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Our ref: 0514125

18 October 2011

Mr Richard Chadwick  
General Manager  
Adjudication Branch  
GPO 3131  
CANBERRA ACT 2601  
**By express post**

FILE No:
DOC:
MARS/PRISM:

Dear Mr Chadwick

**CABRINI HEALTH - EXCLUSIVE DEALING NOTIFICATION**

We act for Cabrini Health Limited (**Cabrini Health**).

Cabrini Health has instructed us to notify proposed conduct in relation to the provision of pathology and medical imaging services to its patients that, it may be contended, may constitute exclusive dealing pursuant to sections 47(2) and 47(3) of the Competition and Consumer Act 2010 (Cth).

Please find attached the completed Form G Notification of Exclusive Dealing, together with a cheque made payable to the ACCC for the \$2,500 lodgement fee.

If the ACCC would be assisted by any further information, please do not hesitate to contact us or Cabrini Health's relevant contact as identified in section 7 of the attached Notification.

Yours sincerely

**Fleur Gibbons**  
Partner  
Direct +61 3 9274 5840  
[fleur.gibbons@dlapiper.com](mailto:fleur.gibbons@dlapiper.com)  
Encl



# Form G

Commonwealth of Australia  
*Competition and Consumer Act 2010 — subsection 93 (1)*  
**NOTIFICATION OF EXCLUSIVE DEALING**

To the Australian Competition and Consumer Commission:

Notice is hereby given, in accordance with subsection 93 (1) of the *Competition and Consumer Act 2010*, of particulars of conduct or of proposed conduct of a kind referred to subsections 47 (2), (3), (4), (5), (6), (7), (8) or (9) of that Act in which the person giving notice engages or proposes to engage.

PLEASE FOLLOW DIRECTIONS ON BACK OF THIS FORM

**1. Applicant**

**(a) Name of person giving notice:**

N95607

Cabrini Health Limited (**Cabrini Health**) (ACN 108 515 073)

**(b) Short description of business carried on by that person:**

Cabrini Health is a not-for-profit Catholic healthcare service. As a not-for-profit private healthcare service, Cabrini Health does not receive direct government funding or financial support from the Catholic Church.

Cabrini Health is a company limited by guarantee and provides health care services, predominantly to residents within the greater Melbourne metropolitan area as well as a smaller number of patients from rural Victoria, Interstate and overseas. With six sites and over 700 beds, Cabrini Health comprises two acute care hospitals (Malvern and Brighton), a palliative care service, a rehabilitation service with two campuses, a residential care facility and a linen service.

Cabrini Health also has a social outreach program that encompasses more than 40 projects throughout Australia and overseas. The program has four areas of focus: serving the most marginalised in our community; community development projects; Aboriginal health and international health projects.

In the 2009-10 financial year Cabrini worked with Children First Foundation to support life-changing surgery for patients from Bangladesh, the Solomon Islands and Papua New Guinea and contributed technical advice and planning expertise to develop a plan to construct a new operating theatre complex at the Modilon Hospital in Madang, Papua New Guinea.

The Cabrini Institute supports research and education activities across the health service, as well as health promotion activities on behalf of Cabrini Health. The Cabrini Foundation oversees and guides all fundraising activities on behalf of Cabrini Health including pursuing philanthropic gifts for new projects, education and research and capital funding (equipment and buildings).

**Cabrini Hospital Malvern** is the largest of Cabrini Health sites with 508 acute beds. To support the wide range of healthcare services offered at the hospital (including an emergency department), Cabrini Malvern provides an extensive range of onsite diagnostic services including a full service pathology laboratory and a medical imaging department.

**Cabrini Hospital Brighton** is a 141-bed, purpose-designed, acute hospital with onsite medical coverage. A medical imaging department, pharmacy and a pathology collection centre are located onsite. As well as tripling hospital staff from just over 100 in 2009 to more than 350 onsite in 2010, Cabrini Brighton has been able to provide vital experience for graduate nurses, a novice course in perioperative services and an introductory anaesthetics course. Cabrini Brighton staff also participate directly in a range of social outreach activities in Australia from pro bono surgical work to working with community organisations to help serve the under-served.

There are a number of business units within Cabrini Health, two of which are Cabrini Pathology and Cabrini Medical Imaging.

**Cabrini Pathology** is integral to patient care and has been part of Cabrini Health since the laboratory was established in 1958. Cabrini Pathology provides a 24-hour, high quality onsite diagnostic service. Cabrini Pathology operates 12 collection centres across south-eastern Melbourne and a collection service for all Cabrini Health sites, as well as conducting home visits in local communities. Cabrini Pathology employs 130 highly qualified, dedicated staff who work closely with other medical professions. As Cabrini Health is a not-for-profit health care service, revenue earned by Cabrini Pathology is reinvested in Cabrini Health's patient services, facilities and social outreach activities.

**Cabrini Medical Imaging** is a leading edge service offering the latest technology, specialist radiologists and highly trained technical and nursing staff. It provides a range of diagnostic services to patients and the public. Of the 126,399 tests performed throughout 2009-10, 111,317 of them were performed at Cabrini Malvern and 15,082 were performed at Cabrini Brighton. Again, as Cabrini Health is a not-for-profit health care service, revenue earned by Cabrini Medical Imaging is reinvested in Cabrini Health's patient services, facilities and social outreach activities. For further information on Cabrini Health's activities, please refer to the **attached** Cabrini Health Fact Sheet (**Annexure 1**) and Cabrini Health Annual Review 2010 (**Annexure 2**).

(c) **Address in Australia for service of documents on that person:**

Dr Michael Walsh  
Chief Executive  
Cabrini Health  
183 Wattletree Road  
Malvern  
Victoria 3144

## 2. Notified arrangement

### (a) Description of the goods or services in relation to the supply or acquisition of which this notice relates:

The notified arrangement relates to the provision of pathology services and medical imaging services to private in-patients and out-patients of Cabrini Health's hospitals in Malvern and Brighton (together, **Cabrini Hospitals**).

### (b) Description of the conduct or proposed conduct:

Cabrini Health proposes to require that any **pathology services** and **medical imaging services** for in-patients and out-patients of Cabrini Hospitals be supplied by Cabrini Pathology and Cabrini Medical Imaging, business units of Cabrini Health, and not third party pathology or medical imaging providers (the **proposed conduct**). These requirements would pertain, unless the patient's medical practitioner forms the opinion that it is in the best interests of the patient for them to be referred to a third party provider because:

- the specific pathology service / medical imaging service is unavailable at Cabrini Pathology or Cabrini Medical Imaging;
- a lower price is charged by a third party provider;
- there is a need to maintain the continuity of the patient's non-Cabrini Hospital pathology testing / medical imaging history because of the patient's particular condition; and
- a third party provider is able to provide a faster turnaround time for the service than Cabrini Pathology or Cabrini Medical Imaging.

Where a referring medical practitioner seeks to have an in-patient or out-patient of a Cabrini Hospital referred to a third party provider they can do so providing that:

- the referral of the test or imaging to a third party provider is in the best interests of the patient for one or more of the above reasons;
- the referring doctor has satisfied himself or herself regarding the capacity of the third party provider to provide safe, timely, high quality pathology services or medical imaging services; and
- the medical practitioner has taken steps to ensure that the results of the investigations and images where applicable will be available within the patient's Cabrini Medical Record or electronically to ensure that other Cabrini medical practitioners can access such information as required in the best interests of the patient.

If the medical practitioner chooses to use a third party pathology provider or medical imaging provider, he or she must be prepared to provide justification, when requested, to Cabrini Health and demonstrate that the decision was consistent with the above requirements.

While the proposed conduct encompasses an ability to impose a requirement on practitioners to use Cabrini Pathology and Cabrini Medical Imaging for out-patients, Cabrini Health's immediate plan is just to encourage its accredited medical staff to utilise Cabrini Pathology and Cabrini Medical Imaging for out-patient services and may choose to make decisions regarding access to its resources such as operating theatres, cardiac catheter laboratory, consulting rooms and delivery suites based in part on the said usage.

**3. Persons, or classes of persons, affected or likely to be affected by the notified conduct**

**(a) Class or classes of persons to which the conduct relates:**

Private in-patients and out-patients of Cabrini Hospitals requiring pathology services and/or medical imaging services.

The majority of patients affected by this application are already within Cabrini Health facilities (in-patients). Others will have travelled to see Cabrini Specialists based at Cabrini Hospitals or nearby. Cabrini Health would not, at any time, require a patient to travel beyond a reasonable distance to utilise its facilities for out-patient investigations.

**(b) Number of those persons:**

**(i) At present time:**

In 2010/11 Financial year, there were 115,426 patient separations (episodes of care) at Cabrini Malvern and Brighton. The majority (but not all) required pathology and/or medical imaging services. The number of out-patient investigations performed at the request of Cabrini accredited medical staff is unknown.

**(ii) Estimated within the next year:**

The number of patient separations is predicted to grow by approximately 7%.

**(c) Where number of persons stated in item 3 (b) (i) is less than 50, their names and addresses:**

Not applicable.

#### **4. Public benefit claims**

##### **(a) Arguments in support of notification:**

The Applicant considers that the better view is that Cabrini Hospitals supply directly through their staff or contractors, or indirectly through credentialed specialists, the full range of health care services for in-patients and out-patients of the Cabrini Hospitals. The Applicant thus considers that the proposed conduct does not amount to a conditional supply of health care services, other than pathology and medical imaging services, to those in-patients and out-patients.

Nonetheless, the Applicant is cognisant that it may be contended that the implementation of the proposed conduct may constitute exclusive dealing pursuant to sections 47(2) and 47(3) of the *Competition and Consumer Act 2010* (Cth). This is because it may be argued that compliance with the proposed conduct would involve Cabrini Health supplying hospital services to in-patients and out-patients of the Cabrini Hospitals on condition that the patient will not acquire pathology services or medical imaging services from third party providers.

Accordingly, the Applicant, to the extent there is any doubt as to whether implementation of the proposed conduct constitutes exclusive dealing, wishes to have the benefit of this notification.

The Applicant submits that the object of the proposed conduct is to require medical practitioners treating private in-patients and to encourage its accredited medical practitioners treating out-patients who need pathology services or medical imaging services to have regard to the best interests of the patient in selecting the pathologist or radiologist. Referral to Cabrini Pathology or Cabrini Medical Imaging is the default position unless referral to a third party pathologist / radiologist is in the patient's best interests.

The public benefits of the proposed conduct are as follows:

- (a) maintenance of efficient funding and financial viability of the health services model;
- (b) addressing inefficiencies from potential 'cherry picking';
- (c) funding support for activities and services provided by Cabrini Health;
- (d) transaction cost savings; and
- (e) enhanced quality of care.

These public benefits are discussed further in section (b) below.

Public benefits of this kind have been recognised in *Australian Association of Pathology Practices Incorporates* [2004] ACompT4 (**Tribunal Decision**) and the ACCC's *Decision in respect of notifications lodged by Public Health Organisations in New South Wales* of 27 May 2010 (**Commission Decision**) in relation to the requirement that pathology services for private in-patients in public hospitals in the NSW be referred to public pathology providers.

**(b) Facts and evidence relied upon in support of these claims:**

Cabrini Health is a not-for-profit private healthcare service provider, with a mission to respond to the health needs of our community by providing compassionate, competent and cost effective care with respect for life at all its stages. To this end Cabrini Health provides a full range of health care services.

It is essential to the provision of the health care services provided at, and other activities of, the Cabrini Hospitals that they have ready access 24 hours a day and 7 days a week to a pathology laboratory offering the full range of pathology services and to onsite medical imaging services. Cabrini Pathology and Cabrini Medical Imaging fulfil this requirement, in particular by:

- (a) providing emergency pathology services and medical imaging services; and
- (b) supporting education, training and multidisciplinary meetings.

Medicare rebates are the primary basis for the recovery of costs associated with Cabrini Pathology and Cabrini Medical Imaging. In Victoria, there has been a decline in the average Medicare rates for pathology services. With respect to medical imaging Medicare rates for diagnostic imaging (which accounts for approximately 50% of all medical imaging services provided in Australia by volume) have stagnated, with there being no substantial increases in diagnostic imaging Medicare rates during the past ten years. These Medicare rate pressures threaten the future financial health and viability of both Cabrini Pathology and Cabrini Medical Imaging.

Another threat to the continued financial health of Cabrini Pathology and Cabrini Medical Imaging comes in the form of the potential for cherry picking. As Cabrini Hospitals provide a full range of health services, including emergency services, they must offer a full range of pathology services and medical imaging services 24 hours a day and 7 days a week. The ability for third party providers to cherry pick pathology and medical

imaging services undermines Cabrini Hospitals' ability to operate Cabrini Pathology and Cabrini Medical Imaging in a financially viable way.

For example, if routine histopathology is referred out to third party providers, Cabrini Health will still need to provide on site 24 hour support for emergency (frozen section) examination of pathology specimens. The ability to do this is dependent on having a viable pathology department to support the physical infrastructure and laboratory personnel. This can only occur with a steady workload of routine pathology.

Similarly, if all out-patient CT scanning is referred to a third party provider, the viability of Cabrini Health having a CT service is undermined and the capacity to provide a 24 hour emergency CT service on site, including interventional CT could not be maintained. These services are vital to the overall running of the hospitals.

Challenges to the financial health and viability of Cabrini Pathology and Cabrini Medical Imaging, including Medicare rate pressures and potential cherry picking, may ultimately be borne by the public. Cabrini Health is a not-for-profit organisation committed to providing a full range of healthcare services. Threats to its financial health and viability may lead to reduced service offerings in some areas, increased prices for health care services or a diminution in the quality of care. Therefore the proposed conduct will enable Cabrini Health to maintain its financial health and viability, which will ultimately be of benefit to the public.

Any positive funding impact resulting from the proposed conduct will enhance Cabrini Health's capacity to maintain a high quality of care to all patients across its healthcare network, to invest in and maintain state of art equipment, provide training opportunities for medical practitioners and support staff, and lower fees. Cabrini Health will also be able to continue the important work it does as part of its social outreach programs. These programs encompass more than 40 programs throughout Australia and overseas. Cabrini Health contributes to these programs through human, financial and material resources and by leveraging our skills, knowledge and services. This is a further reason why we believe the proposed conduct will be of public benefit.

Utilising the onsite services of Cabrini Pathology and Cabrini Medical Imaging has the additional public benefit of avoiding a multiplicity of providers in the in-patient environment. A multiplicity of providers in that environment leads to:

- (a) an increased risk of lost, misplaced and misallocated specimens / images;
- (b) an increased complexity in the interpretation of laboratory test results in the clinical environment due to non standard reference ranges between different laboratory analysers;
- (c) an increased complexity in interpretation of medical images due to difficulties comparing results from different machines and comparing hard copies, CD files and PACS images;
- (d) an increased clinical risk and financial cost of providing a system of dealing with the processing and handling of specimens for multiple providers; and
- (e) an increased cost in supporting the filing of results (when provided) as there is no capacity for Cabrini to provide electronic storage of third party results as it does for its own.

Utilising the onsite services of Cabrini Pathology and Cabrini Medical Imaging also enhances the quality of care provided to in-patients and out-patients of Cabrini Hospitals by:

- (a) limiting the time it takes to perform tests / imaging services;
- (b) limiting the time it takes to receive and analyse test results / images; and
- (c) ensuring that all pathology / medical imaging results for pathology tests and medical images undertaken by Cabrini Pathology and Cabrini Medical Imaging are available to all current and future clinicians who may need to treat the patient within any of the Cabrini Health facilities.

## **5. Market definition**

Provide a description of the market(s) in which the goods or services described at 2 (a) are supplied or acquired and other affected markets including: significant suppliers and acquirers; substitutes available for the relevant goods or services; any restriction on the supply or acquisition of the relevant goods or services (for example geographic or legal restrictions):  
(Refer to direction 8)

### Market

The markets potentially affected by the proposed conduct are:

- (a) the Victorian market for the retail supply of pathology services; and
- (b) the greater Melbourne metropolitan market for the retail supply of medical imaging services.

Patients requiring pathology and medical imaging services will generally not travel far from where they are receiving medical care. The network of licensed collection centres operated by pathology providers broadens the geographic area over which they can supply services by means of any given pathology laboratory.

#### Significant suppliers of pathology services in Victoria

The pathology market in the Melbourne metropolitan area is dominated by three national private providers: Sonic Healthcare, Healthscope and Primary Health Care.

Sonic Healthcare trades as Melbourne Pathology, Douglass Hanly Moir, Sullivan Niccolades, Southern IML Pathology, Capital Pathology and Barratt & Smith. Healthscope trades as Gribbles Pathology, Healthscope Pathology and General Pathology Labs. Primary Health Care trades as Dorevitch Pathology, Gippsland Pathology, Symbion Pathology, Western Diagnostic Pathology and QML Pathology.

These three pathology providers received approximately 90% of the national Medicare benefits paid in Australia for pathology services in 2008-09.

St John of God Pathology is the largest not-for-profit provider in Victoria, comprising approximately 9% of the Victorian market. St John of God Pathology has 11 collection centres in metropolitan Melbourne as well as 47 in regional Victoria and 44 in Western Australia. St John of God Pathology was recently placed on the market, indicating the difficulties that minor providers have in maintaining viability.

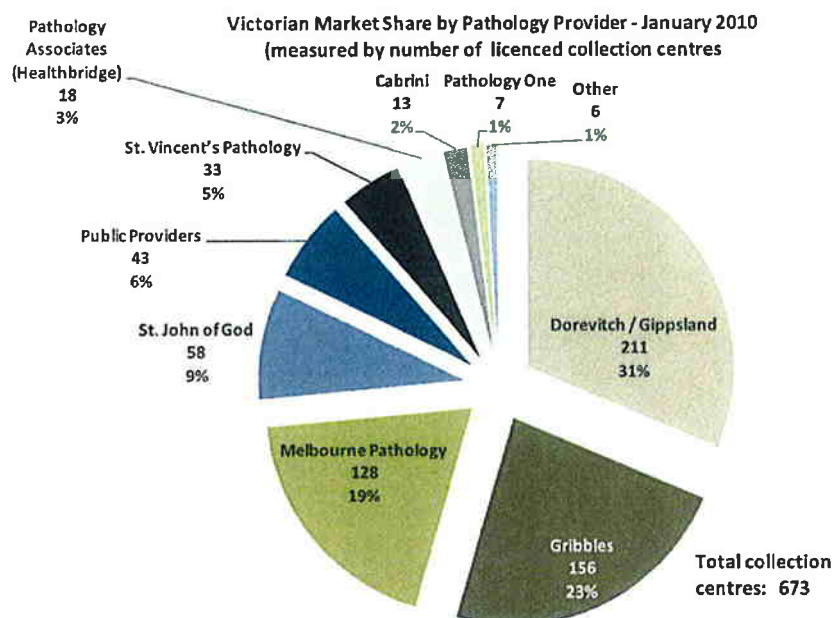
St Vincent's Pathology operates a network of 33 collection centres across metropolitan Melbourne. A centralised core laboratory is based in Fitzroy which operates 24 hours a day, 7 days a week.

There are also a small number of independent pathology providers operating in the Melbourne metropolitan area: Pathology Associates (16 collection centres in Melbourne and laboratories in Mulgrave, North Melbourne and Cheltenham), Pathology One (7 collection centres in Melbourne), TissuPath (Hawthorn), Anatpath (Elsternwick), and Focuspath (South Yarra).

As at January 2010, there were 673 licensed collection centres in Victoria, with the market being split as follows:

Provider	Number of licensed collection centres
Primary Health Care trading as Dorevitch / Gippsland	211
Healthscope trading as Gribbles	156
Sonic Healthcare trading as Melbourne Pathology	128
St John of God	58
Public Hospital Providers	43
St Vincent's Pathology	33
Pathology Associates (Healthbridge)	18
Cabrini	13
PathologyOne	7
The Glen Endoscopy Centre	3
Jolimont Laboratory	1
Skinpath Pathology	1
Melbourne IVF	1

**Table 1: Number of Licensed Collection Centres in Victoria by Pathology Provider (January 2010)**



**Diagram 1: Victorian Market Share by Pathology Provider - January 2010 (measured by number of licensed collection centres)**

Note: The above pie chart indicates the size of each provider based only on the number of licenced collection centres they have. It does not necessarily represent the revenues generated from these collection centres.

### Significant suppliers of medical imaging services in Victoria

The medical imaging services market in the greater Melbourne metropolitan market is dominated by MIA Victoria, Primary, MDI Radiology, and Capitol Health.

Provider	Number of locations
MIA Victoria	26
Primary	23
MDI Radiology	12
Capitol Health	18

**Table 2: Number of Locations in Melbourne Metropolitan Area by Medical Imaging Provider (November 2010)**

As at November 2010 there were 30 licensed MRI scanners in Victoria, three of which were mobile MRI units. Seven of the fixed units are located within the vicinity of Cabrini Hospital in Malvern and they are operated by MIA Victoria (3), Peter MacCallum Cancer Institute (1), The Alfred Hospital (1) and Symbion (2).

### Acquirers of pathology and medical imaging services

The Applicant estimates that patients / doctors at Cabrini Health facilities acquire approximately 3 percent of pathology services and approximately 3.5 percent of medical imaging services acquired in Victoria.

Other acquirers of pathology and medical imaging services include general practitioners, private consultants, public hospitals, chiropractors, dentists other private hospitals (and patients of each of these acquirers).

## **6. Public detriments**

- (a) **Detriments to the public resulting or likely to result from the notification, in particular the likely effect of the notified conduct on the prices of the goods or services described at 2 (a) above and the prices of goods or services in other affected markets:**

The Applicant considers that no public detriment will result from the proposed conduct.

The effect of the proposed conduct is to ensure that pathology services and medical imaging services for in-patients and out-patients of Cabrini Hospitals are not referred to third party providers for any reason other than considerations of the patient's best interests.

The factors to which the treating doctor must have regard in determining whether referral to a private pathologist is in the best interests of the patient include price, continuity of testing, turnaround time and the comprehensiveness of the clinical consultation. In other words, third party pathologists and radiologists can compete for referrals in respect of private in-patients and out-patients of Cabrini Hospitals on price, quality and other matters relevant to the patient's best interests.

It may be argued that the public detriments arising from the proposed conduct are a lack of choice for consumers, and higher prices for, and lower quality of, pathology services and medical imaging services to in-patients and out-patients of Cabrini Hospitals, resulting from a loss of competitive pressure by third party pathology providers and medical imaging providers.

The Applicant submits that these public detriments will not occur in the future as a result of the proposed conduct for the reasons stated below.

**(b) Facts and evidence relevant to these detriments:**

*Lack of choice*

There is no restriction of choice where the patient's best interests are concerned. The proposed conduct only restricts the ability of the treating doctor to have regard to matters other than the patient's best interests when deciding a referral of pathology or medical imaging tests. The Applicant submits that this is not a public detriment.

The Applicant notes that, in the Commission's Decision, the Commission did not consider any detriments from the notified arrangements associated with a lack of choice were likely to be significant as treating doctors were able to, in that case, refer specimens to private pathologists when it was in the best interests of the patient.

*Price*

The treating doctor can have regard to price as one of the expressly identified factors relevant to the patient's best interests. Third party pathology providers or medical imaging providers can compete freely on price for pathology services / medical imaging services for in-patients and out-patients of Cabrini Hospital. The proposed conduct would not result in any lessening of price competition or the potential for it.

The Applicant notes that, in the Tribunal Decision, the Tribunal concluded that the ability to refer tests to, in that case, private pathologists when it was in the patient's best interests provided the opportunity for competition from private pathologists. In reaching this conclusion, the Tribunal noted that one of the factors the referring doctor could take into account was where the price will be lower or the test represented better value for money despite the higher charge. The Commission agreed that these conclusions remained relevant in the Commission's Decision.

#### *Service and quality*

The treating doctor can have regard to service (eg turn around time) and quality (continuity and comprehensiveness) as some of the expressly identified factors relevant to the patient's best interests. Third party pathologists or radiologists can compete freely on service and quality for tests for in-patients and out-patients of Cabrini Hospitals. The proposed conduct would not result in any lessening of competition on service or quality or the potential for it.

The Applicant notes that, in the Commission's Decision, the Commission did not consider that the notified conduct was likely to reduce service and quality levels for, in that case, private in-patients in NSW public hospitals due to the regulatory frameworks in place. The Commission further noted that continuity of testing was a consideration that the treating doctor could have regard to in the assessment of what was in the best interests of the patient.

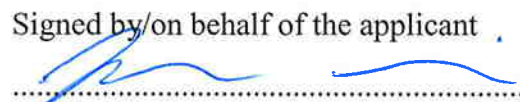
### **7. Further information**

- (a) Name, postal address and contact telephone details of the person authorised to provide additional information in relation to this notification:

Associate Professor Simon Woods  
Executive Director - Medical Services  
Cabrini Health  
183 Wattletree Road  
Malvern  
Victoria 3144  
03 9508 1718

Dated..... 17 October 2011 .....

Signed by/on behalf of the applicant .

  
.....  
(Signature)

.....  
(Full Name)

.....  
(Organisation)

.....  
(Position in Organisation)

**FLEUR GIBBONS**

**DLA Piper Australia**

**140 William Street, Melbourne**

**An Australian Legal Practitioner within the  
meaning of the Legal Profession Act 2004**

## DIRECTIONS

1. In lodging this form, applicants must include all information, including supporting evidence that they wish the Commission to take into account in assessing their notification.

Where there is insufficient space on this form to furnish the required information, the information is to be shown on separate sheets, numbered consecutively and signed by or on behalf of the applicant.

2. If the notice is given by or on behalf of a corporation, the name of the corporation is to be inserted in item 1 (a), not the name of the person signing the notice, and the notice is to be signed by a person authorised by the corporation to do so.
3. Describe that part of the business of the person giving the notice in the course of the which the conduct is engaged in.
4. If particulars of a condition or of a reason of the type referred to in section 47 of the *Competition and Consumer Act 2010* have been reduced in whole or in part to writing, a copy of the writing is to be provided with the notice.
5. Describe the business or consumers likely to be affected by the conduct.
6. State an estimate of the highest number of persons with whom the entity giving the notice is likely to deal in the course of engaging in the conduct at any time during the next year.
7. Provide details of those public benefits claimed to result or to be likely to result from the proposed conduct including quantification of those benefits where possible.
8. Provide details of the market(s) likely to be affected by the notified conduct, in particular having regard to goods or services that may be substitutes for the good or service that is the subject matter of the notification.
9. Provide details of the detriments to the public which may result from the proposed conduct including quantification of those detriments where possible.

## ANNEXURE 1



# CABRINI HEALTH FACT SHEET

## FAST FACTS

- › Established 1948
- › Owned by Missionary Sisters of the Sacred Heart of Jesus
- › Governed by a Board of Directors chaired by Peter Matthey
- › Chief Executive is Dr Michael Walsh appointed 2008
- › 3800 staff
- › 160 volunteers
- › 832 beds
- › 1300 specialist doctors currently practise at Cabrini Health
- › 70,000 episodes of patient care each year
- › 1400 babies delivered each year
- › 23,000 attendances at our emergency department each year
- › 44,000 surgical operations each year
- › 22,000 patients receive rehabilitation care each year
- › 40 social outreach programs supported

## OUR MISSION

### Who we are:

We are a Catholic healthcare service inspired by the spirit and vision of Mother Cabrini and the Missionary Sisters of the Sacred Heart of Jesus.

### What we believe:

We are a community of care, reaching out with compassion, integrity, courage and respect to all we serve.

### What we do:

We provide excellence in all of our services and work to identify and meet unmet needs.



## OUR VALUES

Our values form the base of our Mission, are built around what we believe and drive how we act. They are drawn from Mother Cabrini's life and reflect her heart, her spirit, her conviction and her approach.

### Compassion

Our drive to care is not just a professional duty to provide excellent quality care but is born of a heartfelt compassion for those in need, motivated by God's love for all people.

### Integrity

We believe in the power of hope to transform people's lives and remain faithful to the bold healing mission and legacy of Mother Cabrini.

### Courage

We have the strength, determination, vision and conviction to continue the work of Mother Cabrini and the Missionary Sisters.

### Respect

We believe that every person is worthy of the utmost respect and the best possible healthcare. We know that our resources are entrusted to us to use for the benefit of others.

## ANNEXURE 2



# ANNUAL REVIEW 2010

*incorporating inaugural  
community benefit report*



**Cabrini Health**

# OUR GROWTH

## NUMBER OF EMERGENCY ATTENDANCES



## NUMBER OF SURGICAL OPERATIONS

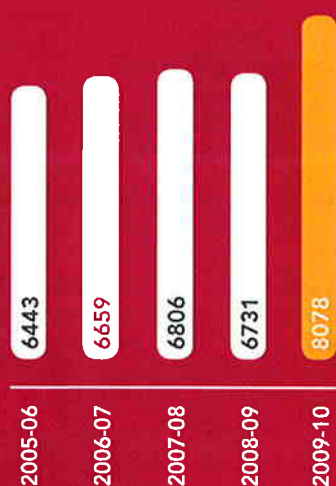


\*change in reporting

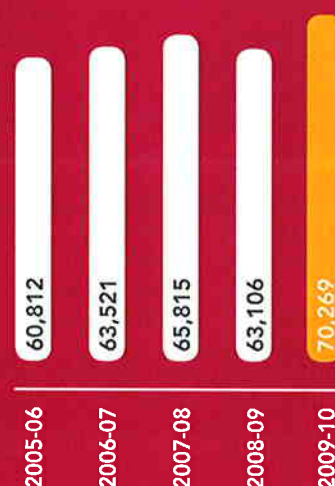
## NUMBER OF DAY CASES



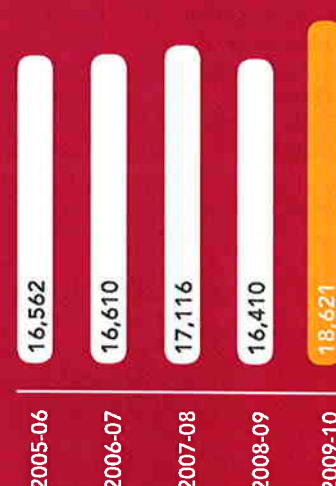
## NUMBER OF PATIENTS ADMITTED VIA EMERGENCY DEPARTMENT



## NUMBER OF DISCHARGES



## NUMBER OF DAY ONCOLOGY PATIENT TREATMENTS



# OUR VISION

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

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

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

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



**1999**

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



**2001**

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

**2003**

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



**2007**

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

**2009**

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

**2000**

Volunteer program grows



**2002**

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

**2006**

Hospital-in-the-home service introduced

**2008**

Dr Michael Walsh appointed Chief Executive

**2010**

Expansion of continuing care and allied health services

## REPORT FROM OUR CHIEF EXECUTIVE



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

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

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

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

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

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

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

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

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

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

**MICHAEL WALSH**  
CHIEF EXECUTIVE

## REPORT FROM OUR EXECUTIVE DIRECTOR, NURSING



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

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

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

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

Our achievements in 2009-10 include the following:

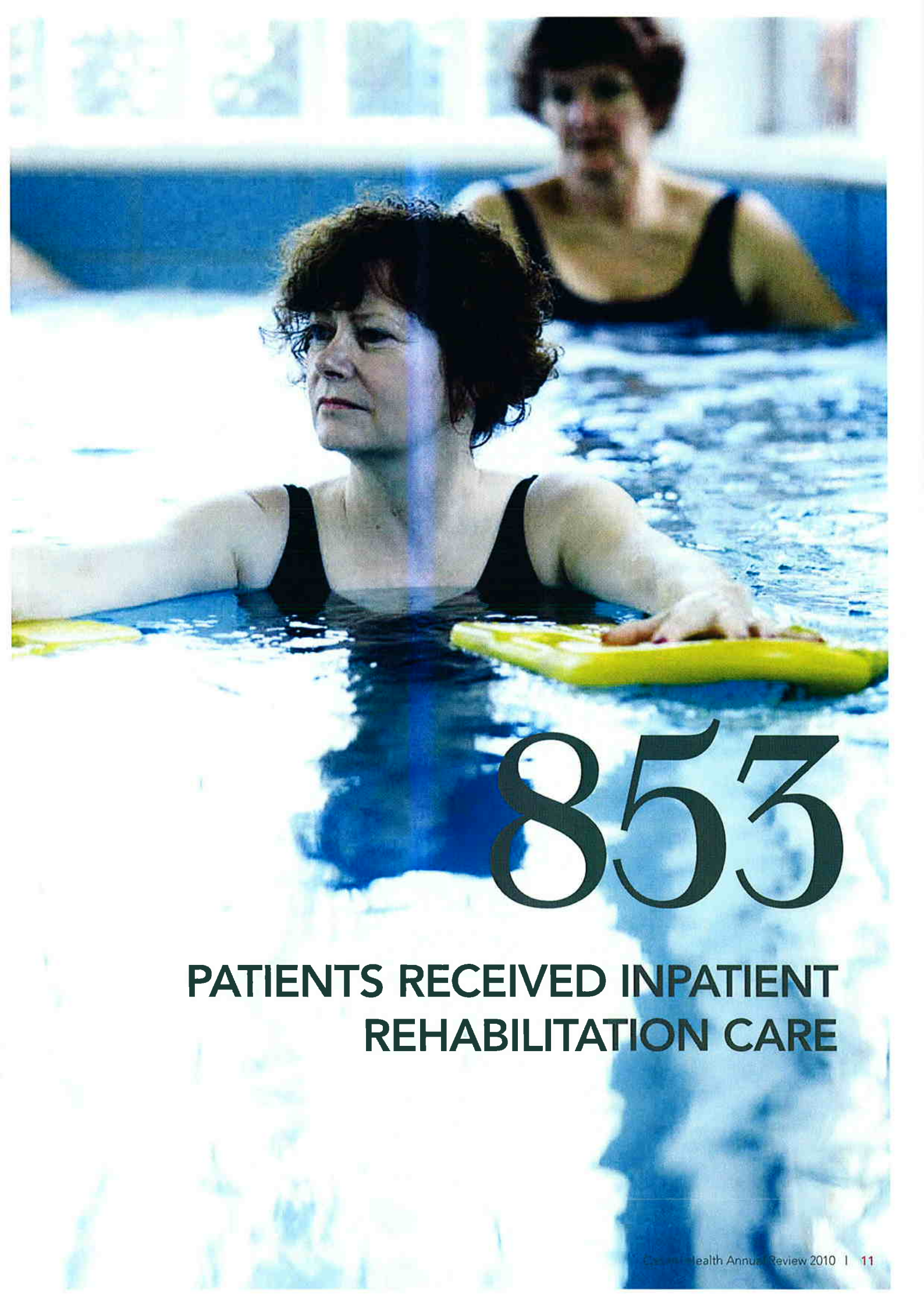
- Establishment of the position of Executive Director of Nursing and supporting structures such as the Cabrini Health Nursing Executive Committee, which is our peak internal body for managing nursing policy and standards of nursing care
- Development of a nurse leadership team at Cabrini Malvern and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

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

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

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

**SUE O'NEILL**  
**EXECUTIVE DIRECTOR, NURSING**



# 853

**PATIENTS RECEIVED INPATIENT  
REHABILITATION CARE**



**CATH GARNER**  
Executive Director,  
Mission Integration

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



**ASSOCIATE PROFESSOR  
PETER LOWTHIAN**  
Executive Director,  
Cabrini Institute

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



**DR MARK LUBLINER**  
Executive Director,  
Strategy and Performance  
Management

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



**ASSOCIATE PROFESSOR  
SUSAN O'NEILL**  
Executive Director  
of Nursing

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

A close-up photograph of a young child with dark, curly hair, wearing a light blue hospital gown. The child is looking upwards and to the right with an open mouth, as if speaking or reacting to something. The background is softly blurred, showing what appears to be a hospital setting. The text '3421' is overlaid in a large, dark serif font across the middle of the image. Below it, the text 'CHILDREN WERE TREATED IN OUR CHILDREN'S CENTRE' is written in a smaller, bold, sans-serif font. In the bottom right corner, there is a small line of text: 'Cabrin Health Annual Review 2010 | 15'.

# 3421

**CHILDREN WERE TREATED  
IN OUR CHILDREN'S CENTRE**



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

Key results include the following:

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

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

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

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

### Caring for each other

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

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

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

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

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

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

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

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

## Our volunteers

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

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

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

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

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

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

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

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

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

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

For more information on volunteering at Cabrini Health, ph 9508 1084 or email [volunteers@cabrini.com.au](mailto:volunteers@cabrini.com.au)



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

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

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

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

### Accreditation

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

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

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

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

### Patient feedback

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

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

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

### Compliments and complaints

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

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

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

A photograph of a woman with dark hair tied back, wearing a purple short-sleeved shirt. She is leaning over a newborn baby who is lying on a white surface. The woman is looking down at the baby with a gentle smile. The baby's head is in the lower left corner, and its hands are visible near the center. The background is bright and out of focus.

# 1379

**BABIES WERE DELIVERED**



### Cabrini Malvern

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

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

During 2009-10, our activity included the following:

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

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

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

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



### Cabrini Ashwood

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

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

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

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

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

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

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

A photograph of three healthcare professionals in an emergency department. A male doctor in a white coat and yellow tie is pointing at a document on a gurney. A female nurse in a dark uniform is also looking at the document. A male paramedic in a blue uniform with a 'PARAMEDIC' patch is holding another document. The background is slightly blurred, showing a clinical setting.

# 23,023

ATTENDANCES AT OUR  
EMERGENCY DEPARTMENT



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

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

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

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

### Cabrini Medical Imaging

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

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

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

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

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

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

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



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

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

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

### Communication services

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

In 2009-10, our initiatives and activity included:

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

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

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

Our future plans include:

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

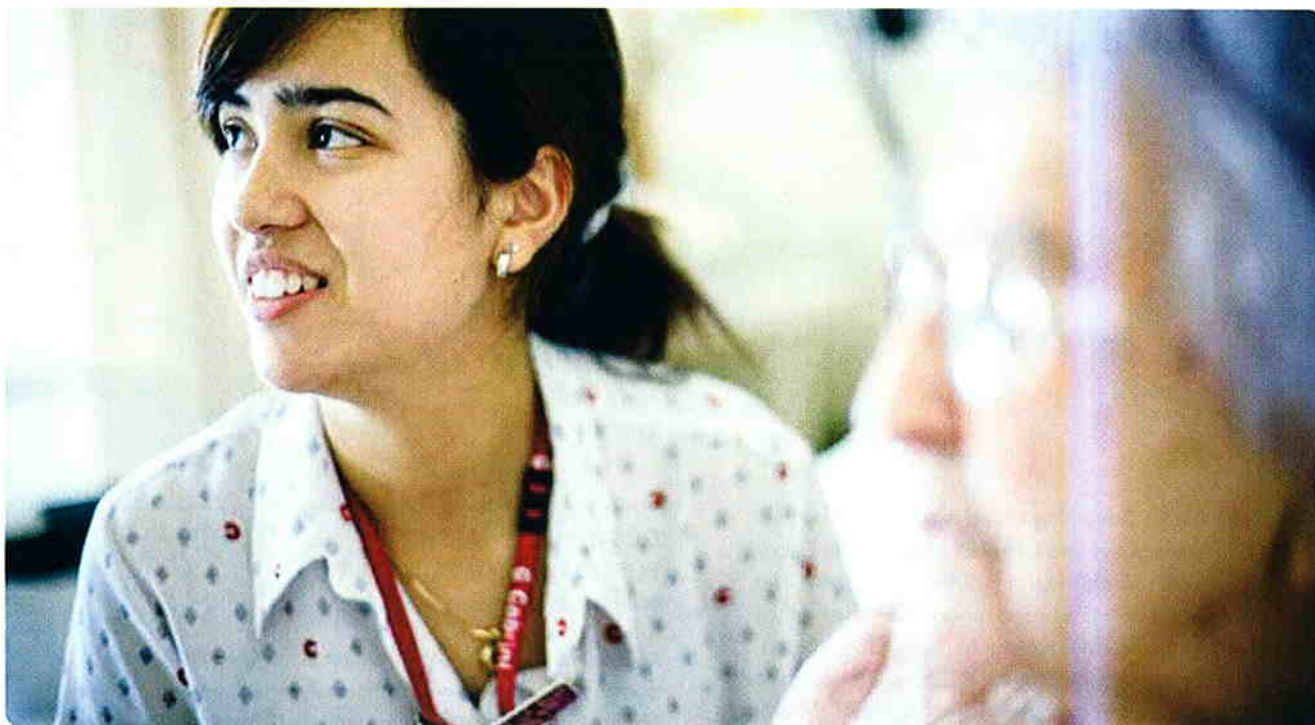
### Engineering

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

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

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

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



### Domestic services

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

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

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

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

### Information services

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

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

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

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

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

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**DAVID CURTAIN QC****Member since March 2007**

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

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**SYLVIA FALZON****Member since March 2010**

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

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**PETER MAHON****Member since March 2009**

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

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**PETER MATTHEY****Member since July 2005**

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

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

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

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

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## Knowledge management supporting healthcare change

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

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

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

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

## Institute outcomes in research and education

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

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

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

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

## Institute leadership and governance

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

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

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



### Let's Beat Bowel Cancer

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

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

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

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

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

Dr Nathan Better  
 Dr David Irons  
 Cabrini Cardiac Nurses

# COMMUNITY BENEFIT REPORT

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

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

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

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

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

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



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

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

### **Mental health**

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

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

### **Social determinants of health**

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

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

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

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

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

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

### Medical evacuations

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

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

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

### Clinical education and research

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

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

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

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

### Reaching out to others

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

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

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



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

### Developing the capacity of the community

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

A close-up, profile view of a middle-aged man with short, dark hair and glasses, wearing a white lab coat over a blue shirt. He is looking down intently at a piece of laboratory equipment, likely a microscope. His hands are visible, with one hand resting on the equipment. The background is a blurred laboratory setting with white walls and equipment.

# 298,388

**EPISODES OF  
PATHOLOGY PROVIDED**

## CABRINI MALVERN

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Miss Jennifer Senior

Cardiothoracic Surgeons

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Mr Jacob Goldstein

Mr Adrian Pick

Mr Gil Shardey

Colorectal Surgeons

Mr Stephen Bell

Mr Peter W G Carne

Mr Martin Chin

Mr Ian G E Cunningham

Mr Keith C R Farmer

Mr William R Johnson

Mr Ian T Jones

Mr Paul J McMurrick

Prof Adrian L Polglase

Mr Pravin Ranchod

Mr Roger J Wale

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Mr Stewart A Skinner

Mr Marty Smith

Mr Roger J Wale

General and Hepato-biliary/  
Pancreatic Surgeons

Mr Roger Berry

Mr Peter Evans

Mr Val Usatoff

General and Upper  
Gastrointestinal Surgeons

Mr Andrew Smith

A/Prof Simon Woods  
(*Med.Dir.*)

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Mr Gavin Davis

Mr Gregory Malham

Mr John McMahon

Mr Michael Pullar

Mr Myron Rogers

Mr Chris Xenos

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Dr James EK Galbraith

Dr James Galbraith

Dr Anthony Hall

Dr Wilson Heriot

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Orthopaedic Surgeons

Mr Brian M Barrett

Mr Istvan (Steve) Csongvay

Mr Max Esser

Mr Michael JP Fogarty

Mr John D Griffiths

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Mr Marinis Pirpiris

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(*Paediatric*)

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Mr Dennis King

Dr Karen McKertich

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