

CareFlight

Annual Report 2016



Celebrating 30 years of saving lives





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

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

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

Integrity – we:

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

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CHAIRMAN AND CEO REPORT

Introduction

The year saw CareFlight complete 30 years of saving lives, speeding recovery and serving the community.

The CareFlight of today is almost unrecognisable from the single helicopter operation founded in early 1986 by a volunteer-driven group of passionate and far-sighted doctors, aviators and business people. We have long outgrown our New South Wales homeland and now provide aeromedical and related services right across Australia and the Asia Pacific region. With approximately 350 people

on our payroll and 12 aircraft, we are vastly larger in scale, caring for and transporting around 5,000 patients a year. While we still rely heavily on donor support, much more of our revenue now comes from government and fee-for-service contracts. Through all this change, our focus on our founding purpose and the passion of our people remain as strong as ever. Our patients have always been and continue to be at the heart of what we do.

The period leading up to the anniversary has been an opportunity to take stock after several years of rapid growth and to lay down specific plans for our next

Our patients have always been and continue to be at the heart of what we do.

phase of development. Early in the year we started to roll out a revised strategic plan, with 10 year goals and an initial three-year program of priority activities.

Review of operations

As a charity, and more widely a social enterprise, we and our stakeholders expect that our work will have a positive social impact. But it is not easy to

directly measure social impact. Instead we look for indicators. In CareFlight's case, we have identified six indicators of our social impact: missions, readiness, clinical care, innovation, education and community. These indicators provide a framework for reviewing our operations.

Missions

All our services saw continued strong demand with increased activity in a number of areas.

The Neonatal and paediatric Emergency Transport Service (NETS) helicopters flew 359 missions, the highest level of activity since the contract began in 2013. Our Northern Operations fixed wing and helicopter crews launched 2,940 missions to reach patients, many of whom were in very remote settings. Tasking levels of our Westmead Rapid Response Service and our medi-jets also remained very high.

In the first full year of our oil and gas operations off northwest Australia, we carried out a number of complex missions. While growth in this sector was hampered by the impact of weak oil prices, we continue to build a track record of exceptional service delivery which will benefit us when the oil price cycle turns and operators are better placed to invest in aeromedicine.

Readiness

A highlight of the last 12 months was bringing our medi-jet operations fully in-house. This significant achievement required enormous effort as well as a substantial investment, both in re-training for pilots and engineers, and in meeting the exacting regulatory requirements to operate our own jets.

The decision by the Board to move down this path is a re-affirmation that one of CareFlight's great and unique strengths, built over the past 30 years, is our fully integrated aeromedical service.

We are now the only provider in the Asia Pacific region with capabilities across the full range of aeromedical services - including helicopters, turboprops and jet aircraft - to support our own specialist doctors, nurses and paramedics. This enables us to tailor any combination of these capabilities to meet the requirements of our patients and clients, positioning us uniquely to deliver effective solutions as future opportunities arise.

Clinical care

Our doctors and nurses are very much at the centre of CareFlight's services. The total caseload of more than 5,000 patients through the year includes patients cared for by our doctors working with NSW Ambulance. This arrangement, which has been in place since 2007, came up for review in late 2015 and we are confident that our team's performance over the years has laid the foundations for a continued substantial role in the NSW aeromedical system as it grows and evolves.

The year saw a changing of the guard, with Dr Alan Garner OAM stepping aside as Medical Director after 15 years of distinguished service. Dr Toby Fogg, who has worked on our NSW Ambulance roster since 2009, assumed the role in May 2015.

In October 2015, we welcomed a new NT Medical Director, Dr Garth Herrington.

Innovation

CareFlight began as Australia's first dedicated helicopter medical service 30 years ago. We continue to build on an impressive track record of research

and innovation with a program that is very focussed on practical ideas for improving care and health outcomes in aeromedicine.

Current projects include:

- a trial comparing sedation regimes for acute psychiatric patients in an aeromedical setting
- monitoring real-time brain oxygen levels as a predictor of long term brain injury
- assessment of the benefits of new blood warming technology in emergency transfusions

Education

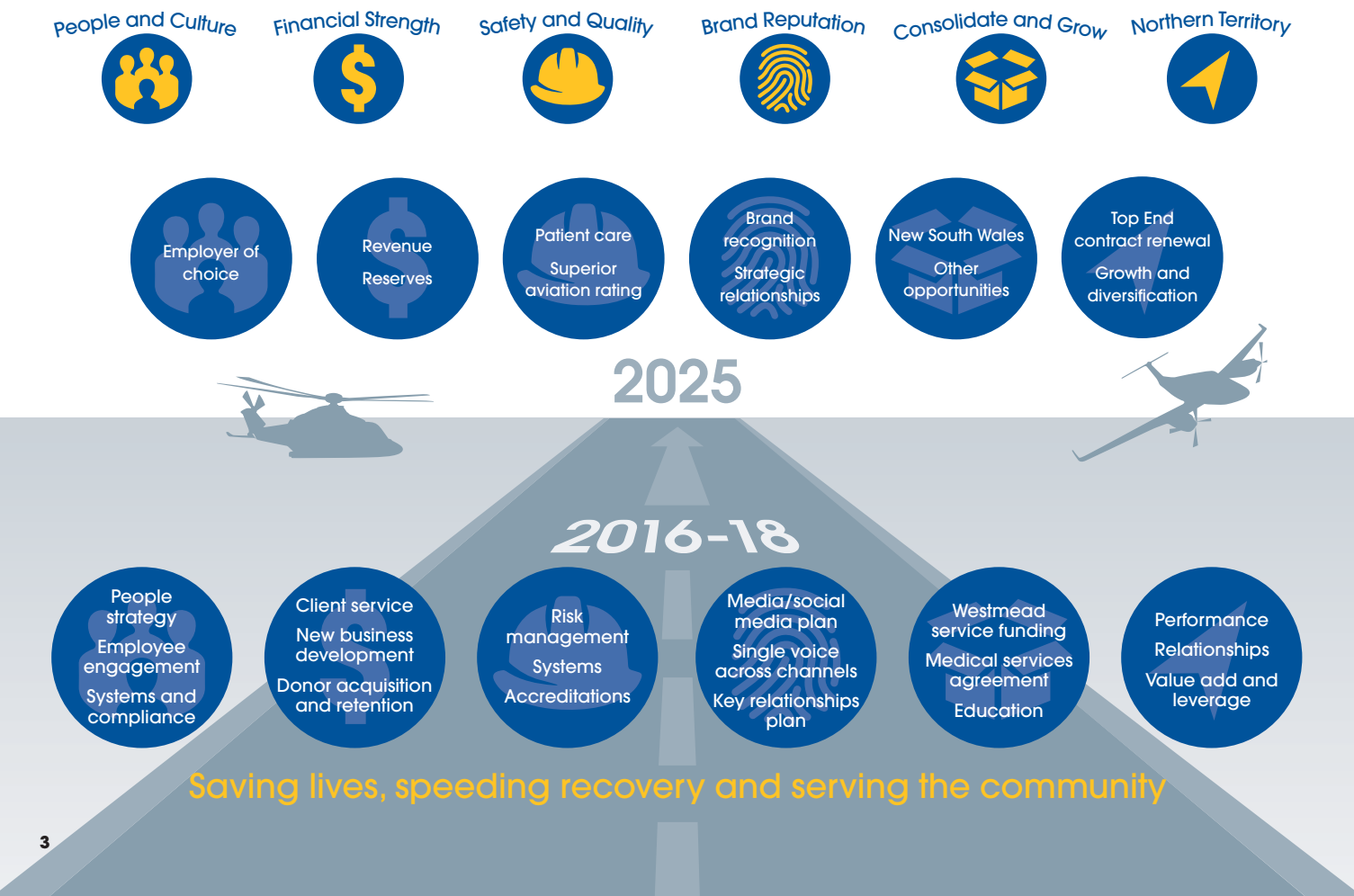
Our education programs complement our patient care services by sharing skills and knowledge with the wider health and emergency services community. A key focus over the past year was to reduce the number of individual course offerings and optimise group sizes so we were able to reach more students. As a result we increased participant teaching days by 327 to 1,394 while courses were reduced by 57 to 115.

Community

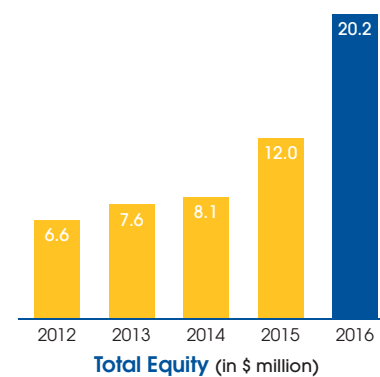
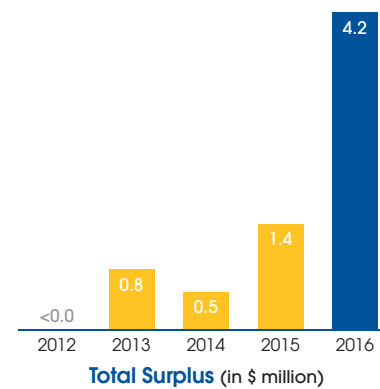
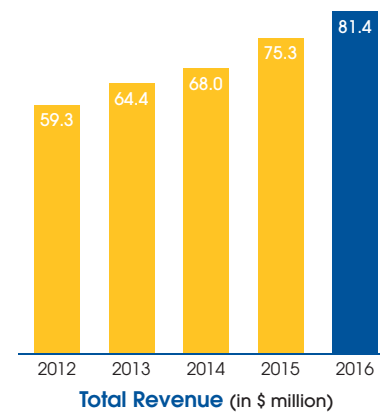
Our community engagement and fundraising programs continued to sustain many elements of our key services. Our Westmead rapid response helicopter, our Top End rescue helicopter and our MediSim courses are among the services that depend substantially or entirely on established programs such as our bears and regular appeals, growth areas like regular giving and new initiatives such as a raffle launched during the year.

Donations over the past year were boosted by the largest bequest ever

Strategic Key Objectives



One of CareFlight's great and unique strengths, built over the past 30 years, is our fully integrated aeromedical service.



received by CareFlight. The bequest, from the Estate of the late Margaret Alice Porter, included a mix of shares and property worth about \$2.5 million. Proceeds from the sale of the shares will be reinvested in an endowment fund to further our charitable activities.

Financial

The financial year 2016 produced, without doubt, CareFlight's best ever result.

Over the past five years, revenue has grown steadily by almost seven per cent per annum, indicating a healthy and sustainable future for CareFlight.

Revenue in 2016 was up \$6.1m (8.1 per cent) from the prior year. The revenue was boosted by a substantial bequest from the Porter Estate, funds received from NSW Ambulance to support the Westmead rapid response helicopter and the first full year of operations of the INPEX project in northwest Australia.

Acknowledgements

Over 30 years of growth and change, there have been three constants: the people of CareFlight, the people who support CareFlight and the people CareFlight serves – our patients.

At CareFlight, we have built a fantastic team, with an incredible variety of skills and talents. We have some of the best and most highly trained doctors, nurses and paramedics in the country. Our aviation team – pilots, aircrewmen and engineers – are superb professionals.

Backing them up, we have an able and dedicated support services team. The secret of our success lies in the capacity we have developed to meld our people together in a culture of teamwork and collaboration.

Sustaining us through our 30 year journey has been community support, tangibly manifested in our very reliable, recurring donor revenue which flows to us from tens of thousands of donors. That revenue funds not only our charitable services, but also our research and a significant part of our education and training programs. It enables us to play a leading role in the development of aeromedicine and helps us stay at the forefront of best practice patient care. We recognise and appreciate the trust that our donors place in us to deal wisely and properly with their donations, and we commit to doing so.

And while we acknowledge all those people who make CareFlight and who support CareFlight, we never forget for a moment those people who are our reason for being – our patients. Our commitment always has been, is today and always will be to do the best that we possibly can for our patients. To get to them as quickly as we safely can. To bring them the best clinical care. To get them safely to hospital for further treatment. In short, to give each patient the best possible prospect of full recovery from what is often the worst moment of their life.

Dr Andrew Refshauge - Chairman
Derek Colenbrander - CEO

Our commitment is to give each patient the best possible prospect of full recovery from what is often the worst moment of their life.

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



2004: Thirteen-year-old Madison suffered a fractured skull, neck and back injuries and fractured limbs when she plunged six metres from a rock ledge on Sydney's northern beaches. Pilot Tony Birmingham hovers close to the Warriewood cliff as Madison, accompanied by Dr Peter Clark, is winched up to the helicopter.

Photo courtesy Manly Daily and photographer Virginia Young.

Matt's story

When Matt Gane's mustering helicopter came down in a remote corner of the Northern Territory, CareFlight launched a complex rescue mission; it involved two helicopters, a King Air aircraft and two Darwin based medical teams, as well as a local paramedic.

The crash on remote Kiana Station, more than 800km south-east of Darwin, left the 30-year-old with a broken pelvis and severe head injuries.

Following what can only be described as a miraculous recovery, Matt visited the CareFlight base in Darwin where he met the rescue team who saved his life.

Matt said, "Words can't describe it ... I can thank them every day for the rest of my life and I'll still never be thankful enough."

Matt with flight nurse Paul Campbell.



September: The CareFlight TIO rescue helicopter rushed to a rollover involving four people at Fergusson River about 230 km south of Darwin. The CareFlight doctor and nurse worked with local clinic and ambulance teams to stabilise a man suffering head and arm injuries. He was flown to Royal Darwin Hospital where he remained in a serious but stable condition.



April: CareFlight flew to Litchfield National Park where a man was left unconscious after plunging into deep water at Florence Falls. Batchelor Health Clinic nurses, St John paramedics, police and a CareFlight doctor and nurse treated the man for chest and back injuries. He was flown to Royal Darwin Hospital in a stable condition.



February: A CareFlight doctor and nurse joined other emergency teams to treat a man after his 4WD crashed near Batchelor, south of Darwin. The CareFlight TIO rescue helicopter landed near the Stuart Highway with the aid of night vision goggles. The patient had serious head injuries and, once stabilised, was flown to Royal Darwin Hospital.



April: A woman in her 60s was treated for chest injuries after a two-car crash in the Blue Mountains. She was airlifted to hospital, with suspected spinal injuries.

CareFlight nurse on Australian aid team

February: CareFlight Top End critical care flight nurse Gail Hiatt joined an Australian team deployed to Fiji following devastating Tropical Cyclone Winston.

Gail (far right) and Dr Andrew Magness with Vani, a local primary health care nurse.



September: A woman suffered serious leg injuries after being gored by a bull in Sydney's semi-rural north west. CareFlight treated the woman at the property, then flew her to Westmead Hospital in a stable condition.



December: CareFlight issued a public reminder to take care on the roads over the Christmas period after two drivers escaped serious injury in a head-on crash in the wet.



December: A 21-year-old man suffered head injuries when he crashed a quad bike while mustering cattle, 200 km east of Katherine. Station staff drove the man to a neighbouring station airstrip to meet a CareFlight plane. CareFlight nurses took over treatment and transferred him to Royal Darwin Hospital for neurological assessment.



August: A CareFlight nurse was winched down to a young woman who injured her back falling onto rocks at Gunlom Falls in Kakadu National Park. After stabilisation, the patient was winched up to the CareFlight T10 rescue helicopter. The medical team continued treatment as she was flown to Royal Darwin Hospital.

David's story

David Chapman is lucky to be alive after he was flung from his boat which was travelling at high speed on the Hawkesbury River in January. The 22-year-old was found face down and unconscious by people on a nearby boat who dragged him to shore.

CareFlight landed near the river and the medical team rushed to treat David. He had sustained head and neck injuries and was airlifted in a critical condition to Westmead Hospital.

A few weeks later, David (second from right) visited aircrew officer David Gardiner, Dr Geoff Tweedale, paramedic Graeme Holden and pilot Ian Smart to thank them for coming to his aid that evening.





Jack's story

Three days overdue in her first pregnancy, Katrina Embleton felt something wasn't right. She visited her doctor who sent her to Bathurst Hospital. Two hours later, baby Jack was born via emergency caesarean-section.

Jack wasn't breathing when he was born and had to be resuscitated. A blood condition meant that his blood wasn't pumping around his tiny body.

"When we were told that a helicopter was on the way to pick up Jack we were horrified, but as soon as CareFlight landed, NETS took over and I knew everything would be ok," Katrina said.

Jack was flown to Nepean Hospital where he stayed for a week.

Fast forward a year and Katrina and her husband Jamie are preparing for a happy and healthy Jack's first birthday.



Our aircraft and medical crews are on standby to immediately respond to life-threatening emergencies.

Nowhere is the importance of aircraft availability more acute than when responding to sick or injured children.

CareFlight operates Australia's only intensive care helicopter service dedicated to children and infants. The clinical component of the service is provided by NETS, a state-wide specialist network for NSW Health. CareFlight provides the inter-hospital transport.

Since our helicopters took on this role in January 2013, they have flown 1,055 missions and transported 997 patients. Ensuring 24 hour availability of our paediatric and newborn helicopter service places tough demands on

aircraft maintenance and safety management.

Despite the increasing workload, our crews continued to meet or exceed all key performance indicators for aircraft availability and responsiveness.

Medi-jets

CareFlight's move to direct ownership of medi-jets is aimed at improving operational efficiency. Integrated management and control of our fleet allows us to optimise crew rostering and maintenance scheduling. This means better aircraft availability, the fundamental requirement for getting our medical teams airborne and on the way to our patients in the shortest possible time. As a secondary benefit, this readiness optimisation should result in some cost saving.

Top: Dr Steve Skinner and nurse Danni Phillips ready for a medi-jet transfer.

Bottom: A historic day – the first international mission on a CareFlight owned and operated medi-jet. Captain Paul Archbold, Dr Lynton Hargrave, nurse Gabriel Perhofer and pilot Michael Paech retrieved a patient from Bali to Darwin.



Nowhere is the importance of aircraft availability more acute than when responding to sick or injured children.

Recent missions took our jet teams to Kuala Lumpur, Manila, Tonga, Norfolk Island, Port Moresby and Dili. Critical care transfers from Darwin to specialist hospitals in Adelaide and other southern capital cities continued to represent a high proportion of our workload. Cases included acute cardiac problems, kidney failure, major trauma and newborn babies with life-threatening conditions.

Engineers keep us prepared

Behind the scenes, expert maintenance teams work around the clock, seven days a week, 365 days a year to ensure our aircraft are ready to take off when needed.

All CareFlight engineers hold an Australian Aircraft Maintenance Engineer's Licence. They also have

specific experience and training for our aircraft types as endorsed by the Civil Aviation Safety Authority (CASA). Our engineering team are qualified to work across all facets of the aircraft, including airframe and engine, as well as electrical, instrument and radio.

The decision to bring the jet operations in-house saw CareFlight employ additional engineers in Darwin to service the new Beech 400 aircraft. A number of our engineers travelled to the United States for further dedicated training.

The team made extensive modifications to a commercial VIP jet, installing medical stretchers, special flooring and the electrical components needed to turn the cabin into a state-of-the-art airborne hospital.

Securing CASA certification for maintenance of the jet aircraft makes CareFlight the only charity in Australia with an engineering team capable of maintaining jets, turbo-prop aircraft and helicopters.

Thanks to the hard work and skill of our engineers, CareFlight's fleet clocked up 6,380 flying hours in combined operations for the year.



From top: Engineer Bill Markey works on one of the King Air planes in Darwin; and engineer Andrew LeBlanc conducts scheduled maintenance on the BK117 helicopter at Westmead.

The earliest aircraft

CareFlight's Aerospatiale AS 350B 'Squirrel' helicopter went on line on Saturday 12 July 1986.

The crew waited in a small office on the then vacant third floor of Westmead Hospital, the helicopter parked on the grass at the far end of the Westmead Hospital cricket oval.

The first call came on the third day of duty. Two critically injured children, 14-year-old Andrew Withers and his 11-year old sister Heidi, were flown from Lithgow to Westmead following a serious car crash. Both made a full recovery.



CLINICAL CARE

Our founders pioneered the concept of taking the emergency department to the patient, rather than waiting for the patient to reach hospital when it might be too late to help.

CareFlight recognises that every action and intervention from the moment a patient becomes ill or injured has the potential to affect their eventual recovery and long term outcome.

That understanding also drives our medical teams to continually improve interactions with other parts of the health system and iron out any wrinkles in the smooth and efficient progress of patients through the different stages of care.

Every action and intervention from the moment a patient becomes ill or injured has the potential to affect their eventual recovery and long term outcome.

At the aeromedical frontier in the Top End

CareFlight pioneered the concept of a fully integrated aeromedical service in the Top End. When our long term contract with the NT Government commenced in 2011, it was the first time aviators and clinicians had worked side by side as one team in the Top End. Previously, aviation was contracted out

and the medical teams were drawn from the public health system.

The benefits of closely knit teams with good communication and clear understanding of roles, capabilities and resources have been demonstrated and welcomed throughout the Top End network. Now, together with St John Ambulance and NT Health, we are working on improving tasking procedures and patient prioritisation to optimise the retrieval process – to get the right team to the right patient at the right time.

During the year, six additional emergency retrieval consultant specialists took up permanent dual positions with Royal Darwin Hospital and CareFlight. The hands-on presence of more locally-based clinicians has brought with it a greater focus on systemic solutions.

One of NT Medical Director Dr Herrington's priorities has been to build stronger links with the Remote Medical Practitioner (RMP) network, the doctors who are at the front line of health care in some of Australia's most remote and challenging conditions. The aim is to improve understanding of our respective issues and capabilities, and we are already seeing benefits in terms of better and more accurately targeted use of CareFlight's resources.

Commitment to improved care in NSW

Since 2007, under a long term contract, CareFlight has provided half the doctors for the NSW Ambulance aeromedical services based at Bankstown and

CareFlight medical teams provide critical care for patients on the ground, top, and in the air, bottom.



Flashback

2005: Dr Darren Wolfers performs emergency roadside surgery on a critically injured man after a car crash in Sydney's west.

Orange. This contract expired in 2014 but has been extended until early 2017 to allow for the outcome of a Health Ministry review of medical crewing in the NSW aeromedical system.

Since the contract began, our doctors have undertaken more than 12,000 missions for NSW Ambulance. This year, they conducted 898 missions from the NSW Ambulance Bankstown base and 313 from the Orange base.

The outstanding performance of the CareFlight practitioners has been recognised by Government and we have received high level assurances that our doctors will continue to have an important role in the system. The focus of the review is on optimising the use of their skills and those of other current participants in the system when new helicopter arrangements commence next year.

We were pleased during the year to have the opportunity to help out our colleagues at NETS by providing additional doctors to support their teams.

Female registrars lead 2016 intake

CareFlight welcomed 10 new doctors to its NSW team, with more women than men in the intake of registrars for the first time.

During their six or 12 month placements, the registrars become key members of the aeromedical teams working out of CareFlight's rapid response helicopter base in Westmead and NSW Ambulance's aeromedical bases in Bankstown and Orange.

Our Northern Territory operations take in nine new registrars twice a year.

Clockwise from below left: February 2016 registrars; Dr Toby Fogg; and Dr Garth Herrington.



CareFlight brings Andrew home

For Andrew and his partner Deanna, a recent CareFlight mission from Darwin to Christchurch achieved a goal the couple had been working towards for more than three years.

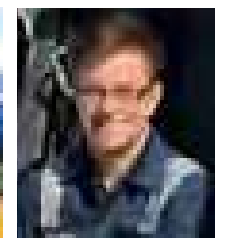
Deanna was determined to bring Andrew home to New Zealand after he was diagnosed with a brain tumour in September 2012. The couple have struggled with Andrews's illness as he endured countless procedures and surgeries, setbacks and complications.

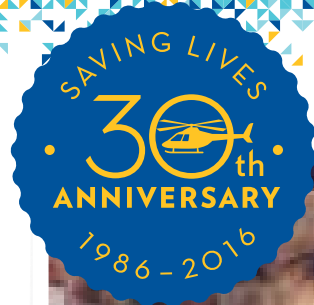
In late November 2015, Deanna finally took Andrew home with the help of CareFlight's International team.

Medical leadership

The year saw a changing of the guard in the medical leadership with Dr Toby Fogg taking on the role of Medical Director, a role vacated by Dr Alan Garner after 15 years of outstanding leadership. Dr Fogg has worked for CareFlight on the NSW Ambulance roster at their Bankstown base for the past seven years.

Dr Garth Herrington, our new NT Medical Director, brings extensive experience in rural and remote medicine in Western Australia. He has also previously worked on our medical retrieval consultant roster in the NT.





30 YEARS OF CAREFLIGHT

"Nobody said you could give a general anaesthetic at the side of a cliff, but we did it. Nobody said you could resuscitate some of the near drownings, but we did it."

Dr Ken Wishaw (founding doctor)

An early planning meeting of CareFlight

Back row, from left: John Hoad, Dr Fran Smith, Ian Badham, Clayton Allison, Sandy O'Meara and friend, Dr Des Bokor and Rick Mailey.

Middle row, from left: Margot Hoad, Peter McCormick, Dr Simon Kinny, Amanda Wishaw and Dr Ken Wishaw, with baby Ben.

Front row, from left: Wayne Vardanega, Dr Luis Gallur, John Cowan and Dr Jenni Saunders.

INNOVATION

CareFlight manages an extensive program of medical research, building on our reputation for innovation that began with Australia's first dedicated helicopter medical emergency service 30 years ago.

All CareFlight's research programs explore ways in which we can better deliver on our core purpose of saving lives, speeding recovery and serving the community.

Acute mental health patients present particular challenges in the Top End, one of the very few places in the world where the only realistic option is to fly these patients to a suitable hospital.

In December 2015, senior NT flight nurse Jodie Mills secured a \$50,000 grant from the Emergency Medicine Foundation for a clinical trial comparing the benefits of the drugs propofol and ketamine for sedating mental health patients during flight. This study will build on Jodie's earlier paper documenting the challenges of psychiatric retrievals in the NT.

In Sydney, CareFlight clinicians continue to collect data for the federally-funded PHANTOM project which is monitoring brain oxygen levels in Westmead rapid response patients. When we bring the hospital to the roadside, one crucial element is missing: there is no way to

assess what is happening to the brain in real time. With more information, our teams could better target care to protect precious brain cells. We hope that the PHANTOM study will help us develop a technique for obtaining this crucial information.

With more information,
our teams could better
target care to protect
precious brain cells.

Our teams work closely with other emergency workers at accident scenes,



Dr Steve Skinner (far right) uses the compact Dual Probe Vscan portable ultrasound (close up, right) during a mission.



and effective communication is vital. CareFlight is collaborating with Hunter Retrieval Service and researchers at The University of Newcastle and Deakin University on a project aimed at improving communication with each other and with patients.

CareFlight is also partnering with The Children's Hospital at Westmead to test devices that can rapidly warm blood during transfusion. Some patients need urgent blood transfusions at the roadside but this can result in patients getting very cold, which itself causes major problems.

One of the most common critical care interventions is intubation,

where patients are sedated and the medical team takes control of their breathing. CareFlight Medical Director Dr Toby Fogg is collaborating with NSW Ambulance to pool pre-hospital intubation data for comparison with emergency department intubation data.

Early doctor intervention with the critically injured was the subject of CareFlight's largest ever research project, HIRT. A new study based on data from the trial was recently submitted for publication. This study compares different approaches to early identification and dispatch of medical teams to the scene of major trauma incidents involving children.

Application of cutting edge equipment

The Dual Probe Vscan, a hand held portable ultrasound machine, was donated to CareFlight by The Marian & EH Flack Trust. Dr Steve Skinner used the device when treating a man who suffered chest injuries when his car rolled down a steep crescent. Dr Skinner was able to reliably diagnose a collapsed lung and, when the patient deteriorated, immediately recognise the need to insert a chest drain before safely transporting the patient to hospital.

In 2015, CareFlight gained CASA approval for and successfully rolled out Electronic Flight Bags (EFBs) across the King Air fleet in the Northern Territory. Cockpit operations became paperless, iPads replacing reference material such as maps, charts and other documentation. The weight and cabin space savings are invaluable.

Research leads to more lives saved

CareFlight's Head Injury Retrieval Trial (HIRT) was launched in May 2005 and ran over six years. The purpose of the trial was to assess whether a rapid helicopter response by a physician-led medical team produces better outcomes for head injured patients.

The headline results were that the HIRT model of care delivers:

- improvement in morbidity and mortality for patients injured in transportation incidents
- superior operational response and retrieval times
- better outcomes for children as they are more likely to be taken directly to specialist paediatric hospitals

The HIRT service has evolved into the Westmead Rapid Response Service which responds to high level trauma incidents in the Greater Sydney Area.



May 2005: On one of CareFlight's very first HIRT missions, Dr Bernie Hanrahan treats and transports a patient who sustained serious head injuries in a car crash at Leura in the Blue Mountains.



CareFlight NT clinicians are currently conducting the following research projects:

- Management of severe sepsis pre-hospital, with a separate study examining whether nasal carbon dioxide monitoring is an effective risk management indicator for sepsis patients
- A study that compares pre-hospital cardiac arrest outcomes in the rural retrieval environment
- The outcomes for pregnant women in premature labour transferred by air, as well as case studies of in-flight births
- An observational study on the safety of aeromedical retrieval of patients following cardiac events
- A case review of reported snake bites

EDUCATION

CareFlight education programs touch the lives of Australians right across our rugged and far-flung nation. From coastal Huonville in Tasmania to the remote areas of the Northern Territory, and from the thriving central coast of New South Wales to the red dirt shores of the Kimberley coast in Western Australia, our educators delivered quality, evidence-based medical training to health professionals as well as police, fire fighters, park rangers and community volunteers.

A key focus over the past year was to reduce the number of individual course offerings and optimise group sizes so we could reach more students. As a result, participant training days increased by almost one third.

New courses

During the year we introduced two new courses into our suite – CART and THREAT.

CART - CareFlight Aeromedical

1,394 participant training days
355 educator delivery days
115 individual courses

Retrieval Training – is a two-day course which provides entry level 'working on aircraft' training to doctors, nurses and paramedics. Experienced CareFlight educators use simulators to deliver a sought-after professional development opportunity for budding retrievists.

THREAT - a Tactical and Hostile Response, Emergency Access and Treatment course - focuses on the premise that the right intervention, at the wrong time, can be the wrong intervention. CareFlight's educators bring in-depth experience in tactical and hostile environments such as

sieges, riots, war zones, developing disaster areas and other high threat environments, to this course. THREAT training has already been embraced by members of surf life-saving associations, fire rescue services and government contracted security agencies, with growing interest in other sectors.

We continue to provide ongoing training for newly appointed doctors, nurses and paramedics; initial and ongoing training for staff employed in the resources sector; accredited courses as a Registered Training Organisation (RTO); and a multitude of other activities.



Flashback



Above, **2002**: CareFlight helicopter crews undergo Helicopter Underwater Escape Training (HUET).
 Right, **1993**: Dr Bernie Hanrahan undertakes roping training.



Registrars undertake CareFlight's Pre-Hospital Trauma Course.



CareFlight doctors and nurses undergo winch training on Darwin Harbour. Photo courtesy Paul Arnold.

MediSim

"I was called out to a motor vehicle accident yesterday. Without the CareFlight MediSim training I would have been way out of my depth. Instead, I was confident and knew how to deal with things. Thanks, CareFlight."

This has been typical feedback about the CareFlight MediSim Trauma Care Workshops (TCW) over the five years

the program has been running.

The workshops are delivered by experienced doctors, nurses and paramedics to first responders in regional and rural Australia. Typically, these responders are the first at the scene of trauma incidents. With the tyranny of distance in rural Australia, they may wait hours for professional medical help. What

they do in the first 10, 20 or 60 minutes - the 'disaster gap' - can make a huge difference to the patient.

Drawing on first-hand experience in trauma rescue, CareFlight clinicians provide simulation based trauma care training to first responders, teaching them to deal confidently and capably with critical patient situations.



Where MediSim went this year



Thanks to sponsors Origin Energy, Johnson & Johnson Medical and our many community supporters, this vital training is delivered at no charge.



COMMUNITY

30 years working with the community

Our heritage as a community-based organisation provides the foundations of our culture and values. As we grow our national footprint, we continue to work in close partnership with a growing supporter base across Australia.

The essential role played by our supporters was front of mind at CareFlight as we reached the 30 year milestone. We sent out messages of appreciation to thousands of regular givers who helped make it possible for CareFlight to treat over 50,000 patients across Australia since that very first mission in July 1986.

Fundraising

It was our most successful fundraising year ever with around \$15 million raised. Highlights included:

- a CareFlight Rescue Raffle which started in December 2015 and is proving a great success, now selling 2,000 tickets each fortnight
- continued strong growth of our Regular Giving program with around 13,000 regular monthly givers generating over \$3 million in annual income
- a very generous bequest of \$2.5 million – we thank the late Mrs Margaret Porter for giving the gift of life to many children and adults



1991: CareFlight's very first cuddly friend, Pilot Bear, made his debut 25 years ago.



CareFlight bears

CareFlight bears have been much loved and collected for 25 years.

Our bear sales bring vital funding which goes directly towards keeping our medical crews and equipment in the air. All up we have sold around two million bears, generating \$100 million in revenue.

CareFlight supporters have bought two million bears over the last 25 years, raising \$100 million to help save lives!

We thank each of our bear collectors who, through their bear purchases, have helped save thousands of lives.

This year we introduced Gardener

Bear Jo, Supporter Bears Bev and Ron, Angel Bear Amy, Postman Bear Phil, ER Doctor Bears Andrew and Lisa, Pyjama Bears Max and Charlotte, and Top End Fisherman Stan.

Trusts and Foundations

A number of philanthropic Trusts and Foundations helped us purchase much needed medical and aviation equipment, and provided funding for our MediSim training programs. We thank the following for their support:

The Dunn Family Trust
Perpetual Trustees
Turnbull Foundation
Woodend
Knappick Foundation
The Dewhurst Sims Endowment
The John B Bedwell Trust
The Profield Foundation
CAF Community Fund
Australian Communities Foundation
The Marian & E.H. Flack Trust
Annie Danks Trust
The Corio Foundation

"From its inception, CareFlight has relied on community support to keep flying to the rescue and for this I want to thank you. Your compassion and generosity have helped save many lives. Together, we can continue to ensure Australians receive world-class emergency care."

Derek Colenbrander, CareFlight CEO

Darwin International Airport
Cecilia Kilkeary Foundation
Bennelong Foundation
Collier Charitable Fund

Club grants

We thank the following clubs for supporting us via the clubs grant program:

NSW: Doyalson Wyee RSL Club, Ryde Eastwood Leagues Club, Bowlers Club of NSW Limited, Dooleys Lidcombe Catholic Club, Bankstown Trotting Recreational Club Ltd, Campsie RSL Sub-Branch Club, Wentworthville Leagues Club, City Tattersalls Club, Parramatta Leagues Club, St Marys Rugby League Club.

NT: Cazalys Club Palmerston, Rotary Club of Darwin South, Daly Waters Campdraft Association, Friends of Rugby, Darwin HOG Chapter, Country Women's Association – Litchfield, Tipperary Station Social Club, NT Government Community Benefit Fund.

Direct mail

We thank all 150,000 donors from throughout the country for generously supporting our direct mail appeals over the past year. The campaigns provided the opportunity to highlight a cross-section of important issues.

National Tax Appeal 2015 showcased our specialist care and rescue services which save thousands of Australian lives each year.

Survive Summer Appeal 2015 explained the difference our quick response makes, telling the story of six-year-old Lachlan who was found unconscious at the bottom of a pool.

Top End Christmas Appeal 2015 described the benefits of our new bigger and faster rescue helicopter serving the NT.

National February Appeal 2016 focused on the danger of driving when fatigued, introducing past patient Leanne who was treated by CareFlight after crashing her car when she fell asleep at the wheel.

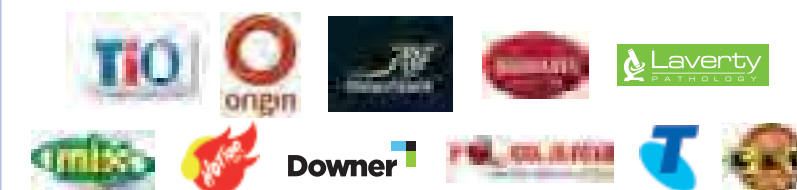
Community engagement

We conducted more than 200 base tours and community talks, and attended over 60 community based events such as country shows, fetes and sports days. They were a wonderful opportunity to talk about our work in the community, meet people and hear first hand how CareFlight had helped them or their loved ones.

Many of the places we visited had benefited from the CareFlight MediSim program, giving us the opportunity to stay in touch with emergency service volunteers.

Corporate Support

TIO	Mix 104.9	Foodland Jabiru
Origin Energy	Hot 100 FM	Telstra NT
Mounties Group	Downer Group	Genesee & Wyoming
Inghams Enterprises	NOVA Marble and Granite	
Lavery Pathology		





Harmony Day was the brainchild of 14-year-old Rabia who brought community leaders to the Westmead base to celebrate cultural diversity.



Darwin International Airport Charity Golf Day helped fund a new Crash Car Simulator for our education programs.



Darwin Mining Club Golf Day raised funds for two new helicopter stretchers and an NT HeliSim training simulator.



Woodford to Glenbrook saw more than 700 participants in the annual cycling and running event.

The Glenbrook to Woodford Classic has been running for over a decade, the thousands of participants raising awareness and funds to help CareFlight save lives.



Flashback
30th Anniversary
1986 - 2016
SAVING LIVES



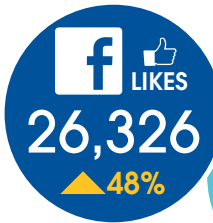
The fourth annual Todd Peisley charity ride saw riders turn up in droves to raise funds for CareFlight in memory of Todd.



Parramatta Eels hosted their Blue & Gold Charity Round media launch at Westmead.



CareFlight Open Day brought 300 visitors to the Westmead base for a 'CareFlight journey'.



Kakadu Triathlon ran for the third year, attracting over 100 participants.



Choppers for Charity brought together the generous community of Sussex Inlet for the 14th consecutive year for bowls, golf, an auction, a street parade and market stalls.

OUR TEAM

Serving our patients
and the community



FINANCIALS

The following is a summary extracted from the audited consolidated financial statements of CareFlight Limited for the year ended 30 April 2016. 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 statement of surplus or deficit and other comprehensive income

For the year ended 30 April 2016

	2016 \$	2015 \$
Revenue	81,379,736	75,007,871
Other income – net gain on sale of non-current assets	–	316,506
Revenue and other income	81,379,736	75,324,377
Expenditure		
Operations and administration – costs of personnel	(37,255,042)	(34,560,309)
Direct costs of aero-medical operations	(18,555,952)	(19,264,468)
Costs of fundraising – donations and sponsorship	(3,371,315)	(1,990,141)
Costs of fundraising – merchandising and events	(3,935,871)	(4,560,724)
Depreciation	(5,098,290)	(4,619,446)
Insurance	(662,336)	(839,463)
Professional fees	(1,649,842)	(1,583,001)
General overheads	(4,661,333)	(4,273,047)
Net loss on sale of non-current assets	(10,579)	–
Total expenditure before net finance expense	(75,200,560)	(71,690,599)
Surplus before net finance expense	6,179,176	3,633,778
Finance income	236,734	122,232
Finance expense	(2,219,060)	(2,351,966)
Net finance expense	(1,982,326)	(2,229,734)
Net surplus for the year	4,196,850	1,404,044
Other comprehensive income items that may be reclassified to surplus or deficit		
Revaluation	3,965,537	2,530,903
Total comprehensive income for the year	8,162,387	3,934,947

Consolidated statement of financial position

As at 30 April 2016

	2016 \$	2015 \$
Current assets		
Cash and cash equivalents	13,412,990	12,600,614
Trade and other receivables	4,127,472	4,392,059
Inventories	371,968	200,125
Investments	1,761,833	–
Total current assets	19,674,263	17,192,798
Non-current assets		
Property, plant and equipment	51,834,021	42,246,844
Investments	2	2
Total non-current assets	51,834,023	42,246,846
Total assets	71,508,286	59,439,644
Current liabilities		
Trade payables	5,163,722	4,716,002
Income received in advance	7,568,220	8,855,295
Finance lease liabilities	4,808,933	3,348,997
Employee benefits	2,645,245	2,519,469
Total current liabilities	20,186,120	19,439,763
Non-current liabilities		
Finance lease liabilities	30,649,165	27,685,839
Employee benefits	495,152	298,580
Total non-current liabilities	31,144,317	27,984,419
Total liabilities	51,330,437	47,424,182
Net assets	20,177,849	12,015,462
Equity		
Reserves	6,722,482	2,756,945
Retained surplus	13,455,367	9,258,517
Total equity	20,177,849	12,015,462



CareFlight

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