


ANNUAL REPORT  
2011-2012



**Intensive**   
**Care Foundation**  
*...we save lives*



“ The spirit of ICU research is the spirit of inquisitiveness, of not accepting failure, of challenging the status quo. ICU research is about excellence and seeking the truth. It is part of an endless agenda to help save lives when they are at their most vulnerable.”

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## MISSION STATEMENT

The purpose of the Intensive Care Foundation is to improve the care, treatment and quality of life of critically-ill people in Australia and New Zealand through:

- Providing research grants for projects in areas of intensive care and critical illness or issues related to those subjects;
- Promoting awareness and education in the general community about intensive care and critical illness or issues related to those subjects.

150,000 people  
are admitted to  
intensive care units  
in Australia and  
New Zealand

97%  
success rate  
for children

7,000  
children

86%  
for adults

## WHAT IS INTENSIVE CARE?

Intensive care can mean the difference between life and death.

Patients who have suffered a major illness, organ failure or an accident commonly end up fighting for their lives in intensive care units (ICUs).

Whilst in ICUs, their condition demands constant monitoring, attention to equipment, medication and often support administered by a team of highly-skilled doctors and nurses committed to keeping them alive.

Intensive care teams typically treat patients critically ill with major:

- Heart, lung or head problems such as severe heart attack, pneumonia, asthma and stroke
- Injuries caused by major road or industrial accidents, burns, falls or assaults
- Complicated abdominal, chest or head surgery
- Organ transplants such as heart, lung, liver or bone marrow

Medical expertise coupled with scientific breakthroughs and improved technology has seen survival rates rise among desperately-ill patients.

Every year approximately 142,000 people, including 7,000 children, are admitted to ICUs in Australia and New Zealand.

Thankfully a high success rate means more than 86 per cent of adults and 97 per cent of children treated in ICUs survive.

The Intensive Care Foundation aims to boost survival rates through ongoing funding support or vital research and staff education and training.

## WHO WE ARE

The Intensive Care Foundation remains dedicated to improving the care of critically-ill patients.

We raise funds for vital clinical research to improve practices and procedures conducted in ICU units as well as research for educating of health professionals responsible for administering intensive care.

We raise awareness in the community about the extraordinary miracle work performed by dedicated doctors, nurses and researchers every day.

Their commitment to saving and improving lives has earned them an enviable reputation as world leaders in intensive care.

We stand behind the health professional champions.



## ICF CHAIRMAN'S REPORT A/PROF YAHA SHEHABI



I am delighted to present to you the Intensive Care Foundation of Australia and New Zealand (ICF) 2012 Annual Report. The ICF faced another year with a mixture of challenges, opportunities and success. The continuing uncertainty in the global economy and the rising cost of living for Australians continues to drive corporate, small business and family financial priorities away from philanthropic activities and donation to charitable organisations. It is unfortunate that small foundations such as the ICF are the ones that suffer most in difficult times. Facing the ongoing uncertainty, the ICF recognised the need to rebuild the human capital and the support infrastructure required for effective engagement and active revenue generation. The ICF couldn't continue with a skeleton staff and grossly inadequate support structure which, due to financial constraints, prevailed over the past three years amidst stringent fiscal management. After extensive deliberation by the Board of Directors, the ICF took the decision to liquidate a small part of the ICF assets and use the liquidity to employ a near full-time Executive Officer and a full-time Administrative and Finance Manager. In collaboration with the ANZ Trustee, measures were put in place to balance reduced dividend as a result of the reduced investment fund.

### ICF staff changes

I am very pleased to announce the appointment of three new Directors, Jennie Lester, Vanessa Baic and Darren Rattle. The ICF has also said thank you to Zoe Brinsden, who resigned to fulfill obligations of a full time demanding job, as well as to Gloria Sleaby who resigned as an office manager for personal reasons. The current Board of directors has a diverse skill mix of legal, financial, and marketing expertise in addition to medical and nursing executives which gives the ICF a very effective and comprehensive Board. The ICF is also delighted to have an experienced active EO Robin Strathdee and an experienced capable Admin & Fin Manager Harshan Seneviratne. Both Robin and Harshan started in April 2012.

### Educational Symposium

The ICF (supported by an unrestricted educational grant from Hospira Pty. Ltd Melbourne) organised and managed the Inaugural ICF Educational Symposium on May 23 followed by the annual ICF dinner at the Sofitel Hotel in Melbourne. The educational symposium attracted 96 delegates as well as four international speakers from the USA, Finland, Malaysia and Singapore alongside many Australian and New Zealand experts in the field of ICU Sedation and Delirium. A breaking session direct from the American Thoracic Society 2012 Annual meeting was also delivered via video conference by an international researcher from Canada. The day was a huge success to the ICF with the dinner attended by 110 guests, including many survivors of critical illness whose intense and emotional stories warmly touched everyone. All the presentations from the meeting can be viewed on the Intensive Care Foundation YouTube Channel on the following link: <http://www.youtube.com/user/IntensiveCareAu/videos>

### Annual Research Grant season

The ICF established an online application and review process for the annual research grant season in another first for the organisation in 2012. Despite teething problems, the online process has significantly facilitated the application the review process with the ICF receiving a record number of research grant applications. This is not just a testimony for the active ongoing research by the ICU community but also its confidence in the ICF as an ongoing important source of funding for ICU researchers. The competition for the ICF grants is very high and the ICF acknowledge the diligent and hard work done by the Scientific Review Committee and Professor Malcolm Fisher to rank the many applications. Inevitable, many applications worthy of funding are not funded due to limited funds. Your help and proactive engagement is paramount for our and your future success.

### Healthcare Industry Partners group

One of the main changes to the ICF relationship with partners is the formation of a Healthcare Industry Partners group managed by Associate Professor Michael O'Leary and Robin Strathdee. The new strategy was launched in a special reception held in Melbourne in July, hosted and supported by Middletons Lawyers and Partners. The reception, despite Melbourne's weather, was a significant success and included presentations from key ICU researchers and ICF grant recipients. The ICF is grateful to Middletons Partners and Vanessa Baic (Board member and Director) for their ongoing support.

### Social Media

The ICF has been a front-runner in using the social media in all its platforms to actively promote the ICF brand and various activities via Facebook, Twitter and YouTube throughout the year. We are looking forward to a significant increase in the ICU communities' participation in social media dialogue, especially after launching social media outlets with our partners at the College of Intensive Care Medicine, The Australian College of Critical Care Nurses. Such proactive participation can only lead to increase public awareness of ICF values as a means of improving public donation rates to generate further mass revenue activities in the future.

The ICF has launched the "One million lives saved and counting . . ." poster which has been sent to all ICU directors to display prominently in ICU general public waiting rooms. The poster invites everyone to visit the ICF website, Facebook, YouTube and Twitter, to register as ICF friends and donate to save more lives. We urge all ICUs and ICU staff to embrace the poster and encourage families to become friends of the ICU and visit our website. Our success is yours.

### Molly Meldrum

The impact of ICU on saving lives has been felt strongly with high-profile celebrities like Molly Meldrum who survived a serious life threatening event which lead to the music icon endorsing the ICF with his beautiful words.



One million  
lives saved  
and counting...

### The future

The next 12 months for the ICF is a year of consolidation. We are optimistic that our investment in supporting infrastructure and human capital guided by an effective comprehensive Board will make 2013 the year of transformation for the ICF. The ICF is implementing a strategy of public engagement, ICU community participation, proactive industry partner engagement and focus on securing corporate sponsorship and creating revenue and value through ICF activities via social media and conventional operations. All of these activities are made possible with active engagement of the thousands of ICU practitioners.

Associate Professor Yahya Shehabi,  
FCICM, EMBA, GAICD

Chairman Board of Directors.





**ICF ATTRACTS  
RECORD  
NUMBER OF  
RESEARCH GRANT  
APPLICATIONS**

## 2012 REPORT FROM THE SCIENTIFIC REVIEW COMMITTEE PROFESSORS JEFFREY LIPMAN AND SHARON MCKINLEY



On behalf of the ICF Scientific Review Committee we are pleased to provide the Committees' report for the ICF 2012 Annual Report.

Firstly it was a pleasure to add two new members to our committee, Dr Ravi Tiruvoipati, an Intensivist from Frankston Hospital in Victoria and Dr Ian Seppelt from Nepean Hospital in Sydney.

Once again the Committee is pleased to have contributed to the research endeavours of the intensive care community in Australian and New Zealand. This year there were 44 applications, the highest in any year received to date. To review all these applications we required 80 different reviewers with some being asked to review several. We thank each and every one for their often thankless, yet vital task. Without these reviewers' time and effort the scientific rigour of our peer-review process would be sub-optimal.

As all the applications were of an impressive scientific level, and after reviewing all the reviewers' comments, we felt we would prefer to partially support more submissions than fully support only a few. With this in mind we recommended to the ICF Board to support more applications than last year.

We congratulate those researchers who are successful at the 2012/13 grants awards that was announced at the ANZICS ASM dinner on Oct 27, noting that the standard of all applications is increasingly competitive. The successful applicants are commended for the quality of their applications. We wish them well in successful completion of their projects.

We cannot conclude this report without thanking Professor Malcolm Fisher and Ms Maxine Kraus (Departmental Secretary, Royal Brisbane Women Hospital ICU) for helping us all (applicants, reviewers and Committee members) overcome the teething problems of the newly-installed online grant management system for the application process.

Once again it was a privilege to have chaired this important committee.

Professors Jeffrey Lipman and Sharon McKinley  
Co-chairs – Intensive Care Foundation  
Scientific Review Committee

# INTENSIVE CARE FOUNDATION GRANTS

Total amount funded since the year 2000

## \$2,482,023

YEAR	PROJECT	CHIEF INVESTIGATOR	FUNDS
<b>2012</b> <b>\$172,725</b>	TEAM: Trial of early activity and mobility in ICU (Alfred Hospital, VIC)	Dr Carol Hodgson	\$ 40,909
	Early intervention to prevent muscle weakness in intensive care: a pilot randomised controlled trial (Austin Hospital, VIC)	Dr Sue Berney	\$36,364
	Prevention of Ventilator Associated Pneumonia by Inhaled Heparin (IPHIVAP) (Royal Brisbane and Women's Hospital, QLD)	Associate Professor Rob Boots	\$31,818
	A prospective, observational study of critical illness related changes in bone mineral density, bone turnover and calcium metabolism (Barwon Health, VIC)	Dr Neil Orford	\$25,455
	Do thromboelastometric parameters change with increasing degree of sepsis related organ failure? (Flinders Medical Centre, SA)	Dr Shivesh Prakash	\$10,909
	Disposition of sedative, analgesic and antibiotic drugs during simulated extracorporeal membrane oxygenation (Prince Charles Hospital, QLD)	Dr Kiran Shekar	\$10,909
	Effect of ECMO on long term disability in severe ARDS (Alfred Hospital, VIC)	Dr Vincent Pellegrino	\$9,091
	Post Resuscitation fluid boluses in severe sepsis or septic shock prevalence and Efficacy (PRICE study) (Flinders Medical Centre, SA)	Dr Shailesh Bihari	\$6,364
	Mike Cowdroy Education Grant (Wingham, NSW)	Dr Julie Greaves	\$907
	Critical illness & intestinal sweet taste receptors	Dr. Adam Deane	\$45,600
<b>2011</b> <b>\$200,675</b>	Acute kidney injury: investigating treatments and finding new markers for its early detection in patients with traumatic brain injury	Prof. Rinaldo Bellomo	\$13,553
	Improving sleep for ICU patients	Rosalind Elliott	\$15,714
	A life cycle assessment comparing single-use with disposable central venous catheter tray sets	Dr. Forbes McGain	\$11,000
	Care after death: an exploration of nursing care of the bereaved family in ICU	Ms Melissa Bloomer	\$11,490
	Magnitude and factors contributing to functional impairment among acute lung injury survivors following discharge from an acute care facility	Jenny Mackney	\$9,643
	ICU liaison practice variation study	Anna Green	\$12,000
	Economic Evaluation of Resuscitation in Sepsis – ARISE study (2nd payment)	Prof Rinaldo Bellomo Lisa Higgins	\$50,000
	Mike Cowdroy education grant	Anne Russell	\$675
	A randomised controlled study comparing the effect of two different anticoagulation regimens on filter life during continuous Renal Replacement Therapy (CRRT) – The Heparin Citrate (THC) Study	Dr. David Gattas	\$55,000
	Development of a new hyperosmolar solution for use in Neurotrauma	A/Prof. Hayden White	\$20,000
<b>2010</b> <b>\$312,200</b>	MRI determination of renal blood flow during Acute Renal Failure in critically-ill patients	Prof. Rinaldo Bellomo	\$15,000
	Pilot RCT of Continuous Beta-Lactam infusion compared with intermittent dosing in critically ill patients	Prof. Jeffery Lipman	\$20,000
	PCT guided antibiotic decision making in ICU	A/Prof. Yahya Shehabi	\$109,000
	The efficacy, cost effectiveness, and environmental impact of Selective Decontamination of the Digestive Tract in critically ill patients treated in the Intensive Care Unit (SUDDICU study)	Dr. Ian Seppelt	\$40,000
	Patient comfort and safety practices in ICU	Prof. Doug Elliott	\$10,000
	The ANZICS Clinical Trial Group Point Prevalence Program (2nd payment)	Dr. Ian Seppelt	\$43,200
	Compliance with Processes of Care in the ICU	Dr. Tony Burrell	\$15,000



## ICF CHAIRMAN'S LETTER A/PROF YAHA SHEHABI

Dear colleagues,

As you are aware the Intensive Care Foundation is the major national funder of start-up and new investigator research studies for the Australian & New Zealand intensive care community.

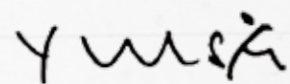
Regretfully, we are only able to fund around 10-20 per cent of research funding requested which means many high quality submissions fail to gain any funds each year. It is therefore vital we increase our revenue stream and our Board has been focussing on this priority. The ICF is therefore pushing ahead with a strategy to increase public awareness of the foundation activities, including supporting pivotal intensive care research. This awareness campaign complements a recent update to the ICF website and Foundation presence on social media outlets such as Facebook and Twitter where members of the public can register as friends of the Foundation as well as post personal intensive care stories on the ICF website.

Increasing the public profile and awareness of intensive care is a vital strategy for the ICF. We believe that an increased profile will directly lead to an improved revenue stream for the ICF through bequests, personal donations and the creation over time of sufficient public support for us to run a national campaign such as the very successful door-knock appeals used by many high profile charities.

I have included for you a Foundation poster designed to be displayed in the waiting room of your intensive care unit that urges families and relatives of ICU patients to become friends of intensive care and to donate where appropriate.

On behalf of the ICF Board of directors, I thank you for your continuing support of the Foundation and for displaying the enclosed poster in a prominent position in your ICU waiting area to maximise viewing by members of the public.

Sincerely yours



Yahya Shehabi  
Chairman ICF Board Directors

# A million lives saved and counting...

The Intensive Care Foundation has funded more than \$2 million in grants for world-leading intensive care research in Australia and New Zealand for clinical trials involving more than over 20,000 patients.

**Donate today and save a life tomorrow.**

Visit [intensivecarefoundation.org.au](http://intensivecarefoundation.org.au) to donate and be an Intensive Care Foundation friend. You can also share your stories on our Facebook page. Ask the intensive care doctors, nurses and research staff for more information.

Proudly supported by GSK.

**Intensive  
Care Foundation**  
...we save lives



## WHAT HAS BEEN HAPPENING AT ICF IN 2012

## ICF'S INAUGURAL EDUCATIONAL SYMPOSIUM 2012

### THE STATE OF THE ART SEDATION AND DELIRIUM IN ICU

Every year more than 50,000 Australian patients are among more than three million worldwide who require mechanical ventilation during their recovery in intensive care units.

The majority require ventilation for a one-week period on average and rely on intravenous sedatives to keep them alive during this time.

Sedative therapy in intensive care is amongst the most common interventions given to almost seven out of every 10 patients admitted to an ICU.

While sedative medications are designed for comfort and safety, in the context of critical illness, their use is associated with significant potential harm including unintentional coma, prolonged ventilation, prolonged weakness, delirium, cognitive dysfunction and post-traumatic stress.

Some symptoms continue for many months post-discharge which adds a significant social burden and increased institutional care particularly among the critically ill and elderly.

Thanks to an unrestricted educational grant from Hospira Pty. Ltd Melbourne, the ICF hosted the Inaugural ICF Educational Symposium to examine potential solutions to the issues surrounding this important aspect of intensive care.

#### Keynote speakers

The event held on May 23 at the Sofitel Hotel in Melbourne attracted 96 delegates as well as four international speakers from the USA, Finland, Malaysia and Singapore alongside many Australian and New Zealand experts in the field of ICU Sedation and Delirium.

Professor Richard Riker, Professor of Medicine at Tufts University in the United States, presented the most recent international guidelines on sedation in intensive care units which drew on more than 19,000 published articles.

Professor Jukka Takala from the University Clinic for Intensive Care at Bern University Hospital in Switzerland discussed the results of the largest published sedation trials in Europe.

The following specialists all presented progress reports on the ambitious Sedation Practice in Intensive Care Evaluation Research (Spice) program in Australia and New Zealand, Malaysia and Singapore.

- Lieutenant Colonel Michael Reade, Military Medicine and Surgery Professor at the University of Queensland.
- Dr Suhani Kadiman, Research Director, National Heart Institute, Kuala Lumpur.
- Professor Rinaldo Bellomo, Professor of Medicine, University of Melbourne.
- Dr Yulin Wong from Singapore.
- Associate Professor Yayha Shehabi, Director Intensive Care and Research at Sydney's Prince of Wales Hospital.

A breaking session direct from the American Thoracic Society 2012 annual meeting was also delivered via video conference by an international researcher from Canada. The day was a huge success to the ICF with the dinner attended by 110 guests, including many survivors of critical illness sharing intense and emotional stories that warmly touched everyone.

All the presentations from the meeting can be viewed on the Intensive Care Foundation YouTube Channel on the following link: <http://www.youtube.com/user/IntensiveCareAu/videos>



## MARKETING/SPONSORSHIP REPORT BY MIKE SLATER

Increasing awareness and knowledge of the ICF within all communities is vital for attracting the level of funds required to support a meaningful and sustainable programme for clinical research projects as well as educating ICU health professional in the future. This is particularly the case in the public and corporate sectors which currently receives minimal support.

In raising awareness, the key task facing the ICF is communicating what we do and why we are different from other NFP bodies by positioning the Foundation as representing the intensive care community in ANZ as a whole; rather than a specific location, hospital, segment or community.

We initiated several projects during the current year, including::

1. Appointing an Executive Officer with the experience and seniority to work with current and potential partners.
2. Developing credentials presentation and corporate "hit list" that to date has seen 10 major companies approached.
3. Seeking pro bono partners to help with awareness building activities. Recently global advertising agency, Leo Burnett, has agreed to provide creative services.
4. Reviewing the current website to improve flexibility and interfaces with all major forms of social media to increase public donations.
5. Approaching high profile ICU success stories to help raise public awareness and donations.

Our main focus next year is to consolidate activities initiated in 2012 by:

1. Driving corporate donations.
2. Building public awareness and donations by focussing on high profile success stories.
3. Revamping website and social media activity.

## ICF IN NZ REPORT BY GILL HOOD CHAIR, ICF, NEW ZEALAND

The past 12 months has involved regular meetings to discuss fund raising activities as well as liaising between ICF and College members at CICM meeting.

The plan for the next twelve months:

- My ICU Director plans to approach hospital management on my behalf in order to support the ICF's activities and facilitate fundraising
- Plan to approach key net worth individuals with recent ICU experience for support (publicity and financial)
- Progress relationship with Saatchi & Saatchi NZ

## HEALTH INDUSTRY PARTNERS LIAISON REPORT BY MICHAEL O'LEARY

The ICF's Health Industry Partnerships are the future face of the Intensive Care Co-operative which was originally formed many years ago as a group of medical device & pharmaceutical companies that wished to support the ICF.

The funding provided by the Co-operative was ring-fenced to support the running costs of the Foundation. We have reviewed this model and our plan is to expand the Co-operative to include more industry partners, and instead of the funding being directed to administration, partners will know that their funding will go directly into research grants. By negotiation, we would be interested in exploring the possibility for a Health Industry Partner's funds to be directed towards a particular type of research project (although funding would still only be allocated on scientific merit as judged by the Scientific Review Committee).

Activity during the past 12 months has been essentially twofold. First, determining the new concept for Health Industry Partnership and renewing our acquaintance with old and potential new partners, and second, launching our new concept at a Health Industry Partners reception at Middleton's lawyers, Melbourne, in July.

The next twelve months will involve following up all our contacts from the Reception in the hope to significantly increase our number of Partners. Through meetings and discussion with Partners and potential Partners we hope to improve our partnership product and ensure that both our partners and ourselves are appropriately aligned. We will hold a follow-up reception for our Partners early in the New Year.



## MOLLY MELDRUM



His iconic hat, signature grin and generous spirit has long graced Australian airwaves and television screens. But beloved Australian music critic Ian "Molly" Meldrum captured the nation's imagination for an entirely different reason following his near-fatal plunge while stringing Christmas lights last December.

The home-grown music legend spent eight weeks recovering in hospital from serious head injuries after falling three metres down a ladder at his Richmond home on December 15.

He spent four weeks being treated at Melbourne's Alfred Hospital before being transferred to the Epworth Rehabilitation Hospital to recover from post-traumatic amnesia, with symptoms including short-term memory loss and disorientation.

Molly pays tribute to his family, friends and extensive fan base both in Australia and around the world as well as the dedicated hospital staff committed to his full recovery.

*Life can change in the blink of an eye.*

*Or, in my case, with a fall from a ladder.*

*One minute, I was getting ready for a Christmas party; the next, I was in intensive care at the Alfred Hospital. I've woken up with a headache after a few parties, but never like this.*

*Intensive care is aptly-named. I can't remember much of it, but the fact that I'm still standing – and feeling great – is testimony to the treatment I received.*

*I urge everyone to support the Intensive Care Foundation.*

*Do yourself a favour – and look after yourself.*

- Ian "Molly" Meldrum

## HARRY GORDON CMG AM

Harry Gordon has had a distinguished career as a journalist, sportswriter, foreign correspondent, editor, author and historian. His writing has documented the bravery of soldiers in the Korean War to the determination of Olympic athletes.

He recently needed to call on similar courage and tenacity of spirit when he found himself facing the biggest challenge of his life – his own failing health.

*I was so looking forward to attending the 2012 Olympic Games in London.*

*Not just because I have great affection for the Games, and have written a few books about them. Not even because these days I'm the official historian of the Australian Olympic Committee.*

*Mainly it was because I wanted to peg out a 60-year span. I attended my first Olympics in Helsinki in 1952, not long after I finished a fairly punishing stint as a correspondent during the Korean War. That war-and-peace experience, the contrast between those two early reporting assignments, made a huge impression on me. And Helsinki's Games were so simple, so innocent.*

*Now, early in 2012, London's Games were beckoning. I'd made travel arrangements. Then, without much warning, I found myself in the John Flynn Hospital on the Gold Coast, talking seriously with a cardiologist and a heart surgeon. I needed a new aortic valve.*

*For-six-and-a-half-weeks I stayed in that hospital and spent perhaps a dozen days in intensive care. I'd never thought much about those last two words before. They suddenly meant a lot. They always will.*

*I'm feeling great now, after regular work-outs in a heart rehab gym. Long after that 60-year span is completed, I'll remember some special people, including particularly the dedicated men and women of the intensive care unit, with gratitude and affection.*

*Just two words. But together they add up to so much more.*

*And I've since learned that one more word added to intensive care plays a big part in delivering such great treatment and that's the word "foundation".*

*The Intensive Care Foundation raises funds to finance research which helps improve intensive care practice and I would urge anyone who can to consider supporting the foundation's work.*





## JOHN MULLEN CHIEF EXECUTIVE OFFICER OF ASCIANO LTD

As head of global logistics firm Asciano, John Mullen has long been able to hold his own in the cut and thrust world of big business. But it took more than superior business acumen to help the man – once bought in to save the flagging ports and rail operator - from his own near-death experience.

The 56-year-old found himself in the hands of intensive care staff when a minor holiday accident left him on life support fighting for his life after suffering from a burst artery, internal bleeding and two cardiac arrests.

Here the senior management executive pays tribute to the doctors and nurses who gave him a second chance of life as he recovered in Sydney's Royal North Shore Hospital intensive care unit.

*Like so many of us in middle age I had always taken my health for granted. I had experienced my fair share of sporting accidents and self-inflicted injuries of one form or another, but nothing that was serious, not fixable or which did not go away quickly of its own accord. I was bullet-proof, thought that I would live forever, and somehow the challenges of business and a busy life always took priority over my health.*

*Then one day in the Christmas break I experienced a minor injury that I thought would go away. Instead, the minor issue transformed itself into a major problem. I ended up in an ambulance on the way to hospital in Sydney with a ruptured artery and massive internal bleeding and came extraordinarily close to my losing my life. I do not remember everything about the incident but I do remember the impact that this had on my family when they prepared for the worst and above all I remember the unbelievable skill, determination and kindness of the Intensive Care staff at the Royal North Shore Hospital in Sydney who fought to keep me alive. Without their tireless efforts and a few weeks in hospital in their care, I absolutely would not be here to write this.*

*For the hospital staff, despite their very special care and attention, I guess that I was just another patient passing through their capable hands in a busy schedule. For me and my family, however, the experience was literally life changing and they will never know the level of gratitude and admiration that I will retain as long as I live. We are truly lucky in Australia to have facilities such as those at the Royal North Shore and I give thanks for the dedicated and wonderful professionals who staff them, working long, long hours, saving lives and impacting families such as mine each and every day.*

*I do not take these advantages for granted anymore and never will. Like all such facilities, Intensive Care Units cost a great deal of money to run and improve and I can only endorse the activities of the Intensive Care Foundation in the strongest possible terms and recommend that anyone reading this supports them if they can. As the old saying goes, today it is me but tomorrow it could be you...*



## CLIVE MATHIESON THE AUSTRALIAN NEWSPAPER EDITOR

As editor of the country's renowned broadsheet The Australian newspaper, Clive Mathieson is no stranger to tackling the big news stories of the day.

However his battle came a lot closer to home earlier last year when his newborn son, Will, was diagnosed with a congenital heart defect demanding surgery when he was only six days old.

For the next several weeks as his son recovered in intensive care, Clive bore personal witness to the human stories his newspaper has long covered.

### In his own words...

*I had never been in an intensive care unit until May last year, when I was led to the bedside of my six-day-old son. Will had just been through 11 hours in theatre to repair a congenital heart defect and was now in the hands of the Sydney Children's Hospital ICU.*

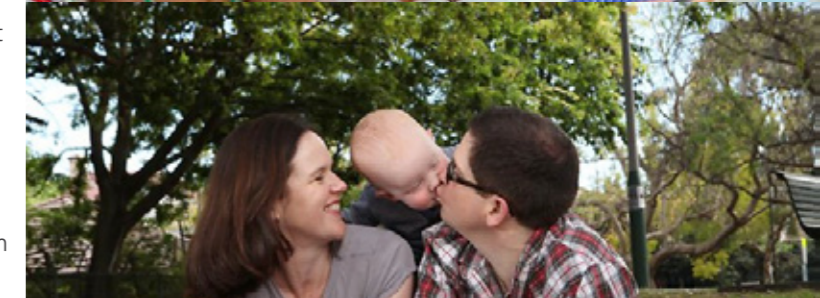
*From that first night, the care given to Will – and the comfort given to his parents – by the doctors and nurses of the unit was, quite simply, astounding. Will would end up staying in ICU for more than three weeks as he recovered from the surgery and several post-operative complications. Through his entire stay, he received around-the-clock care from enormously professional and skilled staff. They were dedicated to our son's recovery. Nothing else mattered – or at least that's how it seemed to us. And, even in the darkest moments, they led his anxious parents through developments and gave them hope. Today Will is a fighting fit toddler.*

*The extraordinary people who work in our ICUs are known only to those Australians who have the misfortune to visit one, for themselves or their loved ones. These life-savers deserve more recognition and need more support.*

*One way you can support these great people is through the Intensive Care Foundation which funds the research needed to maintain and improve the world-leading standard of intensive care here.*

Clive Mathieson

Editor, The Australian



Baby Will recovering in intensive care following heart surgery (above).  
A thriving Will with his delighted parents Miranda and Clive.



## Mum runs to honour her son's miracle recovery

In 2009 our family had firsthand experience with the ICU at RPH. Never in our wildest dreams would we have ever expected to experience what we did.

Early hours of the morning of September 7th we received the knock on the door that changed our family forever. Two police officers stood there to tell us our eldest boy Dwayne had had an accident and was being taken to RPH. They said we should head straight there. On arriving at RPH we were given the horrific news that our son was unlikely to survive the injuries he sustained in his motor vehicle accident. Apart from breaking nearly every part of his body, his car had also amputated his right leg. Later that morning we were told that the doctors had to amputate his left leg in an effort to save his life, though they were still doubtful that he would survive. However, after almost six weeks, this amazing department performed miracles beyond our belief & gave us our son back.

For this reason I am dedicating my run this year to raising money for this fantastic organisation.

The Intensive Care Foundation is dedicated to improving the care of those who need it most in our community, the critically ill. more than 145,000 people are treated in Intensive Care in any one year. This means that 16 people every hour of every day, 365 days a year are hoping for a miracle. Unfortunately there is no one reason as to who ends up in Intensive Care: accidents, heart attacks, strokes, pneumonia, asthma & even swine flu are just some of the reasons. So anyone, at any time can find themselves in Intensive Care.

At the Intensive Care Foundation, they fund vital critical Intensive Care research, because they understand the funding research is the best & most effective way to save lives. They fund world-class research knowing that they are helping to save many lives each and every day. As each life is a miracle, with your support, they are Making Miracles Happen....



## A journey of a thousand miles begins with a single step

This is the motto that has long spurred on marathon runner Bruna.

The mantra has taken on added significance this year as she finds herself running for a new cause.

The 32-year-old business analyst, originally from Brazil, has been pounding the pavements in Perth since moving there four years ago.

But it was in London that she first discovered her love for running when she raced the London Marathon in 2007.

Since then she has run Perth's Half marathon in June 2009 and its City-to-Surf half marathon in 2010 and 2011.

She is dedicating this year's half marathon to her dear friend Flavio who is recovering from a serious car accident in Sir Charles Gairdner Hospital. The 31-year-old geologist remained in a coma in ICU for three weeks after being involved in a serious motorbike accident on his way to work in June.

Bruna aims to raise funds for the Intensive Care Foundation as she strongly believes that Flavio would never have survived without the dedicated care and treatment he received at the hands of the ICU team.

*"I would like to raise funds for this foundation as a big thank you for all the help, care and support given to him and us, friends and family, during the long days Flavio spent at the ICU."*

*"Flavio has been a brave fighter and has started a recovering journey, winning a battle each day."*

## SMALL THINGS MEAN THE WORLD TO YOUNG COUPLE

*"It was the best of times, it was the worst of times."*

Who could guess these famous words penned by Charles Dickens more than 150 years ago could still ring so true today.

Such was the experience for Shaun and Carli Odgers when the delighted Caroline Springs couple discovered they were pregnant in early 2011.

But their joyous preparations for parenthood were cut tragically short when Carli wound up fighting for her life in intensive care when she was six-months pregnant.

Several days of severe vomiting and back pain led to the 33-year-old project manager undergoing emergency surgery after suffering a perforated appendix.

Surgeons placed Carli in an induced coma in a desperate bid to save her life. Shaun cradled the body of his stillborn son, Sam, as he maintained an around-the-clock vigil by his wife's bedside.

Nearly 18 months on, Shaun demonstrates the perspective of a much older man as he reflects on his family's experience at Royal Melbourne Hospital.

He paid tribute to wonderful nurses, doctors and support staff that treated his gravely-ill wife and comforted him during his darkest hours.

*What I needed most were practical responses to my medical questions and never once was I promised an outcome that may not have happened or hear any sense of false hope.*

*After losing our son, I was allowed to stay with my wife as the doctors rounds began, never once did anyone ask me to leave as they could see what I was trying to process.*

*Instead, I was allowed time to grieve during a very critical time in my wife's survival. I had one nurse who early on suggested I bring from home some toiletries so my wife, although in a coma, could have clean hair and look her best.*



*One nurse after seeing me at the bedside for a few hours was able to procure me a meal from the orderly so I didn't have to leave her side and was never short of offering me a cup of tea.*

Shaun said his wife struggled to comprehend all that had happened to her as she slowly regained consciousness after seven days and embarked on her slow road to recovery.

*One nurse who looked after Carli for a few shifts also noticed that Carli needed a hair tie and brought one from home for her. These small things that the ICU staff helped with made a big difference to ease what we were going through.*

*Medicine no doubt saved my wife's life, however the treatment that we both received as patients could not be spoken of highly enough and I think back now at how much of a difference they made.*

Carli echoes her husband's sentiments about the unwavering compassionate care she received during her stay.

She, however, saved her grandest praise for her husband's fortitude during an ordeal which have been known to "make or break" relationships.

*What can I say about Shaun? Where to start more like it? How do you hold your son who has passed while sitting next to your wife who may also not make it?*

*He has been a tower of strength for me and the way he handled the situation blows me away. I always knew we had a strong relationship, I didn't think it could be any stronger, it is.*



# INTENSIVE CARE FOUNDATION BOARD MEMBERS

The board is made up of senior level medical and corporate members who donate their valuable time and expertise. The group is responsible for pursuing the objectives set out in the trust instrument. The various members bring with them an invaluable range of business and commercial skills spanning numerous industries and sectors.



## **Darren Rattle**

Current position: General Manager Corporate Services with the State Sport Centres Trust. A senior financial executive boasting more than 20 years experience working in small to medium size organisations in the Not-for-Profit and government sectors as well as 10 years experience in Non-Executive Director positions.  
Qualifications: Bachelor of Business, Master of Management and is a Fellow of CPA Australia.



## **Jennifer Lester**

Qualifications: BCom LLB (Hons), LLM(IP), GAICD  
Current position: General Counsel & Company Secretary for Baker IDI Heart and Diabetes Institute.  
She is also Company Secretary for AMREP AS Pty Ltd and Nucleus Network Limited and recently graduated from the Australian Institute of Company Directors Course.  
Her previous in-house legal roles include University of Melbourne and Telstra Corporation.



## **Vanessa Baic**

Current position: Senior Associate at Middletons advising clients on legal issues in the health and life sciences sectors including mergers and acquisitions, regulatory compliance and contracting.  
Current member of the Human Research Ethics Committee for the Royal Women's Hospital.  
Previous positions: Medibank Private Limited and Symbion Health Limited.  
Qualifications: BSc(Hons), LLB(Hons), LLM



## **Jane Mercia Hancock**

Current position: Executive Director, Emergency Critical and Clinical Support Services, Gold Coast Health Service District, Queensland Health.  
MBA Southern Cross University; Bachelor of Education (Nursing) University of New England; Diploma of Applied Science (Nursing Education) with Distinction Queensland University of Technology. In progress - Graduate of Australian Institute of Company Directors(GAICD) currently MAICD.



## **Professor Malcolm Fisher**

Current position: Senior staff Specialist in the Intensive Care Unit at Royal North Shore Hospital of Sydney  
Foundation member and President of ANZICS  
Foundation member of the Faculty of Intensive Care of the Royal Australasian College of Anaesthetists  
1993 – 1994 President of the World Federation of Societies of Intensive and Critical Care Medicine, 1982 – 2005 Head of Intensive Care at Royal North Shore



## **Dr Michael O'Leary** - Board member since 2011

Current position: Senior staff Specialist, Royal Prince Alfred Hospital, Sydney  
Clinical Associate Professor, University of Sydney  
Current President of the Australian and New Zealand Intensive Care Society  
Former chair of the Intensive Care Co-operative  
Qualifications: MD (University of London), FRCA, FCICM



## **Associate Professor Yahya Shehabi**

Current positions: Associate Professor at the School of Medicine at the University of New South Wales  
Medical Director of the Acute Care Clinical Services Program, Director of Intensive Care Services and Research at the Prince of Wales Hospital campus in Sydney.  
Fellow of the College of Intensive Care Medicine of ANZ  
MBA (Executive)  
Graduate of the Australian Institute of Company Directors.



## **Dr Gill Hood**

Current position: Intensivist, Department of Critical Care Medicine, Auckland City Hospital, Auckland, NZ;  
Chair, Intensive Care Foundation, New Zealand  
Qualifications: MBChB, FRACP, FCICM  
1991 - 2011 member Hospital Medicines Committee, Auckland City Hospital  
2003 – 2004 member of Il Comitato della Societa Dante Alighieri d'Auckland  
1995 – 2011 clinical research investigator various trials



## **Mike Slater**

Current position: business consultant, primarily in the food industry  
Previous management roles: Many major FMCG companies in a number of corporate structures including multinational (Unilever, Plumrose), ASX listed (National Foods, Pacific Brands Food Group), Cooperative (Fonterrra)  
Non-executive director position with Australian Pork Ltd  
NFP on the board of Mentone Girls' Grammar

## SCIENTIFIC REVIEW COMMITTEE 2012 MEMBERS

The Scientific Committee is headed by an executive team with representatives from the intensive care community. They are responsible for rigorously reviewing Research Grant Applications and advising the Board on the selection of research projects for funding.



### **Professor Jeffery Lipman (co-chair)**

Current position: Director of the Department of Intensive Care Medicine, Royal Brisbane and Women's Hospital  
Professor and Head of Anaesthesiology and Critical Care, University of Queensland.  
Executive Director of the Burns, Trauma, Critical Care Research Centre.  
Former head of ICU at Chris Hani Baragwanath Hospital.



### **Professor Sharon McKinley**

Current position: Professor of Critical Care Nursing University of Technology Sydney and Northern Sydney Central Coast Area Health Service.  
2008 Awarded a Fulbright Senior Scholarship and a Fulbright Alumni Grant.  
2009 Became an International Fellow of the American Heart Association.



### **Professor Paul S. Myles**

Current position: Director, Department of Anaesthesia and Perioperative Medicine, Alfred Hospital and Monash University, Melbourne  
2000 – 2004 Chair, Research Review Committee, Alfred Hospital  
2003 – 2005 Chair, ANZCA Clinical Trials Group



### **Associate Professor David Ernest**

Current position: Intensive Care Consultant, Monash Medical Centre  
Adjunct Clinical Associate Professor, Monash University Department of Medicine  
2010 – present: Intensive Care Specialist, The Northern Hospital, Epping Victoria  
2000 – 2010 Director of Intensive Care, Box Hill Hospital, Victoria



### **Dr. Carol Hodgson**

Current position: Senior Research Fellow at the Australia and New Zealand Intensive Care Research Centre, DEPM, Monash University and Senior Physiotherapist, ICU The Alfred.  
2011 SRC board member & 2009 Awarded the Fellowship (FACP) of the Australian College of Physiotherapy.



### **Stephanie O'Connor**

Current position: Clinical Research Manager, ICU Royal Adelaide Hospital.  
Qualifications: RN, Grad Dip Card, MNSc  
Experience: Critical care nursing since 1994 and research co-ordinator since 2000.  
Nursing Scientific Chair of ANZICS/ACCCN ASM 2012 organising committee



### **Associate Professor Ravi Tiruvoipatu**

Qualifications: MBBS, MS, M Ch, FRCSEd, MSc, FCICM  
Current position: Staff Specialist in Intensive Care and Director of Intensive Care Research at Frankston Hospital.  
Previously he worked for more than four years as a fellow in ECMO and Intensive care at Glenfield Hospital, Leicester.



### **Ian Seppatt**

Current positions: Senior specialist in Intensive Care Medicine at Nepean Hospital and Sydney Medical School - Nepean, and Honorary Senior Research Fellow at the George Institute for Global Health, Sydney and the Dept of Epidemiology and Preventative Medicine, Monash University  
He is an executive member of the ANZICS Clinical Trials Group and on the management committees of SPICE (sedation and deirium in intensive care), INFINITE (pandemic influenza epidemiology in intensive care) and convenes the CTG Point Prevalence Program.



## HOW YOU CAN HELP SAVE LIVES

The need for intensive care can arise at any time, irrespective of age or state of health.

### Donate

Every dollar counts. Help make miracles happen in ICUs by donating a few moments of your time to make a tax-deductible donation via:

On-line at [www.intensivecarefoundation.org.au/donate-now](http://www.intensivecarefoundation.org.au/donate-now).

### By cheque

The Intensive Care Foundation

Level 2, 10 levers Terrace, Carlton VIC 3053

### By phone:

(03) 9340 3447

### Become a corporate supporter

Corporate support can have an immediate and massive influence on the effective treatment of critically-ill patients recovering from major illnesses and injuries in ICUs throughout Australia and New Zealand.

Becoming a corporate supporter of the Foundation means you are helping a relevant and worthwhile cause. Each corporate supporter packages can be tailored on an individual basis.

### Host an event

The Foundation runs major events throughout the year in both Sydney and Melbourne to raise awareness and much-needed funds for the organisation.

We welcome function sponsors who would like to share ideas on specific fundraising events.

Alternatively, please contact the foundation directly if you would like to host your own events and donate the proceeds to vital life-saving research.

### Volunteer

Volunteers generously donate their time during our annual two-week Intensive Care appeal every year. Please contact the Foundation to offer your support in selling merchandise to help raise much-needed funds.

### Share your intensive care experience

We believe sharing personal stories is a powerful way to raise awareness about the critical work performed every day in ICUs in both Australia and New Zealand.

We invite former patients or their loved ones to share the miracle stories involving their experience in the ICU.

The Foundation promotes the stories to the media to highlight the important work our intensive care teams carry out every day in the quest to save lives.

You can contact us directly or share your story via our Facebook page or Twitter.

### In-kind gift donations

The Foundation welcomes – and appreciates – any in-kind donations that help promote the importance of intensive care in our community.

Examples of in-kind donations may include:

- Printing our quarterly newsletter
- Pro-bono advertising
- Auction items for fundraising events

### Contact the Foundation

If you would like to discuss any of the possible fund raising options please contact the Foundation directly.

Telephone: (03) 9340 3447

Email: [info@intensivecarefoundation.org.au](mailto:info@intensivecarefoundation.org.au)

Website: [www.intensivecarefoundation.org.au](http://www.intensivecarefoundation.org.au)

## SPECIAL PURPOSE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2012

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# DIRECTOR'S REPORT ICF RESEARCH GRANTS FUNDED \$172,725

## INTRODUCTION BY DARREN RATTLE



The directors present their report together with the financial report of the Intensive Care Foundation (the "Foundation") for the financial year ended 30 June 2012 and the auditor's report thereon.

### Directors Name, Qualifications and Experience

**Yahya Shehabi** MBBS, FANZCA, FCICM, MBA Exec, GAICD  
Chairman - ICF  
Immediate past Chair - ANZICS Practice and Economics Committee  
Former board member - ANZICS  
Former Chair - NSW Regionals  
Committee of Joint Faculty of Intensive Care Medicine

**David Ward** BSc (Hons) (resigned 18 November 2011)  
Former Managing Director of ANZ Trustees,  
Councillor Philanthropy Australia  
Member - International Panel on Code of Conduct for Endowed Foundations for the CFA Institute (2009-2010)

**Andrew Turner** MBBS (resigned 6 December 2011)  
Treasurer - ANZICS

**Gillian Hood** MBChB, FRACP, FCICM  
Chair - Intensive Care Foundation New Zealand

**Malcolm Fisher** MBChB, FFARACS, MD, FANZCA, FFCANZCA, FRCA, FJFICM, FCICM  
Medical Advisor - Health Care Complaints Commission  
Ministerial Advisor - End of Life Care  
Ministerial Advisor - Detection and Management Deteriorating Patients

**Jane Hancock** MBA, BEd(Nrsg), Dip AppSci(Nrsg), MAICD, AFAIM  
Founding Member, Director - Trauma Link Inc Former President/Vice President of CACCN and ACCCN Queensland

**Michael O'Leary** MD (London), FRCA, FCICM  
Former President - ANZICS  
Former Chair - Intensive Care Co-operative

**Zoe Brinsden** CPA, BComm and DipFS (fp) qualified (resigned 22 February 2012)  
Director - Camberwell Girls' Grammar School Old Grammarians' Association  
Director - Equitable Consulting Pty Ltd

**Michael Slater** BComm, MAICD  
Former Board Member - Australian Pork Limited Former Council Member, Former Chairman (Marketing Group) - Mentone Girls' Grammar School

**Vanessa Baic** LLB (Hons), BSc (Hons), LLM (appointed 11 April 2012)  
Senior Associate Middletons  
Member of the Royal Women's Hospital Human Research Ethics Committee

**Jennie Lester** B.Com, LLB (Hons), LLM (IP), GAICD (appointed 11 April 2012)  
General Counsel & Company Secretary Baker IDI Heart & Diabetes Institute  
Company Secretary AMREP AF Pty Ltd

**Darren Rattle** MMgt, BBus (Acc), FCPA, GAICD (appointed 11 April 2012)  
SSCT General Manager Corporate Services - State Sport Centres Trust

Directors have been in office since the beginning of the financial year to the date of this report unless otherwise stated.

### Directors' Meetings

The numbers of directors' meetings and number of meetings attended by each of the directors of the Foundation during the financial year are:

Director	Number eligible to attend	Number attended
Yahya Shehabi	11	11
Michael O'Leary	11	10
Jane Hancock	11	8
Gillian Hood	11	9
Malcolm Fisher	11	10
Mike Slater	11	10
Darren Rattle (appointed 11 April, 2012)	3	2
Vanessa Baic (appointed 11 April, 2012)	3	2
Jennifer Lester (appointed 11 April, 2012)	3	2
David Ward (resigned 18 November, 2011)	5	4
Andrew Turner (resigned 6 December 2011)	6	1
Zoe Brinsden (resigned 22 February, 2012)	8	4



## Purpose Of The Foundation

Key purpose to the Intensive Care Foundation (ICF) is to improve the care, treatment and quality of life of critically ill persons in Australia and New Zealand through:

1. The provision of research grants for projects in areas of intensive care and critical illness or issues related to those subjects.
2. Promoting the awareness and education of the general community about intensive care and critical illness or issues related to those subjects.

## Short And Long Term Strategic Objectives

- Provide sound leadership and transparent Board governance.
- Reengage with internal stakeholders and understand what value each adds to the success of the ICF longer term.
- Re-engage with the ICU and the intensive care community in the activities and role of the ICF.
- Strengthen partnerships and relationships with community partners.
- Increase the public profile of the ICF.
- Ensure that funding of grants and the Foundation is undertaken in a sustainable way.

## Strategy For Achieving Objectives

- Develop sound governance structure and processes consistent with current best practice and legislation.
- Develop and implement sustainable fundraising strategy.
- Use effective communication through community groups and social media.

## Principal Activities

The principal activity of the Foundation during the financial year was raising funds to develop the objectives of the foundation.

There were no significant changes in the nature of the Foundation's principal activities during the financial year.

## Measures Of Performance

Key measures of performance include:

### FINANCIAL

- Loss attributable to members \$128,860
- Operating deficit \$1,012
- Net Loss from long term investment \$127,848

### RESEARCH GRANTS

- ICU research grants funded \$172,725

## Results Of Operations

The loss attributable to members of the Foundation for the financial year amounted to \$128,860 (2011: Profit \$66,262).

## Review Of Operations

Due to the slow down in the financial economic climate the Foundation experienced a significant write down in the value of the long term investment by \$127,848. This write down had a major impact on the financial position of the Foundation and also impacted the amount of funding allocated to research grants. Overall the financial position was close to breakeven before accounting for the write down.

Three new Directors were appointed to the Board during the year and the Board continues to focus on attracting much need funding to support the annual allocation of research grants.

On the recommendation of the Scientific Committee, the Foundation was able to approve much needed ICU research grants totalling \$172,725 (see Note 12 for details).

## State Of Affairs

There were no significant changes in the state of affairs of the Foundation during the financial year.

## Events Subsequent To Balance Date

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the directors of the Foundation to affect significantly the operations of the Foundation, the results of those operations, or the state of affairs of the Foundation in future financial years.

## Likely Developments

The Foundation intends to continue to raise funds for vital clinical research into intensive care.

## Environmental Issues

The Foundation's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

## Members' Guarantee

Every member of the Foundation undertakes to contribute to the property of the Foundation in the event of the same being wound up while he/she is a member, or within one year after he/she ceases to be a member. In that case, the contribution is to be used for payment of debts and liabilities of the Foundation (contracted before he/she ceases to be a member) and of the charges and expenses of winding up and for the adjustment of the rights of the contribution amount, such as may be required, not exceeding \$1.00. The liability of members at balance sheet date was limited to \$10.00 being 10 members with a liability limited to \$1.00 each.

## Indemnification And Insurance Of Officers and Auditors

### Indemnification

To the extent permitted by law, the Foundation has agreed to indemnify the following current and former directors of the Foundation: Yahya Shehabi, David Ward, Andrew Turner, Gillian Hood, Malcolm Fisher, Jane Hancock, Michael O'Leary, Zoe Brinsden, Mike Slater, Darren Rattle, Vanessa Baic and Jennifer Lester against the full amount of liabilities, including costs and expenses, incurred by them that may arise from their position as directors of the Foundation except where the liability arises out of conduct involving a lack of good faith.

## Insurance premiums

Since the beginning of the financial year, the Foundation has paid insurance premiums in respect of directors' and officers' liability for current and former directors and officers.

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an auditor of the Foundation.

Signed in accordance with a resolution of the Board of Directors:



Darren Rattle - Director

Dated at Melbourne, 7 September 2012



### Lead Auditor's Independence Declaration under Section 307C of the Corporation Act 2001

To: the directors of Intensive Care Foundation

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2012 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

KPMG

Darren Scammell - Partner

Dated at Melbourne, 7 September 2012

## Statement of Comprehensive Income

FOR THE YEAR ENDED 30 JUNE 2012

	Notes	2012 \$	2011 \$
<b>REVENUE FROM ORDINARY ACTIVITIES</b>	<b>6</b>	<b>364,146</b>	<b>345,667</b>
<b>TOTAL REVENUE FROM ORDINARY ACTIVITIES</b>		<b>364,146</b>	<b>345,667</b>
<b>EXPENSES FROM ORDINARY ACTIVITIES</b>			
PR, advertising & marketing		-	50
Travel expenses		38,460	9,972
General admin		82,839	20,709
Professional fees		1,286	30,981
Depreciation expense		2,088	4,305
Employee expenses		111,499	73,153
Research grants	12	128,986	200,675
<b>TOTAL EXPENSES FROM ORDINARY ACTIVITIES</b>		<b>365,158</b>	<b>339,845</b>
Net Gain/(Loss) from financial instruments		(127,848)	60,440
<b>NET PROFIT/(LOSS) FROM ORDINARY ACTIVITIES</b>		<b>(128,860)</b>	<b>66,262</b>
Other comprehensive income for the period		-	-
<b>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</b>		<b>(128,860)</b>	<b>66,262</b>

## Statement of Financial Position

AS AT 30 JUNE 2012

	Notes	2012 \$	2011 \$
<b>ASSETS</b>			
Cash at bank	19b	30,684	81,594
Investment in unit trust	7	1,889,958	2,018,024
Trade and other receivables	8	57,468	80,073
Prepayments	9	2,173	1,770
<b>TOTAL CURRENT ASSETS</b>		<b>1,980,283</b>	<b>2,181,461</b>
Fixed assets	10	64	2,152
<b>TOTAL NON-CURRENT ASSETS</b>		<b>64</b>	<b>2,152</b>
<b>TOTAL ASSETS</b>		<b>1,980,347</b>	<b>2,183,613</b>
<b>LIABILITIES</b>			
Trade and other payables	11	60,711	160,006
Employee benefits	13	25,908	1,019
<b>TOTAL CURRENT LIABILITIES</b>		<b>86,619</b>	<b>161,025</b>
<b>TOTAL LIABILITIES</b>		<b>86,619</b>	<b>161,025</b>
<b>NET ASSETS</b>		<b>1,893,728</b>	<b>2,022,588</b>
<b>EQUITY</b>			
Reserves	14	1,826,441	1,826,441
Retained profits		67,287	196,147
<b>TOTAL EQUITY</b>		<b>1,893,728</b>	<b>2,022,588</b>

The accompanying notes form part of these financial statements



## Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2012

	Notes	2012 \$	2011 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from members and third parties		272,212	177,530
Payments to suppliers and employees		(439,564)	(336,579)
Interest received		3,383	1,534
<b>NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES</b>	<b>19a</b>	<b>(163,969)</b>	<b>(157,515)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Distribution and other investment movement		113,059	140,120
<b>NET CASH INFLOW FROM INVESTING ACTIVITIES</b>		<b>113,059</b>	<b>140,120</b>
NET INCREASE/(DECREASE) IN CASH HELD		(50,910)	(17,395)
CASH AND CASH EQUIVALENTS AT 1 JULY 2011		81,594	98,989
<b>CASH AND CASH EQUIVALENTS AT 30 JUNE 2012</b>	<b>19b</b>	<b>30,684</b>	<b>81,594</b>

The accompanying notes form part of these financial statements

## Statement of Changes in Equity

FOR THE YEAR ENDED 30 JUNE 2012

	Retained Earnings \$	Reserves \$	Total \$
<b>BALANCE AT 1 JULY 2011</b>	<b>196,147</b>	<b>1,826,441</b>	<b>2,022,588</b>
Total comprehensive income/(loss) for the period	(128,860)	-	(128,860)
<b>BALANCE AT 30 JUNE 2012</b>	<b>67,287</b>	<b>1,826,441</b>	<b>1,893,728</b>

PREVIOUS YEAR COMPARATIVE STATEMENT:

<b>BALANCE AT 1 JULY 2010</b>	<b>129,885</b>	<b>1,826,441</b>	<b>1,956,326</b>
Total comprehensive income for the period	66,262	-	66,262
<b>BALANCE AT 30 JUNE 2011</b>	<b>196,147</b>	<b>1,826,441</b>	<b>2,022,588</b>

The accompanying notes form part of these financial statements

## Notes to the Financial Statements

### 1. REPORTING ENTITY

The Intensive Care Foundation (the "Foundation") is a company limited by guarantee, incorporated and domiciled in Australia.

Registered Office:  
Level 2, 10 levers Terrace  
Carlton VIC 3053, Australia

### 2. STATEMENT OF COMPLIANCE

The financial report is a special purpose financial report which has been prepared in accordance with Australian Accounting Standards ('AASBs') adopted by the Australian Accounting Standards Board ('AASB') and the Corporations Act 2001. The directors have determined that the Foundation is a not-for-profit organisation and is not a reporting entity.

The financial statements were authorised for issue by the Intensive Care Foundation's Board on 07th September 2012.

### 3. BASIS OF PREPARATION

The financial report has been prepared on the basis of historical cost, except for the investment in the unit trust which is accounted for at fair value. Cost is based on the fair values of the consideration given in exchange for assets.

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of asset, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the year in which the estimate is revised and in any future year affected.

The special purpose report has been prepared in accordance with the director's information needs. The financial report is a special purpose report which has been prepared in accordance with the recognition, measurement and classification aspects of all applicable Australian Accounting Standards adopted by the Australian Accounting Standards Board ("AASB").

### 4. NEW STANDARDS AND INTERPRETATIONS NOT YET ADOPTED

The following amendments have been identified which may impact the entity in the period of initial application. These are available for early adoption at 30 June 2012, but have not been applied in preparing these financial statements:

AASB 9 Financial Instruments includes requirements for the classification and measurement of financial assets resulting from the first Phase 1 of the project to replace AASB 139 Financial Instruments: Recognition and Measurement.

AASB 9 will become mandatory for the entity 30 June 2014 financial statements. Retrospective application is generally required, although there are exceptions, particularly if the entity adopts the standard for the year ended 30 June 2012 or earlier. The entity has not yet determined the potential effect of the standard.

### 5. SIGNIFICANT ACCOUNTING POLICIES

#### (a) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority it is recognised as part of the cost of acquisition of an asset or as part of an item of the expense.

Receivables and payables are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

Cash flows are included in the cash flow statement on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

#### (b) Taxation

The Foundation is a health promotion charity exempt from income tax under Section 50-5, Item 1.3 of the Income Tax Assessment Act 1997. As such, the financial statements make no provision for income tax.

#### (c) Cash and cash equivalents

Cash and cash equivalents comprise cash balances and call deposits.

#### (d) Fixed Assets

Fixed Assets are measured at cost less accumulated depreciation plus accumulated impairment losses. The carrying amount of fixed assets are reviewed on a regular basis to ensure that they are not in excess of the recoverable amount. In assessing recoverable amounts of non-current assets, the relevant cash flows have not been discounted to their present value.

#### (e) Depreciation

Depreciation is recognised in the profit and loss on a straight line basis over the estimated useful lives of each item of PP&E. The depreciation rate used for office furniture and equipment is 20%. Depreciation methods, useful lives and residual values are reassessed at the reporting date.

#### (f) Employee benefits

##### Wages, salaries and annual leave

Liabilities for employee benefits to wages, salaries and annual leave represent present obligations resulting from employees' services provided up to the reporting date and are calculated on undiscounted amounts based on anticipated wage and salary rates including on costs.

Liabilities for employee benefits to long service leave is the amount of future benefits that employees have earned in return for their service in the current and prior periods plus related on-costs, that benefit is discounted to determine its present value. The discount rate is the yield at reporting date on AA credit-rated Commonwealth government bonds that have maturity dates approximating the terms of the Foundation's obligation.

##### Superannuation

Contributions are made by the Foundation to an employee superannuation fund and are charged as an expense when incurred.

The Foundation has 2 FTE employee (2011: 1 FTE).

#### (g) Revenue recognition

Donations and appeal revenue are recognised when received.

Corporate sponsorship and co-operative revenue are recognised in the year to which it relates according to agreements in place.

Appeal levy revenue is recognised when received.

Interest revenue is recognised as it accrues taking into account the effective yield on the financial asset.

Distributions from the unit trust investment are recognised when the Foundation is presently entitled to receive it.

#### (h) Financial assets

Investments are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs and subsequently re-measured at fair value through the Statement of Comprehensive Income.

The Foundation classifies its other investments in the following categories: loans and receivables and held-to-maturity investments. The classification depends on the purpose for which the investments were acquired. Management determines the classification of its investments at initial recognition.

#### Held-to-maturity investments

Where the Foundation has the positive intent and ability to hold investments to maturity, then they are classified as held-to-maturity. Held-to-maturity investments are measured at amortised cost using the effective interest method, less any impairment losses.

#### Loans and receivables

Donations receivable, loans and other receivables are recorded at amortised cost, using the effective interest method, less impairment.

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

#### Investment in unit trust

The investment in the unit trust is categorised as at fair value through the profit and loss. Financial assets and liabilities held at fair value through profit or loss are measured initially at fair value excluding any transaction costs that are directly attributable to the acquisition or issue of the financial asset or financial liability. Transaction costs on financial assets and financial liabilities at fair value through profit and loss are expensed immediately. Subsequent to initial recognition, all instruments held at fair value through profit and loss are measured at fair value with changes in their fair value recognised in the statement of comprehensive income.

#### (i) Payables

Payables are recognised when the Foundation becomes obliged to make future payments resulting from the purchase of goods and services.

#### (j) Provisions

Provisions are recognised if, as a result of a past event, the Foundation has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cashflows estimated to settle the present obligation, its carrying amount is the present value of those cashflows.

When some or all of the economic benefits required to settle a provision are expected to be recognised from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

#### (k) Auditors remuneration

The auditors of the Foundation are KPMG who provide their services at no cost to the Foundation.

## 6. REVENUE FROM ORDINARY ACTIVITIES

	2012 \$	2011 \$
<b>(a) FROM OPERATING ACTIVITIES</b>		
Co-operative revenue	40,000	78,181
Donations		
College of Intensive Care Medicine	85,455	80,000
Australian and New Zealand Intensive Care Society	10,000	20,000
Australian College of Critical Care Nurses	-	-
Corporates	-	10,000
Appeal	16,125	12,835
	<b>151,580</b>	<b>201,016</b>
<b>(b) FROM OUTSIDE OPERATING ACTIVITIES</b>		
Grants received – Trusts and Foundations	-	-
Trust investment portfolio income	114,929	139,362
Interest received	3,383	1,534
Event Sponsorship and Income	94,254	-
Miscellaneous income	-	3,755
	<b>212,566</b>	<b>144,651</b>
<b>TOTAL REVENUE FROM ORDINARY ACTIVITIES</b>	<b>364,146</b>	<b>345,667</b>

## 7. INVESTMENT IN UNIT TRUST

Portfolio Investment	1,889,958	2,018,024
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## 8. TRADE AND OTHER RECEIVABLES

Refund of franking credits	29,368	60,263
Investment distribution receivable	16,289	18,185
Other receivables	1,772	105
GST receivable	10,039	1,520
	<b>57,468</b>	<b>80,073</b>

## 9. PREPAYMENTS

Prepaid Insurance	1,623	1,770
Social media	550	-
	<b>2,173</b>	<b>1,770</b>

## 10. FIXED ASSETS

Cost or deemed cost	Equipment \$	Furniture \$	Total \$
Balance at 1 July 2011	22,917	3,140	26,057
Additions	-	-	-
Disposals	-	-	-
<b>Balance at 30 June 2012</b>	<b>22,917</b>	<b>3,140</b>	<b>26,057</b>
Depreciation and Impairment Losses	Equipment \$	Furniture \$	Total \$
Balance at 1 July 2011	21,457	2,448	23,905
Depreciation for the year	1,460	628	2,088
Impairment loss	-	-	-
Disposals	-	-	-
<b>Balance at 30 June 2012</b>	<b>22,917</b>	<b>3,076</b>	<b>25,993</b>
<b>Carrying amounts</b>			
At 1 July 2011	1,460	692	2,152
<b>At 30 June 2012</b>	<b>-</b>	<b>64</b>	<b>64</b>

## 11. TRADE AND OTHER PAYABLES

	2012 \$	2011 \$
Trade payables	113	14,220
Accruals - research grants	58,000	131,514
Other accruals	2,400	14,272
	<b>60,711</b>	<b>160,006</b>



# Notes to the Financial Statements (cont'd)

## 12. DESCRIPTION OF RESEARCH GRANTS PROVIDED

The following is a listing of all grants awarded during the year, net of GST:	\$
TEAM: Trial of early activity and mobility in ICU (Alfred Hospital, VIC)	40,909
Early intervention to prevent muscle weakness in intensive care: a pilot randomised controlled trial (Austin Hospital, VIC)	36,364
Prevention of Ventilator Associated Pneumonia by Inhaled Heparin (IPHIVAP) (Royal Brisbane and Women's Hospital, QLD)	31,818
A prospective, observational study of critical illness related changes in bone mineral density, bone turnover and calcium metabolism (Barwon Health, VIC)	25,455
Do thromboelastometric parameters change with increasing degree of sepsis related organ failure? (Flinders Medical Centre, SA)	10,909
Disposition of sedative, analgesic and antibiotic drugs during simulated extracorporeal membrane oxygenation (Prince Charles Hospital, QLD)	10,909
Effect of ECMO on long term disability in severe ARDS (Alfred Hospital, VIC)	9,091
Post Resuscitation fluid boluses in severe sepsis or septic shock prevalence and Efficacy (PRICE study) (Flinders Medical Centre, SA)	6,364
Mike Cowdroy Education Grant (Wingham, NSW)	907
<b>Total costs of services provided (research grants)</b>	<b>172,725</b>
Refunds of prior year grants	-10,033
Adjustments for prior year	-33,706
	<b>128,986</b>

## 13. EMPLOYEE BENEFITS - CURRENT

	2012	2011
	\$	\$
Employee benefits	25,908	1,019

## 14. RESERVES

On 1 July 2009, the Foundation received a distribution of Trust property from the Australian and New Zealand Intensive Care Foundation ("the Trust"). From this date, all operations have been conducted within the Foundation. All employees of the Trust were transferred to the Foundation.

Net assets transferred comprise:

Cash	15,693
Investments	1,870,017
GST Receivable	13,746
Sundry debtors	53,979
Fixed assets	10,848
Payables	(137,842)
	<b>1,826,441</b>

## 15. RELATED PARTIES

During the financial year, the Foundation received a specific donation of \$10,000 from the Australian and New Zealand Intensive Care Society ("the Society") made on behalf of KPMG, the Society's external auditors, in lieu of their audit fee. The Society also provides support services to the Foundation at no cost. Also, the Foundation received funding of \$85,455 from the College of Intensive Care Medicine of Australia and New Zealand.

### Directors

The names of each person holding the position of Director of the Foundation during the financial year were Y Shehabi, D Ward (resigned 18/11/2011), A Turner (resigned 06/12/2011), G Hood, M Fisher, J Hancock, M O Leary, Z Brinsden (resigned 22/02/2012), M Slater, V Baic (commenced 11/04/2012), D Rattle (commenced 11/04/2012), J Lester (commenced 11/04/2012).

There were no transactions with directors during the financial year.

### Other Transactions

There were no amounts paid to a superannuation fund or other entity by the Foundation in connection with the retirement of any responsible persons during the year.

There were no amounts paid by the Foundation in connection with the retirement of responsible persons of the Foundation.

There was no loan in existence at reporting date that has been guaranteed or secured by the Foundation or any related party to responsible persons of the Foundation.

## 16. CONTINGENT ASSETS AND LIABILITIES

As at 30 June 2012, the Foundation has no contingent assets or contingent liabilities.

## 17. MEMBERS' GUARANTEE

Every member of the Foundation undertakes to contribute to the property of the Foundation in the event of the same being wound up while he/she is a member, or within one year after he/she ceases to be a member. In that case, the contribution is to be used for payment of debts and liabilities of the Foundation (contracted before he/she ceases to be a member) and of the charges and expenses of winding up and for the adjustment of the rights of the contribution amount, such as may be required, not exceeding \$1.00. The liability of members at balance sheet date was limited to \$10.00 being 10 members with a liability limited to \$1.00 each.

## 18. FINANCIAL AND CAPITAL RISK MANAGEMENT

There were no changes in the Foundation's approach to capital management during the year. The Foundation is not subject to externally imposed capital requirements.

## 19. STATEMENT OF CASH FLOWS

(a) Reconciliation of net profit from operating activities to net cash	2012	2011
	\$	\$
Profit/(loss) from ordinary activities	(128,860)	66,262
Adjustment for:		
Depreciation of fixed assets	2,088	4,305
Income from investing activities	(114,929)	(139,362)
Unrealised (gain)/loss on investment in unit trust	127,848	(60,440)
Operating result before changes in working capital and provisions	(113,853)	(129,235)
Decrease/(increase) in receivables/other assets	24,290	(31,546)
Increase/(decrease) in payables	(99,295)	8,395
Increase/(decrease) in employee benefits	24,889	(5,129)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>(163,969)</b>	<b>(157,515)</b>

## (b) Cash and Cash Equivalents

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

	2012	2011
	\$	\$
Cash on hand	25	100
Cash at bank	30,659	81,494
	<b>30,684</b>	<b>81,594</b>

## 20. CAPITAL COMMITMENTS

There were no capital commitments as at 30 June 2012.

## 21. EVENTS SUBSEQUENT TO BALANCE SHEET DATE

Since the end of the financial year, there are no events or transactions which could render any particulars included in the financial statements to be misleading or inaccurate.

## 22. COMPARATIVE FIGURES AND RATIOS

In accordance with the Charitable Fundraising Act 1991, authority condition 7(2)(f), comparisons are shown below that detail the cost performance and cost effectiveness of the Foundation's fundraising activities.

	2012	2011
	\$	\$
Total Cost of Fund raising	4,334	3,363
Total Income	236,298	406,107
Total Cost of Fund raising / Total Income (%)	2%	1%
Net Surplus	(128,860)	66,262
Total Income	236,298	406,107
Net Surplus / Total Income (%)	-55%	16%
Total costs of services provided (research grants)	172,725	200,675
Total expenditure	365,158	339,845
Total costs of services provided (research grants) / Total expenditure (%)	47%	59%
Total costs of services provided (research grants)	172,725	200,675
Total Income	236,298	406,107
Total costs of services provided (research grants) / Total income (%)	73%	49%

## Directors' Declaration

In the opinion of the directors of the Intensive Care Foundation ("the Foundation"):

- (a) the Foundation is not a reporting entity;
- (b) The financial statements and notes, set out on pages 35 to 41, are in accordance with the Corporations Act 2001, including:
  - (i) giving a true and fair view of the company's financial position as at 30 June 2012 and of its performance for the financial year ended that date in accordance with the accounting policies described in Note 5; and
  - (ii) complying with Australian Accounting Standards to the extent described in Note 3 and the Corporations Regulations 2001; and
- (c) There are reasonable grounds to believe that the Foundation will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors:

Darren Rattle - Director  
Dated at Melbourne, 7 September 2012

## Independent Audit Report to the members of Intensive Care Foundation

### Report on the financial report

We have audited the accompanying financial report, being a special purpose financial report, of Intensive Care Foundation (the company), which comprises the statement of financial position as at 30 June 2012, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes 1 to 23 comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

### Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 3 to the financial report is appropriate to meet the requirements of the Corporations Act 2001 and is appropriate to meet the needs of the members. The directors' responsibility also includes such internal control as the directors determine necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

### Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies

used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the basis of accounting described in Note 3 to the financial statements so as to present a true and fair view which is consistent with our understanding of the company's financial position, and of its performance.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

### Auditor's opinion

In our opinion the financial report of Intensive Care Foundation is in accordance with the Corporations Act 2001, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2012 and of its performance for the year then ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 3 and the Corporations Regulations 2001.

### Basis of Accounting

Without modifying our opinion, we draw attention to Note 3 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the Corporation Act 2001. As a result, the financial report may not be suitable for another purpose.

KPMG

Dated at Melbourne, 7 September 2012

Darren Scammell - Partner



# OUR THANKS TO OUR SPONSORS AND SUPPORTERS, PRESENT AND PAST

