Calvary
Mater
Newcastle

Review of Operations

2011 / 2012

Hospitality
Healing
Stewardship
Respect

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Healing
Stewardship
Respect

Contents

Front Cover: Chief Occupational Therapist Andrew Wakeley and patient

This page: 'Madonna and Child' stained glass window in foyer above chapel

The Spirit of Calvary

We strive to excel in the spirit of 'being for others'

Our mission identifies why we exist; To bring the healing ministry of Jesus to those who are sick, dying and in need through 'being for others':

In the Spirit of Mary standing by her Son on Calvary

Through the provision of quality, responsive and compassionate health, community and aged care services based on Gospel values, and

In celebration of the rich heritage and story of The Sisters of the Little Company of Mary.

Our vision identifies what we are striving to become

To be, and to be recognised as, a leader in strengthening and developing Catholic health at regional and national levels through the creation of integrated models of care where excellence and leadership are pursued by all to meet best the needs of the people and communities we serve.

Our values are visible in how we act and treat others

As stewards of the rich heritage of care and compassion of the Little Company of Mary, we are guided by our values.

Hospitality

Demonstrates our response to the desire to be **welcomed**, to feel wanted and to belong. It is our responsibility to extend this to all who come into contact with our services by promoting connectedness and listening and responding openly.

Healing

Demonstrates our desire to respond to the **whole person** by caring for their spiritual, psychological and physical well being. It is our responsibility to value and consider the whole person and to promote healing through reconnecting, reconciling and building relationships.

Stewardship

Recognises that as individuals and as a community all we have has been given to us as a **gift**. It is our responsibility to manage these precious resources effectively for the future. We are responsible for: striving for excellence, developing personal talents, material possessions, our environment, and handing on the mission of the Sisters of the Little Company of Mary.

Respect

Recognises the **value** and **dignity** of every person who is associated with our services. It is our responsibility to care for all with whom we come into contact with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour which is contrary to our values.

Community Advisory Board (Ingrid Grenell and Susan Russell absent)

Community Advisory Board

Professor Brian English to end of December 2011

Richard Anicich

Teresa Brierley

Cathy-Lyn Burnard appointed March 2012

Kay Fordham appointed March 2012

Susan Russell appointed March 2012

Lee Shearer

Cathy Tate

Steven Tipper appointed March 2012

Greg Flint Chief Executive Officer

Wayne Wells Director of Finance

Kevin Mulligan Director of Mission

Ingrid Grenell Public Affairs and Communications Manager

Walter Kmet National Director LCMHC Public Hospitals to December 2011

Brenda Ainsworth National Director LCMHC Public Hospitals from January 2012

Hospital Management Committee

Greg Flint Chief Executive Officer

Alison Lee Assistant Director of Clinical Services (Medical)

Ailsa Hawkins Director of Clinical Services (Nursing)

Lynne O'Brien Assistant Director of Clinical Services (Nursing)

Wayne Wells Director of Finance

Kevin Mulligan Director of Mission

Heather Alexander Health Information Manager

Michael Hodgson Human Resources Manager

Ingrid Grenell Public Affairs and Communications Manager

Jeanette Upton Quality Manager to January 2012

Di Dolan Acting Quality Manager from February 2012

Bequests

Many of the hospital's supporters have left a bequest to us in their will. Your bequest helps us to continue our work to provide care for patients.

This is done in general medicine, oncology, research, alcohol and drug services, palliative care and to assist with the promotion of positive community attitudes toward the necessity and desire of quality health care. Your contribution will go on helping us through the 21st century. Your contribution can be a fixed amount or a percentage of your estate. You can nominate to assist in the general provision of our services or your bequest can be directed toward a specific unit, project or type of service.

How to Make a Bequest

To assist in the preparation of a bequest may we advise the following wording:

I, (name), given ($amount) free of all duties and testamentary expense to Calvary Mater Newcastle for the purpose of patient care/service development, and I direct that the receipt of the Chief Executive Officer shall be sufficient discharge of my executors for this bequest.

If you would like more information about services provided at our hospital and how best your intended bequest could be used, please do not hesitate to contact our Chief Executive Officer.

Chief Executive Officer
Calvary Mater Newcastle
Locked Bag 7
Hunter Region Mail Centre
NSW 2310
Telephone 4014 4700

Calvary Mater Newcastle Auxiliary Member, Melita Cole.

Report from the Chief Executive Officer

It has been an extremely busy and successful year for Calvary Mater Newcastle in delivering health care services in conjunction with our role delineation and the targets and key performance indicators set by our funder, the New South Wales Ministry of Health through the Hunter New England Local Health District.

As part of the health reforms across New South Wales, a formal service agreement between Calvary Mater Newcastle and the Local Health District was agreed to and signed which articulates the levels of service activity, targets and goals that Calvary Mater Newcastle is required to achieve within the allocated budget.

The organisation underwent an accreditation review by the Australian Council on Healthcare Standards (ACHS) in November, 2011 and was awarded ongoing accreditation which recognises that Calvary Mater Newcastle meets the corporate, clinical and quality standards set by the ACHS. This is a significant achievement for our organisation and demonstrates our commitment to providing excellence in care.

The Medical Oncology Review was completed and Calvary Mater Newcastle has worked with the Local Health District to develop a five year action plan for the roll out of the recommendations. An initial enhancement was funding and commissioning of four additional chemotherapy chairs which has assisted in reducing waiting times. The Port Waratah Coal Services and Supporters of Cancer has generously funded a Nurse Practitioner position in Medical Oncology which is a unique concept in service delivery and an extremely valuable role at Calvary Mater Newcastle in delivering medical oncology services.

The Community Advisory Board (CAB) recruited four additional new community members this year which now gives the CAB a broad cross section of skills and abilities. The CAB will be actively involved in a number of Calvary Mater Newcastle functions and involvement in a number of the hospital committees.

An exciting development for Calvary Mater Newcastle is the proposed development of the Hunter Water land adjacent to the hospital. The land has been purchased by the Local Health District and plans are underway to develop the site as a health precinct through a consortium arrangement involving Little Company of Mary Health Care, the Hunter New England Local Health District, Hunter Medical Research Institute and the University of Newcastle. The Steering Committee has developed tender documents which will be advertised to appoint a project director to progress a Master Plan for the site and at the same time, develop a Clinical Services Plan for Calvary Mater Newcastle.

We are pleased to announce that an appointment has been made to the position of Director of Medical Services at Calvary Mater Newcastle. Dr Rosemary Aldrich will bring with her significant hospital experience and expertise in the areas of medical administration, public health, clinical governance, quality, safety and risk and more recent experience working with the Hunter New England Local Health District Clinical Governance Unit. Dr Aldrich will commence in August, 2012

A significant milestone was reached in January, 2012 with one of our long serving staff members, Anne Grainger, reaching a record fifty years of service. This is an extraordinary achievement and a function was held at Calvary Mater Newcastle to acknowledge and celebrate Anne's dedicated and significant service to the hospital.

The hospital continues to receive valuable support and advice from Little Company of Mary Health Care Board, National Office, and the Local Health District in continuing the hospital's role as a major cancer care facility as well as significant community support.

This review contains many highlights which reflect the achievements and commitment of our hospital staff of whom I am very proud to serve. I would also like to take this opportunity to thank the very hardworking and dedicated Auxiliary and volunteers for their generous contribution of their time in assisting Calvary Mater Newcastle staff to deliver high level, compassionate and quality care to our community. Our staff, Auxiliary and volunteers exemplify the values under which we operate.

I hope that you enjoy reading an overview of the year at Calvary Mater Newcastle.

Greg Flint
Chief Executive Officer

Department Reports

General Internal Medicine

The department saw 3,200 inpatients which is similar to the previous year. Congratulations to our staff for their consistent efforts in meeting the challenges presented throughout the year.

A total of 2,014 outpatient occasions of service were provided at the department's outpatient clinics. In addition, the external clinics continued to be operated at Tomaree Polyclinic and Tamworth Hospital. These clinics provide a real service to those communities as well as provide excellent training for our advanced trainees in medicine.

Mater to Mungindi

This programme had its busiest year ever despite the fact that two trips could not be completed because of the Queensland/Northern NSW floods and on one occasion the team had to have a patient evacuated by helicopter to see them. Nonetheless, there were a total of 186 occasions of service provided.

Dr Foy has completed an audit of the remote service which is very pleasing in that it shows considerable growth over time, a spread of patients across all three of the different settings, namely Mungindi general practice, Pius X Aboriginal medical service and the Moree clinic. Overall, in the six years of the programme, 33% of patients have been indigenous, whilst the Bureau of Statistics lists the population of that area as being 22% indigenous. Some other useful clinical data has also come from the audit.

The need for both gastroscopy and bronchoscopy for the department and those referring to us has increased this year. With some increased arrangements and the co-operation of theatre staff, we have actually been able to double the amount of gastrointestinal endoscopy which was performed in the first half of 2012. The amount of palliative endoscopy has also increased and the department has now inserted more palliative stents, than the department of gastroenterology at John Hunter Hospital. Well done to all involved.

The department was very pleased to welcome Dr Annalise Philcox, General Physician and Endocrinologist to the department this year. Annalise has made a substantial contribution to the coverage of our patients' needs. In addition she will be conducting endocrine clinics for severe diabetics at Moree.

Senior registrar numbers have been good this year with the three positions in advanced training in general medicine being held by Drs Withanage, Sellathurai and Oo, with a 4th advanced trainee to join us from Sri Lanka soon.

In addition, we have Dr Sudeshi Wijethilaka who is an advanced trainee in geriatric medicine and Dr Magnus Halland who is an advanced trainee in gastroenterology, giving us a total group of five, increasing to six

in the new financial year.

This year the department embraced its biggest challenge yet in hosting the Royal Australiasian College of Physicians (RACP) Clinical Examinations for 12 candidates. Whilst the number of candidates may not seem large, this was an enormous undertaking, involving recruitment of approximately 40 patients to participate in the exam and the very substantial infrastructure, administrative work and supervision required. RACP was most complimentary about our work. We would also like to thank the hospital's volunteers who greatly assist us on this day each year.

The department's research activities have now reached a level which is more consistent with our status as a teaching hospital in general medicine.

Dr Scott Twaddell presented a poster at the recent World Congress for Bronchology and Interventional Pulmonology and all three advanced trainees will be presenting papers at the Internal Medicine Society meeting in Queenstown, New Zealand later this year. Dr Foy will be presenting the results of his audit of our remote programme and Dr Susan Miles will present an audit of her work with mental health patients.

This has been a challenging, very busy and very productive year for the Department of General Internal Medicine.

Acute Aged Care

Calvary Mater Newcastle (CMN) has an ***acute aged care team*** and a very active ***aged care advisory committee*** with multidisciplinary representation from the acute care areas, emergency department, geriatric medicine, allied health and mental health. The members have been proactive in supporting and implementing an enablement model of care for older people during their acute phase of care with the aim of addressing the five enablement domains (mobility, continence, cognition, nutrition and hydration and self-care and skin integrity).

This model of care has realised improved care outcomes for patients with delirium over the past two years with the introduction of the Confusion Assessment Method (CAM) sticker, the enablement care plan, patient specialling criteria and ongoing staff education.

The team continues to progress a number of projects including the management of aggression in older persons, review of delirium management guidelines, pain assessment for people with dementia and the development of an agitation scale.

A one day education program was facilitated by the Acute to Age Related Care Service, Clinical Nurse Specialist, Sue Southgate, and the Discharge Facilitator, Sharon Lewis. The day was hosted by CMN in March this year with 70 attendees from acute care, aged care, community and specialist palliative care services.

Coronary Care

During the last year the Coronary Care Unit continued to have a high patient numbers admitting an average of 57 patients per month for the year. Patients admitted with myocardial infarction represented about 27% of the total admissions. Those patients requiring Coronary Angiography are stabilised and then transferred to the John Hunter Hospital or discharged to the private sector for further investigation and management.

In addition to the traditional coronary care management, the unit provides service to the other units of Calvary Mater Newcastle performing cardioversions, transoesophageal echocardiography, pericardiocentesis and insertion of temporary pacing wires.

The Peter Curteis Education Grant continues to provide support for further education of junior medical and nursing staff and this year was awarded to RN Ruth Shaw from Coronary Care Unit. Ruth utilised the award to attend the 2012 Cardiac Society of Australia and New Zealand Annual Conference which was held in Brisbane in August 2012.

The Cardiology Department continues to provide inpatient and outpatient support services in ECG, exercise testing, echocardiography and trans-oesophageal echocardiography.

Emergency Department

The Emergency Department continues to increase its activity with 32,095 patients being treated an additional 1,466 patients from last financial year. Admissions have also increased by over 1,100 to 10,416.

The Emergency Short Stay Unit had 4,087 admissions, averaging 340 patients per month, an increase of 1,616 admissions for this financial year.

With the enhancement of the Emergency Short Stay Unit, the units now have a full time clinical nurse unit manager, part time pharmacist, full time ward person, full time physiotherapist and enhancement of patient service clerk hours.

The Emergency Department continues to implement quality projects throughout 2011/2012. These included SEPSIS KILLS, DETECT, Resus4kids. Neat (National Emergency Access Target) which commenced in April and our department is continually striving towards the NEAT targets set by Federal Government.

New equipment for the Emergency Department also assisted in enhancing care for our paediatric patients. Money was donated by the Auxiliary which enabled us to buy a Neopuff, Broselow paediatric packs, overhead paediatric heater and a compartmental pressure monitor for adults. These pieces of equipment will enable the department to ensure current and best practice for all of our patients.

The Emergency Department and Emergency Short Stay Unit continues to have high staff retention, we commend our staff for their continued commitment to our service.

Alcohol and Drug Clinical Services Unit

The Alcohol and Drug Unit provides assessment and compassionate treatment to people with alcohol and drug problems and their families. The multi-disciplinary unit functions with six clinical staff to provide medical, nursing, psychology and counselling services. This includes comprehensive outpatient services, consultation-liaison to inpatients of the hospital and inpatient withdrawal treatment for the most complex patients.

The activity is high for a small unit with outpatient occasions of service between 350-500/month and inpatient consultations of 80-130/month. With the introduction of activity based funding it has become a challenge to record all activity. It has become apparent that many telephone, case review and non-nursing C/L activities were not counted and systems for improving this are being implemented.

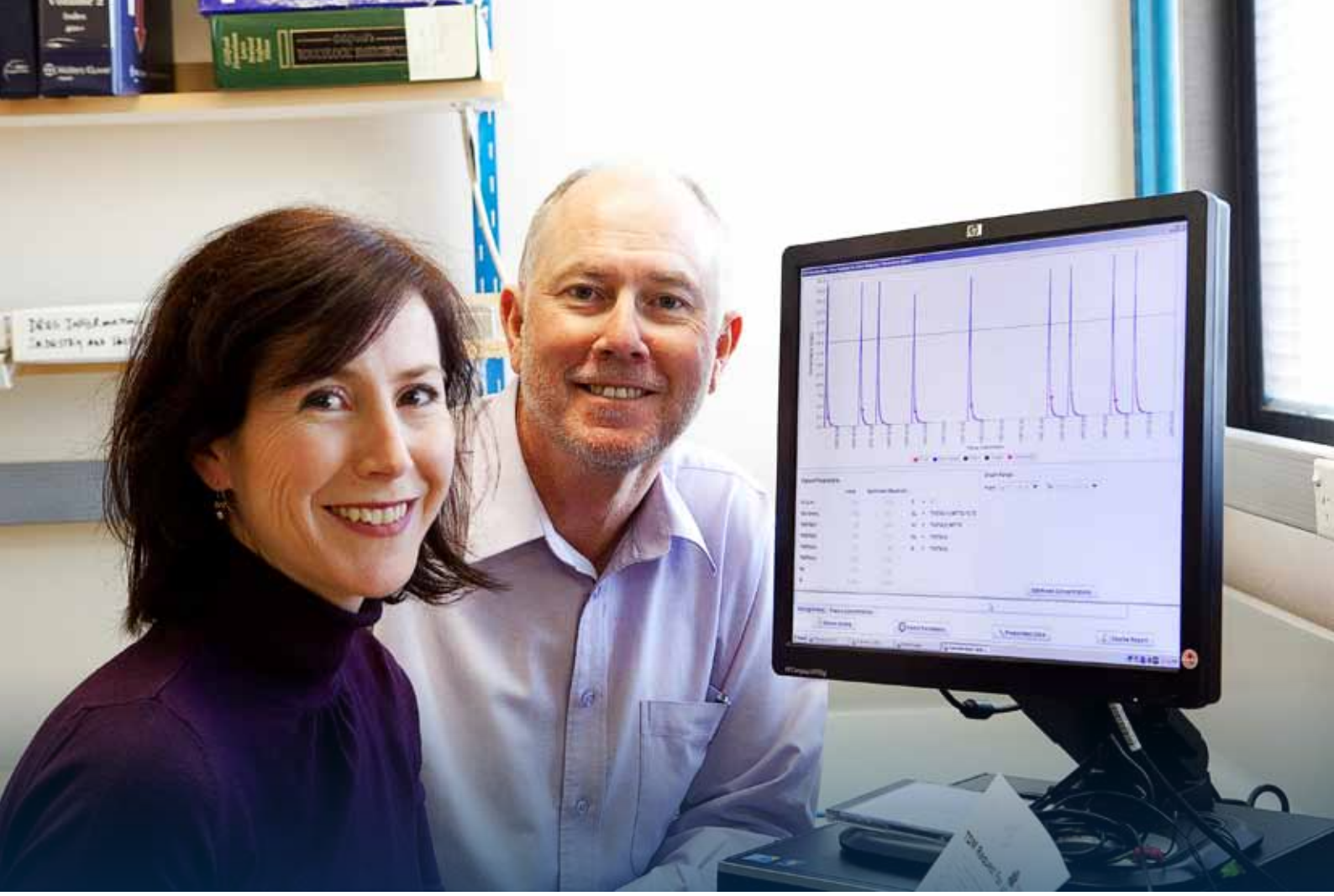
Non clinical activities included education for LMOs and health professionals, school education sessions, traffic offenders community program, nursing, psychology and medical student placements. University related teaching (via conjoint appointments) to nursing and medical undergraduates and the postgraduate Alcohol and Drug diploma/masters course continues.

Staff have been involved with collaborative work with Drug and Alcohol Clinical Services (DACS) HNELHD and the Ministry of Health. This includes monthly clinical review, morbidity and mortality meetings, Quality in Treatment Committee, clinical supervision, staff recruitment and research.

The clinical research has included being one of the sites for a trial of an Alcohol and Drug treatment outcome tool, with the aim of it eventually being implemented throughout NSW Health, Alcohol and Drug services. The unit has also been involved in a clinical audit of treatment outcomes for prescribed opioid dependence. Medical staff have also been involved with the trial of a cannabinoid buccal spray (Sativex®) for cannabis withdrawal with the National Cannabis Prevention and Information Centre.

With the generosity of the Physiotherapy Department an additional staff member will assist with administrative services at the reception.

Next year the focus will be on activity based funding, consistency with elective admission access and continuing to improve our services to assist Emergency Department and other areas of the hospital with Alcohol and Drug treatment pathways for patients.



Department of Consultation-Liaison Psychiatry

During 2011/2012, the Department of Consultation-Liaison Psychiatry consulted on 891 individual inpatients, delivering over 1,876 occasions of service. Main referral groups were: Department of Clinical Toxicology (517 referrals), General Medicine (109), Emergency Department (124 referrals), Oncology (58 referrals) Palliative Care (57 referrals) and Surgery (18 referrals).

The Psycho-Oncology Service accepted referrals of over 320 individual patients and delivered nearly 1,000 occasions of service to outpatients through the Psycho-Oncology Clinic. The Psycho-Oncology Service provided input to the following oncology multi-disciplinary teams: haematology, head and neck cancer, lung cancer and breast cancer.

The QUICATOUCH program was used for screening oncology outpatients for distress and pain and for monitoring progress (symptom scores) of patients attending the Psycho-Oncology service. QUICATOUCH operated for over four years however, it was closed at the end of December 2011 due to funding cessation. During the last six months of 2011 this service provided 5,157 occasions of screening to 1,090 patients. The department was extremely active in clinical, research, teaching and community education. We commend all who ran this worthwhile service namely Project Manager, Dr K Rogers, Ms K Gleeson and Ms K Harris.

A new appointment of one part-time clinical psychologist, Karen Matthews, to the Adolescent and Young Adult (AYA) service as part of the Hunter and Northern NSW Youth Cancer Service, provides clinical services to oncology outpatients and inpatients aged 15-25 years.

The Department also operates a Suicide Prevention Program, a clinical research unit funded from the Burdekin initiative and administered by Research Manager, Sarah Hiles, through the Hunter New England Mental Health Service.

Student Placements

The Clinical Psychology Program: Professional Doctorate level, Gillian Maddock.

School of Psychology: Research Higher Degree (PhD), Dr Tharaka Dassanayake.

Service	Number of Patients Seen	Occasions of Service
Consultation-Liaison Psychiatry Inpatients	891	1876
Palliative Care Inpatients	57	57
Psycho-Oncology Outpatients	322	974

Clinical Toxicology and Pharmacology

The Department of Clinical Toxicology and Pharmacology provides an inpatient service for the management of patients with deliberate, recreational, accidental or other self-poisoning and envenomation.

For the management of deliberate self-poisoning, the department combines with the Department of Clinical Liaison Psychiatry as the Hunter Area Toxicology Service. Clinicians in the department also manage patients with adverse drug reactions and complex medication issues and provide a consultative service to the Hunter New England Local Health District in Clinical Pharmacology.

Professor Ian Whyte serves on the Quality Use of Medicines Committee of the John Hunter Hospital and is chairman of both the Area Quality Use of Medicines Committee and the Clinical Trials Subcommittee of the Hunter New England Human Research Ethics Committee.

Associate Professor Geoff Isbister provides expertise to the Ethics Committee of the New Children's Hospital, Westmead. As well as these activities, there is a substantial commitment to undergraduate and post graduate teaching and an ongoing active research program.

Members of the department published 21 articles in refereed journals in 2011/12 and were successful in grants worth more than $1.2 million. The clinicians in the department also contribute to the National Poisons Information Centre roster and support the Hunter Drug Information Service which is part of the department.

In 2011/12 there were 825 admissions to the Hunter Area Toxicology Service. The average age of patients at admission was 35.9 years and the proportion who were female was 61.09%. There were 716 individual patient admissions, of whom 515 were new to the service.

Sixty-five patients had more than one admission during the financial year. Of the admissions, 733 were for deliberate self-harm. In addition, there were 20 spider and snake bites, 46 recreational drug overdoses, 9 iatrogenic poisonings, and 14 accidental overdoses.

The majority of the patients (98.06%) were admitted via the Emergency Department. Almost all (86.79%) were discharged from the Emergency Short Stay Unit (ESSU) and only 9.70% were discharged from the toxicology ward. For those whose whole hospital stay was in the ED or ESSU, the median length of stay was 13.8 hours. 5.21% were admitted to the Intensive Care Unit with a median length of stay of 34.2 hours.

Of the deliberate self-harm patients, 92.5% received timely and appropriate psychiatric assessment. 58.91% of patients were discharged directly home, while 36.24% were transferred to a psychiatric hospital and there were three deaths (0.36%). The average number of admissions per day was 2.25 and the median length of stay for the deliberate self-harm patients was 14.9 hours. This length of stay is substantially less than the length of stay for poisoning at other hospitals in NSW and Australia.

Dr Colin Page continues to give the department his time by being on-call every Monday night from Brisbane.

The department has set up and runs a website at http://www.wikitox.org. This is an international collaboration of toxicological information and teaching resources. Through this site the department runs a Diploma of Clinical Toxicology degree course which is internationally subscribed.

The Hunter Drug Information Service (HDIS) is the primary drug information resource for health professionals within the Hunter New England Local Health District providing current, clinically relevant and unbiased medicines and therapeutic information.

Andrew Ward resigned in November 2011 and Tiffany Bichard joined the service in January. The service received 541 enquiries throughout 2011/12. Adverse drug reactions remained the most common question and most (64%) of questions were patient related with 80% of responders using the information provided in patient management. The department continues to train pharmacy and medical students and other pharmacists from within the Local Health District.

HDIS contracted with the Pharmaceutical Society of Australia to produce *Non-Prescription Medicines in the Pharmacy - A guide to advice and treatment.* The therapeutic drug monitoring service for aminoglycosides has increased to a district wide service but is still restricted to aminoglycosides only.

Oncology

Medical Oncology

The most significant event for the unit was the release of the external review of medical oncology services in February 2012. Of the 24 recommendations made, 21 were accepted. The most significant being recommendations no.1 – that the Hunter New England LHD Plan for recruitment of medical oncologists across the region according to benchmarks set by the Australian Medical Oncologist Workforce Study conducted by the Medical Oncology Group of Australia and recommendation no.19 – increase the number of funded chemotherapy chairs at Calvary Mater Newcastle from the current 12 to 16.

Other recommendations related to currently unfunded positions and improvement in internal processes that were already underway. The immediate funding of approximately $1 million dollars through the Hunter New England Local Health District has allowed the appointment of a Medical Oncologist at Manning Rural Hospital in Taree (Dr Ted Livshin who started in March 2012) and the opening of four extra chemotherapy chairs at Calvary Mater Newcastle with Kelly Randall as the new Nursing Unit Manager. Attempts to obtain extra funding for medical oncologists is still under consideration.

From a workload perspective we are still very busy having seen 1,288 new patients and 22,347 occasions of service in the 2011/2012 financial year. We continue to address waiting time benchmarks. Four of our Advanced Trainees will complete their training at the end of 2012 (Drs Lindy Turner, Nick Zdenkowski, Maria Aslam and Nazeer Upanal). We wish them well in their careers. As from this year medical oncology trainees will be interviewed statewide.

The Medical Oncology Clinical Trial Unit continues to expand. The unit now employs six full time and three part time clinical trial co-ordinators and a part time administrative officer. The recruitment of a clinical trials pharmacist to assist in trials management at pharmacy level for our unit and for other trials units within the hospital has proved a valuable addition to the team and is critical in assisting us to comply with the ever increasing complexity of clinical research.

We welcome to our unit Leanna Pugliese. Currently we have 14 actively recruiting clinical trials covering a range of cancers and cancer stages including early and metastatic breast cancer, a variety of gastrointestinal cancers, brain, prostate, head and neck and gynaecological cancers. In addition, we have patients in 37 studies in the follow up phase and have five studies in various stages of ethics and governance review. These studies will activate by the end of the year or early in the new year.

The outsourcing of compounding chemotherapy drugs has been very successful. We will be looking at further improvements in educating, supervising and safely delivering oral chemotherapy drugs to our cancer patients.

Persisting challenges include meeting demand with existing workforce, financial support from the Cancer Institute of NSW for data managers and rural registrars, and the continued challenges in trying to meet waiting time benchmarks.

Radiation Oncology

As a five linear accelerator department, Calvary Mater Newcastle continues to be one of the largest and most efficient radiation oncology departments in NSW. We saw over 1,900 new patients with a 17% increase in referrals from 2010 to 2011 and we performed the most new treatment courses in NSW.

This steady increase in service demand was particularly challenging over the past year as an ageing linear accelerator was replaced. Waiting lists for both chemotherapy and radiotherapy remained suboptimal and staffing deficits persisted. We also faced the challenge to provide our patients with access to more complex, precise and diverse radiotherapy treatments.

Many patients were referred to other centres to receive complex treatment in a more timely fashion or referred for treatments that the hospital does not currently offer such as stereotactic cranial and extra-cranial radiotherapy, prostate brachytherapy and paediatric treatment under general anaesthesia. Thus the priority of the coming year is to implement new technology, paramount to maintaining excellence in patient care, research and education.

The removal of one linear accelerator and the installation and commissioning of a new updated version was a labour intensive and multi-disciplinary team effort. The process took over five months and was completed by the end of June 2012. Significant measures, such as employment of extra staff, two extended-hour shifts and extra-ordinary overtime were required to treat patients on fewer linear accelerators. Our waiting list for treatment did increase over this period but this is now improving as the new machine became operational and we continued on with an extended hours shift.

Closer collaboration between the departments of Diagnostic Imaging and Radiation Oncology has continued over the last year. In 2011, the 3.0T MRI scanner was installed at the hospital and close proximity of the scanner to our department streamlines the planning process for our patients and allows for service improvements. For example to improve setup accuracy, we have acquired a flat MRI table top for simulation, installed radiotherapy setup lasers in the MRI room and are currently commissioning MRI coil mounts for head and neck and prostate treatments.

High-dose rate brachytherapy for gynaecological cancers now integrates MRI into 3-D volume-based planning for better soft-tissue definition. The MRI installation was a significant milestone event for our department not only by enhancing treatment planning but also by fostering new proposals for multi-disciplinary cancer research.

Over the last year, the scope and complexity of Intensity Modulated Radiotherapy Treatment (IMRT) has been expanded to include head and neck, prostate, cental nervous system, soft tissue sarcomas and pelvic cancers.

IMRT is a complex form of highly conformal dose delivery. For patients, this may translate into less side-effects and improved tumour control. For our staff, this entails increased workload in contouring anatomical structures, planning complex dose distributions, ensuring precise treatment delivery and performing quality assurance (QA) procedures.

We are now treating 15-20 patients per month with IMRT and focusing the efficiency of the patient specific quality assurance processes to increase the number of treatments to commence each week. Rapid Arc is another new form of complex conformal treatment using dynamically collimated radiation beams rotating around the patient. This is currently being implemented and should be applied clinically by the end of the year. Rapid Arc has the potential to be more efficient than IMRT as it allows for faster delivery and increased patient throughput.

Ensuring the accuracy of dose delivery during treatment of these highly conformal techniques has led to the rapid evolution of image-guided radiotherapy (IGRT). As well as electronic portal imaging dosimetry (EPID), we have commissioned and implemented newer imaging modalities on the linear accelerators to ensure daily

setup accuracy such as kV on-board imaging and cone beam CT scans.

Increasing precision of radiation delivery by on-treatment imaging is time-consuming and best practice is still under investigation. Over the past year, our IGRT process in treating localised prostate cancer has consolidated with most patients having gold seeds implanted in the prostate to guide treatment precision.

The priorities for implementation of new technology during 2012 have included Rapid Arc, 4-dimensional CT simulation accounting for respiratory motion, and stereotactic cranial and spinal irradiation. The following year we hope to see the development of extra-cranial stereotactic radiotherapy for lung nodules and liver metastases, respiratory gating and a prostate HDR brachytherapy program.

In July 2012, Dr Anne Capp completed her term as Director of the Department and Dr Jane Ludbrook has since been appointed to the Director's position. Dr Capp must be commended for her hard work and commitment to this role, providing leadership in striving for the implementation of new technology and in the planning of the new department in Tamworth.

We also welcomed a new Radiation Oncologist this year, Dr Jared Martin who will be sub-specialising in genito-urinary and gastro-intestinal tumour sites, and who has keen interest in research thus strengthening the department's research culture.

The numbers of radiation therapists (RTs) are increasing to provide extended hours on the linear accelerator to implement new technology. However, there is a need to recruit more RTs and indeed physicists, oncologists, nurses and allied health staff in the near future to continue this strategy.

Sadly, we said goodbye to Karl Stansfield, biomedical engineer, who has worked at the hospital for over 26 years, Karl's contribution has been very much appreciated within the department.

Expansion of training commitments has continued. Of note, medical student attachments in oncology at the hospital are longer and more numerous reflecting the doubling of the numbers of 5th year medical students from the University of Newcastle. The number of radiation oncology registrar trainees also expanded to six with an additional advanced trainee from medical oncology or palliative care. Dr Geetha Govindarajulu is completing her clinical fellowship focussing on gynaecological cancers and palliative care.

Medical Physics

Medical physics has continued to strengthen its links with the University of Newcastle. The department has hosted five undergraduate students who are undertaking research projects as part of their course work or as a result of vacation scholarships provided by the Commonwealth Government. Two physics registrar positions continue.

Congratulations to radiation oncology registrars, Drs Katherine Neville and Ekaterine Moseshvili who passed their phase 1 examinations in 2011 and to medical physicist, Michael Barnes who obtained his ACPSEM accreditation. Dr Mahsheed Sabet was awarded her PhD under the supervision of Associate Professor Peter Greer in medical physics and joined the clinical team as a scientific assistant.

The years 2011/2012 has seen steady growth in research activity in radiation oncology. We participated in 23 open clinical trials and we remain one of the largest contributors of patients to radiation oncology clinical trials in Australia.

In-house studies are progressing, particularly focusing on MRI based radiotherapy and IGRT. We had 30 publications last year. Associate Professor Jim Denham continues to lead his prostate research group with multi-centre clinical trials TROG 96.01 and RADAR, consolidating long-term results in prestigious publications. We continue our close association with clinical trials group TROG (Trans-Tasman Radiation Oncology Group) who are onsite at Calvary Mater Newcastle. We welcomed Helen Nguyen who joined our group of three departmental research co-ordinators.

The medical physics research continues to grow in strength both in publications and grant success under the guidance of Associate Professor Peter Greer for projects in IGRT, EPID dosimetry and MRI-Linear Accelerator projects. Peter Greer is collaborating with Varian in Switzerland to develop a new EPID imaging product. This year, Dr Brian King finished his 3 year post-doctoral research on EPID dosimetry. Dr Henry Woodruff joined the group as a post-doctoral researcher from the University of Sydney working in EPID real-time dosimetry. Jidi Sun is a new PhD student working on MRI-based planning. A/Prof Peter Stanwell joined the group as a MRI physicist with the aim to foster research in MRI-based radiotherapy and is linked to the University of Newcastle.

Over the past year, some of our senior staff have committed much of their time to provide expert advice on the establishment of the new linear accelerator department in Tamworth, which should be operational in 2013. We must thank the significant contribution of Chief Medical Physicist, Dr Kim Nitschke, Chief Radiation Therapist, Dr Karen Jovanovic, Radiation Therapist, Annette Skov, Information Technology Ray Sheather and Dr Anne Capp.

Haematology

The Hunter Haematology unit has had a busy year as the number of newly referred patients increases each year. In 2011/2012 over 900 new patients were reviewed and provided with treatment by the unit's 3.9 Haematology staff specialists. Unfortunately this has resulted in an 11 week average new patient appointment waiting time. This is despite the clinical staff using a triage process that determines which patients should be treated first based on their clinical need. Patients with a non- threatening illness can wait up to 10 months for an appointment.

The demand on inpatient beds for high dose chemotherapy and stem cell transplant has increased in the past year. Under Nursing Unit Managers (NUM), Wendy Johnson and Debbie Carr's leadership, the staff in wards 5C (inpatient) and 5D (Day Ward) increased the throughput by co-ordination of patients by pre-admission, early discharge procedures and outpatient follow up. The occupation of inpatient beds is often in excess of 100%. Many treatments that other units administer as inpatients are administered as outpatient therapy at Calvary Mater Newcastle, to avoid treatment delays.

New national standards required extensive review and revision of stem cell apheresis, cryopreservation and transplant facilities and work practices. After many weeks preparation Calvary Mater Newcastle (CMN) was fully accredited for these services by the National Association for Testing and Accreditation. Cathie Milton CNC (apheresis co-ordinator) and Geordie Zaunders (Stem Cell Laboratory Manager) provided the leadership to achieve the required goals in a relatively short period of time.

Dr Arno Enno led the initiative to develop a centralised "Haematology Portal" on the CMN Intranet. Via the "Links" section on the CMN home page, the haematology portal brings together treatment protocols, safe work practices, and a pathway to the external link of EVI-Q, the state based treatment guidelines of the NSW Cancer Institute. The "Portal" provides convenience and document control and has greatly facilitated patient treatment and safety.

A number of our haematology staff play an indispensable role for the wider Hunter New England Local Health District (HNELHD) by providing their expertise for service planning and delivery. These include:

HNELHD Transfusion Committee: Dr Sandra Deveridge.

HNELHD Cancer Network Leadership Committee: Wendy Johnson, NUM and Professor Philip Rowlings, Director

HNELHD Haematology Stream is chaired by Professor Philip Rowlings and co-ordinated by Wendy Johnson

At a state level staff have participated in:

NSW BMT Network of the Agency for Clinical Innovation (ACI): Louisa Brown CNC, transplant co-ordinator is co-Chair

NSW BMT NSW, Autologous Committee: Professor Philip Rowlings

NSW Haemophilia Network: Dr Michael Seldon

Medical Students from both the University of Newcastle and University of New England are taught in both the inpatient and outpatient setting, as well as by provision of lectures and tutorials at the University of Newcastle Callaghan Campus.

Nursing and Allied Health undergraduate students from University of Newcastle are trained in the inpatient ward.

The Staff Specialists contribute to Medical Registrar training and preparation for the Royal Australasian College of Physicians exams.

By senior staff reducing their hours to fractional appointments, Dr Sam Yuen was able to be employed permanently in August 2011, as 0.8 FTE staff specialist to assist in managing the department's large clinical load. His appointment is part of succession planning and unfortunately does not contribute a significant staffing increase.

The Mater Auxiliary provided funding for two new treatment chairs for the stem cell apheresis area. The Ron Poetscha fund enabled the purchase of several electric recliner chairs for patient and carer comfort in the haematology ward.

Surgical Oncology

The Department of Surgical Oncology and the Australia and New Zealand Breast Cancer Trials Group (ANZBCTG) co-ordinate national and international collaboration in randomised clinical trials for women diagnosed with or at risk for breast cancer. This national activity is an important resource for Calvary Mater Newcastle. The Department of Surgical Oncology and the Trials Co-ordination Department of the ANZBCTG are located in the NBN Telethon Mater Institute on the Mater Campus. Professor Forbes is Director, Department of Surgical Oncology, and Director of Research for the ANZBCTG.

Current clinical trials encompass prevention and treatment of all stages of breast cancer. This collaboration involves more than 600 researchers, 80 institutions and 60 unique clinical trials in Australia and New Zealand. With more than 1,000 investigators internationally through International Breast Cancer Intervention Studies (IBIS, Cancer Research UK) London UK; Breast International Group (BIG) Brussels, Belgium; International Breast Cancer Study Group (IBCSG) Bern, Switzerland and Amhurst, USA; and the National Surgical Breast and Bowel Project (NSABP, Pittsburgh, USA). The ANZBCTG has launched a new trial, APHINITY, to test a new targeted agent called pertuzumab. Other trials are investigating local treatment and new systemic approaches for all stages of breast cancer. The large international prevention trial, IBIS II, completed its recruitment phase in December 2011 and results are anticipated in late 2013.

The ANZBCTG supports the joint appointment of a Postgraduate Fellow in Breast Cancer Clinical Research, and recently a new Fellow was appointed to commence in early 2013.

In the 2012 Australia Day Honours, Professor Forbes was awarded a Member of the Order of Australia (AM), being recognised for service to medicine in the field of breast cancer research, to the development of improved clinical practice standards and service to the community.

Palliative Care

The activity of the Department of Palliative Care continues to grow. Over the last 24 months, there has significant increase in referrals. As a result, the department is experiencing high occupancy rates of dedicated palliative care beds and increased numbers of people admitted under palliative care services within the general wards of the hospital. Like many other palliative care services, the majority of people treated have cancer. However, the Calvary Mater Newcastle Palliative Care Service is also seeing increasing numbers of people with non-malignant disease. Recent statistics reveal that the service is remarkable for seeing the most respiratory patients of any palliative care service in Australia.

Some notable clinical projects undertaken within the department are highlighted. The common theme that underpins these is adoption and incorporation of the use of national palliative care indicators and quality measures. This was highlighted by the development and installation of Palliative Care ARIA system. Incorporating evidenced-based systematic assessment tools into ARIA allows ease of communication amongst the multi-disciplinary palliative care team and allows for easy extraction of activity data that will be used to inform the department's funding.

Other projects adopting the use of standardised tools include a redesign project undertaken under the auspices of the NSW Ministry of Health to develop and trial a referral tool to assist referrers understand and assess the specific needs of palliative care patients. A separate project was the development of an evidence-based algorithm to improve the palliation of dyspnoea.

Over the last year, The Fig Tree Program initiated a redesign project. This included a review which has informed the development of an alternative model which is based on a four-week education program aiming to target the learning needs of palliative care patients and families around common but problematic symptoms. This will be trialled in the latter half of 2012.

Providing care for the bereaved is an important part of the clinical activity of the palliative care service. Like all areas of palliative care, this part of the service continues to experience increasing activity. An important innovation in the last 12 months has been to hold four annual Remembrance Services in the hospital chapel. This has improved attendance and participation in the morning tea that follows.

Together with clinical activity, an important responsibility of palliative care services is to engage in teaching, educational and research activities. The department is actively engaged in teaching at undergraduate, post-graduate levels, maintenance of professional standards and community forums. Two such initiatives include the development of a spaced education program to improve exposure of 5th year medical students to the notion of a palliative approach and courses aimed at nurses working in acute care whilst caring for the dying.

Lastly, the research activity of the department continues to grow. There are now two research nurses funded by the successful attraction of competitive grant funding. The work undertaken by the department is focusing on improving the evidence-base from which palliative care is practised from, the identification of people with palliative care needs and the approach offered to all dying Australians.

Grants and donations for year 2011/2012:

Cancer Institute of NSW Primary Health Care Grant $40,000

Cancer Institute of NSW funding for a research nurse $100,000

Margaret Mitchell Grant $10,000

Lions Club of Jesmond donation $5,000

KO Surf classic donation $11,000

The 2011/2012 financial year has seen numerous changes within the Department of Palliative Care.

2011 saw us welcome Kathryn

Day Hospice Programme

Bensley as the Aboriginal Health Education Officer in palliative care, this is a significant milestone, as her position is the first ever in NSW. Kathryn's role is to inform Non-Aboriginal staff about Aboriginal culture and what death and dying means to them. Kathryn also provides support to dying people of Aboriginal descent and their families.

Through Kathryn's contacts, we were fortunate enough to procure the services of local Aboriginal artist Colin Wightman, who produced a number of paintings for display within the department.

Throughout 2011/2012 we bid farewell to many long-serving palliative care staff members including Clinical Nurse Consultant, Yvonne Rohr, Registered Nurse (RN) Lynne Stewart who retired. RN Megan Kauter has relocated to the Medical Centre, RN Cheryl Pavey has moved to the radiotherapy oncology clinic, RN Paul Collins has relocated to Darwin and RN Robyn Cutcliffe has moved rurally for a lifestyle change.

Both Yvonne and Lynne commenced work at the hospice when it first opened in 1994. Megan, Cheryl, Paul and Robyn have worked in the hospice, intermittentley, for the past ten years. Their professional contribution to palliative care has been greatly appreciated over the years and we wish them well in their new endeavours.

In May, the ARIA database for palliative care was introduced. This included the rollout of the outreach nursing staff using laptops when visiting patients in their home.

The research unit within the department remains involved in a number of clinical trials with the Palliative Care Clinical Studies Collaborative (PaCCSC), Queensland University of Technology, Queensland IMET and more recently with *GW Pharmaceuticals*, as well as some smaller investigator initiated studies.

We were open to recruitment for a total of 11 studies throughout the financial year. The Methylphenidate for Fatigue Study ran by Queensland IMET was completed in February 2012 and the second of the PaCCSC studies (Octreotide for Bowel Obstruction) was completed in May 2012.

This year, a total of 116 patients agreed to receive information about clinical trial participation, 25 patients gave consent and went on to participate in a clinical trial.

The department remains actively involved in quality improvement projects, reviews and education, including:

- Research and Statistics Working Party
- Falls Working Party
- Medication Management Working Party
- National Standards Assessment Program (NSAP)
- Palliative Care Review Committee

Hunter and Northern NSW Youth Cancer Service

Calvary Mater Newcastle has a new service dedicated to adolescent and young adults (AYA) aged between 15-25 years who have been diagnosed with cancer.

The Hunter and Northern NSW Youth Cancer Service (YCS) is based at Calvary Mater Newcastle. This service is the latest YCS established within NSW/ACT as part of the Youth Cancer Network Project. The team comprises of four health professionals with extensive experience working with paediatric, adolescent and young adult cancer patients. The YCS has a clinical nurse consultant, social worker and clinical psychologist based at Calvary Mater Newcastle and an adolescent oncologist located at John Hunter Children's Hospital. The service provides consultation, advice and support to young patients, treated either as public patients or in the private sector fostering collaboration between adult and paediatric cancer services.

This team has proactively built strong relationships with medical oncology, haematology, radiation oncology, surgery, palliative care and rural cancer services as well as the other YCS within NSW and ACT to maximise co-ordination of care, psychosocial support, increase health literacy and provide access to financial assistance.

Quality care for adolescent and young adult cancer patients requires a dedicated multi-disciplinary team of health professionals, knowledgeable about cancer care and adolescent health. The clinical nurse consultant, social worker and clinical psychologist are all introduced to the patient and utilise the AYA Psycho-social Screening Tool to provide a proactive rather than reactive health care service delivery model.

Being an adolescent or young adult is not easy at the best of times and a cancer diagnosis can be very difficult for a young person to deal with as they transition through this vulnerable time in their development. Our team provides highly specialised, nursing, medical and psychological support to young people who need it.

Oncology Nurse Practitioner

The last 12 months have shown a significant change to patient review with the introduction of on treatment review and long term follow up clinics by the Oncology Nurse Practitioner, Gillian Blanchard. 776 occasions of service have been undertaken for the period August 2011 – June 2012.

The change to the way patients have been reviewed has now become an accepted part of the oncology service at Calvary Mater Newcastle. This change seems to be very acceptable to patients who are undergoing care. A quality activity involving a patient satisfaction survey was undertaken of the patients seen in the Day Treatment Review Clinic in August- September 2011. The survey response rate was positive with a participation rate of 67.5%.

The preliminary results indicated that patients were strongly satisfied with the new service provided by the Oncology Nurse Practitioner in all categories including satisfaction with time spent with them to discuss treatment and any issues concerning their care, knowledge of the Oncology Nurse Practitioner, communication, and overall satisfaction and preference. Many patients also provided additional information and feedback indicating their overall satisfaction with the service.

We would like to make acknowledgement to the Supporters of Cancer and Port Waratah Coal Services for their valuable support and contribution to establishing the Oncology Nurse Practitioner Service at Calvary Mater Newcastle. This service is highly valued by all who use it and is a great asset to the medical oncology service provided by Calvary Mater Newcastle.

McGrath Breast Care Nurse

This year has been challenging and rewarding seeing 270 new patients as well as providing ongoing contact for previous patients, providing much needed physical and emotional support to women and their families.

Whilst providing care and support to patients is my main focus, another significant role is promoting breast awareness within the community encouraging greater awareness of the importance of early detection. Throughout the year I have given talks to the community regarding breast awareness and also continued to work closely with the Aboriginal cancer project officers based at Waratah.

In October 2011 we celebrated Mini Fields of Women Day in the hospital foyer. A display featuring local services for patients and families was a wonderful success with a morning tea sponsored by our long-time partner, Bakers Delight, Waratah.

I have taken a committee position on the Hunter Breast Cancer Nurses Group, sponsored by the Annual Lawler Partners Charity Breakfast held at Wests each October. We provide complimentary education days for Hunter Nurses working with breast cancer patients.

We also provided nurses two educational scholarships for the Breast Care Nurse Course. This year we have provided sponsorships for 20 nurses to attend conferences and 180 nurses attended education days.

Realising the community need for further support, Debra Cook, Breast Cancer Coordinator, social worker, Emma Sturgess and myself have developed an education and well-being program commencing in February next year. The twelve week program is a partnership with the hospital and the Hunter Breast Cancer Foundation. A productive year indeed.

Intensive Care Unit

Activity in the Intensive Care Unit continues to be high with 384 admissions, of which 57% were ventilated. Average occupancy for the unit was 83% and average length of stay was 4.3 days. ICU continues to provide hospital wide services which include the emergency medical response, central line insertion and nutritional support for patients requiring TPN (in conjunction with the Dietetics Department).

The biggest impact on the ICU this year has again been our role on the Rapid Response Team which provides the response to clinical emergencies throughout the hospital. There were 628 Rapid Response Team calls this year, with the 90 calls in June being twice the monthly average.

The ICU continues to be an active member of the ANZICS Clinical Trials Group participating in several multicentre, international research projects.

The 5th Point Prevalence Study Day has been completed; this trial provides data that further trials can then be based on. The multicentre trials CHEST (comparing saline to starch for fluid resuscitation) is now complete and we are awaiting publication of the results. Nephro-Protect (determining if supplemental protein protects kidney function) continues and we are about to commence ADRENAL (hydrocortisone in septic shock) and Transfuse trials.

The research co-ordinators for these trials, Suzanna Vale and Irene Bailey, have again been complimented by the Trial Co-ordinators on the exemplary manner they have managed these projects at the hospital.

In addition, we would like to welcome senior intensivists Drs Peter Saul and Ursula Beckmann to our team.

Melanoma Unit

It has been another busy year in the Melanoma Unit with a variety of challenges to face. We sadly said farewell to Professor Peter Hersey who has been a valued member of the Melanoma Unit for the last 28 years. He has worked as a clinician, seeing patients with high risk melanoma and patients with metastatic melanoma as well as having his own laboratory as a translational researcher.

Professor Hersey has taken up an appointment as Professor of Melanoma Biology at the University of Sydney. He has been a tireless worker for the benefit of melanoma patients and a world leader in melanoma research. He will be greatly missed by all.

We welcome Dr Andre Van der Westhuizen to the Melanoma Unit. Dr Van der Westhuizen comes from South Africa and has been working in medical oncology at Calvary Mater Newcastle for two years and has now joined the team of the Melanoma Unit.

Dr Van der Westhuizen sees melanoma patients with high risk melanoma and patients with metastatic melanoma. Dr Van der Westhuizen's experience as a medical oncologist, as well as a geneticist brings great medical skill and is very welcome. We are fortunate to also have Dr Megan Lyle, advanced trainee, working with Dr Van der Westhuizen. They both have shown a great interest in melanoma management and treatment of melanoma patients. They have been able to attend a number of conferences and workshops on the new treatments for melanoma as well as the Multi-Disciplinary Team meeting at the Melanoma Institute of Australia.

The Hunter Melanoma Foundation continues to support the Melanoma Unit and is of great benefit to the people of the Hunter region. The Foundation has a new campaign called *Check Mate*. This campaign is aimed at getting men over 50 to check their own skin and to listen to their wives in the hope of detecting melanoma early in this target population.

More than 50% of melanoma deaths are in men aged over 50. The message still needs to spread that there is a 97% cure rate when melanoma is picked up early and the best way of detection is self skin examination and regular check-ups with GPs by everyone.

The medical treatment of melanoma has shown great promise. This year has seen the registering of two new drugs for the treatment of metastatic melanoma with the Therapeutic Goods Administration.

We also continue to see patients for consideration of new clinical trials.

Surgical management continues to be the main treatment modality for melanoma patients. A diathermy machine has been purchased by the unit and will be used to enable us to attend to excisional biopsies and wide excision of thin melanoma. These procedures are attended under local anaesthetic here in the unit every two weeks by Dr Mike Reid. This service continues to free up some of the surgeons theatre time for wide excision of thicker primary melanoma or more involved surgery.

The Newcastle Permanent Charitable Foundation has donated an ultrasound machine to the unit. This is a useful machine for the doctors and nurses and has been used to view lymph nodes pre-op' or seroma post operatively.

The nursing staff have attended several conferences about melanoma as well as conferences focussing on wound care. Also beneficial are the workshops about new emerging treatment drugs for melanoma with international speakers. These have all been useful and most informative for all in the Melanoma Unit.

Altogether it has been an interesting and busy year and we look forward to the year ahead.

Surgical Unit

The 29 bed Surgical Unit provides a service for general and surgical oncology patients.

The Surgical Unit provides care for general and oncological surgical patients. The Stomal Therapy Wound Management, Acute Pain Service and the McGrath Breast Care Nurse are managed from the Surgical Unit and all are very successful and useful services bettering our patient outcomes across the board.

We were most fortunate to be one of the first units in the hospital to implement the award changes Nurse Hours Per Patient Day (NHPPD) in November 2011. Recruitment of additional full time equivalent nurses has allowed review of our model of care.

Essentials of Care (EOC) has been successfully utilised for many projects in our unit but most recently changes regarding NHPPD were put into operation using EOC methodology. EOC is a practice development approach that allows nurses to celebrate the good care they provide as well as identify opportunities to improve care even further. The EOC program evaluates the person-centred nature of the care environment and is clinician driven with management support.

We received a substantial donation from the Newcastle Buses from its annual fundraiser the "Santa Bus", which allowed the unit to purchase an Entonox Machine for use on patients to provide pain relief during dressing changes.

The Clinical Ethics Committee

As a Catholic hospital Calvary Mater Newcastle (CMN) adheres to the philosophy of Catholic social teaching. Clinical practice at CMN is underpinned by the Code of Ethical Standards for Catholic Health and Aged Care Facilities in Australia by Catholic Health Australia (CHA). The relationship between the Hospital's Clinical Ethics Committee and Hunter New England Human Research and Ethics Committee (HNEHREC) continues to be productive and beneficial for both organisations. Close co-operation and monitoring of the application and approval regime for research at CMN has been maintained and has ensured that the process remains very efficient with minimum delays in the approval process.

The Clinical Ethics Committee received approval for a Reproductive Risk Statement to be included in the Participant Information and Consent Form (PICF) in all applications for research involving human participants. The wording is similar to wording that is used by all Catholic Hospitals throughout Australia, where specific research is undertaken which may impact on the life of an unborn child.

During 2011/2012 four Ethics Forums were organised for CMN staff:

Organ Donation After Cardiac Death - Dr Peter Saul and Ms Jennette Lacey

Dying with Dignity – Fr Kevin McGovern

Advance Care Planning – Dr Bernadette Tobin

Life Before Death – Documentary on availability of pain relief at end of life

CMN developed a policy about Organ Donation after Cardiac Death in line with NSW Ministry of Health Guidelines. This policy has been approved by Little Company of Mary Health Care (LCMHC) for use on a national basis.

Clinical Ethics Committee

Mrs Alison Lee Acting Director of Medical Services Calvary Mater Newcastle (CMN) as Acting Chairperson.

Mr Kevin Mulligan, Director of Mission, CMN.

Dr Aidan Foy, Associate Professor, General Medicine, CMN and Chairman, Medical Staff Council CMN.

Dr Tim Stanley, Staff Specialist, ICU, CMN; Executive member Medical Staff Council CMN.

Dr John Cavenagh, Staff Specialist, Palliative Care, CMN.

Ms Elizabeth Milligan, Deputy Director of Social Work, CMN.

Ms Maria McDonald, Nursing Representative, CNS, Haematology, CMN.

Ms Mary Ringstad, Pastoral Care Manager, CMN.

Fr Barry Tunks Chaplain, CMN, Vicar General, Catholic Diocese of Maitland Newcastle.

Mr Wayne Dever Lawyer, MRM Lawyers, Mayfield.

Mr Dennis Carroll Theologian, and Ethicist, School of Theology and Religious Studies, University of Newcastle.

Mrs Paula Watts, Community Representative.

The appointment of Dr Rosemary Aldrich to the position of Director of Clinical Services (Medical) in August 2012 means that Alison Lee will vacate the position of Chairperson in favour of Dr Aldrich.

The Clinical Ethics Committee meets on the third Tuesday of each month.

Human Resources

Continued improvements have been made to the hospital's staff recruitment processes. With assistance from the IT Department, Convenors of Selection Committees can now view and manage electronic applications, expediting the selection process, minimising paper consumption and eliminating the risk of lost and misplaced applications and files.

Also, with direction from the SEEK.com account manager, filtering questions have been placed in all online advertisements. The filtering questions direct applicants to the hospital's website for full instructions on how to lodge applications that comply with the minimum requirements. The result has been a drastic reduction in poor quality applications and unnecessary correspondence with candidates during the selection process. We welcome this change.

1 July 2012 will signal the beginning of the new quinnquenium (the five-year period for which staff specialists and Visiting Medical Officers (VMOs) are credentialled for specific responsibilities. The Human Resources Department, in collaboration with the Medical Administration Department, drafted and processed approximately 85 new contracts and over 200 extension of privilege letters to specialists and VMOs in the lead up to commencement.

As a result of changes to the Nurses' Enterprise Agreement, nursing hours per patient day (NHPPD) ratios now determine the number of nurses required to provide direct clinical care to patients. This has resulted in the need to increase the number of nurses employed in wards throughout the hospital.

A number of strategies have been implemented to ensure the requirement for more nurses is met, including the direct recruitment of qualified nurses from overseas. The HR Department interviewed many overseas nurses by telephone and assessed their suitability for work at Calvary Mater Newcastle.

After liaison with the Department of Immigration and Citizenship and AHPRA (the Australian Health Practitioner Regulation Agency), the hospital has so far recruited five Registered Nurses from the United Kingdom and Ireland. The nurses have fitted in very well at the hospital and their experience and skills have been warmly welcomed by existing staff members. Staff and management have supported and assisted the nurses with their applications for permanent residency, with one application already granted and others pending.

There has been a significant increase in the number of overseas recruits appointed under sponsorship arrangements, 457 Temporary Visas and permanent residency applications.

This has occurred due to:

- a direct overseas recruitment drive for nursing staff and Registrar/ Medical Officers (as mentioned above);
- appropriately qualified candidates applying for positions vacant online at SEEK.com; and
- recommendations from recruitment agencies specialising in Health Professionals.

Much work has been achieved to progress the implementation of the new *Chris 21* payroll system which is being rolled out across Little Company of Mary Health Care. With staff covered by conditions equivalent to those of NSW public sector health employees, Calvary Mater Newcastle operates in one of the most complex payroll environments in Australia. Significant attention to detail has been applied to each step of the implementation process in order to avoid potential under/ over payment errors. With parallel test runs expected soon to test the reliability of the system, *Chris 21* will be operational within the coming months. Well done to all staff involved in this pursuit.

There were 12 Lost Time Injuries (LTIs) in 2011/2012. This is a reduction in the number of LTIs that occurred in 2010/2011 and less than half the number of LTIs that occurred just five years ago. This result reflects equally pleasing results achieved in this year's Workplace Health, Safety & Injury Management (WHS&IM) audit which saw significant improvements in WHS&IM compliance across all "standards".

Public Affairs and Communications

The Public Affairs and Communications Unit has had an interesting and busy year with involvement in a vast range of hospital and community projects and events. The 2012 communications plan has encouraged the exploration of Public Relations opportunities both with staff and with our community. This process provided us with the opportunity to conduct a SWOT analysis to gauge potential opportunities and to further consolidate the positioning of Calvary Mater Newcastle within the hospital and community.

Our current involvement in many internal health care projects, assistance with education/marketing tools and promotional events, has seen the unit have an exceptionally busy year.

We are pleased to have had the opportunity to be involved and provide input to a number of hospital activities and projects throughout the year. We have provided expertise to many departments assisting with creative strategies, compliance to hospital brand and assistance with co-ordination to deadline.

We have enjoyed our involvement with staff and departments throughout the year and the opportunity to assist in achieving successful outcomes for their projects and promotions. We are pleased to have been involved in the following hospital activities:

- Assistance with the development of sponsorship and community fundraising opportunities with the hospital Auxiliary
- Organisation of the Hair Ball 2011 – marking ten years of fundraising with an end result of raising over $750,000 during the lifespan of this event
- Organisation and co-ordination of Wig Week 2011, *The Musical*
- Production of the hospital's monthly newsletter Mater Matters and proactive co-ordination of information inserts
- Conducted a community focus group on hand hygiene
- Hospital Hand Hygiene launch – Clean Hands Poster
- Clean Hands? Tattoo campaign promoting hand washing to help reduce hospital acquired infections
- Research, editing and co-ordination of six published articles in Hunter Lifestyle Magazine
- Involvement in the Heritage Committee to re-establish hospital artefacts to their original locations and compiled a work plan for future room naming
- Co-ordination of Hospice Community Arts Program
- Assistance with the organisation of the 2011 Celebration of Service Awards
- Co-ordination and involvement of hospital events – International Nurses Day, World's Greatest Shave, Dry July 2011, Multi-Cultural Health Week, Mini-Fields of Women, Look in our Backyard photography exhibition and Auxiliary AGM.
- Management of all hospital media and promotional press releases
- Attended six guest speaking engagements and ten cheque handovers
- Managed the onsite logistics for two ABC Four Corners reports/ productions - 'The Miracles of Mary McKillop' and the 'Forced Adoptions' issue. And, filming for a national television commercial 'What Matters' for Xstrata Coal.
- Managed publicity for the announcement of the new Oncology Nurse Practitioner in conjunction with Port Waratah Coal Services and Supporters of Cancer
- Co-ordinated four Department Managers' Forums 2011/12

The Public Affairs and Communications Manager was appointed to the Community Advisory Board in September 2011 and will be part of driving new initiatives in community engagement to consolidate partnerships with the wider community.

The Wig Service is a free volunteer run service for hospital patients who lose their hair during cancer treatment. The service looked after approximately 220 patients this year providing each patient with a new wig and professional fitting.

The service has a high standard of care and an outstanding reputation within the community and has inspired some private hospitals to found their own service for privately insured patients.

The Wig Service is ably run by volunteers Kim Rossi and Margaret Bottrill who were proud finalists in this year's Hunter New England Health Achievement Awards. We thank both Kim and Margaret for their continued support of this service, without their time this service would not be possible.

The service is further supported by the friendly reception and booking staff, Judy Young and Denise Ashman, who co-ordinate the bookings for this important service.

This year staff dressed up to the theme of "Mater, The Musical" with many departments giving outstanding performances in dressing up and singing for patients and staff.

It was a significant occasion for the final Hair Ball marking ten years of community fundraising and awareness with over 320 guests in attendance at The Civic Theatre, Newcastle.

The theme was Venetian Carnivale and it raised $65,000 for cancer patient care, comfort and research. The proceeds of the ball went to assisting the fundraising effort in providing new 'up-to-the minute' needed endoscopic and sterilising equipment and a cancer research grant.

We thank the Hair Ball Committee and sponsors past and present. The Junction Hotel, The Jewellery Affair, Domayne Kotara, Southern Cross Ten, Glen Geary and The Good Guys Kotara, Gallerie Fine Jewellery and all of our community supporters who each year have sponsored and made this event possible, enabling us to buy important hospital equipment to make life easier for cancer patients. A proud investment is also the grants awarded from ball proceeds to our Mater cancer researchers.

Fundraising and community donations continue to be consistent for the hospital especially in the areas of oncology and research. We thank the community and the following donors for their significant donations, kindness and support.

Donors

The Kahibah Bowling Club and Travelling Bowlers

Heffron Employees and Families

Lake Macquarie Soccer Club

Newcastle Buses and the State Transit Authority

Beresfield Lioness Club

The KO Surf Classic

Charlestown Bowling Club

Supporters of Cancer

Port Waratah Coal Services

Renee Spice and the Lambton Park Hotel

Mater Graduate Nurses

Jesmond Lions Club

Hexham Bowling Club and Hexham Social Golf

Adamstown Rosebud Junior Football Club

Cessnock City Council

Longriders Motorcycle Club

Renae Perry Dance

UMFA Northern District Branch

Waratah Mayfield RSL Sub Branch

Hollie Davis

Chelle Van Photography

The Harvey Family Bubble and Bling

The Spinning Knitwits

The hospital sincerely thanks Calvary Mater Newcastle Auxiliary members for their ongoing dedication and support of our hospital. Their support enables us to buy hospital equipment for patient care and comfort and for this we are most grateful to the members.

Calvary Mater Newcastle Auxiliary members are appreciated by all hospital staff and we see their fundraising work as being at the core of our values and at the provision of health care services at Calvary Mater Newcastle. We thank each and every member for their tireless work which is indeed outstanding.

We take this opportunity to thank volunteer, Maggie Sulman, for her committed work within the Public Affairs and Communications Unit. Maggie is a volunteer of 20 years and has a valuable all round knowledge of the hospital, its staff and community. Maggie gives two days each week to the unit and we thank her for her ongoing commitment. Maggie adds value to the service we provide.

Quality

Calvary Mater Newcastle (CMN) staff are committed to ensuring that patients receive the best possible care by striving to continually improve patient safety and the processes associated with care delivery. To ensure that patients receive the best possible level of care we continue to monitor, report and benchmark a number of indicators that flag the effectiveness of the care systems. During 2011/12 CMN reported the performance of over 59 clinical indicators to the Australian Council on Healthcare Standards (ACHS) and 50 indicators were reported as performing within or better than the ACHS rate.

CMN hosted a three day site visit by three ACHS surveyors from the 1-3 November 2011. The survey team was impressed with the number of strategies that are in place to provide effective and efficient services and maximise the services offered within the available resources.

The surveyors reported that there is a strong commitment to the delivery of quality care and services throughout CMN and quality improvement is embedded in the values and practices. The eight recommendations from Organisation Wide Survey (Aug 2009) were closed and seven new actions were recommended.

The Clinical Education and Training Institute accreditation survey was conducted on the 8 March 2012. CMN was awarded three years accreditation for Junior Medical Officer training. During 2011 we were also awarded five years accreditation for Basic Physician Training by the Royal Australian College of Physicians and five years accreditation for advanced training in medical oncology. The Australasian College of Emergency Medicine, the Royal Australian and New Zealand College of Radiologists and the Australasian and New Zealand College of

Calvary Mater Newcastle Auxiliary '*Cancer Carers*'

'The heart of a volunteer is not measured in size but by the depth of commitment to make a difference in the life of others'.

The Auxiliary has well and truly made that commitment this year through the values of hospitality, healing, stewardship and respect.

It is with much pleasure that I present the Treasurer's Report for the financial year ended 30 June 2012.

This year we entered into a $300,000.00 partnership with Xstrata Coal NSW to purchase vital equipment for our operating theatres expediting surgery procedures for patients. Both parties contributed $150,000.00.

We are most grateful to Xstrata Coal NSW for their commitment as part of their Corporate Social Involvement Program "What Matters". Like our Auxiliary, "People Matter to Xstrata".

During the year we have purchased vital equipment for the care and comfort of cancer patients. Our total expenditure on equipment for the year is $392,182.00, with a further commitment of $166,980.00 for equipment orders that have been placed.

I would like to add a special thanks to Jo Pritchard for her tireless effort as the Assistant Treasurer.

Fundraising success is the result of working as a team. These results would not have been possible without the assistance of the following people:

- Public Affairs and Communications Department
  Ingrid Grenell and Amber Dale
- Finance Department
  Lynda Evans and Katrina Thornton
- David Millington's team
  Peter, Peter and Peter
- Calvary Mater Newcastle staff
- Mental Health staff
- Kay Woods
- Hospital volunteers
- Our lolly packing friends who assist with the packaging of lollies (known as quality control experts for their self sacrifice in product testing)
- Continued support from the Bowling Clubs, Muree Golf Club, our families, friends and members of the community

Activities this year included:

- Catering at Bowls Days
- Special Occasion Lunches
- Fashion Parades
- Coach trips
- Trivia Night
- Manning the Photo Exhibition at Charlestown Square
- Golf Day
- Trading stalls at the hospital
- Packing 4,679 kilos of lollies

We are so fortunate to have such great Auxiliary members, who enjoy what we do, what we are about and each others company.

The financial result for the year ending 30th June 2012 is:

GROSS INCOME FOR THE YEAR:	$506,168.78
EXPENSES:	$60,484.80
NET PROCEEDS FOR THE YEAR:	$445,683.98

Well done team members. What a great result!

To our CEO Greg Flint, we assure you that we will continue with our best effort for the next financial year with the same spirit as always "being for others".

Anaesthetists also accredited relevant specialist training programs.

CMN strongly supports continuous improvement methodology and has participated in various NSW Ministry of Health initiatives, including, the NSW Health Quality Systems Assessment, the ongoing Between the Flags DETECT program, improving the detection of the deteriorating patient, the REACH family/carer communication project, the Quality Systems Self-Assessment, the Emergency Department Sepsis Kills program and the Hand Hygiene program. CMN is also actively participating in the LCMHC Palliative and End of Life Care project and has initiated a number of local projects including best practice mouth hygiene of ICU patients and tracheostomy care, a hospital wide approach.

Promotion of a patient safety culture and participation in the broader reporting and benchmarking activities of the Little Company of Mary Health Care faculties continues. Five Root Cause Analysis (RCA) investigations were commissioned during 2011/12 to investigate significant adverse events and the 12 recommendations have been implemented.

CMN continues to recognise that prompt response to customer feedback is important. The Little Company of Mary Healthcare and NSW Ministry of Health benchmarks demonstrate that the hospital acknowledged and resolved complaints in a more timely manner when compared with other facilities.

To ensure CMN remains responsive to community and patient needs, we continue to actively seek customer feedback by participating in the NSW Health inpatients, day-only inpatients, emergency non-admitted patients and outpatient services satisfaction surveys. Overall these patients scored our hospital care higher than the state average across all aspects of care. A good result indeed.

Health Information Services and Information Technology

Incorporating the following departments and functions: Health Information, Clinical Coding, Information Technology, Patient Services (which includes Emergency Reception, Admission Office, Waiting List Management, Main Reception, Switchboard Services), Clinical Information (Medical Records), and the Medical Centre (Outpatient) Front Office/Reception.

All areas have been extremely busy this year supporting the growing complexity of services and systems across the hospital. Continuing high patient activity levels, and the ongoing development of electronic health record systems, have resulted in a number of significant challenges for staff, many of which will continue for some years to come in varying ways and degrees.

The skill sets and dedication of staff in all areas is to be commended. Covering priority aspects of multiple roles at times, being asked to take on new ways of doing things, and adapting to an ever changing environment, have become nearly second nature to many of our staff.

New computer systems implemented during the year have included the ProVation Endoscopy Information System introduced into the theatres March 2012, much to the delight of our Surgeons, and the Aria system introduced into Palliative Care services, May 2012, as an extension of the already existing Aria Medical Oncology/Haematology information system.

Information Technology (IT) Disaster Recovery Planning (and ability) has been an increased focus as the hospital relies more and more on IT systems and integrity of data to support nearly every aspect of the business. Maintaining an IT infrastructure which can support the growing demand for storage of data and connectivity with wider services will remain a challenge for this tightly budgeted service.

Another significant area of change and increased focus for our services has been and will continue to be in the area of patient activity reporting, due to the NSW Ministry of Health implementation of Activity Based Funding (ABF) models. If Calvary Mater Newcastle is to receive its fair share of the available health budget it must be as well aligned as possible to submit high quality data for all aspects of activity.

The increased focus on non-inpatient data collection and reporting has required the development and presentation of information sessions to clinical and administrative staff. This outlines the details of newer requirements for data items, but also to discuss what 'approved' systems the various activity can be reported via to meet external reporting requirements and determining how to achieve this.

Clinical Coding has also come into higher focus this year as the DRG data derived from the inpatient coding process is increasingly used to assist ABF discussions, and as a unit of measure for reporting hospital performance. It is imperative that we continue to attract and retain a skilled coding workforce, and that across the board the quality of clinical documentation which underpins the coding function continues to improve.

Patient Services has been involved in devolving further administrative tasks related to patient movements in the iPM system to some wards, such as the transfer and discharge functions, aimed at improving the timeliness of bed availability data, which in turns assists patient flow. A number of data capture and reporting processes have been reviewed and made more efficient, as well as changes to some roles, which have enabled the most effective rosters possible within resources across services.

The frontline services have continued to welcome staff, patients and visitors alike, albeit in an increasingly busy environment. Our staff take great pride in their frontline work with our patients and visitors.

In the Clinical Information Department increased workloads have also been well accommodated. Priority workloads have continued to flow well generally, due to a dedicated and flexible team approach by those staff to their daily work. A high priority area for management of this service is to continue to work through the dilemma of how to move the hospital to overall reliance on electronic documentation and results, rather than requiring the paper copies as well. The transitory environment of electronic health records (EHR) development, which is incremental and taking overall a number of years, has certainly increased the complexity of access to clinical information.

Nutrition and Dietetics

Providing nutrition support for patients at nutrition risk is core business for dietetics. In 2011/2012 the dietetics service was involved in the care of over 2,350 inpatients and 2,100 oncology outpatients, with nearly 8,300 occasions of service combined. Each day there are 40-55 hospitalised patients whose nutrition care is managed under a dietician. The most common nutrition diagnoses being inadequate oral intake (27%) and malnutrition (24%).

The NSW Nutrition Care Policy was released in December 2012 with the main objective to identify and support patients at risk of malnutrition. A strategic approach to provide a team base approach to nutrition care is being put in place and co-ordinated through the Calvary Mater Newcastle Nutrition Care Committee. To date activities such as observational audits of the meal time environment, audits of nutrition screening and assessment practices and evaluation of the hospital menu have been undertaken.

With the support of University of Newcastle dietetic students, the department has been able to undertake needs assessments where service gaps have been identified. Projects such as 'continuing care for head and neck cancer patients following radiation or chemo-radiation (2011)' and 'an evaluation of current dietetic services in the chemotherapy overnight treatment unit (2012)' give us much needed information.

Our staff continues to do a great job advocating for patients whom rely on a feeding tube for nutrition support. Meeting the costs is a challenge for patients and we are thankful to the Port Waratah Coal Services for donating $2,000 from its employee donations program to aid those experiencing financial hardship during illness. Ongoing support from the hospital through the co-payment model remains a much valued part of the support we offer these patients.

The department is active in research and quality activities; an example being the collaboration with the Department of Psychiatry in the EAT project, an NHMRC funded clinical psychology research study looking at enhancing the counselling skills of dietitians in providing nutrition advice for head and neck cancer patients to achieve better outcomes.

Pharmacy

Throughout 2011/12 the Calvary Mater Newcastle Pharmacy retained its patient focus through quality activities aimed at both improving patient outcomes and contributing to the most cost effective use of resources. This result is achieved through the commitment and teamwork demonstrated by all members of the Pharmacy.

The pharmacists are involved in:

- Counselling patients/patient carers about medications
- Working with clinicians to ensure the quality use of medicines within the hospital
- Delivering medication-oriented talks to specialist interest groups within the community

Staff members actively participate in hospital, area wide and national committees, specialist clinical teams and numerous clinical trials.

The pharmacy maintains its involvement in the National Medication Safety initiatives and participates in the periodic audits associated with the National Medication Chart.

In 2011/12, Calvary Mater Newcastle Pharmacy has collaborated on a number of projects with the University of Newcastle and NSW TAG. These projects include:

1. Education of Junior Medical Officers with respect to how to maximise the use of the admission medication history form with the view of optimising patient care

2. Participation in a pilot project aimed at improving prescription writing. Pharmacists conduct regular tutorials with final year medical students on a 'one on one' basis. The aim of this project is to determine the resources required to maintain this educational component on an ongoing basis.

The pharmacy continued its role in student education by supervising postgraduate students from University of Newcastle. The introduction of the University of Newcastle's Masters in Pharmacy course has generated a large teaching commitment for all pharmacists and we are responsible for supervising students from both years on a rotating basis. In addition, the pharmacy accepted student pharmacists from the University of Sydney and Queensland University this year.

The outsourcing of targeted chemotherapy commenced in August, 2011. Its introduction, whilst freeing up some pharmacy compounding time, has resulted in an increased workload with respect to clinical pharmacists' management of the chemotherapy prescription writing process.

The oncology and haematology pharmacy staff continue to work with Hunter New England Information Technology Support and Development Department on the

electronic chemotherapy chart (the ARIA project). The ARIA system is proving beneficial to all users (doctors, nurses, pharmacists, clerical and administrative staff) and is being rolled out into other hospital departments.

Four Calvary Mater Newcastle Hospital pharmacy technicians are currently undertaking a Certificate 3 course In Hospital/ Health Services Pharmacy Support. Grants from NSW State Training Authority were allocated to the technicians to facilitate this undertaking.

Calvary Mater Newcastle pharmacists attended a number of SHPA courses this year to consolidate their knowledge in a range of pharmacy practice areas and which they are able to apply to their clinical practice at the Calvary Mater Newcastle.

The pharmacy remains committed in its support for medical research and is actively involved in more than 50 trials. A Clinical Trials pharmacist position was approved and successfully recruited in early 2012. This person has already made a positive impact on the management of clinical trials from a pharmacy perspective.

Speech Pathology

The last year has been a particularly busy one, with unprecedented numbers of inpatient referrals as well as some staff changes. The Calvary Mater Newcastle/University of Newcastle Speech Pathology Student Unit continues to function well, with funding apparently continuing over the next few years.

Current evidence is an important focus for our department, and has been well supported by participation in the NSW Speech Pathology Evidence Based Practice Group. Our department was responsible for organising the teleconference to enable local speech pathologists to participate in the end of year summation for this statewide group. We are very grateful to the LHD Library Service which helps us to quickly source articles for this group's activities.

In a recent initiative with medical imaging, the department has now been able to record Modified Barium Swallow reports on CAP. This means that results are more readily available to other clinicians to allow improved quality of care. Another important project this year has looked at the referral process to speech pathology, resulting in more appropriate and accurate referrals, and improved workflow. We have also participated in the organisation of the HNELHD Speech Pathology Stroke Education Day.

Revision of the Speech Pathology Tracheostomy Management policy, as well as the development of some safe working practices, has underpinned our involvement in the multidisciplinary tracheostomy team. The department has been heavily involved in the activity of this group, looking at tracheostomy education and management across the hospital.

Over the coming year, the department is looking forward to developing a service to improve swallowing outcomes for Radiation Oncology patients, as well as continued involvement in the Head and Neck Cancer Support Group. We also hope to improve consistency of diet textures for dysphagic patients through further education of catering staff.

Physiotherapy

The Physiotherapy Department has been conducting a review of lymphoedema services across Hunter New England Local Network and provided a report to the Area Cancer Network on the strategies needed to improve services for all clients needing lymphoedema management. A priority list has now been developed to be utilised, should funds become available. Calvary Mater Newcastle physiotherapy service continues to provide lymphoedema services to clients throughout the Local Health District and support to therapists throughout the region.

Calvary Mater Newcastle in conjunction with the University of Newcastle has established a full time student education unit in acute care with funds made available by the Federal Government (HWA program). Funding has been approved for two years and the unit has improved patient care and timeliness of services at the hospital.

The Physiotherapy Department is continuing to promote cancer services through presentation of lectures and tutorials to physiotherapy students at the University of Newcastle on the role of 'physiotherapy in cancer care'.

The department continues to support education within the hospital and to patient support groups with assisting in programs such as the Leukaemia Foundation Lymphoma Day and the Breast Centre Support Group.

Occupational Therapy

Throughout the year, the Occupational Therapy Department has continued to provide a range of services across the hospital as well as participating in quality activities and student supervision.

The oncology loan pool has provided aids for daily living to many hospital patients to help them and their families manage serious illnesses in their own home environment. Expansion of this service continues to be a goal of the occupational therapy staff, especially in the area of pressure care management.

The Auxiliary has been very supportive of the loan pool and in June 2012 paid for six new wheelchairs. This equipment donation is appreciated by patients and feedback is very positive.

The 'Meditation Group', for oncology patients and their carers has continued to meet weekly and has constantly received positive feedback from all those who have participated. This group is facilitated jointly by occupational therapy and social work and has been meeting weekly for about 14 years, a long term resource for our patients which has been of great value to many.

Staff have continued their professional development throughout the year with attendance at conferences, in-services and local education days. Occupational therapy delegates attended both the Australasian Allied Health and Nursing SmartStrokes conference held at the Gold Coast in August 2011, and the Whole Body National Symposium held in Sydney during March 2012.

As a profession, occupational therapy has now achieved full national AHPRA registration status. This came into effect on 1 July 2012.

Several undergraduate students completed clinical placements in the Occupational Therapy Department throughout the year, and our staff have been participating in developing learning modules for the occupational therapy program at the University of Newcastle.

Occupational Therapy Week was celebrated in October 2011 with an early morning breakfast and health promotion in the hospital foyer.

Pastoral Care

The last 12 months have presented the Pastoral Care Department with many and varied opportunities to engage the wider community in conversation about our work as health care professionals in caring for people who are ill. This has been both challenging and satisfying and has resulted in our work being acknowledged as being at the forefront of pastoral care.

Staff have been involved in specific education programmes such as:

- Clinical Pastoral Education (Introductory and Basic Units) -supervisor and presenter
- RN Certificate in Palliative Care - presenter
- Cert IV in the Palliative Approach - presenter
- PEPA education days - presenter
- New Graduate Nurses Education CMN - presenter
- University of Newcastle Medical Students (yrs1-5) - specific units palliative care
- University of Newcastle Occupational Therapy Students (yr 4) - Palliative Care Unit

Presentations in Educational forums. Workshops/seminars:

- Medical oncology forum psycho/ spiritual/social needs of patients/ families
- Radiation oncology presentation on pastoral care services
- Presentation to the Emergency Department - End of Life Care in ED; Self Care for nursing staff
- CUEHL Ethics Forum - End of Life Care
- Palliative Care Volunteers, NSW Conference – presentation Loss and Grief
- Maitland Palliative Care Volunteers education session - Spiritual Care at End of Life
- Catholic Diocese of Maitland-Newcastle Secondary School Teachers' Professional Development Day – presentation Pastoral Care in the context of Australian Spirituality
- Catholic Health Australia Conference - presenter: Fewer Clergy – Pastoral Care for the Future
- Diversity, Harmony and Respect Public Forum, Palliative Care Week MC and presentation 'Dying at Home' – the story of an elderly Chinese Australian

Guest Speaker:

- NSW Leukemia Foundation Annual Remembrance Service

A highlight of this year was the inaugural Pastoral Care Week dinner, organised and sponsored by the local branch of our professional association Spiritual Care Australia, in which we hold two executive positions. The celebratory dinner was attended by 80 people from the pastoral care and wider community, with guest speaker Mr Peter Mitchell, author of 'Compassionate Bastard'. The focus of the presentation was Peter's reflections on the needs and experience of refugees, the personal and professional choices in a constantly changing political context.

Of recent concern has been our capacity as a department to provide a service to the many hundreds of outpatients who receive treatment at the hospital each year. In September 2011 we initiated a monthly morning tea in the NBN Telethon Villa Units for residents to meet one another, to have the opportunity to build a sense of community and to access the support and care of pastoral care. These morning teas have quickly established themselves as a vital part of the residents feeling settled and connected as they begin and endure often long and at times difficult radiation therapy treatments, a long way from home.

An invitation to past participants of bereavement support groups (five groups held from July 2010) to a gathering to reconnect, resulted in stories of healing and transformation, of new and varied challenges as their experience of life and grief continues. Deep gratitude was expressed by many for the invaluable support the original group, of which they were members, provided.

Media:

- 'Behind the Curtain' article in Hunter Lifestyle magazine
- Catholic Health Australia Webcast series: Mission in Focus - 'Pastoral Care as expression of Mission'

Social Work

The members of the Social Work Department continue to provide a comprehensive social work service to patients and their families/carers across all clinical areas. Funding for an Adolescent and Young Adult (AYA) cancer service enabled us to recruit an additional Social Worker to work as part of this team.

Social Work staff work with the medical, nursing, allied health and support staff of the hospital to provide a multidisciplinary approach for patient care. Social workers in particular are responsible for attending to emotional and psychosocial needs of patients and carers/families. Social work staff provide assessment, individual and group programmes and services. These may include direct counselling related to dealing with adjustment issues, trauma, grief and loss, the provision of specialised meditation and support group programs, discharge planning, social support services, advocacy with government and other agencies to access services.

Social work staff have continued to provide representation of the department, allied health and the hospital on a range of committees both within the hospital and with a range of community groups including: Social Work in Aged Care, Social Workers in Emergency, HNE Stroke Interest Group, Newcastle Domestic Violence Committee, Haemophilia Social Workers and Counsellors group, Clinical Oncology National Oncology group, COSA Neuro Oncology Group and Cancer Council Regional Advisory Committee.

Staff have also contributed to a range of workshops and forums, by participating in organising committees and presenting papers. Staff have been active in the development and updating of resources including: input in the development of patient resources for those living with malignant brain tumours, paediatric guidelines in radiotherapy, resources to assist in the care of patients who have suffered strokes, resources for patients who have a dementia, and bereavement resources in all clinical areas of the hospital.

Social work staff continue to provide assistance to the NSW Cancer Council in the training of volunteers working in the NSW Cancer Council Information Centre.

Social workers are actively involved in facilitating a range of group programmes within the hospital including: Cancer Support Group, Head and Neck Cancer Support Group, Meditation Group, Bereavement Walking Group and the Falls Management Programme. Support is also offered to the Newcastle Mater Prostate Cancer Support and Education Group and the Brain Tumour Support Group.

The Head and Neck Cancer Support Group, a joint initiative of social work, speech pathology and dietetics commenced in October 2010. The group would like to gratefully acknowledge the donation received from the family of Stephen Raw to be used for educational resources for this group.

Mission

Our mission is to bring the healing ministry of Jesus to all those who are sick, dying and in need through 'being for others'. This is the reason why we exist and it is central to all of our activity at Calvary Mater Newcastle. Mission provides us with the focus and direction so that we are able to provide the range of services that meet the needs of the community. All staff are witnesses to mission through their engagement with our patients, family members and visitors as well as through their relationships with their colleagues. Thus mission is exemplified by the commitment and action of each staff member in living out our values of Hospitality, Healing, Stewardship and Respect.

Venerable Mary Potter was the Foundress of Little Company of Mary in 1877 and it is her legacy that LCM Health Care continues to emulate. To help staff appreciate the significance of Mary Potter and her vision, philosophy and dedication, an insight into her life story is provided to all staff each Monday via email. Staff appreciate the opportunity to learn about Mary's extraordinary life. To coincide with the birthday of Mary Potter (22 November 1847), a Mass was celebrated in the Mary Potter Chapel. This was followed by a staff BBQ.

Since its foundation by the Sisters of Mercy in 1921, the Hospital has become a significant landmark in the Newcastle region with a strong tradition of providing compassionate care to the community. This tradition has continued following the transfer of ownership to Little Company of Mary Health Care in 2006. Mission is an integral part of who we are and to celebrate this, a series of projects have been underway, which highlight various aspects of the Hospital's history and some of the people who have played an important role in it. The projects include: Duplicating the heritage display panels on level 3 on the wall near the hospital's southern entrance on level 2; ensuring the regular cleaning and maintenance of the statues of Mary and Bernadette in the Level 3 Garden; developing a list for the naming of courtyards, meeting rooms and gardens after significant people in the Hospital's history and the relocation of six original foundation stones to the staff recreation area to be used as seating. Further heritage projects are planned for 2013.

Mission integration is an important component of life at Calvary Mater Newcastle. The Orientation of new staff includes a mission and values session that introduces the staff to Little Company of Mary Health Care and our values. The session includes a short DVD presentation and an interactive segment which provides staff with the opportunity to discuss the values and to ask questions. Over 90% of staff found the session to be educational and informative. As respect is one of the cornerstone values of Little Company of Mary Health Care, a number of workshops have been held with staff on *Respectful Behaviours in the Workplace*. The objective of the workshops was to assist staff to develop a range of practical strategies which encourage them to demonstrate our values to their colleagues in their work areas.

Volunteers

It has been a challenging but rewarding year for our volunteers who have worked extremely hard throughout the hospital and in the hospice. Volunteers hours including Cancer Council Volunteers, CMN Auxiliary and CMN Volunteers totalled 16,500 this year! Some of our long serving volunteers retired while others needed to take lengthy leave due to illness. However, others have stepped into the breech.

Recruitment commenced in February for some new volunteers. After a period of intensive training, particularly in the areas of grief, bereavement, communication and boundaries, interviews were held and an additional fifteen volunteers have been chosen to work across the hospital. How fortunate we are that for the first time we have some volunteers with particular skills providing assistance in areas that have previously not had this type of support. For example we now have a volunteer with a 'mechanical' background who will be able to keep our OT equipment in tip top condition. Also, for the first time under new regulations all of our volunteers are now required to attend mandatory training every twelve months in Fire and Evacuation, Manual Handling and CPR.

It is always important that we demonstrate to our volunteers just how much we appreciate their efforts. They give up many hours of their time each week to care for our patients. A common motivation for people wishing to volunteer is that many have had an earlier experience of our hospital through an illness to a family member. So they just "want to give back" because they had witnessed the care given to their loved one by hospital staff.

During Volunteer Week each of our volunteers was presented with a Certificate of Appreciation for contribution at Calvary Mater Newcastle.

Our annual volunteer Christmas party held on 9 December was an occasion for us to say thank you to all our volunteers for the wonderful contribution they make to our hospital through their compassion and love for our patients, families, carers and staff.

Community Benefit

As our mission is to bring the healing ministry of Jesus to those who are sick, dying and in need through 'Being for Others'. Thus, our Community Benefit Program is closely tied to the work begun by our founder Mary Potter in supporting those in the community who are identified as disadvantaged or most in need. Some of our activities this year included:

Provided wigs to our patients who had lost their hair as a result of their cancer treatment. The wigs help to raise the patients' self-esteem and self-confidence and allows patients freedom to be able to do many of the things that we take for granted including shopping, visiting friends and once more feeling part of society.

Provided subsidised accommodation in McAuley Lodge and NBN Telethon Villas for patients from remote rural and regional areas who are required to come to the hospital for prolonged cancer treatment. Without this assistance many would be unable to make the journey and their health would suffer further.

We established a relationship with Penola House which is a drop-in centre for newly arrived Somali and Sudanese refugees. Penola House is run by a Sister of Mercy and a Dominican Sister. It is staffed by volunteers who provide lessons in English, computer literacy and living skills to assist the refugees to gain some kind of employment. Calvary Mater Newcastle applied for an Optus Grant on behalf of Penola House to assist the children of the refugees deal with issues that they face in making the transition to life in Australia. We hope to assist the refugees in 2013 by providing volunteer/work experience opportunities in areas of the hospital.

In respect of our patients who die in poverty we provided a number of funerals for those patients who died in our hospital.

Support Services

Over the past 12 months, the Support Services Team (group three maintenance) has been responsible for the following:

Test, tag, repair and maintain all Calvary Mater group three electrical appliances

General repairs to patient oxygen, air and suction equipment

Removal, relocation and disposal of all Calvary Mater Newcastle redundant equipment

Going off site to test, tag and repair palliative care outreach beds at Farragher's Removalists Cardiff and in patient's homes. We pride ourselves on this aspect of our personal home care support for our patients and staff.

The maintenance team enjoys great relationships with the hospital's auxiliary and staff, and assists the efforts involved in holding events. We set up for various hospital functions throughout the year including Celebration of Service, Auxiliary lollies and craft promotions, staff events, Daffodil Day, and off site events such as the Hair Ball and the Volunteer Christmas Party. We also enjoy setting up, cooking and serving at staff BBQs.

Support Services is responsible for the hospital car fleet. We attend to the administration and management duties of the fleet, general car care, flat batteries, transportation, punctures and pick up and deliveries.

A highlight this year has been our involvement in halving the cost associated with replacing hospital bed mattresses by organising purchasing of new covers instead of purchasing new mattresses. Our team has been responsible for fitting the new covers to the existing mattresses that can be re-covered.

Our team has been kept very busy this year and they are an important part of the day to day running of Calvary Mater Newcastle. We enjoy the interaction with staff and patients and the team takes great pride in the work we do for the hospital, its staff, visitors and patients.

Year in Review

















Activity & Statistical Information

	2011/12	2010/11
ADMITTED PATIENTS		
Total Admissions (includes Same Day)	15456	14123
Same Day Admissions	5028	4298
Average Length of Stay of Admitted Patients	3.9	4.4
Bed Occupancy Rate	94%	93%
Number of Operations	**3193**	**3206**
EMERGENCY DEPARTMENT		
Number of Attendances (includes admits)	32095	30627
Number of Admissions via Emergency	10416	9309
OUTPATIENT SERVICES	**291431**	**275241**
Major Categories		
Medicine	14946	13728
Surgery	18927	15726
Medical Oncology	37142	34385
Radiation Oncology	64608	64039
Haematology	16652	16658
Palliative Care	14801	14058
Allied Health	40930	41601
Other Services	83425	75046
Total Staff Employed 30 June	**930**	**871**

Research

A Message from the Research Committee

Calvary Mater Newcastle (CMN) Research Committee acts as a representative of all CMN researchers, providing a means of disseminating information and offering support for research activities. One of the goals of the committee is to showcase and promote the vast array of outstanding research being conducted by CMN staff. To this end the committee has successfully introduced a list of current research projects and researcher biographies on the hospital Intranet, and is negotiating to do the same on the LCM internet website.

The main responsibility of the Committee is to oversee the annual awarding of research funding through the various CMN funding schemes. These programs continue to be supported by generous donations from family and friends of our patients, as well as specific fundraising through the hospital's 'Wig Week', local support from the Coalfields Cancer Support Group, and ongoing bequests established in the memory of Margaret Mitchell, Jane Reid Harle and James Lawrie. This has resulted in the awarding of $140,634 in research and equipment grants for 2012.

The Committee would like to thank the following members whose valuable and much appreciated contributions came to an end during 2011/2012:

Professor Maree Gleeson,
Director of HMRI.

Dr Krystyna Cholowski,
School of Midwifery and Nursing, Academic Nursing Representative

The Committee would also like to welcome the following new members and recognise their important contributions to the committee:

Prof Michael Nilsson,
Director of HMRI.

Dr Jane Maguire,
School of Midwifery and Nursing, Academic Nursing Representative

Ms Susan Goode,
Hunter Translational Cancer Research Unit (HTCRU) Representative (newly created position)

Dr Lisa Lincz
Chairperson

RESEARCH GRANTS

Calvary Mater Newcastle Research Committee (CMNRC) received 11 applications for funding in 2012. Ten of these were requests for project grant funding (requesting a total of $256,912 from a pool of $147,000), and 2 were eligible for equipment funding (requesting a total of $15,108 from a pool of $43,000 from the Coalfields Cancer Support Group Fund). A total of $125,562 in project and $15,108 in equipment grants were awarded. Three projects were eligible for the James Lawrie Grant ($68,000); 1 was recommended for full funding, 2 for partial funding.

Overall, only 2 applications received full funding, while 6 received partial funding as they were considered to be either over budgeted or requests to fund items that were not considered appropriate according to the Terms of Reference for the granting schemes. Only one Margaret Mitchell grant of $8,500 was awarded, and one grant that addressed all cancer types was funded equally from three separate schemes.

Three applications were deemed unsuitable for funding, thus there remains $27,892 in the Coalfields equipment fund, $2,211 in the Wig Week, $11,516 in the Jane Reid Harle, and $6211 in the James Lawrie fund that was not awarded and will be held over for allocation in a future year for a suitable grant.

All grants were independently reviewed and ranked by three assessors, all of whom were external from the CMN Research Committee. In addition, the three James Lawrie grant applications were also assessed by a Head and Neck Cancer specialist. None of the assessors were listed as investigators on any of the grant applications. All assessors agreed on the final rankings and determined the allocation of funds against the individual bequest criteria.

The Research Committee would like to acknowledge and thank the assessors for their time and commitment to providing expert scientific reviews and invaluable advice for funding distribution.

SUCCESSFUL PROJECT AND EQUIPMENT GRANTS AWARDED FOR FUNDING BY CMNRC IN 2012

Coalfields Cancer Support Group (CCS)
Madhu Garg, Dr Jayne Gilbert, Dr Jennette Sakoff - Medical Oncology

"Cold Storage Equipment essential for smooth and reliable operation of oncology laboratory research projects"

Cathie Milton - Haematology Nursing

"Development, implementation and evaluation of a nurse led intervention model where Peripherally Inserted Central Catheters (PICC) devices are used instead of Central Venous Catheters in haematology patients in both the inpatient and outpatient setting at Calvary Mater Newcastle"

Wig Week Grant Fund (WW)
Judy Holland, Pauline Chiarelli – Physiotherapy

"Testing a new intervention to reduce bladder and bowel problems following radiation therapy and hormone treatments for early prostate cancer"

Jennette Sakoff, Dr Jayne Gilbert - Medical Oncology

"Development of a novel targeted therapy for the treatment of breast cancer"

Dr Kerrie Clover, Conjoint Prof Gregory Carter, Dr Ben Britton Psycho-Oncology

"Calibrating commonly used questionnaires for depression and anxiety in oncology to enhance comparability and communication of outcomes"

Margaret Mitchell Grant Fund (MM)
Katherine Clark, Ian Whyte, Naomi Byfieldt - Palliative Care

"A pilot study of pyridostigmine in cancer patients with constipation and high anticholinergic loads".

Jane Reid Harle Memorial Grant Scheme (JRH)
Cathie Milton - Haematology Nursing

"Development, implementation and evaluation of a nurse led intervention model where Peripherally Inserted Central Catheters (PICC) devices are used instead of Central Venous Catheters in haematology patients in both the inpatient and outpatient setting at Calvary Mater Newcastle"

Dr Kerrie Clover, Conjoint Prof Gregory Carter, Dr Ben Britton - Psycho-Oncology

"Calibrating commonly used questionnaires for depression and anxiety in oncology to enhance comparability and communication of outcomes"

James Lawrie Grant Fund (JL)
Joel Parker Radiation - Oncology

"Does a specific radiotherapy MRI reduce the amount of normal tissues receiving unnecessary and harmful doses of radiation through improved identification of target volumes + organs at risk for radical head and neck radiotherapy planning ?"

Dr Kerrie Clover, Conjoint Prof Gregory Carter, Dr Ben Britton – "Psycho-Oncology Calibrating commonly used questionnaires for depression and anxiety in oncology to enhance comparability and communication of outcomes"

Allison Fraser, Cathy Odelli - Nutrition and Dietetics

"Retrospective review of prophylactic Percutaneous Endoscopic Gastrostomy (PEG) placement in patients undergoing chemoradiation for head and neck cancer".

DEPARTMENTAL RESEARCH

RADIATION ONCOLOGY AND MEDICAL PHYSICS

Journal Articles

1. Chandra S, Dowling J, Shen K, Pluim J, Greer P, Salvado O and Fripp J, Automatic Segmentation of the Prostate in 3D Magnetic Resonance Images using Case Specific Deformable Models, *IEEE Transactions on Medical Imaging (accepted), 2012*
2. Chandra, S., Dowling, J., Kaikai Shen, Pluim, J., Greer, P., Salvado, O., Fripp, J., "Automatic Segmentation of the Prostate in 3D Magnetic Resonance Images Using Case Specific Deformable Models," *Digital Image Computing Techniques and Applications (DICTA), 2011 International Conference on* , vol., no., pp.7-12, 6-8 Dec. 2011
3. D'Amico, A.V., Chen, M.-H., Crook, J., Armstrong, J.G., Malone, S., Steigler, A., Dunne, M., Kantoff, P.W., Denham, J.W., Duration of short-course androgen suppression therapy and the risk of death as a result of prostate cancer, (2011) *Journal of Clinical Oncology,* 29 (35), pp. 4682-4687.
4. D'Amico, A.V., Chen, M.-H., de Castro, M., Loffredo, M., Lamb, D.S., Steigler, A., Kantoff, P.W., Denham, J.W., Surrogate endpoints for prostate cancer-specific mortality after radiotherapy and androgen suppression therapy in men with localised or locally advanced prostate cancer: An analysis of two randomised trials, (2012) *The Lancet Oncology,* 13 (2), pp. 189-195.
5. Denham, J.W., Lamb, D.S., Joseph, D., Matthews, J., Atkinson, C., Spry, N.A., Duchesne, G., Ebert, M., Steigler, A., D'Este, C., Another form of subgroup to beware, (2011) *Radiotherapy and Oncology,* 101 (3), pp. 525-526.
6. Denham, J.W., Targeted therapies: An important piece of the localized prostate cancer puzzle?, (2011) *Nature Reviews Clinical Oncology,* 8 (10), pp. 573-574.
7. Dowling J, Lambert J, Parker J, Salvado O, Fripp J, Capp A, Wratten C, Denham JW., Greer PB, An Atlas-Based Electron Density Mapping Method for Magnetic Resonance Imaging (MRI)-Alone Treatment Planning and Adaptive MRI-Based Prostate Radiation Therapy, *Int. J .Radiat. Oncol. Biol. Phys.* 83(1): e5-e11, 2012
8. Dowling JA, Fripp J, Chandra S, Pluim JPW, Lambert J, Parker J, Denham J, Greer PB, Salvado O, Fast automatic multi-atlas segmentation of the prostate from 3D MR image Lecture Notes in Computer Science *(including subseries Lecture Notes in Artificial Intelligence and Lecture Notes in Bioinformatics)* 6963 LNCS, pp. 10-21, 2011
9. Ebert MA, Harrison KM, Howlett SJ, Cornes D, Bulsara M, Hamiton CS, Kron T, Joseph DJ, Denham JW, Dosimetric intercomparison for multicenter clinical trials using a patient-based anatomic pelvic phantom, *Medical Physics,* 38(9), 5167-5175, 2011.
10. Fuangrod T, O'Connor DJ, McCurdy BMC, Greer PB, Development of EPID-based real-time dose dose verification for dynamic IMRT, *Proceedings of World Academy of Science, Engineering and Technology* 80: 609-612, 2011
11. Galvão, D.A., Taaffe, D.R., Cormie, P., Spry, N., Chambers, S.K., Peddle-McIntyre, C., Baker, M., Denham, J., Joseph, D., Groom, G., Newton, R.U., Efficacy and safety of a modular multi-modal exercise program in prostate cancer patients with bone metastases: A randomized controlled trial, (2011) *BMC Cancer,* 11, art. no. 517,
12. Grand M, O'Brien P. Obstacles to participation in randomised cancer clinical trials: a systematic review of the literature. *J Med Imag Radiat Oncol.* 56:31-39, 2012
13. Gustafsson H, Vial P, Kuncic Z, Baldock C, Denham JW, Greer PB, Direct dose to water

dosimetry for pre-treatment IMRT verification using a modified EPID, *Medical Physics,* 38(11): 6257-6264, 2011

14. Harrison K, Ebert MA, Kron T, Howlett SJ, Corned D, Hamilton CS, Denham JW, Design, manufacture, and evaluation of an anthropomorphic pelvic phantom purpose-built for radiotherapy dosimetric intercomparison, *Medical Physics.* 38, 5330 (2011)
15. Herschtal A, Kron T, Faroudi F, Eade T, Greer PB, Finding the optimal statistical model to describe target motion during radiotherapy delivery - *a Bayesian approach Phys Med Biol,* 57(9): 2743-2755, 2012
16. King BW, Clews L, Greer PB, Long-term two-dimensional stability of EPIDs used as part of regular linac quality assurance, *Australas. Phys. Eng. Sci. Med.,* 34(4): 459-466, 2011
17. King B, Morf D, Greer PB, Development and testing of an improved dosimetry system using a backscatter shielded electronic portal imaging device, *Medical Physics,* 39(5): 2839-2847, 2012.
18. Quon H, Loblaw DA, Cheung PC, Holden L, Tang C, et al: Intra-fraction Motion during Extreme Hypofractionated Radiotherapy of the Prostate using Pre- and Post-treatment Imaging. *Clin Oncol (R Coll Radiol),* 2012 doi:10.1016/j.clon.2011.12.001
19. Rowshanfarzad P, Sabet M, O'Connor DJ, Greer PB, Impact of the backscattered radiation from the bunker structure on EPID dosimetry during arc-IMRT, *Journal of Applied Clinical Medical Physics,* (in press) 2012
20. Rowshanfarzad P, Sabet M, O'Connor DJ, McCowan PM, McCurdy BMC, Greer PB. Gantry angle determination during arc-IMRT: Evaluation of a simple EPID-based technique and two commercial inclinometers. *Journal of Applied Clinical Medical Physics,* (in press) 2012
21. Rowshanfarzad P, Sabet M, O'Connor DJ, Greer PB, Investigation of the sag in linac secondary collimator and MLC carriage during arc deliveries, *Phys. Med. Biol.* 57: N209-N224, 2012
22. Rowshanfarzad P, Sabet M, O'Connor DJ, McCowan P, McCurdy BMC, Greer PB, Detection and correction for EPID and gantry sag during arc delivery using cine EPID imaging, *Medical Physics,* 39(2): 623-635, 2012
23. Rowshanfarzad P, Sabet M, O'Connor DJ, Greer PB, Improvement of Varian a-Si EPID dosimetry measurements using a lead-shielded support-arm, *Med. Dosim.*, 37: 145-151, 2012.
24. Rowshanfarzad P, Sabet M, O'Connor DJ, Greer PB, Isocentre verification for stereotactic radiosurgery/radiotherapy: Review of principles and techniques, *J. Appl. Clin. Med. Phys.* 12 (4): 185-195, 2011
25. Rowshanfarzad P, Sabet M, Barnes M, O'Connor DJ, Greer PB. EPID based verification of the MLC performance for dynamic IMRT and VMAT, *Medical Physics,* (accepted), 2012
26. Sabet M, Rowshanfarzad P, Vial P, Menk F, Greer PB, Transit dosimetry in IMRT with an a-Si EPID in direct detection configuration, *Phys.Med. Biol.,* 57: N295–N306, 2012
27. Sethukavalan P, Cheung P, Tang CI, et al: Patient costs associated with external beam radiotherapy treatment for localized prostate cancer: the benefits of hypofractionated over conventionally fractionated radiotherapy. *Can J Urol* 19:6165-9, 2012
28. Singh J, Greer PB, White MA, Parker J, Tang C, Capp A,, Wratten C, Denham JW, Treatment related morbidity in prostate cancer: A comparison of 3DCRT with and without Image guidance using implanted fiducial markers, *Int. J .Radiat. Oncol. Biol. Phys.* (accepted), 2012
29. Tang CI, Sethukavalan P, Cheung P, et al: A prospective study on pain score with transperineal prostatic gold seed fiducial implantation under local anesthetic alone. *Can Urol Assoc J, 2012.* http://dx.doi.org/10.5489/cuaj.11225
30. Wilcox, C., Kautto, A., Steigler, A., Denham, J.W., Androgen deprivation therapy for prostate cancer does not increase cardiovascular mortality in the long term , (2012) *Oncology,* 82 (1), pp. 56-58.

RESEARCH GRANTS

NEW GRANTS

NHMRC Project Grant
F Faroudi, A Herschtal, T Eade, T Kron, D Ball, PB Greer
Optimising radiation therapy delivery for cancer patients using daily image guidance to maximize cure and reduce normal tissue side effects
$494,436, (2012-2014)

NHMRC Project Grant
Baker A, Carter G, Wolfenden L, Wratten C, Britton B.
Eating As Treatment (EAT):A stepped wedge, randomised control trial of a health behaviour change intervention provided by dietitians to improve nutrition in head and neck cancer patient undergoing radiotherapy.
($1,117,558)

NHMRC Project Grant
Ebert MA, Denham JW
Assessment of rectal and urinary toxicity from the RADAR prostate radiotherapy trial – dosimetric constraints for novel symptom clustering, derivation of radiobiological parameters and assessment of patient localisation effects.
$315,224 (2011-2013)

ARC LIEF Grant
PJ Keall, M Jackson, A Rozenfeld, M Barton, PB Greer, PJ Vial, C Baldock, P Metcalfe, D Thwaites, Z Kuncic, L Holloway, S Bose, E Eslick, S Downes.
An adaptable and dedicated linear accelerator for medical radiation research
$600,000, (2012)

Prostate Cancer Foundation Australia Young Investigator Grant
J Dowling, PB Greer, O Salvado, P Stanwell
Development of high precision MRI based prostate cancer radiation therapy
$300,000, (2012-2014)

Calvary Mater Newcastle - James Laurie Research Grant.
Parker J, Wratten C, Tang C, Kumar M.
Does a specific radiotherapy MRI reduce the amount of normal tissues receiving unnecessary and harmful doses of radiation through improved identification of target volumes + organs at risk for radical head and neck radiotherapy planning?
($50,000)

CONTINUING GRANTS

NHMRC Project Grant
JW Denham, A Steigler
Optimal duration of neo-adjuvant androgen deprivation therapy in localised prostate cancer
2007-2011, $399,565

NHMRC Project Grant
JW Denham, D Joseph, G Duchesne, J Ball
Value of androgen deprivation and bisphosphonate therapy in patients treated by radiotherapy for limited prostate cancer
2007-2011, $2,403,440

NHMRC Project Grant
P. Greer, J. Denham, C. Baldock and Z. Kuncic
Investigation of a new imaging device for radiation therapy dose delivery verification
2009-2011, $393,411

NHMRC Project Grant
A. Fielding, B. Burmeister, P. Metcalfe, P. Greer, P. Evans and J. Trapp
Improving patient outcomes of radiotherapy treatments
2009-2011, $356,375

NHMRC Enabling Grant
D. Ball, P. O'Brien, B. Burmeister, G. Duchesne, D. Joseph, J. Denham
Clinical Trials Resources: Trans-Tasman Radiation Oncology Group
2006-2012 $1,765,000

Cancer Australia Priority Driven Collaborative Cancer Research Grant
Ebert MA, Joseph DJ, Haworth A, Denham JW, Spry N, Bydder S,
Enhanced development of generic digital tools for support of clinical trials and education in radiotherapy
2009-2011, $585,750

Prostate Cancer Foundation of Australia
Galvão DI; Newton R, Spry N, Taaffe D, Denham JW
Population-based exercise intervention for prostate cancer patients
2009-2012, $476,024

Cancer Council NSW Project Grant
L. Ashman, N. Verills, J. Denham
Tetraspanin proteins in prostate cancer progression and prognosis
2009-2011, $341,000

Cancer Council NSW Project Grant
PB Greer, BMC McCurdy, C. Baldock, Z Kuncic, JW Denham
Real-time dose monitoring for patient safety in radiotherapy
2010-2012, $360,000

Cancer Council NSW Project Grant
PB Greer, J Dowling, JW Denham, O Salvado,
Does the initial treatment plan predict doses delivered to normal tissues during prostate radiation therapy,

Cancer Council NSW,
2011-2013, $349,794

Cancer Council NSW Project Grant
P Vial, Z Kuncic, PB Greer, C Baldock, L Holloway, M Barton,
A next generation detector for radiotherapy treatment verification with dual capability for simultaneous imaging and dosimetry, Cancer Council NSW,
2011-2013, $336,125

CONFERENCE PRESENTATIONS

1. Blake S, Vial P, Holloway L, Greer PB, Kuncic Z, Monte-Carlo modeling of optical photon transport effects on electronic portal imaging device dosimetric response, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
2. Denham J, 2011 European Multidisciplinary Cancer Congress – oral presentation in Proferred paper session – "Variations in androgen dependent clinical progression kinetics in locally advanced prostate cancer.
3. T Fuangrod, H Woodruff, E VanUytven, B McCurdy, D O'Connor, P Greer, Simulations of Real-Time Geometric and Dosimetic Verification System Using EPID, American Association of Physicists in Medicine, Charlotte, USA, July 28, 2012 [Oral Presentation], Medical Physics 39 (6), 3879
4. Fuangrod T, O'Connor DJ, Greer PB, Synchronization of EPID and predicted images for a real-time treatment verification system for radiation therapy, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
5. Greer PB, King B, Rowshanfarzad P, EPID based linac QA for IMRT and VMAT, World Congress on Medical Physics and Biomedical Engineering, Beijing, China, 20-26 May, 2012
6. B King and P Greer, A method for removing arm backscatter from EPID images, American Association of Physicists in Medicine, Charlotte, USA, July 28, 2012 [Oral Presentation], Medical Physics 39 (6), 3911
7. King B and Greer PB, Dosimetry with new EPID-Linac Designs, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
8. Kron T, Babington S, Dixon J, Ebert M, Faroudi F, Frantzis J, Grand M, Greer P, Hall M, Haworth A, Hilder B, Lin C, Martin A, Rolfo A, Verry H, Assessment of cost/utility of image guided radiation therapy (IGRT) in intermediate risk prostate cancer: The ANROTAT project, 12th International Workshop on Electronic patient Imaging, Sydney, Australia, 12-14 March, 2012.
9. McCowan PM, Rickey DW, Rowshanfarzad P, Greer PB, McCurdy BMC, IMAT gantry angle correction for cine-mode EPID images, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
10. Parker J, Australian Institute of Radiography, Tasmanian Winter Education Weekend presentation (29th June 2012), High Precision MRI Based Prostate Radiotherapy'
11. Rowshanfarzad P, Sabet M, O'Connor DJ, McCowan PM, McCurdy BMC, Greer PB, Detection and correction for EPID and gantry sag during arc delivery using cine EPID imaging, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
12. Sabet M, Rowshanfarzad P, Menk F, Greer PB, A simple method for EPID transit dosimetry measurements, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
13. Van Eytven E, McCurdy BMC, van Beek, T, Chytyk K, Greer P, Accurate patient dose reconstruction from on-treatment EPID images, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
14. P Vial, S Deshpande, S Blake, A McNamara, L Holloway, P Greer, Z Kuncic, First experiments of a prototype device for simultaneous imaging and dose verification during radiotherapy, American Association of Physicists in Medicine Charlotte, USA, July 28, 2012 [Oral Presentation], Medical Physics 39 (6), 4002

CONFERENCE POSTERS

15. McNamara A, Blake S, Kuncic Z, Vial P, Holloway L, Greer PB, Evaluation of the performance of electronic portal imaging devices using Monte-Carlo simulations, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
16. Monville ME, Kuncic Z, Greer PB, EPID dose prediction for real-time dosimetry, 12th International Workshop on Electronic Patient Imaging, Sydney, Australia, 12-14 March, 2012.
17. S Blake, P Vial, L Holloway, A McNamara, P Greer, Z Kuncic, Sensitivity Analysis of an Electronic Portal Imaging Device Monte Carlo Model to Variations in Optical Transport Parameters, American Association of Physicists in Medicine Charlotte, USA, July 28, 2012, [Poster] Medical Physics 39 (6), 3650
18. B Whelan, S Kumar, J Dowling, J Lambert, K Lim, O Salvado, J Begg, P Greer, S Vinod, L Holloway, Requirements for the Accuracy of Electron Density Data Planning for MRI Based Cervix Cancer Treatment Planning., American Association of Physicists in Medicine Charlotte, USA, July 28, 2012 [Poster], Medical Physics 39 (6), 3694

MEDICAL ONCOLOGY

Chief Hospital Scientist: Dr Jennette Sakoff,
Hospital Scientists: Dr Jayne Gilbert and Madhu Garg
Technical Officer: Ms Alesia Ogrodnik

The research efforts of the Experimental Therapeutics Group in Medical Oncology spans two main areas of oncology research (i) the development of small molecules for the treatment of cancer and (ii) management of clinical toxicity. Our drug development program has focussed on targeting brain and breast cancers. Targeting brain tumours is a collaborative project including researchers from the University of Newcastle (Prof Adam McCluskey), Children's Medical Research Centre (Dr Megan Chircop) and the University of Melbourne (Prof Terry O'Brien). The focus of this team has been the development of novel dynamin and clathrin inhibitors for the treatment of glioblastoma. This project has secured funding from the Cancer Council NSW and of this year the NHMRC. Numerous small molecules are now undergoing animal orthotopic xenograft studies to determine efficacy. We have also recently discovered a group of small molecules that selectively kill ER+ve breast cancer cell lines while having little to no effect on ER-ve breast cancer cell lines or on normal non-cancerous breast cells. The mechanism controlling this effect is not known. Research funding was recently secured from the HMRI to investigate this phenomenon. These molecules are now undergoing animal xenograft studies in order to determine their in vivo efficacy.

In a recently completed a pharmacokinetic clinical trial in colorectal cancer patients at the Calvary Mater Newcastle our team has identified telomere length as a strong predictor of chemotherapy induced blood toxicity. This biomarker discovery has now formed the basis of a new clinical research project with the University of Newcastle (Prof Manohar Garg), to examine the role of nutraceuticals on telomere biology in colorectal cancer patients. We have also established ourselves as the only research group in Australia to conduct therapeutic drug monitoring (TDM) of the chemotherapeutic drug Mitotane used in the treatment of Adrenocorticol Carcinoma. We are also the only research group in Australia to conduct a surrogate measure test for dihydropyrimidine dehydrogenase (DPD) deficiency as a predictor of 5FU toxicity.

The recent establishment of the University of Newcastle Cancer Priority Research Centre and the Cancer Institute Translational Cancer Research Unit has facilitated the expansion of our research efforts. As a result Dr Matt Dun has now joined our team and will proved expertise in the field of chemical proteomics.

PUBLICATIONS

1. de Bock CE, Garg MB, Scott N, Sakoff JA, Scorgie FE, Ackland SP, Lincz LF. Association of thymidylate synthase enhancer region polymorphisms with thymidylate synthase activity in vivo. Pharmacogenomics J. 2011. 11:307-314. IF 5.435
2. Garg MB and Ackland SP. Pyridoxine to protect from oxaliplatin-induced neurotoxicity without compromising antitumour effect. Cancer Chemother. Pharmacol. (2011) 67:963-966. IF 2.759
3. Garg MB, Sakoff JA, Ackland SP. A simple HPLC method for plasma level monitoring of mitotane and its two main metabolites in adrenocortical cancer patients. J. Chromotography B. (2011) 879:2201-2205. IF 2.971
4. Agrez MV, Garg MB, Dorahy DJ, Ackland SP. Synergistic anti-tumor effect of cisplatin when combined with an anti-Src kinase integrin-based peptide. J Cancer Therapy, (2011) 2: 295-301.
5. Agrez MV, Garg MB, Ackland SP. (2012) Novel anti-cancer peptides comprising three amino acids. J Cancer Therapy (2012), In Press.
6. Tarleton M, Gilbert J, Sakoff JA and McCluskey

A. Synthesis and anticancer activity of a series of norcantharidin analogues. Eur. J. Med. Chem. (2012). IF = 3.35 In Press.

7. Garg MB, Lincz LF, Adler K, Scorgie FE, Ackland SP, and Sakoff JA. Predicting 5-fluorouracil toxicity in colorectal cancer patients from peripheral blood cell telomere length – a multivariate analysis. Br. J. Cancer. 2012. IF = 4.9, Accepted.

8. Tarleton M, Gilbert J, Sakoff JA and McCluskey A. Cytotoxic 2-phenyacrylnitriles, the importance of the cyanide moiety and discovery of potent broad spectrum cytotoxic agents. Eur. J. Med. Chem. 2012. IF = 3.35, Accepted.

9. Tarleton M, Dyson L, Gilbert J, Sakoff JA and McCluskey A. Focused library of 2-phenylacrylamides as broad spectrum cytotoxic agents. Bioorgan. Med. Chem. 2012. IF = 3.1, Accepted.

GRANTS

1. Chircop M, Sakoff J, Jones N, McCluskey. Dynamin as a new drug target for the treatment of glioblastoma. NSW Cancer Council RG-11-03, (2011-2013). $360,000

2. McCluskey A, Robinson P, O'Brien T, Chircop M, Sakoff J. Development of pthaladyn-based dynamin I-selective inhibitors for treatment of epilepsy. NHMRC DP1017063. (2011-2013) $544,682

3. Chircop M, Robinson P, McCluskey A, Sakoff JA. The role of clathrin in cell division. NHMRC APP1022218. (2012-2014). $629,685.

4. Sakoff J, Gilbert J, McCluskey A. Development of a novel targeted therapy for the treatment of breast cancer. Wig Week Grant. Calvary Mater Newcastle, (2012) $6,000.

5. Garg M, Gilbert J, Sakoff JA (2012) Refrigeration equipment. Coalfields Equipment Grant Calvary Mater Newcastle $8,383.

6. Ackland SP, Sakoff J, Garg M, Tacon L (2012). Mitotane pharmacodynamics in adrenocortical carcinoma. HMRI, $25,000.

7. Sakoff J, Gilbert J, McCluskey. Identification of a novel target for the treatment of hormone positive breast cancer. (2012) HMRI, $30,000.

CONFERENCE PRESENTATIONS

1. Sakoff JA, Gilbert J, Tarleton M, Robertson MJ, and McCluskey A. Therapeutics Development of a novel targeted therapy for the treatment of (ER+ve) breast cancer. AACR/EORTC/NCI San Francisco, USA, Nov 2011. Abstract 127.

2. Sakoff JA, Garg MB, Lincz LF, Adler K, Scorgie FE and Ackland SP. Predicting chemotherapy-induced toxicity in cancer patients from peripheral blood telomere length. EACR. European Association for Cancer Research. Barcelona, Spain, July 7-10th, 2012.

3. Garg, MB, Sakoff JA, Ackland SP. Mitotane Pharmacodynamics in Adrenocortical Cancer . HMRI Cancer Research Symposium (2011)

ARTICLES:

Day F, Bull J, Lombard J, Stewart J: Changes in medical oncology admissions for the management of breast cancer complications: An Australian institution's experience.
Asia-Pacific Journal of Clinical Oncology 2011;7:146-153.

Zdenkowski N, Chen S, Van der Westhuizen A, Ackland S: Curative strategies for liver metastases from colorectal cancer: A Review.
The Oncologist 2012;17(2):201-211.

CLINICAL TRIALS:

PICNIC: A randomised, placebo controlled trial of creon in the treatment of pancreatic unsufficiency in patients with locally advanced or metastatic pancreatic cancer. Chief investigators: N Zdenkowski, A Bonaventura, G Radvan.

CONFERENCE POSTERS:

Hovey E, De Souza P, Marx G, Parente P, Rapke T, Hill A, Bonaventura A, Michele A, Craft P, Abdi E, Lloyd A: Modafinil for fatigue associated with docetaxel-based chemotherapy: randomized controlled trial.

Upanal N, Ackland S, Bonaventura A, McElduff P: Early rise in blood pressure to predict clinical outcomes in metastatic colorectal cancer (mCRC) patients treated with first-line Bevacizumab.

Rachakonda K, George M, Janda M, Blanchard G: Supportive care needs in advanced cancer patients undergoing palliative treatment in rural and remove NSW, Australia.

SURGICAL ONCOLOGY

Professor John F Forbes

JOURNAL ARTICLES

2012

Barrios C, Forbes JF, Jonat W, Conte P, Gradishar W, Buzdar A, Gelmon K, Gnant M, Bonneterre J, Toi M, Hudis C, Robertson JFR. The sequential use of endocrine treatment for advanced breast cancer: where are we? (Review). Ann Oncol 2012; 23(6): 1378-1386.

Bliss JM, Kilburn LS, Coleman RE, Forbes JF, Coates AS, Jones SE, Jassem J, Delozier T, Andersen J, Paridaens R, van de Velde CJH, Lonning PE, Morden J, Reise J, Cisar L, Menschik T, Coombes RC. Disease-related outcomes with long-term follow-up: an updated analysis of the Intergroup Exemestane Study. J Clin Oncol 2012; 30(7): 709-717.

Sestak I, Harvie M, Howell A, Forbes JF, Dowsett M, Cuzick. Weight change associated with anastrozole and tamoxifen treatment in postmenopausal women with or at high risk of developing breast cancer. Breast Cancer Res Treat 2012; 134:727-734.

Sestak I, Kealy R, Nikoloff M, Fontecha M, Forbes JF, Howell A, Cuzick J. Relationships between CYP2D6 phenotype, breast cancer and hot flushes in women at high risk of breast cancer receiving prophylactic tamoxifen: results from the IBIS-I trial. Brit.Jnl Ca 2012; 107(2): 230-233.

2011

Cuzick J, Dowsett M, Pineda S, Wale C, Salter J, Quinn E, Zabaglo L, Mallon E, Green AR, Ellis IO, Howell A, Buzdar AU, Forbes JF. Prognostic value of a combined estrogen receptor, progesterone receptor, Ki-67, and human epidermal growth factor receptor 2 immunohistochemical score and comparison with the genomic health recurrence score in early breast cancer. J Clin Oncol 2011; 29(32); 4273-4278.

Cuzick J, Sestak I, Baum M, Buzdar A, Howell A, Dowsett M, Forbes JF. 10-year analysis of the ATAC trial: wrong conclusion? Reply. Lancet Oncol. 2011;12(3): 217 (Letter).

Dowsett M, Salter J, Zabaglo L, Mallon E, Howell A, Buzdar AU, Forbes JF, Pineda S, Cuzick J. Predictive algorithms for adjuvant therapy: TransATAC. Steroids 2011; 76(8) S1: 777-780.

Goldhirsch A, Wood WC, Coates AS, Gelber RD, Thürlimann B, Senn H-J & Panel Members (Forbes JF- Panellist). Strategies for subtypes – dealing with the diversity of breast cancer: highlights of the St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2011. Ann Oncol 2011; 22(8): 1736-1747.

Regan MM, Neven P, Giobbie-Hurder A, Goldhirsch A, Ejlertsen B, Mauriac L, Forbes JF, Smith I, Láng I, Wardley A, Rabaglio M, Price KN, Gelber RD, Coates AS, Thürlimann B for the BIG 1-98 Collaborative Group and the IBCSG. Assessment of letrozole and tamoxifen alone and in sequence for postmenopausal women with steroid hormone receptor-positive breast cancer: the BIG 1-98 randomised clinical trial at 8.1 years median follow-up. Lancet Oncol. 2011; 12(12); 1101-1108.

Ring A, Sestak I, Baum M, Howell A, Buzdar A, Dowsett M, Forbes JF, Cuzick J. Influence of comorbidities and age on risk of death without recurrence: a retrospective analysis of the arimidex, tamoxifen alone or in combination trial. J Clin Oncol 2011; 29(32); 4266-4272.

Stockler MR, Harvey VJ, Francis PA, Byrne MJ, Ackland SP, Fitzharris B, Van Hazel G, Wilcken NRC, Grimison PS, Nowak AK, Gainford MC, Fong A, Paksec L, Sourjina T, Zannino D, Gebski V, Simes RJ, Forbes JF, Coates A. Capecitabine Versus Classical Cyclophosphamide, Methotrexate, and Fluorauracil As First-Line Chemotherapy for Advanced Breast Cancer. J Natl Cancer Inst 2011; 29(34): 4498-4504.

Tang G, Cuzick J, Costantino JP, Dowsett M, Forbes JF, Crager M, Mamounas EP, Shak S, Wolmark N. Risk of recurrence and chemotherapy benefit for patients with node-negative, estrogen receptor-positive breast cancer: recurrence score alone and integrated with pathologic and clinical factors. J Clin Oncol 2011; 29(33): 4365-4372.

Toi M, Winer EP, Inamoto T, Benson JR, Forbes JF, Mitsumori M, Robertson JFR, Sasano H, von Minckwitz G, Yamauchi A, Klimberg VS. Identifying gaps in the locoregional management of early breast cancer: highlights from the Kyoto Consensus Conference. Ann. Oncol. 2011;18(10): 2885-2892.

CONFERENCE PRESENTATIONS

1 July to 31 December 2011
Lecture Tour of China
3 x Presentations: "Optimizing endocrine treatment in early breast cancer"
1-3 July – Guangzhou, Beijing and Shanghai, China

Australia and New Zealand Breast Cancer Trials Group Annual Scientific Meeting
Presentation: "IBIS-II Prevention, DCIS and Bone Substudy Status Report"
Presentation: "ATAC 0501 LATER Status Report"
20-23 July – Gold Coast, Qld

Hunter Medical Research Institute Cancer Research Program Symposium
Presentation: "ANZ Breast Cancer Trials Group: Current Research Program"
4 November – Newcastle, NSW

1 January to 30 June 2012
Annual Women's Health Update Meeting
2 x Presentations: "Breast Cancer Preventive Therapy"
3 March – Melbourne, Victoria

1st International Congress of Association of Breast Surgeons in India (ABSICON 2012)
Presentation: "Do specialist breast centres improve breast healthcare"
Presentation: "Endocrine therapies for breast cancer – best practice guidelines"
18-20 May – Hyderabad, India

RESEARCH GRANTS

Competitive Research Grant funding supporting Australian New Zealand Breast Cancer Trials Group projects (University of Newcastle - CIA Professor John Forbes)

NHMRC Project Grant 569213 (IBIS 2): A randomised phase III trial of anastrozole for breast cancer prevention in postmenopausal women at high risk.
Chief Investigators: Forbes JF, Coates A, Boyle F, Mann G, Saunders C, Cuzick J.
Total Awarded: 2009 – 2013 $1,635,000

NHMRC Project Grant 510787 (LATER): Prevention of late breast cancer (BC) events in postmenopausal women with endocrine responsive BC.
Chief Investigators: Forbes JF, Mann G, Boyle F, Green M, Coates A, Cuzick J.
Total Awarded: 2008 – 2012 $4,430,875

NHMRC Equipment Grant: Medilink Array digitising system.
Chief Investigator: Prof John Forbes.
Total Awarded: 2012 $35,000

Cancer Institute NSW Infrastructure
CI: Forbes JF, Boyle F, Ackland S, Coates A.
Total Awarded: 2009 – 2012 $640,000

Competitive Research Grant funding supporting Australian New Zealand Breast Cancer Trials Group projects (other administering institutions or other CIA's)

BCRF Research Grant: ANZBCTG High Risk Bio-bank
CI: Forbes JF, Cuzick J.
2011 – 2012 US$225,000

Cancer Australia Infrastructure
CI: Forbes JF
2010 - 2013: $1,401,490

Cancer Institute NSW (Research Scholar Judy Jobling) Mammographic density as a biomarker for the efficacy of treatment of endocrine therapies used to prevent breast cancer events in randomised controlled clinical trials.
CI: Forbes JF
2010 - 2013: $55,016

NBCF Collaborative Breast Cancer Research Grant
A single arm phase II study using magnetic resonance imaging (MRI) to assess postoperative radiotherapy omission in selected patients with early breast cancer (PROSPECT).
CIs - Forbes JF, Mann GB (CIA), Skandarajah A, Rose A, Chua B.
2011 – 2013 $200,000

University of Melbourne
NHMRC Project Grant
Cognitive effects of adding ovarian function suppression to adjuvant hormonal therapy in premenopausal breast cancer.
CI's – Forbes JF, Phillips K (CIA), Francis P, Boyle F, Bernhard J, Maruff P.
2007-2011: $286,750

University of Queensland
NBCF Collaborative Breast Cancer Research Grant
Novel strategies for prediction and control of advanced breast cancer via nanoscaled epigenetic-based biosensors.
CIs – Forbes JF, Trau M (CIA), Clark S, Brown M, Francis G, Dobrovic A, Scott R.
2008-2012: $5,000,000 (University of Newcastle component - $1,200,000)

HAEMATOLOGY

The Haematology Unit engages in both clinical and laboratory based research. Clinicians and nurses are actively involved in research directed at improving patient care, while the department also supports dedicated laboratory and clinical trials teams. The Staff Specialists are committed to providing quality training to haematology registrars. Many of the staff hold conjoint appointments with the University of Newcastle and engage in teaching undergraduate medical students and supervising biomedical student projects. The Unit is fortunate to have strong community support and is grateful for all the generous donations received in 2011-12.

HAEMATOLOGY CLINICAL TRIALS

Clinical Trial Co-ordinators: Michele Gambrill, Tara Novak, Marguerite Hughes William Whitbread-Brown
Administrative Officer: Patricia Rozanski

Over the past year the Haematology clinical trials office has screened 344 patients (a 30% increase from last year) of which we have recruited 84 new participants to 13 currently enrolling trials. This equates to a total of 121 participants currently entered onto trials with 38 participants in active treatment and a further 83 participants in follow up. The open trials cover a wide range of haematological conditions both in acute and chronic diseases.

There were 23 open trials (including those open to recruitment and those closed to recruitment but with participants either on treatment or in follow up) being managed in 2011/12, 13 administered by the Australasian Leukaemia and Lymphoma Group (ALLG), 10 sponsored by pharmaceutical companies and/or investigator initiated.

In addition to meeting requirements for the laboratory components for the majority of the trials, the department also coordinates and actively contributes tissue samples to the ALLG tissue bank. In 2011 – 2012, the team was responsible for donating 186 samples from 28 tissue collections. This important initiative ensures that researchers have access to quality tissue samples and treatment data from patients enrolled in trials all around Australia and New Zealand.

BONE MARROW STEM CELL TRANSPLANT RESEARCH

Philip Rowlings, Hong Zhang, Linda Bissett, Geordie Zaunders

The Hunter Haematology Unit continues to be a contributing member of the Centre for International Blood and Marrow Transplant Research (CIBMTR) based in Wisconsin USA. Patient transplant data are also reported to the Australian Bone Marrow Transplant Recipients Registry (ABMTRR) as part of Australian BMT research and development. Professor Rowlings is a member of the Scientific Advisory Committee of Asia Pacific BMT Group (APBMT) as well as serving on a number of Research Working Committees of the CIBMTR.

LABORATORY RESEARCH - THE HUNTER HAEMATOLOGY RESEARCH GROUP

Lisa Lincz, Fiona Scorgie, Linda Bissett, Angel D'Crus and Anoop Enjeti

The Haematology Research Laboratory conducts studies into haematological cancers and disorders of coagulation, with a primary interest in circulating microparticles. The laboratory is linked to the University of Newcastle and offers tuition and scholarships to encourage students to enter this area of research. There are presently 3 PhD and 1 Master's student associated with the lab, and the welcome addition of a new research assistant to the team this year. In addition, researchers are responsible for the processing of blood samples from CMN patients who participate in clinical trials and donate tissue to the ALLG Tissue Bank. The group maintains strong collaborations with researchers both nationally (School of Human Life Sciences, University of Tasmania) and locally with the departments of Neurology (JHH), Endocrinology (JHH), Molecular and Cytogenetics (HNEH), Toxicology (CMN), Medical Oncology (CMN), and the School of Biomedical Sciences and Pharmacy (UoN).

RESEARCH FUNDING

2012. Maitland Cancer Appeal, Grant for Leukaemia Research for Hunter Haematology Research Group. **P Rowlings, L Lincz** $100,000

2012. U of Newcastle Near Miss Grant (for highly ranked but unsuccessful NHMRC project grant applications) The genetic determinants of brain haemorrhage associated with stroke thrombolysis. C Levi, J Attia, E Holliday, S Koblar, R Scott, J Sturm, J Rosand, **L Lincz (CIH)** $20,000

2012. CMN Jane Reid Harle and Coalfield's Cancer Support group grant schemes. Development, implementation and evaluation of a nurse led intervention model where Peripherally Inserted Central Catheters (PICC) devices are used instead of Central

Venous Catheters in haematology patients in both the inpatient and outpatient setting at Calvary Mater Newcastle. **Cathie Milton** ($34,420)

CONFERENCE PROCEEDINGS

Sanghee Hong, Chris Barker, John P Klein, Peter Shaw, Christopher Bredeson, Adla Angelina, **Philip Rowlings**, Jean-Yves Cahn, Mohamed Kharfan-Dabaja, Mahmoud Aljurf, Jeffrey Szer, William A Wood, Ibrahim Ahmed, David Gomez-Almaguer, Yoshiko Atsuta and Marcelo C Pasquini. *Trends in Utilization of Total Body Irradiation (TBI) Prior to Hematopoietic Cell Transplantation (HCT) Worldwide.* Biology of Blood and Marrow Transplantation, Volume 18, Issue 2, Supplement , Pages S336-S337, February 2012

Christopher A Barker, Sanghee Hong, John P Klein, Peter Shaw, Christopher Bredeson, Adla Angelina, **Philip Rowlings**, Jean-Yves Cahn, Mohamed Kharfan-Dabaja, Mahmoud Aljurf, Jeffrey Szer, William A Wood, Ibrahim Ahmed, David Gomez Almaguer, Yoshiko Atsuta, Miguel Sanz, Gregory Hale, Mark Litzow, Marcelo C Pasquini *Radiotherapeutic Techniques in Allogeneic Hematopoietic Cell Transplant (HCT)*, Biology of Blood and Marrow Transplantation, Volume 18, Issue 2, Supplement , Page S351, February 2012

Nadine Berry, Philip Rowlings, Anoop Enjeti, Victoria Cawich, Caitlin Valentin, Nicole Bain, Kerry Fagan. *Myeloma – Karyotype v's iFISH and the Future.* HAA Sydney, October 30th - November 2nd 2011 (poster presentation)

Nadine Berry, Philip Rowlings, Anoop Enjeti, Kerry Fagan. *The use of aCGH for the study of plasma cell dyscrasia – The technical aspects.* Australian Society of Cytogeneticists (ASoC), Port Stephens, March 23 -25. (oral presentation)

Nadine Berry, Philip Rowlings, Anoop Enjeti, Kerry Fagan. Evaluation of myeloma by oligonucleotide-based microarray analysis uncovers aberrations not detected by FISH analysis. Australian Society of Cytogeneticists (ASoC), Port Stephens, March 23 -25. *(oral presentation and winner of the Ed Krumins Young Scientist of the Year Award')*

Mohammad Alkhatatbeh, **Lisa Lincz,** Rick Thorne. In Vitro Modeling of Microparticle Production Occurring in Diabetic Nephropathy. HAA, Oct 30 – Nov 2, 2011. Sydney, Australia. *(Awarded ASTH best Poster Presentation)*

Philip Rowlings, Michele Gambrill, Hong Zhang, Sandra Deveridge, Arno Enno, Anoop Enjeti, Sam Yuen, Mark Walsh, Jillian De Malmanche, Kerry Fagan. Chronic Myeloid Leukaemia in Chronic Phase in the Real World – Ten Years Experience in the Hunter. HAA, Oct 30 – Nov 2, 2011. Sydney, Australia. *Poster Presentation*

Claudine Ho, Claire Weatherburn, **Sam Yuen,** Craig Sullivan, Ilona Cunningham. Bone Marrow Aspiration and Trephine with Methoxyflurane. HAA, Oct 30 – Nov 2, 2011. Sydney, Australia. *Poster Presentation*

Anita Chittaranjan-Shetty, Robert Lindeman, Joy Ho, Emily Allen, Clare Waite, Stephen Matthews, Karl Jobburn, Juliana Teo, Samantha Day, **Michael Seldon,** David Rosenfeld, Ian Kerridge, Helen Crowther. Quality of Life in Parents of Children Living with a Clinically Significant Haemoglobinopathy in NSW, Australia. HAA, Oct 30 – Nov 2, 2011. Sydney, Australia. *Poster Presentation*

T King, DE Joshua, **M Seldon.** Carfilzomib and Dexamethasone Therapy in a Patient with Relapsed Refractory Multiple Myeloma: A Single Case Study. HAA, Oct 30 – Nov 2, 2011. Sydney, Australia. *Poster Presentation*

Alireza Ardjmand, Charles E de Bock, Timothy J Molloy, Simon Bone, Daniel Johnstone, Daniel Campbell, Kristy Shipman, **Lisa F Lincz,** Mark D Spanevllo, Andrew Boyd, Gordon F Burns, Rick F Thorne. Fat1 Cadherin as a Novel Minimal Residual Disease Marker in Acute Lymphoblastic Leukemia. HAA, Oct 30 – Nov 2, 2011. Sydney, Australia. *Oral Presentation*

Helen Crowther, Robert Lindeman, Joy Ho, Emily Allen, Clare Waite, Stephen Matthews, Karl Jobburn, Juliana Teo, Samantha Day, **Michael Seldon,** David Rosenfeld, Ian Kerridge. The Health of Adults Living with a Clinically Significant Haemoglobinopathy in NSW, Australia. The Haemoglobinopathy Project. HAA, Oct 30 – Nov 2, 2011. Sydney, Australia. *Oral Presentation*

Victoria Milliken, Plerixafor- CMN's Experience. ABC Symposium, July 2011

Victoria Milliken, Plerixafor - A single units experience with Plerixafor – a CXCR-4 inhibitor- in the hard to mobilise patient. HAA, Oct 30 – Nov 2, 2011. Sydney, Australia. *(Awarded Nursing Travel Grant for best poster)*

INVITED PRESENTATIONS/LECTURES

Lisa Lincz (Invited speaker), 34th Annual Meeting of the Australasian Flow Cytometry Group, 'Microparticle detection and enumeration'. Hobart, Tasmania, Aug 23 – 26, 2011

Michael Seldon (Invited Speaker), Single Centre Experience of Six Years of Massive Transfusion Protocol. ANZSBT/ASTH Combined Symposium: HAA, Oct 30 – Nov 2, 2011. Sydney, Australia.

Michael Seldon, Pathology Forum, "New Coagulation and New Anticoagulants" NBN Telethon Telehealth Centre, JHH, 4 April 2012

ADVISORY BOARD MEMBERSHIP

Cathie Milton, National advisory board on the development of guidelines for the admisistration of Vidaza

Debbie Carr, National advisory board on the development of guidelines for the administration of Vidaza; National MDS advisory board

Philip Rowlings, Scientific Advisory Board of the Asia Pacific Bone Marrow Transplant Group (APBMT)

PUBLICATIONS

1. Charles E. de Bock, Alireza Ardjmand, Timothy J. Molloy, Simon M. Bone, Daniel Johnstone, Daniel M. Campbell, Kristy L. Shipman, Trina M. Yeadon, Jeff Holst, Mark D. Spanevello, Guy Nelmes, Daniel R. Catchpoole, Lisa F. Lincz, Andrew W. Boyd, Gordon F. Burns, Rick F. Thorne . The Fat1 cadherin is over expressed and an independent prognostic factor for survival in paired diagnosis-relapse samples of precursor B-cell acute lymphoblastic leukemia. Leukemia 2012 May;26(5):918-26. doi: 10.1038/leu.2011.319. Epub 2011 Nov 25. (IF = 6.9)

2. Yu-Ching Cheng, PhD[1]; Christopher D. Anderson, MD[2,3,4]; Silvia Bione, PhD[5]; Keith Keene, PhD[6,7]; Jane M. Maguire PhD, RN[8, 9]; Michael Nalls, PhD[10]; Asif Rasheed, MBBS[11]; Marion Zeginigg, MSc[12]; John Attia, PhD, MD, FRCPC, FRACP[8]; Ross Baker, FRACP, FRCPA[13,14]; Simona Barlera, MSc[15]; Alessandro Biffi, MD[2,3,4]; Ebony Bookman, PhD[16]; Thomas G. Brott, MD[17]; Robert D. Brown Jr., MD[18]; Fang Chen, PhD[7]; Wei-Min Chen, PhD[7,19]; Emilio Ciusani, PhD[20]; John W. Cole, MD[21,22]; Lynelle Cortellini, MSc[2,3,4]; John Danesh, PhD[23]; Kimberly Doheny, PhD[24]; Luigi Ferrucci, MD, PhD[25]; Maria Grazia Franzosi, PhD[15]; Philippe Frossard, PhD, DSc[11]; Karen L. Furie, MD, MPH[3]; Jonathan Golledge, MChir, FRACS[26]; Graeme J. Hankey, MD, FRACP, FRCP, FRCPE[27, 28]; Dena Hernandez, MS[10]; Elizabeth G. Holliday, PhD[8]; Fang-Chi Hsu, PhD[29,30]; Jim Jannes, PhD, BMBS BMBS FRACP[31]; Ayeesha Kamal, MD, FAHA, ABVN[32]; Muhammad Saleem Khan, MSc[33]; Steven J. Kittner, MD[21,22]; Simon A. Koblar, PhD, BMBS FRACP[31]; Martin Lewis, PhD31; **Lisa Lincz, PhD[8]**; Antonella Lisa, PhD[5]; Mar Matarin, PhD[34]; Pablo Moscato, PhD[35]; Josyf C. Mychaleckyj, DPhil [7,19]; Eugenio A. Parati, MD[20]; Silvia Parolo[5]; Elizabeth Pugh, PhD[24]; Natalia S. Rost, MD[2,3,4]; Michael Schallert MSc [12]; Helena Schmidt, MD,PhD[12]; Rodney J. Scott, PhD, PD, FRCPath, FHGSA[8]; Jonathan W. Sturm, PhD, MD[36]; Sunaina Yadav, MSc[33]; Moazzam Zaidi, MBBS[11]; GARNET Collaborative Research Group[37]; Giorgio B. Boncoraglio, MD[20]; Christopher Royce Levi, MD, FRACP, RACP[8]; James F. Meschia, MD[17]; Jonathan Rosand, MD, MSc[2,3,4]; Michele Sale, PhD[6,7,38]; Danish Saleheen, MBBS, PhD[11,23,39]; Reinhold Schmidt, MD[12]; Pankaj Sharma, MD PhD FRCP[33]; Bradford Worrall, MD, MSc[19,40]; Braxton D. Mitchell, PhD[1]; on behalf of the International Stroke Genetics Consortium. Are myocardial infarction-associated single nucleotide polymorphisms associated with ischemic stroke? Stroke. 2012 Apr;43(4):980-6. Epub Feb 23.(IF=5.85)

3. Elizabeth G. Holliday[1,2], Jane M. Maguire[3,4,5], Tiffany-Jane Evans[2,6], Simon Koblar[7,8], Jim Jannes[7,8], Jonathan W. Sturm[5,9,10], Graeme J. Hankey[11,12], Ross Baker[11,13], Jonathan Golledge[14,15], Mark W. Parsons[4], Rainer Malik[16], Mark McEvoy[1,17], Erik Biros[14], Martin D. Lewis[7,18], **Lisa F. Lincz [6,17,19]**, Roseanne Peel[1,17], Christopher Oldmeadow[17], Wayne Smith[17], Pablo Moscato[20], Simona Barlera[21], Steve Bevan[22], Joshua C. Bis[23], Eric Boerwinkle[24], Giorgio B. Boncoraglio[25], Thomas G. Brott[26], Robert D. Brown, Jr[27], Yu-Ching Cheng[28], John W. Cole[29], Ioana Cotlarciuc[30], William J. Devan[31,32], Myriam Fornage[24], Karen L. Furie[32], Sólveig Grétarsdóttir[33], Andreas Gschwendtner 16, Mohammad Arfan Ikram[34,35,36], W. T. Longstreth, Jr[37,38,39], James F. Meschia[26], Braxton D. Mitchell[28], Thomas H. Mosley[40], Michael A. Nalls 41, Eugenio A. Parati[25], Bruce M. Psaty[23,37,42,43], Pankaj Sharma[30], Kari Stefansson[33,44], Gudmar Thorleifsson[33], Unnur Thorsteinsdottir[33,44], Matthew Traylor [22], Benjamin F.J. Verhaaren[34,36], Kerri L. Wiggins[23], Bradford B. Worrall[45], The Australian Stroke Genetics Collaborative[46], The International Stroke Genetics Consortium[46], The Wellcome Trust Case Control Consortium[2] [46], Cathie Sudlow[47], Peter M. Rothwell[48], Martin Farrall[49,50], Martin Dichgans[16], Jonathan

Rosand[31,32], Hugh S. Markus[22], Rodney J. Scott[2,6,51*], Christopher Levi[4*], John Attia[1,2*] Common variants at 6p21.1 are associated with large artery atherosclerotic stroke. Nature Genetics. Accepted June 2012.

4. **Enjeti, AE** and **Seldon, M**. "Microparticles: Role in Haemostasis and Venous Thromboembolism" in *Pathophysiology and Clinical Aspects of Venous Thromboembolism in Neonates, Renal Disease and Cancer Patients,* ISBN 978-953-51-0616-6, edited by Mohamed A. Abdelaal, 2012

5. Chapman, **K., M. Seldon**, and R. Richards, Thrombotic microangiopathies, *thrombotic thrombocytopenic purpura,* and *ADAMTS-13. Semin Thromb Hemost,* 2012. 38(1): p. 47-54.

6. Freytes, C.O., M.J. Zhang, J. Carreras, L.J. Burns, R.P. Gale, L. Isola, M.A. Perales, M. Seftel, J.M. Vose, A.M. Miller, J. Gibson, T.G. Gross, **P.A. Rowlings**, D.J. Inwards, S. Pavlovsky, R. Martino, D.I. Marks, G.A. Hale, S.M. Smith, H.C. Schouten, S. Slavin, T.R. Klumpp, H.M. Lazarus, K. van Besien, and P.N. Hari, *Outcome of Lower-Intensity Allogeneic Transplantation in Non-Hodgkin Lymphoma after Autologous Transplantation Failure.* Biol Blood Marrow Transplant, 2011.

7. Iland, H., K. Bradstock, J. Seymour, M. Hertzberg, A. Grigg, K. Taylor, J. Catalano, P. Cannell, N. Horvath, **S. Deveridge**, P. Browett, T. Brighton, L. Chong, F. Springall, J. Ayling, A. Catalano, S. Supple, M. Collins, J. Di Iulio, and J. Reynolds, *Results of the APML3 trial incorporating all-trans-retinoic acid and idarubicin in both induction and consolidation as initial therapy for patients with acute promyelocytic leukemia.* Haematologica, 2012. 97(2): p. 227-34.

8. Iland, H.J., K. Bradstock, S.G. Supple, A. Catalano, M. Collins, M. Hertzberg, P. Browett, A. Grigg, F. Firkin, A. Hugman, J. Reynolds, J. Di Iulio, C. Tiley, K. Taylor, R. Filshie, **M. Seldon**, J. Taper, J. Szer, J. Moore, J. Bashford, and J.F. Seymour, *All-trans-retinoic acid, idarubicin, and intravenous arsenic trioxide as initial therapy in acute promyelocytic leukemia (APML4)*. Blood, 2012.

9. Waller, A., A. Girgis, C. Johnson, C. Lecathelinais, D. Sibbritt, **M. Seldon**, T. Bonaventura, and D. Currow, *Implications of a needs assessment intervention for people with progressive cancer: impact on clinical assessment, response and service utilisation.* Psychooncology, 2012. 21(5): p. 550-7.

PALLIATIVE CARE

PUBLICATIONS

PUBLISHED ARTICLES

- Good P, **Sneesby L**, Higgins I, Van Der Riet P. Medical officers in acute care settings: their views on medically assisted nutrition and hydration at the end of life. *Journal of Palliative Care.* 2011, Vol 27(4): 303-9
- **Sneesby,L**, **Satchell, R**, Good,P, & Van Der Riet, P. Death and dying in Australia: Perceptions of a Sudanese community. - *Journal of Advanced Nursing.* 2011, Vol 67(12): 2696-2702
- **Clark K, Hipwell A, Byfieldt N**. Timing of Cessation laxatives before Death. *International Journal of Palliative Nursing.* 2012;18(7): 326 - 330
- **Clark K**, Smith J, Currow DC. The prevalence of bowel disturbances reported in a Palliative Care Population. *The Journal of Pain and Symptom Management.* 2012;43(6):993-1000
- **Clark K, Byfieldt N, Dawe M**, Currow DC. Treating Constipation in Palliative Care: The Impact of Other Factors Aside From Opioids. *Am J Hosp Palliat Care.* 2012; 29(2) :118 - 121 [Epub ahead of print]
- Sheehan C, **Clark K**, Lam L, Chye R. A retrospective analysis of primary diagnosis, co morbidities, anticholinergic load and other factors on treatment for noisy respiratory secretions at the end of life. *Journal of Palliative Medicine.* 2011 Nov;14(11):1211-6
- **Clark K**, Currow DC. Assessing Constipation in Palliative Care in a Gastroenterology Framework. *Palliative Medicine,* Published on line, July 2011 [Epub ahead of print]

ACCEPTED ARTICLES

- **Clark K**, Smith J, Lovell M, Currow DC. Longitudinal Pain reports in a palliative care population. Accepted *Journal of Palliative Medicine* April 2012
- Currow DC, Fazekas B, Doogue M, **Clark K**, Rowett D Pharmacovigilance in hospice / palliative care. Rapid report of net clinical effect of metoclopramide. Accepted *Journal of Palliative Medicine,* June 2012
- **Clark K**, Currow DC. Constipation in palliative care: what do we use as definitions and outcome measures? Accepted *Journal of Pain and Symptom Management,* March 2012
- Toh T, **Clark K**, Lam L, Shelby-James T. Currow DC. The role of ondansetron in the management of cholestatic or uraemic pruritus - a systematic review. Accepted *Journal of Pain and Symptom Management,* October 2012

INVITED CONTRIBUTIONS

- **Clark K**, Bensley K. End of life discussions around death and dying for Aboriginal and Torres Strait Islanders. *Check program for GPs.* September 2011
- **Clark K**, Gurigus A, Currow DC. The palliative management of people with advanced oesophageal cancer. *Cancer Forum* 2012;35 (3):175-179

PUBLISHED ABSTRACTS

- Currow DC, **Clark K**, Cartmill J, Pather S, Agar M, Craig S, Fazekas B, Quinn S, Hardy J. A randomised double-blind placebo controlled trial in infusional subcutaneous octreotide in the management of malignant bowel obstructions in people with advanced cancer. *Palliative Medicine* 2012
- **Clark K**, Smith J, Currow DC. Do the trajectories of disturbed bowel habits differ over time in palliative care? A consecutive cohort study. *European Journal of Palliative Care*, 2011

CONFERENCE PRESENTATIONS

International

- **Clark K**, Smith J, Currow D. Do the trajectories of disturbed bowel habits differ over time in a palliative Care population? *12th Annual Congress of the European Association of Palliative Care,* May 2011
- **Sneesby, L**. Ethical and moral dilemmas in End-of-life decision making: Is advanced care Planning the answer? *International Society of Advanced care Planning and End of Life care conference,* 22nd – 23rd June 2011

National

- 11th Australian Palliative Care Conference 2011, Cairns, Australia – 30th August – 2nd September 2011:

- *Poster:* **Cameron-Taylor E, Byfieldt N**. Anti-Emetic Prescribing in the Mercy Hospice – Mechanism or Habit?
- *Poster:* **Clark K**, Gurigis A, **Byfieldt N**. The Impact of Constipation on Health Related Quality of Life for People with Advanced Cancer
- **Sneesby L**. Death & Dying: Views of a Sudanese community living in Australia
- **Clark K**, Currow DC, Talley NJ, Lam L Dinning P, Shelby-James T, Agar M, Davidson P, Phillips J. A multi-site randomised controlled trial comparing the severity of constipation symptoms experienced by palliative care patients receiving usual care compared to those diagnosed and managed according to the underlying pathophysiology

Invited presentations

- *PaCCSC Annual Meeting,* Sydney, March 2012:

- **Byfieldt N**. An audit of the cessation of laxatives to time of death
- **Clark K**. Preliminary Data Presentation: A multi-site cluster randomised controlled trial comparing the severity of constipation symptoms experienced by palliative care patients receiving usual care compared to those diagnosed and managed according to the underlying pathophysiology
- **Clark K**. Evidence-based management of constipation. *Queensland University of Technology Palliative Care Research Forum,* April 2012

CONFERENCE ATTENDANCE

- *International Society of Advanced care Planning and End of Life care conference* – London, 22nd – 23rd June 2011 – L. Sneesby
- *7th World Research Congress of the European*

Association of Palliative Care (EAPC) – Trondheim, Norway. 7th – 9th June 2012 – N.Byfieldt

GRANTS

- **Clark K**, Whyte I, **Byfieldt N**. A pilot study to explore the use of pyridostigmine in the management of constipation associated with high anticholinergic load in palliative care. CMN Margaret Mitchell grant for $10,000 to commence in 2012
- **Clark K**. Establishment of a funding agreement between Department of Palliative Care, CMN, and The University of Newcastle to improve capacity of palliative Care to support medical student education in palliative care. Established July 2011 for $250,000 over 2.5years
- **Clark K, Cameron-Taylor E**, Gray J, Foster M. Cancer Institute NSW primary health care for $40,000 over 12 months

CLINICAL TRIALS

- A multi-site cluster randomised controlled trial comparing the severity of constipation symptoms experienced by palliative care patients receiving usual care compared to those diagnosed and managed according to the underlying pathophysiology
- Single Patient Multiple Cross-Over Trials To Determine The Efficacy Of Pilocarpine In Relieving Dry Mouth In Patients With Cancer
- Randomised control trial of megestrol acetate, dexamethasone and placebo in the management of anorexia in patients with cancer
- A Randomised, Double-Blind Multi-Site Parallel Arm Controlled Trial to Assess Relief of Refractory Breathlessness Comparing Fixed Doses of Morphine, Oxycodone and Placebo
- A randomised double blind placebo controlled trial of infusional subcutaneous octreotide in the management of malignant bowel obstruction in people with advanced cancer
- Randomised double blind control trial of oral risperidone versus oral haloperidol versus oral placebo with rescue subcutaneous midazolam in the management of delirium in palliative care inpatients
- A randomised double-blind multi-site parallel arm controlled trial to assess relief of refractory breathlessness comparing oral sertraline and placebo
- A two-stage trial of antiemetic therapy in patients with cancer and nausea not related to anticancer therapy

  Study 1: A randomised open label study of guideline–driven targeted antiemetic therapy versus single agent antiemetic therapy

  Study 2: A randomised controlled double blind study of levomepromazine or ondansetron versus placebo with rescue antiemetics (best supportive care) in patients with refractory nausea
- Methylphenidate as a treatment for fatigue in advanced cancer patients
- A pilot study of pyridostigmine in constipated palliative care patients receiving medications that deliver an anticholinergic load and documented slow transit constipation

RESEARCH PROJECTS

- The impact of constipation on Health Related Quality of Life (HR-QOL) for advanced cancer patients (HR-QOL Study)
- Self-reported evaluation of the adverse effects of Dexamethasone (SEED Study)
- A needs assessment survey of Patients and their primary Carers after being registered with the Calvary Mater Newcastle Palliative Care Service (NAT Project)
- Dyspnoea Assessment Tool Review
- Peritron Validation Study
- Rapid Pharmacovigilance in palliative care: A prospective observational study - understanding the burden of adverse drug reactions and their impact on symptoms at end of life

GENERAL INTERNAL MEDICINE

MACCS - MATER ACUTE CARE SERVICE

CONFERENCE PRESENTATIONS

Australian Ambulatory Care Conference Melbourne, Australia. July 2004

Greenham J, Johnson W, Stokes B and McGettigan. Use of a Warfarinised protocol enhances hospital in the home anti-coagulation outcomes.

Practice Development Conference. Terrigal, NSW, Australia. September 2004.

Johnson W and Carr D. Hospital in the home care following autologous stem cell transplantation for lymphoma and multiple myeloma.

Greenham J, Johnson W, Stokes B and McGettigan. Use of a Warfarinised protocol enhances hospital in the home anti-coagulation outcomes.

National Medication Safety Breakthrough Collaboration Sydney. 16th February 2005.

Use of a Warfarinised protocol enhances hospital in the home anti-coagulation outcomes.

CLINICAL TOXICOLOGY AND PHARMACOLOGY

JOURNAL ARTICLES/ PUBLICATIONS

Kumar VV, Isbister GK, Duffull SB. The effect of decontamination procedures on pharmacodynamics of venlafaxine in overdose. Br J Clin Pharm 2011 Jul;72(1):125-32.

Maduwage K., Hodgson WC, Konstantakopoulos N, O'Leary MA, Gawarammana I, Isbister GK. The in vitro toxicity of venoms from South Asian Hump-nosed pit vipers (Viperidae: Hypnale). J Venom Res. 2011;2:17-23.

Joy JP, Coulter CV, Duffull SB, Isbister GK. Prediction of Torsades de Pointes from the QT interval: analysis of a case series of amisulpride overdoses. Clin Pharmacol Ther. 2011 Aug;90(2):243-5.

Clunas S, Berling I, Whyte I. Paracetamol in patents with pre-existing liver disease. Aust Fam Physician. 2011 Aug;40(8):565

Berling I, Isbister GK, Calver L, Clunas S. Digital holter measurement of QT prolongation in ziprasidone overdose. Clin Toxicol (Phila). 2011 Aug;49(7):694-6.

Shen F, Coulter CV, Isbister GK, Duffull SB. A dosing regimen for immediate N-acetylcysteine treatment for acute paracetamol overdose. Clin Toxicol (Phila). 2011 Aug;49(7):643-7.

Lane J, O'Leary MA, Isbister GK. Coagulant effects of black snake (Pseudechis spp.) venoms and in vitro efficacy of commercial antivenom. Toxicon. 2011 Sep 1;58(3):239-46.

Casamento A, Isbister GK. Thrombotic microangiopathy in two tiger snake envenomations. Anaesth Intensive Care. 2011 Nov;39(6):1124-7.

Coulter CV, Farquhar S, McSherry C, Isbister GK, Duffull SB. Methanol and Ethylene Glycol Acute Poisonings – Predictors of Mortality. Clin Toxicol (Phila). 2011 Dec;49(10):900-6.

Isbister GK, White J, Currie BJ, O'Leary MA, Brown SG; for the ASP Investigators. Clinical effects and treatment of envenoming by Hoplocephalus spp. snakes in Australia: Australian Snakebite Project (ASP-12). Toxicon. 2011 Dec 1;58(8):634-40.

Calver L, Isbister GK. The Sedation Assessment Tool to score acute behavioural disturbance in the emergency department. Emerg Med Australas 2011 Dec;23(6):732-4011)

Gulati A, Faed JM, Isbister GK, Duffull SB. Development and evaluation of a prototype of a novel clotting time test to monitor enoxaparin. Pharm Res. 2012 Jan;29(1):225-35.

Berling I, Anscombe M, Isbister GK. Intravenous paracetamol toxicity in a malnourished child. Clin Toxicol (Phila). 2012 Jan;50(1):74-6.

Isbister GK, Prior F, Kilham HA. Restricting cough and cold medicines in children. J Paediatr Child Health. 2012 Feb;48(2):91-8.

Calver L, Dunlop A, Isbister GK. Individual patient assessment of methadone induced QT prolongation with digital holter recording. J Addict Med. 2012 Mar;6(1):92-3.

Dassanayake TL, Jones AL, Michie PT, Carter GL, McElduff P, Stokes BJ, Whyte IM. Risk of road traffic accidents in patients discharged following treatment for psychotropic drug overdose: a self-controlled case series study in Australia. CNS Drugs. 2012 Mar 1;26(3):269-76.

Van Gorp F, Duffull SB, Hackett LP, Isbister GK. Population pharmacokinetics and pharmacodynamics of escitalopram in overdose and the effect of activated charcoal. Br J Clin Pharmacol. 2012 Mar;73(3):402-10.

Isbister GK, Shahmy S, Mohamed F, Abeysinghe C, Karunathilake H, Ariaratnam A. A randomised controlled trial of two infusion rates to decrease reactions to antivenom. PLoS One 2012;7(6):e38739. Epub 2012 Jun 18

Isbister GK, Fan HW. Spider bite. Lancet. 2011 Dec 10;378(9808):2039-47.

Isbister GK, Kumar VV. Indications for single-dose activated charcoal administration in acute overdose. Curr Opin Crit Care. 2011 Aug;17(4):351-7

Isbister GK, Page CB. Early endoscopy or CT in caustic injuries: a re-evaluation of clinical practice. Clin Toxicol (Phila). 2011 Aug;49(7):641-2.

CONFERENCE PRESENTATIONS

Isbister G. International Congress on Animal, Plant and Microbial toxins, Vladivostok 2011: Invited speaker: "Understanding the Effectiveness of Antivenom Therapy".

Isbister G. Australasian College for Emergency Medicine: Annual Scientific Meeting 2011, Sydney: Invited speaker: "Toxinology Update"

Isbister G. European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) XXXII International Congress, London, 2012: Invited Lecture: "Spider Bite"

Isbister G. Envenomation. Paediatric Acute Care Conference, Coolum QLD, 2011

Allen GE, O'Leary MA, Brown SGA Buckley NA, Isbister GK for the ASP Investigators Clinical Effects and Antivenom Dosing in Brown Snake (Pseudonaja spp.) Envenoming - Australian Snakebite Project (ASP-14): European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) XXXII International Congress, London, 2012

Allen GE, O'Leary MA, Brown SGA Buckley NA, Isbister GK for the ASP Investigators Clinical Effects and Antivenom Dosing in Brown Snake (Pseudonaja spp.) Envenoming - Australian Snakebite Project (ASP-14): Australasian College for Emergency Medicine: Annual Scientific Meeting 2011, Sydney

Whyte IM. Australian Society of Clinical Toxicology and Pharmacology.Clinical Weekend, Sydney, Australia, April 28–9, 2012 "Too much insulin!" (Invited lecture)

Isbister GK. Australian Society of Clinical Toxicology and Pharmacology.Clinical Weekend, Sydney, Australia, April 28–9, 2012 Snake Envenoming. (Invited lecture)

CONFERENCE POSTERS

Berling I, Whyte IM, Isbister GK. Oxycodone overdose: A case series. European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) XXXII International Congress, London, 2012

Isbister GK, Brown SGA for the ASP Investigators. Bites in Australian snake handlers - Australian snakebite project (ASP-15). European Association of Poisons Centres and Clinical Toxicologists (EAPCCT) XXXII International Congress, London, 2012

Calver LA, Downes MA, Page CB, Chan B, Isbister GK. Droperidol for sedation of Acute Behavioural Disturbance. Society of Academic Emergency Medicine Annual Meeting, Chicago, 2012

Calver LA, Downes MA, Page CB, Chan B, Isbister GK. Safety of droperidol for sedation of Acute Behavioural Disturbance. Society of Academic Emergency Medicine Annual Meeting, Chicago, 2012

O'Leary MA, Isbister GK. Venom-antivenom immunocomplex measurement in vitro and in envenomed patients. International Congress on Animal, Plant and Microbial toxins, Vladivostok 2011

RESEARCH FUNDING/ GRANTS

NHMRC Project Grant "Snakebite First Aid" van Helden D, Isbister GK. 2012-2013. $192,450 (University of Newcastle).

Hunter Medical Research Institute "First Aid for cytotoxic snakebite" Van Helden D, Isbister GK. 2012 $25,000

NSW Health Drug and Alcohol Research Grants Program "The DORM II study: a post-implementation safety study of droperidol for acute behavioural disturbance in the emergency department" Isbister GK, Calver L, Miller M. 2011-2012 $18,190

NHMRC Project Grant: "Neurotoxicity after acute anticholinesterase pesticide poisoning and envenomation." Buckley NA, Senanayake N, Isbister G, Dawson A, Karalliedde L, de Silva J. 2012-2015. $970,970. (UNSW)

Margaret Mitchell Research Grant Scheme – Calvary Mater Newcastle: $10,000 Clark K, Whyte I, Byfieldt N. A pilot study of pyridostigmine in cancer patients with constipation and high anticholinergic loads. 2011–2012

CLINICAL TRIALS

Randomised controlled trial of intravenous antivenom versus placebo in the treatment of redback spider bite

A randomised controlled trial of factor replacement therapy in snake bite coagulopathy.

Does Fresh Frozen Plasma in Russells viper bite coagulopathy reduce the dose and duration of antivenom therapy?

A randomised controlled trial of sedation of acute behavioural disturbance in the psychiatric setting: The Haloperidol OR Droperidol Trial (HORD).

CONSULTATION-LIAISON PSYCHIATRY

PUBLICATIONS IN PEER REVIEWED JOURNALS

1. Carter GL, Lewin TJ, Gianacas L, Clover K, Adams C. Caregiver satisfaction with out-patient oncology services: Utility of the FAMCARE instrument and development of the FAMCARE-6. *Supportive Care in Cancer* 2011; 19 (4): 565-572.

2. Britton B, Clover K, Bateman L, Odelli C, Wenham K, Zeman A, Carter G. Baseline Depression Predicts Malnutrition in Head and Neck Cancer Patients Undergoing Radiotherapy *Supportive Care in Cancer* 2012, 20(2): 335-342.

3. Dassanayake T, Michie P, Carter G, Jones A. Effects of benzodiazepines, antidepressants and opioids on driving: a systematic review of epidemiological and experimental evidence. *Drug Safety* 2011 34 (2): 125-156.

4. Jayasekera, Himali , Carter, Gregory and Clover, Kerrie. Comparison of the Composite International Diagnostic Interview (CIDI-Auto) with Clinical Diagnosis in a Suicidal Population, *Archives of Suicide Research*, 2011. 15: 1, 43 – 55. DOI: 10.1080/13811118.2011.540208

5. Hossein Hassanian-Moghaddam, Saeedeh Sarjami, Ali-Asghar Kolahi, Gregory Carter. Postcards in Persia: 12 month outcomes of a randomised controlled trial to reduce suicidal behaviours after hospital treated deliberate self-poisoning British Journal of Psychiatry 2011 198(4): 309-316. http://bjp.rcpsych.org/cgi/content/abstract/198/4/309

6. Carter G, Britton B, Clover K, Rogers K, Adams C, McElduff P. Effectiveness of QUICATOUCH: a computerised touch screen evaluation for pain and distress in ambulatory oncology patients in Newcastle, Australia. Psycho-oncology First published online: 21 July 2011, DOI: 10.1002/pon.2020.

7. Page A, Taylor R, Gunnell D, Carter G, Morrell S, Martin G. Effectiveness of Australian Youth Suicide Prevention Initiatives. *B J Psychiatry* November 2011 199:423-429; doi:10.1192/bjp.bp.111.093856

8. Saha S, Scott J, Johnston A, Slade T, Varghese D, Carter G, McGrath J. The association between delusional-like experiences and suicidal thoughts and behavior: a large population-based study. *Schizophrenia Research* 132 (2011) 197–202.

9. Hassanian-Moghaddam H, Carter G. Role of postcards in reducing suicidal behaviour. Authors reply. (letter) *Br J Psychiatry* 2011; 199(4):342-343.

10. White JH, Magin P, Attia J, Sturm J, Carter G, Pollack M. Trajectories of psychological distress after stroke (accepted *Annals of Family Medicine* October 2011)

11. White J, Gray K, Magin P, Attia J, Sturm J. Carter G. Exploring the experience of post stroke fatigue in community dwelling stroke survivors: A prospective qualitative study (accepted *Disability and Rehabilitation* November 2011).

12. Turner A, Hambridge J, White J, Carter G, Clover K, Nelson L, Hackett M. Depression screening in stroke: A comparison of alternative measures with the SCID (Major Depressive Episode) as criterion standard. *Stroke* 2012;43:1000-1005, (published online before print February 23 2012)

13. Alex J Mitchell, Nick Meader, Evan Davies, Kerrie Clover, Gregory Carter, Matthew J. Loscalzo, Wolfgang Linden, Luigi Grassi, Christoffer Johansen, Linda Carlson, James Zabora. Meta-Analysis of Screening and Case Finding Tools for Depression in Cancer: Evidence based Recommendations for Clinical Practice for the DCC Consensus Group. *Journal of Affective Disorders* 2012 140: 149–160 (online May 2012, doi:10.1016/j.jad.2011.12.043)

14. Dassanayake T, Jones AL, Michie PT, Carter, McElduff P, Stokes BJ, Whyte I . Risk of road traffic accidents in patients discharged following treatment for psychotropic drug overdose: a self-controlled case series study in Australia. (accepted *CNS Drugs* January 2012)

15. Dassanayake T, Michie PT, Jones AL, Mallard T, Whyte IM, Carter GL. Cognitive impairment in patients clinically recovered from central nervous system depressant drug overdose. *Journal of Clinical Psychopharmacology* 32 (4): 503-510

16. Maddock G R, Startup M, Carter G. Who do GPs refer to the Better Outcomes in Mental Health Care ATAPS program? *ANZJP* 2012; 46(5): 435-444. (*ANZJP* February online first 2012).

17. Dassanayake TL, Carter GL, Jones AI, Mallard T, Whyte I M, Michie PT. Cognitive skills underlying driving in patients discharged following self-poisoning with central nervous system depressant drugs. (accepted *Traffic Injury Prevention* February 2012)

18. Carter G. Editorial: Young people, mental illness and suicidal behaviours. *Early Intervention in Psychiatry* 2012 6 (2): 113–114, (Article first published online : 17 April 2012, DOI: 10.1111/j.1751-7893.2012.00359.x)

19. Carter G. Invited Commentary on "Bergen H, et al. How do methods of non-fatal self-harm relate to eventual suicide?" (accepted Evidence Based Mental Health April 2012)

20. Maree L Hackett, Greg Carter, Denis Crimmins, Tracy Clarke, Lucy Arblaster, Laurent Billot, Jayanthi Mysore, Jonathan Sturm. imProving Outcomes after Stroke: results from the randomised clinical pilot trial (accepted *Stroke* April 2012)

21. Clover K, Kelly P, Rogers K, Britton B, Carter G. Predictors of desire for help in oncology outpatients reporting pain or distress. (accepted Psycho-Oncology July 2012)

22. Luckett T, Britton B Clover K, Rankin NM. Evidence for interventions to improve psychological outcomes in people with head and neck cancer: A systematic review of the literature. Supportive Care in Cancer. 2011:19 (7); 871-881.

23. Oultram S, Findlay N, Clover K, Cross L, Ponman L, Adams C. A comparison between patient self-report and radiation therapists' ability to identify anxiety and distress in head and neck cancer patients requiring immobilisation for radiation therapy. Journal of Radiotherapy in Practice. (Accepted Apr 2011, due for publication in June 2012 - Volume 11 Issue 2). doi:10.1017/S1460396911000136.

CONFERENCE PRESENTATIONS

1. Maddock Gillian Rebekah, Carter Gregory Leigh, Startup Michael Jonathan, 'Do GPs observe DoHA guidelines in making referrals to the Better Outcomes in Mental Health Care, ATAPS program?', 2011 PHC Research Conference Abstracts, Brisbane, QLD (2011)

2. White J, Magin P, Attia J, Sturm J, Carter G, Pollack M. Exploring Post-stroke Mood Changes in Community-Dwelling Stroke Survivors: A Longitudinal Cohort Study. Stroke Society of Australasia Conference, Adelaide, September 2011.

3. Turner Alyna, White J, Hambridge J, Clover Kerrie, Nelson Louise Jane, Mavratzakis Aimee Lee, Carter Gregory Leigh, Hackett M, 'Impact of routine electronic screening and feedback on depression symptoms in stroke: A pilot randomised controlled trial', International Journal of Stroke, Adelaide, SA (2011)

4. Turner Alyna, Hambridge J, White J, Clover Kerrie, Carter Gregory Leigh, Nelson Louise Jane, Alston M, Hackett M, 'Depression screening in stroke patients: A comparison of alternative measures', International Journal of Stroke, Adelaide, SA (2011)

5. Hackett M, Carter Gregory Leigh, Crimmins D, Clarke T, Arblaster L, Billot L, Mysore J, Sturm J, 'imProving Outcomes after STroke (POST) clinical pilot trial results', International Journal of Stroke, Adelaide, SA (2011)

6. Tharaka Dassanayake, Patricia Michie, Alison Jones, Gregory Carter, Trevor Mallard and Ian Whyte. Cognitive impairment in patients discharged following CNS-depressant drug overdose, and its implications in driving. ASPR Dunedin December 2011.

7. Invited Workshop: Screening for distress in cancer: A practical and theoretical guide to what really works. Mitchell A, Loscalzo M, Clarke K, Clover K. International Psycho-Oncology Society Academy, Antalya Turkey, Nov 2011.

OTHER PRESENTATIONS:

Carter GL
Child and Adolescent Psychiatry.
Invited Lecture in the Masters of International Public Health Course, University of Sydney. September 2011.

Suicide and Suicide Attempt.
Invited Lecture in the Masters of International Public Health Course, University of Sydney. September 2011.

Gianacas L & Nelson L
Living Well with Lymphoma
Invited patient presentation, Leukaemia Foundation. September, 2011.

Gianacas L
Women's Cancers: Psychological Considerations
Invited in-service presentation, Hunter Postgraduate Medical Institute. September 2011.

Gianacas L
Introduction to Psycho-Oncology
Invited lecture in Health Psychology 3500 Undergraduate Course, University of Newcastle. March 2012.

Britton, B & Gianacas L
Breaking Bad News, Communication Skills Training
Invited tutorials in Bachelor of Medicine Course (Year 5), University of Newcastle. February - June 2012.

Britton, B
Introduction to Oncology
Invited Lecture and Tutorials in Bachelor of Medical Radiation Science (Year 1), University of Newcastle. September 2011

Britton, B
Communication, Boundaries and Self-Care
Invited Lecture and Tutorials in Bachelor of Medical Radiation Science (Year 3), University of Newcastle. October 2011

Britton, B
Motivating Health Behaviour Change
Invited to write a chapter in Masters of Clinical Medicine (MEDI6145), University of Newcastle, Semester 1 2012

Nelson, L
Working with Terminally Ill Patients
Invited workshop (8 hours) for Clinical Psychology Masters students at UNE
Armidale, Semester 1 2012

SUCCESSFUL GRANT APPLICATIONS

2011 Grant #W81XWH-11-2-0123. $2,500,000 USD over 5 years. ClinicalTrials.gov identifier: NCT01473771
Caring Letters for Military Suicide Prevention: A Randomized Controlled Trial (multicentre USA, Germany). Supporting Agency: US Army Medical Research and Materiel Command, U.S. Army Medical Research Acquisition
Principal Investigator: David D Luxton, PhD National Centre for Telehealth and Technology, USA. See http://clinicaltrials.gov/ct2/show/NCT01473771 for more details.

2011 NHMRC project Grant Application: (Application ID: APP1021018). $1,112,000 over 3 years.
Eating as Treatment (EAT): a trial of dieticians providing a psychological intervention to improve nutrition in Head and Neck cancer patients undergoing radiotherapy
Chief Investigator: Amanda Baker CIA, Gregory Carter CIB et al.

2011 James Lawrie Research Grant – Calvary Mater Newcastle Hospital: Calibrating commonly used questionnaires for depression and anxiety in oncology to enhance comparability and communication of outcomes. (RASCH study)
CIs K Clover, G Carter, B Britton. AIs M King, S Lambert J Pallant. $17,367 over 1 year.

Financial Report

Calvary Health Care (Newcastle) Limited

ABN 75 081 149 126

Financial Report for the Year Ended 30 June 2012

Calvary Health Care (Newcastle) Ltd

DIRECTORS' REPORT

The Board of Directors of Calvary Health Care (Newcastle) Ltd present their report on the Company for the financial year ended 30 June 2012.

Directors

Calvary Health Care (Newcastle) Ltd Board of Directors is comprised of the same membership as the National Board of the Little Company of Mary Health Care Ltd, which is the ultimate parent entity.

The names of Directors in office at any time during or since the end of the year are detailed below.

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

NAME	QUALIFICATIONS	AREAS OF SPECIFIC RESPONSIBILITY
Hon John Watkins	M.A., LLB, DipEd	Chair Member, MEC
Michael Roche	BA (Accounting), FCPA, MACS	Deputy Chair Member, ARC Chair, SDC
Hon Gregory Crafter AO	LLB	Director Chair, MEC
Rebecca Davies	BEc, LLB (Hons), FAICD	Director Member, ARC Member, PRC
John Mackay AM	BA, FAIM	Director Chair, PRC
Associate Professor Richard Matthews AM *(Appointed 1 January 2012)*	MBBS	Director Member, CGC *(Appointed 8 February 2012)*
Professor Katherine McGrath	MBBS, FRCPA, FAICD	Director Member, PRC Member, SDC Chair, CGC *(Appointed 8 February 2012)*
Professor Peter Ravenscroft AM	MBBS (Qld), MD (Qld), FRACP, FFPMANZCA, FaChPM	Director Member, MEC Member, SDC Member, CGC *(Appointed 8 February 2012*
Jane Tongs	MBA, BBus, FCA, FCPA, MAICD	Director Chair, ARC
Brigid Tracey AM	BN (Bachelor of Nursing), Grad Dip Nursing Administration	Director Member, ARC Member, MEC Member, CGC *(Appointed 8 February 2012)*
Philip Maloney *(Appointed 12 March 2012)*	B Com, LLB, Grad Dip CSP, ACIS, MAICD	Company Secretary
David Bergman	BCom, MEc, ACA, FFin	Alternate Company Secretary
Margaret Scott (formerly McGowen) *(Resigned 25 September 2011)*	BEc, FCA, FFin, ACIS	Company Secretary

Key:
ARC Audit & Risk Committee
MEC Mission & Ethics Committee
PRC Performance & Remuneration Committee
SDC Strategy & Development Committee
CGC Clinical Governance Committee

Calvary Health Care (Newcastle) Ltd

DIRECTORS' REPORT

Principal activities
The principal activities of the Company remain the ownership and operation of the Calvary Mater Newcastle hospital.

Significant changes in the state of affairs
There were no significant changes in the state of affairs of the Company during the financial year.

Results
A deficit of $0.004M was incurred for the financial year ended 30 June 2012 (2011: surplus $92.491M).

Management is actively reviewing operational performance to further improve this result.

Review of operations
The Company continued to provide quality services in accordance with the mission vision and values of the organisation.

(a) Revenues
The Company's revenue from operating activities totalled $151.003M (2011: $243.951M). Grants and subsidies from Government for hospital operations totalled $115.475M (2011: $210.456M). Grants and subsidies represent 76% (2011: 86%) of revenue from operating activities.

Revenue from operations for the year ended 30 June 2011 included $100.040M resources received free of charge - capital and revenue relating to the Public Private Partnership (PPP) arrangements and recognition of the NSW government funding of superannuation contributions for employees who are members of the defined benefit contribution schemes SASS and SSS.

(b) Expenses
The Company's expense from operating activities totalled $157.921M (2011: $156.939M). Expenses on personnel costs represent 63% (2011: 58%) of total operating expense.

Staffing levels for clinical services have increased during the reporting period with total staff of 928 full time equivalents as at 30 June 2012 (2011: 871).

(c) Hospital activities
The overall inpatient activity for the year was 15,442 separations, an increase of 9% on the year ended 30 June 2011. Non-inpatient activity for the hospital during the year was 313,048 occasions of service, an increase of 2% on the year ended 30 June 2011.

Future developments
The Company plans to continue the integration and expansion of its current range of services in accordance with the mission, vision and values of the organisation.

Significant events after year end
Set out below are the details of matters or circumstances which have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the Company.

There is a substantial process of regulatory and policy change impacting on the health and related sectors. These changes arise from reviews undertaken by the Productivity Commission, potential revisions to legislation, health fund rebates eligibility changes and the impacts of the carbon tax. No provision has been included in the financial statements for the potential impacts of these changes due to the material uncertainty as to their timing and impact.

Report preparation

The Company's financial statements have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements.

Deed of access and indemnity - Directors

Little Company of Mary Health Care Ltd has executed a Deed of Access & Indemnity which provides Directors with the right of access to records for seven years after they cease office and also indemnifies Directors (to the extent permitted by law) against liability incurred in the course of their duties as a Director of companies within the Little Company of Mary Health Care group.

Indemnification of officers

Little Company of Mary Health Care Ltd paid a premium during the year in relation to a Directors & Officers Liability policy indemnifying the Directors and Officers of the Group for losses which the Director or Officer may become legally obligated to pay on account of any claim made against the Director or Officer during the policy period for a wrongful act committed during the policy period.

Rounding off

The Company is an entity to which ASIC Class Order 98/100 applies. Accordingly, amounts in the financial statements and Directors' Report have been rounded off to the nearest thousand dollars, unless otherwise stated.

Proceedings on behalf of the Company

No person has applied for leave of the Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings.

The Company was not a party to any such proceedings during the year.

Company details

The Company is incorporated as a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $100 towards meeting any outstanding obligations of the Company. As the Company only has one member, a total maximum of $100 is payable on a wind up.

Calvary Health Care (Newcastle) Ltd

DIRECTORS' REPORT

Auditor's independence declaration

The auditor's independence declaration is included on page 5 of the financial statements. The Directors' Report is signed in accordance with a resolution of Directors made pursuant to s298(2) of the Corporations Act 2001.

On behalf of the Directors.

.....
Chair of the Board

.....
Director

Dated at Sydney this 23rd day of August 2012.

Deloitte.

Deloitte Touche Tohmatsu
ABN 74 490 121 060

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The Board of Directors
Calvary Health Care (Newcastle) Ltd
Level 18
68 Pitt Street
Sydney NSW 2000

23 August 2012

Dear Board Members

CALVARY HEALTH CARE (NEWCASTLE) LTD

In accordance with section 307C of the Corporations Act 2001, I am pleased to provide the following declaration of independence to the directors of Calvary Health Care (Newcastle) Ltd.

As lead audit partner for the audit of the financial statements of Calvary Health Care (Newcastle) Ltd for the financial year ended 30 June 2012, I declare that to the best of my knowledge and belief, there have been no contraventions of:

(i) the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and

(ii) any applicable code of professional conduct in relation to the audit.

Yours sincerely

Deloitte Touche Tohmatsu

DELOITTE TOUCHE TOHMATSU

Helen Hamilton-James
Partner
Chartered Accountants

Calvary Health Care (Newcastle) Ltd

DIRECTORS' DECLARATION

The Directors of the Company declare that:

1. the financial statements and notes, set out on pages 8 to 28, are in accordance with the Corporations Act 2001, including;

   (a) comply with accounting standards and the Corporations Regulations 2001; and

   (b) give a true and fair view of the financial position as at 30 June 2012 and of the performance for the year ended on that date;

2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Board of Directors.

.....
Chair of the Board

.....
Director

Dated at Sydney this 23rd day of August 2012.

Calvary Health Care (Newcastle) Ltd

TABLE OF CONTENTS

Calvary Health Care (Newcastle) Ltd

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 $ '000	2011 $ '000
Revenue from operations		151,003	243,951
Other revenues		6,914	5,479
Total revenues	2	157,917	249,430
Employee benefits expense	3	99,212	91,521
Depreciation expense	3	5,875	3,716
Finance costs	3	8	8
Supplies		20,848	27,668
Computer expenses		113	101
Consulting and legal costs		85	331
Contracted services		21,440	20,442
Insurance		208	202
LCMHC National Office shared service contributions		1,753	1,042
Loss on disposal of property, plant and equipment	3	258	4,563
Operating lease rental expenses	3	25	-
Power, light and heat		101	22
Public relations		5	3
Repairs and maintenance		177	354
Subscriptions		79	59
Travel		1,009	853
Other expenses		6,725	6,054
Total expenses		157,921	156,939
Net profit / (loss) for the year		(4)	92,491
Other comprehensive income		-	-
Total comprehensive income / (loss) for the year		**(4)**	**92,491**

The Statement of Comprehensive Income is to be read in conjunction with the notes to the financial statements set out on pages 12 to 28.

Calvary Health Care (Newcastle) Ltd

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2012

	Note	2012 $ '000	2011 $ '000
Current assets			
Cash and cash equivalents	4/9	45,745	41,922
Trade and other receivables	5	4,388	2,847
Inventories	6	1,110	2,295
Other current assets	7	160	174
Total current assets		**51,403**	**47,238**
Non-current assets			
Property, plant and equipment	8	127,910	128,925
Total non-current assets		**127,910**	**128,925**
Total assets		**179,313**	**176,163**
Current liabilities			
Trade and other payables	10	6,790	6,331
Provisions	12	30,576	28,062
Total current liabilities		**37,366**	**34,393**
Non-current liabilities			
Provisions	12	1,013	832
Total non-current liabilities		**1,013**	**832**
Total liabilities		**38,379**	**35,225**
NET ASSETS		**140,934**	**140,938**
Equity			
Retained earnings		140,934	140,938
TOTAL EQUITY		**140,934**	**140,938**

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements set out on pages 12 to 28.

Calvary Health Care (Newcastle) Ltd

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 $ '000	2011 $ '000
Cash flows from operating activities			
Receipts from customers		42,150	39,632
Payments to suppliers and employees		(152,155)	(143,585)
Government grants received		125,778	121,426
GST recovered from the ATO		4,720	4,404
GST payments to ATO		(13,756)	(13,229)
Interest received		2,204	2,091
Net cash provided by operating activities		**8,941**	**10,739**
Cash flows from investing activities			
Payment for property, plant and equipment		(5,118)	(2,739)
Net cash used in investing activities		**(5,118)**	**(2,739)**
Net increase in cash held		3,823	8,000
Cash at the beginning of the financial year		41,922	33,922
Cash at end of the financial year		**45,745**	**41,922**
Separate disclosure of operating and other cash at the end of the financial year:			
Operating cash		9,347	6,640
Special purpose, trust and other restricted cash	9	36,398	35,282
		45,745	**41,922**

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements set out on pages 12 to 28.

Calvary Health Care (Newcastle) Ltd

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2012

	Retained earnings $ '000	Total $ '000
Balance 1 July 2010	48,447	48,447
Surplus for the year	92,491	92,491
Balance 30 June 2011	**140,938**	**140,938**
Balance 1 July 2011	140,938	140,938
Deficit for the year	(4)	(4)
Balance 30 June 2012	**140,934**	**140,934**

The Statement of Changes in Equity is to be read in conjunction with the notes to the financial statements set out on pages 12 to 28.

Calvary Health Care (Newcastle) Ltd

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2012

Note 1: Statement of significant accounting policies

Calvary Health Care (Newcastle) Ltd is a Public Company limited by guarantee, incorporated and domiciled in Australia.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

The financial statements have been prepared on an accruals basis and are based on historical costs, except for the revaluation of certain non-current assets and financial instruments.

The financial statements were authorised by the Board on 23 August 2012.

Standards affecting presentation and disclosure

The following Standards were early adopted in the 30 June 2010 year. There has been no impact on the amounts disclosed in the financial statements arising from the early adoption as the standards related to disclosure only.

AASB 1053 Application of Tiers of Australian Accounting Standards ; and
AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

Accounting policies

(a) Revisions of accounting estimates

Revisions to accounting estimates are recognised prospectively in current and future periods only.

(b) Rounding off

The Company is an entity to which ASIC Class Order 98/100 applies. Accordingly, amounts in the financial statements and Directors' Report have been rounded off to the nearest thousand dollars, unless otherwise stated.

(c) Comparative figures

Comparative figures have been adjusted to conform with changes in presentation for the current financial year as a result of changes in the mapping of the general ledger accounts.

(d) Taxation

The Company is exempt from income tax under the current provisions of the Australian Income Tax Assessment Act (1997). Accordingly, there is no income tax expense or income tax payable.

(e) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

The GST components of cash flows arising from operating, investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the Statement of Financial Position.

(f) Revenue recognition

Where applicable, revenues are recognised at the fair value of the consideration received net of the amount of goods and service tax (GST) payable to the ATO.

Rendering of services

Patient fee income is recognised when the fee in respect of services provided is receivable. Accrued patient income represents an estimate of fees due from patients not billed at balance date. This estimate is calculated with reference to individual episode information and per diem rates.

Grants received

Reciprocal grants

Grants received on the condition that specified services be delivered, or conditions fulfilled, are considered reciprocal. Such grants are initially recognised as a liability and revenue is recognised as services are performed or conditions fulfilled.

Non-reciprocal grants

Revenue is recognised when the grant is received or receivable.

Resources received free of charge

Revenue is recognised when fair value can be reliably measured. Usage of resources is recognised as a corresponding expense.

Interest revenue

Interest revenue is recognised as it accrues, taking into account the effective yield on the financial asset.

Donation revenue

Donation revenue is recognised when received, at the fair value of the asset donated.

(g) Finance costs

Finance costs include interest and finance lease/hire purchase finance charges and are expensed as incurred. In the case of assets which are under construction (and prior to being ready to use), finance costs are capitalised and form part of the total construction cost of the asset in the Statement of Financial Position.

(h) Financial instruments

If the Company has the positive intent and ability to hold debt securities to maturity, then they are classified as held-to-maturity. Held-to-maturity investments are measured at amortised cost using the effective interest method, less any impairment losses.

Recognition and initial measurement

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the Company becomes a party to the contractual provisions of the instrument.

Financial instruments are initially measured at fair value plus transaction costs where the instrument is not classified as at fair value through profit and loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the Company no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of consideration paid, including the transfer of non cash assets or liabilities assumed, is recognised in profit or loss.

Classification and subsequent measurement

Financial assets at fair value through profit or loss

Financial assets are classified at fair value through profit or loss when they are held for trading for the purpose of short-term profit taking, where they are derivatives not held for hedging purposes, or designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key personnel on a fair value basis in accordance with a documented risk management or investment strategy. Realised and unrealised gains and losses arising from changes in fair value are included in profit or loss in the period in which they arise.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost using the effective interest rate method.

Patient fees receivable are generally settled from Health Funds within 30 days and are carried at amounts due.

Other debtors to be settled within 30 days are carried at amounts due.

Held-to-maturity investments
Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Company's intention to hold these investments to maturity. They are subsequently measured at amortised cost using the effective interest rate method.

Available-for-sale financial assets
Available-for-sale financial assets are non-derivative financial assets that are either designated as such or that are not classified in any other categories. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments. These assets are held at fair values with movements recorded directly to reserves.
Financial liabilities
Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost using the effective interest rate method.

Trade accounts payable are normally settled within 30 days.

(i) Inventories

Inventories are measured at the lower of cost and net realisable value.

The cost of manufactured products includes direct materials, direct labour and an appropriate portion of variable and fixed overheads. Overheads are applied on the basis of normal operating capacity. Costs are assigned on the basis of weighted average costs.

(j) Property, plant and equipment

Property, plant and equipment are measured on a cost basis less depreciation and impairment losses.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit and loss during the financial period in which they are incurred.

(k) Depreciation and amortisation

Assets are depreciated or amortised using the straight-line method of depreciation to their estimated residual values, from the date of acquisition or, in respect of internally constructed assets, from the time an asset is completed and held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Depreciation and amortisation rates and methods and residual values are reviewed annually for appropriateness. When changes are made, adjustments are reflected prospectively in current and future periods only.

The depreciation/amortisation rates used for each class of asset are as follows:

	2012	2011
Buildings	2.5%	2.5%
Plant, equipment, fixtures and fittings	10.0%	10.0%
Medical, surgical and office equipment	15.0%	15.0%
Computer equipment	33.3%	33.3%

(l) Impairment of assets

At each reporting date, the Company, a not-for-profit entity, reviews the carrying values of all assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over the recoverable amount is expensed.

In the case of Property, Plant and Equipment, 'Value in Use' is taken to be the depreciated replacement cost of the asset.

(m) Leased assets

Leases of plant and equipment under which the Company assumes substantially all the risks and benefits of ownership are classified as finance leases. Other leases are classified as operating leases.

Finance leases

Finance leases are capitalised. A lease asset and a lease liability equal to the present value of the minimum lease payments are recorded at the inception of the lease. Capitalised lease assets are amortised on a straight line basis over the life of the asset. Lease liabilities are reduced by repayments of principal. The interest components of the lease payments are expensed.

Operating leases

Payments made under operating leases are expensed in equal instalments over the accounting periods covered by the lease term.

(n) Employee benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits, where the Company does not have an unconditional right to defer settlement for at least 12 months, have been classified as a current liability. Employee benefits payable later than one year have been classified as a non-current liability. Both the long-term current liabilities and non-current liabilities have been measured at the present value of the estimated future cash outflows to be made for those benefits.

(o) Superannuation plan

The Company contributes to various defined contribution and accumulation superannuation plans. Contributions are charged as an expense as incurred.

For defined contribution plans, contributions are expensed when employees have rendered services entitling them to the contributions.

(p) Key estimates and judgements

The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data obtained both externally and within the Company and LCM Health Care group.

Key estimates - impairment

The Company is a not-for-profit entity and assesses for asset impairment at each reporting date by evaluating conditions specific to the Company that may lead to the impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. The recoverable amount is defined as the higher of its fair value (less costs to sell), and its 'value in use'. As a not-for-profit entity, and where appropriate, value in use is calculated as the higher of the present value of future cash flows (inclusive of an appropriate assessment period and terminal value of the asset) or the asset's depreciated replacement cost.

Key judgements - provision for impairment of receivables

Current trade and term receivables are non interest bearing loans and generally on 30-day terms. Non-current trade and term receivables are assessed for recoverability based on the underlying terms of contract. A provision for impairment is recognised when there is objective evidence that an individual trade or term receivable is impaired.

Trade receivables

Included in accounts receivable at 30 June 2012 is an amount of $0.888M (2011: $0.931M) which represents the net trade receivables believed to be recoverable by the Company after providing for an amount of $0.035M (2011:$0.035M) which is considered to prudently represent those receivables considered impaired. The Company reviews outstanding debts as the basis for impairment. All impairment calculations are based on a commercial assessment criteria, including segmentation, ageing, billing and collections procedures and prevailing trends.

The Directors do not believe, however, that the entire amount of the impairment provision is not recoverable. The provision represents 3.9% of trade receivables as at 30 June 2012. The 30 June 2011 provision amounted to 3.8 % of total trade receivables.

Other debtors

Other debtors consist of related parties, government departments and the like. The Directors do not believe any of the amounts warrant impairment.

	Note	2012 $ '000	2011 $ '000
2 Revenue			
Operating activities			
Revenue from rendering of services		35,528	33,495
Recurrent grants received/receivable		113,053	108,259
Public Health Service capital grants		1,411	2,157
Resources received free of charge - capital		-	93,280
Resources received free of charge - revenue		1,011	6,760
		151,003	243,951
Non-operating activities			
Interest revenue		2,204	2,091
Donation revenue		1,293	1,522
Canteen takings and meals and accommodation		185	178
Government funded paid parental leave		156	-
Other revenue		3,076	1,688
		6,914	5,479
Total revenue		157,917	249,430

Resources received free of charge - capital and revenue

During the 30 June 2011 year the Company recognised the fair value of the buildings, plant and equipment and minor equipment under the Public Private Partnership (PPP) arrangements as resources received free of charge - capital ($93.280M) and revenue ($5.724M). The remainder of the amount shown as resources received free of charge in 2011 and 2012 is recognition of the NSW governments funding of superannuation contributions for employees who are members of defined benefit contribution schemes.

3 Expenses			
Depreciation of:			
buildings		3,240	1,627
plant and equipment		2,635	2,089
Total depreciation expenses		5,875	3,716
Finance costs:			
interest and bank fees		8	8
Bad and doubtful debts		97	32
Employee benefits:			
Salaries and wages		88,151	81,490
Superannuation		6,789	6,324
Workcover		1,535	1,427
Long-term and post-employment benefits		2,737	2,280
		99,212	91,521

	Note	2012 $ '000	2011 $ '000
Operating lease rental expense:			
Other parties		25	-
Loss on disposal of property, plant & equipment		258	4,563

4 Cash

Current		
Cash at bank and on hand	20,745	16,922
Short-term term deposits	25,000	25,000
	45,745	41,922

5 Trade and other receivables

Current		
Trade receivables		
Receivables for patient fees	923	966
Less: Provision for impairment of receivables	(35)	(35)
	888	931
Other receivables		
Grant receivable - Health / local Health division	374	-
Other receivables	3,126	1,916
	3,500	1,916
	4,388	2,847
Movement in the impairment of receivables		
Balance at the beginning of the year	(35)	(37)
Impairment losses recognised on receivables	(97)	(32)
Amounts written off as uncollectable	97	34
Balance at the end of the year	(35)	(35)

6 Inventories

Current - at cost		
Medical and surgical	341	381
Pharmacy	769	1,914
	1,110	2,295

7 Other assets

Current		
Prepayments	160	174

8 Property, plant and equipment

Freehold land - at cost	(a)	7,612	7,612

	Note	2012 $ '000	2011 $ '000
Buildings - at cost	(a)	130,007	129,786
Less: Accumulated depreciation		(24,016)	(20,776)
		105,991	109,010
Plant and equipment - at cost		25,595	23,574
Less: Accumulated depreciation		(11,778)	(11,778)
		13,817	11,796
Motor vehicles - at cost		490	554
Less: Accumulated depreciation		-	(47)
		490	507
		127,910	128,925

Asset audit
Following a physical inspection throughout the financial year, plant and equipment with a cost of $0.450M (2011: $0.991M) and accumulated depreciation of $0.315M (2011: $0.856M) that could not be identified or located were scrapped. This resulted in a loss on disposal of $0.135M (2011: $0.135M).

Reconciliation of property, plant and equipment
Reconciliations of the carrying amounts for each class of property, plant & equipment are set out below:

Freehold land	(a)		
Carrying amount at beginning of year		7,612	7,007
Acquisitions / additions		-	605
Carrying amount at end of year		7,612	7,612
Buildings	(a)		
Carrying amount at beginning of year		109,010	25,280
Acquisitions / additions		221	89,584
Disposals		-	(4,227)
Depreciation		(3,240)	(1,627)
Carrying amount at end of year		105,991	109,010
Plant and equipment			
Carrying amount at beginning of year		11,796	4,114
Acquisitions / additions		4,879	5,693
Disposals		(223)	(171)
Transfers in / (out)		-	4,249
Depreciation		(2,635)	(2,089)
Carrying amount at end of year		13,817	11,796

	Note	2012 $ '000	2011 $ '000
Motor Vehicles			
Carrying amount at beginning of year		507	535
Acquisitions / additions		532	795
Disposals		(549)	(823)
Carrying amount at end of year		490	507
Assets under construction			
Carrying amount at beginning of year		-	4,249
Reallocation		-	(4,249)
Carrying amount at end of year		-	-

(a) Land and buildings

In 2005/06 the NSW Health Administration Corporation entered into a contract with a private sector provider, Novacare Project Partnership, for financing, design, construction and commissioning of a new hospital facility, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the Calvary Mater Newcastle hospital site until November 2033.

The official opening of the new facilities took place in August 2009. The legal documentation for the ongoing operation of the PPP arrangement, following finalisation of the construction phase of the PPP, was executed on 20 May 2011.

Hunter New England Local Health District (HNELHD) transferred control of the newly constructed general hospital facility through a sub-lease agreement to the Company. The terms and conditions of the use of the redeveloped facility are contained in a Head Lease between the parties to the PPP arrangement. The recognition of the assets is based on the fact that the Company, being an Affiliated Health Organisation which is outside the accounting control of either HNELHD or the NSW Health Department, recognises its funding (recurrent or capital) as grant income in the year of receipt.

Review of Interpretation 12

The applicability of Interpretation 12 Service Concession Arrangements to the activities of the Company in respect of the operation of the public hospital has been considered. Interpretation 12 mandates the accounting for certain public-to-private service concession arrangements.

The arrangements for the operation of the hospital are not within the scope of Interpretation 12 because the overall scope for decision making and control over the daily operations and the management of the hospital remains within the Company's decision making framework. In addition, the Company retains significant residual value in the assets.

The Directors agree with this view and, therefore, believe it is appropriate the activities and assets of the Company be recorded on the Statement of Financial Position of the Company in order to present a true and fair set of accounts that comply with Australian Accounting Standards.

	Note	2012 $ '000	2011 $ '000

9 Restricted assets

The Company holds assets which are restricted by externally imposed conditions, for example, in line with the 'Accounts and Audit Determination' of NSW Health in exercising its powers conferred by the Health Services Act 1997 (NSW) and grant and donor requirements.

The assets are only available for application in accordance with the terms of these restrictions.

Brief details of externally imposed conditions

Category / Conditions		
Special Purpose / Conditions imposed by granting body	8,291	9,070
Charitable Trust / Trust Deed	23,543	21,219
Research grants / Conditions imposed by granting body	4,564	4,993
	36,398	35,282
Disclosed in the Statement of Financial Position as:		
Cash at bank and on hand	11,398	10,282
Term deposits	25,000	25,000
	36,398	35,282

10 Trade and other payables

Current		
Trade payables	2,171	3,243
Grants / income received in advance	198	174
Deferred income	2	2
Other payables and accruals	4,419	2,912
	6,790	6,331

Trade payable terms vary from 7 to 30 days generally. No interest is charged on trade payables.

Grants and other income received in advance relate to the component of grants received from Hunter New England Local Health District and University of Newcastle for work agreed to be performed under the terms of the grant next financial year 2012/13.

Deferred income comprises patient fees prepaid.

Other payables and accruals comprise salaries and wages and goods and services expenses incurred.

	Note	2012 $ '000	2011 $ '000
11 Bank overdraft and financing arrangements			
The Company has access to the following lines of credit:			
Group pooling facility - bank	(a)	2,000	2,000
Facilities not utilised at balance date:			
Group pooling facility - bank		2,000	2,000

(a) Group pooling facility - bank

The LCM Health Care Group utilises a pooling facility with interest calculated daily and paid monthly on the Group balance. The security for this facility is provided jointly and severally by all the entities in the Group. This facility avoids the need for individual companies to have overdraft facilities in place.

12 Provisions

	2012 $ '000	2011 $ '000
Current		
Employee benefits:		
Annual leave	10,150	9,679
Long service leave	16,860	15,798
Accrued salary expenses	3,436	2,469
Other employee provisions	130	116
	30,576	28,062
Non Current		
Employee benefits:		
Long service leave	1,013	832

Employee benefit provisions

Employee benefit provisions are reported as current liabilities where the Company does not have an unconditional right to defer settlement for at least 12 months. Consequently, the current portion of the employee benefit provision includes both short-term benefits measured at nominal values and long-term benefits, measured at present value. Employee benefit provisions that are reported as non-current liabilities refer to long-term benefits of non vested long service leave that do not qualify for recognition as a current liability, and are measured at present value.

Funding of employee entitlements

The NSW Health Department, via the Local Health District, has committed to providing annual funding to meet employee entitlements that become payable in that year in the course of providing services. These funds are part of the normal operating subsidies paid to the Company by Hunter New England Local Health District.

	Note	2012 $ '000	2011 $ '000

The Company has indemnification from the NSW Health Department for any accrued public hospital employee leave entitlements or any other employee entitlements such as redundancies payable by Calvary Health Care (Newcastle) Ltd which the Company is liable to pay at the time of, or becomes liable to pay as a consequence of, ceasing to conduct a public hospital in whole or part, as a public hospital listed in the Third Schedule of the Health Services Act or any successor Act subject to:
- the Company being specified in the Third Schedule of the Health Services Act 1997 or any successor Act as the operator of the public hospital;
- a transparent system being established to provide annual verification to the Area Health Service of the accrued recreation and long service leave entitlement in respect of each named public hospital employee as at 30 June each year;
- real property and other substantial assets used to conduct the public hospital not being disposed of at any time without the full knowledge and agreement of the NSW Health Department;
- the completion of a due diligence process should it be required in the event of wind up or cessation of operations whereby assets, or parts thereof, used to conduct the hospital are to be applied to offset liabilities properly incurred in operating the public hospital; and
- the Company using its best endeavours to transfer all relevant employees together with the liability for the accrued entitlements for those employees as part of such transfer of operations, if at some future time the Company enters into an agreement to transfer part or all of the operations of the public hospital to a public health organisation (as defined in the Health Services Act) or to the State.

Superannuation plans
The Company contributes to employee superannuation funds for all eligible employees based on various percentages of their gross salary, with a minimum contribution of 9% of gross salary. All employees are entitled to benefits on retirement, disability or death.

A small number of employees who commenced employment with the Company prior to 18 December 1992 are members of the defined benefit State Authority Superannuation Scheme (SASS). This scheme is managed by the State Super Authority and the Company has neither control nor responsibility for the scheme. The Company's only obligations are the payment of any employee salary sacrificed employer contributions and employee post-tax employee contributions. The NSW Treasury remits all other required employer contributions directly to the scheme. The Company accounts for the liability paid by NSW Treasury as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as Resources received free of charge.

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Department of Health. The expense for certain superannuation schemes (ie Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

	Note	2012 $ '000	2011 $ '000
13 Commitments			
Operating lease commitments			
Future operating lease rentals not provided for in the financial statements and payable:			
Not later than one year		35	-
Later than one year but not later than five years		64	-
		99	-

The Company leases assets under operating leases. Leases generally provide the Company with a right of renewal at which time all terms are renegotiated.

Public private partnership (PPP)

In 2005/06, the NSW Health Administration Corporation entered into a contract with a private sector provider, Novacare Project Partnership for financing, design, construction and commissioning of a new hospital facility, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the site until November 2033.

Other expenditure commitments, totalling $7.247M (2011: $6.771M), for the provision of facilities management and delivery of other non-clinical services on the Calvary Mater Newcastle hospital site, were expended for the year ended 30 June 2012. As the Company is not contractually committed to the agreement, the expenditure commitment over the life of the service provision is contingent upon recurrent funding continuing to be received from the NSW Health Department, via Hunter New England Local Health District.

	2012 $	2011 $

14 Related parties

(a) Key management personnel

From time to time Directors, executives and other key management personnel of the Company may be treated as patients. This service is provided on the same terms and conditions as those entered into by other employees or customers and are trivial or domestic in nature.

A payment, the details of which are confidential and not disclosed, was made by the Parent Entity, Little Company of Mary Health Care Ltd, in respect of a contract of insurance indemnifying all Officers against liability for any claims brought against a Director or Officer.

Non-Executive Directors' fees and National executive salaries are paid and are reported separately by the Parent Entity, Little Company of Mary Health Care Ltd. Remuneration for the Company's Executives is detailed below.

Compensation of executives		
Executives (aggregate)	781,656	845,340

Other related parties

(b) Transactions

Amounts included in income received during the year from LCM Health Care group companies:		
Supplier rebate income	1,095	-
Recovery of salaries and wages (incl on-costs)	-	1,231
Palliative care education	-	3,875
Recovery for goods and services	1,000	210
Amounts included in expenditure during the year to LCM Health Care group companies:		
National Office shared service contribution	1,302,310	635,594
National IT shared service contribution - non-recurrent	169,565	178,692
National IT shared service contribution - recurrent	280,739	227,303
Payments for goods and services	14,132	109,397
Insurance premiums	65,467	71,977
Training costs	3,050	-

15 Financial risk management

The Company's financial instruments consist mainly of deposits with banks, accounts receivable and accounts payable.

The Company does not have any derivative instruments at 30 June 2011 or 2012.

The Company's overall risk management strategy seeks to meet its financial targets whilst minimising potential adverse effects on financial performance.

Interest rate risk is managed with floating rate debt. As at 30 June 2012, the Company had no debt.

Carrying Amounts	2012 $ '000	2011 $ '000
Financial assets		
Loans and receivables	4,548	3,021
Available for sale	45,745	41,922
	50,293	44,943
Financial liabilities		
At amortised cost	6,790	6,331

16 Contingent liabilities and assets

Claims on managed fund

On 1 July 1989 the NSW Government implemented a self insurance scheme known as the Treasury Managed Fund (TMF). Since that time, the Company has been a member of the TMF. The TMF will pay to or on behalf of the Company all sums which it shall become legally liable to pay by way of compensation or legal liability except for employment related, discrimination and harassment claims that do not have state-wide implications. Therefore, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Company. A Solvency Fund (now called Pre-Managed Fund) Reserve was established by the NSW Government to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. The Pre-Managed Fund will respond to all claims against the Company.

Workers compensation hindsight adjustment

The NSW Treasury Managed Fund normally calculates hindsight premiums each year. However, in relation to workers compensation, adjustments are delayed. The final hindsight adjustment for the 2005/06 fund year and an interim adjustment for the 2007/08 fund year were not calculated until 2011/12. As a result, the 2006/07 final and 2008/09 interim hindsight calculations will be paid in 2012/13.

It is not possible for the Company to reliably quantify the amount outstanding.

There are no other events identified and not brought to account which could be expected to have a material effect on the financial statements in the future.

17 Economic dependency and going concern

The Company derives most of its income from the NSW Health Department, via Hunter New England Local Health District. A going concern basis for the preparation of the financial statements has been adopted as it is expected that sufficient funding from the NSW Health Department will continue.

An indemnification has also been obtained from the NSW Health Department in relation to employee entitlements refer to Note 12.

Of total revenue, 73% is derived from NSW Government funding, and 7% is derived from private patient revenue. Benefits are paid in accordance with agreements between the NSW Department of Health and the health funds.

The Company is one of a number of subsidiaries of the Parent Entity, Little Company of Mary Health Care Ltd. Whilst it is not envisaged the Company will need to rely on the Parent Entity for its economic dependency, the constitution of the Company has the provision required under s187 of the Corporations Act which expressly authorises the Company to act in the best interests of the Parent Entity, so that it is capable of providing economic assistance to the Parent Entity, provided the Company will not become insolvent as a result of giving such economic assistance.

The Parent Entity may, in turn, provide economic assistance to any of its subsidiaries including the Company, by withdrawing funds from any other of its subsidiaries, except for those moneys located in certain Special Purpose or Trust Fund Accounts, to provide such support as is necessary to enable the Parent Entity or subsidiary to pay its debts as and when they fall due, provided neither the Parent Entity or the Company will become insolvent as a result of the withdrawal.

The Directors currently believe that, collectively, the Parent Entity and its subsidiaries have sufficient cash resources to ensure the Company, the Parent Entity, and other subsidiaries of the Parent Entity will continue to trade as going concerns and they are unaware of any material uncertainties, events or conditions, which may cast significant doubt on this belief.

18 Events subsequent to balance date

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the Directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company in future financial years.

19 Registered office and principal place of business

Calvary Health Care (Newcastle) Ltd is a company limited by guarantee, incorporated in Australia and operating in Waratah, NSW.

The Company's registered office is Level 18 68 Pitt St Sydney NSW 2000 and the principal place of business of the Company is Calvary Mater Newcastle Hospital Edith St Waratah NSW 2298.

Deloitte.

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Independent Auditor's Report to the members of Calvary Health Care (Newcastle) Ltd

We have audited the accompanying financial report of Calvary Health Care (Newcastle) Ltd, which comprises the statement of financial position as at 30 June 2012, the statement of comprehensive income, the statement of cash flows and the statement of changes in equity for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration of the company as set out on pages 6 to 28.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Auditor's Independence Declaration

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporation Act 2001*, which has been given to the directors of Calvary Health Care (Newcastle) Ltd, would be in the same terms if given to the directors as at the time of this auditor's report.

Auditor's Opinion

In our opinion, the financial report of Calvary Health Care (Newcastle) Ltd is in accordance with the *Corporations Act 2001*, including:

(a) giving a true and fair view of the company's financial position as at 30 June 2012 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

DELOITTE TOUCHE TOHMATSU

Helen Hamilton-James
Partner
Chartered Accountants
Parramatta, 23 August 2012

Palliative Care puppy "Daisy"

Calvary
Mater
Newcastle

A service of the Sisters of the Little Company of Mary

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