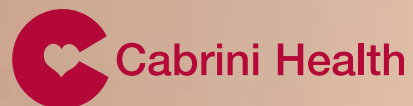




ANNUAL REVIEW 2010

*incorporating inaugural
community benefit report*



Cabrin Health

70,260

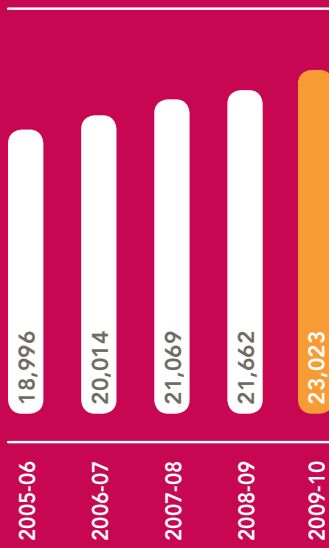
EPISODES OF INPATIENT CARE PROVIDED

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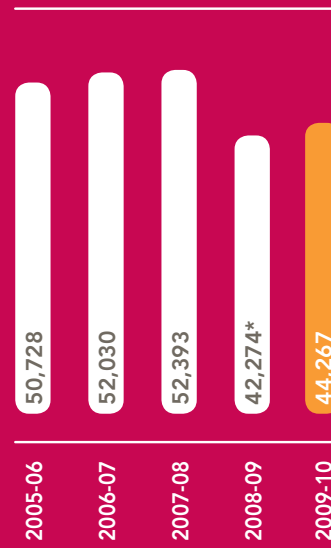
4	Our heritage
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OUR GROWTH

NUMBER OF EMERGENCY ATTENDANCES

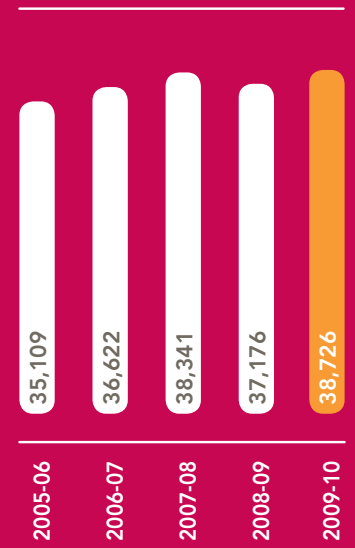


NUMBER OF SURGICAL OPERATIONS

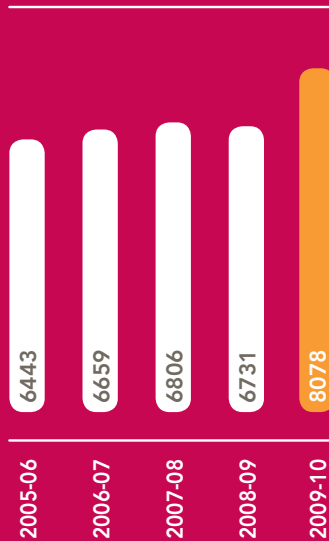


*change in reporting

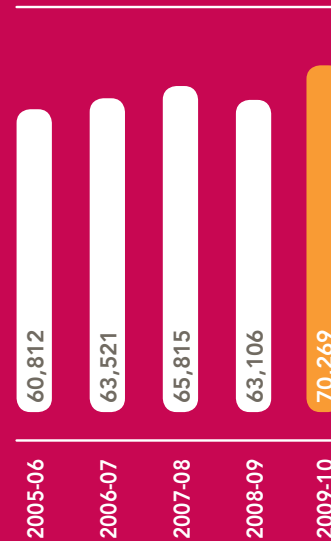
NUMBER OF DAY CASES



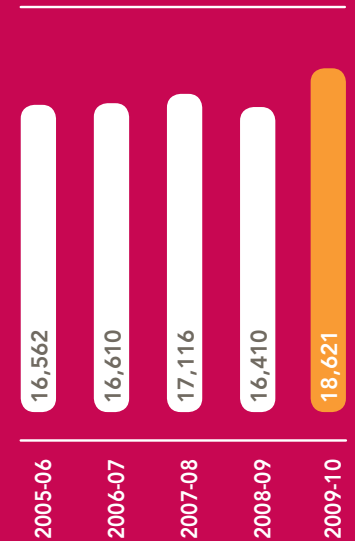
NUMBER OF PATIENTS ADMITTED VIA EMERGENCY DEPARTMENT



NUMBER OF DISCHARGES



NUMBER OF DAY ONCOLOGY PATIENT TREATMENTS



OUR HERITAGE

Francesca Cabrini was born in northern Italy in 1850. Inspired by her deep faith in Jesus Christ, she was a woman of great compassion and courage. She saw her life as a mission to relieve suffering and serve those in need – particularly the poor and excluded. She established health, education and care centres in USA and Latin America, in Europe and in England, becoming an inspiration to all whose lives she touched. She was the first American citizen to be canonised a saint.

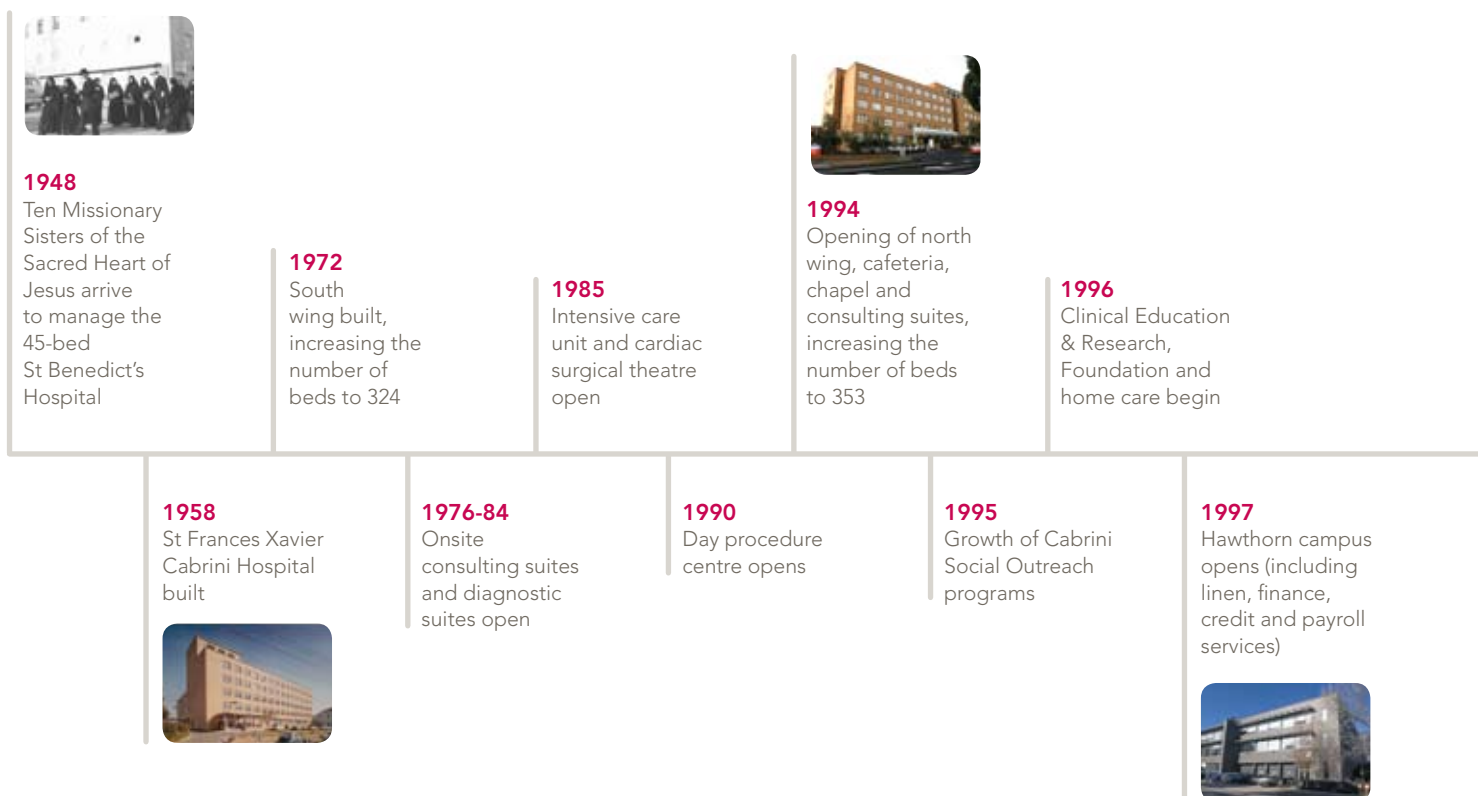
At 30, she founded the Missionary Sisters of the Sacred Heart of Jesus to show God’s love for people through their compassionate action in the world. Today, their mission reaches around the world and includes Cabrini Health in Australia.

Our Cabrini story started in 1948, when 10 Missionary Sisters arrived in Melbourne to take over St Benedict’s, a small hospital

in Malvern. The journey from Italy took 10 days as the aeroplane could fly only during daylight hours. The Sisters thought they were taking over a fully functioning hospital but unfortunately, this was not so. Without losing spirit, they worked hard to equip and make the place presentable so that they could re-open the facility.

At the time, Melbourne was not the multicultural city that we know today. People were cautious of these Italian sisters who dressed and spoke differently to the Australian religious of the time. Despite their best efforts, in the first few months there were many complaints about their strange ways. However, the Sisters recognised there were people in need and, with courage and determination, they laid the foundation for the comprehensive healthcare serve we have become today.

HISTORY OF CABRINI – 62 YEARS OF COMMUNITY CARE



OUR VISION

Cabrini Health fulfils the commitment of the Missionary Sisters of the Sacred Heart of Jesus to the healing mission of the Catholic Church. We serve people across all stages of life, encompassing spiritual, physical, emotional and social care and reflecting the *Code of Ethical Standards for Catholic Health & Aged Care*. The wellbeing and happiness of our patients and their families is our mission and central to what we do.

By understanding and addressing the needs of our community, we will grow by learning – by researching and continuously improving the quality of our care, and by motivating staff committed to our healthcare mission. We will deliver clinical service excellence, in particular, emergency, cardiac, cancer, paediatric services and care of the elderly, in well designed

modern facilities using proven modern technology, equipment and clinical practice.

By 2020, we will enhance health and quality of life by treating sickness and by working with our patients and their families to anticipate, prevent and ease suffering. We will reach twice as many patients, residents and family members, and we will expand our social outreach and community development program sixfold. To achieve this growth we need to deliver an outstanding patient and family health care experience, making us “first choice for care”. This will enable us to maintain profitability and thereby continue investment in high quality services that respond to community need.



1999

Acquisition of Chemtronics Biomedical Engineering; opening of Clinical Education & Research Institute, the Clinical School and Cabrini Prahran (an acute 22-bed inpatient and home based palliative care service)



2001

Cabrini Ashwood opens (90-bed residential aged care home)

2003

Opening of new clinical block with operating suites, day procedure centre, intensive care unit, coronary care unit, central sterile supply department



2007

Addition of Cabrini Hopetoun, a 30-bed rehabilitation hospital in Elsternwick

2009

Developed a strategic plan to improve the performance of our healthcare service

2000

Volunteer program grows



2002

Emergency department (Malvern) and Cabrini Brighton (35-bed acute care hospital) open

2006

Hospital-in-the-home service introduced

2008

Dr Michael Walsh appointed Chief Executive

2010

Expansion of continuing care and allied health services

REPORT FROM OUR CHAIRMAN



Our mission, as a Catholic healthcare service, is to respond to the health needs of our community by providing compassionate, competent and cost effective care with respect for life at all its stages. This is the basis for all our activities.

We have a prime responsibility to our owners, the Institute of the Missionary Sisters of the Sacred Heart of Jesus. Soon after I took over as Chairman, the charismatic Sister Irma Lungi MSC, after more than 20 years at Cabrini, announced she would be retiring to USA and Sister Regina Casey MSC, a previous Superior General of the congregation, also planned to return there in 2008. They had both made outstanding contributions and it was uncertain whether another Missionary Sister would join the Board and work at Cabrini Health. Fortunately Sister Sharon Casey MSC came from USA in 2009 and recently Sister Barbara Staley MSC, who is based at the Cabrini Mission in Swaziland, also joined our Board. The Board has maintained close contact with the Provincial Superiors and other Provincial Councillors of the Stella Maris Province of the Institute, so that the Sisters are fully informed of our activities. Their interest and support has been important and gratifying.

The most important function of a Board is the appointment of its Chief Executive. Roger Greenman, after successfully guiding Cabrini Health for more than 20 years, retired in 2008. The Board was delighted that Dr Michael Walsh accepted this position. Michael has already exceeded the expectations of the Sisters and the Board and I appreciate his contributions and support to me. He has built an outstanding senior management group.

One of the challenges presented to him was to develop a strategic plan, which was achieved within 18 months. We are now moving to its implementation phase. The plan will position Cabrini Health well to fulfil our mission to our community. We will continue to grow with the range of services and facilities to meet evolving health needs and maintain major commitments to education and research, which are so important for high quality health care. There is a major focus on the patient experience and good clinical governance to ensure that we keep to an absolute minimum the times we fail to meet the high standards we set for ourselves and which our patients rightly expect.

Cabrini Health is now a complex organisation. It is important that the Board has an appropriate range of skills that can provide excellent governance. During the past few years, we have been fortunate in being able to attract outstanding people

to the Board in an honorary capacity. I believe our Board is one of the best of any healthcare organisation in Australia. I am most grateful for the support I have received from all Board members.

It became clear that our legal structure as an incorporated association was no longer appropriate. On 1 July 2010, we became a company limited by guarantee with the members of the company being the Provincial Councillors of the Stella Maris Province and the Board Chairman. They appoint the directors. This is a much more robust legal structure. Our new constitution and our tax-free status make clear that any surplus generated from our activities is retained within Cabrini Health. There can be no financial obligation to the Institute of the Missionary Sisters.

Before joining the Cabrini Health Board in 2004, my previous experience had been mainly in clinical and governance roles in the public sector and in providing committee and consultant advice to governments relating to public healthcare. The model of a not-for-profit healthcare organisation, which is independent of government, governed by a Board that has broad knowledge and experience and guided by a dedicated and highly skilled senior management team, is excellent – as demonstrated by Cabrini Health and other major Catholic healthcare organisations. They deliver a complex range of healthcare services without the backing and management of a government health department. It is a model that warrants attention as perhaps a more useful approach to public hospital reform than that proposed by either major political party at the last Federal Government election. A recent study has identified five characteristics of a good hospital in terms of clinical performance – having competitors in the community, privately owned and operated, of a good size with at least 1500 staff, senior managers with clinical qualifications and senior and middle managers having freedom to exercise their own judgement. Cabrini Health meets these criteria.

It has been an honour and privilege to serve as a member and Chairman of the Board of Cabrini Health. We have a very good healthcare group and it has the potential to be a great one. I wish my successor, Peter Matthey, my fellow Board members, Dr Michael Walsh, the senior executive and all the staff of Cabrini Health well in seeking to achieve this goal.

**PROFESSOR PETER PHELAN,
CHAIRMAN, GOVERNING BOARD**

REPORT FROM OUR CHIEF EXECUTIVE



The 2009-10 year was an excellent one for Cabrini Health and I thank all who contributed to this success.

At Cabrini Health, our mission is central to what we do. Our links with the Missionary Sisters of the Sacred Heart of Jesus are essential to our identity. The Sisters have called upon us to “develop new and creative forms of charity that will respond passionately and swiftly” to the new challenges of the twenty-first century. Inspired by this challenge, we embarked on an extensive program of strategic planning to determine what we should continue to do, what to change, and what new opportunities we might pursue. To strengthen bonds between the Sisters and Cabrini Health, we welcomed Sr Sharon Casey to our staff and hosted senior Sisters from the Provincial office in New York, USA. The global financial crisis had a significant impact on many nations where Cabrini missions are active, with hardships for these missions and those who depend on them. During such times, it is important that we at Cabrini Health do all we can to support and encourage our Cabrini colleagues elsewhere.

The year was characterised by achievement in four key areas: development and deployment of our strategic plan 2010-12, establishment of a new executive team, strengthening of key relationships and reviewing how Cabrini Health management can support the Cabrini Health Board.

Our strategic plan emphasises the need to strengthen our mission through developing our people, to concentrate on providing excellent patient care and experience, and to review and update our clinical services, as well as our business and support services. Following approval by the Board and the Sisters, deployment of the plan began in January 2010 and progress has been excellent. A significant step was the introduction of a new continuing care and service development program. Our aim is to strengthen our services for people with chronic conditions, often elderly, who struggle to live at home without support. I expect that this exciting new range of services will grow significantly in response to community demand.

We built a new executive team, charged with leadership of our mission and the implementation of our strategic plan. By 30 June 2010, we had ten Executive Directors, five of them new either to Cabrini Health or to their executive role. The combination of experience and deep commitment demonstrated by existing Executive Directors and the energy and fresh ideas of the newer Executive Directors has forged a new and more dynamic leadership team.

Strengthening key relationships has been an important aim. Our visiting consultant doctors are essential to Cabrini Health. Traditionally, we have enjoyed a strong relationship with our high quality, highly skilled doctors who provide a wide range of clinically and technologically advanced care. However, the world is changing. Patient needs are becoming more complex, challenging us to find new ways of working with our doctors to provide excellent care that anticipates need. Information technology is an increasingly important tool in clinical decision making and patient safety. Our focus is to work more closely with our doctors, to involve them more in our planning, and to support them with better clinical and information technology. Another key relationship is our staff. This review outlines the results of our first staff engagement survey and our commitment to making Cabrini Health a great place to work.

Most important is our relationship with our patients, residents and their families. We have revitalised our patient and family liaison service to increase feedback from patients and families about how we can do better. We have introduced six-monthly patient satisfaction surveys to monitor and compare our performance, as well as identify opportunities for improvement.

Reviewing our processes and procedures to ensure excellent support to the Cabrini Health Board has been a priority. A new Board sub-committee, the Patient Experience and Clinical Governance Committee, has been established to enable closer Board scrutiny of our efforts in this area.

In a year of strong performance, three areas warrant particular mention. Cabrini Brighton opened in its new, larger premises in May 2009 and the new hospital is off to a flying start. After several years of financial struggle, our residential aged care service at Cabrini Ashwood delivered excellent all-round performance. Finally, Cabrini Health concluded negotiations for the purchase of Elsternwick Private Hospital in May 2010. Combined with nearby Cabrini Hopetoun, the new acquisition will add depth and flexibility to our rehabilitation services.

I would like to acknowledge retiring Board Chairman Professor Peter Phelan for his dedicated and wise leadership of Cabrini Health. Thank you also to Board members, my executive colleagues, dedicated and skilful medical and other staff and to our generous volunteers and benefactors for your contributions to an excellent year's work.

MICHAEL WALSH
CHIEF EXECUTIVE

REPORT FROM OUR EXECUTIVE DIRECTOR, MEDICAL SERVICES



The quality of our medical staff is pivotal to the quality of care we provide to our patients. At Cabrini Health, we are privileged to have some of Victoria's top specialists at our hospitals and healthcare facilities. We are in the fortunate position of being able to choose who works with us. We want doctors who practise to the highest clinical standards and who embrace our overall mission and organisational commitment to patient-centred care.

In two independent surveys conducted during the year, the quality of our medical staff rated very highly. Ultimately it is the welfare of our patients that is uppermost in the minds of our doctors and Cabrini Health as an organisation. Therefore, we emphasise teamwork and communication among our clinical staff and with those we serve. Everything we learn from our patients, their relatives and carers reinforces the view that effective multidisciplinary teamwork and effective communication to patients and their families at all times is of the utmost importance.

We recognise that many of our patients come to Cabrini Health primarily because they have been referred to one of our doctors or are attracted to the reputation of our medical staff. We are committed to providing the best resources for our doctors. We recognise that doctors want to be supported by the best professional and physical resources, including the best nursing staff, physical infrastructure and equipment. We are fortunate to have excellent nurses who are supported by visionary leadership. We are continually investing in our facilities and equipment.

Fittingly, during the 25th anniversary year of the establishment of cardiac surgery at Cabrini Health, we are well advanced in our plans to install a new state-of-the-art cardiac catheter laboratory in August 2010. By the end of this year, Cabrini Malvern will have the most advanced CT scanners available in the world today – with the particular advantages of the best possible images and a much reduced radiation exposure for patients.

Importantly, our doctors want to work in an environment that has a strong, demonstrable commitment to quality and safety. During 2009-10, there has been increasing development of quality systems and a commitment of significant resources to this area. A clinical service plan has been developed to guide the future of clinical services at Cabrini Health and to inform our decisions about infrastructure and equipment initiatives.

We recognise that it is essential to involve our doctors in the planning process and clinical governance. Therefore, we are seeking ways to deepen their engagement with our organisation. We want to maximise opportunities within Cabrini Health for those among our doctors who share our vision.

A major focus in 2010 has been on improving our emergency department located at Cabrini Malvern, which is a major window to our community. We have made good progress in enhancing our emergency medicine services. However, there is more to be done to achieve our goals of better access and provision of the best possible patient experience. Our hospital-in-the-home service continues to expand and provide a valued and highly regarded extension of our medical care beyond the physical boundaries of our hospitals. This service also rated highly in our patient and staff surveys.

Together with our doctors, nursing and other clinical staff, as well as all the other staff members who contribute to the operation of Cabrini Health, we look forward to continuing our collaboration to best serve our patients and their families.

SIMON WOODS
EXECUTIVE DIRECTOR, MEDICAL SERVICES

REPORT FROM OUR EXECUTIVE DIRECTOR, NURSING



Nurses working at Cabrini Health in Australia are the single largest professional group of people working together in the Stella Maris province of the Missionary Sisters of the Sacred Heart of Jesus encompassing Africa, Asia, Australia and USA. With this in mind, we have a significant influence and responsibility to continue the mission of Cabrini Health's founder Mother Cabrini and the Cabrini Sisters.

There has been much development in nursing services during the past year, providing a better experience for our patients and their families, as well as a better employment experience and opportunities for staff. A major focus has been the development and implementation of the *Cabrini Health Nursing Services Plan 2010-12*. In the plan, we identify three key goals: 100 per cent right care; 100 per cent patient satisfaction; and 100 per cent nurse engagement.

These may seem like ambitious goals, but we believe we can rise to this challenge and indeed, that we must do so. The *Cabrini Health Strategic Plan 2010-12* commits us to developing and implementing a strategy to deliver an outstanding patient and family experience. The nursing services' plan is an operational plan designed to guide a framework for significant and sustainable improvement of the patient experience across Cabrini Health.

Throughout the year, we worked hard to progress the 48 recommendations that resulted from our nursing review conducted in 2008-09. Ten major improvement projects have commenced, focusing on improving patient assessment, patient satisfaction, medication management, discharge planning, patient flow, communication and staff engagement in quality improvement. We began a program to build leadership and problem solving capability among nurse leaders and clinical care teams.

Our achievements in 2009-10 include the following:

- Establishment of the position of Executive Director of Nursing and supporting structures such as the Cabrini Health Nursing Executive Committee, which is our peak internal body for managing nursing policy and standards of nursing care
- Development of a nurse leadership team at Cabrini Malvern and defining the role of our nurse managers
- Work on various initiatives to better manage patient flow and bed utilisation throughout our health service
- A review of the complexity of the oncology patient journey, which led to the organisation of a multi-campus Oncology Nurses Professional Group and establishment of an oncology patient management capability study

An exciting project is redesign and improvement of our emergency department located at Cabrini Malvern. The project is designed to reduce overcrowding and decrease waiting times for patients via timely admission to a hospital bed or discharge as appropriate. The project has already achieved a significant reduction in the occasions on which we were on ambulance bypass in the past year (that is, unable to accept ambulance presentations due to demand within our emergency department). This decreased from 47 per cent in June 2009 to 37 per cent in July 2010. While this is a strong improvement, we have more work to do yet and look forward to continuing to improve the experience of our staff, patients and all those we serve.

An ongoing challenge is to ensure we have the right staff with the right skills to deliver care to our patients. In 2009-10, the nursing team have been working to reduce our reliance on agency and temporary staff with the aim of improving our patients' experience with us. Work has focused on recruiting from our graduate nurse program and developing novice programs in specialty areas to attract and develop our skilled nurses.

Nurses at Cabrini Health experience a positive culture and broad opportunities to contribute beyond their professional role via our community development and social outreach activities. As a valued element of our workforce, our nurses are offered regular professional development, participate as members of multidisciplinary teams working on research and improvement projects and practise with some of the best medical specialists and allied health professionals in Victoria.

SUE O'NEILL
EXECUTIVE DIRECTOR, NURSING

REPORT FROM OUR EXECUTIVE DIRECTOR, CONTINUING CARE AND SERVICE DEVELOPMENT



There has been much exciting development and positive change during 2009-10 with the expansion of continuing care and allied health services at Cabrini Health.

We are working to extend care of our patients beyond the physical walls of our hospitals and have made a strong commitment to allied health services, recognising its importance to patient care across acute, sub-acute and community health services. Our dynamic mix of allied and continuing care services will fill a gap in the private healthcare sector with expanded and enhanced rehabilitation, chronic disease and complex aged care services.

Cabrini Health has always looked to be innovative in identifying and fulfilling unmet needs in the community. For several years, we have offered a hospital-in-the-home service, whereby our doctors and nurses provide treatment for approximately 1000 patients each year, completing 500 patient treatment episodes per month. Established in 2006, the service enables some patients to leave hospital and continue to receive care in the comfortable and familiar surroundings of home. It is supported by up to four designated inpatient beds at Cabrini Malvern to allow for admissions when necessary and a 24-hour helpline. An independent patient satisfaction survey (covering patients discharged March-April 2010) has shown that more than 90 per cent of patients indicated that they would recommend the service to others.

We have made strong progress in developing our continuing care services. Our rehabilitation service will be boosted with the addition of 494 Glenhantly Road, Elsternwick. We expect that the new facility will complement our rehabilitation facilities at 2-4 Hopetoun Street, Elsternwick (established in 2007). The combined rehabilitation service will have more than 70 beds and encompass fast- and slow-stream treatment for people

experiencing a range of conditions from accident trauma through to Parkinson's disease.

The number of older people and people suffering chronic conditions is growing, bringing the need for more healthcare services and the need for support to maintain their independent living. At Cabrini Health, we have a particular interest in improving care of the elderly. Approximately 63 per cent of our occasions of care are for patients older than 55 years.

Often older people can have complex health and social care needs and conditions that require a holistic approach. Increasingly, we are admitting elderly patients who need health support within their own homes. Some people can't live independently – which doesn't necessarily mean they can't continue to live at home. Therefore, we are emphasising the development of community based services to support elderly people and people with chronic disease.

To ensure that we continue to respond to the community's needs in a planned and considered way, we have developed a strategy for improving care of the elderly. It is focused on identifying specific care issues for older people, improving care and integrating care. A key objective is to improve integration of the patient journey across care centres within Cabrini Health, as well as integrating our care with support services accessible in the broader community.

We have identified a need for greater integrated home and community care services in the private healthcare sector. Also, we know that treatment, therapy and care can be provided safely and effectively in many settings. With this in mind, we are working to develop services for ongoing care within the patient's own home. We want to support and promote the ability of patients to manage aspects of their own healthcare, to be well and to maintain their social independence.

Our goal is to give people better, wider, more integrated treatment. We are excited about the opportunity to be innovative in providing better, more comprehensive and more integrated treatment and care to members of our community. This will ensure they have the best possible health outcomes, improve their function and enhance their quality of life.

NATALIE SULLIVAN
EXECUTIVE DIRECTOR, CONTINUING CARE
AND SERVICE DEVELOPMENT



853

**PATIENTS RECEIVED INPATIENT
REHABILITATION CARE**

EXECUTIVE DIRECTORS OF CABRINI HEALTH



DR MICHAEL WALSH
Chief Executive

Michael has had a distinguished career in hospital and health administration in Western Australia, Victoria, the UK and the Middle East. He is a medical graduate of Monash University and holds the degree of Master in Public Administration from the Kennedy School of Government, Harvard University. Michael is a Fellow of the Royal Australasian College of Medical Administrators and the Australasian College of Health Service Executives. His interest in the provision of health services encompasses the community as well as hospitals with a major emphasis on strategic planning.



KRIS BOTHA
Executive Director,
Human Resources

Kris joined the organisation in 1993 as the Director of Human Resources. She worked in clinical nursing before pursuing a career in nursing administration and management at Epworth, Sacred Heart/John Fawcner Hospital and Ballarat Health. Kris holds a Bachelor of Applied Science in Advanced Nursing (Nursing Administration) and a Master of Business (Human Resources/Industrial Relations) and has undertaken work towards a PhD at Deakin University. She is a member of the Community Services and Health Industry Training Board and the Archbishop's Standing Committee of Catholic Church Employers representing private health. She has been a member of the Board of Governance of Sacred Heart Mission since 2002.



JUDITH DAY
Chief Financial Officer

Judith has worked at Cabrini Health for four years. She is qualified as a Certified Practising Accountant and completed a Master of Business Administration from the University of Adelaide. Judith has worked in the health sector for 16 years. Previously, Judith was Director of Finance and Administration at St Andrew's Hospital in Adelaide. Prior to that, she worked in various roles at Faulding Healthcare, Flinders Medical Centre and Ashford Community Hospital. As Chief Financial Officer, her responsibilities include finance, payroll, information technology, health information services and pharmacy.



GEOFF FAZAKERLEY
Executive Director,
Diagnostic Services
and Infrastructure

Geoff began working for Cabrini Health in 1985 and in 1990 became Director of Support Services until 1997 when he was made Director of Building and Business Development. In 2009, Geoff was appointed to the position of Executive Director, Diagnostic Services and Infrastructure. A long standing and committed member of the executive team, Geoff has played an integral part in overseeing the development and expansion of Cabrini Health. Geoff has been responsible for the constant wave of building and internal reorganisation and expansion at Cabrini Malvern. Geoff importantly played a key role in the development and expansion of the campus network at Brighton, Prahran, Ashwood, Hawthorn and Elsternwick.



CATH GARNER
Executive Director,
Mission Integration

Cath has worked at Cabrini Health for a total of 23 years. She has a background in nursing and education and in 2002, was appointed Mission Integration Officer, joining the executive group in 2007. She has worked in Australian healthcare for 27 years in a wide range of key clinical, staff development and management roles. She holds postgraduate degrees in education, information systems, innovation/ service management and theology. She manages a social outreach program comprising approximately 40 projects/partnerships locally, interstate and overseas. These programs have supported the development of a strong culture within the organisation that brings to life our Catholic and Cabrinian values.



ASSOCIATE PROFESSOR PETER LOWTHIAN
Executive Director,
Cabrini Institute

Peter has been the Executive Director of the Cabrini Institute since 2002. He is a rheumatologist and a graduate of Monash University. He is a Fellow of the Royal Australasian College of Physicians, of the Australian Faculty of Rehabilitation Medicine and of the Royal College of Physicians. Peter believes that management systems, quality staff, education and research and patient involvement are the fundamental underpinnings of safe, high quality patient care.



DR MARK LUBLINER
Executive Director,
Strategy and Performance
Management

Mark is a Monash University medical graduate, and following paediatric training at the Royal Children's Hospital, he embarked upon a career in health services management at the Victorian Department of Human Services and then at Alfred Hospital, where in 2002, he was appointed Medical Director. In 2006, Mark moved to the UK, where he led a strategic review of the South-East London health economy and facilitated clinical service reconfiguration across primary and secondary care. He was appointed Deputy Medical Director at a university teaching hospital in England. In 2009, Mark was appointed Executive Director, Strategy and Performance Improvement, Cabrini Health. Mark holds an MBA and is a Fellow of the Royal Australasian College of Medical Administrators. He lectures at Monash University and consults to the King's Fund, a London health policy think tank.



ASSOCIATE PROFESSOR SUSAN O'NEILL
Executive Director
of Nursing

Susan holds the position of Executive Director of Nursing, Cabrini Health and Director of Nursing, Cabrini Malvern. Previously she was Executive Director, Nursing, Midwifery and Redesigning Care, Southern Adelaide Health Service. Susan's clinical background is in cancer nursing and she has presented both nationally and internationally in the areas of antiemetic management and acute cancer pain control. Susan is currently an Associate Professor with the University of South Australia and a fellow of the University of Pennsylvania Wharton Business. Susan has had a long term career focus on improving professional clinical nursing practice and has extensive experience in applying lean thinking to healthcare, specifically in the areas of patient flow and nursing practice redesign.

EXECUTIVE DIRECTORS OF CABRINI HEALTH



RALF PELZ
Executive Director,
Hospitality and
Retail Services

Ralf joined Cabrini Health in 1994 and has worked in various senior management roles. In keeping with his commitment to the mission, values and ethos of Cabrini Health, he has afforded employment opportunities for many disenfranchised people to positions in Cabrini Health's food services, domestic services and Cabrini Linen Service. Prior to joining Cabrini Health, Ralf worked in some of the best hotels, resorts and cruise liners around the world, where he met and exceeded customer expectations. Ralf holds a Master of Business Administration and Master of Health Administration. He is a former National President of the Textile Rental and Laundry Association Australia, chairs the Tourism and Hospitality Industry Course Advisory Committee at RMIT University and is an Associate Fellow at the Australasian College of Health Service Executives.



NATALIE SULLIVAN
Executive Director,
Continuing Care and
Service Development

Natalie is the Executive Director of Continuing Care and Service Development and oversees Cabrini Health's Hopetoun, Prahran and Ashwood facilities. She also has responsibility for service development in the areas of allied health and community integration. She has an allied health background as a prosthetist/orthotist and holds a Master of Health Administration. Natalie joined Cabrini Health in January 2010. Previously, Natalie worked at Eastern Health where she was Chief Allied Health Officer and General Manager of Angliss Hospital, Healesville & District Hospital, Yarra Ranges Health and Yarra Valley Community Health.



ASSOCIATE PROFESSOR SIMON WOODS
Executive Director,
Medical Services

Simon has worked at Cabrini Malvern since 1988 as a general surgeon specialising in upper gastrointestinal surgery. After serving on a variety of committees over the years, he was elected Chair of Medical Staff from 2006-07. In November 2007, he was appointed Cabrini Health's Medical Director. Simon continues to work half time as a surgeon. He has presided over significant changes in the accreditation of medical practitioners to ensure that we appoint the best doctors available and that we can offer them a realistic opportunity to establish a significant practice within our organisation. Simon believes that the model of doctors visiting multiple hospitals, private and public, all over town, is not in the best interests of our patients or the doctors themselves. Greater engagement with an institution leads to improved practice and greater job satisfaction.



3421

CHILDREN WERE TREATED
IN OUR CHILDREN'S CENTRE

OUR PEOPLE

Cabrini Health has more than 3800 staff, 1250 specialist doctors and 160 volunteers employed across seven sites in Melbourne's south-eastern suburbs. We are a growing and diverse organisation united by a deep sense of purpose and our special Cabrinian identity. We have a range of people policies, programs and initiatives that value the lifestyle of our staff, ensure our safety and wellbeing at work and support our performance as a healthcare organisation that sees and cares for the whole person. It is important for our staff to work in an organisation that provides more than 'just a job'. Therefore, Cabrini health provides staff with career growth and development, as well as broader opportunities beyond their professional role, such as involvement with our social outreach activities.

Recognising our people

A highlight of Cabrini Week (held 8-20 November 2009) was our staff recognition ceremony, which celebrated the contribution of staff and their longevity of service from 5-35 years. A total of 377 staff members throughout the health service were eligible and 237 staff received their service pins at the event.

Fourteen staff received Partners in Mission Awards for Staff Excellence: 11 of them were awarded to individuals and three to teams. The annual Sister Irma Jubilee Grant was awarded to Marj Clarence of the Cabrini Linen Service.



We celebrated nurses and midwives, who make up our largest professional group, on International Midwives Day (5 May) and International Nurses Day (12 May) with special events throughout the health service. At the same time, we launched the inaugural Cabrini Health Nurse Excellence Awards. The awards, which open for nominations in July 2010, will be based on nominations from patients and families who have received an outstanding experience from nurses, midwives and teams. Judging for the three awards (nurse, midwife and team) will commence in March 2011 and all nominees will be recognised at an award ceremony being held on International Nurses Day 2011.

What our people think

At Cabrini Health, we are dedicated to serving the community's needs to the best of our ability. We work to provide our patients with the best possible care and strive to ensure that patients, as well as their relatives, carers and friends, have a positive experience with us. It is our dedicated staff who provide this care and support to our community.

With this in mind, in April-May 2010 we canvassed the views of our staff in an independent, organisation-wide survey. Completed by 60 per cent of staff, this was the first survey of its kind at Cabrini Health. It was designed to capture the views and perceptions of staff – how they find working at Cabrini Health, the challenges from their perspective and what they regard as important in their day-to-day working lives – and identify opportunities for improvement.



The results reflect that Cabrini Health staff are committed and passionate about their work. Most staff believe Cabrini Health is a truly great place to work, that the team working environment is positive and that there is a strong commitment to quality.

Key results include the following:

- 68 per cent believe that Cabrini Health is a truly great place to work
- 73 per cent believe there is a strong commitment to quality at Cabrini Health
- 68 per cent of staff believe the team working environment at Cabrini Health is positive
- 71 per cent of staff are aware of our social outreach program
- 16 per cent of staff are directly involved in the organisation's social outreach projects

Opportunities for improvement were identified in staff development, performance recognition, visibility of leaders and communication. The information is being used to help make Cabrini Health an even better place to work.

The results were announced to staff at a function at the Malvern Town Hall in June 2010 and published in a special staff bulletin.

With baseline information on the views of our staff at all levels across a range of topics established, we are able to benchmark ourselves against similar organisations. We intend to continue to build on the loyalty, enthusiasm and participation of our people and will repeat the survey in 2011.

Caring for each other

In 2009-10, we worked to improve our practices and systems to ensure a safe and healthy workplace for our staff, volunteers, patients and visitors.

An occupational health and safety risk register was designed and a safety report *Do Staff Feel Safe and Secure* was completed across the organisation. It was found that staff who work during normal business hours generally feel safe and secure. However, some night staff felt less secure. This finding led to consultation and development of a plan for meeting the needs of these staff.

To enhance wellbeing and reduce Cabrini Health's excess leave liability, in April 2010 we introduced a strategy designed to encourage staff to take annual leave. Workshops were held and new reports were provided for managers. Staff responded positively and a significant reduction in excess annual leave was achieved, which we hope to continue.

A review of Cabrini Health's emergency planning and response program began, which includes benchmarking of our processes with other health and aged care facilities to ensure we keep at the forefront of legislative compliance and best practice. All sites' emergency procedure manuals were revised and a specialist consultancy was engaged to support the process and help to ensure alignment with relevant Australian standards and legislation.

OUR PEOPLE

A comprehensive staff wellness program is being developed for introduction in 2011. It will incorporate our current family-friendly benefits and services and a range of new initiatives being explored. More details about our staff benefits are available in the Community Benefit Report, contained within this annual review. Refer to pages 48-49.

New photo identification system

In April 2010, a photo identification card system was implemented throughout Cabrini Health, in order to improve identification of staff and enhance security. This applies to all staff, volunteers, accredited medical and allied health staff and staff employed in our clinical consulting suites. Strong progress was achieved during implementation with 2100 employees and medical staff attending in the first six days.

Future plans

We are working toward an implementation plan for a human resource (HR) information system designed to support the

work of our managers and HR practitioners, as well as enhance self-service options for staff (for example, enabling them to access their own records). The new system, scheduled for implementation in late 2010-11, will improve ease of reporting, management of records and support benchmarking projects.

A review of Cabrini Health's mission and values is underway supported by staff focus groups conducted across the organisation. While the aim is to provide clarity for staff on aspects of our mission and values, any revisions will be designed to support a re-founding process rather than major cultural change. While our staff and volunteers strongly support Cabrini Health's values and regard our heritage, particularly Mother Cabrini, as a source of inspiration, we have identified that the notion of mission is not necessarily well understood. The term mission is used in a range of ways and there is a lack of clarity about how our mission translates into day-to-day activity.



It is a goal of the *Cabrini Health Strategic Plan 2010-12* to place mission at the centre of our thinking in planning for Cabrini Health's future. Therefore, it is important to define who we are, what we believe in and how we will act. Work on our mission (or purpose) and the expression of our values is due for completion in the second half of 2010.

We have developed a strategic HR plan for 2010-12, which supports the *Cabrini Health Strategic Plan 2010-12* and will ensure that HR management is aligned to business needs. Implementation will commence in September 2010.

Our aim, which is to establish Cabrini Health as an employer of choice, will be supported by a clear HR vision, strategy and workforce plan for the three years ahead. Some broad objectives for the plan include:

- A committed workforce with the requisite attitudes, behaviours, skills and education
- An efficient and effective workforce committed to our strategic vision
- Organisational capacity to respond to change and growth
- Effective education, information and decision making plans
- Consistent application of HR processes and practices

Our volunteers

Cabrini Health patients, residents and staff are supported by a 160-strong trained volunteer workforce committed to providing the best possible experience for people in our care.

Importantly, our volunteer program allows us to maintain vital links with our community. Most of our volunteers have directly experienced Cabrini Health's care, either as a patient or family member. They come mainly from our local communities, however, some travel from as far as Melbourne's outer-eastern district, far northern suburbs and Gippsland.

Volunteers are located at most Cabrini Health sites and together contribute more than 24,400 hours annually. They are involved in a range of activities throughout our health service, contributing in the following ways:

- Patient visitors, providing company and social interaction, for patients/residents at our Ashwood, Brighton, Malvern and Prahran sites

- Providing support and practical assistance for patients and families visiting our emergency department, day procedure centre, day oncology and day of surgery admission centre
- Meeting and greeting patients/visitors and helping to guide them to their destinations at our Brighton and Malvern sites
- Assisting customers visiting the gift shop at Malvern
- Providing company and assistance with lifestyle activities for our aged-care residents at Cabrini Ashwood

In 2009-10, 36 new volunteers began at Cabrini Health. Each completed a five-day orientation program prior to placement. Throughout their service with Cabrini Health, our volunteers are recognised at an annual ceremony where 2-15 year milestones are acknowledged and celebrated. In May 2009-10, we presented four two-year certificates, six five-year pins and three ten-year pins at an event held on National Volunteers' Day. Also, we hold an annual celebration of the contribution of our volunteers on International Volunteers' Day in December. Volunteers who retire at 85 years keep in touch with the organisation via the Associate Friends of Cabrini.

During the year, we implemented a range of improvement initiatives in volunteer services such as:

- Introduction of photo identification for volunteers
- Establishment of a supportive volunteer presence at our day of surgery admission centre, resulting in positive feedback
- Submission of a successful grant application to the Cabrini Mission Foundation NY for seed funding to establish a biography service for palliative care patients, which will begin in early 2011

The ageing of our volunteer workforce and changing needs of the community are key challenges in ensuring our volunteer services remain effective. We are working to ensure that our volunteer services remain relevant to the needs of Cabrini Health and our community and that we can provide meaningful work opportunities for volunteers.

We have plans to extend volunteering opportunities at Cabrini Health through future community based programs designed to support unmet needs.

For more information on volunteering at Cabrini Health, ph 9508 1084 or email volunteers@cabrini.com.au

OUR PATIENTS

At Cabrini Health, we are committed to providing an excellent experience for our patients and residents, their families and carers.

In January 2010, the Clinical Governance Unit was established to promote a philosophy of continuous improvement and to enable our staff, managers and medical specialists to consistently provide safe and high quality healthcare and customer service.

The purpose of our clinical governance program is to ensure that we:

- Continuously review our care and services, as well as identify opportunities for improvement
- Encourage customer feedback via compliments, complaints and satisfaction surveys, as well as respond to and act on this feedback from our patients and their families
- Meet and exceed standards of care and service set by external accreditation agencies
- Capture the lessons learned from other health services and industries in relation to safety and quality and adopt them to meet the needs of our communities



Our clinical governance program focuses on four key areas:

- 1) **Strategic Planning, leadership and culture** – ensuring there is a vision for safe and high quality care, and strategic improvement goals and priorities at Cabrini Health. This requires a planned approach to governance, risk management and continuous quality improvement, and training to support this work. Clinicians are supported in leading the improvement of clinical care and the use of ‘best-practice’ evidence.
- 2) **Consumer and carer participation** – ensuring that patients’ and carers’ rights and responsibilities are understood and supported by staff, and that their perspectives are sought, analysed and used to improve care and service.
- 3) **Effective and accountable workforce** – ensuring that systems are in place to effectively support credentialling, supervision, training, development and support of staff, clinicians and managers. This includes providing meaningful safety and quality data to enable staff to evaluate, improve and monitor care quality and service performance.
- 4) **Quality and risk systems** – ensuring that risk-management systems enable the organisation to identify and minimise risk, and improve our systems and practices based on learning from patient experiences and care/outcomes. Internal reviews, external reviews (accreditation) and benchmarking processes (comparing performance among other health services) assist in monitoring performance and identifying opportunities for improvement.

Structures to support patient safety and quality of care

We have established organisational structures to ensure that the clinical governance and patient experience agenda is well understood, to provide information on our performance and to identify and introduce quality improvement initiatives.



In February 2010, we established a Board Patient Experience and Clinical Governance Committee to provide organisational leadership on patient safety and quality of care.

In April 2010, we undertook a review of our patient quality and safety systems across the organisation, which identified opportunities for improvement in:

- strengthening engagement with consumers
- planning and delivering care
- strengthening clinical risk-management systems
- improving staff understanding of quality and safety issues

Our Clinical Governance Unit provides leadership on the ground, working closely with managers and clinical staff. Together, we pursue a broad range of safety and quality initiatives including participation in external accreditation surveys, capturing and monitoring feedback from our patients, quality improvement and risk management.

Accreditation

We use accreditation as an objective, external review of the quality of care and service we provide to patients and residents at Cabrini Health.

At our Cabrini Brighton, Malvern and Prahran sites, the standards of healthcare we provide are assessed and certified by the Australian Council on Healthcare Standards (ACHS), Australia's principal independent, not-for-profit organisation dedicated to continually improving the quality of health care in Australia. Hospitals must fulfil strict requirements, in order to receive and maintain accreditation. In 2007, all three facilities were awarded full four-year quality accreditation.

Our rehabilitation service is assessed and certified as providing a quality service to our community, in accordance with the standards set by the International Standardization Organization (ISO) and the Australian Commission's Core Standards for Safety and Quality in Healthcare. We achieved full accreditation in 2009.

Cabrini Ashwood, our residential aged-care facility, has been awarded quality accreditation by the Aged Care Standards Agency for three years, having been accredited in 2008.

Patient feedback

Feedback from patients and their families provides valuable information about their needs and the quality of care they have experienced. Also, it provides a means for our patients and their families to have input into quality improvement activities.

We value and encourage feedback from patients about our services and participate in various surveys and studies that allow us to measure ourselves on various aspects of patient care.

We actively seek feedback from our patients through several sources, including forms that consumers can use to provide compliments, suggestions and complaints and one-to-one patient interviews.

Compliments and complaints

Annually we receive many unsolicited letters praising the care experienced by patients and their families.

In 2009-10, we received 601 compliments and 452 complaints across our health service. The highest areas of praise were for kindness; efficiency and attitude of nursing staff, cleanliness of our facilities and the quality of our food. Most complaints related to communication matters.

Managers at each of our sites are available to address any matters raised by patients, residents and their families with the aim of achieving the best outcomes for those concerned. Also, we have a dedicated Customer Relations Manager who works across the health service. We aim to strengthen our processes related to patient feedback and complaint processes and to ensure that the information is captured and fed into our quality improvement system. The ultimate goal is to improve the patient experience through use of this information.

OUR PATIENTS

Surveying our patients

In August-September 2009, we introduced an independent patient satisfaction survey to help us develop a deeper understanding of our patients' experiences with us. The survey allows us to compare our performance over time and with more than 600 participating Australian public and private hospitals and health services.

The results were shared with managers and staff of each department and strategies were introduced to improve the quality of care and service. In April 2010, the survey was repeated with the following results.

- The overall average inpatient satisfaction score for Cabrini Malvern was 84, an improvement of 1.2 points on the previous result
- Cabrini Malvern was ranked at the top of its peer private hospital category
- The overall average inpatient satisfaction score for Cabrini Brighton was 88, an improvement of 4.3 points on the previous result
- 91 per cent of respondents said they would recommend Cabrini Malvern to others
- 93 per cent of respondents said they would recommend Cabrini Brighton to others

Another source of information on patient satisfaction is the annual Medibank Private member experience survey, which covers a one-year period and focuses on members who have had an overnight admission at our Cabrini Brighton or Malvern sites. The survey measures members' experiences on 52 measures of satisfaction and the report covers nine broad areas of patient experiences. The results for the survey for October 2008-September 2009 revealed the following:

- Members' perceptions of care received at Cabrini Brighton and Cabrini Malvern were better than the category average
- The index scores achieved for the categories of member experience (75), pre-admission and admission (75) and physical environment (73) compared favourably to the category average scores which were up to five points lower
- Treatment and personal issues (78), hospital staff (78) and communication (79) rated highly and were better than the category average scores by up to five points

- Significantly, we achieved an index score of 93 on members' willingness to recommend our hospitals to family and friends, which was four points higher than the category average

Future plans

In December 2010, we are introducing patient focus groups consisting of a small number of patients who will discuss in detail a specific topic related to their healthcare needs. This will enable us to obtain information about the needs and expectations of patients who have similar medical conditions and/or illnesses. The information will help us plan and tailor our services to better meet the needs of our patients and their families.

Quality improvement and risk management

At Cabrini Health, our mission is delivered through our staff. Therefore, we recognise the importance of supporting and developing our workforce, to ensure that we continue to provide the highest quality care and service.

During 2010, the Clinical Governance Unit, together with Nursing Services, introduced a management development program focussing on continuous improvement. The aim was to establish a shared understanding of continuous quality improvement and problem solving methods, and to provide staff with simple tools to develop and implement service improvement initiatives. Through this program, we have initiated reviews across several aspects of care, including mobility and continence (which are associated with the risk of falls in hospital) and medication processes. We are also using this approach to redesign our risk management and patient feedback systems.

At Cabrini Health, we are continuing to seek opportunities to deliver safer, higher quality care for our patients. Importantly, we will continue to provide a supportive environment and develop relevant skills and tools to ensure that we embed a continuous quality improvement philosophy in all that we do at Cabrini Health.



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BABIES WERE DELIVERED

OUR CAMPUSES

Cabrini Health operates clinical campuses across five suburbs in south-eastern Melbourne, with a total of 832 inpatient beds. In addition to this, we provide home based services from our campuses at Malvern and Prahran.



Cabrini Brighton

Cabrini Brighton is a 141-bed, purpose-designed, acute hospital with onsite medical coverage. It has five state-of-the-art

surgical theatres and a three-stage post-anaesthetic care unit incorporating a day of surgery admission unit. It incorporates a close observation unit, a day oncology unit and an endoscopy centre, as well as a respiratory and sleep centre. A medical imaging department, pharmacy and a pathology collection centre are located onsite.

During the first full financial year following redevelopment, we achieved our overall activity targets with increased throughput and complexity, reshaping the hospital's service profile. We provided more than 16,000 episodes of patient care requiring more than 28,000 bed days. A total of 8000 surgical procedures were performed including 2200 endoscopy procedures.

Cabrini Brighton introduced several surgical specialties, including orthopaedics and urology, which grew strongly. More than 1500 orthopaedic procedures were performed including approximately 300 major joint replacements. Urology, new to Brighton in 2009, has shown significant growth with seven specialists now operating at the site.

The hospital staff has more than tripled: from just over 100 to more than 350 onsite. Also, we have been able to provide

vital experience for graduate nurses, a novice course in perioperative services and an introductory anaesthetics course. We managed various challenges including the need to balance demand and labour, as activity grew onsite. We increased our permanent staff and reduced reliance on agency nurses.

In an environment of significant growth and change, a culture of success and a high level of staff engagement were evident with strong results achieved in the inaugural staff satisfaction survey. In October 2009, we were shortlisted as one of five finalists in Press Ganey's annual national success story contest for 'Cutting the cloth to suit: the implementation of a nurse-led medical emergency team in an evolving organisation'. This accolade recognises innovation and cultural change designed to improve patient care and satisfaction among medical and other staff.

We developed a 'GP Twilight Education Series', accredited with the Royal Australian College of General Practitioners, to provide specialist education to local General Practitioners on contemporary and emerging medical practices.

Our staff participated in a range of social outreach activities from pro bono surgical work to working with community organisations to help serve the under-served. We established a new relationship with Family Life, a community organisation that focuses on building stronger families in Melbourne's southern suburbs. Our staff support Family Life's two opportunity shops in Cheltenham and Hampton.



Cabrini Malvern

The original Cabrini site, founded in 1948, is the largest of Cabrini Health sites with 508 acute beds. We provide a wide range of healthcare services including an emergency department, a 12-bed intensive care unit, ten surgical theatres, a 20-bay recovery room, an 18-bed coronary care unit, day procedure centre, day oncology unit, maternity services, children's centre and hospital-in-the-home services.

To support these and many other healthcare services Cabrini Malvern provides an extensive range of onsite diagnostic services including a full service pathology laboratory and a medical imaging department. We have an extensive range of cardiac diagnostic services to support the cardiac program.

During 2009-10, our activity included the following:

- 54,131 patients discharged
- 23,023 emergency attendances
- 33,269 surgical operations
- 1379 babies delivered
- 3421 children treated in our children's centre
- 28,564 same-day patients treated

The Commonwealth Department of Health and Ageing approved *Expanded Specialist Training Program* funding for four advanced training positions in general medicine, general surgery and neurology at Cabrini Malvern. This funding enables medical specialist trainees to undertake training rotations in an expanded range of settings beyond traditional public teaching hospitals.

We worked with Children First Foundation to support life-changing surgery for Joyanto from Bangladesh, Martin from the Solomon Islands and Panu from PNG at Cabrini Malvern. We contributed technical advice and planning expertise to develop a plan to construct a new operating theatre complex at the Modilon Hospital in Madang, Papua New Guinea. We have provided an extensive list of equipment for the project including operating tables, beds and equipment such as ventilators, monitors and incubators.

We are committed to maintaining our facilities and equipment to support the provision of excellence in patient care. In 2009-10, we invested more than \$9m dollars in upgrades to medical equipment, services and facilities at Cabrini Malvern.



Cabrini Ashwood

Our residential aged-care home at Ashwood will mark ten years of service to the community in 2011-12. A 90-bed facility, it continues to be fully accredited by the Aged Care Standards and Accreditation Agency, which means we meet the high standards it sets.

Our staff and volunteers work hard to enhance residents' quality of life via a range of social, recreational, spiritual and emotional support and activities, as well as supporting residents' wellness and healthcare needs.

In 2009-10, Cabrini Ashwood was recognised with a City of Monash Golden Plate Award. It was the overall winner for kitchen and food services in the division of aged care facilities and residential services.

Two of our Ashwood volunteers – the husband-and-wife team of Des and Andre Campbell – were nominated for the prestigious 2009 Caroline Chisholm Awards, which recognise the contribution of volunteers to the community of Chisholm. The Campbells provide pastoral ministry and support lifestyle activities for residents.

Recent developments at Ashwood include a new fully computerised clinical care management system with electronic medication charts. Also, we renovated the special needs dining room and our outdoor area – including our popular chicken coop and native garden.

Our future plans for Ashwood include strengthening links with Cabrini Health's rehabilitation and palliative care services. This will enable us to offer more comprehensive services for Ashwood residents, both onsite and off-site. We will also continue to make improvements to our residents' living environment.

We will continue to work with our residents, families and stakeholders to provide hospitality and clinical services that meet all the government requirements – but in way that responds to individual needs and preferences and maintains a warm and home-like environment.

OUR CAMPUSES



Cabrini Hopetoun

Thorough assessment, clear goals, regular monitoring of progress, feedback to referrers, and patient follow-up, our rehabilitation services are designed to return patients to their homes and communities safely and promptly, so that they can continue their lives following illness and surgery.

Cabrini Hopetoun increased its overall activity providing rehabilitation care for 853 inpatients (compared with 818 the previous year) and 21,478 outpatients (compared with 19,721 the previous year).

With the purchase of 494 Glenhuntly Road (Elsternwick Private Hospital), it is expected that Hopetoun and the new site will unite to become the Cabrini Elsternwick Rehabilitation Service. This service will be provided from both sites with a total of 74 beds. Specialist inpatient and outpatient rehabilitation care via a comprehensive, multidisciplinary team approach is designed to restore each patient to an optimum level of function, enabling them to lead more independent and rewarding lives.

The new facility will provide a rehabilitation service (Glenhuntly Road) designed for older people needing general, orthopaedic or neurological rehabilitation and for patients living with Parkinson's disease. Our fast-stream rehabilitation service (Hopetoun Street) is designed for people who have undergone joint replacement, surgery, spinal injury or surgery, trauma due to accident or injury as a result of falls, car or work accidents, stroke or neurological condition and chronic pain.

We aim to create an integrated rehabilitation service, enabling us to provide comprehensive rehabilitation and expand community services by increasing outpatient and home based care.



Cabrini Prahran

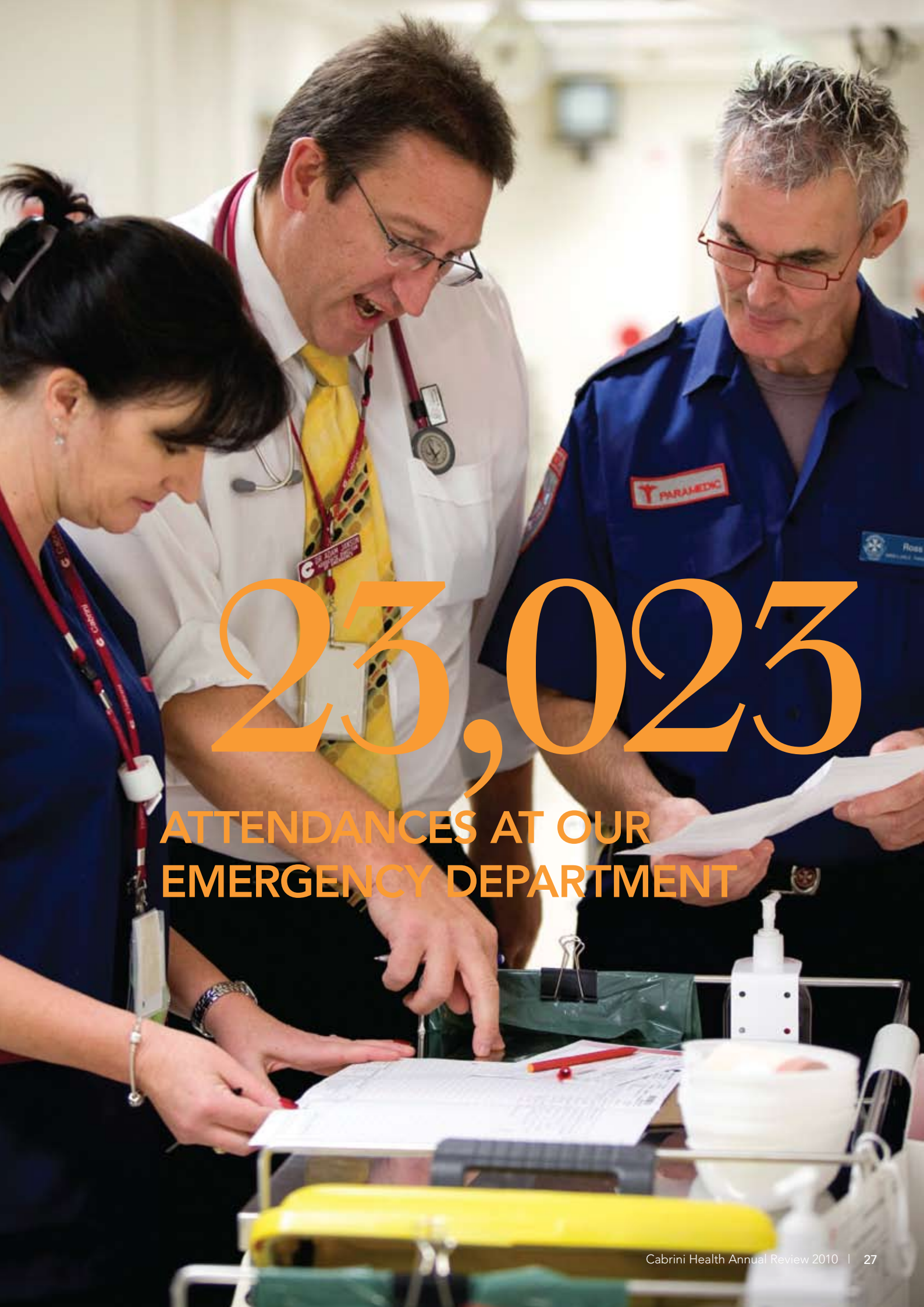
Cabrini Prahran is a modern acute palliative care centre providing inpatient and home based care and support for people with a progressive life-limiting illness. It has 22 beds and a unique home care program serving approximately 130 patients.

Our multidisciplinary team includes doctors, nurses, pastoral care workers, chaplains, counsellors, dieticians, pharmacists, physiotherapists and trained volunteers. We also provided specialist palliative care nursing experience in both inpatient and community programs for 18 nursing students from Deakin and Australian Catholic universities.

During 2009-10, 492 patients received inpatient care and a total of 4889 home visits were made. Increasingly, we are receiving patients from the community rather than via Cabrini Health referrals. We are also caring for more patients who have non-malignant diseases such as end-stage organ failure.

In November 2009, we celebrated ten years of service to the community with the publication and launch of *A Life Well Lived*, which features the stories of patients living with their illnesses. The book reflects our model of care, which helps people to live with their illness by supporting their health needs, enhancing their quality of life and promoting their comfort and dignity.

During the year, we made a range of physical improvements including replacement of carpets throughout, installation of new window coverings and refurbished the furniture in patients' rooms.



23,023

ATTENDANCES AT OUR
EMERGENCY DEPARTMENT

OUR CORPORATE PERFORMANCE

During 2009-10, we worked to strengthen our corporate performance via strategic approaches to all aspects of our business, intended to improve the quality of our services, ensure wise use of our resources and increase efficiencies. This is shown in our applications of strategic and business planning, contract management and application of technology, as well as our management of clinical and corporate services.

Overall financial performance

Strong leadership from management teams across Cabrini Health led to improved financial performance in 2009-10. Under the guidance of the Governing Board and the Audit and Risk Management Committee, our full year financial result was an improvement in net surplus of 137 per cent from 2008-09 and 52 per cent better than the 2009-10 budget, with all operating divisions achieving improved surpluses from 2008-09.

During 2009-10, we invested in the implementation of our *Cabrini Health Strategic Plan 2010-12*. Continued strength in operational and financial performance against targets will enable us to achieve our strategic objectives.

We are continuing to focus on managing our key revenue and cost drivers to deliver a consistently strong financial performance. This will ensure that we are able to continue to maintain and upgrade our infrastructure throughout the health service and support growth of our services.

A key operational program of our strategic plan was establishment of a transparent budget. This has provided vital information and enabled business units and management across Cabrini Health to increase their knowledge and accountability for their financial performance.

We undertook a range of internal audit reviews during 2009-10 including:

- Revenue and Billing Process
- Procurement and Supplier Management
- HR and Payroll
- Budgeting and Forecasting
- Marketing and Community Relations

These reports are approved by the Executive Directors and presented to the Board Audit and Risk Management Committee. They are followed up and progress is reported to the Board Audit and Risk Management Committee on a six-monthly basis.

Cabrini Linen Service

Cabrini Linen Service is Victoria's leading state-of-the-art commercial laundry facility and ISO accredited. We produce 120 tonnes of linen per week and employ 120 staff representing diverse cultural backgrounds. Our services include deluxe linen products for the health and hospitality industries, including sterile theatre bundles and drycleaning. Our clients include Cabrini Health, Peninsula Health, St Vincent's and Mercy Private, St John of God, Arcare, The Bays, Quest apartment properties and specialist surgeries.





In January 2010, we received a special commendation in the Australian Achiever Awards for highly consistent levels of outstanding customer satisfaction ratings over a period of six years, achieving an average of 96 per cent in customer satisfaction, which is a record in the industry.

We maintained sustainable energy and environmental practices and received acknowledgement for completion of our water map. Environmental testing of our recycled water was carried out with no issues identified.

During 2009-10, we achieved our best ever financial performance: revenue was \$12.1m (which is a 9 per cent increase on the previous year) and our surplus was \$1.6m (14 per cent higher than target and a 16 per cent increase on the previous year). Our income supports Cabrini Health's community development and social outreach projects.

We continued to provide ongoing employment for disenfranchised people: unskilled and semi-skilled workers who would otherwise struggle to find suitable employment, including newly arrived immigrants, long term unemployed, homeless and at-risk youth.

Cabrini Medical Imaging

Cabrini Medical Imaging is a leading edge service offering the latest technology, specialist radiologists and highly trained technical and nursing staff. It provides a range of diagnostic services to patients and the public including: x-ray, fluoroscopy, digital mammography, ultrasound, Doppler, computer tomography (CT), nuclear medicine, magnetic resonance imaging (MRI), angiography and OPG (panoramic dental X-Ray).

Throughout 2009-10, we performed a total of 126,399 tests

– 111,317 of them at our Malvern campus and 15,082 at our Brighton campus.

During 2009-10, there was much positive change in Cabrini Medical Imaging:

- The purchase of a Toshiba digital x-ray system has meant the removal of the last 'wet' processors, reducing the amount of film produced, which has both environmental and cost saving benefits.
- The introduction of a patient queuing system, 'Qflow', in the reception area has allowed us to monitor the patient journey and identify delays. It has also allowed patients to sit comfortably with family and friends before being called to the reception desk.
- Our picture archival and communication system (PACS) has become a way of life for all radiologists and technologists within Cabrini Medical Imaging and Cabrini Health's emergency department and intensive care unit. Most Cabrini Health clinicians have PACS installed and many external referrers have access to digital images via 'Cabrini Direct'. This allows digital transfer of images from the point of patient capture, through reporting to report dissemination. It enhances patient care through the rapid provision of images directly to the referrer.

In 2010-11, our present CT scanners will be replaced by two GE 128-slice scanners, which will enable us to offer a cardiac CT imaging service, as well as perform orthopaedic functional imaging and dynamic respiratory examinations using the lowest possible radiation dose.

We invested in the professional development of our staff with several undertaking postgraduate studies in MRI and health administration. Staff recently appointed to senior positions attended various management courses. Other activities

OUR CORPORATE PERFORMANCE

Involving our staff included audits, patient surveys and involvement in social outreach programs.

We experienced growth in paediatric radiology and Cabrini Medical Imaging Brighton.

Cabrini Pathology

Cabrini Pathology is integral to our patient care and has been part of Cabrini Health since the laboratory was established in 1958. It was the first pathology laboratory established in a private hospital in Victoria.

Cabrini Pathology provides a 24-hour, high quality onsite diagnostic service, with testing performed in histology, cytology, microbiology, transfusion services, haematology and biochemistry. We operate 12 collection centres across south-eastern Melbourne and a collection service for all Cabrini Health sites. Also, we conduct home visits in our local communities.

Currently we employ approximately 130 high qualified, dedicated staff who work closely with other medical professionals. Revenue earned by Cabrini Pathology is reinvested in Cabrini Health's patient services, facilities and social outreach activities.

During 2009-10, Cabrini Pathology was operating in an uncertain regulatory climate due to significant reductions in

pathology funding in the last two Federal Budgets. This has resulted in changes to billing policies, increased competition to maintain market share and increased pressure to differentiate services to meet the needs of clinicians and patients. It was primarily a year of consolidation to provide a basis for future growth.

We increased our focus on customer service and promotion of Cabrini Pathology's services including establishment of a Customer Liaison position and a display at Cabrini Malvern during Pathology Week in March 2010. Customer satisfaction surveys were conducted with patients and clinicians to inform plans for improvement of the service.

During 2009-10, we increased our services by 5.2 per cent with 12,000 more episodes of patient care than the previous year mainly due to an increased workload within Cabrini Health facilities. We increased our productivity, which helped to offset the effect of funding cuts and achieved an increased surplus. The development of Cabrini Brighton required more pathology services to support its operation, resulting in more than 10,000 patient referrals during the past year.

Chemtronics

Chemtronics is the largest business of its kind in Australia with some 350 major clients including private healthcare groups, national groups and large government contracts. We provide specialist services for medical equipment, from basic instruments through to high-end technologies.

Despite the impact of the global financial crisis, Chemtronics Biomedical Engineering performed well in 2009-10. A dip in revenue was offset by the development of other business streams which are anticipated to grow further in the future. In 2009-10, Chemtronics built on strong relationships and entered into long term partnership agreements with major national biomedical clients, servicing and maintaining more than 200,000 assets with a value of \$1.6bn.

Hospitech Facilities and Asset Management, which provides services for facilities and buildings, continued to expand. In 2009-10, we were engaged on a long term basis to consult on a number of prestigious new hospital construction projects in Victoria and Western Australia. Hospitech was also asked to become a reference for the management of hospital based





facilities maintenance services for smaller public hospitals by the Victorian Department of Health. This is based on audits conducted at client sites managed by Hospitech.

In-a-Tick Compliance Testing Services is a new business stream introduced in January 2010, which expands the range of technologies serviced but focuses on compliance rather than maintenance. The focus for this business stream is the public health sector and the new business operates from a newly established site in suburban Preston. There has been strong growth to date and we intend to roll this business model out nationally.

In New Zealand, Chemtronics has been operating hospital based biomedical management services for more than six years. In 2009-10, we introduced a direct service model and attracted a range of smaller hospital clients. A national contract with the New Zealand Defence Forces commenced, which boosted our business and extends our coverage to most areas within the North and South islands. A Chemtronics New Zealand office was opened in June 2010 and several new staff were appointed to service our new clients.

Communication services

Our communication service is staffed by 35 employees and volunteers who operate our telephone call centre from 6 am-11 pm, information booth at Cabrini Malvern, mailroom, internal couriers, pathology couriers, printing services, signage and audiovisual support.

In 2009-10, our initiatives and activity included:

- Establishment of two new staff coordinator positions – a Communications Coordinator who manages our call centre, drycleaning desk and information booth; and a Printing

Services Coordinator who oversees our mail centre, printing and internal couriers

- Installation of 70 new multifunction devices throughout Cabrini Health involving every campus – the new machines have print, copy, scan and fax capabilities and provide cost savings on our previous arrangements

Our future plans include:

- A new courier van featuring a hydraulic lift to minimise occupational health and safety risks and increase efficiencies
- Introduction of a new computerised telephone system to increase efficiency, improve reporting and enhance our directory system
- Redesign of the physical environment of our telephone call centre, in order to enhance improve teamwork and safety

Engineering

Our engineering department provides a broad range of facility and essential services throughout Cabrini Health.

During 2009-10, we increased our focus on compliance and environmental issues, while maintaining momentum on our works completion rates of greater than 95 per cent and the implementation of many capital improvement projects.

We established the new position of Compliance and Utilities Management Engineer, in order to support legislative environmental reporting requirements (with emphasis on greenhouse gas emissions and resource efficiencies) and compliance programs.

We maintained our ISO 9001 accreditation. Currently we are working toward obtaining ISO 14001 environmental accreditation within two years across all campuses.

OUR CORPORATE PERFORMANCE

Multiple capital improvement projects supported and managed by engineering staff has increased reliability and improved facility redundancies while improving our asset lifecycle management principles.

Staff contributed positively to innovative concepts in energy, communication, waste management and service delivery, which will ultimately enhance the sustainability of our organisation.

Logistics

Our logistics service provides a seamless support service for Cabrini Health and oversees the purchase of most requirements and management of contracts for all our sites with a staff of 14 people.

While we expend approximately \$56m each year, we hold only 5 per cent in inventory at any time as our computer system allows us to purchase and receive items efficiently and on demand rather than holding them in anticipation. We expect this system will become even more effective as our suppliers gain the capability of dealing with us electronically.

Our approach is to concentrate on the material requirements of all departments so they can focus on providing patient care – that is, our clinical staff are not required to look at stocklists because we perform this function for them.

Work is underway on a prosthetic ordering/data system to ensure patient consent is obtained for any gaps in the cost of health insurance cover and the prosthesis item needed. This will save nursing time by ensuring that all appropriate checks take place at the time that the patient's procedure is booked rather than when it is due.

We are planning an upgrade to our technology in 2010-11, which will improve our management-information system with more robust and efficient management and monitoring and a web-based electronic data interface.

Hotel services

In an effort to make our patients' hospital stay as comfortable as possible and enhance their recovery, we work to provide a hotel-like service within our healthcare facilities. We do this via our patient admission services, food services, linen services, housekeeping and overall customer service approach.

Among our peers, we occupy the first position in areas such as cleanliness, food and customer service.

Food services

In 2009-10, we provided 620,000 meals for inpatients, visitors, night nurses, day procedure centre and oncology department – approximately 1698 meals per day. We catered for major functions such as the annual doctors' and donors' dinners, providing more than 18,000 meals.

On Christmas Day 2009, a small gift was hand delivered to all patients by three food service staff on behalf of the Missionary Sisters of the Sacred Heart of Jesus and Cabrini Health.

We support Cabrini Health's social outreach programs via regular donations of food. During 2009-10, we provided 1000 sandwiches, packets of cereals, sugar, tea, coffee, spreads and drinks to Jewish Aid Australia and the Wellington in Collingwood.

Our Terrace Café sold more than 96,000 sandwiches/rolls and crushed more than 1800 kg of coffee beans. Approximately 276,000 hot beverages were dispensed in the free coffee machines equating to 509 kg of tea, coffee and sugar.

We supported social outreach programs such as the sale of Abbotsford biscuits for the Jesuit Social Services.





Domestic services

During 2009-10, we focused attention on the environmental impact of our domestic and cleaning service, particularly the use of chemicals and paper products.

We reduced the number of cleaning products used daily from eight to three and introduced environmentally friendly and unbleached products in late 2009. We performed more than 1500 steam cleans and vacuumed more than 17 km of carpet each day.

In 2010-11, we are planning a number of improvements including:

- Introduction of Certificate III for all domestic service staff and the Diploma in Management for all supervisors
- Continuous inhouse training for all hotel services staff in customer service
- Review and redesign of patient menus considering demographics, needs and preferences
- Introduction of online food safety training available for all staff

Information services

Our Information Services department provides a comprehensive information and communication technology service for Cabrini Health, managing all information technology infrastructure and applications across Cabrini Health including more than: 100 applications; 1000 PCs and 200 laptops; 160 servers; 250 printers; and 100 iphones/ipads.

In 2009-10, we developed an information and communication technology (ICT) strategy to support the *Cabrini Health Strategic Plan 2010-12*. A key objective is to be a "leader in

using health information management to improve our service to patients and families, thereby enhancing the patient experience". Our ICT strategy has three phases: foundation, growth and vision.

While the first phase focuses on ensuring we have robust infrastructure and leverage existing investments, we have also introduced a number of new initiatives. For example:

- We have implemented wireless infrastructure across our Cabrini Brighton and Malvern sites. This has provided access to Cabrini Wireless Internet for patients and doctors. Also, it is being utilised by staff who have mobile devices such as iphones.
- A picture archive and communication system (PACS) was introduced at Cabrini Medical Imaging. It allows digital images to be stored as an archive. PACS improves the accuracy of diagnosis, meaning better outcomes for the patient. Digital images are rapidly transferred to the radiologist for reporting, and the images and results are available to the referring doctor electronically. PACS removes inefficiencies associated with storing, transporting and handling hard copy films, while eliminating the risk of lost films.
- Our intensive care unit (ICU) has been trialling the Computer On Wheels (COW) since December 2009. It consists of a laptop computer securely fastened to a stable trolley. The COW communicates via a wireless telemetry with the hospital IT Infrastructure. This provides continuous access to the hospital database and online pathology results, as well as the recent addition of x-rays and scans. Also, it provides online access to medical databases and therapeutic guidelines, such as antibiotic guidelines.

OUR GOVERNANCE

The Cabrini Health Governing Board is appointed by the Missionary Sisters of the Sacred Heart of Jesus (the Cabrini Sisters) to govern Cabrini Health facilities in Australia. The 14-member Board brings a broad range of experience to the role and is responsible, subject to the approval of the Provincial Superior and the Provincial Council, for appointing the Chief Executive, the Executive Director, Medical Services and the Executive Director, Mission Integration. The Board is responsible for the strategic direction of the organisation and for ensuring appropriate governance structures are in place.

PROFESSOR PETER PHELAN, CHAIRMAN

**Member since March 2004;
Chairman since September 2006**



Peter is the Emeritus Professor of Paediatrics at the University of Melbourne. In 1997, he retired as the Stevenson Professor and Head of the Department of Paediatrics. Peter has served on many Commonwealth and State Government committees dealing with health policy, health delivery and medical education issues. His clinical and research interests were in paediatric respiratory medicine on which he published extensively. Peter is a member of the Cabrini Institute Council.

ASSOCIATE PROFESSOR

JOHN SANTAMARIA,

**Member since August 1992;
Vice Chairman September 2005-October 2009**



John is the Director of St Vincent's Hospital's intensive care unit. Also, he is National and State President of the Australian & New Zealand Intensive Care Society. He graduated in medicine at Melbourne University and undertook a Doctorate in Medicine on breathing control. John is a member of the Cabrini Institute Council, Patient Experience and Clinical Governance Committee and is the Chairman of the Health Ethics Committee.

DR MICHAEL WALSH, PUBLIC OFFICER/SECRETARY

Member since December 2008



Michael has a distinguished career in hospital and health administration in Victoria, Western Australia, the UK and the Middle East. He is a medical graduate of Monash University and holds a Master in Public Administration from the Kennedy School of Government, Harvard University. Michael is a Fellow of the Royal Australasian College of Medical Administrators and the Australasian College of Health Service Managers. He is a member of the Audit and Risk Management Committee; the Patient Experience and Clinical Governance Committee; the Mission and People Committee; and the Cabrini Institute Council.

BRUCE H BARRACLOUGH AO

Member since December 2009



Bruce is Dean of Education at the Royal Australasian College of Surgeons, Associate Dean (Clinical Strategy) at the University of Western Sydney Medical School, Board Chair at Australian E-Health Research Centre and Senior Clinical Advisor to the NSW Director General and Minister for Health. He serves on working parties for the World Health Organization World Alliance for Patient Safety and is Past President of the International Society for Quality in Health Care. Bruce is a member of the Patient Experience and Clinical Governance Committee.

SISTER SHARON CASEY MSC

Member since August 2008



Born in USA, Sr Sharon recently served two terms as a Provincial Councillor with the Stella Maris Province. Her background is in education and she holds a Master of Science in Religious Education from New York's Fordham University. Sr Sharon has served as Executive Board Committee Member for Cabrini High School in New Orleans and the Cabrini Centre for Nursing and Rehabilitation in New York. She also served as Vocation Director for the Missionary Sisters of the Sacred Heart of Jesus. Sr Sharon is a member of the Cabrini Apostolic Planning Committee and the Mission and People Committee.

DAVID CURTAIN QC**Member since March 2007**

David is a barrister who practises in a wide variety of areas including medical and other professional negligence, commercial litigation, civil juries and personal injuries. He was appointed Queen's Counsel (QC) in 1993. David is a former Chairman of the Victorian Bar Council, a former President of the Australian Bar Association and the former President of the Medico-Legal Society of Victoria. David is a member of the Cabrini Health Human Research Ethics Committee.

SYLVIA FALZON**Member since March 2010**

Sylvia has more than 26 years' experience in the financial services industry and has held a number of senior executive positions with Aviva Investors, Alpha Investment Management and AXA, specialising in funds management, superannuation, operations and governance. She is a member of the Managed Fund and Superannuation Advisory Council for the Financial Services Institute of Australasia and has been a lecturer and taskforce member for more than 12 years. She is the past Chair of the Peter MacCallum Breast Cancer Committee. She is a Director of Museum Victoria. Sylvia holds a Master of Industrial Relations (Hons) from the University of Sydney.

PETER MAHON**Member since March 2009**

Peter is the CEO of Royce. He has extensive experience in the corporate, government and not-for-profit sectors. Peter's experience in the healthcare sector includes providing communication advice to the Commonwealth Department of Health and Ageing, Therapeutic Goods Administration, Victorian and Commonwealth Departments of Human Services, Medicare Australia, Royal Children's Hospital, Mercy Hospital for Women, St Vincent's Health, Affinity Health, Villa Maria Society, Freemasons Hospital and the Sisters of Mercy. Peter served as a member of the Xavier College School Council and is a former chair of the Xavier College Foundation. He is a Board member of the Sacre Coeur Foundation and the Salvation Army Board of Advice.

PETER MATTHEY**Member since July 2005**

Peter is a senior partner at KPMG and a Director of KPMG Transaction Services. He has more than 30 years' experience in public accounting, primarily in the audit division of KPMG and, in recent years, in the Transaction Services Division. His primary industry focus is financial services with significant sector experience in healthcare, energy and natural resources, infrastructure and transportation and market traded products. Peter specialises in due diligence advisory and capital market transactions in the role of independent accountant reports for public offer documents. Peter has worked extensively throughout the Asia Pacific region and is a Fellow of the Institute of Chartered Accountants in Australia. Peter is Chair of the Patient Experience and Clinical Governance Committee.

SISTER HELEN MONKIVITCH RSM**Member since July 2008**

Sr Helen is a member of the Mercy Health & Aged Care's executive team. She is responsible for the group's leadership development and mission. Sr Helen was CEO and Sister Administrator of the Mercy Hospital for Women 1984-95 and CEO 1986-88. She holds a Master of Health Planning from the University of New South Wales, a Bachelor of Arts from Swinburne Institute of Technology and a Diploma of Nursing Administration from Lincoln Institute of Health Sciences. Sr Helen was a member of the congregational leadership team of the Sisters of Mercy Melbourne 1994-2000 and a member of several Boards of Governance. She was the President of Catholic Health Australia and the Australian College of Health Services Executives (Victorian branch). Sr Helen is a member of the Patient Experience and Clinical Governance Committee.

SUSAN PASCOE AM**Member since October 2007**

Susan is the Commissioner (Regulatory Reform) of the Victorian State Services Authority. She was CEO of the Catholic Education Commission of Victoria and Chief Executive of the Victorian Curriculum and Assessment Authority. She is Chair of the Australian National Commission for UNESCO and a Director of the Senate of the Australian Catholic University. Susan is the past President and Fellow of the Australian College of Educators, Fellow of the Australian Institute of Public Administration, the Australian Institute of Management and the Australian Institute of Company Directors. She is a member of the Patient Experience and Clinical Governance Committee.

RICHARD ROGERS**Member since June 2007,
Vice Chairman since October 2009**

Richard's professional experience is in the property development, business advisory and retail sectors. He is Joint Managing Director of Roger David, sits on various boards and acts as advisor to a number of businesses. Richard has been heavily involved in community activities and is a former President of a number of Jewish community organisations. He is currently Director of the Gandel Philanthropic Trust. Richard is a member of the Audit and Risk Management Committee.

SISTER BARBARA STALEY MSC**Member since June 2010**

Born in USA, Sr Barbara holds a Master in Social Work and a Bachelor of Science Education. She also studied Theology in Rome. Since 2004, Sr Barbara has been the Director of Child Care Services & Administrative Services (Finance) at Cabrini Ministries in Swaziland (Africa). From 1995 until 2004, she was Director of Programa CIELO at St Anthony Hospital Chicago, an agency providing healthcare and social service access for immigrants. She also worked as a therapist in the outpatient psychiatric unit at the hospital. Sr Barbara has worked in pastoral care in Guatemala.

FATHER BILL UREN SJ**Member since February 2006**

Fr Uren is Rector of Newman College at the University of Melbourne and a member of the National Health and Medical Research Council Australian Health Ethics Committee. He is a Jesuit priest and a former President of the Catholic Moral Theology Association of Australia and New Zealand. Fr Uren is a graduate in moral philosophy, jurisprudence and theology from Melbourne, Sydney and Oxford universities and the Melbourne College of Divinity. He has lectured extensively in moral philosophy and bioethics at Australian universities and has served on both clinical and research ethics committees in hospitals, universities and professional bodies. Fr Uren is a member of the Human Research Ethics Committee and Chair of the Mission and People Committee.

RAY WHELAN**Member since August 1987, retired October 2009**

Ray's professional background is in the corporate banking and financial services sectors. He is a senior executive with the publicly listed company McMillan Shakespeare Ltd (known as MAXXIA), a firm that provides remuneration planning consultancy and administration. Ray is a past Chair of the Governing Board.

ROBERT ZAHARA**Member since July 2005**

Robert is CEO of Metecno Pty Ltd, an Australian leader in insulated building panel manufacture and installation with ten factories across the country. He holds degrees in chemical engineering and arts, as well as a Master of Business Administration. He has spent most of his working life in public company environments. Robert is Chair of the Audit and Risk Management Committee.

SISTER PIETRINA RACCUGLIA MSC, Provincial Superior, Stella Maris Province, is a member of the Board.

The Cabrini Institute is committed to improving the health outcomes of our patients and to creating value for the organisation. This is achieved through involvement in clinical education and research, all undertaken within an ethical framework.

Knowledge management supporting healthcare change

The *Cabrini Health Strategic Plan 2010-12* clearly identifies our organisational focus on improving our patients' experience and improving the quality and safety of the patient care we deliver.

Cabrini Health's Nursing Services and Clinical Governance units have embarked upon a program using lean strategies to develop organisation-wide capacity among staff at all levels for process problem solving, which will drive and support our improvement changes.

Our patients, quite rightly, expect that innovation and new service development in healthcare will be based on data and evidence, and that the outcomes of innovation will be routinely and thoroughly evaluated.

The Cabrini Institute, in partnership with the Cabrini Information Technology and Education departments, is leading a project team to develop a knowledge-management framework for Cabrini Health. It will be an essential foundation for our staff and future patient care innovation.

Institute outcomes in research and education

The *Cabrini Institute Annual Review 2009-10* presents the achievements and plans of our research and clinical education programs at Cabrini Health. The list of projects approved by the Cabrini Human Research Ethics Committee demonstrates the breadth of research being conducted.

In June 2010, the BUPA Health Foundation announced that Cabrini Health and Associate Professor Michele Levinson had been awarded one of the Foundation's eight 2010 health

awards in the category of 'Healthy Ageing'. Associate Professor Levinson received the award for her research into the health outcomes in elderly patients following cardiac surgery.

Cabrini Health is committed to the education of our future healthcare workforce. Our education programs are outlined in the review. For the first time, in 2009-10 we were privileged to welcome two medical students from the Monash University campus in Malaysia.

Institute leadership and governance

The Institute Council oversees the governance and work of the Institute and research across Cabrini Health. Professor Neville Yoemans joined the Council in February 2010. Mr Paul Exell retired from the Council in November 2009, having been a member since the Council's inception. Associate Professor Wilma Beswick also retired from Council during the year. The retiring members made major contributions to Council and to the work of the Institute.

In November 2009, Associate Professor Paul McMurrick was appointed to the position of the Fröhlich West Chair of Surgery and Head of the Cabrini Monash University Department of Surgery. Associate Professor McMurrick is a colorectal surgeon, and together with his colleagues, is developing clinical and translational research programs.

The work of the Institute is dependent on our research and administrative staff, the doctors and nurses who support the clinical education programs, the support and encouragement of the Missionary Sisters of the Sacred Heart of Jesus and Cabrini Health's Board of Directors, as well as the invaluable support of our donors and sponsors.

OUR FRIENDS AND SUPPORTERS

Cabrini Health and our communities benefit from a wide range of partnership and fundraising activities, providing vital opportunities for involving community members in the provision of our healthcare services. During 2009-10, our fundraising efforts generated more than \$2.1m for our health service.

Cabrini Foundation

The Cabrini Foundation is a key link between the organisation and the community. It supports the work of Cabrini Health through actively pursuing funding for major projects and equipment, as well as education, research and scholarships for the development of the next generation of doctors and nurses. As a not-for-profit, private healthcare facility, Cabrini Health receives no direct government funding. The Foundation's work is essential so that Cabrini Health continues to provide a wide range of vital healthcare services to our community.

We are fortunate to have many generous supporters and advocates including individuals, philanthropic trusts and foundations, corporate supporters and business leaders.

During 2009-10, we received many In Memoriam gifts for family members or friends. We also received 'celebration' gifts in lieu of presents for birthdays, anniversaries and other special occasions.

Regular contact has been maintained with all of our supporters through the regular *Cabrini Connections* newsletter and with our direct mail appeals.

We are grateful to all our supporters for their commitment and generosity. Cabrini Health's Board and senior staff had the opportunity to thank many of our donors for their continued support at the annual donor dinner held in November 2009.

The *Cabrini Health Strategic Plan 2010-12* recommended that the Cabrini Foundation and the Marketing and Community Relations department be restructured into independent departments.

The Board's decision to emphasise the importance of fundraising has been implemented with the recruitment of

professional fundraising staff who will focus on philanthropic fundraising. The Foundation welcomed Bobbie O'Carroll as Database Manager in March 2010 and Sue James as Director of Fundraising for Cabrini Health in May 2010.

Foundation 49

Foundation 49 (established 2001) is an initiative of Cabrini Health and works to reduce the number of men dying from preventable conditions by raising awareness of men's health issues and encouraging men to have an annual check up.

Foundation 49 was one of only three men's health organisations invited to the launch of the new national men's health policy. Australia is only the second country in the world to have a men's health policy. Also, we were invited to participate in the new Victorian Men's Health and Wellbeing Strategy and to present to the Senate Select Committee on Men's Health.

Foundation 49 provided more than 2000 health checks at many workplaces across Melbourne. Our team of nurses identified a number of major health issues among workers who were referred for further assessment.

During 2009-10, we gave 20 health education talks to the community focused on maintaining and improving health and wellness and sources for reliable information and help. Also, we produced four new editions of our magazine *A Whole New Ball Game*, with the support of beyondblue. The magazines are distributed via subscription, community events, men's health groups, neighbourhood houses and schools.

The Foundation 49 website www.49.com.au features men's health information, an interactive short health assessment and fact sheets in eight languages.



Let's Beat Bowel Cancer

An initiative of Cabrini Health, Let's Beat Bowel Cancer is a community awareness program dedicated to saving lives through bowel cancer research, education and prevention.

During National Bowel Cancer Awareness Week (7-13 June), we undertook a comprehensive media campaign based around the message 'Life's too much fun to miss!'. The campaign included mass media advertisements, publicity, postcards, outdoor advertisements, direct mail and online advertising, as well as internal communications. Also, our website www.letsbeatbowelcancer.com was improved to allow instant online ordering of screening tests.

The campaign encourages all Australians older than 50 to be screened for bowel cancer. One Australian dies from bowel cancer every two hours and early detection is the only prevention.

The sixth annual golf classic was our major fundraising event. With the combined efforts of the golfing event and inhouse auction, we raised a further \$145,000 towards the goal of \$1m to provide funding for bowel cancer research and education. Celebrities at the event included ambassador Geoff Cox (television personality), tennis champions Todd Woodbridge and John Fitzgerald, Australian cricketer Shane Warne and former AFL footballers John Barker and Ross Smith.

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 Educational Scholarship
 In Memory of Edgar (Ted)
 R Tanner
 Wallis Family

Memorial funds

Charles Francis AM, RFD, QC
 Joyce Reed
 Richard John Savill
 William Van Ryn

PSYCHO-ONCOLOGY RESEARCH UNIT (founded by the Szalmuk Family)

Stewardson Family Trust
 David and Chasya Tamir

CABRINI CARDIOLOGY RESEARCH FOUNDATION – CCU UNIT (founded by Joseph and Helena Frolich West)

Dr Nathan Better
 Dr David Irons
 Cabrini Cardiac Nurses



44,267

OPERATIONS WERE PERFORMED
IN OUR SURGICAL THEATRES

COMMUNITY BENEFIT REPORT

We are proud of the comprehensive healthcare service that we offer to our local community that is detailed elsewhere in this report. However, our identity as a Catholic and Cabrini service impels us to do much more than this. We are a community of care seeking to provide a distinctive service that addresses the needs of the whole person, enhancing the physical, social, emotional and spiritual dimensions of being human.

The motivation of faith in a loving and healing God, which is expressed in our values, keeps our vision focused not on what we have achieved, but on needs that are not yet being met. Despite having a world-class healthcare system, there are healthcare needs in Australia that are poorly addressed. We know that we are called to respond to these, wherever and however we can.

We are a major employer and service provider in our local community. We recognise that with this comes a responsibility to be involved in activities that serve to strengthen community life. This responsibility is evident in initiatives that build a sense

of community within our organisation, as well as activities we undertake and services we support beyond our organisation.

We are conscious that we are not owners but stewards of the resources entrusted to us. Strong corporate governance systems ensure ethical management of our financial resources. We also embrace the moral and ethical dimensions of the environmental challenge to live our faith in relation to all of God's creation.

This report details our contribution to our community across these three dimensions during the past 12 months.

COMMUNITY BENEFIT REPORT RESPONDING TO HEALTHCARE NEEDS

We believe that everyone deserves respect and the best possible healthcare...

Meeting the needs of our local community

It is well known that Australia's population is ageing. This trend is amplified in the main catchment areas for our acute care services – Stonnington, Glen Eira and Bayside – where residents aged 65 and older are over-represented compared to Victoria as a whole. While there is a high level of private health insurance in these areas, many of the older patients attending Cabrini Health are asset-rich and cash-poor. We assist these patients to access our services by limiting out-of-pocket expenses for healthcare card holders and pensioners, as well as providing services tailored to meet their needs. For example, we partnered with the Commonwealth Department of Veteran Affairs to pilot two programs for their members that provide support and resources in the home to enable patients to be safely discharged, confident that their care needs will be met. These two programs have become the industry standard. While most work in private hospitals is elective surgery, we have a commitment to offer comprehensive medical services. In relation to site of care, we offer a hospital-in-the-home service to provide a real alternative to in-hospital care.

The success of these measures is reflected in the profile of our patients. In 2007-08, 44 per cent of our total separations were patients over 65 years of age, compared with 36 per cent for all Australian private hospitals. In 2009-10, 45 per cent of separations at our acute care facilities were patients over 65 and 19 per cent were over 80 years of age. Fifty-four of these separations were patients 100 years or older, with five being for patients aged 104 years.

The commitment to access extends to Cabrini Ashwood, our residential aged care facility. Compared to a for-profit provider, we serve a higher number of concessional residents and have fewer extra services residents, with an estimated value of more than \$500,000 per annum. We have a lower average bond value, with a loss of approximately \$8.75 million. We have an agreement with several religious congregations to provide care for their members and forgo accommodation bonds on these beds, leading to lost income of approximately \$250,000.

At the other end of the lifecycle, we have a commitment to serve the young families in our catchment areas and made a decision in 2004 to expand our paediatric service, contrary to the general trend in the private sector. Our children's centre opened in 2005 and in 2009-10, we restated our commitment to this service by increasing theatre time for our paediatric surgeons. This was done at the expense of dentistry, where we made a decision to limit access to children with disabilities who require a general anaesthetic for a dental procedure. We are the only private hospital in Victoria to offer this service.

Developing new service responses

In the private healthcare system in Australia, the funding model promotes a focus on hospital based care in contrast to the public system where there is a greater emphasis on population health. Ten years ago, we broke new ground with the establishment of palliative care in the private sector and we continue to be the only provider – public or private – to offer an integrated inpatient and home based service. With this experience behind us, during the past 12 months we have started to develop new models of care for patients with chronic illnesses that cross the boundaries of our facilities, with a view to better support our patients in the community. We believe that this approach will lead to improved quality of life and prevent unnecessary admissions and readmissions into hospital.

Aboriginal health

We recognise that Aboriginal health is an area of great need in Australia. However, our geographical location and private status limits our ability to develop a response through our core services. We respond, instead, through our social outreach program. For example, during the past two years we have been involved in the Menzies School of Health Research 'Getting Every Child's Heart Okay' (gECHO) project. It seeks to identify the incidence of rheumatic heart disease (RHD) among Aboriginal children in remote communities. RHD is a disease of disadvantage, starting as a simple infection that if untreated results in chronic health problems. We have contributed



\$25,000 per year to the project costs and, arguably of more substantive value, our cardiac technologists have participated in trips to remote areas in the Northern Territory to perform echocardiograms on the children.

A greater burden of disease and risk-taking behaviour leads many Aboriginal people to be admitted to our public hospitals. It is often in these times of crisis that family networks, which may have been fractured or dormant for some time, are re-activated. We have developed a strong relationship with the Indigenous Hospitality House, a service offering accommodation and friendship to Aboriginal people living outside Melbourne who have a family member in a Melbourne hospital. In offering hospitality to Australia's first people, this group of volunteers make a significant practical gesture of reconciliation on behalf of the whole community. We are grateful that we are able to play a role in this act of compassion.

Mental health

Mental health is another area of great need in our community. We respond through our social outreach program where we have developed partnerships with agencies that serve the poor and marginalised. The St Kilda Parish Mission Drop In Centre (SKDIC) is an example of our work in this area, where we maximise our financial support through our buying power, enabling staff to create a welcoming environment through the provision of a breakfast and lunch program. Programs such as these do not fit the mainstream mental health funding model but are a basic need given the client group served. With the support of staff from our Hawthorn campus, we have found ways to extend the sense of community. Each year, our staff

host an art exhibition for the participants of the art group and we invite the clients to join us at the exhibition opening held at our Hawthorn campus. At Christmas time, we buy personalised gifts for clients with the assistance of the SKDIC staff. These gifts are cherished as they are meaningful and they are often the only Christmas gift the client receives.

Social determinants of health

There has been much written about the social determinants of health since the World Health Organization established a commission in 2005 to provide advice on how to reduce the growing health inequities within and between countries. In Australia's context, it has been found that in some cases, a person's level of education, home life and financial resources have a stronger influence on their health and wellbeing than biomedical factors. And so, at Cabrini Health, when we consider healthcare, we take this broader view.

We have supported the work of Opening the Doors Foundation since its inception. It adopts the ancient wisdom of indigenous societies, which nurture children and educate them in an appropriate way so they can function successfully within their world. It offers a way for Aboriginal families to choose the most suitable education for their children to equip them to function equally with the rest of Australian society but not at the expense of having to surrender their identity and the culture. In 2009-10, we extended this thinking to our local community, entering a partnership with Stonnington Primary School to support a tutoring program designed for Aboriginal children enrolled at the school.

COMMUNITY BENEFIT REPORT RESPONDING TO HEALTHCARE NEEDS

Sacred Heart Mission embarked on an action research program in 2009 to pilot a model of investing the time and resources necessary to establish meaningful relationships with clients as a platform to address the underlying causes of homelessness. We are a proud supporter of this approach and have pledged \$150,000 over the three-year life of the project.

Health promotion

Believing in the old adage that prevention is better than cure, we have invested in health promotion through two Cabrini initiatives: Foundation 49 and Let's Beat Bowel Cancer.

Foundation 49 is a men's health promotion unit established as a direct response to the fact that each hour in Australia, more than five men die from conditions that are potentially preventable. It is dedicated to improving the health status of men across each decade of life. As well as conducting 1700 health checks for men in workplaces under WorkSafe Victoria's WorkHealth program, in 2009-10 Foundation 49 provided health checks to 350 men at public events, presented education sessions reaching more than 400 people, promoted men's health at conferences and published a men's health magazine.

Let's Beat Bowel Cancer is a community awareness and education program dedicated to saving lives through improved bowel cancer research, education and prevention. Even though bowel cancer is the second greatest cause of cancer-related death in Australia – and our most prevalent internal cancer in men and women – it is also the most preventable. In fact, if all people over 50 did a simple, non-invasive test that can detect the early signs of bowel cancer each year, we could end bowel cancer. This is the focus of our media campaign.

International health

Australia is a lucky country when it comes to good quality healthcare. Through our social outreach program, we strive to improve the health and wellbeing of people in other, less well-resourced parts of the world. With more than 60 years experience in the Victorian healthcare sector, we have expert knowledge and skills and access to resources that we are able to share. Our work in international health is built on relationships that span the globe, with a strong concentration in our local region, particularly in Papua New Guinea (PNG).



Our first foray into international health was in Swaziland, where the Missionary Sisters have had a presence for nearly 40 years. Health needs in Swaziland have changed greatly over this time, with the main priority now being the HIV-AIDS epidemic that is decimating the country and multi-drug resistant tuberculosis (TB). Currently, we support a community education program, HIV-AIDS testing and counselling, as well as a treatment program for people with HIV-AIDS and/or TB. In June 2010, the program was serving 1500 clients, 490 of whom were on an active treatment plan. In the last six months of the financial year, 393 new clients were tested for HIV-AIDS and 159 (40 per cent) were diagnosed with the virus. We have made a long term commitment to continue our support of this program.

We support three health projects in PNG, which has a population of approximately 6.1 million made up of a diverse mix of people from over 800 language groups where 85 per cent of the population live in rural areas and work primarily in subsistence agriculture. Despite its geographical proximity to Australia, there are stark differences between the two nations. For example, on the UN's *Human Development Index*, which reflects a broad definition of wellbeing, PNG ranks 148 of 182 countries and Australia ranks second.

In the Gulf Province, we partner with the Catholic health services in the Diocese of Kerema to provide health services

to the Kamea people in the most remote and geographically isolated highlands region. As well as providing financial support for service delivery, we have established a mentoring relationship with the young doctor based at the hospital in Kanabea.

We partner with a primary healthcare service in Wapenamanda, Enga Province. Although this service was established with the goal of improving population health, the work has been refocused in response to the growing HIV-AIDS disease burden in PNG. Cabrini Health is the major donor, as the service receives little financial support from government. We have been able to use our relationships with medical staff to provide medical support to the clinic via a short-term placement.

Our third relationship is with Modilon Hospital in Madang Province, one of the five major hospitals in PNG. We have supported an orthopaedic service and education program for many years, however during the past two years the main priority has been assisting with the hospital's redevelopment program. The hospital is located beside the Divine Word University and we plan to extend our support to some of the health related courses, physiotherapy in the first instance. The slow pace and complexity of change in PNG has been a new experience for those involved from our organisation, however, despite the frustrations we know that long term relationships are critical to change and we have not been dissuaded by our experience.

Our other international health activities include providing training to a doctor from China and two nurses from the Philippines who all spent time in our hospitals, providing scholarship funding to train a doctor in India, shipping medical goods to the National Referral Hospital in the Solomon Islands, supporting the fledgling biomedical service in Timor Leste, enabling 40 girls and women in rural Afghanistan to undertake literacy and basic health training and supporting plastic surgery medical and service programs in the Asia Pacific region through Interplast Australia & NZ.

Medical evacuations

There are times that, in spite of strong in-country support, the healthcare needs exceed the capacity of the local healthcare system. Through our strong relationship with Children First Foundation, during 2009-10 we have supported profoundly

life-changing surgery for Joyanto from Bangladesh, Martin from the Solomon Islands and Panu from PNG at Cabrini Malvern. Joyanto first had surgery at Cabrini Health in 2006 to reconstruct his lower jaw following an incident with a bear. He has required further surgery to keep up with his growth and maturation. Martin was crushed by a log in 2008 and, although his broken legs could be attended in the Solomon Islands, his pelvic and groin injuries were beyond the scope of local services. He waited more than a year to come to Australia, eventually having surgery in September 2009. When we last saw him, he was looking forward to going home, being able to return to school and play soccer with his friends. Panu is still in the early stages of his journey, requiring a series of procedures to correct his severely bowed legs. Cabrini Brighton supports this program, having performed a minor procedure for Emai from PNG, who has had reconstructive surgery for facial burns incurred when she was a baby.

For medical evacuation cases, we provide the pre- and post-operative investigations and inpatient care pro bono. For major procedures, our theatre staff volunteer their time and prosthetics are donated, which assists in managing costs and enables us to offer the service to more children. In 2009-10, the estimated cost of this program was \$54,000.

Clinical education and research

At Cabrini Health, we recognise that we have the capacity to play a significant role in the educational preparation of doctors and nurses. We provide clinical experience to undergraduate and postgraduate medical and nursing students. While we receive some financial support for medical trainees from Monash University, our investment in medical education in 2009-10 was \$58,525 excluding the provision of equipment and facilities provided for students at Cabrini Health. We receive no financial support for the training of nursing students.

We believe that to provide the best possible care to our patients, we need skilled clinicians who are delivering best practice care. In 2009-10, we offered scholarships to the value of more than \$50,000 for clinicians who wanted to advance their clinical education and budgeted to raise \$741,000 in donations to invest in clinical research.

COMMUNITY BENEFIT REPORT BUILDING COMMUNITY

We acknowledge the need for social connection and the importance of participation in society...

Cabrini Health as a community

We are a multi-faith and multicultural community working together for a common purpose. With more than 3800 employees, 160 volunteers and 1250 medical and other accredited staff, creating a sense of belonging within our organisation cannot be left to chance.

Although most people who pursue a career in healthcare are motivated by a sense of service, as an ethical and just employer, we strive to provide fair and equitable remuneration for our employees. We also offer benefits and services to support our staff and their general wellbeing.

Like many healthcare organisations, most in our workforce are women and many of them want to return to work when their children are young. We have a well established relationship with a childcare provider in Malvern, with reserved places and a \$10-per-day subsidy for staff who use the facility. For the 12 months to 31 March 2010, 292 staff took part in this benefit. Our investment during this period was more than \$73,000 (the subsidy plus fees for the reserved places not utilised).

We provide free carparking to staff at all of our facilities. We estimate that this provides a saving of more than \$40 per week for our employees. Our investment in this staff benefit is more than \$1.6m per year. We also provide free hot beverages and some free meals to staff. During 2009-10, these amounted to more than \$73,000.

In 2009-10, nearly 3000 staff took advantage of our staff clinic and more than 2700 staff participated in our staff vaccination program. We have a peer-support network that, in the 2009 calendar year, reported 346 contacts with staff. Through our relationship with Cabrini Centacare, we are able to offer staff access to professional counselling services for work- or family-related issues. In 2009-10, more than 130 counselling sessions were subsidised. We provide subsidised access to fitness and personal training, with a fully-equipped staff gym located at our Hawthorn campus. We encourage staff to participate in 'Ride to

Work' Day in October each year with free Cabrini Health jerseys provided for the first 50 staff to sign up. Knowing the reluctance of men to initiate care of their own health, we offered health checks to our men on staff through Foundation 49.

An employee engagement survey conducted in April-May 2010 demonstrated that we have more 'engaged' and less 'disengaged' staff than our peers. The top reason identified that made Cabrini Health "a truly great place to work" was the people, reinforcing that we are starting from a strong base. During the past 12 months, we have acknowledged and celebrated our achievements, made an effort to improve communication within the organisation and sought to better engage our staff in planning our future.

Mother Cabrini's annual feast day in November provides a great opportunity to celebrate achievement. During a week of celebrations in 2009, hundreds of staff received a pin to acknowledge their service with one staff member receiving a 35-year service pin. Eleven staff and three teams received 'Partners in Mission Awards'. These peer-nominated awards recognise an outstanding contribution to our mission of care and service. Marj Clarence, Cabrini Linen Service Production Manager, received the Sister Irma Jubilee Grant that enabled her to attend an international Cabrini leadership meeting in April 2010 in USA. We also remembered former staff and people associated with Cabrini Health who are no longer with us, with a moving service and the blessing of plaques in our memorial garden.

The success of the staff excellence awards led to the development of a similar process to recognise excellence in our medical staff. The awards are announced at the annual medical staff dinner in October each year. In 2009, three of our medical staff received awards.

We provide value-added services to our patients and residents courtesy of our volunteers who, by and large, have experienced Cabrini Health's care and wish to have an opportunity to give back. In May 2010, during National Volunteers Week, 13 of our

patient and resident services' volunteers were recognised for two, five and 10 years of service. Together, these volunteers have contributed approximately 10,750 hours of service in their time at Cabrini Health. From 2010, our pastoral service volunteers will be recognised during Pastoral Services Week in October.

We are blessed by our Cabrini Choir volunteers, who are a significant part of our liturgical celebrations on our feast days. They travel to each of our facilities at Christmas to sing carols, and they provide concerts for our residents at Cabrini Ashwood.

Reaching out to others

Our social outreach program brings us face-to-face with adults who are homeless or in insecure housing, with homeless and at-risk youth, with women who have been victims of human trafficking, with immigrants and displaced people seeking refuge in Australia, with children in Swaziland who have been orphaned through HIV-AIDS and with street children in the Philippines and Vietnam. The involvement of our staff as volunteers and supporters of this work is transforming for the individuals involved and, as they interact with their peers, more broadly for the organisation. Findings from our employee survey showed that in the past 12 months, more than 40 per cent of our staff were involved in community activities beyond work, and nearly 17 per cent had been directly involved in our social outreach program.

In 2001, we started an employment integration program, where we offer supported employment opportunities for clients of our partner organisations who are experiencing barriers to employment. Nine years and more than 70 participants later, this has become part of what we do at Cabrini Health. While some participants have successfully completed the program and gone on to permanent employment, others have not been able to complete the program for various reasons. One of the reasons for the success and longevity of the program is the commitment of our staff who support and mentor the participants on a day-to-day basis. We are at our best when we reach out to support others.

One of the social outreach activities that has had the greatest impact on our organisation is the opportunity to participate in an indigenous cultural experience at Intjartnama, an Aboriginal outstation 120 km west of Alice Springs. There were two such



opportunities during the past 12 months. Although there is a service component to the trip, the real purpose is to have an opportunity to sit and learn from Aboriginal people about their rich heritage and culture. This simple, short activity has a profound effect on the participants: there is a glimmer of insight into the spiritual connection to the land, the endless sense of time, the strength of extended family relationships and the deep hurt that our Aboriginal people have experienced. It changes their attitudes forever. This is our reconciliation story.

Developing the capacity of the community

Community development is one of the four priorities addressed in our social outreach program. During 2009-10, we donated \$140,000 to Centacare Catholic Family Services to support Cabrini Centacare, the only counselling service operating in the City of Stonnington, and a further \$50,000 to support a community development worker in Flowerdale, one of the areas most severely affected by the 2009 bushfires. We supported Very Special Kids, an agency that supports families throughout their experience caring for children with a life-threatening illness, and Knoxbrooke, an agency that provides services to adults with disabilities. We provided bursaries for young people at Catholic colleges whose studies were in jeopardy because of financial pressures. We partnered with MacKillop Family Services to support a youth mentoring program that operates in the City of Bayside.

COMMUNITY BENEFIT REPORT ENVIRONMENTAL STEWARDSHIP

Our resources are entrusted to us to use for the benefit of others...

We are committed to providing the best care for our patients and residents and this extends to reinvesting in our facilities and providing the most clinically appropriate equipment for our medical, nursing and allied health staff. In 2009-10, we invested more than \$11 million in capital expenditure to improve amenity and treatment facilities for patients and residents. We undertook a fabric audit at a number of our sites as an initial step to developing a facilities masterplan to guide our future development.

During the past few years, we have made a commitment to decreasing our environmental footprint, concentrating particularly on reducing greenhouse gas emissions, decreasing water usage and reducing waste sent to landfill.

Total greenhouse gas emissions across Cabrini Health have decreased. Of particular note, a reduction in energy consumption at Cabrini Malvern resulted in a 7 per cent reduction in greenhouse gas emissions at the site and a

reduction of energy consumption at Cabrini Linen Service led to a 5 per cent reduction in greenhouse gases.

Water saving measures were implemented in the building development program at Cabrini Brighton. Significant rainwater catchment and storage facilities reduce the facility's impact on mains water. Inclusion of an underground bore provides an alternative water source. In our other facilities, we have invested in systems to allow us to more accurately measure water consumption and have recorded a reduction of more than 8 per cent on last year.

We have increased recycling of waste from 18 per cent in 1998 to 40 per cent in 2009-10. Independent audit reports and benchmarking with our peers lead us to believe that we are industry leaders in diverting materials from landfill. We have made a commitment to work towards ISO environmental accreditation in 2010-11.





298,388

EPIISODES OF
PATHOLOGY PROVIDED

TENANTS AND SUB-TENANTS

CABRINI BRIGHTON

SURGEONS

Breast Surgeon

Miss Jennifer Senior

Colorectal Surgeons

Mr Paul J McMurrick

Mr Pravin Rancho

Mr Roger J Wale

Dental Surgeon

Dr Iles Janovic

Endoscopy

Dr Malcolm Barnes

Dr Chris Desmond

Dr Fiona Nicholson

Dr Keith Noack

Dr Jeremy Ryan

Dr Mamo Ryan

Dr Miles Sparrow

ENT Surgeons

Mr Christopher Brown

Mr Michael Gordon

Mr Andrew Hays

Mr Andrew Wallis

General Surgeons

Mr Peter Gregory

Mr Geoffrey Kohn

Mr Liang Low

Ms Joanna Morgan

Mr Adam Skidmore

Mr Meei Yeung (*Endocrine*)

General and Upper

Gastrointestinal Surgeons

Mr Roger Berry

Neurosurgeons

Mr Gavin Davis

Ophthalmics

Dr Andrew Atkins

Dr Susan Carden

Dr Phillip Hoffman

Dr Stephen Jones

Dr Jessica Luzhansky

Dr Robert McDonald

Dr Michael Slade

Dr Laurie Sullivan

Dr David van der Straaten

Oral/Facio/Maxillary

Mr Peter Allen

Mr Steve Gibbons

Orthopaedic Surgeons

Mr Simon Bell

Mr Gerard Bourke

Mr Michael Brighton-Knight

Mr Stephen Csongvay

Mr Max Esser

Mr Peter Hannon

Mr Peter Moran

Mr Joseph Robin

Mr Adrian Trivett

Mr Sahy Zayontz

Plastic Surgeons

Mr Alan Briedahl

Mr Christopher Coombs

Mr Peter Dixon

Ms Gillian Farrell

Mr Darrell Nam

Mr David Morgan

Mr Keith Mutimer

Urologists

Mr David Dangerfield

A/Prof Mark Frydenberg

Mr Jeremy Grummet

Mr Uri Hanegbi

Mr John Kourambas

Dr Karen McKertich

Mr Daniel Moon

Mr Peter Royce

Vascular Surgeons

Mr Greg Self

GYNAECOLOGY

Dr Manju Agarwal

Ms Catarina Ang

A/Prof Tom Jobling

Mr Peter Lutjen

Ms Judy McNaughton

Mr Tim Sturrock

Mr Phillip Thomas

PHYSICIANS

Audiologist

Ms Julie Ayling

Cardiologists

Dr Mark Freilich

Dietician

Ms Melanie McGrice

Counsellor

Dr Kathleen Latage

Endocrinologists

Dr Carolyn Allan

Dr Howard Zeimer

Dr Sonia Davison

Dr Simon Forehan

A/Prof Douglas W Lording

Dr Rosemary Wong

Gastroenterologists

Dr Chris Desmond

Gynaecologist

Dr Catharyn Stern

Haematologist

Dr Romyne Holmes

Haematologists/Oncologists

Dr Yoland Antill

Dr Andrew Haydon

Prof Miles Prince

A/Prof Gary Richardson

Dr Andrew Strickland

Dr Michelle White

Infectious Diseases Physician

Dr Paul Vinton

Neurologists

Dr Bernard Infeld

Pain Management /

Rehab Physician

A/Prof Barry Rawicki

Physiotherapist

Ms Gillian Buckley

Psychologists

Ms Jane Fletcher

Dr Charlotte Laemmie

Respiratory Physicians

Dr Dinesha De Silva

Dr Peter Solin

Dr Amanuel Tesfai

Rheumatologists

A/Prof Peter Ryan

Dr Tim Woodruff

CABRINI MALVERN

SURGEONS

Breast Surgeon

Miss Jennifer Senior

Cardiothoracic Surgeons

A/Prof Bruce Davis

Mr Jacob Goldstein

Mr Adrian Pick

Mr Gil Shardey

Colorectal Surgeons

Mr Stephen Bell

Mr Peter W G Carne

Mr Martin Chin

Mr Ian G E Cunningham

Mr Keith C R Farmer

Mr William R Johnson

Mr Ian T Jones

Mr Paul J McMurrick

Prof Adrian L Polglase

Mr Pravin Ranchod

Mr Roger J Wale

ENT Surgeons

Mr Vincent Cousins

Mr Andrew Hays

Mr Harry M P Rundle

Mr Robert L Thomas

Mr Stephen Tudge

Mr Michael Tykocinski

Mr Brent Uren

General Surgeons

Mr Charles Flanc

Mr Simon Grodski

Mr Peter Grossberg

Mr William R Johnson

Miss Sarah Kemp

Mr Pravin Ranchod

Prof Jonathon Serpell

Mr Stewart A Skinner

Mr Marty Smith

Mr Roger J Wale

General and Hepato-biliary/

Pancreatic Surgeons

Mr Roger Berry

Mr Peter Evans

Mr Val Usatoff

General and Upper

Gastrointestinal Surgeons

Mr Andrew Smith

A/Prof Simon Woods

(*Med.Dir.*)

Neurosurgeons

Mr Gavin Davis

Mr Gregory Malham

Mr John McMahon

Mr Michael Pullar

Mr Myron Rogers

Mr Chris Xenos

Ophthalmologists

Dr Malcolm Ferguson

Dr Justin Friebe

Dr James EK Galbraith

Dr James Galbraith

Dr Anthony Hall

Dr Wilson Heriot

Dr Robin Meusemann

A/Prof Julian Rait

Mr Richard J Stawell

Orthopaedic Surgeons

Mr Brian M Barrett

Mr Istvan (Steve) Csongvay

Mr Max Esser

Mr Michael JP Fogarty

Mr John D Griffiths

Mr Gary Nattrass (*Paediatric*)

Mr Marinis Pirpiris

Mr Stewart Proper

Mr Mark O'Sullivan

(*Paediatric*)

Mr Minoo Patel (*Paediatric*)

Mr Adrian Trivett

Mr Harry Tsigaris

Mr Shay Zayontz

Paediatric Surgeons

Mr Christopher Kimber

Mr Neil McMullin

Mr Marinis Pirpiris

Mr Alan Woodward

Plastic Surgeons

Mr William Blake

Mr James Burt

Mr Ian R Carlisle

Mr Nicholas Houseman

Mr Simon Laurie

Mr Richard Maxwell

Urologists

Mr Sree Appu

Mr Mark Frydenberg

Mr Jeremy Grummet

Mr Uri Hanegbi

Mr Dennis King

Dr Karen McKertich

Mr Daniel Moon

Mr Peter Royce

Mr Ross M Snow

Mr Geoffrey Wells

Vascular Surgeons

Mr Roger Bell

Mr Michael Bruce

Mr Peter Chu

Mr Matthew Claydon

Mr Geoffrey S Cox

Mr Charles Flanc

Mr Peter Y Milne

Miss Susan Morris

OBSTETRICIANS/ GYNAECOLOGISTS

Dr Max Michael

Dr Scott Pearce

Dr John Regan

Dr Anna Rosamilia

(*Gynaecology only*)

Dr Michael G Sedgley

(*Gynaecology only*)

PHYSICIANS

Allergist

Dr David Hill

Cardiologists

Dr Peter Bergin

Dr Nathan Better

Dr Archer Broughton

Dr Elton T Fagan

Dr Jacob Federman

Dr Alex Friedman

Dr Mark Freilich

Dr John S Gelman

Dr Jack Gutman

Dr Peter G Habersberger

Dr David Irons

Dr Stephen Joseph

Dr Craig Keighley

Dr Peter Kistler

Dr Jeffrey Lefkovits

Dr David McGaw

Dr Bruno Martin

Dr Frank Panetta

Dr Prakash Pillay

Dr Merula Richardson

Dr Andris Saltups

Dr James Shaw

Dr Jodi-Ann Senior

Dr Andrew Taylor

Dr Gautam Vaddadi

Dr Victor S Wayne

Dr Dominica Zentner

Consultant Geriatrician

A/Prof David Fonda

Consultant Physician

Dr Robert Hope

Dr Robert Lefkovits

Endocrinologists

Dr Jonathan Cohen

Prof Susan Davis

Dr Sonia Davison

Dr Simon Forehan

A/Prof Douglas W Lording

Dr Rosemary Wong

TENANTS AND SUB-TENANTS

Gastroenterologists

Dr Mark Berzsenyi
Dr John C Colman
Dr Henry Debinski
Dr Chris Desmond
Dr David R Fone
Dr Andrew Jakobovits
Dr Simon Jakobovits
Dr Peter J Jenkins
Prof Finlay Macrae
Dr Rohan Marks
Dr Catherine Sorrell
Dr Charles C Varley

Haematologist

Dr Christopher Barnes
Dr Patrick Elliott
Dr Kirsten Herbert
Dr Anthony Schwarer
A/Prof Andrew Spencer

Haematologists/Oncologists

Prof Steve Jane
Dr E Henry Januszewicz
Prof Miles Prince
A/Prof Max Wolf
Dr Christine Wong

Infectious Diseases Physicians

Dr Mary O'Reilly
Dr Amalie Paull

Medical Oncologists

Dr Benjamin Brady
Dr Ian Haines
Dr Romayne Holmes
Dr Lara Lipton
A/Prof Max A Schwarz
Dr Jeremy Shapiro
Dr Robert Stanley
Dr Shane White

Medical Oncologist and

Clinical Haematologist
A/Prof Gary Richardson

Nephrologist

Dr Jonathan Snider

Neurologists

Dr Andrew Churchyard
Dr Timothy Day
Dr Mark Faragher
Dr Judith Frayne
Dr Ronnie Freilich
Dr Victor Gordon
Dr Anita Vinton
Dr John Waterston
Dr Owen White
A/Prof David R Williams
Dr Jack Wodak

Paediatricians

Dr Don Cameron
Dr Simon Costello
A/Prof Martin Delatycki
Dr Lance Fong
Dr Tiow-Hoe Goh
Dr David Hill
Dr Barry Kras
Dr Gideon Lurie
Prof Samuel Menahem
Dr Christopher Pappas
Dr Roderic Phillips
Dr Joanne Smart
Dr Jacinta Tobin

Paediatric Gastroenterologists

Dr Barry Lipschitz

Paediatric Neurologist

Dr Michael Hayman

Psychiatrists

Prof David Copolov
Dr Patrick Lavoipierre

Psychologists

Engel, Dr Lisa

Radiation Oncologists

Dr Patrick Bowden
A/Prof Sidney Davis
A/Prof Jeremy Millar
Dr Ian Porter
Dr Karen Taylor

Rehabilitation Medicine

Dr Elizabeth McDonald

Respiratory Physicians

Dr Niall Cain
Dr Alan S Garfield
Dr Ian Glaspole
Dr Nicholas D Manolitsas
Dr Denis Robertson
Dr Peter Solin

Rheumatologists

Prof Rachelle Buchbinder
Dr Andrew Gibson
Dr Timothy Godfrey
A/Prof Stephen Hall
Dr Christine Le
A/Prof Peter Lowthian
Dr Melinda Wong

CABRINI PRAHRAN

Palliative Care Physician

Dr David Kenner



126,399

MEDICAL IMAGING PROCEDURES PERFORMED

CABRINI HEALTH SITES

Cabrini Hospital Malvern

183 Wattletree Road
Malvern, 3144
03 9508 1222

Cabrini Hospital Brighton

243 New St
Brighton, 3186
03 9508 8777

Cabrini Palliative Care Prahran

646 High St
Prahran, 3181
03 9508 1000

Cabrini Residential Aged Care Ashwood

54 Queens Pde
Ashwood, 3147
03 9508 8585

Cabrini Elsternwick Rehabilitation Service

2-6 Hopetoun St
Elsternwick, 3185
494 Glenhuntly Rd
Elsternwick, 3185
03 9508 5100

Cabrini Hawthorn

Cabrini Linen Service
Biomedical Engineering Australia
Chemtronics Biomedical Engineering
Hospitech Biomedical Engineering
453 Auburn Rd
Hawthorn, 3122

**WE ARE INTERESTED IN YOUR
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