

The Prince Charles  
Hospital Foundation

2009 Annual Report

# Life



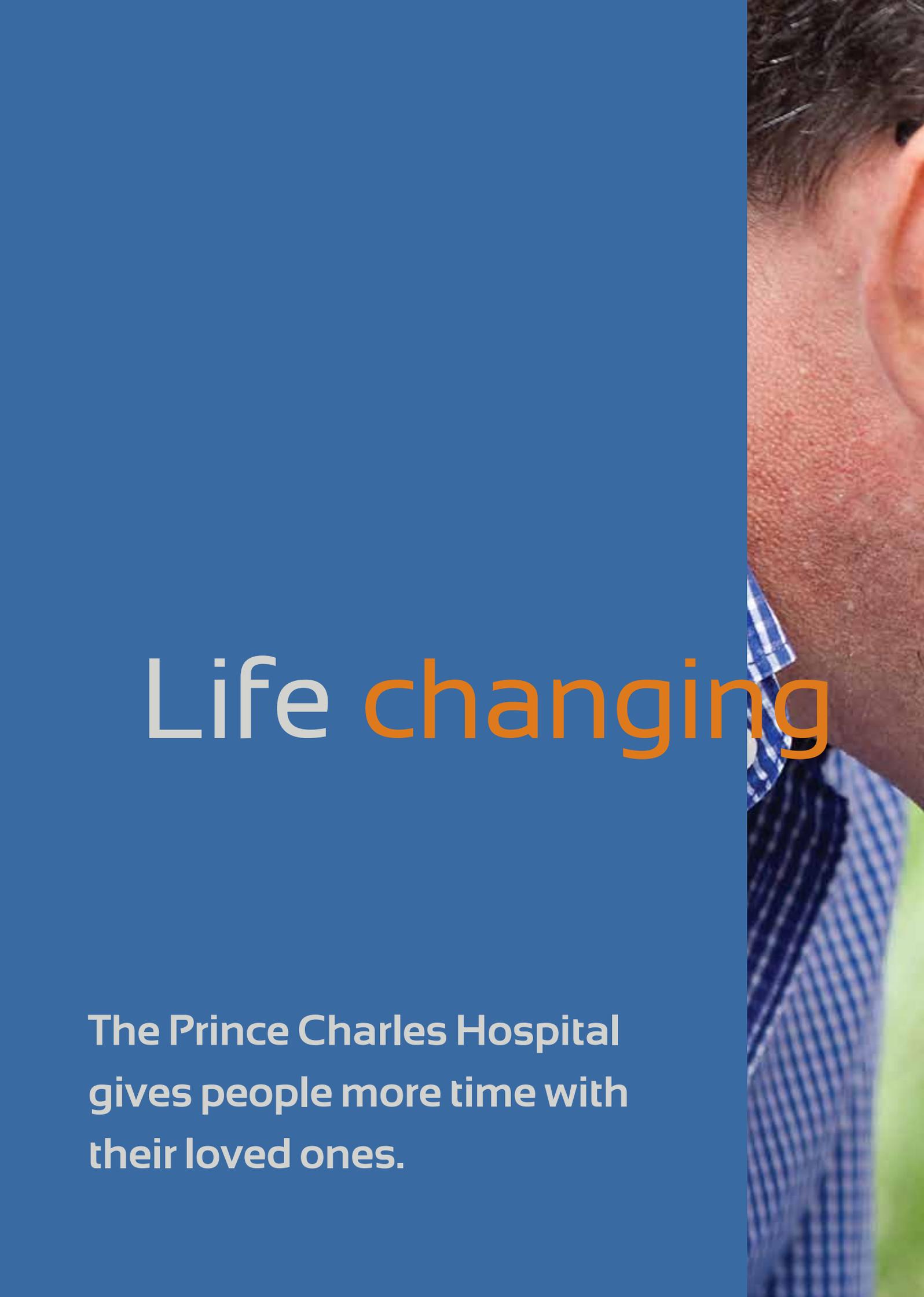
# Life saving

The Prince Charles  
Hospital saves lives  
everyday.





“My transplant surgeon said I had the worst lungs he’d ever seen.” - Jessica Sheerman, double lung transplantee



# Life changing

The Prince Charles Hospital  
gives people more time with  
their loved ones.



**“I knew I had to live if I wanted to meet my new son. ” - Trevor Carr, double lung transplantee**

# Life extending

The Prince Charles  
Hospital gives people a  
new chance at life.





**“Good treatment kept me off the transplant list for 20 years.” - Keith Narramore, 300th heart transplantee**

**Presenting The Prince Charles  
Hospital and its Foundation.  
Finding cures. Saving lives.  
Funding world-class medical  
research at The Prince Charles  
Hospital is essential.**

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## Chairman's report

2009 has seen a year of forward momentum for The Prince Charles Hospital Foundation.

We have completed many tasks necessary to ensure that the Foundation has in place a robust business model which has as its hallmark various characteristics of good corporate governance, transparency and accountability, modern financial reporting and well documented strategic planning.

We have undertaken an investment review of the Foundation's asset profile and implemented all of the changes recommended by our consultant, Shadforth Financial Group Limited. This ensures that the Foundation's assets are invested in conservative growth portfolios. It is vital to ensure that the Foundation's assets are not placed at risk, as they form the basis upon which we advance significant monies each year to the medical research community at The Prince Charles Hospital.

We also completed an in-depth review of how we assess research grant applications and have implemented all of the recommendations of the report by Pitcher Partners (now Vincents). I would like to publicly acknowledge and thank the long serving members of the previous Research Committee, chaired by Dr Colin Brennan, with Associate Professor Paul Zimmerman, Dr Dorothy Radford, Associate Professor Kwun Fong and Dr Belinda Clarke. These medical professionals spent significant time and effort (for little acknowledgement and no financial gain) in reviewing countless applications for research grants over many years. We have a new Research Committee process in place which utilises many of the strengths and talents implemented by Dr Brennan's committee. Congratulations to the researchers who secured funding totalling \$829,503 during 2009. Later this year, we will again call for applications and aim to have successful applicants funded during mid 2010.

The Foundation has built a closer working



relationship with the hospital, particularly the newly established Research Council chaired by Associate Professor Scott Bell. The aim is to offer strategic direction on research matters including identifying whole of hospital research objectives. We have also established closer ties with the co-located Holy Spirit Northside Hospital. Later this year, the Foundation hopes to complete work at the Breeze Café to operate a more modern kitchen to benefit patients, staff and guests.

Throughout the year, the Board has been privileged to receive presentations from a number of researchers (see list on page 29). Not all work of the Foundation can be achieved at Board meetings, therefore we operate several committees. I would like to pay tribute to the people who have committed themselves to those committees, especially the various Chairs (see lists on page 30). There is a long list of people I also wish to publicly thank for their effort and support throughout the year, namely: Kate Ashton and the Foundation staff; Jon Roberts, Foundation Secretary, and Jennifer Allsopp; Professor Keith McNeil, CEO Metro North Health District; Ricardo Dawson and the Breeze Café staff; Queensland Government, Queensland Health, and the Hon Paul Lucas MP, Deputy Premier and Health Minister; TPCHE Executive; our Board; and the many wonderful volunteers and donors. All of these committed people collectively make significant efforts to assist the Foundation raise funds to support medical research in our community. I look forward to working co-operatively with the hospital community during 2010 so that we can find cures to save lives.

*John Hamilton*

# Chief Executive Officer's Report

The heart of The Prince Charles Hospital is saving lives. Our statistics show that we save at least one life a day.

For every individual that is saved, there is a network of people that rejoice: family, children, grandkids, loved ones and friends all share in the chance to be together for longer. It's as if for every life that is saved, an entire world of relationships, special moments, Christmases together and being together to see the sun rise is also saved. At The Prince Charles Hospital Foundation we are quite simply committed to helping our hospital do what it does best: finding the cures to save lives.

With your help, The Prince Charles Hospital Foundation funds medical research to help create different possibilities for real people, because medical research is about all about people. We have funded research projects that focus on heart disease research, rheumatic heart disease, artificial heart development, transplant research, lung disease and osteoarthritis.

These research projects address our greatest need for life-saving cures. For example, cardiovascular disease is the top killer in Queensland and costs Queensland dearly. In financial terms it costs about \$6 billion per year and in human terms, heart disease and cancer accounts for 60% of deaths. Lung cancer is the most common cause of cancer-related death in Australia.

During 2008–2009, The Prince Charles Hospital Foundation has striven to achieve new capabilities. We have strengthened our internal processes, improved our governance, shone the spotlight on our fabulous hospital through many more stories in the media and started working in new ways with highly-valued business and community partners. Please visit us at [www.tpchfoundation.org.au](http://www.tpchfoundation.org.au) to find out more about our work.

Our Patron, His Royal Highness, Prince Charles takes an active interest, saying that he is “delighted that the Hospital continues to flourish”, and sending



“his warmest good wishes to the Foundation, the hospital, all the staff and patients... The Prince of Wales is very keen to continue to support the Hospital and show his appreciation for all the wonderful work undertaken.” His Royal Highness has requested that we keep in touch and keep him apprised of the work and research achieved at The Prince Charles Hospital.

We would like to echo this and say that our Annual Report is an important way for us to let all our friends and supporters find out more about our commitment to excellence: to achieving more through research for real people like Jess, Trevor, Keith and others who have faced such challenges in their lives. Research is about real people. Important work being undertaken here to save lives.

I commend our 2009 Annual Report to you.

Regards

*Kate Ashton*

# Research: new methods for early detection

The Prince Charles Hospital Foundation allocated \$829,503 (exclusive of GST) through our annual grants program.

## Keeping hearts beating

Heart disease is the biggest killer in the world.

In many cases heart disease is caused by lifestyle, in others it may be genetic or the result of another illness. Finding better treatments or preventatives for cardiovascular diseases will help reduce the number of avoidable deaths and improve the quality of life of those with heart diseases.

Rheumatic heart disease is one of the many conditions caused by streptococcal infection. Development of an effective vaccine, using a nasal spray for delivery, will assist in reducing the more than 280,000 new cases and more than 350,000 deaths attributed to rheumatic fever each year worldwide.

Unfortunately, for some people with heart disease, transplantation is the only option. The worldwide shortage of donor organs means that alternatives are required, such as a fully self contained implantable artificial heart to pump both sides of the heart which requires no external power source.

Dr Colleen Olive, \$88,556 - 'Towards reducing heart disease by peptide vaccines'

Dr Daniel Timms, \$25,500 - 'Research into new methods for connecting artificial hearts into the circulatory system'

Dr Daniel Timms, \$44,000 - 'Development of a magnetic levitation system to enable the production of a miniature, implantable BiVAD suitable for chronic pre-clinical trial'

Dr Maria Nataatmadja, \$66,860 - 'Alteration of growth factors in stem cells and vascular cells associated with the development of aortic aneurysm'

## Nursing Research

The Foundation provides \$50,000 each year specifically for practical nursing research. The Evidence Based Internal Mentorship program allows nurses to look at ways to improve patient care.

This year's recipients were:

- Caitlin Martin – Coinda House, Aged Care Residential & Acquired Brain Injury Services
- Margaret Flynn – Intensive Care Unit, Redcliffe
- Lisa George - Clinical Nurse CIU, Electrophysiology & Pacemaker Coordinator
- Anne Milne - Clinical Nurse, Adult Intensive Care Services
- John Bryant - Cardiac Investigation Unit
- Elizabeth Fernandes - Ward 2A, Cardio-Thoracic Surgery
- Marie-Louise Martin - Nundah Community Health

# Research: new treatments for disease

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## Stopping disease in its tracks

Three million Queenslanders live with a chronic illness, such as heart disease, arthritis and emphysema.

Understanding the way chronic illnesses develop over time may help find ways to stop or reverse the progress of the disease.

World renowned experts Associate Professor Yin Xiao, Leader of QUT's Bone Biology and Tissue Engineering Group, and Professor Ross Crawford, Chair of Orthopaedics at The Prince Charles Hospital, are collaborating to better understand the early changes in the arthritic joint. The research is supported by The Prince Charles Hospital Foundation in the hope of developing new treatments to ease the pain of the three million Australians living with osteoarthritis.

Associate Professor Yin Xiao, \$28,082 – 'Bone and cartilage interaction during osteoarthritis'

Ms Santiyagu Savarimuthu, \$65,095 – 'Emphysema severity genes'

Associate Professor Lindsay Brown, \$15,356 – 'Characterising cardiovascular disease in a high-carbohydrate/ high-fat diet-induced rat model of human disease'

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## Helping people get home sooner

As a specialist hospital, many of the people treated at The Prince Charles Hospital may require surgery, blood transfusions or time in Intensive Care.

Unfortunately, some people have a reaction to blood transfusion, causing serious and potentially fatal infections. Finding the cause of these infections will help prevent them so people can get home sooner.

Post surgical care may also include assisted breathing, which requires airways to be kept clear using suction rather than being cleared naturally by coughing. Infections and other complications such as lung collapse or not enough oxygen absorption can increase an ICU stay. Better suctioning techniques could limit these complications and help people recover faster.

The current gold standard method for diagnosing blocked arteries involves an invasive test which requires a hospital stay. A comparison with a non-invasive technique may provide an alternative which would significantly reduce recovery time for some patients.



Cardiology nurses Judy Gear and Kellie Webber

# Research: new ways to prevent illness

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Associate Professor John Fraser, \$49,042 – ‘Towards a sheep model of transfusion reactions’

Ms Amanda Corley, \$27,903 – ‘How does the position of the patient and different airway suctioning techniques affect the breathing of patients who are receiving artificial mechanical ventilation?’

Dr Mark Hansen, \$53,750 – ‘Comparing CT scan with ultrasound in determining coronary artery blockages’

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## Catching lung diseases early

Some people with lung diseases are more prone to other chronic illnesses.

Identifying the genes which cause this increased susceptibility will help doctors know who is likely to have complications from cystic fibrosis-related infections, emphysema and other lung diseases.

Finding a way to change the effect of genes which increase the risk of diabetes and other diseases will help people live longer, healthier lives.

In the 3000 or so compounds present in exhaled breath may lie the key to early detection of serious illnesses. Of those, around 200 are volatile organic compounds which have been found to show different ‘profiles’ for conditions such as lung cancer, chronic obstructive pulmonary disease and asthma.

Ms Annette Dent, \$59,830 – ‘The use of an electronic nose to detect chronic lung disease’

Associate Professor Scott Bell, \$75,750 – ‘Individuals with cystic fibrosis who carry haemochromatosis gene mutation have worse lung disease and an increased risk of developing cystic fibrosis-related diabetes’

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## Stemming the cancer tide

The incidence of lung cancer in never smokers is on the rise and lung cancers are the third biggest killer worldwide.

Despite smoking rates decreasing, lung cancer rates are expected to grow significantly.

There is the possibility that certain genes control not only whether a person is likely to develop lung cancer, but also whether that cancer may reoccur after surgical treatment. Identifying these genes and finding ways to turn them off may have a significant improvement on the lung cancer survival rate.

While the dangers of asbestos are now well known, there is a generation of people exposed to asbestos who are currently developing or are at risk of developing mesothelioma and other asbestos diseases. The potential for a dramatic increase in asbestos-related illnesses in the next decade makes it essential that an effective treatment is developed for these devastating diseases.

Associate Professor Kwun Fong, \$79,200 – ‘Genes that cause lung cancer’

Ms Morgan Davidson, \$40,000 – ‘Lung cancer microRNA molecules’

Dr Rayleen Bowman, \$60,579 – ‘Discovery of active new drugs in malignant mesothelioma’

# Cardiology

The Prince Charles Hospital is the largest public cardio-thoracic centre in the southern hemisphere.

It is one of the most advanced teaching hospitals for cardiology and cardiac surgery, with research collaborations throughout Australia and the world.

Associate Professor Darren Walters is Medical Director of Cardiology, Director of Cardiac Investigations and Director of the Cardiology Clinical Research Centre at The Prince Charles Hospital. Dr Peter Pohlner is the Director of Cardiac Surgery and one of Australia's most experienced adult and paediatric cardiac surgeons.

The Prince Charles Hospital has Queensland's only Adult Congenital Heart Unit, catering for people over 14 who were born with heart defects. Many patients were treated as children by the hospital's paediatric unit, which moved to the Mater Hospital in May 2008. The hospital has a large cardiology and cardiac intervention research program, including Australia's largest specialist echocardiography laboratory which performs more than 15,000 investigations annually.

CPAS, the Chest Pain Assessment Service, sees around 800 patients per year with chest pain and provides education on heart disease prevention. The highly successful Indigenous cardiac outreach program visits remote and rural parts of Queensland delivering education and treatment in community.

The Queensland Heart Valve Bank is based at The Prince Charles Hospital, with expanded facilities opened in 2009. The bank collects and prepares heart tissue which, due to the high quality, is used by surgeons around Australia to repair heart defects.

## Heart transplants

The Prince Charles Hospital is one of four heart and lung transplant centres in Australia, and the only hospital to perform triple organ heart-lung-liver transplants.

During 2008-2009, the hospital performed Queensland's 300th heart transplant. The recipient was Mr Keith Narramore, whose need for transplant was postponed for almost 20 years with excellent heart failure treatment at The Prince Charles Hospital.

The unique model of care at The Prince Charles Hospital sees patients referred to the Advanced Heart Failure and Cardiac Transplant Unit when they first experience heart failure. This unit takes over medical care for the person's lifetime.

Dr George Javorsky, the unit's Clinical Director, says that while a transplant may be the only option for some patients, medication and heart failure management is successful at postponing the need for many others. A transplant may offer someone an additional 10 to 15 years of life.

Transplants involve close liaison with just about every section of the hospital, from the switchboard operators who take the initial transplant calls from Queenslanders Donate and the wardspeople who transport the patients to theatre, right through to the Intensive Care Unit, the nursing and surgical teams, medical imaging, pharmacists, physiotherapists and many more.

Sadly, there are people who are on the list who need a transplant now and the simple fact is there aren't enough registered organ donors. Unfortunately, while many people agree that organ donation is critically important, they don't actually take the next steps to becoming a donor.

## 300 hearts give new life

Twenty years after he was told he'd need a heart transplant, Keith Narramore became the recipient of Queensland's 300th donor heart.

Good heart failure treatment, exercise and determination allowed Keith to reach the still young (especially at heart) age of 58 before he could no longer postpone the life saving surgery.

When he was 34, Keith had the first of three heart attacks. A few years later he got a bug which weakened his heart to the point where he needed three weeks in hospital before being transferred to The Prince Charles Hospital for transplant referral. At the time he was told he might be able to delay the need for two or three years.

"I said to myself 'no way in the world'. I was only 41 at the time," Keith says. "So I got myself fit and with medication and exercise, I kept ok."

A defibrillator gave him another six years before

he was relisted for transplant mid 2008. Five months later, thanks to the generosity of his donor and their family, Keith helped The Prince Charles Hospital reach its milestone of 300 hearts.

Already an avid boxer, runner and weight lifter, Keith plans to buy a boat so he can finally get back to fishing.



**Dr George Javorsky, Keith Narramore, Deputy Premier & Health Minister, the Hon Paul Lucas MP, and Infrastructure Minister, the Hon Stirling Hinchliffe MP.**

50,000 Australians die from heart disease each year. The Prince Charles Hospital is Australia's largest cardiology service, performing about 15,000 cardiac investigations per year.

# Detecting and treating Aortic Stenosis

**Cardiovascular diseases are the biggest killers worldwide.**

Aortic stenosis is the most common heart disease in the developed world. In Australia it's estimated four in 1000 people have aortic stenosis, narrowing of the arteries leading to blockages. The current treatments for aortic stenosis are valve replacement or balloon valvuloplasty, the process of inflating a balloon into the valve to stretch it and improve blood flow. Unfortunately, ballooning is temporary and not all patients are suitable for open heart surgery for a valve replacement.

The Prince Charles Hospital is one of three Australian centres trialling the CoreValve, a French designed valve replacement technique which offers hope to people currently unable to have open heart surgery. The technique involves threading a catheter through the groin and inserting a collapsed replacement valve into the artery. When the CoreValve is released it pushes the failing valve aside and starts working. Director of Cardiology and Cardiac Catheterisation, Associate Professor Darren Walters performed 20 CoreValve procedures in 2008-2009 and as part of the Australian trial. More than 1000 CoreValve procedures have already been performed in Europe. A CoreValve replacement is a relatively non-invasive procedure which allows the patient to return home within one or two days and does not involve a stay in Intensive Care.

Currently the recognised best methods of diagnosing blocked arteries are invasive coronary angiography followed by intravascular ultrasound if required, both of which involve inserting a fine tube into the coronary artery to take either x-ray or ultrasound images. The Cardiology unit is one of two centres in Australia to use Optical Coherence Tomography (OCT) which uses electromagnetic waves to create images of coronary arteries 40 times faster and at 10 times the resolution of ultrasound. It provides clinicians and researchers with the ability to

see in living subjects what was previously seen only through a pathologist's microscope, opening up a whole gamut of possibilities in the study of coronary disease and in guiding coronary interventions.

Dr Christopher Raffel has joined the unit from Massachusetts General Hospital & Harvard Medical School where he was instrumental in developing intravascular OCT systems for coronary arteries including pre-clinical trials of second generation OCT systems and the protocol for the first US in-man study which was recently completed.



**Dr Darren Walters receives the award for Excellence in Clinical Research at TPCH's staff awards in October 2008.**

The Prince Charles Hospital Foundation is supporting research by Dr Mark Hansen to compare the current gold standard methods for diagnosing blocked arteries with Computerised Tomography angiography, a non-invasive superfast x-ray which can capture images between heart beats which are then looped to create a moving picture of the heart. If effective, CT angiography would significantly reduce recovery time for patients.

# BiVACOR: the future of heart transplants

Globally there is a shortage of donor organs with Australia 17th out of the 19 countries with recognised donor programs.

The BiVACOR program is at the forefront in innovation in artificial heart technology, supported by The Prince Charles Hospital Foundation. The device was developed by Dr Daniel Timms and his research team at TPCCH. This artificial heart, smaller than a woman's fist, is implanted totally inside the body and can support both sides of the failing heart.

The device can cope with changes in both left and right side heart function, with movement of a central spinning disc, which pumps more blood to left or right side depending on the body's requirements. The revolutionary design has attracted clinical and business interest alike. An all-encompassing team has been recruited within the hospital's Critical Care Research Group, comprised of engineers, cardiologists, intensivists and cardiac surgeons. They collaborate across Australia and internationally, including USA, Japan, Germany and the UK.

Image courtesy The Sunday Mail, Brisbane

## Life saver

HOW the new implanted artificial heart, a world first developed in Queensland, works to pump the blood and keep the recipient alive

**1 From the body**  
BLOOD, which has been drained of oxygen, returns through veins from the body's organs, arms, legs, head and torso and enters the pump.

**2 To lungs**  
SPINNING blades push the blood into the lungs, where oxygen will pass from millions of tiny air sacs into the red blood cells, which can store enough for the rest of the body.

**3 From lungs**  
THE now oxygen-laden blood is sucked back into the pump by another set of spinning blades in the other side of the device

**4 To body**  
THE blood, full of oxygen, is pumped through the aorta and arteries around the body where the oxygen is unloaded to keep essential organs healthy and functioning properly.

**Leading the world**  
IT IS the first self-contained pump that mimicks the operation of both sides of the heart and is small enough to be implanted inside the body. The device – known as a Bivacor – can restore the blood flow of a diseased heart. Initially, it will be implanted in conjunction with an ailing heart, positioned in the gullet. But researchers eventually hope the device will be so successful, a diseased heart could be removed and the device placed in the chest cavity as a complete replacement.

**How big?**  
ABOUT the size of a man's fist and smaller than a normal heart. It is small enough to be used for children, but powerful enough to provide enough blood for an adult male.

**In a spin**  
THE key to the invention is the unique twin-blade impeller in the centre of the pump. The blades can both push and draw blood for both sides of the device while the disc on which they are mounted can tilt to adjust blood flow and pressure to the lungs and body. The design is much smaller than some other heart-assist devices, making it easier to implant.

**Magnet magic**  
THE internal blades of the pump are levitated and spun with magnets so they do not touch external casing. This reduces any damage to the blood cells and minimises pump wear to increase the device's lifetime beyond 10 years.

**BLOOD DRAINED OF OXYGEN**

**OXYGEN-LADEN BLOOD**

**BIVACOR**

**HEART**

Thoracic Medicine



Trevor, William and Natasha Carr

## Life extending: Trevor Carr

Being a dad is at the top of Trevor Carr's long to-do list, followed by swimming at the beach, returning to classroom teaching and seeing a Yankees home game.

A few months ago, the main thing keeping him going was his desire to meet his first child, William. "The baby spurred me on. There's a whole lot more to live for with a baby coming."

William's birth is particularly poignant as he was born by in vitro fertilisation. One of the common traits of cystic fibrosis is infertility but after several attempts, the Carrs were able to fall pregnant after a year of IVF.

Trevor and Natasha met in 2000, when Trevor's cystic fibrosis was already significantly impacting on his daily life. "All my energy was spent on breathing," Trevor says. "I had to hold myself up in the shower. I had to stop to get my breath before getting a towel. It took me half an hour to get dressed in the mornings."

After leaving the classroom six years ago, Trevor was able to continue working part time until the day before his transplant. "I was scheduled for a 'tune up' the day of the transplant, and then I got the call," says Trevor. Six weeks later, his new lungs were implanted and Trevor started his rehabilitation in order to be as fit and healthy as possible for William's arrival.

Very sick as a child, Trevor credits his health today to his parents' dedication to physiotherapy several times a day for both himself and his sister who also has CF. "They got me into swimming when I was about five years old," he says. "When I was sick Mum would pick me up at lunch from school to do physio and bring me back."

For more than two years in his early teens Trevor had a nasal-gastric feeding tube to combat malnutrition caused by his body's need to burn extra energy to survive. At 15 he nearly died from a fungal infection. For the next few years his lungs were fairly stable and he coached softball and played golf, fished and surfskied. Now 39, Trevor will go back to the school office for the last term and hopefully next year will be ready to return to the classroom.

"The world is my oyster. I can do anything I like," he says.

Cystic fibrosis is the most common life threatening genetic disease affecting Caucasians. One in 2500 Australian babies will be born with cystic fibrosis.

Lung transplants give people with CF a chance at a longer life. There is no cure. Yet.

# Thoracic Medicine

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The Thoracic Medicine Program at The Prince Charles Hospital is one of the largest departments of respiratory medicine in the southern hemisphere.

It has specialised services in asthma, smoking-related and other airways diseases, sleep disordered breathing, interstitial and orphan lung diseases, pulmonary hypertension, cystic fibrosis, and lung transplantation. The Program includes 180 staff, is divided into five speciality units, and is a specialist centre receiving referrals for patients with lung diseases from throughout Queensland and Northern New South Wales.

In late 2008 Associate Professor Scott Bell became Director of Thoracic Medicine, stepping into the shoes of Associate Professor Paul Zimmerman who was the Director for the previous 28 years. Dr Zimmerman now manages the Thoracic Program's Respiratory Investigation Unit (Lung Function Laboratory) and is the current chair of the Metro North Health Service District Clinical Leadership Steering Committee working in conjunction with the District CEO of Metro North Health, Professor Keith McNeil.

As a major Medical Research Centre, the Thoracic Program includes the Thoracic Molecular Research Laboratories (Associate Professors Kwun Fong, Ian Yang and Rayleen Bowman). There are also research programs in Sleep Medicine (Dr James Douglas), Cystic Fibrosis (Associate Professor Scott Bell), and Advanced Lung Diseases including Pulmonary Fibrosis, Pulmonary Hypertension and Lung Transplantation (Drs Peter Hopkins, Fiona Kermeen and Daniel Chambers).

There are also many multidisciplinary research groups associated with each of the speciality units undertaking research projects specifically aimed at improving patient care delivery and clinical outcomes. At present, research in the Thoracic Program is funded by the National Health &

Medical Research Council (Project and Personal grants including NHMRC Practitioner Fellowships, Career Development Awards) and by many national and local funding bodies. These include the Cancer Council of Australia, Australian Cystic Fibrosis Research Trust, the Dust Diseases Board, The Prince Charles Hospital Foundation and Queensland Health (Fellowships and Project Grants).

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## Improving lung health by translational research

The team of young scientists, doctors, nurses and other researchers who comprise the Thoracic Research Laboratory are passionate about improving outcomes in lung diseases.

The team, headed by Associate Professors Kwun Fong, Ian Yang and Rayleen Bowman, is working to help those with lung cancer and mesothelioma, COPD and other chronic respiratory diseases, using the latest molecular tools and advances stemming from the Human Genome Project.

Lung cancer is the biggest cancer killer in the world, with 8,000 new cases and 7,000 deaths per year in Australia alone. Risk factors for lung cancer include age, smoking, asbestos exposure and other factors. Unfortunately, most cases are not diagnosed until they are too advanced for surgery, the best chance of a cure. One of the dozens of studies underway in the Thoracic Research Laboratory is Queensland's first trial of low dose CT scanning to see if lung cancer may be diagnosed earlier. The Prince Charles Hospital's inaugural Lung Cancer Fellow, Dr Henry Marshall, is a UK-trained lung specialist who was recruited to help this important study.

Using low radiation Computerised Tomography scanning, the team is looking for nodules too small to be seen in ordinary chest x-rays in people at high risk of developing lung cancer. The research team has been supported by The Prince Charles Hospital Foundation to offer a targeted quit

smoking program for those people in the trial who are still smoking. Any efforts to help people not smoke or stop smoking will help improve the lung and general health of Australians, as smoking contributes to lung cancer, emphysema, other respiratory diseases, heart disease, stroke, diabetes and many other conditions. Intensive counselling and treatment is shown to improve the rate of people quitting smoking.

Other important projects include research into finding better ways to diagnose and treat other major lung diseases, COPD and emphysema, asthma, asbestos-related lung disease including mesothelioma, lung cancers in never smokers and “knowledge translation” for enabling evidence-based medicine. The team also collaborates locally, nationally and internationally in order to



**Research Scientist and medical student  
Ms Morgan Davidson**

most effectively and rapidly make discoveries that make a difference for our community.

## Sniffing out lung diseases

The onions and garlic you ate for lunch may not be the only secret your breath is giving away. Before modern medicine, a doctor might’ve sniffed a person’s breath to see what was wrong with them. Some conditions have well-known odours which can be detected in breath, such as the sweet acetone scent given out by some diabetics.

In the 3000 or so compounds present in exhaled breath may lie the key to early detection of serious illnesses. Of those, around 200 are volatile organic compounds which have been found to show different ‘profiles’ for conditions such as lung cancer, chronic obstructive pulmonary disease and asthma.

The Foundation is supporting Ms Annette Dent, Director of Respiratory Sciences of The Prince Charles Hospital’s Respiratory Investigation Unit, to collect and analyse the volatile organic compounds in exhaled breath of patients with lung cancer,

interstitial lung disease, stable and unstable chronic obstructive lung disease and healthy control patients, using a handheld electronic nose device. Just as dogs have been able to find cancer by smell, Ms Dent hopes to identify those particles undetectable to the human nose associated with chronic lung diseases and determine the changes in those compounds as the conditions progress.

Though breath analysis in other places has already identified the specific ‘profiles’ of some lung conditions, the use of the technology has been limited to centres with large expensive devices. Using the handheld Cyranose 320, Ms Dent and her colleagues in the Thoracic Research Laboratory hope to create a practical portable test that can be used instead of, or in addition to, current ways for diagnosing disease.

**Annette Dent \$59,830**

# Pulmonary Transplantation & Vascular Diseases

The Prince Charles Hospital has one of the most successful lung transplant programs in the world.

In 2008 the lung transplantation and pulmonary hypertension unit was renamed the Queensland Centre for Pulmonary Transplantation and Vascular Diseases. The centre combines both clinical expertise and research opportunities to address some of the complex and rare lung conditions affecting Queenslanders.

A national leader in scleroderma and pulmonary hypertension treatment, the centre is leading the way in the area of clinical trials for interstitial lung disease (ILD).

One of the Centre's three principals, Dr Fiona Kermeen runs The Prince Charles Hospital's Cardiopulmonary Assessment Service for Connective Tissue Diseases, which includes scleroderma – a disease which affects around 5000 Australians. Literally 'thickened skin', scleroderma is a member of the arthritis family of connective tissue diseases. It affects women three to four times more than men and most commonly starts in people aged between 25 and 55 years old.

Though its cause is unknown, the three main features of scleroderma have been identified: collagen overproduction, damage to blood vessels, and an autoimmune process, the body attacking its own cells. Symptoms can range from relatively mild to dangerous, particularly when it causes damage to the lungs, heart, gastrointestinal tract, oesophagus and kidneys. Systemic scleroderma can lead to other serious conditions like pulmonary arterial hypertension and interstitial lung disease, high blood pressure in the lungs and scarring in the lungs, respectively.

Like other forms of arthritis, there is no cure for scleroderma but there are various ways to manage the symptoms. Dr Kermeen is hopeful that identifying

patients who have lung problems early will provide further insight into the different forms of the disease, how it progresses and new ways to treat it. The program also offers a service for patients with rheumatoid arthritis, lupus and overlap syndromes.

QCPTVD has been involved in clinical trials in the area of interstitial lung disease since 2002. This relatively rare lung disorder has an annual incidence of approximately 10 per 100,000 population and has no known cure or conventional treatment. The disorder is characterised by progressive scarring of the lungs. Under the guidance of the Centre's Director Dr Peter Hopkins, patients with ILD have the opportunity for enrolment in trials investigating several novel therapies, with TPCH the only recognised clinical trials centre in Queensland.

The Centre's Head of Research, Dr Dan Chambers is a leader in the fields of adult stem cell therapy for lung disease, lung disease affecting adults born extremely pre-term, and chronic rejection of transplanted lungs. In April Dr Chambers was part of the team from TPCH which travelled to the International Society for Heart and Lung Transplantation meeting in Paris. The group presented 12 papers directly from The Prince Charles Hospital and contributed to another five Australian and international papers. This was the highest number of presentations for any lung transplant program in the world.

The Centre has submitted 19 abstracts for the next meeting to be held in Chicago in April, from medical, nursing, allied health and scientific staff.

The Centre's dedicated research laboratory, headed by Chief Scientist Dr Stephanie Yerkovich, recently opened onsite at The Prince Charles Hospital. The laboratory will dramatically increase the research output of this talented team, for the benefit of patients with advanced lung disease everywhere.





Dr Stephanie Yerkovich and Dr Dan Chambers

## Nursing & Research

Nurses are the backbone of the health care system, providing daily care in wards, assisting in surgery, treating patients in the community.

In recognising the value of best practice nursing, The Prince Charles Hospital Foundation provides funding for internal nursing mentorships. These mentorships allow nurses to research new and better ways to care for patients.

Since 2004, we have provided \$284,000 for nursing research outside our annual research grants round. This year we supported these projects:

Administration of altered solid dose form medications in residential aged care facilities.

Is self-testing of INR (international normalised ratio), using a portable home INR monitor as accurate and reliable as laboratory testing? What

is best dressing/wound care practice for exit site management, in a mechanical circulatory support device?

Will nurse initiated insulin therapy lead to early stabilisation of blood sugar levels in adult ICU patients, as compared with the present doctor prescribed sliding scale model?

In cardiac patients who are administered contrast when undergoing diagnostic and/or interventional procedures - what are the most effective, efficient and practical therapies to achieve the lowest incidences of contrast induced nephropathy?

What is the best research evidence in wound dressings for temporary epicardial pacing wires?

For heart failure clients living in the community, does home visiting by Community Nurses impact on their ability to self care and report their symptoms?

## Improving patient recovery in Intensive Care

Post surgical care may include assisted breathing, such as a ventilator while in Intensive Care.

Unfortunately, ventilation through the trachea or windpipe (via endotracheal intubation or tracheostomy) requires suction to clear airways of mucus which would normally be cleared through coughing in a conscious patient. Infections and other complications such as lung collapse or not enough oxygen absorption can increase an ICU stay.

The Prince Charles Hospital Foundation is supporting the Critical Care Research Group to improve the effectiveness of mechanical breathing through better suction techniques and patient positioning. Working with physiotherapists, ICU nurses will use non-invasive Electrical Impedance

Tomography (EIT) to determine the best body positions to nurse patients on ventilators to reduce potential complications and also to determine which suctioning technique is the safest for critically ill patients. EIT is a relatively new imaging technique which can be used at the patient's bedside. The process is non-invasive and free of radiation. It provides real time imaging of the lung ventilation patterns which allows researchers to see how well the ventilator is working while the patient is in various positions and also during suctioning.

The research aims to find the best method for suctioning to limit the chances of lung collapse and the best position for patients on ventilators to maximise oxygen absorption, promoting faster recovery and reduced time in hospital.

**Amanda Corley \$27,903**

# Internal Medicine

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The Department of Internal Medicine looks after those areas of medicine which are not offered in the large specialist departments of cardiology, thoracic medicine and orthopaedics.

The Prince Charles Hospital does not currently offer paediatric or gynaecology services. There are two main sections within Internal Medicine, General Medicine under Director Dr Liz Whiting and Geriatric Medicine and Rehabilitation overseen by Dr Chris Davis.

Both General and Geriatric Medicine are focused on providing integrated multidisciplinary care with the aim of reducing time spent in hospital where possible in order to improve patient outcomes. Seemingly counter-intuitive, short hospital stays often offer the best outcome for patients. The longer a person is confined to bed, the higher their chances of developing complications such as pressure ulcers, infection, and muscular and mental deterioration. By taking a multidisciplinary approach from admission, Internal Medicine is able to increase the chances for a quicker recovery and tackle any additional health and welfare concerns while treating the main medical issue.

General Medicine consists of the 30 bed inpatient general medical ward, the isolation and infectious diseases ward, the Early assessment Medical Unit (EMU), wound care, and the specialist stroke unit. The Day Unit for Investigation and Therapy (DUIT) opened in May 2009 to meet the needs of patients who require inpatient treatment but do not need an overnight stay in an inpatient bed. Patients requiring medical day procedures, consultations, transfusions, dressings, biopsy and investigations are seen through the DUIT.

Geriatric Medicine and Rehabilitation includes the 30 bed Geriatric Evaluation and Management unit (GEM) and the 15 bed Cognitive Assessment and

Management unit (CAM) which provides integrated care for people with complex dementia including palliative care.

In the past 12 months the general medical ward has participated in falls research, introduced protected meal times and multidisciplinary orientation for Resident Medical Officers, and developed hospital wide delirium management guidelines. The ward has also improved the management of grief and loss for families of patients involving giving grief and loss packs, and follow-up phone calls to families.

## The EMU model

The 12-bed Early assessment Medical Unit, known as EMU, is an integrated multidisciplinary unit which works to quickly evaluate patients within 24 hours of admission to improve recovery. Time spent immobile in bed, missed meals and unfamiliar surroundings can have a seriously detrimental effect on elderly people. The EMU model moves away from highly specialised discipline-specific care delivery, improving patient outcomes, reducing ambulance bypass, reducing extended stays in the emergency department and length of stay of patients admitted to the unit.

During 2008-2009, EMU staff developed the Patient Journey Board, a visual communication tool which keeps all members of the team up to date on the patient's care. The board has reduced time spent on paperwork, reduced referral lag time to other support services and allowed all staff to track changes in care.

The specialist stroke unit within EMU provides the best opportunity for full or partial recovery for people who have had a stroke. Evidence has shown that for every 33 people treated in an acute stroke unit rather than a general medical ward one person is saved from death. For every 20 patients cared for in a stroke unit one will be saved from requiring institutional care and another will regain independence.



Joanne Hamer, hip replacement recipient and underwater hockey player

# Orthopaedic Surgery

More than three million Australians, including 700,000 Queenslanders, suffer the pain of arthritis every day.

The Prince Charles Hospital's orthopaedics service specialises in joint replacements, mainly hips and knees. Orthopaedics also assists patients adjust to their new joints after surgery to help them get home quickly.

Orthopaedics at The Prince Charles Hospital is championed by the Crawford brothers. Dr Scott Crawford is the Medical Director of Orthopaedic Surgery while Professor Ross Crawford is the Director of Orthopaedic Research. The Chair of Orthopaedic Research is a partnership between The Prince Charles Hospital Foundation, the Australian Orthopaedic Association (Queensland) and Queensland University of Technology. This partnership, the first of its kind in Australia, is responsible for the establishment, with The

Prince Charles Hospital, of the Medical Engineering Research Facility (MERF). Researchers at the MERF are investigating new materials and procedures for joint replacements and bone grafting.

## Joanne's story

At 18 Joanne Hamer began to feel the pain of arthritis in her hip. Being so young, she was advised to delay surgery as long as possible.

Finally at 28, dependent on medication and a walking stick, she tracked down Professor Ross Crawford whom she'd heard about while living in the UK a few years earlier, and received an Exeter hip replacement.

Now 10 years later she has two children, a career as a civil engineer and a passion for underwater hockey. Eventually, she'll need another hip, but right now, life's pain-free and pretty good.

## Joint forces attack arthritis

Osteoarthritis is the most common type of arthritis, affecting 60% of men and 75% of women aged over 65. Unfortunately, by the time the pain is felt, the disease has been causing damage for years and anti-inflammatory or analgesic medications are currently the only non-surgical treatments. The cause of osteoarthritis is unknown.

World renowned experts Associate Professor Yin Xiao, Leader of QUT's Bone Biology and Tissue Engineering Group, and Professor Ross Crawford are collaborating to better understand the early changes in the arthritic joint. Professor Crawford collects cartilage samples during knee replacement surgery allowing Associate Professor Xiao to study the cellular, molecular and biomechanical aspects of joint degradation. Study has shown that arthritis may be more severe in the different regions of a knee, with

some areas even appearing normal. This spectrum of disease from a single patient allows the researchers to compare the different severity of arthritis areas. These comparisons have led to an improved understanding of the chemical imbalances seen in the early stages of arthritis.

Although arthritis is generally considered a disease of 'wear and tear', research has shown that degradation is actually caused by changes in the cells within the knee. There is still a long way to go, but this understanding of the biochemical changes offers a real hope that drugs will one day be developed to ease the suffering of patients. By better understanding the early cellular changes in arthritis, it is possible to explore potential drug therapies to slow or stop the progression of the disease.

**Associate Professor Yin Xiao**  
**\$28,082**

# Allied & Community Health

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Allied health professionals contribute to the overall well being and recovery of patients, providing care to patients of all areas of The Prince Charles Hospital.

Allied health services are an essential part of the daily care and treatment of patients. Physiotherapists play an important role both prior to and after surgery and transplantations in improving mobility and exercise tolerance, helping to keep the lungs clear and providing education for the patient and their family.

These professionals are also instrumental in the introduction and trial of new technologies, such as the research conducted by physiotherapists, medical and nursing staff on Electrical Impedance Tomography in ICU, investigating optimal ways of ventilating patients and improving outcomes.

## Jess's story

When Jessica Sheerman's surgeon spoke to her parents after her double lung transplant, he said he had never seen lungs so bad.

During her four months in The Prince Charles Hospital awaiting transplant, Jessica dropped to 34 kilos, her body barely able to consume enough energy to breathe.

"The physios were amazing," she says. "I had round the clock care to keep my lungs clear."

Now almost a year on, it's only the huge scar she proudly displays on her chest that indicates Jess has ever been anything but the vibrant young woman she now appears.

"You need to be stubborn," Jess says. "You need to hold on and refuse to give in."

*Jess Sheerman's butterfly (inside cover) provided by Ross Kendall, Butterfly Encounters*

The Prince Charles Hospital has one of the few prototypes of EIT equipment and is leading the world with this groundbreaking research.

Recently The Prince Charles Hospital has commenced ECMO (extracorporeal membrane oxygenation) service for acutely unwell people in ICU in need of prolonged cardiopulmonary support. These machines have increased the survival of acutely ill patients who might not otherwise have recovered, proving beneficial for people with severe swine flu (H1N1). Allied health staff play a very important role in the rehabilitation of these clients as they are recovering from prolonged severe illness and bed rest.

The success of the Early assessment Medical Unit (EMU) relies on the integration of allied health services alongside immediate medical care. The sooner nutritionists and social workers can assess patients and physiotherapists and occupational therapists can get bodies moving, the better the outcome.

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## Social Work

In addition to providing vital support to transplant patients, the Social Work team are active researchers. Anne Li of the Adult Cystic Fibrosis Centre has been working with patients living with a life limiting medical condition who decide to start a family. Her study has found that those people whose parents encouraged normal lives and expectations are more likely to achieve life goals of home ownership, marriage and children.

A joint social work and nursing project may provide useful tools for assessment and support for the children of people who have lung transplants. Through the children's artwork, Social Worker Kay Wiggins hopes to provide a better understanding of their emotions and coping mechanisms.





Physiotherapist Ching Ching Yang & Occupational Therapist Kerryn Moules work with Claire Maddick in the stroke unit



Consumer Companions Sharon Stocker & Sharon Dunn

# Helping people gain mental health

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## One in five Australians will experience a mental illness.

Living with a mental illness can be disorienting and alienating. Everyday tasks like grocery shopping and paying bills can be daunting. Helping people resume their daily lives is one aim of the Consumer Companion Program introduced this year by Northside Mental Health Service, based at The Prince Charles Hospital campus.

Companions have lived with mental illness and are able to draw on their personal experience to provide peer support and hope to people in the acute mental health unit.

Acting as role models and a friendly ear, the companions also benefit from the program as a way to re-enter paid employment.

Sharon Stocker and Sharon Dunn are two of the Consumer Companions at The Prince Charles Hospital. Both ladies were volunteer companions prior to the official program starting.

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## First class imagery

### The Prince Charles Hospital is a Centre of Excellence for cardiac imaging and continues to shine on the international stage.

Magnetic Resonance Imaging (MRI) Technologist, Robyn Riley was awarded first prize in her section at the International Society for Magnetic Resonance in Medicine conference in Hawaii in April. Robyn's presentation on the role of MRI in the assessment of aortic coarctation demonstrates that The Prince Charles Hospital is leading the way in its medical imaging research.

## Weathering the storms together

### Partnership and integrated care are the fundamentals of services at The Prince Charles Hospital, Community Health and Mental Health.

These principles were put into action following the devastating storms which damaged 7,000 Brisbane homes in November 2008.

Many of the affected houses were in the catchment of The Prince Charles Hospital and its associated community health services. With the activation of the Psychosocial and Mental Health Disaster Plan, the response included a joint effort from the hospital social work, community health and mental health teams from across the north-western suburbs and community welfare organisations such as Life Line and Red Cross, and the departments of Communities and Housing.

Social workers, nurses and psychologists were available at Community Recovery Centres seven days a week during the response period to help people affected by the storms.

The Prince Charles Hospital, Community Health and Mental Health Social Work team, joined also by Royal Brisbane Women's Hospital social workers, assisted in reducing stress and increasing coping mechanisms. The principles of Psychological First Aid were followed, including the following interventions: non intrusive and compassionate contact; enhance safety and provide physical and emotional contact; calm and orient emotionally overwhelmed or disoriented people; identify immediate concerns; offer practical help to address immediate need; connection with usual supports; provide information about stress reactions and coping in order to reduce stress and promote adaptive functioning; link with available services needed at the time or for the future.

# Thank you: donors

## Donors

The Foundation and Foundation Trust received in the order of \$432,030 in donations through the year from individuals, clubs, businesses and payroll donations. We thank everyone who made a donation this year. These included:

Up to \$300: 2802 donors totalling \$161,367

\$301-\$1000: 113 donors totalling \$72,318

\$1001-\$5000: 21 donors totalling \$57,660

Over \$5000: 12 donors totalling \$140,685

## Payroll donations:

In addition, the Foundation received \$26,118 in donations through the payroll donation program at The Prince Charles Hospital.

This program allows hospital staff to donate fortnightly prior to receiving their pay. We greatly appreciate the 276 staff who help the Foundation continue our work to support their hospital.

The Foundation is happy to provide information to other businesses interested in joining our payroll donor program.

## How to donate

Tax deductible donations to The Prince Charles Hospital Foundation can be made:

- online at [www.tpchfoundation.org.au](http://www.tpchfoundation.org.au)
- by phone on (07) 3139 4636
- by post to 627 Rode Rd Chermside Qld 4032
- in person at the Foundation office, The Prince Charles Hospital Chermside.

## Bequests

The Foundation received 18 Bequests totalling \$679,827 from:

- the Estate of Roy James Burgess
- the Estate of Rachel Imhoff
- the Estate of Hugh Ernest Bodsworth
- the Estate of Graham Joseph Jell
- the Estate of Robert Harold Whillans
- the Estate of Graham Joseph Jell
- the Estate of Rebecca Harriet McCrea
- the Estate of Margaret Claire Maud
- the Estate of Hazel Alice Cox
- the Estate of Martin Pick
- the Estate of Thelma Gertrude Elizabeth Moore
- the Estate of Mr Jack Gordon Whalley
- the Estate of Wallace Stuart Preddy
- the Estate of Dorothy May Laundie
- the Estate of Gladys Irene Plueckhahn
- the Estate of Kenneth Dawson Moss
- the Estate of Ellen May Moyes
- the Estate of Vera Agnes Nielsen

We also received \$195,446 in disbursements from The Patrick & Dorothy Woolcock Medical Research Fund and The Henry Cyril Robjohns & Stella May Robjohns Memorial Trust.

## Thank you: supporters



Peebo and Dagwood donated their time for the bowls day at Chermiside Bowls Club in May.

### Virginia Golf Club

Our annual golf day has been held at Virginia Golf Club for many years, with all greens fees donated to the Foundation. The day raised over \$11,000 in 2008, thanks to Jeremy, Andrew and Brian.

### Chermiside Bowls Club

For the first time in a few years we returned to Chermiside Bowls Club in May 2009 for a social barefoot bowls day. Thanks to Russ and Neal for helping us restart the event. Players fees on the day were donated along with a raffle, raising over \$4,000.

### Kedron Wavell Services Club

The Foundation has long been supported by Kedron Wavell Services Club. The Club previously supported an aged care nursing research role and continues to provide support in many ways including sponsoring events such as our golf and bowls day throughout the year.

### Myer Chermiside

The staff at Myer Chermiside have chosen The Prince Charles Hospital Foundation as their charity for the past few years. The team hold staff fundraising activities such as morning teas and raffles. A group from Myer toured the hospital and research facilities during the year to see the benefit of their hard work.

### Westpac Chermiside

Our local Westpac branch is dedicated to helping the Foundation and presented \$5,000 from their staff contributions. Westpac also donates staff time to the Ekka. Many thanks to the staff of Westpac Chermiside Commercial Banking Centre.



Tom, Cindy, Phil, Emily, Lyn, Sarah and John Coggan present the \$75,000 raised from their world record wheat fundraiser to the Foundation. *Photo by Sally Nicol*

# Thank you: volunteers

## An organisation runs on its people.

Thank you to all our wonderful volunteers who provide their time, experience and enthusiasm to help us.

## Ekka

One of the most valuable gifts we receive each year is time. Many clubs, businesses and community groups lend people power during the year, especially for our major annual fundraiser at the Ekka.

More than 1000 people scooped, sliced and served to help us raise just over \$50,000 from selling the iconic strawberry sundaes in August 2008. We also receive assistance from several schools with year 10 and 11 students volunteering after class in the name of community service.

Through the year our volunteers sell raffle tickets and Christmas cards, help at events and with mailouts.

Special thanks this year to our stalwarts: Nita Kennedy, Ada Harvey, Marita Gilmour, Elsie Armstrong, Lesley Bourke, Rita Reordan, Diane Hallam, Barbara Andreson, Di Wheeler, Rose McDonald, Val Kilworth, Grace Dillon, Irene Lloyd, Nerida Youlton, Penny McMahon, Emma Bickerton, Bruce Proud, Connie Holloway, Faith McDonald, Lorna Cutliffe, Robyn McKinley, Damien Brohman, Maureen Leary, Denise Martin, Stan Arkey, Merv & Dawn Arnold, Joe Adriaansen, Helen Baker, Simon & Barbara Barkhuizen, Frank & Joyce Bartorillo, Keith & Joan Beddoe, Ted & Coral Bergan, Denis & Glenys Candlin, Ivan & Philomena Cobb, Bill & Myra Crossan, Bevan & June Dore, Ralph Deaville, Arnold Gates, Bryan & Audrey Gross, Bill Henderson, Eddie & Naomi Johnson, Lloyd & Val Kyle-Little, Barbara Longland, Tom & Val McCrorie, Lawrie & Joan Rodgers, Wendy Ross, Merv & Joyce Sugars, Adrian & Dorethy Verney, Kathy Wilson, Bob & Cheryl Whittred, Brian & Joan Hickey.



**Ekka volunteers served more than 150,000 iconic strawberry sundaes over the 10 day event in August 2008**



## Di-amond volunteer

Di Wheeler has the best job at the Foundation. As a volunteer, she spends several hours a week calling our donors to say thank you. Di's long connection with The Prince Charles Hospital started as a child when her mother worked at the then Chermide Chest Hospital.

For more than 15 years, Di volunteered as a member of Chermide Bowls Club for the annual fundraising day and seven years ago started volunteering directly for the Foundation.

You'll see her selling raffle tickets and Christmas cards, stuffing envelopes, making phone calls to donors and businesses and of course making her beautiful Queen of Hearts dolls for the Foundation each year.

## HeartSupp

The Prince Charles Hospital Heart Patients Support Association Inc, known as HeartSupp, is a group of people who have had heart surgery who provide support not only to each other but to other patients. Heart Support has provided wonderful support to the Foundation during the year, including assistance with mailouts, the Ekka and rounding up teams for the golf and bowls days.

## Charlie's Angels

Charlie's Angels have been providing invaluable support to patients at The Prince Charles Hospital since the group started as the hospital auxiliary 30 years ago. Their distinctive yellow shirts make the Charlie's Angels stand out from the crowd, so it's easy to see how much they contribute to patient care at The Prince Charles Hospital. The Foundation highly values its relationship with Charlie's Angels.

# Foundation Board

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The Prince Charles Hospital Foundation is governed by a voluntary Board of Directors appointed by the Queensland Minister for Health. Board Members serve three year terms.

The role of the Board is to set strategic direction for the Foundation and to monitor current performance. The Board sets the organisational direction and vision for the future. The Board also undertakes an important role in monitoring current delivery and in championing the introduction of strategic new project work, such as the Breeze Cafe kitchen expansion.



Mr John Hamilton,  
Chairman of the Board  
McInnes Wilson Lawyers



Dr Colin Brennan,  
Deputy Chair



Ms Cheryl Burns,  
Foundation Trust  
President, Office of the  
Chief Nursing Officer



Mr Bernard Curran,  
BDO Kendalls



Mr Brad Edwards,  
Bank of Queensland



Mr Toby Innes,  
Brisbane Airport  
Corporation



Mr Greg Meek,  
Herbert Geer



Mr Chris Mullins, Vice  
President Foundation Trust



Mr Jon Roberts,  
Foundation Secretary,  
Executive Director The  
Prince Charles Hospital



Mr Chris Sartori,  
Kedron-Wavell  
Services Club



Ms Rayhuna  
Sinnathamby,  
Springfield Land  
Development



Ms Karenlee Spillane,  
Royal Children's Hospital  
Foundation



Mr Terry Sullivan,  
TPCH Health  
Community Council

## Presentations to the Board:

August: Ms Kathy Wilson,  
Research Scientist

October: Associate Professor  
Scott Bell, Thoracic  
Medicine

December: Dr Belinda  
Clarke, Anatomical  
Pathologist

February: Dr Dan Chambers,  
Queensland Centre for  
Pulmonary Transplantation  
& Vascular Disease

April: Associate Professor  
Ian Yang, Thoracic Research  
Laboratory

June: Professor Ross  
Crawford, Orthopaedic  
Research

# Foundation Committees

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## Research Committee

The Research Committee assesses research grant applications on the basis of their academic merit and makes recommendations to the Board on which should be considered for funding.

### Research Committee until December 2008

Dr Colin Brennan (Committee Chair)

Associate Professor Paul Zimmerman (Thoracic Medicine)

Dr Dorothy Radford (Cardiology)

Associate Professor Kwun Fong (Thoracic Medicine)

Dr Belinda Clarke (Anatomical Pathology)

### Research Committee from April 2009

Professor Keith McNeil (Committee Chair)

Associate Professor Scott Bell (Thoracic Medicine)

Associate Professor Darren Walters (Cardiology)

Mr Paul Bew (General Medicine)

Dr Michael Ray (Pathology)

Dr Francis Kinnear (Emergency Medicine)

Dr Catherine Turner (Nursing Research)

Mr John Hamilton (Chairman of Board)

Ms Kate Ashton (Chief Executive Officer)

## Finance Committee

The Finance Committee scrutinises the Foundation's finances, manages risk and makes recommendations to the Board on the amount of funding to allocate to recommended grant applications.

Mr Bernard Curran (Committee Chair)

Mr John Hamilton (Chairman of Board)

Mr Jon Roberts (Secretary of Board)

Mr Chris Mullins (Board Member)

Ms Kate Ashton (Chief Executive Officer)

Mrs Katrina Beasley (Accountant)

## Breeze Cafe Redevelopment Committee

The Breeze Redevelopment Committee oversees refit and expansion of the Breeze Cafe kitchen area, a joint project of the Foundation and Hospital. This is a project committee, not a standing committee.

Mr Chris Sartori (Committee Chair)

Ms Kate Ashton (Chief Executive Officer)

Mr Ricardo Dawson (Breeze Cafe Manager)

Mr Brad Edwards (Board Member)

Mr John Hamilton (Chairman of Board)

Mr Bernard Curran (Board Member)

Mr Jon Roberts (Hospital Executive Director)

## Open letter to the Research Committee

30 June 2009

The Prince Charles Hospital Foundation is disbanding its former Research Committee following a review by accountants, Pitcher Partners.

The Board would like to thank the outgoing Research Committee members for their major contributions made voluntarily over very many years to enable the Foundation to honour its primary charter of supporting merit-based biomedical research. This Research Committee's recommendations for fund allocation, based on the NH&MRC model, have resulted in the successful fostering and developing of most of the Hospital's major research groups, such that now many are of major international standing and are attracting highly competitive funding from national research funding bodies.

The Board stresses that the proposed changes to the research funding allocations process do not reflect adversely on the integrity, competence, professionalism or commitment of outgoing Research Committee members. In fact, the Pitcher review did acknowledge "the commitment and dedication of the Research Committee" stating that "the integrity of committee members was not questioned or doubted". The Board re-affirms the outstanding success and vital work of the outgoing Research Committee in their implementation of their statutory role over many years in the required research grant allocation process.

The outgoing Research Committee members in turn have wished the members of the incoming Research Committee well and hope that they will continue the excellent work of supporting world class biomedical research at the Prince Charles Hospital.

Yours sincerely,

*John Hamilton*

John Hamilton, Chair of Foundation Board

# Foundation Staff

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Web: [www.tpchfoundation.org.au](http://www.tpchfoundation.org.au)

Email: [TPCH-Foundation@health.qld.gov.au](mailto:TPCH-Foundation@health.qld.gov.au)

Post/ Visit: The Prince Charles Hospital, 627 Rode Rd, Chermside Qld 4032



**Kate Ashton (Chief Executive Officer)**



**Ricardo Dawson (Breeze Cafe Manager)**



**Katrina Beasley (Accountant) & Nardi Harper (Administration Officer)**



**Carol Nightingale (Events Administration Officer) & Christine Atkinson (PR & Communications Manager)**



**Rhod Matthews (Assistant Catering Manager) & Jo Bushing (Catering Manager)**



**Margaret Woodgate (Research Administration Officer) & Nicole Gibson (Major Gifts & Partnerships Manager)**

# Corporate governance

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The Foundation formally reports each year to the Minister for Health, Queensland Government, through submission of an annual report including financial statements.

The Foundation Auditors are Priestleys Chartered Accountants, L1 217 Logan Rd, Woolloongabba Qld 4102.

The Foundation has invested effort and expertise in strengthening organisational capability. Led by the Chairman and members of the Board, the Foundation has reviewed processes and performance in many areas including those below.

## 1. Accountability

The Foundation retains high standards of internal financial monitoring and accountability. Internal tools to support this work include active use by staff of the annual budget; relevant re-forecasting; monthly reporting to the Finance Committee with active, responsible management of our resources and donated income. The Foundation operates with 7.1 FTEs in the office function and 33 FTE equivalents in its café function, which form the two operational areas of the organisation.

## 2. Governance

The Board has led a review of Foundation investments, development and implementation of an annual strategic plan supported by two annual planning events per year and six Board meetings, held bi-monthly. A Director's Pack is circulated annually to Directors, which includes Conflicts of Interest guidance. Declaration of conflicts of interest is a standing item agenda on the Board agenda.

## 3. Communications

Significant effort has been made to improve internal and external communications including preparation for launching into the open marketplace with coherent branding and consistent messaging to new audiences.

The website was re-developed during 2008-2009 and is updated quarterly. A communications plan, with an events schedule and stakeholder fora has been implemented. A minimum of 2 'good news' media stories appear each month showcasing the hospital and its researchers.

Foundation staff have regular management meetings, an annual operating plan, KPIs and regular performance reviews supported by documented HR files and written records.

## 4. New Grants Framework

A review and stakeholder consultation has resulted in a new grants framework ready for introduction in Jan 2010. Additional grants programs will be available focused on supporting New Researchers and Research Equipment requirements. Three new programs will be available in addition to the existing 'Main Grants' program. The framework is supported by written documentation, written Terms of Reference, processes and a Research Committee.

## 5. Strengthening Capability to Deliver

The Foundation is committed to continuous improvement and processes that are fit for purpose. Process reviews occurred during 2008-2009 including Workplace Health and Safety; introduction of 'A Better Choice' strategy in the Breeze Café; IT use; staff development; and financial reporting. Work commenced in 2008-2009 on planning the modernisation and enlargement of the Breeze kitchen to meet increased staff and patient numbers using the Breeze Café.

## Melinda's story

Next summer Melinda Wrzesien is getting married. A year ago, she wasn't sure it would actually happen, though not because she had cold feet or wasn't sure Andrew is the right one for her.

For the past two years, Melinda has been in and out of The Prince Charles Hospital. Ten days at home, three weeks in the ward. For two solid years, battling worsening infections related to her cystic fibrosis.

"I would have a few good days, then be stuck on the couch," she says. "My lungs were deteriorating."

Four years ago, Melinda had to quit working as a beauty consultant, a job she that had been her passion for 11 years. In December 2006, she got pneumonia and nearly didn't pull through. She was listed for a triple organ transplant - double lung, heart and liver.

"I knew I'd have to wait longer for a triple than only for lungs," she says. "I was giving myself time for the transplant by coming in for antibiotic treatments."

Last April, Andrew proposed, but they agreed to postpone the engagement party until after the transplant. Then in November, they decided to have the party.

"I'd reached the point where I wanted to do things I was starting to think might possibly not happen," Melinda says.

But earlier this year, Melinda became only the fourth person in Australia to have the surgery - all at The Prince Charles Hospital.

Now Melinda's preparing for the future which seemed so unlikely. She's planning her wedding next summer, has returned to work in the beauty industry, and she and Andrew are saving to buy a house.



Melinda Wrzesien,  
double lung, heart and  
liver transplantee



Life

# The Prince Charles Hospital Foundation



The Prince Charles Hospital Foundation  
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