

CareFlight

Annual Report **2012**



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Our Vision

To be Australia’s most trusted rapid response critical care service

Our Guiding Principles

CareFlight has one set of Guiding Principles incorporating its values and cultural attributes. These guide behaviour and help to ensure we operate to the highest standards. Our Guiding Principles are based around our service to the community, excellence, unity and integrity, and they apply to all our activities and people. They describe our values, our culture and personality, both internally and externally, the way we work and what we stand for.

Service – we:

- save lives, speed recovery and serve the community by providing the highest standard of rapid response critical care
- are dedicated first and foremost to the welfare of our patients
- hold true to and sustain our charitable purpose
- commit to engage with and be accountable to all we serve - the community, business, government and our partners
- are a professional, passionate, egalitarian organisation operating in an environment of innovation
- aim at all times to provide value to all our supporters and be worthy of their trust

Excellence – we:

- adhere to the highest safety, operating and clinical standards
- promote the education, training, development and retention of our people
- dedicate ourselves to continuous improvement, innovation and research
- always strive for excellence in what we do
- contribute to the global emergency aeromedical research pool

Unity – we:

- operate as one organisation with a united, national and international perspective
- respect each other and are loyal to our organisation
- support one another in the knowledge that “your success is my success”
- build teamwork with our partners in the chain of survival

Integrity – we:

- adhere to the highest ethical standards
- foster a culture of statutory and regulatory compliance
- exercise fairness in all our dealings

Our Year at a Glance



To many Australians, a CareFlight aircraft in the sky has come to mean comfort in times of crisis. For the critically ill and injured, and for those caring for them on the ground, CareFlight brings hope and help – highly trained doctors and nurses to provide the finest care possible outside a major teaching hospital. This year saw us expand the scope of our operations and care for more patients than ever.

Left, top to bottom: CareFlight transports a patient from Katherine to Darwin; Dr Rosena Allin-Kahn and flight nurse Amanda Quinn; CareFlight attends a car crash near Picton NSW, photo courtesy Illawarra Mercury/Robert Peet; Dr Geoff Tweedale, Dr Caroline Jackson and paramedic Stuart Gourlay work with emergency services to treat a patient injured in a motorcycle crash.

Right, top to bottom: MediSim volunteer trauma course participants from Port Macquarie NSW; CareFlight co-founder Ian Badham OAM welcomes guests to the 25th Anniversary Gala Dinner; Dr Ken Harrison conducts doctor training in the NT; Dr Rob Bartolacci and aircrewman Steve Martz with past patient Colin Sieders at the 25th Anniversary Gala Dinner; Sussex Inlet Rotary raises funds for CareFlight.

CareFlight doctors and nurses cared for 5,211 patients

The NT Government awarded CareFlight a 10 year contract to provide an integrated aeromedical solution to the people of the Top End

CareFlight achieved the highest standard Quality in Health certification

The head injury research results were analysed

The community raised and donated \$12,930,344 in support of our lifesaving work

We provided training in pre-hospital and transport medicine for 40 doctors, 20 nurses, 36 army medics and 456 combat first aiders

We visited 12 rural and remote communities and trained 193 emergency services volunteers through our innovative CareFlight MediSim mobile simulation-based trauma training program

We purchased four near-new aeroplanes to upgrade our fleet

CareFlight International Air Ambulance was awarded European Aeromedical Institute (EURAMI) Accreditation

CareFlight celebrated 25 years of service to the community



Chairman and CEO Report

It has been a year of consolidation.

This year we bedded down our long term Top End Medical Retrieval Service Contract. To achieve this we invested in the support services and systems required to sustain our greater scale and meet the high quality and reporting standards that we set for ourselves and that our customers increasingly expect. Testament to the progress we have made in improving our support services was the certification of our business systems to the International Standard for Quality (ISO9001) and the certification of our healthcare quality and safety systems to the Australian Standard, namely the Core Standards of Safety and Quality in Healthcare. The latter means that CareFlight can now proudly display the “5 ticks” mark across the organisation for both Quality and Safety in Healthcare.

Social impact

Measuring social impact in the not-for-profit sector is often exceedingly difficult. Many not-for-profit organisations struggle to demonstrate how their service is actually making a difference and generating sustainable, long term social benefit. CareFlight is in a more fortunate position, being able to point to two measures of social impact – patient numbers and the research outcomes of our long-running Head Injury Retrieval Trial (HIRT).

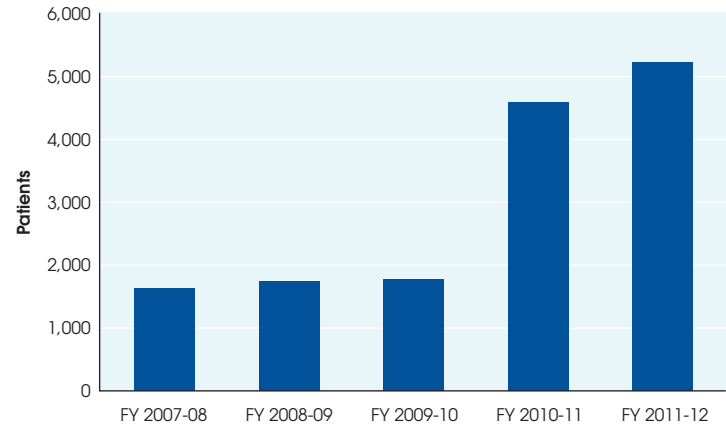
Patient numbers

In the aeromedical sector, the number of patients treated and transported is a meaningful proxy for social impact. Using that proxy, it is clear that CareFlight’s social impact has increased dramatically over the past two years. As is apparent from the chart, CareFlight has brought help to



Health Program Manager of SAI Global Marie Colwell presents the award to, from left, CareFlight Quality & Safety Manager Glenn McKeown, CareFlight CEO Derek Colenbrander and CareFlight Chairman Dr Andrew Refshauge. The award recognises CareFlight’s dedication to the provision of the highest quality of care for our patients.

Patient Numbers



many more people, in terms of saving lives and speeding recovery.

Head injury research outcomes

HIRT was a randomised clinical trial conducted by CareFlight over six years, from 2005 until 2011. The trial was designed to test the long held but empirically unproven view that early physician intervention in head injury trauma produces better clinical outcomes than the standard paramedic level of care that patients have historically received in Australia and internationally.

The clinical results of the trial have now been analysed and presented. The headline results are that the rapid response, physician-led system of care pioneered by CareFlight in Australia delivers:

- improvement in morbidity for patients injured in transportation incidents
- improvement in mortality for patients injured in transportation incidents
- reduced time in intensive care units for all head injury patients
- superior operational response and retrieval times
- improved model of care for paediatric trauma cases

All these improvements are statistically significant. Accordingly, for the first time CareFlight has direct, compelling empirical evidence of our social impact. We are hopeful that this evidence will drive improvements across the aeromedical sector throughout Australia and overseas.

In combination, these measures – patient numbers and HIRT research outcomes – demonstrate that our doctors and nurses are helping more patients, reaching them faster and producing better clinical outcomes than ever before.

Eastern Operations

In February this year the NSW Ministry of Health announced a review of NSW

Aero Medical (Rotary Wing) Services. The review is currently underway, with a final report scheduled to be released in December 2012. The outcome of that review will determine the long term future of our Westmead based helicopter emergency medical service (HEMS).

CareFlight has been given the opportunity to make submissions to the review panel. Although we cannot predict the outcome of the review, we believe that, based on the evidence of the HIRT trial, there will be an ongoing role for our Westmead based HEMS operation.

Northern Operations

On 16 June 2011, the NT Government announced that CareFlight had been awarded a 10 year contract to provide aeromedical retrieval services to the people of the Top End. This is the first time in the history of the Australian aeromedical sector that a government, Federal, State or Territory, has awarded a long term fully integrated contract calling for a single operator to provide a totally integrated aeromedical solution, covering the provision of doctors, nurses, pilots,

The combination of patient numbers and head injury research outcomes demonstrates that our doctors and nurses are helping more patients, reaching them faster and producing better clinical outcomes than ever.

aircrew, aeroplanes, helicopters, engineering and logistics coordination.

Given that CareFlight already held the interim contract to provide all bar the doctor component of this integrated service, the implementation was relatively straight-forward. By mid-February 2012 the medical component, involving the provision of flight doctors and consultant level



From left: aircrewman Daniel Warring, GM Northern Operations & Aviation Services David Mann, NT Health Minister Kon Vatskalis, CE NT Health Jeff Moffet and pilot Mark Byrnes at the announcement of the award to CareFlight of the Top End Medical Retrieval Service Contract.

The community helps support the care and transport of the critically ill and injured patients we carry, the education of our people, the training we provide to other emergency services personnel and the research we undertake in pursuit of best practice.

clinical oversight, was fully operational. The only outstanding component of the long term service delivery model is the introduction into service of the four near-new aircraft that are scheduled to come on-line by 1 January 2013. These aircraft have been purchased and are currently undergoing modifications, two of them in the United States and two in Australia.

Medical services

Our Medical Division faced the challenge of building, from scratch, the doctor component of our Top End Medical Retrieval Service. With excellent planning, and the benefit of the ramp-up phase allowed under our contract with the NT Government, the team successfully completed the transition from the previous NT Government provided doctor model to the new CareFlight doctor model on 6 February 2012. The transition required the development and implementation of a bespoke software solution to facilitate the capture and reporting of patient data.

The implementation of the contract has significantly increased the scale of our medical operations. CareFlight now employs 82 doctors and 90 nurses. Of these, 16 of the doctors and 32 of

the nurses are full-time employees. The remainder of our medical workforce is made up of part-time staff, nearly all of whom also work in leading teaching hospitals in the public hospital system. Our links with the public hospital system add an unseen but very powerful dimension to CareFlight's medical capability – relationships with clinicians throughout the medical fraternity and the ability to informally and very quickly access the very best clinical advice and support available in Australia.

Fundraising

Year in, year out, our Fundraising Department delivers reliable, predictable revenue streams that underpin our charitable services.

This year was no different. Highlights of the Fundraising Department's performance were:

- continued rapid growth in our regular giving program which delivered income of \$1,189,359 with minimal overhead cost
- much greater traction in corporate sponsorship, with Johnson & Johnson Medical committing to a generous grant of \$450,000 over three years for our CareFlight MediSim Program and the Mounties Group committing to a sponsorship of \$300,000 over three years
- another very successful year for our direct mail campaigns (total revenue \$1,357,273)
- a record year for bequest income (a total of \$505,088)

Total fundraising revenue amounted to \$12,930,344 (2011: \$12,197,470).

We thank all our donors, large and small, whose gifts have helped us save lives, speed recovery and serve the community – every dollar makes a difference.

Financial overview

Driven largely by the phased implementation of the Top End

Medical Retrieval Service Contract, in particular the introduction of CareFlight consultants and flight doctors in the Top End, total revenue grew by \$11,100,685 to \$59,294,247. The net surplus for the year was \$251,160 compared with a net surplus of \$305,083 in FY 2010-11. Were it not for an unexpected decline in mission volume in our international air ambulance service, our surplus this year would have been significantly higher. Details can be found in the financials on pages 28-30.

Thank you

This year, CareFlight helped more people than ever. Right at the forefront of delivering that help were our operational teams, some of them working 24/7 standby shifts, all of them going the extra mile when required. We acknowledge and thank our dedicated frontline medical staff and aviators for their hands on work, responding quickly and expertly to those in urgent need of medical care. At the same time, we acknowledge the behind the scenes work of our fundraising and support staff who find the money and provide the support that makes it all possible.

As always we are thankful to the community we serve. Your ongoing commitment not only helps support the care and transport of the critically ill and injured patients we carry, but also contributes to the education of our people, the training we provide to other emergency services personnel and the research we undertake in pursuit of best practice. We thank you for donating so generously, for volunteering in so many ways and for continuing to put your trust in us.

Dr Andrew Refshauge
Chairman

Derek Colenbrander
Chief Executive Officer

CareFlight now provides a fully integrated aeromedical service to the Top End, supplying doctors, nurses, pilots, aircrew, aeroplanes, helicopters, engineering and logistics coordination.



A mission in the Top End: a CareFlight nurse flew by helicopter to a seriously unwell woman at a remote location, which has no road access, near the East Alligator River. The flight nurse initiated stabilisation, continuing to treat the patient until a CareFlight doctor arrived by plane, landing at a nearby sand airstrip. The ill woman was then flown to Royal Darwin Hospital.

Top End Expansion

The implementation of the 10 year Top End integrated aeromedical services contract has made the past 12 months some of the busiest in CareFlight's history.

Under an interim contract with the NT Government, CareFlight was already supplying aircraft, pilots, engineering support, nursing workforce and logistics co-ordination, but under the terms of the long term contract, CareFlight is now also supplying the flight doctors and medical consultants.

Medical component

CareFlight assumed responsibility for the provision of flight doctors on 6 February 2012. This went hand in hand with CareFlight taking charge of the overall clinical governance and management of the service, using a dedicated roster of CareFlight Medical Retrieval Consultants (MRCs) drawn from the critical care specialties of emergency medicine, anaesthesia and intensive care. These senior consultants liaise with the Rural Medical Practitioners (RMPs) via telephone and assess all high acuity patients, provide clinical advice and supervise the safe and efficient retrieval of patients to hospital.



Left: Interim Medical Director NT Dr Rachel Heap (left) and Operations Manager NT Shona Sandford.

Below: one of the near-new modified planes with the wide cargo door for easier patient loading.

Months of preparation, training, systems development and systems testing by the medical and support services teams took place, including the introduction of new clinical and operational protocols for medical and nursing staff and the introduction of dedicated clinical coordination software. All the hard work paid off, with medical being seamlessly added to the service.

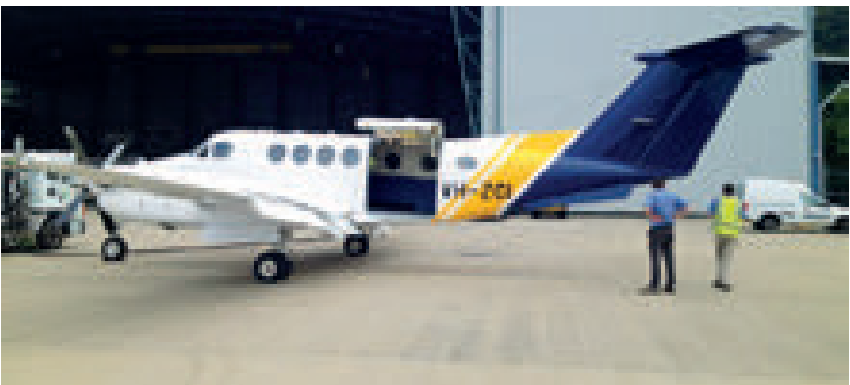
The new and completely integrated service has been operating smoothly since its inception, with 1,138 activations over the first three months. The diversity of our missions has seen CareFlight helping people and saving lives right across the spectrum, from

rescuing a crab fisherman from his sinking vessel to delivering a baby mid-flight.

Particular thanks to Dr Rachel Heap, CareFlight's Interim NT Medical Director; CareFlight's education and training team led by Dr Ken Harrison, Director of Education and Margaret Tyson, Manager of Education; and the team of specialists and registrars who worked tirelessly with the other internal and external groups to ensure the success of the operation.

Aviation component

To comply with the terms of the contract, CareFlight has purchased four late model Beechcraft King Air



The diversity of our missions has seen CareFlight helping people and saving lives across the spectrum, from rescuing a crab fisherman from his sinking vessel to delivering a baby mid-flight.

Sarah Doncon
Wurruniyanga Community
Bathurst Island NT 0922

To CareFlight team, Darwin

I'd like to thank the retrieval team that came to Wurrumiyanga in the very early hours of Saturday morning to assist both me and my patient, a young woman labouring at 37 weeks gestation with her first child. I was very unwell myself and on a personal and professional level (I have no midwife training) I had reached my limit on what I felt I could manage in community. Although CareFlight were already extended to capacity at the time of DMO Jill Farrer's call, they went above and beyond, bringing in staff that should have otherwise been enjoying a well deserved Friday night off.

To Dr Kevin Harnsey, pilot Richard, Christie in logistics and especially midwife extraordinaire Olivia, who for the second time has come to my aid on her day off when I was in over my head with a labouring woman, thank you all for the calm voices at the end of the phone and the quick response in getting a plane to Wurrumiyanga.

I've been remote for 18 months now and I have always had very positive experiences with CareFlight as an organisation and with all the lovely workers who fly out to the remote locations with a smile on their face ready to take the patients off our hands. Friday night was not the first time CareFlight has come to my professional rescue in extenuating circumstances and I appreciate, more than I can say, the support provided by the team.

Thanks again,
Sarah Doncon RAN (Remote Area Nurse)

Attached is my letter to convey how much relief your team really do bring when you're out in remote, feeling completely overwhelmed - I'm sure there isn't a remote nurse alive who doesn't feel it when you guys are taxiing down the runway taking a patient off our hands - Sarah.

B200 aeroplanes which will replace the older aircraft. The aircraft procurement team, ably led by Chief Pilot Jeff Konemann and Compliance Manager Dave Chapman, sourced the required aircraft, on time and on budget, from Australia, USA and South Africa.

The aircraft are currently undergoing extensive modification, including fitting wide cargo doors to allow for easy movement of patients into and out of the planes; installing electro-pneumatic loading systems for quicker, safer and smoother stretcher loading; fitting new medical flooring,

storage units and oxygen systems; and installing purpose-designed radios and navigation systems for CareFlight's long flights to access patients at very remote locations. The modifications are being carried out in hangars in Cairns, Queensland, and Newton, Kansas, the only two engineering workshops in the world approved to fit new wide cargo doors to pressurised turbo-prop Beechcraft King Air B200 aeroplanes.

All four aircraft are on track to be accepted into full service, repainted in CareFlight colours, by 1 January 2013.



Aviation Compliance Manager Dave Chapman and Operations, Compliance & Audit Officer Shweta Gupta.

Head Injury Research and Outcomes

CareFlight is dedicated to continuous improvement and innovation through research, as well as to operational excellence.

CareFlight's Head Injury Retrieval Trial (HIRT) has been our flagship research program and was conducted over six years from April 2005 to March 2011. The trial gained international interest and CareFlight's Medical Director and Chief Investigator of the HIRT study, Dr Alan Garner, publicly announced the results of this ground breaking research at the International Conference for Emergency Medicine in Dublin, June 2012.

Severe blunt traumatic brain injury is the leading cause of death in persons under 40 years of age in western societies, and a significant cause of long term disability. The HIRT study was designed to test whether the delivery of trauma physician management to accident scenes would improve outcomes for head injured patients. The model of care was tested in the Greater Sydney Area, revealed in earlier statistical analysis as having twice the rate of poor outcomes for traumatic head injury as European cities.

Over the six year period of the study, the CareFlight HIRT team responded to 1,500 patients. The majority of these patients had been involved in motor vehicle crashes, the main cause of brain injury from traumatic head injury, but the study also included patients involved in falls and other injury mechanisms such as industrial accidents and assaults.

Critically ill children and children severely injured through road transport related accidents and other incidents, including drowning, were also managed by the HIRT response system outside of the trial, that is, they were treated and

transported by the HIRT system but not for trial data collection purposes.

The HIRT model of care was associated with the following five significant improvements in patient outcomes and system performance:

Patient outcomes

When analysed according to treatment received, patients sustaining injuries in transportation incidents (two thirds of the trial patients) showed:

- 1. Improvement in morbidity (measure of disability):** the HIRT model of care was associated with a significant 38% relative improvement or 14% absolute improvement in disability rating.
- 2. Improvement in mortality (survival rate):** patients treated by the HIRT model of care are twice as likely to survive.

System performance

- 3. Superior operational response and retrieval times:** the HIRT model of care was associated with significant reductions in all patient treatment intervals compared to that provided by similar services in NSW. For example the HIRT service can be airborne 17 minutes faster and delivers patients to hospital 40% faster than comparable helicopter services in NSW.
- 4. Reduced ICU stay:** the HIRT model of care resulted in a 30% reduction in length of Intensive Care Unit (ICU) stay for all severe head injury patients.

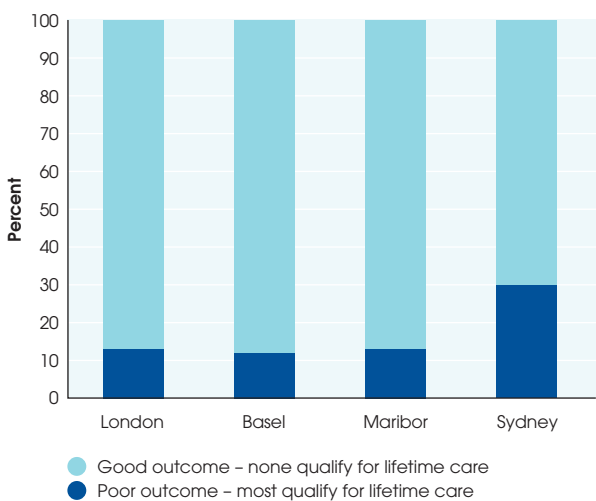


CareFlight Medical Director and HIRT Chief Investigator Dr Alan Garner OAM

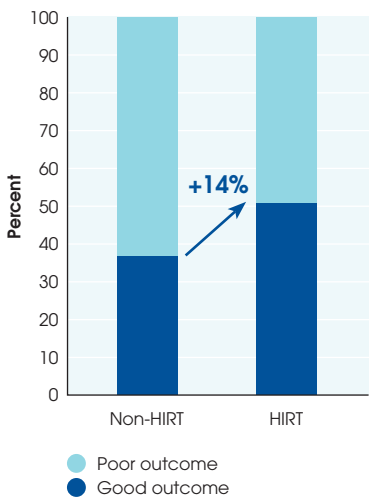
- 5. Improved paediatric trauma system:** from May 2008 to May 2010 the paediatric case load comprised 235 children. The HIRT model of care significantly improved the paediatric pre-hospital system through:
 - better identification of paediatric trauma cases
 - faster response times
 - faster and direct delivery of children to specialist paediatric trauma hospitals. Severely injured children receiving definitive care for their injuries in a specialist paediatric hospital are between three and six times more likely to survive.

The findings from the research indicate that the HIRT model improves the system of trauma care for both adults and children. Actuarial analysis suggests that it is also likely to reduce the cost to the community of road trauma by over \$1 million per week.

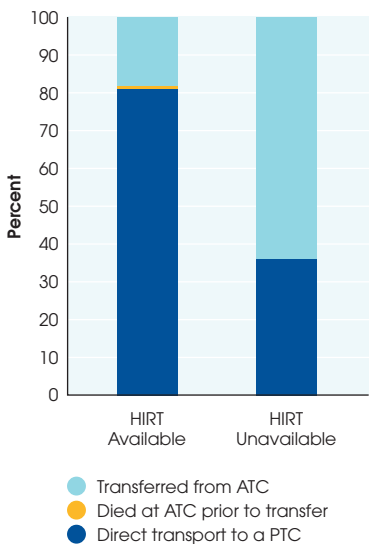
Head Injury Trauma Survivor Outcomes: comparison before commencement of HIRT



Transport-related Trauma Outcomes



Direct transport to a Paediatric Trauma Centre (PTC) compared with secondary transfer from an Adult Trauma Centre (ATC)



A Message from the Motor Accidents Authority (MAA)

The NSW Motor Accidents Authority has contributed funds to CareFlight over several years in support of CareFlight's efforts to trial models for bringing specialist medical care to critically injured people in NSW, many of whom have been injured in motor vehicle accidents.

The MAA monitors and supervises the Compulsory Third Party or 'Green Slip' Scheme for all motor vehicles registered in NSW. The MAA works to provide a Scheme that is affordable, fair and accessible, minimising the impact of motor vehicle accidents. The MAA funds the delivery of ambulance and public hospital services for anyone injured in a motor vehicle accident.

A key corporate objective of the MAA is ensuring that injured people achieve optimal health and social outcomes after injury. One way to support this objective is through funding applied research that can inform policy making to improve clinical practice.

To that end, the MAA committed over \$4.9 million to part fund the now completed CareFlight Head Injury Retrieval Trial. HIRT sought to determine whether pre-hospital management, by a physician, of patients with severe blunt traumatic brain injury leads to better recovery at six months post injury.

The results of this study will assist the NSW Ministry of Health make policy decisions about the future configuration of retrieval services in NSW.

The findings from the research indicate that the HIRT model improves the system of trauma care for both adults and children.

Aeromedical Services

Should misfortune fall upon you, it is vital that you receive expert medical care at the earliest opportunity and that you are rapidly transported to the most appropriate hospital.

CareFlight provides this care by flying critical care trauma teams directly to the scene of the incident so the ill and injured can be treated as soon as possible. CareFlight also provides an inter-facility medical retrieval service which transfers patients from small regional hospitals and clinics to major hospitals, as well as interstate and internationally.

The trauma teams comprise senior medical specialists in anaesthesia, intensive care and emergency medicine; senior registrars; and/or critical care nurses/paramedics who are suitably qualified and experienced to undertake retrievals.

CareFlight's dedication to excellence in the management of sick and injured patients involves far more than the mere provision of an aircraft and crew. The medical services team, working hand in hand with the aviation team, has developed an integrated aeromedical emergency service that has defined CareFlight as a leader in its field for over 25 years.

Eastern Operations

Twelve months ago, HIRT transitioned to a primary (at scene) rapid response service. The service, which continues to operate from our base at Westmead in the demographic centre of Sydney, can now be tasked to any serious incident, not just blunt head injuries, which means we respond to a wider spectrum of trauma. The service delivers medical teams to the incident scene with response times that are unprecedented in pre-hospital medicine in Australia.



From left: Acting Medical Director CFIAA Dr Bernie Hanrahan, HR Manager Jude Pettitt, Deputy Medical Director & Supervisor of Training Dr Peter Clark and General Manager Medical & Support Services Andrew Anderson.

The year saw our Westmead Operations teams conduct 422 missions. Motor vehicle crashes continue to make up the bulk of our work, with falls close behind. We also responded to 45 sporting accidents and a number of assault cases.

During the year we cared for 150 paediatric patients. Unfortunately, once again most of the 15 drowning incidents we attended involved children.

Our Westmead Operations helicopter clocked up 347 flying hours this year. The vast majority of these were in the conduct of patient missions, but they also include training hours, maintenance hours and PR engagements.

Hangar refurbishment

The Westmead helicopter hangar underwent a major and much needed refurbishment in the early part of the

year, during which time operations were carried out from the engineering hangar. Towards the end of 2011, refurbishment was completed to a point that the crew could move back in. The renovation, which was designed to fit the rapid response nature of our operation, is much appreciated by all the staff.

We are thankful to the late Mr Bill Bridgeford whose very generous bequest to CareFlight funded the new facilities as stipulated in his Will. We are also very grateful to the many companies that donated materials and labour, and to the tradesmen who kindly donated their time to help with the construction and fit-out.

Patient visits

As ever, we have been delighted to receive feedback and visits from past patients and their families who wished to meet with team members involved

Construction site surgery

In March, 33-year-old David was working on the construction site of a new housing development when he was struck on the head by a concrete pump boom. He was knocked unconscious and collapsed into a trench filled with freshly poured concrete.

CareFlight was called and the helicopter, with crew Dr Blair Munford, Dr Daniel Oberladstatter, paramedic Ben Southers, pilot Ian Smart and aircrewman Travis West, landed in a nearby paddock.

The medical team dodged through building rubble, tools and machinery to work with ambulance paramedics

in treating David who had a severe scalp laceration with significant haemorrhaging. After he was immobilised and a pressure bandage applied to help stem the bleeding, he was extricated from the setting concrete.

David required immediate emergency surgery to control the haemorrhaging as he was growing increasingly unstable through loss of blood. Dr Munford administered an anaesthetic, placing him in an induced coma so that he could carry out the necessary procedure. David was then given a blood transfusion and flown to Liverpool Hospital.

He spent eight days in hospital and is slowly recovering from his ordeal.



The CareFlight medical team worked with ambulance paramedics to stabilise David.

Ashley brightens CareFlight's day

It was an emotional moment for Dr Shane Trevithick and pilot John Hoad as they were reunited with two-year-old Ashley in February, 18 months after fighting desperately to bring her back from the brink of death when she very nearly drowned in the bath.

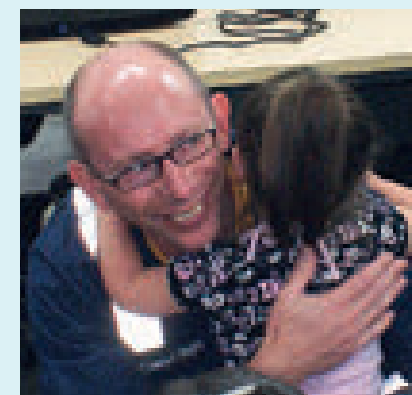
Ashley's mother Sandra left the bathroom briefly to fetch some towels to dry 12-month-old Ashley and her older brother, and in those few seconds, Ashley slipped under the water. On Sandra's return, Ashley was blue.

When CareFlight arrived Ashley had no pulse and was not breathing. It was a desperate struggle for survival. After drilling into her leg bone to insert a drip, and then intubating and ventilating

her, Dr Trevithick and paramedic Annemarie Delahunty managed to resuscitate Ashley, restoring her heart rhythm. She was then flown by pilot John Hoad, accompanied by the critical care team, directly to Westmead Children's Hospital.

Ashley was kept in an induced coma for a week while specialists waited for the swelling in her brain to subside. She woke up on her first birthday.

Ashley has made a miraculous recovery and shows no signs of residual damage. Dr Trevithick is delighted with the outcome, admitting that this was one of the most challenging resuscitations of his career. Equally delighted is John, CareFlight's inaugural pilot who last year celebrated 25 years of service to CareFlight and the community.



Pilot John Hoad (right) and Dr Shane Trevithick (left) received hugs from Ashley when she visited the base with her family in February.





Dr Shane Trevithick and paramedics stabilise the unconscious bike rider.

As the NT aeromedical tasking and coordination system matures, we are seeing an increase in the number of pre-hospital missions for the Darwin helicopter, especially to motor vehicle crashes. Because of the vast distances across the Top End, it is often necessary to utilise the aeroplanes, sometimes in conjunction with the helicopter, for on-scene rapid response missions.

There is a growing need for what has become known as the CareFlight Medical Escort aircraft, locally known as the CME. The CME service recognises the unique needs of the Top End and the distances from any level of health care outside the local community clinic. Though the community clinics do an outstanding job in delivering primary healthcare, sometimes lower acuity patients need a higher level of care than the community clinic can sustain. While it is not practical to drive these patients to hospital by road, they do not require the use of an intensive care aircraft. The CME service allows for up to four low acuity patients to be monitored simultaneously by the CareFlight flight nurses, as they are flown for treatment to the most appropriate hospital.

Motorcycle crash

When motorcycle rider Simon swerved to avoid hitting a group of boys on skateboards, it nearly cost him his life. He was thrown through a barbed wire fence and plunged about five metres down a ravine, landing in a culvert.

The CareFlight trauma team of Dr Shane Trevithick, Dr Sander Manders, paramedic Stuart Gourlay, pilot John Hoad and aircrewman Travis West flew to the scene, landing in a nearby field.

Simon had sustained serious head, chest and internal injuries, and had a GCS of 8. (The Glasgow Coma Scale, used to assess a patient's level of consciousness, has a range of 3 to 15 with 3 indicating deep unconsciousness.) The CareFlight medical team worked with Ambulance Service paramedics to stabilise Simon before placing him on a ventilator and flying him to Royal North Shore Hospital where he underwent emergency surgery.

Simon spent 32 days in hospital and was then transferred to the Royal Ryde Brain Rehabilitation Centre. He is now back home and doing well. It was Simon's second rescue by CareFlight.

in their care and transportation. It is always immensely inspiring for our crews to see firsthand the difference that their intervention makes for those who experience life-threatening trauma.

Northern Operations

In the Northern Territory, our aeroplanes and helicopters, staffed by doctors and/or nurses, fly thousands of kilometres to bring ill and injured Territorians from accident scenes and remote clinics to Darwin, Katherine and Gove hospitals.



From left: Chief Pilot Jeff Konemann, General Manager Northern Operations & Aviation Services David Mann, Fleet Manager Rotary Wing Greg Ohlsson, Director of Engineering Luke Bradshaw and Fleet Manager Fixed Wing Richard Sandford. Photo courtesy Lauren Bradshaw.



Top, from left: flight nurse and clinical nurse educator Jodie Martin, Clinical Nurse Manager Darren Chilton and flight nurse Janine Hawkes.

Right: a burns patient is transferred from a Timber Creek clinic to Royal Darwin Hospital under intensive care management.



Head trauma in the outback

Rhett and his family own Lorella Springs, one of the most remote properties in Australia, about 30 minutes flying time from Borroloola on the Gulf of Carpentaria.

In June, Rhett was clearing a new track using a large grader tyre towed behind his 4WD. The tyre caught on a tree and recoiled, catapulting through the back window and smashing into Rhett's head, the chain wrapping around his face. His eye sockets were shattered, his jawbone ripped off and his skull crushed.

CareFlight, suspecting that the airstrip on the property may not be long enough to land an aeromedical plane, dispatched a helicopter as well as a plane from Darwin for the 1,500 km round trip. The plane flew to Nathan River Station and was met by a park ranger who drove the doctor and nurse 90 km across flooded creeks to reach Rhett. The helicopter flew directly to Lorella Springs, arriving at night after refuelling at Katherine and Ngukurr.

Once the medical team had stabilised Rhett, he was flown by helicopter

to the plane which was waiting at Borroloola airport to transfer him, under the continuing care of the doctor and nurse, to Royal Darwin Hospital.

A year on, Rhett is still recovering, though he has lost the vision in one eye. However, he considers himself the luckiest person in the world. He survived.

The mission was a mammoth logistical feat involving two aircraft, several hundred phone calls and the efforts of many people including doctors, nurses, pilots, aircrewmembers, logistics coordinators, family members, property staff and guests and the park ranger who drove the medical crew to the property.

The mission involved two aircraft, several hundred phone calls and the efforts of many people.



CareFlight Director Ian Badham visited Rhett at Lorella Springs 12 months after Rhett's accident.



Dr Trevor Gardner and Dr Claire Barker delivered the 603g baby on the tarmac at the airport.

Premature baby boy couldn't wait

In March, CareFlight was called to a remote village on the Gulf of Carpentaria where a pregnant woman had presented at the health clinic, in premature labour.

Dr Trevor Gardner, paediatric consultant Dr Claire Barker and nurse/midwife Penny Lord were flown by pilot Greg Chow to collect the patient, expecting to transfer her to Royal Darwin Hospital for treatment. However, the baby had other plans and decided to make his entry into the world on the tarmac at the airport. He was delivered beside the plane by the medical team at 2am, by torchlight, weighing 603g.

The tiny baby was stabilised, intubated, cannulated and medicated and then placed in a humidicrib before being flown, with his mother, to Royal Darwin Hospital. He was taken to the special care nursery while his mother was admitted to the delivery suite for assessment.

The baby boy, who was estimated to be around 25 weeks gestation, is doing well, recently hitting the 1kg mark. His mother is also in good health, having received excellent care both during and after giving birth.

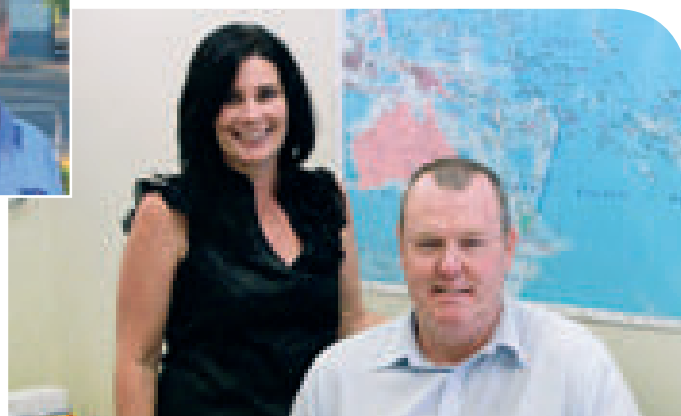
The system relies on our Top End operational team to ensure we have mission-ready aircraft 24/7 and, thanks to our 17-strong engineering team led by Director of Engineering Luke Bradshaw, and our fixed wing team led by Fleet Manager Richard Sandford, CareFlight has one of the highest aircraft availability rates in the industry.

Our Northern Operations aeroplanes and helicopters clocked up 6,719 flying hours this year.

CareFlight International Air Ambulance (CFIAA)

CareFlight International Air Ambulance continues to provide the highest standard of care to patients as they are transported throughout the world. Retrieving patients from places such as Buenos Aires, and returning patients to places such as Ho Chi Minh City, are all part of CareFlight's work to save lives and speed recovery. CFIAA also works within Australia to move patients between states, visiting every capital city and many regional areas.

Our critical care teams utilise specially equipped medi-jets and, for long haul missions, regular passenger transport aircraft to transfer patients between countries and states.



Logistics Coordinator CFIAA Samantha Jeffriess and National Manager CFIAA Paul Smith. Above left: CFIAA Base Manager Darwin Peter Murphy.

In November, CFIAA was awarded the prestigious European Aeromedical Institute (EURAMI) Accreditation, the highest level of EURAMI approval available. CFIAA is currently Australia's only provider to receive this accreditation which endorses CFIAA's 'special care' capabilities. The accreditation is the conclusion of robust external audit which determines compliance with EURAMI standards and proven capabilities in the air transport of special 'high risk' patients.

During the year, CFIAA teams conducted 331 missions of which 174 were international missions. Towards the end of the year our international operation was affected by a sudden downturn in demand resulting from the combined effect of the global financial crisis, the high Australian dollar, increased competition from operators in Asia and cost containment measures by key customers. In response, we started shifting away from dedicated jet charter arrangements with high fixed standing charges, and began reverting to the variable cost ad hoc jet charter model that we previously used. This has substantially reduced the fixed costs of our international service and, with this reduced cost base, we are well positioned to ride out a prolonged slow-down in the international air ambulance market.



CareFlight prepares to bring Liam home to Melbourne.

Victorian teenager suffers cardiac arrest in New Zealand

CareFlight was a link in an amazing chain of survival for Liam, a fit and healthy 15-year-old who suffered cardiac arrest following arrhythmia while on holiday with his family in New Zealand.

Liam had set out for an afternoon walk in a heritage forest near the village of Hanmer Springs, two hours north of Christchurch when, after only 10 minutes, he collapsed. He was found unconscious by English backpacker James, who immediately called emergency services. While James was on the phone, Liam stopped breathing.

James began CPR, persevering for 25 minutes until local ambulance paramedics arrived to take over. The ambulance paramedics defibrillated and intubated Liam, continuing to administer CPR until the rescue helicopter arrived to airlift him to Christchurch Hospital.

Liam spent two weeks in intensive care but the prognosis was grim. He

had been without oxygen for almost an hour and the chances of surviving oxygen deprivation diminish by seven to 10 percent for every minute of deprivation. Liam's distraught parents were advised to get him home.

Liam was flown back to Australia on a CareFlight International Air Ambulance medi-jet under the intensive care management of Dr John Heltne and RN Danni Phillips, accompanied by his mother, Patsy. During the flight he made a sudden voluntary movement - the first since his collapse - he stretched.

"The CareFlight doctor said it was definitely an independent movement as opposed to a seizure or something like that," said Patsy. She also commented that the professional care and attention shown to Liam by the CareFlight medical crew and pilots, and the fact that she was kept informed throughout, made what was a very stressful time in their lives bearable.

Liam was taken to the Royal Children's



Liam is well on the road to recovery. Photo courtesy The Border Mail/Kylie Goldsmith.

Hospital in Melbourne where he remained in intensive care for another two weeks. He then spent four months in rehabilitation learning to walk and talk, and coming to terms with his Acquired Brain Injury and the insertion of a defibrillator/pacemaker.

Liam has returned to his Year 11 studies full time and resumed his volunteer work helping disabled children. He plans to complete Year 12 and undertake a two year Diploma of Community Welfare specialising in disabilities.

No cause has yet been found for the cardiac arrest.

Working with other Emergency Services

Emergency services need to work cooperatively and cohesively to achieve the best possible outcome for the patient.

CareFlight works closely with a variety of services, both on scene and through training or development, to ensure the best care for our patients. Each service has a distinct role in the emergency management system, each is a vital link in the chain of survival.

Australian Maritime Safety Authority (AMSA)

The Australian Maritime Safety Authority is the overarching body responsible for resolving any emergency beacon activation in Australia's region of international rescue responsibility extending way out into the Indian, Pacific and Southern Oceans. CareFlight has an agreement with AMSA to provide search and rescue support on an as needed basis.

Our crews have responded to a number of requests from AMSA during the year. The bulk of search and rescue missions are conducted by helicopter, though on occasions we utilise our Beechcraft King Air B200 aeroplanes for longer range missions.

Ambulance Services

Under a seven year medical services agreement, CareFlight provides medical retrieval specialists and senior critical care registrars to the Ambulance Service of NSW aeromedical bases at Sydney and Bankstown airports and at Orange. These doctors are highly trained and familiar with moving patients by helicopter, fixed wing aircraft and road ambulances in a service which operates 24/7.

This year CareFlight supplied 35 doctors for the contract, providing around half the doctors at the Sydney bases and all the doctors at the Orange base. Working on Ambulance Service helicopters, planes and road ambulances, CareFlight doctors conducted 1,244 retrievals across NSW and, on occasion, into Victoria and Queensland.

A strong operational link with St John Ambulance has become part of CareFlight's successful transition toward full implementation of the Top End Medical Retrieval Service. The developing partnership is helping achieve the NT Government's objective of providing timely clinical support to the ill and injured in the Top End.

CareFlight continues to work with Ambulance Services in all states and territories in the transfer of CareFlight International Air Ambulance patients.

Police

CareFlight works very closely with police who are generally the first emergency service to arrive at the scene of an accident. In our rapid response operations in particular, pilots and aircrewmembers liaise with police who, once a possible landing site has been identified by the aircrewman, secure the site. Often this means closing a road to traffic or cordoning off a park or paddock so the helicopter can land safely. If the landing site is any distance from the scene of the incident, police drive the medical team from the helicopter to the patient.

CareFlight also has informal links with the police, providing special training services such as night vision goggle training to police aircrew and trauma training to police highway patrol officers.

Fire Services

Across Australia, fire services from various agencies play an essential role in securing and managing accident scenes, allowing other emergency services personnel such as doctors, nurses and paramedics to work safely. Fire services personnel, many of whom are volunteers, are specially trained and equipped to extricate patients who are trapped in their vehicles.

CareFlight's relationship with fire

services extends further to providing trauma training to volunteers and to having our doctors and nurses learn more about the use and capabilities of rescue equipment.

State Emergency and Volunteer Rescue Services

CareFlight has always worked closely with State Emergency Service (SES) and Volunteer Rescue Association (VRA) crews. These volunteers are the heart of their local communities, giving many hours of their own time to provide rescue and retrieval services.

CareFlight is now playing a very important role in training these volunteers in trauma care via the CareFlight MediSim program.



Top: CareFlight nurse Paul Campbell works with St John Ambulance paramedics to stabilise a patient injured in a car crash at Adelaide River. The patient was airlifted to Royal Darwin Hospital and then, after further stabilisation, flown by CFIAA to Brisbane for ongoing specialist burns treatment.

Below: CareFlight teams with Ambulance Service paramedics to stabilise a patient who was critically injured when his car hit a tree near Wallacia. Police, Fire & Rescue and Volunteer Emergency Services officers worked for 40 minutes to free him from the wreckage.

Every emergency service has a distinct role in the system, each is a vital link in the chain of survival.

Search and rescue

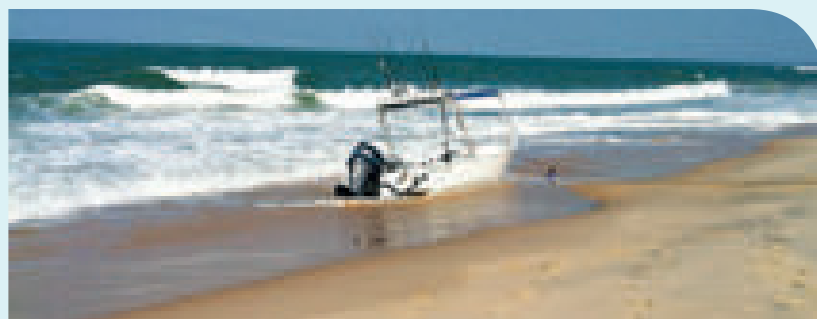
Two fishermen were rescued by CareFlight in September after their fishing boat ran aground in shark infested waters 129 km north of Darwin.

The men were fishing near Cape Van Diemen when their tinny was swamped in the surf break and dumped, stranding them on the very remote beach. They managed to retrieve their emergency distress beacon and alerted AMSA who contacted CareFlight.

A CareFlight rescue crew, including a flight nurse, located the boat and landed on the sand. The men were flown to safety and local police later helped them retrieve their boat.

The incident highlights the need for boat owners to carry a new generation 406MHz EPIRB (emergency distress beacon), especially when venturing into remote locations.

The fishermen's boat ran aground on a remote beach.



Education and Training

CareFlight’s education services team provides medical training internally and externally to other emergency services and third party organisations.

Internal training is ongoing and is provided for CareFlight specialists and nurses as continued education, and for CareFlight registrars as six months core training. Registrar training is accredited by the specialist colleges of Anaesthesia, Intensive Care and Emergency Medicine.

Considerable growth in the workload of our medical education team has seen us employ additional educators, all of whom have brought significant skills and knowledge to the team.

CareFlight MediSim programs

The care received by a patient immediately post-injury can often define their long term outcome. CareFlight has recognised that in regional areas this care is frequently provided initially by local emergency services volunteers, and then by often stretched regional health resources.

The CareFlight MediSim program takes vital trauma care training to regional and



Left: Education Manager Margaret Tyson and MediSim Coordinator Colin Brown.

Opposite page, clockwise from top left: clinical nurse educator Jodie Martin conducts logistics training; Dr Claire Barker (standing, far right) utilises a high-fidelity baby simulator for paediatric training; Dr Ken Harrison and clinical nurse educator Justin Treble run a MediSim workshop; MediSim participants practise skills on a simulator manikin in the crash car.

rural Australia through two programs: Trauma Assessment Resuscitation and Transport (TART) Training and the Volunteer Trauma Care (VTC) Workshop. The training is provided by experienced doctors, nurses and paramedics.

The TART course is run through the Institute of Trauma Injury Management (ITIM) and educates health care professionals - doctors and nurses - in regional areas. The VTC focuses on training those in the front line of trauma care – emergency services volunteers - in regional areas.

The CareFlight MediSim program builds upon the participants’ existing training with additional knowledge, skills and confidence to help save lives and improve health outcomes in rural and remote communities.

The program is a mix of theoretical and simulation based trauma training where participants work together with their colleagues, practising tasks, processes and communication in realistic clinical and critical scenarios. The workshops are held in a mobile, simulation based trauma education classroom and utilise sophisticated manikins to simulate real life scenarios involving trauma patients.

Through sponsorship and community support, CareFlight provides the VTC training at no cost to the emergency service volunteers who give their own time and effort to support their communities.

In our first year of running the program in 2011/2012, CareFlight ran 12 VTC workshops and two TART courses in regional areas. The feedback from the participants has been excellent



with ranking members of the services strongly encouraging CareFlight to continue this vital program.

Over the next two years, we expect to run over 100 more VTC workshops and train up to 2,000 emergency service personnel across the country. We have already secured funding to provide 45 workshops to volunteers in remote regions of the Northern Territory.

Rescue simulators

The CareFlight helicopter rescue simulator and crash rescue simulator travelled some 22,000 km in the past year, helping educate CareFlight medical teams and Australian Defence Force personnel in trauma care.

The helicopter rescue simulator, originally built as a winch training platform, has been invaluable in providing a high-fidelity training

environment for patient treatment during transit.

The crash rescue simulator allows for the simulation of scenarios in which a patient is trapped in a motor vehicle. Features include a collapsible dashboard and removable windows, doors and intrusion bars. The crash car simulator has become an integral part of the training programs and CareFlight has plans to build more in 2012.

Australian Defence Force pre-deployment medical training

In addition to our considerable internal commitments, CareFlight has played a vital role in preparing Australian Defence Force personnel for operations in Afghanistan and other Middle Eastern countries, since 2009. We provide this service, in association with Cubic Corporation, in the NT, WA and Queensland.

In February and March this year, CareFlight participated in a series of pre-deployment medical training activities for Australian soldiers, sailors and airmen heading to the Middle East in combat roles. In this particular instance the purpose was to teach army combat and medical staff the clinical life-saving skills that may be required of them while deployed, including responding to medical incidents, stabilising the injured, working together as a medical team and preparing for evacuation.

Over a 13 day period in Townsville where the training activities took place, CareFlight had as many as 20 medical educators on the ground on any one day, delivering advanced training. Feedback from soldiers who participated in the exercises, was that the training they receive from CareFlight saves lives.



Community Support

The generous support of the community and the corporate sector over the past year has made it possible for us to grow new revenue streams across Australia to support our expanding operation.

25th year celebrations

CareFlight celebrated 25 years of operations and community service, with a range of wonderful events.

Celebrations began with a ceremonial landing of the CareFlight helicopter at Lithgow Hospital in NSW. It was exactly 25 years to the day that CareFlight landed there to transfer our first patients, two children, to Westmead Hospital in Sydney.

The highlight was undoubtedly the 25th Anniversary Gala Dinner held at the Sydney Convention and Exhibition Centre. The evening kicked off with the arrival of the CareFlight helicopter which landed on a floating helipad in Darling Harbour, followed by a welcome

address by CareFlight co-founder Ian Badham OAM. The 580 guests were then treated to video clips of CareFlight's 25 years of lifesaving care. Three significant missions were re-visited on the night, with past patients and crews re-united on stage to relive their experiences.

We extend special thanks to all those individuals and companies who purchased tickets to this event, as well as to Ben Alcott and the hardworking team from Damn Good Productions who provided a number of services pro bono.

Direct marketing channels grow

Together our three main direct

marketing channels, regular giving, CareFlight bears and direct mail, have shown steady growth over the past five years, increasing from around \$2.6 million net income to over \$3.5 million. Most of this growth has been achieved by the rapid rise of regular giving income.

Regular giving on the rise

Regular monthly donations from our generous supporters are becoming one of CareFlight's most vital means of financial support. Regular giving offers donors the convenience of automatically deducted donations which incur very low administration costs,

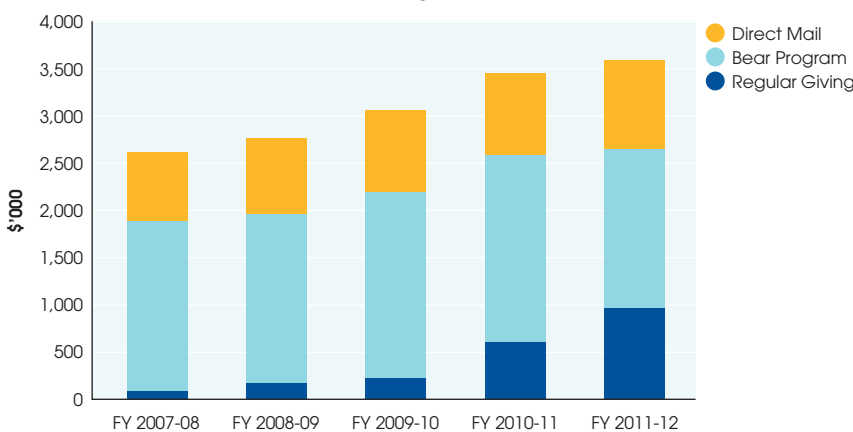
25th Anniversary Gala Dinner, clockwise from top left: Nicola Street, Victoria Perry, Chris Googe, Denise Pegley and Larissa Inglis; Dr Ken Harrison with past patient Rachel Waldron-Bowers; paramedic Murray Traynor and pilot Dan Tyler with the Business Post Naiad crew rescued during the 1998 Sydney to Hobart.



Highlights of the year:

- 25th year celebrations
- the rapid growth of regular giving
- welcoming two new major sponsors
- large donations to fund our CareFlight MediSim training program
- community fundraising events and activities
- a record direct mail campaign at the end of the 2011 tax year
- becoming one of the first charities in Australia to achieve Payment Card Industry (PCI) compliance, providing even greater security for our direct debit donors

Direct Marketing Channels



Every effort is appreciated and every dollar raised is valued.

so contributions are maximised. While in previous years most growth has come from our bear supporters who have chosen to also assist with small monthly donations, this year we are delighted to have welcomed new donors.

During the year we generated over \$1 million of income in regular giving compared to \$86,000 five years ago. We thank you for your regular support of CareFlight, which allows us to plan ahead.

Appeals bring responses

The highlight of the year's direct mail program was undoubtedly the 2011 tax appeal which proved to be one of our most successful mail campaigns to date, bringing in over half a million dollars. We again featured dramatic mission stories in our direct mail appeal letters to showcase our rapid response critical care services. At the same time we used the opportunity to draw the public's attention to common items in the home which pose a danger to children, and included with our appeal letters some useful tips on keeping children safe around water and windows.

Bear alert

CareFlight bears proved very popular again this year, and nearly 100,000 bears found homes among our bear buyers. We also added over 1,000 bear supporters to our regular giving

channel, with many of these loyal supporters continuing to purchase our bears as well as give generous cash donations. Thank you to our bear enthusiasts for supporting our mission to save lives through purchasing CareFlight bears.

During the year we introduced five new bears to our CareFlight family, the 25th Anniversary Boy and Girl Bears, School Boy and Girl Bears and Bush Fire Fighter Bear.

Sponsorship

We are proud to welcome on board two new major sponsors, Johnson & Johnson Medical and The Mounties Group.

Johnson & Johnson Medical, now one of our valued partners, has entered into a three year arrangement with

CareFlight which will see them provide over \$400,000 to help fund CareFlight MediSim trauma care workshops in the Northern Territory. The workshops will offer education for up to 900 rescue volunteers across some of the most remote and isolated regions in Australia.

The generous donation from Johnson & Johnson Medical will make a valuable contribution to historically under-resourced health services in regional and rural areas. These communities rely on their rescue volunteers to arrive at the scene of an accident quickly and make critical decisions which will have a major impact on the patient's recovery outcome, sometimes literally making the difference between life and death. CareFlight is proud to be in partnership with Johnson & Johnson Medical and looks forward to providing more training courses to rural communities.





From left: CareFlight CEO Derek Colenbrander, Mounties Club President Kevin Ingram and CareFlight Director Garry Dinnie.

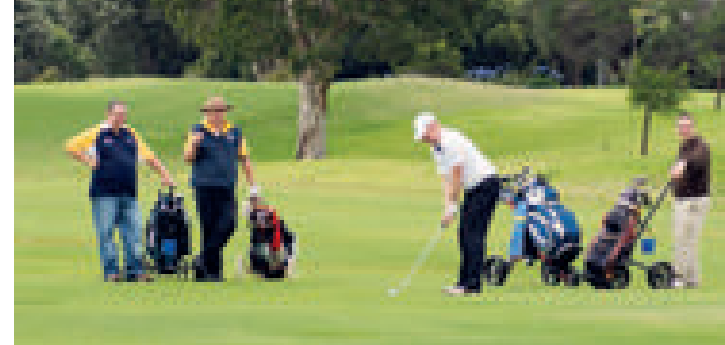
By helping CareFlight you have helped many people in their time of greatest need. Thank you.



team put on an 18 hole challenge at the Kogarah Golf Course in December while the wonderful community of Sussex Inlet had a spectacular turn-out at the nine hole bush course in the seaside town in February. Thanks to all volunteers and players who gave their time and donations so generously to support CareFlight.

Sussex Inlet continues its tradition of support

The spirited community of Sussex Inlet continued its traditional support of CareFlight with the annual 'Choppers for Charity' weekend in late February. The event attracted thousands of supporters over three days of fun-filled activities that included lawn bowls, golf, a street parade, dinner dance and even a dragon boat race. Volunteers who spent a year working on the project were tireless in their efforts over the weekend to raise funds for CareFlight through ticket sales, auctions, raffles, chocolate wheels and donation cups. Special thanks to the Sussex Inlet RSL Club, Lions, Rotary, Radio 2ST, Marine Rescue, Rural Fire Service, Nippers and the many other supporters who contributed in various ways. Funds raised from the event went towards



running two CareFlight MediSim courses on the NSW South Coast, including one in the Sussex Inlet township.

Northern Territory events

The CareFlight helicopter rescue simulator attended a range of events in the Top End during the dry season of 2011, including the Royal Darwin Show, Katherine Show, Gove Peninsula Festival and a variety of community markets and displays. Enthusiasts ranging from two to 70 years old climbed into the simulator to watch an educational video on what it's like to participate in a CareFlight mission. Many community supporters purchased bears and merchandise or made donations towards CareFlight's lifesaving work.

Clubs

In 2011 CareFlight received strong support from licensed clubs across

Right: Communications & Community Engagement Manager Don Kemble (left) and Community Engagement Coordinator John Ebbott.

Far right, from left: Data Base Officer Ray Li, Relationship Development Officer Alicia Madden, Head of Fundraising Trent Osborn, Data Base Supervisor Bernadette Rubio-Pascual and Direct Marketing Manager Maria Dinnison.



NSW for our helicopter service, in the form of funding towards the cost of a mission, and for CareFlight MediSim, our mobile simulation-based trauma program. Licensed clubs make significant donations to many different community organisations and CareFlight has been a grateful recipient of support through the CDSE scheme over many years. A special thanks to the Directors and CEO of Kempsey Macleay RSL Club for their ongoing support of CareFlight MediSim. The club has signed a three-year agreement which will see CareFlight deliver training to members of the Mid-North Coast Community Volunteer Emergency Services.

Trusts and foundations

Last year a number of trusts and foundations made significant

Clockwise from far left: David Rundle and Geoff Morris are driving a Franklin vintage car around Australia to raise funds for CareFlight; the AvLaw team held a golf day for CareFlight; Gove Peninsula Festival; Woodford to Glenbrook cyclists; and Dragon boat racing at the Sussex Inlet Choppers for Charity weekend.

contributions to CareFlight projects. Much of the support was directed toward medical and education equipment used in our training programs and on our services. We thank the following supporters for their donations: The Loyal Foundation, Profield Foundation, Hunter Hall, The Corio Foundation and Woodend Pty Ltd, along with the many family trusts that have supported CareFlight during the year.

To all our friends in the community

Our community supporters are fundamental to our success, your contributions making it possible for us to carry out our lifesaving work. By helping CareFlight you have helped many people in their time of greatest need. Thank you.



Board and Management

Board of Directors

Andrew Refshauge
MB, BS, FAICD
Chairman
In office since
18 December 2007

Ian Badham
BSc, OAM
Executive Director
In office since 9 May 1986

Sean Beehan
MB, ChB, FANZCA
In office from 18 July 2002
until 9 July 2012

David Bowen
BA, Dip Law
In office since
18 December 2007

Derek Colenbrander
BA, LLB
Chief Executive Officer
Executive Director
In office since
19 December 2003

Garry Dinnie
BCom, FCA, FAICD, FAIM,
MIIA(Aust)
Chairman of the Audit and
Risk Committee
In office since
23 February 2010

Anna Guillan
MBA
In office since
14 December 2010

Company Secretary

Peter Quayle
BCom, FCPA
In office since 22 July 2004

Management and Senior Operational Team

Administration

Derek Colenbrander
Chief Executive Officer

Rajini Surendran
Finance Manager

Andrew Anderson
General Manager Medical
& Support Services

David Mann
General Manager Northern
Operations & Aviation
Services

Don Kemble
Manager Communications
& Engagement

Shona Sandford
NT Operations Manager

Michelle Martz
Manager NT Logistics
Coordination Unit

Glenn McKeown
Quality & Safety Manager

Jude Pettitt
Human Resources Manager

Gary Williams
Chief Information Officer

Ian Badham OAM
Media Relations Manager

Medical

Dr Alan Garner OAM
Medical Director

Dr Peter Clark
Deputy Medical Director
Supervisor of Training

Dr Rachel Heap
Interim NT Medical Director

Dr Ken Harrison
Director Medical Education
& Training

Dr Sam Bendall
Deputy Director Medical
Education & Training

Dr Shane Trevithick
Director NSW Medical
Services Contract

Dr Darren Wolfers
Director Medical Workforce
Planning

Dr Andrew Weatherall
Director Medical Research

Dr Bernie Hanrahan
Senior Base Doctor,
Westmead
Acting Medical Director
CFIAA

Dr Ian Carter
Senior Base Doctor, Orange

Dr Patrick Liston
Manager Medical Quality
Assurance

RN Darren Chilton
Clinical Nurse Manager

Colin Brown
MediSim Program Manager

Aviation

Jeff Konemann
Chief Pilot

Greg Ohlsson
Fleet Manager Rotary Wing

Richard Sandford
Fleet Manager Fixed Wing

Luke Bradshaw
Director of Engineering

Steve Hughes
Manager Westmead
Operations & Aviation
Business Relationships

Dave Chapman
Aviation Compliance
Manager

Ian Smart
Safety Manager

John Costin
Chief Aircrewman

CareFlight International Air Ambulance

RN Paul Smith
National Manager CFIAA

Peter Murphy
CFIAA Base Manager,
Darwin

Samantha Jeffriess
Logistics Coordination

Fundraising

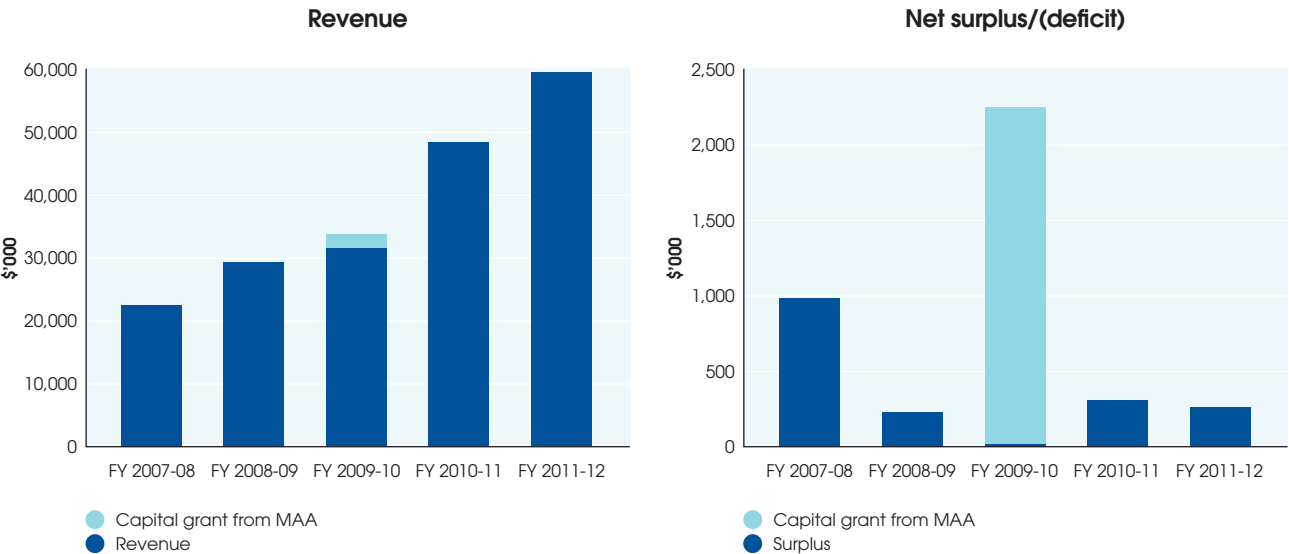
Trent Osborn
Head of Fundraising

Maria Dinnison
Direct Marketing Manager

Scott Monaghan
Relationship Development
Manager

Financials

Driven largely by the phased implementation of the Top End Medical Retrieval Services Contract, in particular the introduction of CareFlight consultants and flight doctors in the Top End, total revenue grew by \$11,100,685, from \$48,193,562 to \$59,294,247. The net surplus for the year was \$251,160 compared with a net surplus of \$305,083 in FY 2010-11.



From left: accountant Candice Bessesen, receptionist/accounts assistant Ruth Heywood, accountant Swati Jain, Finance Manager Rajini Surendran, accounts officer Sweta Negi, accountant Lyn Vu and accountant Weixin Lu.

Statement of comprehensive income

For the year ended 30 April 2012

	2012	2011
	\$	\$
Revenue		
Ambulance Service of NSW	3,200,558	3,057,954
Northern Territory Department of Health	28,086,819	20,110,329
Aeromedical and other retrieval revenue	15,076,526	12,827,809
Fundraising – donations and sponsorship	5,299,290	4,351,836
Fundraising – merchandising and events	7,631,054	7,845,634
Total revenue	59,294,247	48,193,562
Expenditure		
Operations and administration – costs of personnel	24,998,561	18,213,401
Direct costs of medical and aircraft retrieval	20,200,015	18,850,897
Costs of fundraising – donations and sponsorship	697,626	566,134
Costs of fundraising – merchandising and events	5,467,445	5,143,907
Depreciation and amortisation	2,137,793	1,377,403
Insurance	649,690	459,283
Professional fees	1,730,954	960,306
General overheads	2,458,008	1,692,658
Net loss on sale of non-current assets	14,362	17,424
Total expenditure before devaluation	58,354,454	47,281,413
Surplus before net finance and devaluation of aircraft	939,793	912,149
Finance income	158,318	83,058
Finance expense	(846,951)	(519,889)
Net finance expense	(688,633)	(436,831)
Net surplus before devaluation of aircraft	251,160	475,318
Devaluation of aircraft	-	(170,235)
Net surplus for the year	251,160	305,083
Other comprehensive income		
Revaluation of aircraft	10,671	-
Total comprehensive income for the year	261,831	305,083

Statement of financial position

As at 30 April 2012

	2012	2011
	\$	\$
Current assets		
Cash assets	6,246,432	3,560,482
Trade and other receivables	2,505,260	4,235,378
Inventories	195,042	163,209
Investments	1	1
Other	612,073	750,774
Total current assets	9,558,808	8,709,844
Non-current assets		
Aircraft	27,121,506	6,482,996
Land and buildings	2,609,156	2,123,222
Property, plant and equipment	4,947,994	3,273,340
Total non-current assets	34,678,656	11,879,558
Total assets	44,237,464	20,589,402
Current liabilities		
Payables	9,140,555	7,039,611
Interest bearing liabilities	2,466,004	1,204,747
Provisions	1,698,863	1,126,880
Total current liabilities	13,305,422	9,371,238
Non-current liabilities		
Interest bearing liabilities	23,083,736	3,668,553
Provisions	273,250	236,386
Total non-current liabilities	23,356,986	3,904,939
Total liabilities	36,662,408	13,276,177
Net assets	7,575,056	7,313,225
Capital funds		
Reserves	10,671	-
Retained surplus	7,564,385	7,313,225
Total capital funds	7,575,056	7,313,225

Independent Audit Report to the Members of CareFlight

We have audited the summarised statement of comprehensive income for the year ended 30 April 2012 and the summarised statement of financial position of CareFlight as at 30 April 2012, in accordance with Australian Auditing Standards. These summarised financial statements have been derived from CareFlight’s Annual Statutory Financial Report.

In our opinion, the information reported in the summarised financial statements is consistent with the Annual Statutory Financial Report from which it is derived and upon which we expressed our audit opinion. For a better understanding of the scope of our audit, this report should be read in conjunction with our audit report on the Annual Statutory Financial Report.


KPMG, Sydney



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In Your Capital City

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Email: info@careflight.org

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