

# CareFlight

Annual Report 2013



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Dr Andrew Weatherall was delighted to receive a visit from seven-year-old past patient Sahra (front cover). Andrew treated Sahra after she fell from the window of her bedroom onto concrete, sustaining facial fractures, internal injuries and a shattered wrist. A year on, Sahra is the happy, healthy child she always was.

## 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

## Scale of operations

CareFlight today is a multifaceted charitable organisation. We provide a range of aeromedical and related services to communities right across Australia and beyond our shores. The nature and diversity of those services is illustrated in the diagram below.

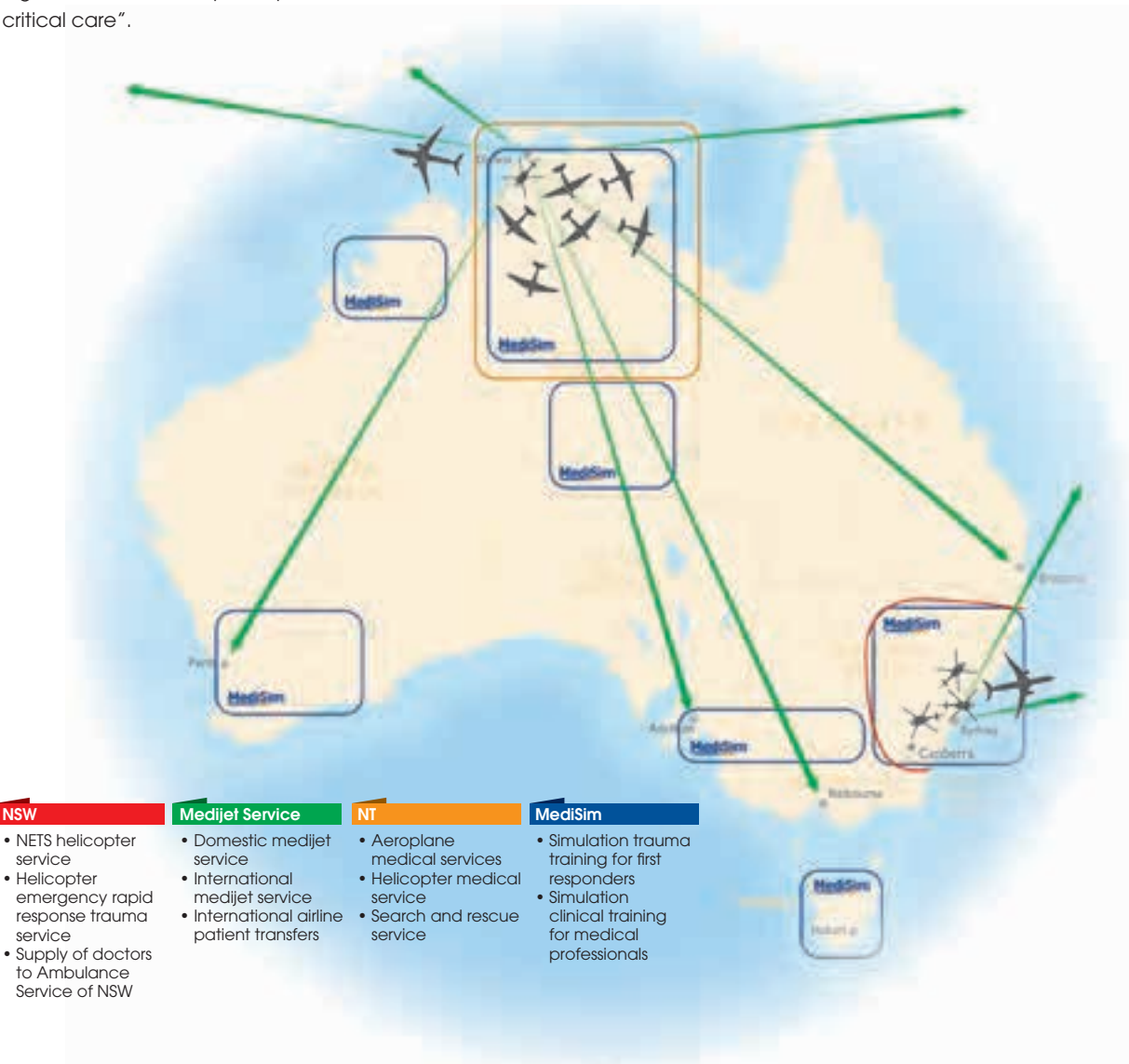
All these services are delivered as part of, or in support of, CareFlight's mission to "save lives, speed recovery and serve the community by providing the highest standard of rapid response critical care".

But even as our organisation grows in scale and capability, we need to constantly assess our social impact:

- What difference does CareFlight make to the communities we serve?
- Are we improving the lives and life prospects of our patients?
- Are we doing it as well as it can possibly be done, within the constraints of our role and resources?
- Are we meeting or exceeding current best practice benchmarks?

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## Social impact

Social impact can be defined as: 'the effect of an activity on the social fabric of the community and well being of the individuals and families'.

Rarely, if ever, does one find a single objective measure of social impact in a not-for-profit sector organisation. Unlike the commercial sector, the not-for-profit sector does not have definitive and generally understood measures which can be mathematically calculated and reported to stakeholders, such as Total Shareholder Return and Return on Equity. Instead, not-for-profit organisations tend to look for indicators of social impact. In the aeromedical sector, we believe that the best indicators are:

- Number of patients treated and/or transported
- Time taken to reach patients
- Quality of care given to patients

In the aeromedical sector, the best indicators of social impact are:

- Number of patients treated and transported
- Time taken to reach patients
- Quality of care given to patients

So what do these indicators suggest about CareFlight's social impact?

## Patient numbers

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

Clearly, on the patient numbers dimension of social impact, CareFlight has done extremely well over the past five years. The substantial growth in patient numbers is attributable to two new services provided by CareFlight:

- The Top End Medical Retrieval Service, where CareFlight provides the whole of the aeromedical service in the top half of the Northern Territory
- The NSW paediatric helicopter service, where CareFlight provides

## Our Year...

We:

- cared for 5,039 patients
- treated and/or transported over 1,000 ill and injured babies and children
- were awarded the contract to provide a newborn and paediatric emergency helicopter service across NSW
- added four near-new aeroplanes and another helicopter to our fleet
- travelled over 50,000 km to take our MediSim trauma training program to 530 rural and remote first responders and clinicians
- provided training in pre-hospital and transport medicine to 160 combat first aiders and military doctors, nurses and medics prior to deployment to Afghanistan
- clocked up 7,204 flying hours
- received \$13,903,178 from the community through donations, fundraising and sponsorship, in support of our work

helicopter services to support the Neonatal and paediatric Emergency Transport Service (NETS)

regarding the whereabouts and condition of the patient)

- the speed and efficiency of the team activation process once the tasking instructions have been communicated to CareFlight (ie how long CareFlight takes to get its team airborne)

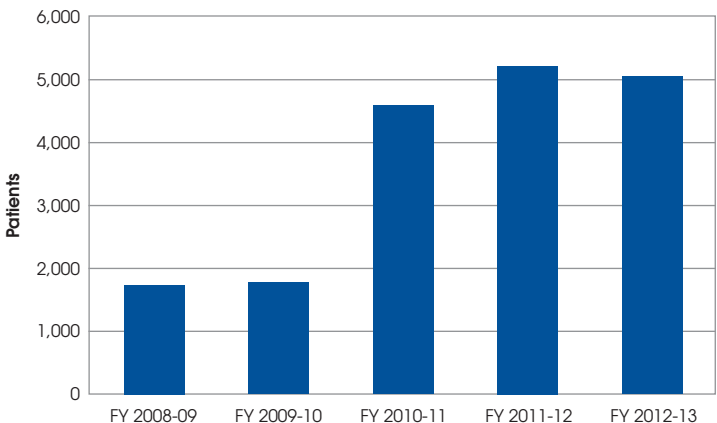
## Time to patient

Time to patient is a function of a number of factors, the two most important being:

- the speed, accuracy and efficiency of the tasking system (ie how quickly CareFlight is activated by the tasking authorities and briefed with the appropriate information

CareFlight has little control over the first factor, so to measure our performance under the 'time to patient' criterion we need to look at our contractual or

Patient Numbers







internal Key Performance Indicators (KPIs) as they relate to team activation. These vary according to the nature of the service we provide. They are summarised in the table, right.

We regularly review and report against these KPIs. Apart from situations beyond our control (eg weather, flight control restrictions, awaiting specialist personnel supplied by third parties), CareFlight is overwhelmingly KPI compliant.

Accordingly, on the ‘time to patient’ dimension of social impact, we think that there is a sound basis to conclude that CareFlight is performing well.

At an operational level, improving the ‘time to patient’ dimension requires a process of continual improvement and refinement. Realistically, however, the best that CareFlight – and other aeromedical providers – can hope to achieve is modest incremental improvement. The area that lends itself to significant further improvement is the tasking system: how information

CareFlight Service	Description	Location	Dispatch to Takeoff
	CareFlight Helicopter Emergency Rapid Response Trauma Service	Westmead Base, Sydney	< 5 mins
	CareFlight NSW Paediatric Helicopter Service	Westmead Children’s Hospital	Daylight < 15 mins Night < 30 mins
	CareFlight Top End Aeromedical Service • High acuity • Low acuity	Darwin, Gove, Katherine	Priority 1 cases < 30 mins Priority 2 cases < 2 hours Priority 3 cases < 6 hours
	CareFlight Medijet	Darwin and Sydney	< 2 hours

coming in via the ‘000’ system is captured and communicated to the aeromedical providers. Faster case identification and mission activation is the key to meaningful improvement in the ‘time to patient’ dimension of social impact.

This area is essentially the domain of the tasking authorities. However, there

are learnings from our recent Head Injury Retrieval Trial which, we believe, have the potential to materially improve the efficiency of the case identification and mission activation process. We are currently working with the tasking authorities to explore the practicality of introducing these learnings on a system wide basis.

Quality of care

Quality of patient care is extremely hard to measure. The best indicator of quality of patient care is likely to be the systems and processes that go into building and supporting our medical teams. These are depicted in the diagram, left.

CareFlight invests heavily in all of these quality systems and processes. This investment is our best assurance that we are delivering the finest possible care to our patients.

Financial overview

Group revenue in FY2012-13 increased by \$5,056,915 (8.5%), from \$59,294,247 to \$64,351,162. The increase in revenue was due principally to:

- increased flying operations under the Top End Medical Retrieval

- Service contract with the Northern Territory Department of Health
- the commencement on 1 January 2013 of the NSW paediatric helicopter service contract which was awarded to CareFlight by the Ambulance Service of NSW
  - an increase in donation and sponsorship revenue from our supporters

Despite significant up-front costs incurred in the establishment of the NSW paediatric helicopter service, and higher than anticipated costs in transitioning the Top End Medical Retrieval Services operation from our legacy King Air aircraft (circa 1992/1993 vintage) to later model King Air aircraft (circa 2006/2007 vintage), we achieved a very satisfactory net surplus of \$859,439 (2012: \$201,343).

Board and senior management changes

In June 2012, Dr Sean Beehan resigned from his position as a CareFlight director after 10 years service in that role. Sean’s resignation was prompted by a family illness and his need to devote as much time as possible to his family.

As a former flight doctor and Medical Director of CareFlight, Sean brought a medical perspective to the Board while still taking a dispassionate view about what was in the organisation’s wider best interests. We thank Sean

for his long and dedicated service to CareFlight.

Filling the gap left by Sean, Professor Danny Cass was appointed a Director of CareFlight in February 2013. Danny is the Head of Trauma at the Children’s Hospital at Westmead. He has held the position of Director/Head of Trauma since 1985 and was appointed Professor at Sydney University in 1999. As well as clinical practice, Danny has been involved in the Royal Australian College of Surgeons as Chairman of the Trauma Committee from 2006 to 2010. He was CEO of the Institute of Trauma and Injury Management (NSW) from 2002 to 2009. He has been on the board of Kidsafe and is currently on the board of Royal Life Saving Society (NSW).

We also welcome Patricia Angus to the CareFlight Board. 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. Following her retirement, Trish was awarded the Public Service Medal in January 2013 for outstanding public service to health and housing policy, and programs and services to indigenous people in the Northern Territory. She is a member of the Top End Hospitals Network Governing Council. Trish was appointed a Director of CareFlight in June 2013.

Thank you

None of our achievements would have been possible without the tireless efforts of our dedicated and talented staff. We thank you all for your valuable service to the community.

And, as always, our heartfelt thanks to our donors, volunteers, sponsors and partners who believe in CareFlight and the importance of the work we do. Your generous support continues to help us carry out our mission to save lives.

Our heartfelt thanks to our donors, volunteers, sponsors and partners who believe in CareFlight and the importance of the work we do.

It is truly inspiring to see what can be accomplished when people unite in pursuit of a worthy cause. According to an old proverb, if you want to go fast, go alone; if you want to go far, go together.

Thank you for coming together in support of CareFlight and being part of the CareFlight family.

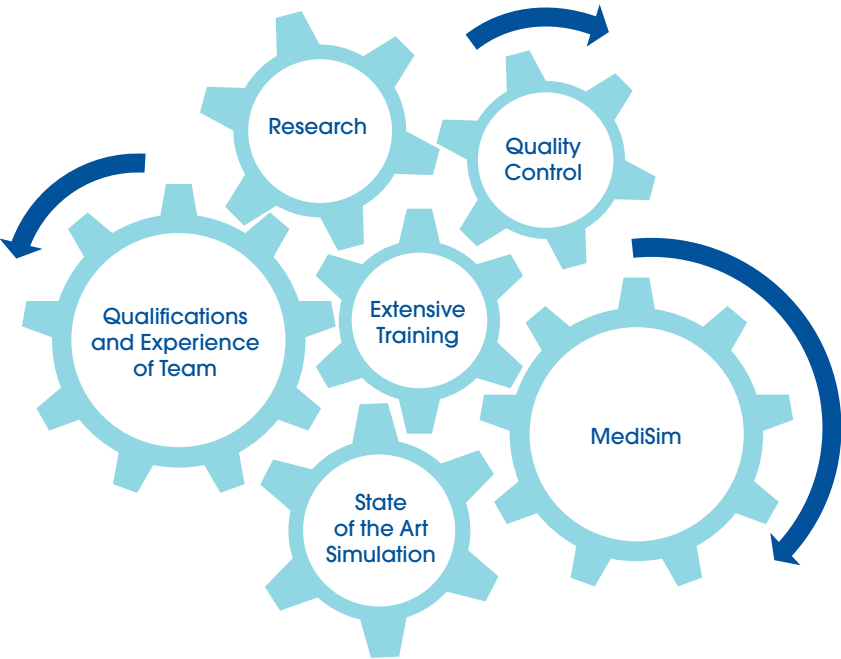
Dr Andrew Refshauge  
Chairman

Derek Colenbrander  
Chief Executive Officer

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





# Crushed by a truck: Belle's story

Three-year-old Belle was critically injured when she was run over by the wheels of a truck on a property in Sydney's north-west in March.

CareFlight, with rapid response crew Dr Rob Bartolacci, paramedic Ben Southers, pilot Ian Smart and aircrewman Dave Gardiner, arrived on the scene to find the little girl lying next to the tipper truck. Police and ambulance paramedics had freed her from beneath a wheel, and the paramedics had initiated treatment.

Belle was in an extremely serious condition. She had a decreased level of consciousness, severe abdominal injuries, back injuries, pelvic injuries and leg fractures.



Emergency services work to stabilise Belle.

Belle was in an extremely serious condition. She had a decreased level of consciousness, severe abdominal injuries, back injuries, pelvic injuries and leg fractures.

The CareFlight medical team decided not to move Belle immediately – she needed to be stabilised at the scene before she could be flown to hospital.

They gained intra-osseous (bone) access, administered a general anaesthetic and intubated her to control her airway and breathing. They then gave her a blood transfusion to control her haemorrhaging. Her broken limbs were splinted and she was prepared for air transport.

CareFlight flew Belle, under full intensive care management, to Westmead Children's Hospital. She had extensive surgery and was in a coma for five days.

Belle was expected to remain in hospital for between six and 12 months. However, the spirited little girl was determined to do better than that and, following intensive therapy, was able to go home after four months.

Belle is now confined to a wheelchair, but she is very active and learning to be independent. She has even started attending pre-school again.

Belle continues to receive ongoing outpatient therapy and rehabilitation and is making good progress.

“ At preschool sometimes I will sit in my wheelchair. Other times I may sit on a comfy beanbag on the floor. I may have a helper but I am very good at doing things by myself. ”

Clockwise from below: Belle and her mum, Cathy, at Westmead Children's Hospital; Belle visited the park in her new wheelchair; and Ngaire Wood, Child Life Therapist, works with Belle at her preschool.



# Paediatric and Newborn Service

Sick children and babies need very special care. CareFlight has extensive experience in the transportation and treatment of these very fragile young patients.

## NSW paediatric helicopter service

In late 2012, CareFlight successfully tendered for the contract to provide an 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 contract is partially funded by CareFlight's fundraising activities.

An immense amount of training and preparation was required to stand up the service within the six week timeframe. Senior Base Aviator Wayne Vardanega and his team of highly dedicated pilots tackled every challenge head on to ensure that this very special emergency helicopter operation transitioned without disruption to the service.

CareFlight leased an additional helicopter, a late model Bell 412EP, and redeployed one of our Kawasaki BK117s for the operation. Both helicopters needed significant modifications to meet the requirements for the highly specialised work.

CareFlight also employed an additional 11 pilots and three engineers.

The NETS team uses CareFlight for time-critical missions. The 24 hour service flies babies and children from regional hospitals to specialist paediatric centres in Sydney, Canberra and Newcastle.

Our first mission was to fly a NETS team to Orange to treat and stabilise a sick



Above: paediatric helicopter service staff, from left, co-pilot Rajat Kaura, engineers Andrew Le Blanc, Patrick Townsend and Giovanni Mazzolini, pilot Shaun Gillespie and engineer Nathan Miller.

Right: the NETS doctor and nurse place the newborn baby on board the CareFlight helicopter in the new operation's first mission.



In the first four months of our paediatric helicopter service, we flew 109 sick babies and children to hospitals around NSW.

newborn infant. After stabilisation, CareFlight flew the baby, under the care of the NETS team, to the neonatal intensive care unit of a Sydney hospital.

In the first four months of our new paediatric helicopter service, we transported 109 sick babies and children.

We visited 39 locations, retrieving our young patients from hospitals in places such as Coffs Harbour, Dubbo, Orange,

Taree, Wollongong, Scone, Moruya, Griffith and Wagga Wagga.

Our teams clocked up approximately 220 hours of flight time over this period.

## Top End paediatric service

In the Top End, CareFlight provides a fully integrated 24 hour aeromedical paediatric service on behalf of the Northern Territory Government. During



Motorcycle fall: Luke's story

In October, CareFlight was called to airlift seven-year-old Luke to hospital after he lost control of his motorcycle and fell off. Luke was showing signs of serious head injury.

When the CareFlight team of Dr Rob Bartolacci, paramedic Ben Southers, pilot Ian Smart and aircrewman Dave Gardiner arrived, Luke's condition had deteriorated and he was unconscious. Rob and Ben intubated the child and placed him on a ventilator before flying him to Westmead Children's Hospital.

Luke's direct flight to an appropriate paediatric treatment centre rather than a secondary transfer from a regional hospital saved precious time. In an extraordinary twist, it transpired that Luke did not in fact have a head injury as a result of the fall, but instead had a brain tumour the size of a fist. He immediately underwent surgery to remove the tumour.

Luke is making a very good recovery.

Luke with, from left, Dr Rob Bartolacci, aircrewman Dave Gardiner, paramedic Ben Southers and pilot Ian Smart.



From left, CareFlight Medical Director Dr Alan Garner OAM, General Manager Medical & Support Services Andrew Anderson and Deputy Medical Director & Supervisor of Training Dr Peter Clark.

the year CareFlight doctors and nurses transported more than 800 children and babies from remote centres to receiving facilities in Katherine, Nhulunbuy/Gove and Darwin.

Our Top End teams treated and transported children who had been involved in motor vehicle crashes, children with respiratory illnesses and tropical diseases and premature babies.

We transferred premature babies as young as 24 weeks gestation to Royal Darwin Hospital so they could receive specialist paediatric care.

Some of our very tiny premature babies were as young as 24 weeks gestation. With limited services in outlying

hospitals, the majority of premature babies were transferred to Royal Darwin Hospital for specialist paediatric care. When additional specialist paediatric services are needed during transport, Royal Darwin Hospital supplies the specialists to accompany the CareFlight medical teams on the aircraft.

The CareFlight NT aeroplanes and helicopter are fitted to accommodate specialist paediatric equipment which allows the medical teams to provide a hospital level of care for the smallest patients during flights.

Rapid response trauma service

CareFlight's Westmead based rapid response trauma teams take specialist care to critically injured children. These doctor/paramedic teams stabilise the children at the scene of the accident and then transport them directly to paediatric hospitals.

Our trauma teams flew to 90 injured children in the Greater Sydney area including the Southern Highlands, Blue Mountains and Central Coast.

Paediatric missions for our rapid response teams this year included children who had been involved in drowning incidents; car crashes; falls, particularly from windows; sporting incidents including football, skateboard and horse related accidents; motocross and trail bike crashes; children with burns; and children who had been injured around the home.



Rapid Response Trauma Service

Operating from the Westmead base in the demographic centre of Sydney, we continue to provide a rapid response trauma service across the Sydney basin.

Our specialised trauma teams comprise a critical care consultant and an Ambulance Service intensive care paramedic.

The service is funded by community donations and sponsorships, and a \$1million grant from the Motor Accidents Authority (MAA).

The teams fly primarily to head injured adults and severely injured children. This year our rapid response trauma service responded to 353 tasking

requests from the Ambulance Service Aeromedical Operations Centre and treated and transported 152 patients.

We saw the same pattern as in previous years, with road trauma making up the highest number of cases.

We saw the same pattern as in previous years, with road trauma making up the highest number of cases. These

cases included car, truck, motorbike and pushbike accidents, as well as pedestrians who were struck by vehicles on our roads. Falls were the next highest category followed by sporting incidents, particularly equestrian accidents.

We were called to 28 drowning incidents and again, as with previous years, most of these involved children.

Some of our more unusual missions involved shootings, house fires, a diver with the bends and a snake bite.

Bicycle crash: John's story

In February, CareFlight was called to support emergency services at the scene of a bicycle crash in West Pennant Hills.

John, aged 53, had come off his bicycle while cycling downhill in the Cumberland State Forest. He hit a steel pole which penetrated his helmet, lacerating the back of his head.

Pilot Ian Smart landed the helicopter in a tight, confined space, the only flat area in the vicinity. Dr Blair Munford and paramedic Stuart Gourlay sprinted the 400 metres to where John was being managed by local paramedics.

It was clear that John had sustained a serious head injury. He was combative and irrational. He needed to be sedated so he could be properly assessed and receive appropriate intensive treatment.

John was stabilised and transferred to a waiting road ambulance. There, Blair and Stuart intubated him and placed him in an induced coma to prevent secondary brain injury.

He was then transported to Westmead Hospital by road ambulance, accompanied by the CareFlight medical team.

Following surgery, John spent seven days in intensive care and then a further eight days in hospital before he was able to go home.

John has made a complete recovery from an injury that could have left him with severe brain damage.

From top: the scene of the accident; the CareFlight medical team places John in an induced coma; and John, fully recovered, visits Blair at the Westmead base.





# Fixed Wing Aeromedical Service



A CareFlight King Air B200.

It was with much excitement that we formally welcomed four near-new King Air B200 aircraft into CareFlight’s Northern Territory operations in January.

## Rollover: Rosine and Noemie’s story

CareFlight takes the hospital to the patient every day around Australia – including to the most remote parts of the Northern Territory.

Two young Belgian tourists experienced this care in September after their backpacker van crashed on the isolated Carpentaria Highway near Cape Crawford. The girls swerved to avoid an oncoming car, hit a soft patch and rolled three times.

The crash left 22-year-old Rosine, who was driving, unconscious for a short time and trapped with a fractured skull, mild traumatic brain injury, fractured neck and back injuries. The passenger, 20-year-old Noemie, suffered arm and hand injuries.

Emergency services from the outback town of Borroloola drove to the crash scene where a clinic nurse, police and fire-rescue officers forced open a door and freed Rosine.



Rosine was stabilised before being flown to hospital.

In the meantime a CareFlight plane was dispatched from Darwin. CareFlight pilots Alan de Rooy and Terry Latchman flew Dr Trevor Gardner and flight nurse Matt Auld to the Tankumbirini station airstrip to meet the Borroloola team who drove their patients 30 km to the plane.

Trevor’s assessment that Rosine had a fractured neck meant that he and Matt needed to institute comprehensive spinal precautions before she could be flown to hospital.



They also splinted Noemie’s fractured arm and dressed her wounds.

Rosine underwent two weeks of treatment in Royal Darwin Hospital where she was visited regularly by CareFlight clinical teams. Her father travelled to Darwin from Belgium to escort his daughter home, his first visit back to Australia since he himself backpacked around the country as a young man.

Both girls have since made a full recovery.

From left, General Manager Northern Operations & Aviation Services David Mann, NT Operations Manager Shona Sandford and Deputy General Manager Northern Operations Tanya Izod.



The new King Airs have been uniquely configured for our Northern Territory work. With purpose designed communication and navigation systems, they are ideally suited for CareFlight’s long distance flights across remote areas. The ‘glass cockpit’ incorporates a Traffic Collision Avoidance System (TCAS) and Enhanced Ground Proximity Warning System (EGPWS). These ‘other traffic’ and ‘terrain information’ displays are state of the art and allow greatly improved situational awareness for the pilots.

From left, Fleet Manager Fixed Wing Lee Thompson and Chief Pilot Richard Sandford.



The new aeroplanes were extensively modified to serve as medical air ambulances. Fitted with wide cargo doors to allow for easy movement of patients into and out of the planes,

they have electro-pneumatic loading systems for quicker, safer and smoother stretcher loading. The modifications have resulted in much improved comfort levels for patients.

The medical crew are also able to enjoy an improved working environment. Satellite communication has been incorporated into the crew communication suite and they now have a dedicated power supply for medical equipment and cabin lighting.

Again this year the CareFlight planes flew far and wide across the Top End of Australia, bringing doctors and nurses to those in need. Much of the work involved transferring patients from remote clinics and hospitals to major



CareFlight nurses, from left: Janine Hawkes, Amanda Quinn, Jodie Mills, Jodie Martin, David Szyk, Olivia Bingham, Matthew Auld, Paul Campbell, Penny Lord, Clinical Nurse Manager Darren Chilton and Lee Whiteley.



### Our engineering team... going the extra mile

It is opportune that we recognise and acknowledge the contribution of the engineering team over the past year. When people think about aeromedical organisations, they tend to focus on pilots, doctors and nurses. Few think about the aircraft engineers.

But of course the operational reality is that the pilots and medical crew wouldn't be going anywhere if the aircraft weren't serviceable and airworthy.

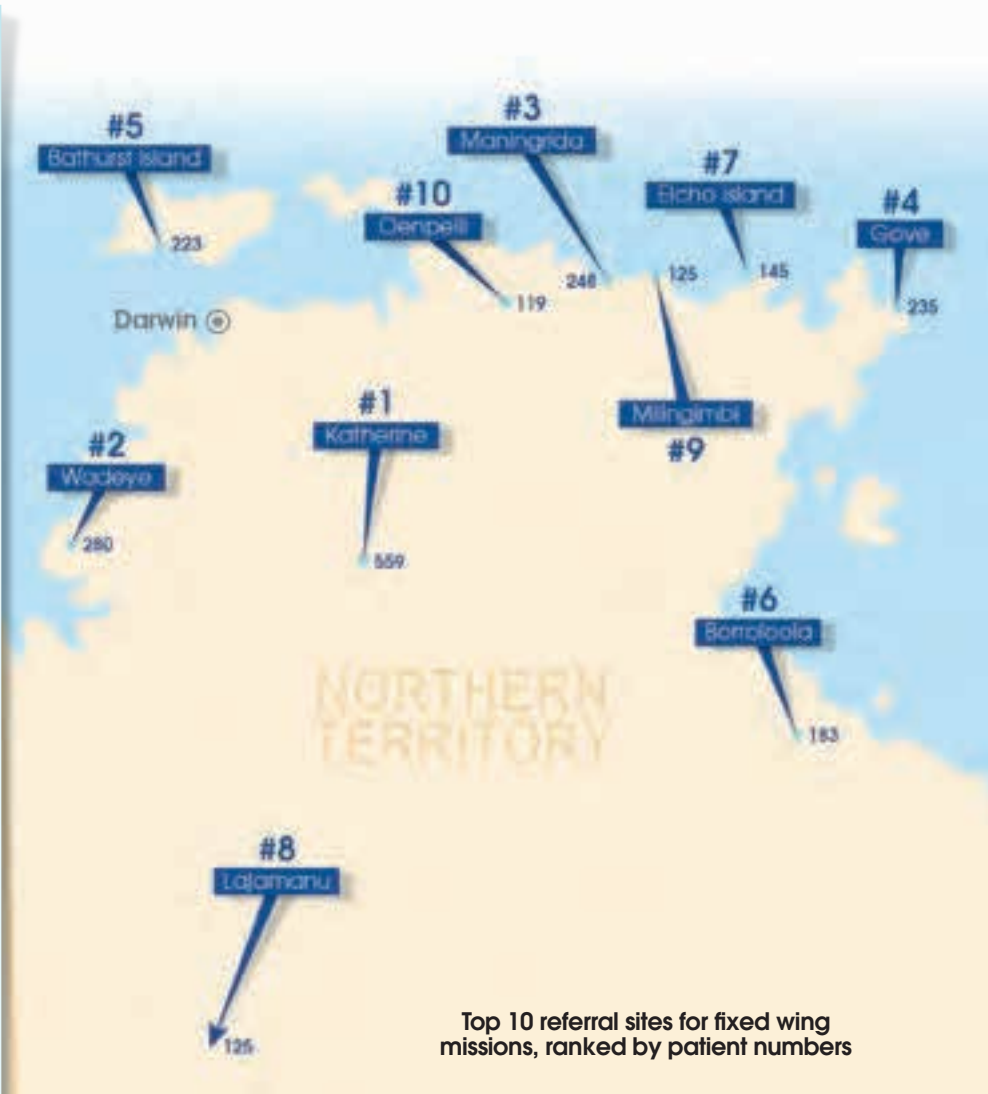
CareFlight is fortunate to have an exceptionally good engineering team which is led by an exceptionally capable Director of Engineering, Luke Bradshaw.

This year the team faced the challenge of bringing five additional aircraft into service – four King Air B200 aeroplanes into our NT fixed wing service and a Bell 412 helicopter into our new NSW paediatric helicopter service. Because of the team's dedication, efficiency and high technical standards, we were able to meet all our contractual aircraft service commencement deadlines.

We congratulate our engineers on a great team effort.



Director of Engineering Luke Bradshaw.



A CareFlight consultant is available 24 hours a day to support the frontline doctors and nurses who staff the clinics in remote communities.

hospitals, particularly Royal Darwin Hospital, where they could receive higher levels of care than their local clinic or hospital could provide.

A team of CareFlight specialist consultants provides clinical governance and oversight in relation to this service. A consultant is available 24 hours a day to support the frontline doctors and nurses who staff the clinics in remote communities. A key function

of the consultant is to triage patients in consultation with the treating doctor or nurse.

CareFlight's fixed wing service transported 3,271 patients this year. The highest number of cases involved respiratory conditions (19 per cent) followed by cardiovascular, trauma and gastrointestinal. There were also a significant number of obstetric cases which kept our midwives very busy.

## Helicopter Aeromedical and Rescue Service

CareFlight NT conducted 92 helicopter medical missions during the year.

Many of these missions involved treating and transporting patients who had been involved in car crashes and motorbike crashes. Often these people require specialist medical intervention very quickly. The most efficient way to bring specialist care to the patient is by helicopter.

A young man who crashed through a barbed wire fence at speed near Litchfield National Park needed just such intervention. The fence tore open his neck from ear to ear and by the

time two CareFlight doctors and a CareFlight nurse arrived by helicopter, he was near death from blood loss and a lacerated airway.

**The battle for survival began as the medical team inserted an artificial airway and placed the man on a ventilator to control his breathing.**

The battle for survival began as the medical team inserted an artificial airway and placed the man on a

ventilator to control his breathing. They then flew him to hospital where he underwent extensive emergency surgery. A month later he had his trachea repaired and was walking around the hospital, a miraculous recovery for a patient who suffered injuries that most would not survive.

We also rescued and treated a number of tourists who sustained injuries while walking or canoeing in national parks. The helicopter is equipped with a winch which provides the capability to rescue patients from locations which are difficult to access. We winched a

### Petrol burns: Bruce's story

A petrol explosion in a shed on his property near Adelaide River nearly cost 63-year-old Bruce his life last September.

Bruce was transferring petrol to a buggy, via a bucket, when a spark ignited fumes, causing a fireball. He suffered severe burns to over 25 per cent of his body.

Nurses from the local health clinic and emergency service officers from the township rushed to the scene following the explosion. They did an outstanding job of stabilising the seriously injured man before the CareFlight team of Dr Trevor Gardner, nurse Paul Campbell, pilot Troy Alder and aircrewman Daniel Warring arrived by helicopter.

The CareFlight medical team assessed the extent and depth of the burns, checking particularly for airway burns that would require urgent intervention before transfer. After applying additional

dressings they flew Bruce, under ongoing intensive care, to Royal Darwin Hospital where he remained overnight.

The following day he was transferred by CareFlight International Air Ambulance medi-jet to the special burns unit at Royal Adelaide Hospital.

Bruce made a full recovery.

Right: Deborah presented CareFlight with an original artwork in appreciation of the care given to her husband.

Below: CareFlight prepares Bruce for his flight to hospital.



Bruce's artist wife, Deborah, visited the CareFlight base in Darwin to present CareFlight with a magnificent original artwork in appreciation of the care and treatment given to her husband following his horrific accident. The painting is proudly displayed in CareFlight's Darwin operations centre.







The CareFlight helicopter flew to Katherine Gorge to rescue an injured woman.

### Rescue from cruise ship: Arnhem Land

CareFlight responded to a request from AMSA in February to rescue a seriously ill crew member from a cruise ship off Arnhem Land. The man had suffered a heart attack and needed to be taken to a major hospital.

The helicopter crew of pilot Tony Birmingham, aircrewman Steve Martz, Dr Kartic Atre and nurse Darren Chilton took off from Darwin. After a refuelling stop at Maningrida, 500 km north-east

of Darwin, the crew flew directly to the ship which had been slowed to a steady eight knots. The ship's flags and railings had been lowered and the safety team were present with all equipment, in preparation for the helicopter's arrival.

The helicopter landed smoothly on the ship's helipad and the patient was transferred to the helicopter stretcher. The CareFlight medical team placed him on the intensive care monitoring equipment and flew him to Royal Darwin Hospital via Maningrida.



The ill crew member is taken on board the helicopter.

number of injured people to safety, including a 60-year-old woman who tripped and hit her head on a rock while on a canoeing trip with friends in Katherine Gorge.

The helicopter is also fitted with night vision goggle technology which allows us to safely fly to and transport patients after dark.

### Search and rescue

Under an agreement with the Australian Maritime Safety Authority (AMSA), CareFlight provides aviation support for search and rescue operations. We use aeroplanes or helicopters, depending on the location and nature of the search.

The majority of search and rescue missions we conducted this year involved locating EPIRB signals from lost or stranded fishing boats across the top of the Northern Territory in Beagle and Van Diemen Gulfs.

We were also called on to airlift to hospital people who had fallen ill on cruise and freight ships.

## CareFlight International Air Ambulance

People who become critically ill or suffer serious injury in Asia, Indonesia, Papua New Guinea or the Pacific Islands often need to be flown to Australia for advanced medical treatment.

Many of these patients are tourists and are covered by travel insurance.

CareFlight International's Sydney and Darwin based dedicated medi-jets are well placed to transport patients from the regions within the arc from Micronesia through the Polynesian Islands down to New Zealand.

A regular route for our Sydney based medijet is the South Pacific. Again this year CareFlight International transported patients who needed high end critical care to Sydney and Brisbane, under specialist care. Typically, these patients required neurological or cardiac surgery, and many were on intensive care level life support.

### Many of our cardiac and neurological patients were on intensive care level life support.

Our Darwin based medijet conducted many missions to support NT Health, moving high acuity patients from Darwin to tertiary medical facilities in the southern and eastern states. These patients were supported by our intensive care medical teams.

We undertook a number of extremely long range medijet missions during the year. Logistics management and flight planning for these missions are very complex. Fuel stops need to be factored in and second pilot crews and medical teams pre-positioned at points along the return leg to overcome fatigue factors and ensure an uninterrupted journey.



From left, Medical Director CFIAA Dr Bernie Hanrahan, General Manager CFIAA Paul Smith and Operations Manager CFIAA Samantha Jeffriess. Inset: Base Manager CFIAA Darwin Peter Murphy.

Long range medijet missions this year included:

- retrieving an elderly woman who suffered a stroke, from China to Sydney
- transferring a critically ill man from Hawaii to Melbourne
- retrieving a woman with a life-threatening infection from Rarotonga to the Gold Coast
- flying a man who sustained traumatic brain injuries in a motorbike crash, from Bali to Perth

Our critical care teams use commercial aircraft for long haul missions to Europe, North and South America and Africa. As with the medijet missions, these require a

great deal of planning and preparation. Hospital to airport, seating configuration, medical equipment, transit and airport to hospital arrangements all need to be in place before the patient transfer can proceed.

CareFlight conducted several lengthy and complex commercial aircraft missions this year, including:

- flying an elderly man with cancer from Cairns home to Costa Rica, a mission which required multiple flights and took eight days to complete
- transporting a young man who sustained spinal injuries in a car crash, leaving him with quadriplegia, from Sydney to Wales in a 39 hour mission

CareFlight International used a commercial aircraft to transport a patient with severe spinal injuries from Sydney to Wales.







Left: Kylie is loaded into the medijet. Above: Kylie, fully recovered, working on the Sea Shepherd.

### Shark attack: Kylie's story

CareFlight International Air Ambulance flew to Tonga in September to bring home a young woman who was attacked by a shark.

29-year-old Kylie, an experienced diver, surfer and photographer, had been working on the ship ICE for Tonga Blue, a wreck-hunting company. Tonga Blue was trying to uncover some of Tonga's maritime history, while at the same time carrying out some conservation work.

Kylie and a friend were swimming in deep water alongside their kayak

when she was bitten. The captain of the vessel heard her cries for help and, because she was still conscious and talking, thought that her injuries were non life-threatening. However, when she was brought to the surface, it was evident that she had suffered major trauma to her thighs and buttocks.

Kylie was taken to the local Tongan hospital for surgery. The doctors who treated her thought that her attacker was probably a bull shark around three metres long, with teeth about 25 mm across and a 45 cm bite circumference.

While Kylie received excellent care in the Tongan hospital, the wounds became infected. Her family contacted CareFlight, and the medical team of Dr Sam Cho and nurse Lorraine Batko flew to Tonga to bring her back to Australia for further emergency surgery. She remained stable on the flight home, Lorraine commenting that she was remarkably calm considering the extent of her injury.

Kylie, who the ship's captain refers to as "our mermaid", has recovered well and is keen to resume her work in Tonga. An avid conservationist, she retains her love and respect for sharks.

### Our support services people

Our committed support services team work hard behind the scenes to ensure that the operational people can focus on their job of saving lives.

From left, HR Manager Jude Pettit, Medical Secretary Linda Pensabene, Deputy Compliance Manager Shweta Gupta, receptionist Ruth Heywood, Compliance Manager Dave Chapman and Quality & Safety Manager Glenn McKeown.



## Research

CareFlight is continuously researching ways to improve our patient care and safety, enhance the effectiveness of the chain of survival and, ultimately, achieve the best possible patient outcomes.

### Head Injury Retrieval Trial (HIRT)

Severe blunt traumatic brain injury is the leading cause of death in persons under 40 years of age in western societies. It is also a significant cause of long term disability.

HIRT sought to test whether the delivery of trauma physician management to accident scenes would improve outcomes for head injured patients. CareFlight's Medical Director and Chief Investigator of the HIRT study, Dr Alan Garner, announced the results of this groundbreaking research at the International Conference for Emergency Medicine in Dublin in June 2012.

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

### Pre-Hospital Assessment of Noninvasive Tissue Oximetry Monitoring (PHANTOM) study

Dr Andrew Weatherall, Director Medical Research, is leading a new study which examines Pre-Hospital Assessment of Noninvasive Tissue Oximetry Monitoring (PHANTOM). Following on from HIRT which looked at different systems of care, PHANTOM will explore the potential to deliver better care to the individual.

Tissue oximetry monitoring is the latest generation of near-infrared spectroscopy (NIRS) technology, first described in 1977. NIRS relies

on detecting light of different wavelengths after they have been shone into tissues. The amount absorbed can be used to derive a measure of how much oxygen is in those tissues as well as indices representing the amount of blood within that tissue. NIRS involves only self-adhesive probes and, unlike other monitors, it can provide us with direct information about what is happening in cerebral tissue in real time.

There is already evidence that it is possible to diagnose where there may be brain haemorrhage or haematoma. There is also evidence from hospitals that, with direct tissue oximetry via a neurosurgical probe, values recorded over the first 72 hours correlate with neurological outcomes up to six months later, and that treating to improve oximetry values results in better outcomes.

No equivalent research has been done in the pre-hospital setting, anywhere in the world.

CareFlight undertook feasibility studies, identified suitable technologies and equipment, sourced statistical and bio-engineering analysis resources in partnership with the University of NSW, and identified international sites in the UK and Switzerland who are interested in participating in the trial. CareFlight now has the requisite study protocols and ethics approvals for the research.

After treatment by CareFlight's medical team, patients will be followed up for 12 months after their injury.



Dr Andrew Weatherall.

They will be assessed for associations between:

- monitoring and long term recovery
- injuries identified on scanning and mortality/morbidity

CareFlight believes there are good prospects to:

- uncover new information about the early stages of brain injury
- demonstrate new associations between the monitor values and patient injuries and outcomes
- validate a new method to diagnose intracerebral haemorrhage or haematoma before the patient reaches hospital
- provide avenues for future research into the possibility that pre-hospital patient care guided by tissue oximetry values can result in better long term outcomes for patients with brain injury



# Education and Training

CareFlight’s commitment to excellence and safety in pre-hospital and transport critical care goes beyond training our own people. We also develop and provide educational and training programs for our partners in the chain of survival.

## Registrar training

CareFlight’s education team, led by clinical nurse consultant and Manager Education Greg Brown and Director Medical Education & Training Dr Ken Harrison, now trains over 40 registrars per annum.

This training is a crucial component of the registrars’ time at CareFlight. The registrars learn to adapt their already well developed intra-hospital critical care skills to the unpredictable and time dependent world of retrieval medicine.

The registrars learn to adapt their already well developed intra-hospital critical care skills to the unpredictable and time dependent world of retrieval medicine.

The program comprises comprehensive initial induction training followed by fortnightly ongoing training. The induction training includes CareFlight’s Pre-Hospital Trauma Course and specialised training specific to our international retrieval operation.

CareFlight is accredited by the three critical care medical colleges: Australian College of Emergency Medicine (ACEM), Australian and New Zealand College of Anaesthesia (ANZCA) and College of Intensive Care Medicine (CICM). Early in 2013 CareFlight was audited by ACEM and ANZCA as part of their accreditation processes to ensure the quality of the training complies with the stringent requirements of each individual college. Both the ACEM and the ANZCA accreditation have been renewed.

## Grant funding

In 2012 CareFlight secured a \$600,000 funding grant through the Federal Government’s Specialist Training Programs grant scheme. The funding, which will be spread over three years, provides for two additional concurrent registrars. These new positions at CareFlight will support our Westmead operations, our international air ambulance operations and the PHANTOM research study.

## Nurse training

CareFlight’s flight nurses undergo mandatory training each year in order to maintain their currency as critical care flight nurses.

The annual training includes Advanced Life Support for adult and paediatric patients (ALS/PLS), Neonatal Resuscitation Program (NRP) and 20:11 safety training. CareFlight flight nurses also undergo Helicopter Underwater Escape Training (HUET), Advanced Life



Left: registrars learn extrication techniques. Right: CareFlight ran a Pre-Hospital Trauma Course for our Top End clinical staff in April. The course utilised CareFlight’s crash car simulator to focus on treatment for patients injured in motor vehicle crashes.

Opposite page, from top: registrars undergo cliff edge training as part of the Pre-Hospital Training Course; Dr Ken Harrison (left) teaches registrars how to prepare patients for retrieval.





Support Obstetrics (ALSO ) for midwives and Midwifery Emergency Course (MEC) for non-midwives, Dangerous Goods, Pre-hospital Trauma Course, Trauma Nursing Core Course and Emergency Nursing Paediatric Course.

A number of our nurses have now been winch certified. We congratulate Senior Flight Nurse Amanda Quinn who was our first nurse to go ‘down the wire’ on a mission.

Regional clinician training

The Trauma Assessment Resuscitation and Transport (TART) program is aimed at clinicians from regional hospitals and health services.

The TART program is run by the NSW Institute of Trauma and Injury Management (ITIM). ITIM uses CareFlight, the Sydney Clinical Skills and Simulation Centre (SCSSC) and local resources to deliver the program.

In October, CareFlight conducted a very successful trauma training course for doctors, nurses and ambulance staff from the Coffs Harbour Base Hospital and surrounding area health services. The TART program was delivered in consultation with ITIM, SCSSC and Coffs Harbour Health.

Australian Defence Force (ADF) training

Ensuring our service men and women have medical support during combat operations is fundamental to Australia’s military preparedness.



From left, Deputy Director Medical Education & Training Dr Sam Bendall, clinical nurse consultant Justin Treble and clinical nurse educator Jodie Martin.

As an RAAF flight lieutenant planning officer stated: “Being ready for deployment is no longer simply about being proficient in defending an airfield from attack. The ability of the troops to provide a high level of trauma care to themselves, their mates and the local population goes a long way in assisting the squadron to achieve its mission.”

CareFlight delivered a number of training courses to combat first aiders and military doctors, nurses and medics prior to deployment to Afghanistan. The intensive training is designed to give the participants the knowledge and skills needed to provide the best possible healthcare to traumatically injured casualties.

Courses include theory; clinical skills such as haemorrhage control, burns management, airway management and the management of penetrating chest injuries; extrication from vehicles; communication skills; and teamwork skills. Participants practise these skills in custom designed trauma scenarios with live actors and manikins.

This year our education team ran

courses in Albury, Adelaide, Darwin, Amberley and Richmond, training a total of 160 soldiers and airmen.

CareFlight takes trauma training overseas

CareFlight delivered a follow-up to our comprehensive Pre-Hospital Trauma Course to the Auckland Helicopter Trust, in June.

In November a CareFlight team visited Malaysia to provide training for Malaysia’s first medical helicopter service. The service reaches native people (Orang Asli) living in remote areas with limited access to health care.

CareFlight’s costs for this training were largely covered by a grant from the Australian Government.

CareFlight medical centre upgrade

In 2011 the Sydney Chinese Lions Club generously donated \$50,000 for the refurbishment of CareFlight’s education centre at Westmead. The refurbishments included reconfiguration of space to incorporate a main lecture room with breakout rooms, an equipment room, a simulation room and an office; new flooring; and air-conditioning. Many thanks to Sydney Chinese Lions Club for their ongoing support and, in particular, this important upgrade of our facilities.

Since the end of the financial year the

James M Kirby Foundation has kindly donated \$17,700 towards fitting the education centre with sophisticated video-conferencing and audio equipment. These two donations allow CareFlight to extend our training to regional areas using the latest of technologies.

Aviation training

CareFlight’s aviation and engineering departments have been busier than ever with training and checking throughout the year.

Our pilots, aircrewmembers and engineers facilitated courses and attended training schools and flight simulators around the globe to ensure they maintain the highest standards in aviation and engineering practice.

The table, above right, gives a breakdown of the training.

Flight simulator training

Flight simulators create artificial aircraft flights and flight environments. Flight simulator training far exceeds anything that can be done in a real aircraft. It provides valuable crew resource management opportunities and gives pilots the opportunity to experience challenging flying conditions, ensuring they are competent and capable with the machine.

Location	No. of Staff	Reason	Operation
Dubai	17	Bell 412 Renewal/Endorsement	Rotary Wing – NETS Operations
England	1	Bell 412 Engineering	Engineering – NETS Operations
Italy	10	Agusta A109 Renewal/Endorsement	Rotary Wing – Westmead Rapid Response Operations
Norway	14	Beechcraft B200 Proline 21 Endorsement	Fixed Wing – NT Operations
Sweden	2	CAR 217 Accreditation with CASA	Rotary Wing – Checking and Training
Sweden	2	Crew Resource Management	Rotary Wing – All Operations
Texas	2	Bell 412 Engineering	Engineering – NETS Operations
Victoria	42	Beechcraft B200 Renewal/Endorsement	Fixed Wing – NT Operations

CareFlight fixed wing pilots attended an intensive course in Norway which included 22 hours of flying on the King Air simulator. This allowed them to gain a better understanding of our new computer driven cockpits.

The Westmead rapid response trauma service pilots and aircrew officers recently visited the Agusta factory in northern Italy to undergo training on the A109 full motion simulator. This simulator comprises a real helicopter cockpit contained within a dome that projects scenery from anywhere in the world. The crews were able to fly missions of all types and practise handling emergencies in the safety of a synthetic environment.

The CareFlight NETS pilots completed a flight simulator course in Dubai as part of their comprehensive checking and training program.

Synthetic helicopter trainer

The Sydney flight crews now have a synthetic helicopter trainer at the Westmead facility, thanks to Compliance Manager Dave Chapman. Dave spent many months building the synthetic trainer before transferring it to the Westmead hangar complex.

The synthetic helicopter trainer will serve as an alternative to using our real helicopters for instrument flight currencies for our pilots, saving CareFlight thousands of dollars each year.



Right: Fixed wing training, from left, pilot Matt Mommers and trainer Theo Eleftheriadis.

Far right: Dave Chapman in his synthetic helicopter trainer.



CareFlight trained 150 budding retrievalists in Malaysia.



CareFlight MediSim is a mobile medical training program which takes high quality simulation-based trauma care training to clinicians and first responders in rural and remote regions around Australia.

CareFlight MediSim travelled over 50,000 km and trained 530 people across New South Wales and the Northern Territory. By the end of 2013, CareFlight MediSim will have delivered courses in Western Australia, Victoria and Tasmania.

We are able to offer this unique outreach program at no cost to participants thanks to the wonderful support we receive from Johnson & Johnson Medical, Orange City Council and the many other organisations and individuals who support CareFlight.

Trauma Care Workshop

*It's the middle of the night. A pager goes off. You've been working all day but the pager is persistent. You pull on your jacket, grab your helmet and head to the station to pick up the truck.*

*It's 1.30am and you're the first to arrive at the scene. A car has crashed into a tree.*

*The passenger has his head down and is struggling to breathe. His legs are pinned by the dashboard. You're a*



Left: CareFlight's MediSim education team delivered training to 36 medical and nursing staff at Orange hospital in October.

Below: from left, paramedic educator Steve Lobley and Manager Education Greg Brown conduct MediSim training for first responders in the NT.

*carpenter by trade, not a doctor, but you're a volunteer rescuer. Medical help is at least four hours away...*

*The passenger is pinned and struggling to breathe. You're a carpenter, not a doctor, but you're a volunteer rescuer. Medical help is at least four hours away...*

This is the scene facing volunteer emergency services personnel in rural and remote areas of Australia, every day.

Volunteer and part-time emergency services are the lifeblood of rural and remote Australian communities. They're teachers, mechanics, farmers and housewives. If you or your family are involved in an accident, it's these people who'll be there first – and who are the first link in the chain of survival.

The chain of survival describes the succession of people who care for a patient from the time of injury to the time that patient resumes their 'normal' life.

The first link in the chain of survival is the first responders who attend the

MediSim 2012/2013	
37	workshops
26	educators
530	people trained
32	locations
50,000+	km travelled

accident scene. The next link is the on-scene primary medical response, such as CareFlight or road ambulance paramedics. The chain continues, extending to the care provided during travel to hospital, hospital treatment and rehabilitation.

The fight for survival for any patient starts the moment an accident occurs. Their outcome depends on the strength of all the links in the chain. That first crucial link, when first responders arrive at the scene, needs to be as strong as the others if the patient is to have the best chance of survival and recovery.

*The first link in the chain of survival needs to be as strong as the others if the patient is to have the best chance of survival and recovery.*

In remote areas, the early links in the chain of survival are often stretched by time and it can be many hours until medical help arrives and the patient is on the way to hospital.

This is where CareFlight's MediSim program is so valuable. The program gives rescue personnel additional knowledge, skills and confidence to treat trauma patients and sustain life until professional medical help arrives. We also teach participants how to hand over vital information to the professional medical teams and equip them to continue giving assistance on scene.

CareFlight's MediSim training is delivered in a mobile classroom by



MediSim training at Uluru.

experienced doctors, nurses and intensive care paramedics. We use custom made simulation equipment, including our crash car simulators and life-like manikins that mimic trauma patients. The workshop covers emergency procedures such as managing a severe haemorrhage, burns treatment, crush injury, airway management, splinting and triage.

The workshop is delivered in a practical, hands-on manner. Our staff teach current best practice because they themselves are active in the field and use the techniques in real missions.

The impact of the MediSim program has been remarkable and we receive a great deal of positive feedback from emergency service management and past participants.

By the end of the year we will have trained over 1,000 crucial personnel in regional and remote communities.

This training benefits not only those who live in regional, rural and remote Australia, but also all those who travel anywhere outside the main centres.

Training at Uluru

During the year, National Parks assistant director Stuart Paul asked CareFlight to train his staff and other emergency services personnel at Uluru. We conducted two workshops at National Parks headquarters, literally in the shadow of the rock, in April.

We trained 35 rangers, nurses, police officers and fire and rescue personnel, as well as a local doctor, over the two days. This is just about everybody in the area who is involved in the emergency medical chain.

The participants were very enthusiastic and, judging by the feedback, benefited enormously from the training:

"Very necessary for such isolated areas – I have been a registered nurse for 25 years and still learned a lot. Thank you very, very much."

"Thanks so much for providing this learning experience. Thanks to you I have skills that could help me save someone's life."





# Community Support

Our valued supporters continue to be a vital part of CareFlight in so many ways. We wouldn't be who we are, and couldn't do what we do, without your help.

CareFlight's Teddy Bears' Picnic in Darwin.



### CareFlight bears go walkabout

Our cuddly CareFlight bears are still a favourite in Australian homes, with over 90,000 bears sold this year. We were delighted by the enthusiastic response the bears received when we introduced the program into the Northern Territory. Within the space of three weeks over 1,000 CareFlight bears were adopted by Territorians. The NT's own bear, Flight Nurse Amanda, proved a particularly big hit.

To celebrate the arrival of the bears in the NT, CareFlight held a Teddy

Bear's Picnic in Jingili Water Gardens in October. CareFlight nurses, doctors, engineers, pilots, aircrewmembers, administrative staff and logistics personnel and their families turned out in great numbers to support the event. They cut fruit, dispensed drinks, sizzled sausages, handed out cake and organised games for the appreciative crowds. To the delight of the picnickers and other groups in the park, the helicopter landed right on cue after the presentation.

The CareFlight bear family welcomed four new bears during the year – Flight

Nurse Amanda, Pete the Army Bear, Head Chef Brendon and Kelly the Aussie Athlete.

### Regular giving gains momentum

Regular giving is fast becoming one of our most important means of financial support. Regular monthly donations allow us to minimise our administration costs so CareFlight derives the maximum benefit from contributions. Importantly, regular giving provides a reliable income stream so we can plan ahead.

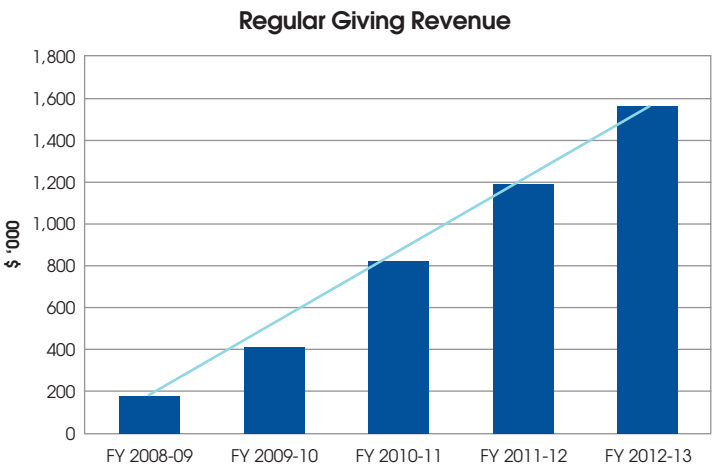
### Regular giving provides a reliable income stream so we can plan ahead.

In previous years we grew our regular giving supporter base primarily by inviting existing supporters to also consider a regular monthly gift. This year we employed new strategies which saw us successfully acquire first time donors.

During the year we generated over \$1.5 million in regular giving income compared to \$180,000 four years ago, an annualised growth of around 200 per cent.

### Appeals bring returns

After some stagnation in the growth of direct mail over the past couple of years, our last two campaigns brought very encouraging returns. Our February campaign '7 missions 7 days' was particularly successful. The campaign was based on a week during which



CareFlight attended seven near-drownings. All seven incidents involved children who survived with the help of our rapid response team.

The August appeal showcased the results of CareFlight's Head Injury Retrieval Trial (HIRT) which demonstrated the effectiveness of CareFlight's rapid response care model.

Our other appeals featured dramatic missions involving real patients, including Simon, who, swerving to miss children, crashed down a steep ravine on his motorbike; and six-year-old Grace who was run over by a reversing truck, sustaining terrible head injuries.

The appeals offer the opportunity to share our stories with our supporters.

The appeals offer the opportunity to share our stories with our supporters.

We thank all those who read the appeals and were moved to respond with donations.

### Social media buzz

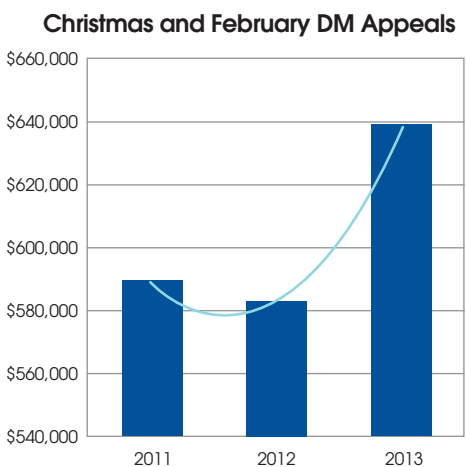
CareFlight's presence in Social Media continues to grow. Facebook, Twitter, YouTube, LinkedIn and other social media sites have been abuzz with news of CareFlight missions, fundraisers, training courses and safety messages. Our crews enjoy and are very encouraged by dialogue with our followers, which abounds with great stories from past patients and their families.

### CareFlight website launch

A highlight of the year was undoubtedly the launch of CareFlight's



Young Grace who featured in our Christmas appeal, with paramedic Annamarie Delahunty and Dr Bernie Hanrahan.



new website. The website has been very well received by the community and business, being described as 'interactive', 'engaging', 'fun' and 'detailed'. In addition to information and news about CareFlight, the new site offers an online shop and opportunities to get involved with CareFlight.

### Online fundraising takes off

There was a dramatic increase in online fundraising support for CareFlight. From events to equipment appeals to challenges, the innovative ways in which people use online fundraising tools to collect funds for CareFlight are inspiring. These include email appeals to friends and family to 'chip in' and help our worthy cause. Thank you to all who have contributed through online activities – it has been a great year.

### Community clubs

Lions, Rotary, Zonta, Inner Wheel, National Seniors, CWA, Probus and Apex – the list of community clubs involved with CareFlight is vast. Talks, base visits, raffles and gala dinners are just a few of the ways in which community clubs around Australia supported our charity during the year.

We thank all the hardworking volunteers in the community who assist







Clockwise from top left: The Woodford to Glenbrook Classic; Venturers; Dr Blair Munford talks to Hawkesbury show goers about CareFlight's work; Gove Peninsula Festival.



organisations like CareFlight so we can have the impact that we do. Your support is appreciated by everyone in our team, as well as by our patients.

### Safety messaging

All too often CareFlight doctors see the terrible impact of preventable accidents. Among such accidents are those involving children who were driven over, vehicles being the second biggest killer of young children at home. Even more devastating, the driver is usually a family member.

This horrifying statistic was the focus of CareFlight's first community education message in 2012. CareFlight's accident prevention messaging program is designed to help educate people on the simple changes they can make at work or at home to prevent injury. We thank Allianz for their assistance in funding this new and exciting program.

## CareFlight's accident prevention messaging program helps educate people on the simple changes they can make at work or at home to prevent injury.

### Woodford to Glenbrook

This year's Woodford to Glenbrook Classic attracted 800 participants who ran or cycled 25 km through the Blue Mountains in NSW to raise funds for CareFlight. The event, now in its 11th year, has become legendary among running and mountain bike enthusiasts, with participants flying in from around the country and even overseas.

The Woodford to Glenbrook Classic relies heavily on volunteers. St John Ambulance volunteers provide first aid treatment, while NSW Rural Fire Service volunteers man drink stations, operate the radio networks, control traffic and transport runners and riders at the start and finish lines. CareFlight volunteers assist with registrations, start and finish line logistics and gear transport.

Our thanks to all participants and volunteers, particularly those who helped by raising funds. Your efforts are much appreciated.

### Venture

CareFlight held two 4WD ventures during the year. The first, held in August, had venturers tackling the amazing Barrington Tops over three days. The second, in April, was a first ever one day venture which traversed the Watagan Mountains.

Participants organised a variety of fundraising activities prior to the events, and all reported enjoying a great time, both in and out of the cars.

### Country shows

Rural shows provide a wonderful opportunity for CareFlight to inform people about our work in the community. During the year our teams travelled far and wide attending shows in Darwin, Gove, Katherine, Orange, Parkes, Seymour, Bathurst, Walgett, Forbes and Castle Hill, to name just a few.

Show goers were able to 'ride' in the CareFlight helicopter rescue simulator, learn more about what we do and share with us their stories about how CareFlight had helped them or their loved ones. Many of the towns we visited had benefited from the CareFlight MediSim program, and our visits allowed emergency service volunteers to stay in touch with us.

### Golf

The community of Wisemans Ferry continued its long tradition of supporting CareFlight through the annual Wisemans Ferry Police & Citizens Golf Day. For the first time the event included bowls, a welcome addition which brought new participants from the local area to help fundraise for CareFlight.

Sussex Inlet produced the best ever turnout of golfers for their annual CareFlight golf game. Recent rain had the course in fine form and the players gave generously to the various fundraisers. The day is held on the weekend of the annual 'Choppers for Charity' events for CareFlight which were again a huge success.

The annual Avlaw golf day saw a competitive field tackle the course alongside Sydney Airport in Kogarah. A fascinating talk followed the game, giving players the chance to network and enjoy lunch together.

Wentworth Falls again played host to



Clockwise from above: Geoff Morris and David Rundle with CareFlight director Ian Badham OAM; Sussex Inlet Golf Day; Wisemans Ferry Golf and Bowls Day.



the annual CareFlight game in the Blue Mountains west of Sydney. The hilly course included along the way some novelty activities for all experience levels.

We thank the organisers and participants of all the golfing events for their support and enthusiasm.

### Franklin round Australia drive

In an amazing and often testing journey, the owners of a 1927 series air-cooled Franklin drove their restored car around the periphery of Australia to raise funds for CareFlight.

David Rundle and Geoff Morris set out from NSW's Mona Vale beach in August 2011 and returned home in March 2013. Their fundraising trek covered all mainland states and territories, as well as a lap around Tasmania in the spirit of 'Edwin Cannonball Baker'. Together with their volunteer supporters they raised nearly \$30,000 for CareFlight.

Thank you David and Geoff, and your many assistants, for your support of CareFlight.

### Corporate and business sponsorship

Johnson & Johnson Medical provided valuable support, funding the CareFlight MediSim trauma care workshops across the Northern Territory. These workshops trained around 140 rescue volunteers in the Top End. Remote Top End communities rely on their rescue volunteers to make critical decisions, at accident scenes, which will have a major impact on patient outcomes.

We were delighted to have the support again this year of one of Australia's great clubs, The Mounties Group. Continuing their major sponsorship of CareFlight, they contributed \$100,000 this year as part of their three year commitment. In November, we were pleased to host a visit from senior



CareFlight volunteers

CareFlight is very blessed to have the support of many wonderful volunteers. This year over 80 people donated their time and skills to help us in a variety of ways, either on a regular basis or as a one-off.

Our volunteers helped out at events, sold CareFlight bears, assisted at base visits and community talks, carried out administrative duties, undertook premises maintenance and provided assistance with the running of our MediSim courses.

We thank you all for your valuable contribution. You have helped us reduce costs and direct more funding towards our lifesaving work.



Graham Mercer is one of our very loyal and dedicated volunteers. A shift worker, Graham always organises his shifts so that he can devote time to CareFlight. Thank you, Graham, for your invaluable help at so many events.



Relationship Development Manager Scott Monaghan hosts representatives from The Mounties Group on a base visit.



From left, CareFlight CEO Derek Colenbrander, Kirsten Lodge and Melissa Tyndale-Biscoe from Johnson & Johnson, CareFlight director Garry Dinnie.

management members of all their club venues to show our appreciation.

Allianz Global Assistance donated \$400,000 as a one-off sponsorship. This went towards funding our MediSim Crash Car used in training exercises, community awareness campaigns and general operations.

**Club support**

Licensed clubs make significant donations to many different community organisations and CareFlight has been a grateful recipient for many years.

A special thanks to the CEO, Board and Directors of Kempsey Macleay

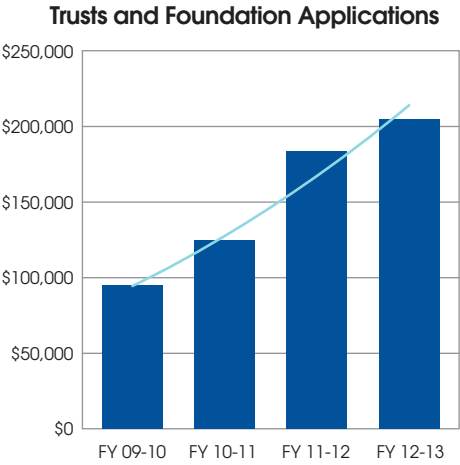
RSL Club for their ongoing support of MediSim. They contributed another \$19,000 this year to deliver training to members of the Mid-North Coast Community Volunteer Emergency Services.

We also acknowledge the support of the following clubs over the past year: Mounties Group, Canterbury-Hurlstone Park RSL Club Ltd, Cowra Services Club Ltd, Bowlers Club of NSW Ltd, Wentworthville Leagues Club Ltd, Ryde Eastwood Leagues Club Ltd, Dooleys Lidcombe Catholic Club, Bankstown Trotting Recreational Club Ltd, Campsie RSL Sub-Branch Club Ltd, City Tattersalls Club, Parramatta Leagues Club Ltd and Canada Bay Club.

Trusts and Foundations

Building on solid growth last year, our Trust and Foundation applications segment performed strongly again this year. Much of the support was directed toward medical and education equipment used in our training programs and on a number of our services. We thank all our supporters for their donations, along with the many family trusts that have supported CareFlight during the year.

In particular, we thank James N Kirby Foundation, The Profield Foundation,



IMB Community Foundation, The John B Bedwell Trust, Baxter Charitable Foundation, The Mamma Lena & Dino Gustin Foundation, John T Reid Charitable Trusts, Hunter Hall International Ltd and Australian Medical Association (NSW).

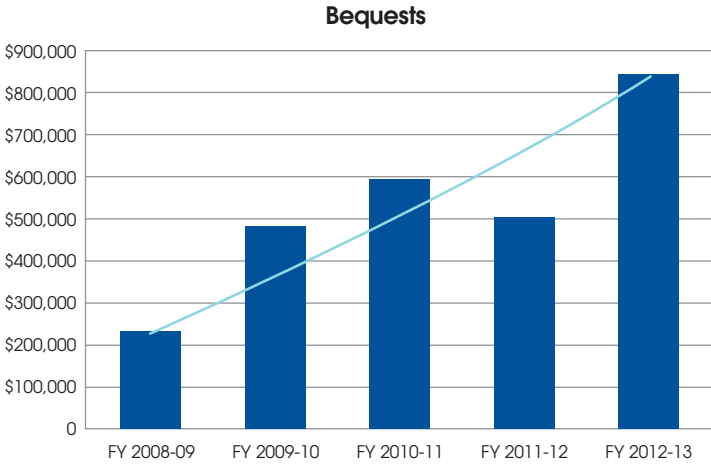
We especially acknowledge the late Mr John Bedwell who passed away during the year. Through the John Bedwell Family Trust, he was extremely generous to CareFlight for over 10 years.

The gift beyond life

Bequest gifts are becoming an increasingly important form of community support for CareFlight. Bequests allow donors to make a difference which outlasts their own lifetime – in helping bring the gift of life to others. During the year, we received a record contribution of over \$800,000 in bequest proceeds from a total of 17 donors. We warmly remember and thank those who remembered CareFlight in their Wills.

Last but not least

To all our donors, volunteers, bear buyers, event hosts, event participants, businesses and sponsors, we thank you for being part of the CareFlight family and helping us carry out our mission to save lives.



Fundraising team, from left: Ray Li, Shirley Cabusi, Head of Fundraising Trent Osborn, Bernadette Rubio-Pascual, Maria Dinnison, Ayasha Rajbansh and Scott Monaghan.



Community engagement team, from left: John Ebbott, Dajana Wilkinson, MediSim Coordinator Colin Brown, Martin Dal-Santo, Ebony Robertson and Manager Communications & Engagement Don Kemble.

Thank you for being part of the CareFlight family and helping us carry out our mission to save lives.



# Board and Management

## Board of Directors

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

**Trish Angus**  
PSM, MTH  
In office since 24 June 2013

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

**Sean Beehan**  
MB, ChB, FANZCA  
In office since 18 July 2002  
(resigned June 2012)

**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  
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

**Tanya Izod**  
Deputy General Manager  
Northern Operations

**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 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

**Darren Chilton**  
Clinical Nurse Manager

**Greg Brown**  
Manager Education

**Colin Brown**  
MediSim Program Manager

### Aviation

**Richard Sandford**  
Chief Pilot

**Jeff Konemann**  
Head of Training and  
Checking Fixed Wing

**Lee Thompson**  
Fleet Manager Fixed Wing

**Greg Ohlsson**  
Fleet Manager Rotary Wing  
Head of Training and  
Checking Rotary Wing

**Luke Bradshaw**  
Director of Engineering

**Steve Hughes**  
Manager Westmead  
Operations & Aviation  
Business Relationships

**Dave Chapman**  
Aviation Compliance  
Manager

**Ian Smart**  
Senior Base Aviator  
Westmead, Rapid Response  
Trauma Service

**Wayne Vardanaga**  
Senior Base Aviator  
Westmead, NSW Paediatric  
Helicopter Service

**Troy Alder**  
Senior Base Aviator Darwin,  
Rotary Wing

**Terry Latchman**  
Senior Base Pilot Darwin,  
Fixed Wing

**Alan De Rooy**  
Senior Base Pilot Gove,  
Fixed Wing

**Ben Inglis**  
Chief Aircrewman

### CareFlight International Air Ambulance

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

**Paul Smith**  
General Manager CFIAA

**Samantha Jeffriess**  
Operations Manager CFIAA

**Peter Murphy**  
Base Manager,  
CFIAA Darwin

**Natalie Lund**  
Base Manager,  
CFIAA Sydney

### Fundraising

**Trent Osborn**  
Head of Fundraising

**Maria Dinnison**  
Direct Marketing Manager

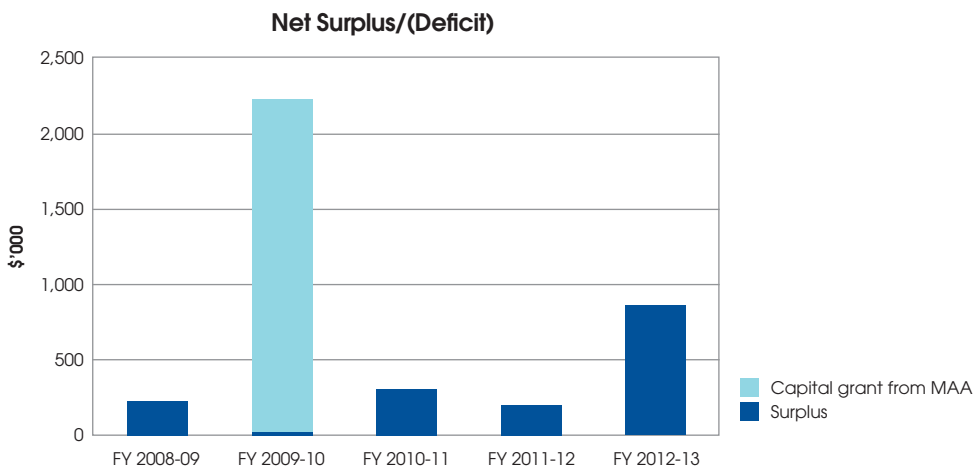
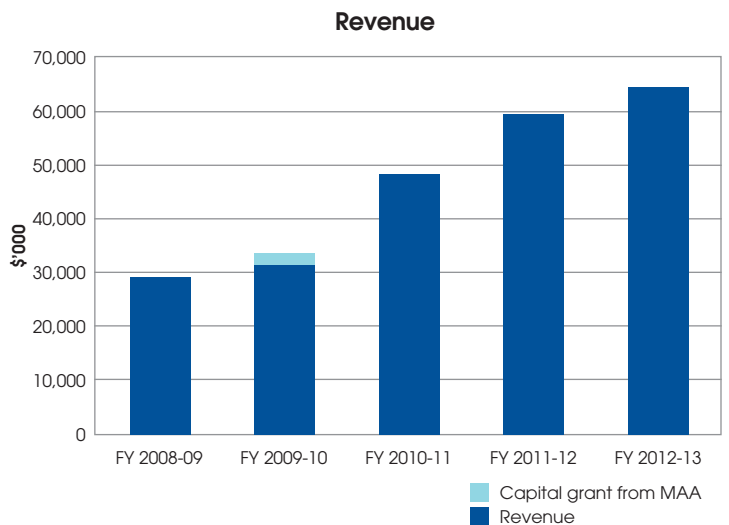
**Scott Monaghan**  
Relationship Development  
Manager

**Bernadette Rubio-Pascual**  
Database Manager

# Financials

We achieved a very satisfactory net surplus of \$859,439 compared with last year's surplus of \$201,343.

This was despite significant up-front costs incurred in the establishment of the NETS helicopter service, and higher than anticipated costs in transitioning the Top End Medical Retrieval Service operation from our legacy King Air aircraft (circa 1992/1993 vintage) to the later model King Air aircraft (circa 2006/2007 vintage).



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





## Independent Audit Report to the Members of CareFlight

We have audited the summarised statement of comprehensive income for the year ended 30 April 2013 and the summarised statement of financial position of CareFlight as at 30 April 2013, 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.

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

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

For the year ended 30 April 2013

	2013	2012 (restated)
	\$	\$
<b>Revenue</b>		
Ambulance Service of NSW	6,375,333	3,200,558
Northern Territory Department of Health	31,355,803	28,086,819
Aeromedical and other retrieval revenue	12,716,848	15,076,526
Fundraising – donations and sponsorship	6,639,182	5,299,290
Fundraising – merchandising and events	7,263,996	7,631,054
<b>Total revenue</b>	<b>64,351,162</b>	<b>59,294,247</b>
<b>Expenditure</b>		
Operations and administration – costs of personnel	29,597,027	24,998,561
Direct costs of medical and aircraft retrieval	17,492,611	20,200,015
Costs of fundraising – donations and sponsorship	982,939	697,626
Costs of fundraising – merchandising and events	5,038,670	5,467,445
Depreciation	3,355,110	2,187,610
Insurance	962,601	649,690
Professional fees	1,520,487	1,730,954
General overheads	2,705,269	2,458,008
Net loss on sale of non-current assets	162,504	14,362
Impairment loss on non-current assets	15,508	-
Impairment loss on fixed wing aircraft held for sale	411,694	-
<b>Total expenditure before devaluation</b>	<b>62,244,420</b>	<b>58,404,271</b>
<b>Surplus before net finance and revaluation of aircraft</b>	<b>2,106,742</b>	<b>889,976</b>
Finance income	122,384	158,318
Finance expense	(1,369,687)	(846,951)
<b>Net finance expense</b>	<b>(1,247,303)</b>	<b>(688,633)</b>
<b>Net surplus for the year</b>	<b>859,439</b>	<b>201,343</b>
<b>Other comprehensive income</b>		
Revaluation/(devaluation) of rotary wing aircraft	234,290	(697,892)
<b>Total comprehensive income for the year</b>	<b>1,093,729</b>	<b>(496,549)</b>

## Statement of financial position

As at 30 April 2013

	2013	2012 (restated)
	\$	\$
<b>Current assets</b>		
Cash and cash equivalents	3,467,054	6,246,432
Trade and other receivables	7,447,385	2,505,260
Inventories	231,211	195,042
Investments	1	1
Fixed wing aircraft held for sale	766,782	-
Other current assets	1,019,631	612,073
<b>Total current assets</b>	<b>12,932,064</b>	<b>9,558,808</b>
<b>Non-current assets</b>		
Fixed wing aircraft	22,831,259	21,401,088
Rotary wing aircraft	4,834,680	4,962,038
Land and buildings	2,539,613	2,609,156
Property, plant and equipment	5,426,550	4,947,994
<b>Total non-current assets</b>	<b>35,632,102</b>	<b>33,920,276</b>
<b>Total assets</b>	<b>48,564,166</b>	<b>43,479,084</b>
<b>Current liabilities</b>		
Trade and other payables	9,631,277	9,140,555
Interest bearing liabilities	4,901,106	2,466,004
Provisions	2,009,621	1,698,863
<b>Total current liabilities</b>	<b>16,542,004</b>	<b>13,305,422</b>
<b>Non-current liabilities</b>		
Interest bearing liabilities	23,758,566	23,083,736
Provisions	353,191	273,250
<b>Total non-current liabilities</b>	<b>24,111,757</b>	<b>23,356,986</b>
<b>Total liabilities</b>	<b>40,653,761</b>	<b>36,662,408</b>
<b>Net assets</b>	<b>7,910,405</b>	<b>6,816,676</b>
<b>Capital funds</b>		
Reserves	234,290	-
Retained surplus	7,676,115	6,816,676
<b>Total capital funds</b>	<b>7,910,405</b>	<b>6,816,676</b>

In 2013 CareFlight adopted the cost basis for valuing fixed wing aircraft to reflect the long-term nature of these assets which are held to service CareFlight's commitments to the Northern Territory Government (refer Note 3d) (v) of the CareFlight Annual Statutory Financial Report). Prior year comparatives have been restated to reflect this change in policy.





[www.careflight.org](http://www.careflight.org)

#### CareFlight National Headquarters

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In Your Capital City

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Email: [info@careflight.org](mailto:info@careflight.org)

ABN 18 210 132 023

#### CareFlight International Air Ambulance

24/7 Emergency Tasking Tel: 1300 655 855

Tel: +61 2 9893 7683

Fax: +61 2 9689 2744

Email: [international@careflight.org](mailto:international@careflight.org)