**

Epworth values and invests in our staff, ensuring we provide great opportunities for ongoing professional development and continue to grow our future leaders. We are recognised for our dedicated and patient-centred approach to care, and we provide a supportive environment that sustains excellent and productive specialists and staff; committed to Epworth's values.



Revitalised intranet connecting Epworth staff

The humble staff intranet is not often glamorous, but it is the tool many large organisations use to share important information amongst staff. In July, Epworth's intranet received a significant refresh, improving usability, functionality and design. As part of a month-long planning process, staff feedback was taken on board and this feedback was then used to form the basis of a new and improved system. Now on offer is a user-friendly layout and content structure, as well as the much-anticipated search function, allowing staff to easily locate specific content and individuals across the group. The new intranet is being launched in stages, commencing with content from a few core areas that all staff generally access, including IT, HR, finance and policies and protocols. Content from other areas of the organisation will be added in rolling stages.

Epworth staff awarded associate professorships

Congratulations to four Epworth Richmond staff members who were awarded the title of Associate Professor by the University of Melbourne. Director, Intensive Care, Dr Julian Hunt-Smith, Director of Emergency Medicine, Dr Ron Sultana, Deputy Director of Emergency Medicine, Dr Bill Nimo, and ICU Doctor, Dr Jonathan Barrett, have all received titles for their excellent work and involvement in the teaching program at the Epworth Clinical School.

"It is an honour to receive this recognition," Julian says. "Being awarded a title is a gift from the university for the contribution one is making and recognition of the passion for learning that a person holds."

12

participants commenced the Strategic Leaders program in 2016/17, which includes an action learning project sponsored by a member of the executive team



Associate Professor Jack Mackay AM

Epworth Eastern celebrates the life of Associate Professor Jack Mackay AM

On Sunday 9 October 2016, Associate Professor Jack Mackay AM passed away at Epworth Eastern.

Jack had been the Medical Director at Epworth Eastern since the hospital opened in 2005. His loss was felt by many Epworth staff, as well as staff at Box Hill Hospital, where Jack had worked previously.

On Friday 28 October, a memorial service was held for Jack at the Manningham Function Centre. The service was led by Libby Murray and Harriet Ziegler, Pastoral Care Coordinators at Epworth Eastern, and was attended by more than 250 people from Jack's family, Epworth HealthCare, Box Hill Hospital and the wider community.

There was also an opportunity for staff to write messages to Jack's family, which were collated and presented to the family.

Scholarship win to aid research on traumatic brain injury



Physiotherapists Michelle Kahn and Megan Banky

Epworth Richmond physiotherapists, Michelle Kahn and Megan Banky, are the recipients of the 2016 RACV Sir Edmund Herring Memorial Scholarship, which they will use to fund their study on outcome measurement for traumatic brain injury patients.

Traumatic brain injury (TBI) is the leading cause of death and disability amongst adolescents and young adults, with road trauma accounting for the greatest incidence of TBI. In rehabilitation following TBI, the primary aim is to develop treatment programs that are targeted towards optimising physical outcomes and reintegration into community life. To develop successful programs, clinicians need to perform assessments that can identify the main problems contributing to functional limitations and monitor progression.

Accurate assessment of movement disorders tends, however, to be laboratory based, and not always available to us as clinicians. Currently, clinical assessments lack accuracy, making it difficult to identify meaningful changes in patient performance. To address this issue in clinical practice, our research team is developing a battery of user-friendly assessment tools, using innovative, freely available software programs that integrate with low-cost, widely available technologies. These assessment tools will provide clinicians with a means to accurately assess patient outcomes.

Greater assessment accuracy is expected to improve the care our patients receive both locally at Epworth, and also more widely, with clinicians around the world able to access these tools to assess their patients' physical function and motivate them in their recovery.

The RACV grant has been awarded to fund one component of a larger scale research project. We anticipate that this component will be completed within 12 months of the start date. The results of this project are expected to improve assessments, help clinicians identify the main factors contributing to their patient's functional problem, and ensure that treatment is targeted to those specific factors — outcomes that have not previously been available in clinical practice.

The goal of the research project is to improve physical outcomes and reduce residual disability for people following a TBI. As such, the results of the study may be transferable to other neurological populations such as stroke and multiple sclerosis; the clinical ramifications of the study may extend beyond individuals who have sustained a TBI to the broader neurological rehabilitation population.

"Being awarded this prestigious external competitive grant is a significant professional milestone for us both. In our roles at Epworth, as researchers and clinicians, we are in an optimal position to promote and implement translational research while continuing to represent the organisation and RACV through peer-reviewed publications and both national and international conference presentations," Megan says.

"We would like to acknowledge and thank Epworth HealthCare, the Epworth Medical Foundation and the rehabilitation division for their ongoing support. We have both received previous grants and scholarships, which, in conjunction with EMF funded equipment, has enabled us to complete the preliminary work that has led to the development of this exciting project," Michelle says.

We asked our staff to describe

... a day in the life of Epworth Richmond's emergency department

With almost 35,000 attendances in 2016/17 (an average of almost 93 patients per day, 365 days per year), Epworth Richmond's emergency department (ED) is the largest private emergency department in Victoria. More than 41 per cent of patients then go on to be admitted to Epworth Richmond or other hospitals in the Epworth group, have surgery, treatment and/or rehabilitation for their conditions. The impact of the emergency department on the overall group is significant.

Here are some of the many people involved in caring for our emergency patients:



Associate Professor Ron Sultana,
Director of Emergency Medicine and
Associate Professor Bill Nimorakiotakis,
Deputy Director of Emergency Medicine

The emergency department is open 24 hours a day, every day of the year. We see patients with all levels of acuity (urgency), and all ages. No day is ever the same. Our staff must be ready each day to deal with the unknown and unexpected. They are a dedicated, highly trained and competent team, providing an excellent emergency service to the community.



Felicity Black, Nurse Unit Manager

While my main responsibility is to manage the department, I make sure that I do clinical shifts as well, to ensure I stay in touch with the needs of patients and staff.

If I could describe my job in one sentence it would be that I am responsible for patient and staff welfare. In doing this, I liaise regularly with Ambulance Victoria and other parts of the hospital where our patients might go after ED.



Dr Jen Mines, Emergency Physician and Medical Team Leader

The initial treatment is often to make the patient more comfortable, treat their symptoms and, more importantly, their fear, while working out the diagnosis. As part of this, we also need to decide what diagnostics we might need to help us. One of the great advantages of our ED is that we have a range of diagnostic services readily accessible.

We get 10–20 calls per day from patients, GPs and specialists asking for advice. Most of these calls are asking for a medical opinion and whether the patient needs to come to ED. We cannot provide medical advice over the phone, so more often than not, we will ask the person to come in, so we can do a proper assessment.

We also have a BAT phone that connects us with Ambulance Victoria. If they have a seriously ill patient, they'll call ahead on the BAT phone. The medical team leader will assemble the resuscitation team, who are ready to treat the patient as soon as they arrive. We would have a handful of these cases each day, and the patient often goes on to the cath lab, ICU or CCU for further treatment.

We are also seeing more and more paediatric patients. We have a designated area for children within the ED, with ample supply of bubbles, teddy bears, and even a teddy bear doctor (specialist paediatric doctor). We see lots of broken bones and fevers and often, our most important role is to provide reassurance to the parents.

Supporting the role of the ED doctors, there is a whole team of people, both within the ED and in other areas of the hospital. Each of these staff members plays a vital role in providing care to our ED patients. They include:



Lynda Eckhart, Business Officer

Clerks are the very first people the patient sees. We need to get their information quickly and accurately, but never rush. The patient is unwell and they and their family are stressed, so showing empathy is vital to their wellbeing and overall experience. It is important to explain to patients how things work and what fees they will have to pay. This can be challenging, because the patient is not thinking of these things when they come to ED.



Annika Zinkel and Jaime Lee, Triage Nurses

Triage involves assessing the patient and allocating the level of urgency to the treatment. This dictates the order in which the patients are seen by the doctor. In a short period of time, we need to find out what the presenting problem is; take the patient's medical history; assess whether there are other issues involved, for example, mental health issues; and then allocate a triage score. We have a strong relationship with the clerks; they can see if one patient is more unwell than others and give us the heads up.

You need special training to be a triage nurse. In addition, we have advanced life support training both for adults and children, and are qualified to assess shockable heart rhythms in ECG and give medication.

During a normal shift, we see in the order of 50 patients. It's busy.



Ben Hudson, Orderly

At the start of each shift I ensure that all oxygen cylinders have oxygen, and that the defibrillator and the code blue trolleys (medical emergency), are ready in case they are needed. I also transport patients as required, clean the room and trolley after a patient has left, and generally get everything ready for the next patient.

My job is taking care of the many non-clinical things that need to be done, so the clinical staff can work more effectively.



Emma Ferguson, Pharmacist

I review all medication for patients admitted to hospital, including assessing whether the patient's medication might have caused or contributed to the patient's presenting condition, and making sure that any new medication will not interfere with or cause problems with existing medication. It is important not to miss anything. Many patients will take over the counter medication and think that they are safe because they don't require a prescription. It is very easy to overdose on some of those medications, for example paracetamol and anti-inflammatories, and they can also interact with other medication.

"No day is ever the same. Our staff must be ready each day to deal with the unknown and unexpected."



Rae Maeke, Nurse in Charge

The nurse in charge manages the operations on the floor on a day-to-day basis. I allocate resources and cubicles; do rounds on patients every hour to find out how they are going; and explain to patients what is happening and what is likely to happen next. Often the role involves advocating for a patient's wishes — the patient often tells us clearly what they want, but sometimes the family finds the decision hard to accept.

“The emergency department is open 24 hours a day, every day of the year. We see patients with all levels of acuity (urgency), and all ages.”



May Noble, Mental Health Nurse and Justin Dwyer, Psychiatrist

The mental health team was established as a specialist team at the beginning of the financial year. About 30–40 per cent of patients coming to ED have an active mental health problem. Of these, about 10 per cent have a severe problem. Staff at ED are very good at understanding and diagnosing the various conditions. Our role is to support staff and the patient. It is often about managing the mental health symptoms, so the medical issues can be addressed effectively and efficiently. The mental health team also gets involved in discharge plans to ensure the patient has the best chance once they leave the hospital. Once a patient is medically fit, we might transfer them to Epworth Camberwell for further mental health care. Or a patient at Camberwell might become unwell, and be transferred to Richmond. We are at hand then to help out. Ultimately, it is about continuity of care for the patient.



Chris Perry, Chief Radiographer

It is important that we can provide an immediate service to ED. Having radiography services in-house has a positive impact on the patient's experience, as it speeds the diagnosis and the patient gets to treatment more quickly. Between 50–60 per cent of patients who come to the ED will require some form of imaging.



Angela Benic, Pathology

Having a laboratory onsite allows Epworth Pathology to provide ED patients with an urgent pathology service 24 hours a day, 365 days per year.



Chris Allen, Physiotherapist

Doctors in ED refer patients to us. Injuries are mainly musculoskeletal, caused by falls or sports, and we look at the ongoing management of the injury or condition. If required, we will also facilitate referrals to our rehab facilities. In addition to providing treatment and support, we do mobility reviews of some patients before they go home, to ensure that they are safe to return to their home environment.



Meredith Elliott, NUM paediatric ward

We have a very close relationship with ED, as the dedicated children's ED is seeing an increasing number of patients. On average, about 10 per cent of our patients come via the ED. The ED also provides expert support to us in the ward, in case we need a specialist or paediatrician to see one of our patients after hours.



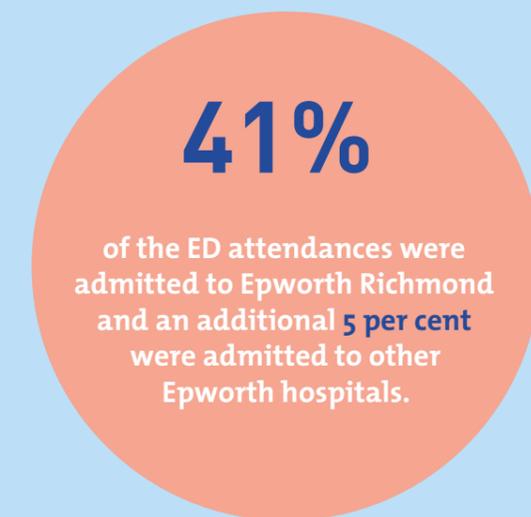
Dr Julian Hunt-Smith, Director, Intensive Care Unit

About 10 per cent of our patients come from ED — that's about one to two a day. These are often patients who are very unwell and unstable, and require considerable care and input from our specialists. Often our job is to stabilize them so they can go to theatre and have their main condition attended to.



Greta Partenza, Acting NUM orthopaedic ward

About 10–15 per cent of patients who come to the various orthopaedic wards come from ED. In the majority of cases, our on-call surgeon will assess them and we then make the necessary arrangements with theatre and surgeons to get the patient to surgery.



Barry Peake, Hospital Coordinator, Epworth Richmond and Epworth Freemasons

We get patients from right across the group and from outside. My job is to look after the patient flow — making sure we have a bed for the patient to go to. On any day, I'll be moving about 40 patients from the ED at Epworth Richmond to a ward and up to 10 to Epworth Freemasons.



Attendances in 2016/17

34,567



Average patients per day

93

Epworth Clinic staff scholarships fund clinical development

The staff of Epworth Clinic have had a hugely successful year, with the support of the Epworth Medical Foundation and the acquisition of a raft of scholarships to further extend and strengthen our clinical excellence and leadership skills. Four of our staff have been privileged to be granted an EMF scholarship in an area of specialist clinical interest.

These scholarships range across further education opportunities on the topics such as the concurrent presentation of mental illness with a drug and alcohol dependency as well as the exploration of exercise as a therapeutic tool.

Our staff have also been supported in the ongoing development of their business and management skills, through organisational development programs. These programs include the Frontline Leaders program attended by associate nurse unit managers and the Operational Leaders program attended by our nurse unit managers. We have also been successful in acquiring a further two positions in the next round of the Frontline Leaders program.

Medical students gain unprecedented access to latest mental health treatment

Epworth's mental health service, Epworth Clinic, is now an official medical training provider for the Faculty of Medicine at the University of Melbourne. Epworth Clinic Medical Director and Director of Electroconvulsive Therapy (ECT), Dr Graham Wong, facilitated the partnership, as part of Epworth's wider role as a clinical school for the university's medical students.

Epworth Clinic's involvement in facilitating the rotation of medical students allows the students unprecedented access to our leading neurostimulation program and research protocols, as well as diverse learning opportunities supported and facilitated by our group of consultant psychiatrists from Epworth Clinic.

840

Participants attended 56 one day leadership workshops run by our People & Culture team in 2016/17



Preparing staff for challenging clinical situations

In 2016/17, Epworth Richmond remodelled and evolved the Introduction to specialty practice program (ISP). The program now provides an online portal allowing greater accessibility for staff. Given the amount of interest staff expressed in the program, it is now run twice a year and has expanded beyond Epworth Richmond — to be offered to all clinical areas and Epworth sites. The program aims to enhance staffs clinical decision making and expand knowledge and clinical skills, to enable staff to care for more complex patients and respond with more confidence to challenging clinical situations.

Patients are at the heart of what we do

Providing care with compassion and dignity is at the heart of our strategy, and it is essential that staff have the mindset, skills and capability to do this.

An employee's first day at Epworth sets the tone on what matters to the organisation. As such, excellence and customer service is at the heart of our refreshed orientation, which all new employees complete. Epworth ensures all staff attend orientation on their first day, enabling staff to deliver high-quality service with empathy and compassion from day one and to keep staff and patients safe. This goal is realised through weekly orientation sessions, facilitated by senior executives. During orientation, executives share their personal stories about what makes Epworth such a special place to work, and explain how everyone impacts the patient experience regardless of their role.

In addition to the training all staff receive at orientation, this year a number specific development programs were designed to build staff capability in customer service, making every interaction with patients and families a positive one. Leaders have had training in how to enable and inspire a culture of excellence, and key frontline staff – including ward clerks, patient services and food service staff – have also had targeted training.

45

Leaders completed Epworth Excellence for Leaders or nursing leaders programs in 2016/17

79

Leaders completed 'Service Plus Healthcare' training in customer service

55

Ward clerks completed 'Connecting with our Patients' development, focused on customer service

42

Patient services team members completed 'Connecting with our Patients' development, focused on customer service

Making sure our people return home safely each day

Epworth HealthCare has continued to implement its 2013–2017 health, safety and wellbeing strategic plan. We continue to provide development to leaders on safety strategy, culture and processes, to improve and sustain safety performance within the organisation. Epworth's staff wellbeing program initiatives include managing mental health in the workplace, delivering a program to build personal resilience, providing an external employee assistance program as well as providing resources via the intranet.

These programs are designed to provide staff with strategies and tools to ensure their wellbeing both at work and at home. Our key objective is leadership and staff accountability, to ensure safety is always front of mind to enable a safe workplace for all staff, patients, visitors and volunteers. Our achievements in improving safety culture have been presented at national and international conferences.

A significant achievement for the year was being awarded a 'met with merit' commendation during the groupwide accreditation in 2016, in acknowledgement of our comprehensive safety systems and processes. Six of the organisation's total 21 'met with merit' commendations were related to human resource practices.

Epworth has continued to focus on and improve our safety performance. We have been able to continue to make Epworth a safer place to work, with a reduction in 'lost time to injury frequency rate' (LTIFR to 5; in line with industry standards), and a significant reduction in claims cost and WorkCover premiums, supported by the implementation of the Early Intervention Injury Prevention program. Monthly safety or wellbeing topics and campaigns such as the Safety Syndromes poster competition continue to raise staff awareness of the importance of taking accountability for their own and others' safety, and build a culture where safety is everyone's responsibility.

A significant achievement for the year was being awarded a 'met with merit' commendation during the groupwide accreditation in 2016, in acknowledgement of our comprehensive safety systems and processes. Six of the organisation's total 21 'met with merit' commendations were related to human resource practices.

Supporting our managers to recruit the best

Epworth's vision is to be able to deliver the Epworth Experience — consistently delivering excellent patient-centred care with compassion and dignity. To do this, we need to attract and recruit the best people to join the Epworth team.

To support our vision, in 2016/17 Epworth introduced a fully-customised online values and behaviours assessment as part of the recruitment process. The assessment is best practice, and is an additional tool that provides a measure of candidates' alignment with our values, as well as other key attributes that predict workplace success. The additional information gained through use of the assessment tool is helping hiring managers to recruit people who not only have the technical expertise we need, but who will also live our values, provide an exceptional patient experience, and contribute to our strong workplace culture.

In 2016/17, we welcomed

1340

new starters to Epworth

Over 300 managers have been trained to administer the assessment, which uses an online platform. Over 1340 candidates have now completed the assessment as part of their recruitment process. Epworth is committed to supporting staff to be and give their best; the recruitment tool now supports managers to identify the best staff, to help Epworth achieve our overall strategic priorities.

Furthermore, Epworth's workforce talent consultants continue to provide in-house talent management expertise by working with the business to support the recruitment of high-quality candidates to business-critical and hard-to-fill roles. By ensuring a high-quality candidate experience and having our finger on the pulse with respect to the workforce market, Epworth continues to work to remain an employer of choice, attracting the best, to be able to deliver the highest quality care and services.

Scholarships create life-changing opportunities

In April 2016, Epworth HealthCare and Northwell Health in New York, US, formed an official partnership, with the signing of a strategic alliance. Northwell Health is the 14th largest healthcare system in the US, employing 62,000 staff, with services spanning 22 university and community hospitals. Northwell is a national healthcare leader committed to excellence, compassion and improving the health of its community.

The purpose of the collaborative relationship established under the strategic alliance is to enable both parties to enhance the quality and accessibility of health care services through the sharing of information and best practice, whilst advancing medical science and education.

The inaugural initiative was a recent group study tour, where five Epworth staff visited Northwell Health for two weeks in late March. This two-week experience was made possible through the Epworth Scholarship Program, which is funded in its entirety by private donors and corporate sponsors to the Epworth Medical Foundation. The Northwell exchange scholarships are a tangible way that our two organisations are starting to work together and learn from each other.

Each participating staff member had an identified area of focus to investigate during their two-week observational experience, and since their return each is working on implementing a particular quality improvement initiative to translate learning into practice.

Participants had a once-in-a-lifetime opportunity to learn first-hand from leaders in their respective areas of interest, who were amazingly generous with their time and knowledge.

Participant John Kenny, chief medical physicist and research program manager, Epworth Radiation Oncology, says, "The team at the Department of Radiation Medicine arranged an excellent program that supported my project objectives very well. My hosts looked after me exceptionally well, the time staff spent with me was very generous and they were genuinely interested in learning from my experiences as well. This was combined with tours and experiences of the clinical, operational and research units across the wider Northwell network. Of my many experiences at Epworth HealthCare, the Northwell study tour is an absolute standout and I would highly recommend this to our staff in the future."

Human Resources Director, Epworth Richmond, Simon Benedict, led the study tour group. "Northwell were incredibly hospitable and forthcoming in sharing knowledge; it was a truly collaborative experience and our team shared Epworth best practices in return," Simon says.

In addition to learning about their specific focus areas, the study tour participants were exposed to areas of innovation across Northwell, including a tour of their TeleHealth Services and Patient Safety Institute. They also participated in an education simulation exercise at the Centre for Learning and Innovation, and had time to experience the American culture with Northwell hosting our group at a baseball game at Citi Field.

This scholarship experience is just one of the fantastic opportunities afforded to Epworth staff through the Epworth Scholarship Program. This year, over 120 scholarships were awarded to a total value of over \$700,000. The scholarship program would not be possible without the generous support of donors and sponsors of the EMF, and is a powerful way Epworth invests in its staff to enable them to be and give their best.

Participant area of focus

Caroline McLoughlin, Acute pain nurse, Epworth Richmond

Improve the acute pain service and patient outcomes at Epworth

Anna-Maree Imbesi, Associate nurse unit manager, Epworth Eastern

Investigate the use of the orthopaedic pre-admission clinic to improve clinical outcomes and reduce length of stay

Jeremy Buckmaster, Community rehabilitation manager, Epworth Rehabilitation and Mental Health

Review home-based models of care to position Epworth Rehabilitation to be able to offer a range of diverse and flexible programs that bring rehabilitation services to patients in their local communities

Jane Thomas, Education manager, Epworth Eastern

Increase Epworth staff engagement with education by benchmarking against the Centre of Learning and Innovation and the Patient Safety Institute.

John Kenny, Chief medical physicist and research program manager, Epworth Radiation Oncology

Benchmark improvement opportunities for radiation oncology, including the 'No Fly' program

Growing careers at Epworth

To deliver great patient care, Epworth needs leaders who inspire quality, compassion and excellence. Epworth's leadership and talent programs are a compelling part of our employee value proposition and this year saw continued investment in our staff to enable them to perform at their best.

Leadership development programs were offered at the frontline, operational and strategic leader level, assisting staff with their development at all career stages. A program standout is the ability for staff who complete the Frontline and Operational Leaders programs to graduate with a Certificate IV or Diploma of Leadership and Management respectively, from Swinburne University.

This year, 60 participants continued or commenced the Operational Leaders program. This program has expanded to include a six month 'Genos Ignite' program on emotional intelligence, building our leaders' capability in this crucial area. Furthermore, the program now includes dedicated development in continuous improvement and innovation. Participants shared their thoughts about the program's impact:

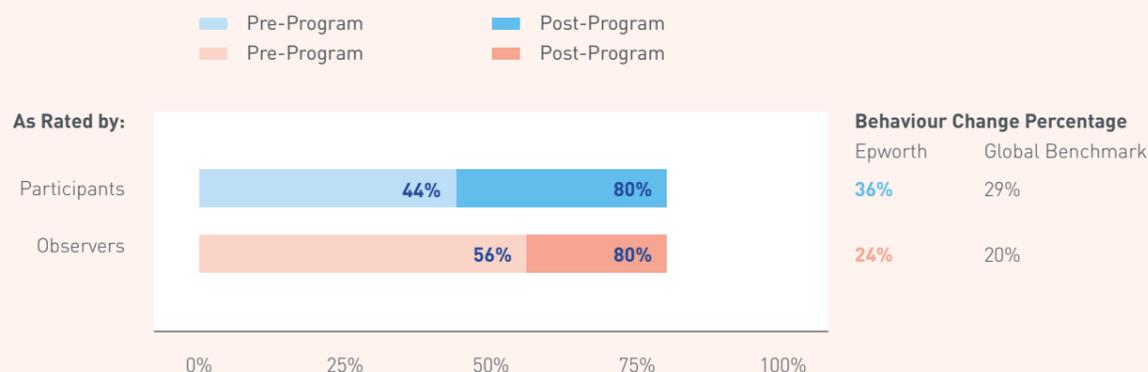
"I used to get really flustered in conflict situations, where now I can lead by example; I am calm and I have the tools to help me with conflict resolution. I have learned to teach others how to resolve their own issues and I am rewarded with the fact that they are now more confident to do the job themselves without getting me involved."

"Essentially I think this program makes me a better manager. I am aware that you can get caught up in the business of every day, but I learned to stand back and really listen. It has also given me the confidence to touch on the sensitive subjects but also provide support and empathy."

Epworth also formally measures the impact of these programs. The graph below shows the significant improvement in leadership behaviours seen by both participants and independent observers, who monitor participants' performance on the job.

"I used to get really flustered in conflict situations, where now I can lead by example..."

Percent of effective leaders
Overall Leadership ability



Participants from the Future NUM Talent program attending their Diploma Graduation Ceremony

In addition to leadership programs that support staff to perform at their best in their current role, Epworth continues to accelerate potential leaders into future leadership roles through our industry-leading talent programs.

This year saw the continuation of talent programs at all levels, supporting a pipeline of leaders to be ready for these business-critical roles. Over 50 per cent of appointments made to executive director, director of clinical services, business manager and nurse unit manager roles over the year have been internal candidates, demonstrating program impact and our ability to grow our own leaders. We continue to improve these programs, and this year saw the introduction of a 'leadership lab' within the Future NUM Talent program. A 'leadership lab' is an innovative training technique where participants are filmed while performing a key leadership task. Participants then review the video

with an expert facilitator and their peers to debrief the interaction and identify strengths and opportunities for improvement. Epworth was able to include this element in the program thanks to the learning gained from a scholarship study tour the year prior — a virtuous circle where learnings from one program are then shared and amplified through other strategic programs of work.

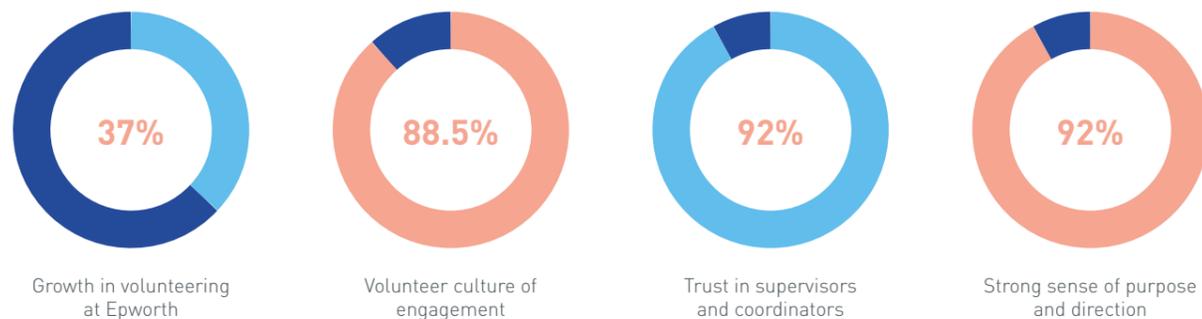
Taking on a leadership role can be an exciting, but also nerve-wracking, time in anyone's career. This year Epworth has developed a structured six-month orientation program specifically for new leaders to support them to quickly and effectively take on their new responsibilities. Research shows that a structured orientation greatly assists new leaders, their teams and the organisation overall, and the new orientation program is an exciting extension of Epworth's leadership development offering.

This year Epworth has developed a structured six-month orientation program specifically for new leaders to support them to quickly and effectively take on their new responsibilities



Epworth's new leader and nursing leader passports; supporting emerging leaders through orientation

Giving back: our highly-engaged volunteers



Epworth's volunteer program is one way we demonstrate our value of community. Our volunteers provide support in the areas of patient satisfaction, customer service and fundraising. This year, volunteering at Epworth has grown by 37 per cent, taking volunteer numbers to over 450.

This year saw the appointment of a new group manager volunteer program role, to review, enhance and grow the program in line with industry best practice, in conjunction with the volunteer program coordinator who works alongside the volunteers in the hospitals and services.

A highlight for the year was receiving the results of a volunteer satisfaction and engagement benchmarking

survey. The results were extremely positive, with an overall culture of engagement at 88.5 per cent. Other positive results included the high scores achieved for trust in supervisors and coordinators (Epworth rated 92 per cent compared to the benchmark norm of 56 per cent), and a strong sense of purpose and direction (Epworth rated 92 per cent compared to the benchmark norm of 60 per cent). These are truly outstanding results.

The Epworth volunteer Christmas celebration and National Volunteer Week in May were two opportunities to recognise the volunteers who generously give their time and support to Epworth.

Victoria's Governor General bestows great honour on Jean Hailes for Women's Health



From left: Dr Elizabeth Farrell, the Honourable Linda Dessau AC and Janet Michelmore AO

In May, the 25th anniversary of Jean Hailes for Women's Health was celebrated at Government House. The Governor of Victoria, The Honourable Linda Dessau AC, commended the invaluable contribution Jean Hailes has made in improving and educating women with the information, knowledge and clinical care to assist them to actively manage their own health and wellbeing throughout their lives.

CEO, Jean Hailes for Women's Health, Janet Michelmore, daughter of Jean Hailes, and Director, Dr Elizabeth Farrell, were both credited with continuing the drive and commitment of founder Jean Hailes, and of expanding her legacy. Epworth Freemasons' association through its satellite site, Jean Hailes at Epworth Freemasons, was highlighted as part of the formalities. The shared history and association with improving women's health of both organisations has enhanced the respective connections with women across Victoria. Dr Elizabeth Farrell has had a long association and practice at Epworth Freemasons and in addition to her practice as a gynaecologist and a founding member of Jean Hailes for Women's Health, she heads the menopause unit at Monash Medical Centre and is an adjunct senior lecturer in the Department of Obstetrics and Gynaecology at Monash University.

...improving and educating women with the information, knowledge and clinical care to assist them to actively manage their own health and wellbeing throughout their lives.



Epworth Richmond volunteers at the 2016 Christmas Party: From left, Marlene Mackintosh, Pam Ludbey, Liza Trinham, Lyn Cartwright and Joe D'Alessandro



We are **EPWORTH**



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