



CareFlight

Annual Report **2014**

Contents

1	Our Vision and Mission
3	Chairman and CEO Report
7	Meet some of our People
8	Paediatric and Newborn Service
9	Fixed Wing Service
11	Aeromedical and Rescue Helicopter Service
13	CareFlight International
15	Rapid Response Trauma Service
19	Research, Education and Training
23	MediSim
25	Community Support
31	Board and Management
32	Financials

Our Vision

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

Our Mission

To save lives, speed recovery and serve the community by providing the highest standard of rapid response critical care

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:

- 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

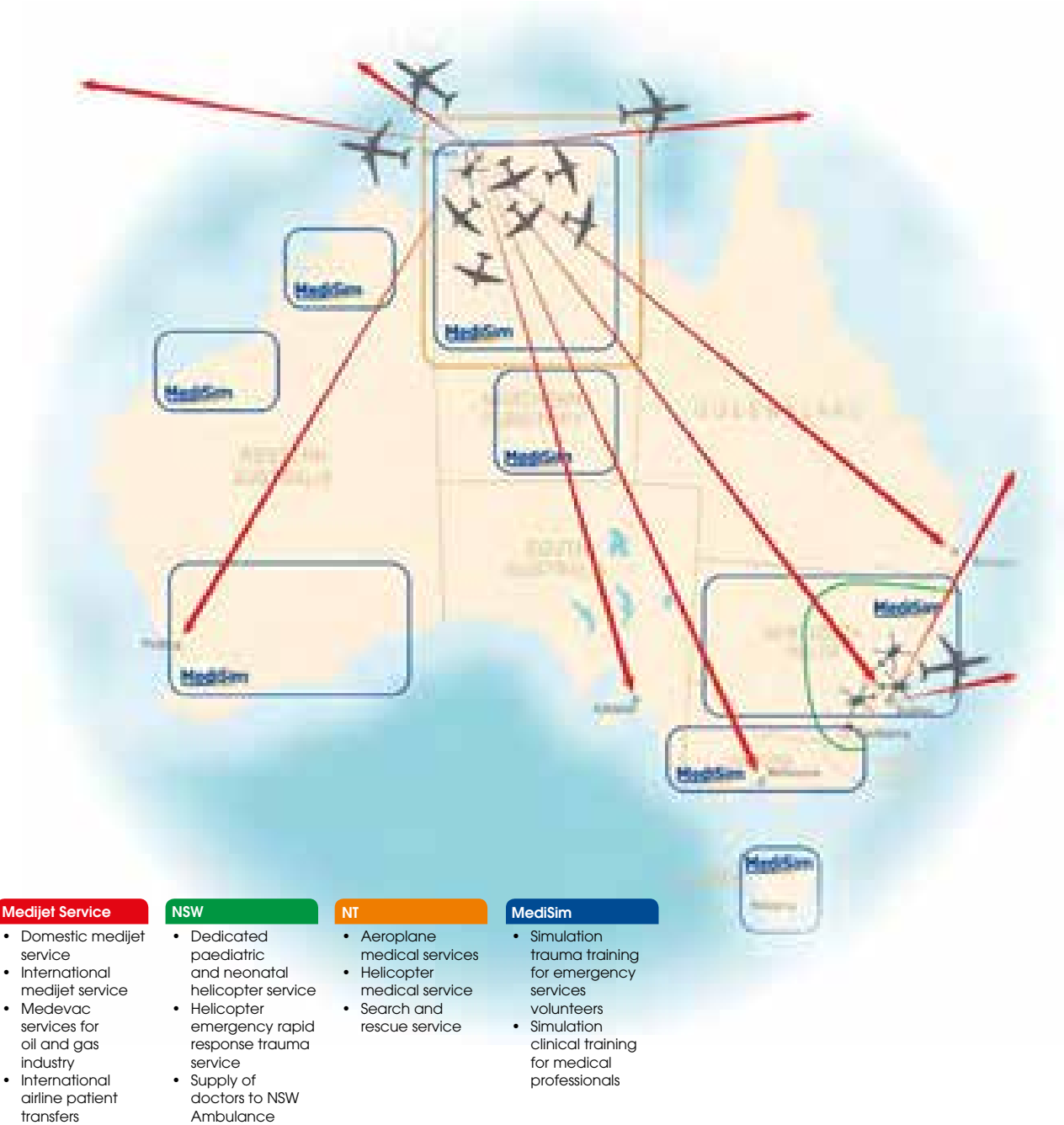


Chairman and CEO Report

Overview of operations

CareFlight provides a range of aeromedical and related services to communities across Australia and beyond our shores. The nature and diversity of those services are illustrated in the diagram.

All these services are delivered as part of, or in support of, CareFlight's mission to "save lives, speed recovery and serve the community by providing the highest standard of rapid response critical care".



Social impact

As always, our operational teams remain focused on service delivery and patient care. Testing our service against the following three indicators of social impact, we are pleased to report as follows:

Patients treated and/or transported

Patient numbers over the past five years are shown in the chart below.

The slight increase in patient numbers reflects a full year of helicopter services in support of the Westmead based Neonatal and paediatric Emergency Transport Service (NETS). (The contract commenced part-way through the previous financial year.)

As always, our operational teams remain focused on service delivery and patient care.

Time taken to reach patients

Under our Top End Medical Services Contract with the NT Government, we are required to meet the following 'Dispatch to Take-off' key performance indicators (KPIs) in not less than 95% of mission activations:

Our year at a glance

- We treated and/or transported 5,206 patients.
- We moved our Darwin based operations to a brand new, purpose built hangar.
- We purchased an AW139 helicopter for our Top End helicopter service.
- We trained over 1,000 doctors, nurses, paramedics and first responders.
- We accelerated the roll-out of our MediSim program which takes vital trauma care training to regional, rural and remote communities across Australia.
- We partnered with Territory Insurance Office (TIO) who are providing \$750,000 over three years to sponsor CareFlight's Top End helicopter service.
- We received \$13.6 million from the community in support of our work, through donations, fundraising and sponsorship.

Patient Priority	KPI
1	Less than 30 minutes
2	Less than 2 hours
3	Less than 6 hours

While we were operating out of temporary facilities in Darwin, without on-site staff accommodation and sleeping quarters for managing crew fatigue, it was a day-to-day challenge to meet these KPIs. Our move in September 2013 to a new, purpose built aeromedical hangar has seen a material improvement in our KPIs, and

we are now consistently achieving 97% plus compliance.

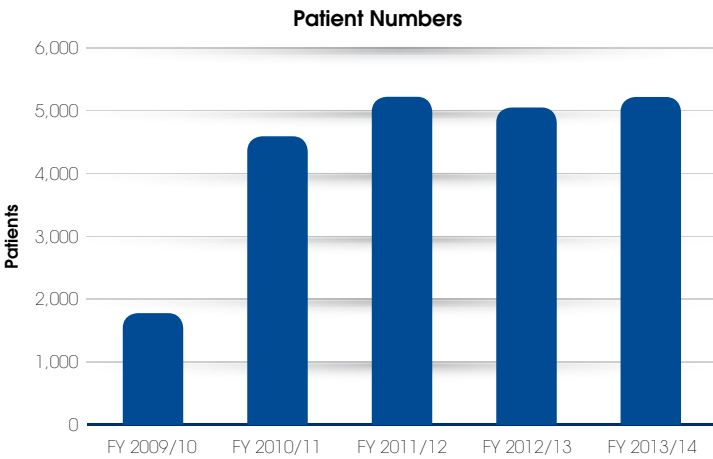
In September 2013 we purchased a larger, faster AW139 helicopter for deployment in our Northern Operations. After an extensive modification program, this aircraft came on-line in June 2014. The AW139 is expected to substantially improve our time to patient performance in helicopter missions.

All other parts of our operations reported fully contract compliant time activation KPIs. But we do not rest on our laurels. Consistent with our ethos, our objective is not merely to comply, but to exceed the contract benchmarks set for us. Within the bounds of safe operations, we continually strive to do so.

Quality of care given to patients

Quality of care is a function of many factors, the most important of which are:

- attracting and recruiting well qualified, appropriately experienced, high calibre staff
- delivering well-designed, relevant induction and in-service training programs
- the right level and style of staff supervision



- reporting and feedback mechanisms
- management processes and systems
- organisational culture
- quality and safety control systems

None of these factors are easy to measure or evaluate. Nonetheless, we make a continuous effort to improve by looking at, sharing information with and benchmarking ourselves against other comparable operators. In the nature of things, much of this is done informally, often in the setting of industry gatherings and conferences.

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We are receiving direct, albeit anecdotal, evidence of the impact that our MediSim program is making to the stabilisation and recovery prospects of accident victims in remote areas. It is pleasing to see the value of this program spreading by word of mouth among emergency services personnel and first responders from remote parts of Australia.

This year saw the introduction of a new Care Bundle process to enhance clinical governance. The process provides a checklist-type mechanism for managing and monitoring the most common types of trauma. The Care Bundle process has been adopted by the Hunter New England Local Health District retrieval service and is being considered as part of a larger collaborative governance (including benchmarking) process with other retrieval organisations in North America and Europe.

In addition to our third party accreditation of Quality (ISO 9001) and Quality in Healthcare (Core Standards in Healthcare), CareFlight achieved accreditation to Occupational Health and Safety Management Systems (AS 4801).

Creating new opportunities

In recent years CareFlight has enjoyed considerable success in bolstering the long-term sustainability of the organisation. This has been achieved by winning new work in the aeromedical sector, bringing CareFlight income diversity – the cornerstone of strategic independence.

The table below illustrates our success in this area.

The tempo of our business development activity picked up markedly in FY2013/2014. Within a matter of months the Victorian, New South Wales and South Australian Governments released or announced tenders for major long-term Helicopter Emergency Medical Services (HEMS) contracts. Each of the resulting contracts has a minimum duration of 10 years.

Accordingly, FY2013/2014 presented a once in a decade opportunity to bid for the three largest government HEMS contracts available in the southern half of Australia. CareFlight has lodged bids for each of these contracts.

The aeromedical sector is highly competitive, and CareFlight competes directly with some of the world’s largest helicopter companies. The scale and complexity of the larger government tenders mean that we had to invest heavily in developing our bids and draw extensively on the skills and experience of professional advisers and consultants. The investment costs have substantially impacted our surplus.

However, despite the high costs, the Board remains committed to pursuing new opportunities that fall within our charter.

While CareFlight aspires to win all the work for which we tender, we face the same reality that every business faces (whether in the commercial sector or the not-for-profit sector) – we cannot realistically expect to win them all. Importantly, though, with the diversification of our income sources and mix of medium and long-term contracts, and in stark contrast to our position seven years ago, CareFlight’s survival is no longer linked to any single contract. Unsuccessful tenders are disappointments, not disasters.

Financial overview

Group revenue in FY2013/2014 increased by \$3,664,667 (5.7%), from \$64,351,162 to \$68,015,829. The increase in revenue was due principally to recognising the full year impact of the contract to provide the helicopter service for transporting sick children across NSW on behalf of NETS. The contract commenced on 1 January 2013. We also won some new oil and gas industry work.

On the expenditure side, we incurred one-off costs of approximately \$1.3 million in relation to our bids for the Victorian and NSW HEMS contracts. Were it not for these costs, our surplus of \$530,248 would have been closer to \$2 million.

Board and senior management changes

During the year, Patricia Angus joined the Board as an independent non-executive director. Trish has served with distinction in the Northern Territory public service, predominantly as a senior executive in health and human services. She has qualifications in nursing, public administration and

tropical health. Trish was appointed a Director of CareFlight on 24 June 2013.

The management team was very stable. The low turn-over in our senior ranks is a powerful factor in our success. It means that we retain the benefit of experience forged in challenging times, learn from our mistakes, foster better teamwork and maximise the benefit of the accumulated intellectual property within the organisation.

Thank you

We express our deep thanks and appreciation to all our donors and supporters. Your money is dedicated to a wonderful cause and makes a lifesaving difference to many people. The arrival of CareFlight is, for many of our patients, the best thing to happen on the worst day of their life.

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We also express our appreciation and gratitude to the Motor Accidents Authority (MAA) whose seven year grant concluded on 30 April 2014. The MAA grant provided for annual funding of \$1million which, together with generous community support for CareFlight, funded the operation of our

rapid response critical care helicopter service across Greater Sydney. It has been a pleasure working with such a professional and supportive organisation. Their vision of delivering and supporting injury prevention initiatives which minimise the social cost of motor vehicle accidents aligns closely with CareFlight’s ethos.

Last but not least, we thank our very dedicated staff for their commitment to CareFlight and their willingness to always go the extra mile when circumstances require. That willingness extends right across the organisation: the front-line operational doctors, nurses, pilots and aircrewmembers, ready to fly again even as a long and busy shift draws to a close; the engineers working into the early hours to get an aircraft back on-line; the MediSim educators taking trauma care training to the remotest parts of Australia; and the administration team working through many nights and weekends to deliver a high-quality tender on time.

Your efforts and contribution bring great credit to CareFlight and are deeply appreciated.

We express our deep thanks and appreciation to all our donors and supporters. Your money makes a lifesaving difference to many people.

Year	Customer	Nature of contract	Duration of contract(\$)
2010	NT Government	Interim contract for the provision of an integrated aeromedical service across the Top End of the Northern Territory	Initially 12 months – later extended to line up with start of long-term contract
2011	NT Government	Long-term contract for the provision of an integrated aeromedical service across the Top End of the Northern Territory	10 years (expiring 31 December 2022)
2012	NSW Government	Contract to provide helicopter services for the purpose of intra-state transfer of sick babies and children	4.5 years
2013	NT Government	Panel contract to provide inter-state jet air ambulance service, for the purpose of transferring high acuity patients from Darwin to other capital cities in Australia (mainly Adelaide)	3 years
2013/2014	Non-government clients	Contracts to support the aeromedical evacuation needs of major offshore oil and gas companies operating in the seas to the north and north-west of Australia	Varies between customers



From left, CEO Derek Colenbrander and Chairman Dr Andrew Refshauge.

Meet some of our People



A rapid response duty crew.



GM Medical and Support Services
Andrew Anderson.



Director Medical Education and Training
Dr Ken Harrison.



Aviation support team.



CareFlight NT team leaders.



Fundraising team.



Dr Rachel Turner.



Support Services team.



CareFlight NT team members.

Paediatric and Newborn Service

Our paediatric and newborn service is dedicated to very special patients: sick babies and children.

CareFlight provides the emergency helicopter service for babies and children across NSW. The medical teams and specialised equipment are provided by the Neonatal and paediatric Emergency Transport Service (NETS).

The NETS teams use CareFlight for time-critical missions. We have two helicopters on 24 hour standby, ready to fly young patients from regional hospitals to specialist paediatric centres in Sydney, Canberra and Newcastle.

This special service has gone from strength to strength. During the year, CareFlight introduced night vision goggle technology into the operation. Since the helicopters and NETS teams do most of their flying at night, the introduction of night vision goggles has brought an enhanced level of safety to the missions.

This year the CareFlight and NETS crews transported 290 babies and children, clocking up 1,062 engine hours.



Aiden's flight for life

Aiden's life has not been easy. Born prematurely at 34 weeks, he had to undergo open heart surgery when he was only four months old. Six months later he developed bronchiolitis which

caused severe respiratory distress in the fragile little boy.

Aiden's parents rushed him to Moruya Hospital where his condition deteriorated. An air ambulance flew in and dropped off the NETS team, but the plane had to depart before fog descended so it wouldn't be grounded. The Canberra NETS ambulance arrived but was turned around as it was clear by then that Aiden was too ill to be treated at Canberra Hospital.



As soon as the fog started to lift, the CareFlight helicopter was dispatched. The CareFlight crew flew to Moruya to transport Aiden, under the care of the NETS team, to Sydney Children's Hospital, Randwick. He was admitted to the Cardiac Intensive Care Unit (CICU) where he slowly recovered.

Aiden has just celebrated his very happy second birthday - a birthday his parents thought they might not see. Aiden's mother Cat wrote to CareFlight, saying:

"It's unbelievable to think how many people were involved in ensuring the best possible care and ultimately the best possible outcome for Aiden that night. We are thankful every day for the gift of life that CareFlight and NETS have given our family. Without a doubt we would have lost our treasured baby boy and his siblings would have lost their baby brother if it weren't for your service."

"We are thankful every day for the gift of life that CareFlight and NETS have given our family."

Fixed Wing Service

It's the outback. Driving along a remote stretch of highway, a car hits a pothole in the road and rolls. The occupants are dazed and badly hurt, trapped in the wreckage; they can do nothing but wait. Ten minutes pass until another car appears.

Things start happening. Within an hour an emergency service volunteer is on scene. Shortly thereafter a nurse from the local clinic arrives. The volunteer and nurse work swiftly and efficiently,

administering oxygen, setting up drips and giving pain relief. But they can't stop the bleeding. And the head injury is clearly very serious. The nearest hospital is hundreds of kilometres away.

CareFlight brings the hospital to the outback.

And then the welcome sight of a CareFlight plane in the sky. CareFlight is bringing the hospital to the outback.



CareFlight NT registrars, January 2013 intake, from left: Drs Sian Hughes, Tom Huang, Tom Duncan, Emma Trace, Stephanie Fong, Charlotte Heath and Kartik Atre.

A CareFlight medical team flew to Groote Eylandt to treat and transport two women who were injured when their Cessna plane crashed in a very remote area of the Gulf of Carpentaria. Despite their injuries, they managed to scramble free of the wreckage before it burst into flames.



People living in remote communities of northern Australia, and tourists exploring the region, rely on the Top End Medical Retrieval Service when they fall ill or have a serious accident. CareFlight provides this service on behalf of the NT Government.

We use King Air aeroplanes, ideally suited for the vast distances across the Top End, to fly our critical care doctors and nurses to patients. These planes can be called to a potential 90 mapped locations across the Top End, of which around 30 are regular landing sites. The planes are configured to carry stretcher patients and fully equipped medical crews.

A team of CareFlight specialist consultants oversee the clinical side of the service, with a consultant on 24 hour call to support doctors and nurses in remote clinics.

During the year our planes clocked up over 5,000 hours, covering millions of kilometres as they transported patients from the furthest corners of the Top End. We flew 3,017 babies, children and adults from remote clinics or accident scenes to hospitals in Darwin, Katherine or Nhulunbuy/Gove. We transported patients with serious respiratory conditions, cardiovascular problems, obstetric complications, snake bites and severe burns, as well as premature babies and people injured in car, motorbike, farm vehicle and plane crashes.

We flew 3,017 babies, children and adults from remote clinics or accident scenes to hospitals in Darwin, Katherine or Nhulunbuy/Gove.

Lucas nearly drowned

Three-year-old Lucas nearly drowned when he fell into a waterhole at remote Mililingimbi, just off the coast of Arnhem Land.

Shane, aged 11, was swimming at the waterhole with his friends. He pulled the unconscious toddler from the water, but Lucas was not breathing. Shane revived him by performing CPR which he'd learned from a television program.

Lucas was taken to the local health clinic where nurses expertly stabilised him and contacted CareFlight. They

arranged for emergency lighting on the town's airstrip, usually only used in daylight, so pilot Paul Archbold could land the plane at night.

CareFlight nurse Penny Lord and Dr John Nicholson took over from the clinic team and continued to treat Lucas as he was flown to Darwin.

Lucas spent two days in hospital before returning home. His father called Shane "a hero".



Shane saved Lucas's life.



Our new aeromedical centre in Darwin

CareFlight has a magnificent new aeromedical base in Darwin. The facility, built by Darwin International Airport and funded by the NT Department of Health, has significantly enhanced the operational efficiency of our Top End service.

The hangar is large enough to house all the Darwin based planes and helicopter, with room for CareFlight engineers to carry out aircraft maintenance under cover. This ensures our aircraft are protected from the severe weather which can sweep across Darwin.

The facility accommodates CareFlight medical and aviation crews, administrative staff and the logistics coordination unit. It also has dedicated education rooms for medical training.

Bringing the whole operation under one roof has substantially increased CareFlight's ability to respond quickly to patients in need throughout the Top End. A clinic room and ambulance access mean patients are sheltered from sun and rain as they are flown into Darwin.

Aeromedical and Rescue Helicopter Service



CareFlight NT's flight nurses fly on the CareFlight planes and helicopter.

In the rugged Northern Territory, the helicopter is often the aircraft of choice for aeromedical retrieval work. Its rapid launch time, fast cruise speed and point to point ability make it ideal to bring medical care directly to patients at accident scenes. Its unique hover capability allows rescue teams to access and winch patients from difficult to reach locations.

The NT helicopter is staffed by CareFlight doctors and nurses. Many of their missions this year involved flying to adults and children injured in

road accidents. They also treated and transported patients with burns and snake bites, as well as sick people who were unable to get to hospital by road.

Many CareFlight NT missions involved flying to adults and children injured in road accidents.

While most of our patients are Territorians, we were called to rescue and treat a number of tourists injured

during hiking or canoeing trips, especially in national parks. Several of these missions required our trauma teams, who are trained in winch rescue, to be winched into ravines or onto cliff faces to tend to patients.

Under an agreement with the Australian Maritime Safety Authority (AMSA), we provide support for search and rescue operations, both on land and at sea. Many of our searches this year involved locating EPIRB (Emergency Position-Indicating Radio Beacon) signals from lost or stranded fishing boats.

The CareFlight TIO Rescue Helicopter transported 92 patients and conducted 14 search and rescue missions this year, clocking up over 163 flying hours.



Our new Top End helicopter

During the year CareFlight purchased a more capable helicopter, better suited to the vast distances of the Top End.

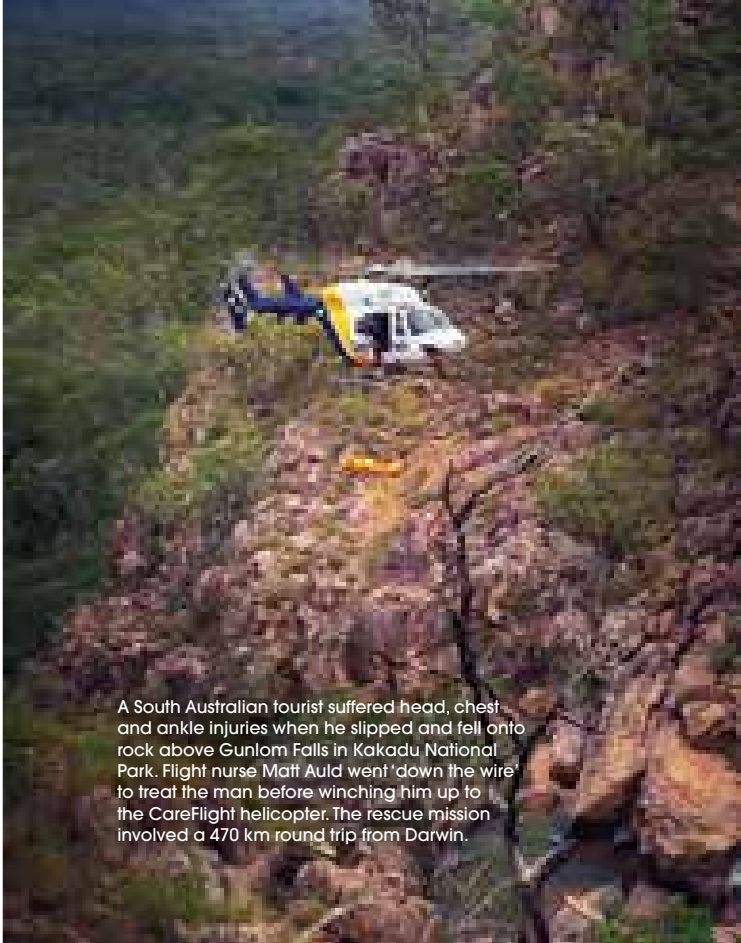
The Agusta AW139's longer endurance, greater range and faster speed will benefit ill and injured patients at health clinics, cattle stations and mining sites across the Northern Territory. Its superior performance will also be of huge benefit in search and rescue operations on land and at sea.

The CareFlight TIO Rescue Helicopter is

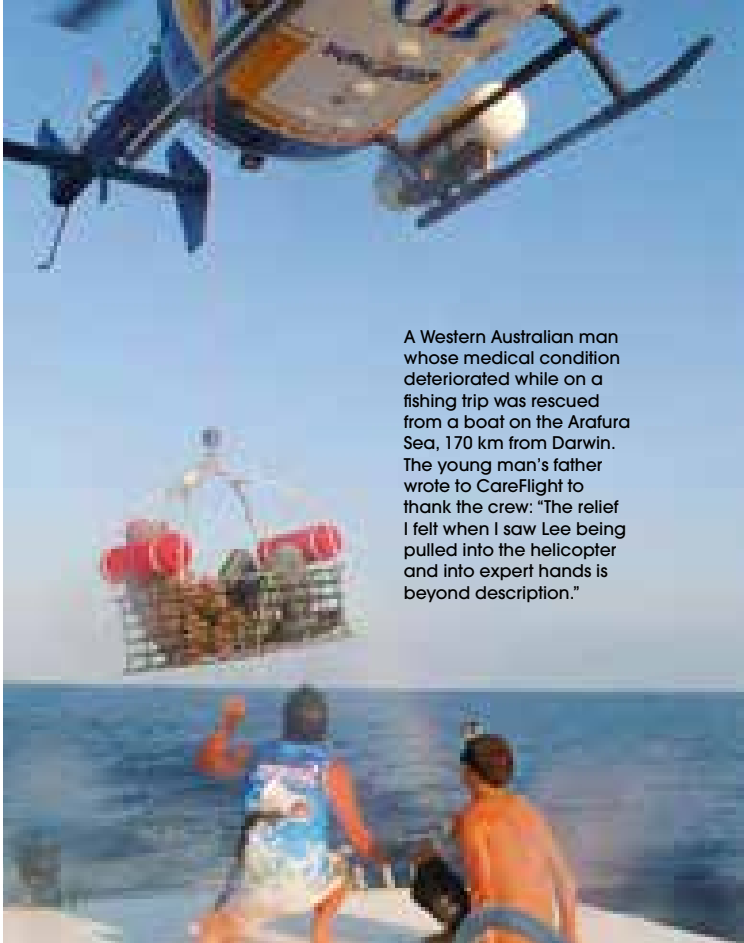
rescue hoist equipped and night vision goggle capable. Its sophisticated flight management system, designed to cope with the most complex weather navigation problems, makes it ideal for the harsh conditions of the NT.

With the largest passenger cabin in its class, this helicopter has the space and performance to carry two stretcher patients and four seated patients.

We congratulate our engineers who did the most outstanding job of modifying the aircraft to transition it to a dedicated medical-rescue helicopter. In particular, we thank Director of Engineering, Luke Bradshaw, and Chief Pilot, Richard Sandford, for their tireless work in achieving CASA approval for us to operate the AW139 under CareFlight's Air Operators Certificate.



A South Australian tourist suffered head, chest and ankle injuries when he slipped and fell onto rock above Gunlom Falls in Kakadu National Park. Flight nurse Matt Auld went 'down the wire' to treat the man before winching him up to the CareFlight helicopter. The rescue mission involved a 470 km round trip from Darwin.



A Western Australian man whose medical condition deteriorated while on a fishing trip was rescued from a boat on the Arafura Sea, 170 km from Darwin. The young man's father wrote to CareFlight to thank the crew: "The relief I felt when I saw Lee being pulled into the helicopter and into expert hands is beyond description."



CareFlight flew to Crocodile Gold's Cosmo Deep mine to treat a woman with serious burns. Miners helped the injured woman who they found on the Stuart Highway after she had bravely trekked 2 km through bush. The CareFlight medical team placed her in an induced coma before flying her to Royal Darwin Hospital. CareFlight International Air Ambulance later flew her to Adelaide for specialist burns treatment.

CareFlight International



CareFlight International specialises in bringing critically sick and injured people home from anywhere in the world.

Our medical teams take an Australian teaching hospital standard of intensive care to our patients, who are sometimes stranded in remote offshore locations.

Air Ambulance Service

Australians who fall ill or are seriously injured while travelling or working in South East Asia or the Pacific Islands often need to be flown home for medical treatment. With bases in

Darwin and Sydney, CareFlight International is well placed to service these regions.

Our specialist intensive care teams use medijets to transport patients from places such as Singapore, Papua New Guinea, Indonesia and Tonga. Logistics and flights for these missions are carefully planned and managed so the patient has an uninterrupted journey.

Again this year many of our patients needed high end critical care. Our most frequent destinations were Denpasar and Dili, common medical conditions being heart attacks, multi-

trauma and infections such as dengue fever. A particularly long medjet mission involved repatriating a man who'd suffered a brain haemorrhage, from Perth to China.

Our most frequent destinations were Denpasar and Dili, common medical conditions being heart attacks, multi-trauma and infections such as dengue fever.

Our Darwin based medijet also conducted many missions within Australia to support NT Health, flying



CareFlight International registered nurse Danni Phillips and Dr Steve Skinner conduct a medijet mission.

high acuity patients from Royal Darwin Hospital to tertiary medical facilities in the southern and eastern states. We transported a large number of burns, cardiac and neurological patients to Melbourne, Adelaide, Sydney and Brisbane.

Our critical care teams use commercial aircraft for long haul missions to Europe, North and South America and Africa. These missions are planned in minute detail, with all arrangements for the pickup, flights and handover in place before the patient transfer begins.

We undertook a number of extremely lengthy and complex long haul missions this year, some of which took up to six days. Such missions included flying a patient with a severe chest infection home from Estonia to Wellington, transporting a cancer patient from the Gold Coast to Sao Paulo and repatriating a patient from Arizona to Auckland following complications after surgery.

General Manager CareFlight International Paul Smith (right) and Operations Manager HelpPoint Samantha Jeffriess.



Mining, Oil and Gas Support

In March, CareFlight entered into a six year agreement with INPEX to provide aeromedical support for their Ichthys oil and gas operations off the coast of Western Australia.

CareFlight will be delivering a system wide solution which includes aeromedical aircraft; highly skilled flight doctors, nurses and offshore paramedics; and logistics, clinical governance and case management services.

We spent the first five months of 2014 preparing for commencement of the service in July. We added an additional aeromedical jet to our fleet and created 20 new clinical positions for doctors and flight nurses.

CareFlight medical teams will be on 24 hour standby, 365 days a year, at a range of locations including Darwin, Truscott and Broome. The teams will fly to and transport any workers needing medical evacuation from the offshore gas platforms.

CareFlight has designed a new INPEX 'ICare' stretcher and life support system for the project. The ICare system means patients can remain on the same stretcher and monitoring equipment throughout the transfer. A significant medical improvement, we expect the system to become industry standard.

Matt was the victim of a king hit in Bali

In November, a CareFlight International Air Ambulance team flew from Darwin to Bali to transfer seriously injured Australian, Matt, to Perth. His sister Anna accompanied the team on the medijet.

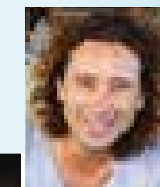
Matt, a popular surf school instructor, set up one of Bali's first surfing schools in 1999, offering free lessons to orphans.

Matt was punched by a stranger when he went to the aid of a woman being attacked outside a nightclub in Bali. He sustained life-threatening head and chest injuries and had initial emergency surgery at a local hospital.

On arrival in Bali, the CareFlight medical team of Dr Peter Valentine and intensive care flight nurse Belinda Nolan spent three hours stabilising Matt who was in a critical condition. They flew him, on full life support, to Royal Perth Hospital where he spent weeks in intensive care.

Matt's family have subsequently been in touch with CareFlight to let us know that he has made a good recovery.

Matt was transported by medijet, under the care of a CareFlight medical team.



Rapid Response Trauma Service

Terrible accidents happen suddenly and unexpectedly. They can result in severe, even life-threatening injuries – and one is never prepared. But CareFlight is.

Our rapid response helicopter is airborne within minutes of activation. The helicopter flies a trauma team – a critical care doctor, intensive care paramedic, pilot and aircrewman – directly to the scene of the accident.

Working with NSW Ambulance

CareFlight has a longstanding medical services agreement with NSW Ambulance. Under the agreement, CareFlight supplies critical care specialists and registrars to the NSW Ambulance bases in Bankstown and Orange.

These doctors work on NSW Ambulance road ambulances, helicopters and planes, providing pre-hospital and medical retrieval services to all of NSW on a 24 hour, seven days a week basis. This means that people living in rural and regional areas of NSW have access to rapid response critical care as well as transportation from their local clinics and hospitals to specialist medical facilities.

People living in rural and regional areas of NSW have access to rapid response critical care and transportation to specialist medical facilities.

This year CareFlight doctors cared for 1,150 patients while deployed to NSW Ambulance.

The team carries oxygen, blood, an ultrasound machine and all the equipment needed to start intensive care treatment. Hospital level care begins right there, on site, before the patient even leaves the scene.

For patients suffering critical head injuries, this can be lifesaving. Early doctor intervention means that patients can be placed in an induced coma and on life support, controlling brain swelling and preventing secondary brain injury. This not only saves lives, it also helps preserve quality of life.

CareFlight’s rapid response trauma teams cared for 218 patients this year – 155 adults and 63 children. As is the case every year, the greatest number

of missions involved road trauma from car, motorbike and pushbike crashes. We were also called to a number of injured pedestrians, particularly children, who had been struck by vehicles. Falls, drownings, sporting accidents, horse related incidents, industrial accidents and burns made up the bulk of our other cases.

Our Westmead based helicopter flew 207 hours around the Greater Sydney Area, covering the NSW Central Coast, Southern Highlands and Blue Mountains, as well as metropolitan Sydney.

Early doctor intervention not only saves lives, it also helps preserve quality of life.



CareFlight NSW registrars, February 2014 intake, from left: Drs Ash Sehgal, Kariem El-Boghdady, Jon Salicath, Natalie Kruit, Daniel Monk, Ahmad Srour and Chris Cheeseman.



The rapid response critical care team was called to Leura, in the Blue Mountains, to treat a man who fell four metres from his roof when preparing his home against bush fires. The man suffered a badly fractured arm and mild traumatic brain injury. He was stabilised at the scene before being flown to Westmead Hospital in Sydney.



It took a team to save Keiran’s life...

It was a miracle that 19-year-old Keiran Dodge survived being impaled in the head by a rusty metal rod. Keiran was operating an excavator on a building site when a metre-long rod flew up, spearing him in the middle of his forehead. The combined efforts of his workmates, Ambulance paramedics, Fire Rescue officers, Police, CareFlight, a hospital trauma team, a neurosurgeon and Keiran himself, who remained calm and cooperative throughout, saved his life...



Keiran – this happened to me

It was a typical building site. I was working in the excavator, loading a truck with concrete. As I picked up a bucket of concrete, it caught a steel rod, flinging it into the air.

The rod flew through the front window of the excavator. I didn't see it coming, but I felt a big thud and my eye went blurry. As my vision cleared, I moved my head and I could see the piece of steel following - I realised it was sticking into my head.

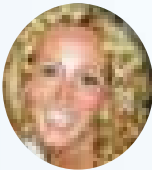
At first I didn't really feel any pain, more shock. But then it started to hurt.

The guys on the site were fantastic. One of the drivers stood in front of the machinery, keeping me calm, while the others were getting anything I needed - first aid kits and blankets to keep me warm as I started to feel really cold. My instinct was to pull out the rod, but one guy kept saying. "Don't move, don't try and take it out, don't do anything."



NSW Ambulance Triple Zero (000) Call Taker Shana Escott

This was not a routine '000' call. We get a lot of chest pain, abdominal pain and general sickness calls – and even though we often have to deal with traumatic injury, a piece of reo (reinforcing bar) through the head was something very different.



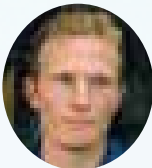
Usually, once we have found out as much information as we can, despatched the ambulance and know that things are under control at the scene, we hang up and move on to the next call. However, I knew this was really serious so I stayed on the line until the ambulance officers got there.

Because I had experience as a paramedic on the road, I was able to give advice over the phone. I instructed Keiran's co-workers not to touch the pole and to make sure that Keiran stayed conscious.

A patient's good outcome depends on everybody doing their job well. Even though we may not all be in the same place at the same time, it's about the teamwork: everyone contributes.

NSW Ambulance Paramedic Carl Kibby

Our day can include anything from routine medical transfers to trauma jobs or cardiac related jobs. That day all jobs happened to be trauma.



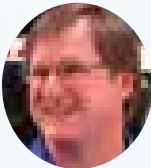
The tasking information for Keiran's job was head trauma, work injury. As more information came through, my partner Dave Lambert requested CareFlight as well as Fire Rescue, Special Operations and a Duty Operations Manager.

We found Keiran sitting in the cabin of an excavator on a building site covered in rubble. Keiran was holding and supporting the weight of a large reinforcement rod that had penetrated his forehead. It was quite confronting, but he was very calm.

Dave conducted a full primary assessment, including whether the rod had caused any other trauma. We placed a cervical collar on Keiran, gained intravenous access and set up fluids. Initially I helped Keiran hold the rod, but it was decided that he should support it, asking for assistance when he needed it, so that he could control the rod to follow his head's movements.

NSW Ambulance Inspector Mark Hayes

You never know exactly what you're going to find when you get to an accident. I'd never come across anything like this in my 26 years with the Ambulance Service. Keiran was very calm and composed, amazing considering the steel bar sticking into his head.



As Duty Operations Manager (DOM), I ensured that every necessary resource was on site. We had Ambulance Service, Fire Rescue, Police and CareFlight at the scene.

My job was to see that everyone was working safely and wearing the correct safety gear; keep an eye on every aspect of the rescue operation; liaise with all agencies, keeping them updated; and plan the logistics of getting Keiran to the ambulance or helicopter, depending on which was going to be used to take him to hospital.

There's a good feeling in supervising the operation and making sure that things run smoothly. In Keiran's case we needed the cooperation of every emergency service. It's an important part of achieving a good outcome for the patient.

Fire Rescue Station Officer Greg Pace

My team and I were out checking fire hydrants when the call came over the radio: industrial accident at Lindfield. On arrival at the accident,



my first job was to assess and stabilise the scene so emergency services could work safely. Once NSW Ambulance arrived, my role was to liaise with paramedics and organise for them to gain access to Keiran trapped high up in the cabin of the bobcat.

My team built a platform, using blocks and ladders, for the doctors and paramedics to stand on to reach Keiran. They then took the machinery apart using hand tools; they couldn't risk using cutting tools in case the vibrations disturbed the rod penetrating Keiran's head.

After opening up the front of the bobcat, my team helped extricate Keiran and carry him to the ambulance. My responsibility at that point was to create a clear, safe path to the ambulance. The last thing you want is more people injured, or further injury to the patient.

CareFlight Aircrewman Clay Marks

My daily routine starts with an aircraft pre-flight inspection. I prepare the cabin and check the instruments, navigation equipment, radar and fuel.

Once on a mission, I communicate with police, update the pilot on direction and distance, do the pre-landing checks and act as crew guard after landing.



It's my job to answer the 'bat phone' when it rings. I give the details of the mission to the crew so we can get to the scene as quickly and safely as possible.

Keiran's mission started like any other, with a call from the Rapid Launch Trauma Coordinator (RLTC). It changed once we got to the scene and realised the seriousness of the situation. The mechanism of injury and the way Keiran was trapped in the earth moving equipment made it challenging for the paramedics and doctors, particularly as the scene was a dangerous building demolition site. All the safety precautions meant we spent far longer on scene than we would normally spend at a typical crash site.

CareFlight Pilot Ian Smart

The day started as usual. I performed the daily helicopter inspection, pushed the helicopter out of the hangar and prepared it for a rapid take-off. Having obtained weather information, I briefed the crew and we were ready for activation.



When the 'bat phone' rang, I started the helicopter engines and did systems checks and radio calls while the crew strapped in. The whole process from the time the phone rang to lift-off was around three minutes.

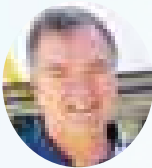
We flew by the most direct route, landing on an oval several hundred metres from the accident. The flight took about 10 minutes. A police car met the medical

team and drove them to the scene. I remained with the helicopter, ready to fly if needed, and received constant updates from the crew at the scene.

Because Keiran was transported by road ambulance, the aircrewman and I flew to the hospital to meet them so we could assist with unloading Keiran and taking him to the emergency department.

CareFlight Doctor Adam Osomanski

We didn't know exactly what we were going to, just that it was at industrial accident. On arrival we found Keiran seated in the cab of an excavator. An L-shaped piece of reinforcing bar, about 1.5 metres long, had penetrated his skull in the middle of his frontal bone in his forehead. He was conscious and holding the bar. We assessed him and, miraculously, found him to be neurologically intact. He didn't appear to be in much pain, but he said he could feel pressure in his head.



We had to make some very critical decisions on how we would manage the situation. We administered oxygen, gave him antibiotics to reduce the risk of infection and placed him on a monitor to check his vital signs. It was suggested that we cut the bar but, having done a test on a similar bar from the site and seeing the vibrations caused by the power saw, I thought this would cause a great deal of damage.

Sometimes less is more, and in medicine the important decision making is as much about what not to do as what to do. Sedating Keiran would have impaired his ability to sense the position of the bar and keep it still. If, for example, I'd given him a general anaesthetic, he wouldn't have been able to control the bar and its position may have changed causing further, potentially catastrophic, injury.

We decided to remove the control levers and pedals from in front of Keiran so we would have a clear path to extricate him. We then placed him in a Kendrick extrication device (a rigid jacket with lifting straps), slipped a spine board under his legs and, very slowly, millimetre by millimetre, slid him down the board on to a stretcher.

None of this would have been possible without Keiran's cooperation. He was instrumental in his own rescue, remaining calm and focused throughout. We gave him directions as to when to move, when to stop. As soon as he felt any pressure from the bar we would stop, reassess and then proceed. He was incredibly courageous and brave.

We transported Keiran to Royal North Shore Hospital by road ambulance – we couldn't risk the vibrations of the helicopter. We had called ahead to have a trauma bed prepared and a trauma team, including a neurosurgeon and anaesthetist, standing by.

At no stage did we have a situation where we felt out of control. We put a great deal of thought into how

we were going to move Keiran, tagged the teamwork and managed the human resources and equipment. It's a testament to how well emergency services collaborate and cooperate to form a chain of rescuers and achieve a great outcome for a patient. Things could have gone catastrophically wrong, and we were prepared to act quickly in the event that they did, but fortunately they didn't. That we were able to form a team with people who had never worked together, and work efficiently and safely in such a high stakes situation, is a credit to them.

It's a testament to how well emergency services collaborate and cooperate to form a chain of rescuers and achieve a great outcome for a patient.

NSW Ambulance Paramedic Bruce Shiach-Wise, seconded to CareFlight

I start my shift preparing equipment – airway pack, drug pack and blood – and storing it in the helicopter. After a comprehensive briefing to discuss weather, aircraft and equipment issues, we are ready to be tasked and on our way at a moment's notice.



On the day in question, all we knew prior to arrival was that a male was impaled with a reo bar on a building site, and that he was fully conscious. At the scene, people were standing around slightly dazed and concerned – not unusual at accident scenes – while three paramedics treated Keiran.

CareFlight doctors Adam Osomanski and Tom Wallis formally assessed and stabilised Keiran while I formulated an extrication plan with Special Operations Team (SOT) paramedic Malcom Lau and Ambulance Inspector Mark Hayes. While the excavator was being dismantled I prepared the ambulance for the worst case scenario should Keiran need sedating and intubation for the ride to hospital.

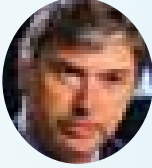
Extricating Keiran and carrying the stretcher to the ambulance took time and care as the site was

very unstable under foot, due to loose rubble and multiple trip hazards.

In the ambulance, Dr Osomanski gave Keiran a mild sedative and medication to prevent vomiting. I stabilised the bar which Keiran was still supporting, lifting it higher or lower as directed by Keiran depending on where he could feel pressure in his head. Police provided an escort and green light corridor to avoid stop/start movements and reduce travel time.

Neurosurgeon Dr Nicholas Little

Someone showed me a picture, on their phone, of Keiran in the emergency room with the pole sticking out of his head. My immediate response was, "What's he like?"



We needed to get some scans, but it was impossible because the pole was over a metre long; it wouldn't fit in the scanner.

The danger [in operating] was we didn't know what would happen when we pulled out the pole. There could be torrential arterial bleeding from the hole, which can be difficult to stop. There could also be bleeding elsewhere and swelling in the brain.

To remove the pole I had to cut a ring into the bone around it. Once I'd pulled it out I had a bigger avenue to look down in case he bled. The pole was over an inch in diameter and weighed about a kilo and a half.

After the surgery, which took two and a half hours, Keiran was rushed off for a scan. It showed that the pole had penetrated eight centimetres into his skull, missing his pituitary gland, optic nerves and carotid artery by millimetres. Three centimetres deeper, and it would have killed him.

I was very happy with the scan as I could tell that he didn't have a substantial brain injury. There was still the risk of seizures, infection and bleeding, but I was confident he was going to make a good recovery.



Keiran – my recovery

At the time I didn't think it was that bad. I thought I would go to hospital, get a couple of stitches and be ready to go again. It wasn't until about two days later that I realised how bad it was. A matter of millimetres and things would have been very different.

In hospital, they removed the rod, together with a chunk of my forehead. They had to cut open the top and side of my head and down my forehead so they could get to my skull, cut it away and pull out the rod. I had 47 staples and half a dozen stitches.

About three months later I went back to hospital for the reconstruction of my forehead.

Initially I was on strong antibiotics, pain killers and anti-seizure medication. I have been lucky not to suffer any seizures, but I still get headaches and sometimes feel dizzy. As my recovery is still ongoing, I'm hoping these will get better as time goes on. As a result of my accident, I have lost my taste and smell and this is something that I'm still adjusting to.

I'm now back at work full time, and that's thanks to the guys who saved my life.

Research, Education and Training

French poet Anatole France said: “An education is not how much you have committed to memory, or even how much you know. It is being able to differentiate between what you know and what you do not.”

The CareFlight educator’s role is twofold: to build on the existing medical training and experience of people who are already experts in their chosen field, and to help them discover their knowledge gaps and fill those gaps.

Clockwise from top: Dr Sam Bendall teaches doctors how to treat patients trapped in a crashed car; learning to apply skills in the pre-hospital environment; registrar training in the NT.



Research and publications

The PHANTOM research project has started patient recruitment. The project will examine Pre-Hospital Assessment of Noninvasive Tissue Oxymetry Monitoring – how to measure oxygen levels in tissue using infrared technology. Dr Andrew Weatherall, Director Medical Research, is leading the study.

CareFlight had a number of papers published in peer reviewed medical research literature this year. A large

proportion was generated from our NT operations and looked at retrieval in the Australian outback. Several were concerned with paediatric aeromedical retrieval.

Drs Claire Barker, Cartan Costello, Peter Clark, Andrew Weatherall and Alan Garner all wrote or co-authored papers which were published in medical journals.

Registered Training Organisation

In December 2013 CareFlight attained accreditation as a Registered Training Organisation (RTO).

CareFlight’s achievement as a recognised RTO enhances our ability to deliver accredited internal training. It also provides a foundation for growing a diversified external education income stream.



CareFlight’s education team provided:

- 100+ days of training, via
- 10+ distinct courses, to
- 1,000+ doctors, nurses, paramedics and first responders

Registrar training

Induction training

All CareFlight registrars working in the NT, on CareFlight International missions and in NSW, both in CareFlight’s Westmead rapid response operation and in the NSW Ambulance medical retrieval operation, undergo comprehensive training. This training, delivered via the Pre-hospital Trauma Course, teaches the registrars how to apply their existing knowledge and experience in the pre-hospital and inter-hospital environment. Over the past 12 months the course has been reviewed and extended.

Induction training is conducted quarterly, and now includes more fee-paying participants. This year we trained over 50 registrars.

The Pre-hospital Trauma Course teaches registrars how to apply their existing knowledge and experience in the pre-hospital and inter-hospital environment.

Ongoing training

To facilitate ongoing learning, the CareFlight education team holds additional registrar training days covering a wide range of interesting



From top: SCAT (Special Casualty Access Team) paramedic Paul McQuaid (left) and Clinical Nurse Consultant (CNC) Justin Treble deliver cliff edge training; practising treating snake bites.

and relevant topics. Topics this year included bariatrics, navigation, vertical access, tactical emergency casualty care and cardiac devices.

Training to treat patients on cliff faces or in the scrub is always an exciting challenge for our registrars. However, the most popular training event each year is the visit to Sydney Reptile Park for Envenomation Day. Here the doctors have a unique opportunity to get hands-on experience in treating snake and spider bite patients.

Consultant training

The ongoing training and development of CareFlight’s medical consultants provide a rewarding challenge for CareFlight’s education team. Held every three months, consultant clinical evenings this year covered core clinical topics such as advanced ultrasound and surgical airways, general interest topics such as hostage negotiation and operational topics such as cross-organisational missions.

Flight nurse training

In addition to training new staff members over the past 12 months, the NT CareFlight education team was involved in planning and delivering ongoing training for current nursing staff. They organised nurse study days and clinical teaching sessions, as well as facilitating visiting teaching staff.

Guest presenters for CareFlight’s NT nursing team held sessions on a wide range of topics including neonatology, psychiatric presentations and infectious diseases.

Over the past two years, we have trained a number of our flight nurses in winch rescue from land situations. In October, seven CareFlight nurses became the first flight nurses in Australia to complete training to rescue people from water situations.



Australian Defence Force training

In early October, seven CareFlight educators travelled to Townsville to conduct medical training for the latest group of Australian soldiers deploying to Afghanistan.

We held a day of ‘upskilling’ for medics, covering topics such as blast injuries, aviation physiology, spinal/neck injuries and environmental injuries. This was followed by a further three days of training for trainee Combat First Aiders (CFAs).

Just as the Army’s role in Afghanistan has changed, so too has CareFlight’s role in the delivery of mission specific medical training. The training had to reflect the mission that lay ahead of these young soldiers, so the planning was kept fluid and the delivery was dynamic.

Resources sector training

Mining

CareFlight’s commitment to clinical training within the resources sector is exemplified by our relationship with Newcrest Mining Limited’s Cadia Valley Operations (CVO).

Along with a broader clinical governance oversight, CareFlight trains and assesses all medical care providers on site, as well as delivering monthly education sessions. Education ranges from teaching how to assess and treat individual injuries to large scale simulated scenarios. We also provide distance learning packages on wound care.

Clockwise from left: Flight nurse Dave Szyk trains to rescue patients from boats; flight nurse Paul Campbell teaches CDU nursing student Amanda Riley about monitoring equipment on a CareFlight plane; CareFlight trains Cadia Valley medical care providers.



Oil and Gas

CareFlight has successfully completed the first of many training courses for our new contract with INPEX.

The orientation training was delivered to 12 doctors and nurses over three long days. It covered retrieval team communication, equipment familiarisation and competency, aviation physiology, sedation and retrieval pharmacology, packaging and transport, release syndrome and failed intubation protocols.

Community based training

A Trauma Assessment Resuscitation and Transport (TART) program, held at the Tweed Heads Hospital education campus, was led by Dr Ken Harrison, CNC Justin Treble and Anthony Cooke. This program is an education initiative of the NSW Institute of Trauma and Injury Management (ITIM) in collaboration with CareFlight and the regional trauma services of Tweed Heads Hospital and surrounding area health services. The course delivers easily accessible and multidisciplinary trauma education through simulation.

CareFlight also supported Trauma Education Aimed at Rural Staff (TEARS) in Deniliquin, NSW. Casual flight nurse and medical educator Melanie Brown delivered the training which focused on how to assess, treat and prepare to evacuate trauma patients.

Conferences

CareFlight Education was represented at two conferences this year: the Social Media And Critical Care Gold Coast (SMACC Gold) and the Air Medical Transport Conference (AMTC).

Deputy Director of Medical Education, Dr Sam Bendall, presented CareFlight’s experiences in delivering Mission Specific Medical Training for Australian Defence Force troops at SMACC Gold.



CareFlight team AW139.

Manager of Medical Education, Greg Brown, attended the 2013 AMTC at Virginia Beach, USA. His attendance was funded by the Association of Air Medical Services (AAMS) in recognition of CareFlight’s MediSim program which was awarded Excellence in Community Service at a previous conference.

The future of CareFlight medical education

We will be expanding our RTO and fee for service education programs over the coming year, both independently and through partnerships with other organisations.

With respect to internal education, the focus will be on standardising practice to ensure quality, and consolidating our education packages. All our medical staff - nurses and doctors – will receive more integrated training.

Moodle is currently our online education platform. We are working to upgrade to an IT solution which will provide online education in a more user friendly fashion and form part of our blended and flexible education packages. This will tie into our learning management system which tracks all training and competencies.

Aviation training

All CareFlight pilots undergo simulator training as well as regular check and training to maintain currency. Training falls under the supervision of Chief Pilot Richard Sandford and our check and training pilots.

During the year our fixed wing pilots travelled to Oslo, Norway, for ongoing training on sophisticated flight simulators. The simulators replicate the B200 Proline Beechcraft King Airs that we fly in the NT.

Our Bell412 and BK117 helicopter pilots undertook ongoing training on helicopter simulators in Dubai and Stockholm, Sweden.

We congratulate our NT helicopter pilots who have been trained and endorsed to fly the AW139 helicopter. In preparation for the introduction of the AW139 into service this year, they underwent specialist simulator training in Malaysia and Italy.

Our engineers also undertook rigorous training to obtain certification to modify and maintain the new helicopter.

MediSim

The CareFlight MediSim program has been operating in Australia for three years. In that time we have seen it grow to become a highly anticipated and sought after training course for emergency services.

The program is a unique education platform that provides high quality, simulation based trauma care training to emergency service first responders in regional and rural Australia. The training

is delivered by experienced doctors, nurses and paramedics. This year, 29 educators travelled to the far reaches of the country to take trauma care training to first responders.

Since the program was implemented, we have trained 1,273 first responders in 63 locations around Australia.

We have taught in large regional areas such as Darwin, Bunbury, Hobart,

Wagga Wagga and Armidale through to small towns such as Tocumwal, Fitzroy Crossing, Gapuwiyak, Euroa, Strahan and the beautiful, 78 person-strong village of Timber Creek in the NT.

We have taught in large regional areas such as Bunbury in WA through to small towns such as the 78 person-strong village of Timber Creek in the NT.

We have travelled tens of thousands of kilometers in planes and in our MediSim van on national highways and freeways; towed our car crash rescue simulator over mountain ranges, on dirt tracks and through rivers; and crossed the vast oceanic expanses of Bass Strait in the south and Van Dieman Gulf in the north.

It takes a great deal of planning, organisation and funding, and we are often asked: “Why do you do it?”

We do it for Australia’s rural and remote communities who rely on emergency services personnel and rescue volunteers to attend accident scenes and make critical decisions quickly. What the first responders do in the first five, 10 or 20 minutes can make the difference between a full recovery and a limited recovery. In some cases, their intervention can literally mean the difference between life and death.

First responder intervention can mean the difference between life and death.

Importantly, we also do it for the committed and tireless remote first responders who turn out, often in terrible conditions, to help those in trouble.

Equipping emergency service personnel and volunteers to better respond in trauma situations benefits everyone: the patient, the community, the health system and, of course, the first responders themselves.

We thank the many organisations and individuals whose donations and sponsorships allow CareFlight to provide the training at no cost to the participants who already give so much time and effort to support their communities. In particular, we thank Johnson & Johnson Medical who have very generously supported MediSim for three years.

We thank those whose donations and sponsorships allowed CareFlight to provide training at no cost to participants.

MediSim participant Alicia Middleton

Alicia, a dental hygienist, joined the Wingecarribee State Emergency Service (SES) because she wanted to put back into the community. After 12 months of weekly training, she was selected for the Road Crash unit. On the recommendation of her unit, she enrolled in a MediSim Volunteer Trauma Care Training workshop.

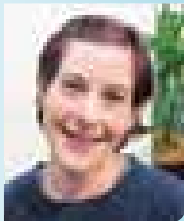
The day after Alicia completed the MediSim workshop, she was called to a horrific three truck crash on the Hume Highway at Sutton Forest. A young man was badly injured and trapped by the legs. It was Alicia’s first road crash job and she was first on scene.

Alicia said, “I kept running over in my head the lessons I learned the night before, particularly with regard to crush syndrome, safety and working

with other agencies. I was able to provide an accurate situation report to my Command Officer – the exact location and type of incident, number of casualties, injuries, hazards, access and emergency services required on scene.”

Alicia then worked with the ambulance officers, setting up oxygen and helping extricate the patient.

She said, “It was a nerve-wracking situation. I wouldn’t have been able to cope, being first SES member on site and still in training for road crash – the MediSim training gave me the confidence I needed.”



Opposite page from top: Dr Ken Harrison teaches MediSim participants in Strahan; first responder training in Cobar; CareFlight educator Jodie Martin teaches first responders in Gapuwiyak, East Arnhem. Below: MediSim training at Uluru.



Community Support

CareFlight donors throughout Australia have continued to provide generous support to our fundraising programs.

Regular givers help us plan ahead

Over the past five years we have focused on growing our regular giving program. The program is important because it delivers predictable regular income coupled with very low cost processing expenses. In April we passed the 10,000 regular supporter milestone.

We were delighted to bring on board new regular donors, rather than relying on existing CareFlight supporters to transition to the regular giving program. We also commenced a face to face fundraising program.

Letters bring responses

Our direct mail campaigns continued to showcase CareFlight’s lifesaving missions, both urban and remote. The appeals are a wonderful way for us to share patient stories with the community and let our supporters know how we touch people’s lives.

We also developed a new acquisition pack focusing on the work of CareFlight doctors. The response was extraordinary: having an insight into what our doctors do inspired people to want to help.

Thank you for responding so generously to our appeals.

During the year we tested an Electronic Direct Mail (EDM) program. At negligible cost, we raised an additional \$7,000, with a much higher than average individual gift of \$74. We will be rolling out the EDM program over the coming year.

Thank you for responding so generously to our appeals.

Bears save lives

CareFlight bears have been much loved and collected for over 20 years. Our bear sales bring vital funding which goes directly towards our missions.

We thank our bear collectors who, through their bear purchases, help save lives.

During the year we introduced three brand new collectable bears – Ballerina Bear Renee, Outback Bear Luke and Sailor Bear Tim - and three limited edition bears – Rugby League Bear Kanga, Aussie Rules Bear and Christmas Elf Bear.

Along with our new emergency helicopter service for babies and children in NSW, we reintroduced baby bears Jack and Chloe. This cuddly pair was much in demand, particularly by people from regional NSW who directly benefit from the special service.

The start-up of our bear program in the NT this year gave us an opportunity to introduce Flight Nurse Bear Amanda to the Top End. Amanda and her bear friends have been enthusiastically welcomed in the NT.

We thank our bear collectors who, through their bear purchases, help save lives.



Highlights of the year include:

- passing the 10,000 mark in active regular giving Support Crew members
- welcoming Territory Insurance Office (TIO) as a major corporate sponsor of the NT CareFlight TIO Rescue Helicopter
- growing our NT supporter base to almost 3,000 active donors
- implementing a face to face fundraising program
- increasing regular giving / bear sales ratio to 44:56, reducing dependency on our bear program

Businesses come on board

We saw an increase in overall corporate sponsorship, primarily as a result of welcoming TIO as a major partner.

Territory Insurance Office (TIO)

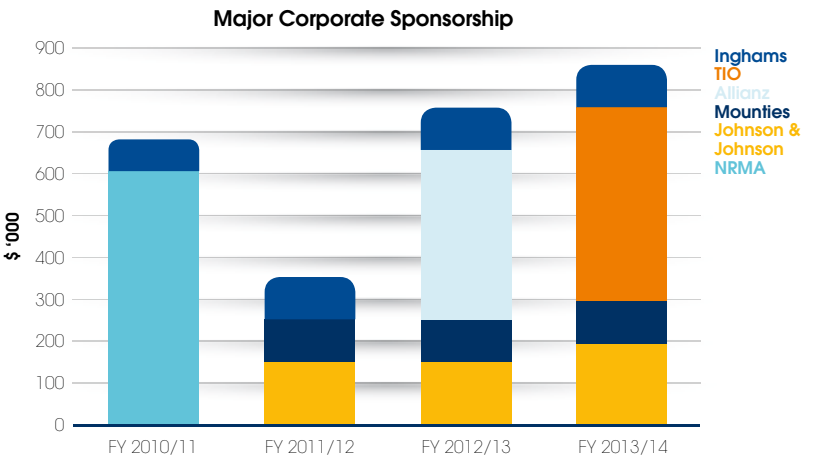
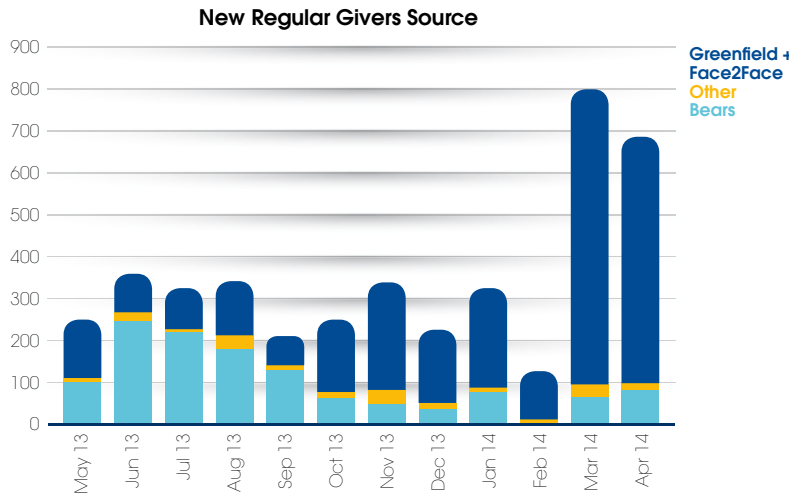
We are very excited to welcome TIO on board as the sponsor of the CareFlight TIO Rescue Helicopter in the NT. TIO has committed \$750,000 over three years. The sponsorship funding will enhance our Top End helicopter service, saving more lives in the NT.

Johnson & Johnson Medical

Johnson & Johnson Medical continued to fund CareFlight MediSim trauma care workshops across the NT and WA. As well as their annual contribution of \$150,000, they contributed an additional \$43,000, bringing this year’s donation to \$193,000. We thank Johnson & Johnson Medical for their very generous support of our rural and remote trauma care training program.

Mounties Group

We are delighted to have the ongoing support of one of Australia’s great club groups, Mounties Group. Again this year, they contributed \$100,000 as part of their three year commitment to sponsor CareFlight. Thank you for your loyal support.



“I like the fact that I work for an organisation with a strong patient focus, a can-do attitude and a belief in innovation. Our teams work very well together, but at the end of the day it’s your donations that keep us in the air and saving lives, so it’s great to have you behind us.”

Dr Darren Wolfers



Inghams

For the 10th consecutive year we received generous support from the Inghams Foundation through the Rotary Club of Narellan. In keeping with their strong commitment to Australian charities, Inghams have contributed a total of around \$600,000 to CareFlight. This year's donation of \$100,000 went towards vital equipment used by our aeromedical teams. We are very grateful to Inghams.

We also wish to acknowledge and thank the following organisations who, over the past year, made generous donations: Origin Energy, \$27,000; Hills Industries, \$20,000; AON Corporation Australia, \$20,000; and Royal NSW Bowling Association, \$20,000.

Clubs fund missions and training

Over the past few years we have seen good growth in Community Development Support Expenditure (CDSE) income from licensed clubs.

Again this year clubs provided support to help fund missions and CareFlight MediSim. We particularly acknowledge Smithfield RSL Club who donated \$43,000 towards missions in Western Sydney. Their support goes all the way back to 1989.

Launch of TIO sponsorship of CareFlight TIO Rescue Helicopter. From left, Superintendent Robert Rennie, St John Ambulance's Julie Buckham, Deputy Chief Fire Officer David Ellis, TIO CEO Richard Harding, CareFlight CEO Derek Colenbrander, Emergency Service Training Officer Mark Cunnington and CareFlight Senior Flight Nurse Amanda Quinn.

Johnson & Johnson Medical representatives visit CareFlight MediSim. From left, J&J Corporate Communications Manager Melissa Murray, CareFlight Relationship Development Manager Scott Monaghan and J&J Director of Communications Meshlin Khouri.

A CareFlight group at the Narellan Ball.

CareFlight crew with Smithfield RSL Directors Dan Hayes and Richard Schlyder.

Kempsey RSL Club again provided valuable support. Their contribution of \$70,000 over the past four years has enabled us to train emergency first responders on the Mid North Coast of NSW, via CareFlight MediSim.

We also acknowledge and thank the following clubs for their support this year: Bankstown Trotting Recreational Club Ltd, Canterbury-Hurlstone Park RSL Club Ltd, Canada Bay Club, Wentworthville Leagues Club Ltd, Ryde Eastwood Leagues Club Ltd, Royal NSW Bowling Association, Parramatta Leagues Club Limited, Campsie RSL Sub-Branch Club Ltd, City Tattersalls Club, Dee Why RSL Club Ltd, Bowlers Club of NSW Limited and Goulburn Workers Club.

Gifts that keep giving

We are very grateful for the wonderful support we received from a large number of philanthropic Trusts and Foundations. We acknowledge in particular James N Kirby Foundation, The Marian & E.H. Flack Trust, The Profield Foundation, The Jack Brockoff Foundation, Australian Medical Association (NSW), QBE Foundation and The John B Bedwell Trust.

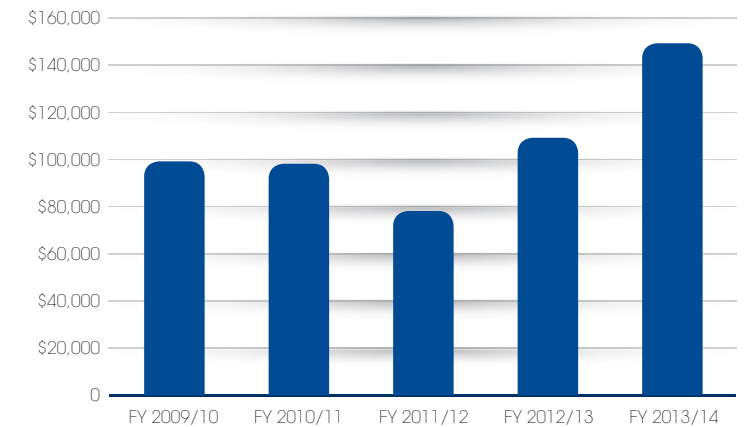
Northern Territory rallies

Over the past year we saw very strong donor growth in the NT. From 250 active donors at the beginning of 2013, we now have almost 3,000 active donors.

NT support has helped us purchase important training equipment such as the Kelly Training Mannequin and high fidelity birth prompt simulators. Community support has also helped us provide free MediSim training to NT emergency first responders.

NT support has helped us purchase important training equipment.

CDSE Club Donations



We ran two NT focused direct mail campaigns featuring Top End missions and showcasing MediSim. We thank our NT supporters who responded enthusiastically to our appeals, recognising the importance of an aeromedical service in the vast Top End and the value of trauma training

for remote first responders.

We also express our appreciation to the Minerals Council of Australia who donated \$30,000 to CareFlight and to the Darwin Mining Club who donated \$20,000 to help save lives in the NT.

CareFlight donor Dyaane Allport

Dyaane was a special person. Actively involved in scores of community organisations, schools and sporting groups in the NT, CareFlight became "her" charity.

As Captain of Adelaide River Volunteer Fire Service, Dyaane knew the impact of road crashes. She recognised the importance of taking trauma care training out to small communities in remote parts of the NT, and to rural areas across Australia. Attending two MediSim courses herself, she understood not only the value of teaching first responders how to better triage, treat, comfort and transport trauma

patients, but also CareFlight's unrelenting drive to save lives and improve outcomes.

In 2012, Dyaane was awarded the Chief Minister's Territory Volunteer of the Year. She donated her \$1,000 legacy to CareFlight.

Sadly, Dyaane passed away in January this year. CareFlight, along with every other organisation and community she so generously helped and supported, remembers her with gratitude and fondness.



Out and about...

Community group support

Community Groups such as Lions, Rotary, Zonta, National Seniors, Probus and CWA (pictured) supported CareFlight with events ranging from fetes and fairs to barbeques and balls. They took a keen interest in our operations, visiting a base or inviting a speaker to their meeting.



Novel fundraisers

We saw some ingenious fundraising activities such as a walkathon across Wagga, sheep shearing at Yanco Agricultural High School (pictured), a car wash in Katherine and an Australian circumnavigation by tractor. Thank you for helping raise awareness as well as funds.



Sussex Inlet Charity Weekend

Thank you to the wonderful community of Sussex Inlet on the NSW South Coast for organising the annual Choppers for Charity weekend with bowls, golf, trivia night, parade (pictured) and markets. Thousands of people make their way to the seaside town each year to join in the fun.



Darwin Mining Club support

The Darwin Mining Club again hosted a charity golf day in September, followed by a gala dinner in December. The club raised \$50,000 this year to support CareFlight's work in the NT.



City2Surf NT

A big thank you to CareFlight NT staff who formed a running team and entered the City2Surf NT, raising money for CareFlight. Special thanks to Dr Charlotte Heath, team organiser!



City2Surf Sydney

Thank you to all those who entered the City2Surf Sydney and raised funds for CareFlight, including the Johnson & Johnson team (pictured).



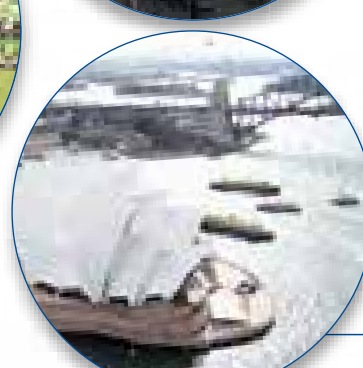
Schools support CareFlight

School students showed wonderful enthusiasm in raising funds to support our work. This year Stuart Park Primary School (School Captain Jaimee Murphy pictured), Pitt Town Public School, William Clarke College and Maroota Public School organised fundraisers for CareFlight.



Woodford to Glenbrook Classic

Over 700 runners and bike riders experienced glorious spring weather as they raced along the scenic fire track through the NSW Blue Mountains. Thank you to participants who raised \$40,000 for CareFlight. We also thank the many volunteers who helped.



Navy Fleet Review

CareFlight was invited to be part of the the Navy International Fleet Review on Sydney Harbour in October, participating in two flyovers. Huge crowds lined the Sydney foreshore to enjoy the review.

NT Cattleman's Association Conference

CareFlight's NT operations featured at the NT Cattleman's Association (NTCA) 30th anniversary conference held at the Darwin Convention Centre in March.



NT community shows

The dry season saw CareFlight staff and volunteers attending community events around the NT. They were delighted to meet past patients who wanted to share their CareFlight stories at the Darwin Show, Katherine Show (pictured), Adelaide River Show, Lingalonga Festival, All Ford Day and Darwin V8s.



Todd Peisley Ride

Some 80 determined motor bike riders defied rain to raise \$11,000 for CareFlight as they rode from Homebush to Wisemans Ferry. The event honours CareFlight past patient Todd Peisley who died tragically after falling ill in Bali.



Partnering with the Eels

As the Dylidham Parramatta Eels charity partner, CareFlight flew captain Tim Mannah to meet fans at the Women in League celebration at John Curtin Reserve. CareFlight also landed at ANZ Stadium to deliver the game ball, carried by eight-year-old Dempsey from Wallagadah, in April.



NSW community shows

Our community engagement team rushed around NSW to represent CareFlight at community shows in Young, Wagga Wagga, Griffith, Picton, Cootamundra, Cowra, Kempsey, Camden (pictured), St Ives and Castle Hill.



...in the community



Kakadu triathlon

A spirit of adventure prevailed at this race which brought the remote town of Jabiru together. The swim, bike ride and run, starting at dawn to beat the heat, raised over \$7,000 towards a Draegar Infant Humidicrib for CareFlight.



Wisemans Ferry golf and bowls

The annual Wisemans Ferry Police and Citizens CareFlight day included a bowls tournament for the first time. Over \$20,000 was raised by this small community with a big heart. Thanks to all involved – it is CareFlight's longest running event tradition.



CareFlight on Display day

A number of donors, volunteer, sponsors and other supporters were invited to see behind the scenes of our Westmead operations in November. Helicopters, hangars and training equipment were on display and CareFlight crews were on hand to offer information and answer questions.



Road safety messaging events

CareFlight's Dr Ken Harrison presented at bstreetsmart (pictured), an annual road safety forum attended by over 18,000 students. Sutho Cops & Rodders Road Safety & Car Show, an event which educates drivers in road safety, raised \$13,000 for CareFlight.

Board and Management

Board of Directors

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

Patricia Angus
PSM, MTH
In office since 24 June 2013

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

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

Danny Cass
MBBS, FRCS, FRACS
In office since 4 February 2013

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
& Risk Committee
In office since 23 February 2010

Anna Guilan
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 Aviation
Services

Tanya Izod
General Manager Northern
Operations

Mark Lever
General Manager Public
Affairs & Communications

Penny Parker
Contract & Performance
Manager NT

Shona Sandford
Operations Manager NT

Glenn McKeown
Q-HSE Manager

Natalie Gallagher
Human Resources Manager

Gary Williams
Chief Information Officer

Ian Badham OAM
Media Relations Manager

Don Kemble
Manager Facilities &
Logistics

Medical

Dr Alan Garner OAM
Medical Director

Dr Peter Clark
Deputy Medical Director
Supervisor of Training

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 Ian Carter
Senior Base Doctor, Orange

Dr Patrick Liston
Manager Medical Quality
Assurance

RN Darren Chilton
Clinical Nurse Manager

Greg Brown
Manager Education &
Training

Colin Brown
MediSim Program Manager

Aviation

Richard Sandford
Chief Pilot

Lee Thompson
Fleet Manager Fixed Wing

Jeff Konemann
Head of Training &
Checking Fixed Wing

Greg Ohlsson
Fleet Manager Rotary Wing

Troy Alder
Head of Training &
Checking Rotary Wing

Luke Bradshaw
Director of Engineering

Steve Hughes
Manager Southern Aviation
Operations

Paul Archbold
Fixed Wing Senior Pilot
Darwin

John Kennedy
Fixed Wing Senior Pilot
Gove

Ian Smart
Rotary Wing Senior Aviator
Westmead

Wayne Vardanaga
Rotary Wing Senior Aviator
NETS

Dean Blackman
Rotary Wing Senior Aviator
Darwin

Ben Inglis
Chief Aircrewman

CareFlight International

Dr Bernie Hanrahan
Medical Director CFI
Senior Base Doctor,
Westmead

Paul Smith
General Manager CFI

Samantha Jeffriess
Operations Manager CFI

Peter Murphy
Base Manager CFI Darwin

Natalie Lund
Base Manager CFI Sydney

Fundraising/Community Engagement

Trent Osborn
Head of Fundraising

Maria Dinnison
Direct Marketing Manager

Scott Monaghan
Relationship Development
Manager

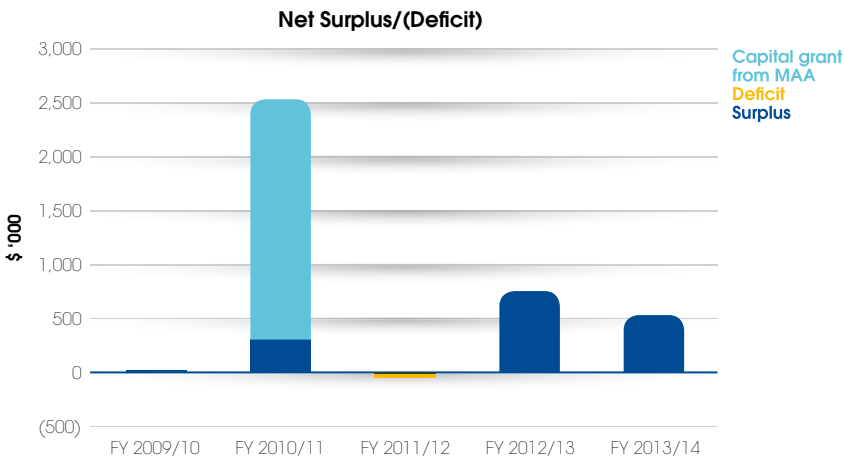
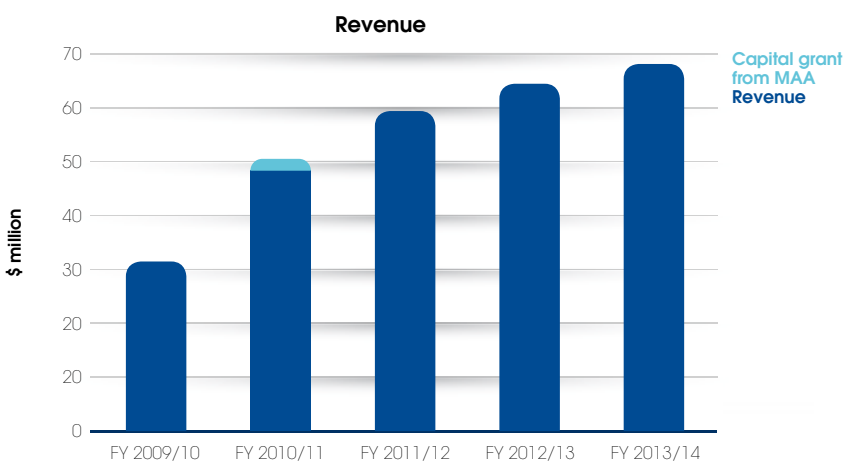
Financials

Group revenue in FY2013/2014 increased by \$3,664,667 (5.7%), from \$64,351,162 to \$68,015,829. The increase in revenue was due principally to:

- the commencement on 1 January 2013 of the NETS contract awarded to CareFlight by NSW Ambulance, and
- new oil and gas industry work.

We incurred one-off costs of approximately \$1.3 million in relation to our bids for the Victorian and NSW HEMS contracts. Were it not for these costs, our surplus of \$530,248 (2013: \$752,410) would have been closer to \$2 million.

The charts provide a comparative snapshot of the revenue and surplus positions for each of the last five financial years of the organisation.



Finance team, from left: Weixin Lu, Jane Duffy, Candice Bessesen, Amy Oxford, Sweta Negi and Finance Manager Rajini Surendran.

The following is a summary extracted from the audited financial statements of CareFlight Limited Group for the year ended 30 April 2014. This information should be read in conjunction with those financial statements, a copy of which can be found on the CareFlight Limited website at www.careflight.org

Consolidated and Company statement of surplus or deficit and other comprehensive income

For the year ended 30 April 2014

	Consolidated 2014	Consolidated 2013 (restated)	Company 2014	Company 2013 (restated)
	\$	\$	\$	\$
Revenue				
NSW Ambulance	10,843,688	6,375,333	10,843,688	6,375,333
Northern Territory Department of Health	32,842,178	31,355,803	29,727,758	31,355,803
Aeromedical and other retrieval revenue	10,673,963	12,716,848	10,673,963	12,716,848
Fundraising – donations and sponsorship	6,678,155	6,639,182	6,678,155	6,639,182
Fundraising – merchandising and events	6,909,104	7,263,996	6,909,104	7,263,996
Revenue from CareFlight Aeromedical Limited	68,741	-	68,741	-
Total revenue	68,015,829	64,351,162	64,901,409	64,351,162
Expenditure				
Operations and administration – costs of personnel	29,138,665	29,597,027	29,138,665	29,597,027
Direct costs of aero-medical operations	18,609,346	17,492,611	18,609,346	17,492,611
Costs of fundraising – donations and sponsorship	1,639,627	982,939	1,639,627	982,939
Costs of fundraising – merchandising and events	4,897,401	5,038,670	4,897,401	5,038,670
Depreciation	3,989,545	3,195,042	2,229,044	2,530,460
Insurance	998,479	962,601	998,479	962,601
Professional fees	2,350,435	1,520,487	2,350,435	1,520,487
General overheads	3,472,042	2,705,269	3,657,326	2,705,269
Net loss on sale of non-current assets	85,897	429,601	85,897	429,601
Impairment loss on non-current assets	-	15,508	-	15,508
Impairment loss on fixed wing aircraft held for sale	-	411,694	-	411,694
Total expenditure before (devaluation)/revaluation	65,181,437	62,351,449	63,606,220	61,686,867
Surplus before net finance and (devaluation)/ revaluation of aircraft	2,834,392	1,999,713	1,295,189	2,664,295
Finance income	124,577	122,384	124,309	122,384
Finance expense	(2,428,721)	(1,369,687)	(990,711)	(872,629)
Net finance expense	(2,304,144)	(1,247,303)	(866,402)	(750,245)
Net surplus for the year	530,248	752,410	428,787	1,914,050
Other comprehensive income				
(Devaluation)/revaluation of rotary wing aircraft	(8,248)	234,290	(8,248)	234,290
Total comprehensive income for the year	522,000	986,700	420,539	2,148,340

Consolidated and Company statement of financial position

As at 30 April 2014

	Consolidated 2014	Consolidated 2013 (restated)	Company 2014	Company 2013 (restated)
	\$	\$	\$	\$
Current assets				
Cash and cash equivalents	6,305,766	3,467,054	6,086,889	3,425,694
Trade and other receivables	5,450,359	7,447,385	5,450,359	7,447,385
Inventories	172,236	231,211	172,236	231,211
Intercompany receivable	-	-	218,876	1,394,632
Aircraft held for sale	1,922,440	766,782	1,922,440	766,782
Other current assets	1,005,226	1,019,631	771,482	775,119
Total current assets	14,856,027	12,932,063	14,622,282	14,040,823
Non-current assets				
Investments	2	1	2	1
Fixed wing aircraft	21,183,031	22,479,369	2,552,241	2,088,078
Rotary wing aircraft	10,968,407	4,834,680	10,968,407	4,834,680
Land and buildings	2,493,007	2,539,613	2,493,007	2,539,613
Property, plant and equipment	7,260,305	5,426,550	7,260,305	5,426,550
Total non-current assets	41,904,752	35,280,213	23,273,962	14,888,922
Total assets	56,760,779	48,212,276	37,896,244	28,929,745
Current liabilities				
Trade and other payables	12,577,088	9,631,277	12,187,786	9,631,277
Interest bearing liabilities	3,937,290	4,901,106	2,960,939	3,992,347
Provisions	1,904,036	2,009,621	1,904,036	2,009,621
Total current liabilities	18,418,414	16,542,004	17,052,761	15,633,245
Non-current liabilities				
Interest bearing liabilities	29,874,104	23,758,566	11,315,043	4,223,154
Provisions	387,746	353,191	387,746	353,191
Total non-current liabilities	30,261,850	24,111,757	11,702,789	4,576,345
Total liabilities	48,680,264	40,653,761	28,755,550	20,209,590
Net assets	8,080,515	7,558,515	9,140,694	8,720,155
Capital funds				
Reserves	226,042	234,290	226,042	234,290
Retained surplus	7,854,473	7,324,225	8,914,652	8,485,865
Total capital funds	8,080,515	7,558,515	9,140,694	8,720,155



www.careflight.org

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