

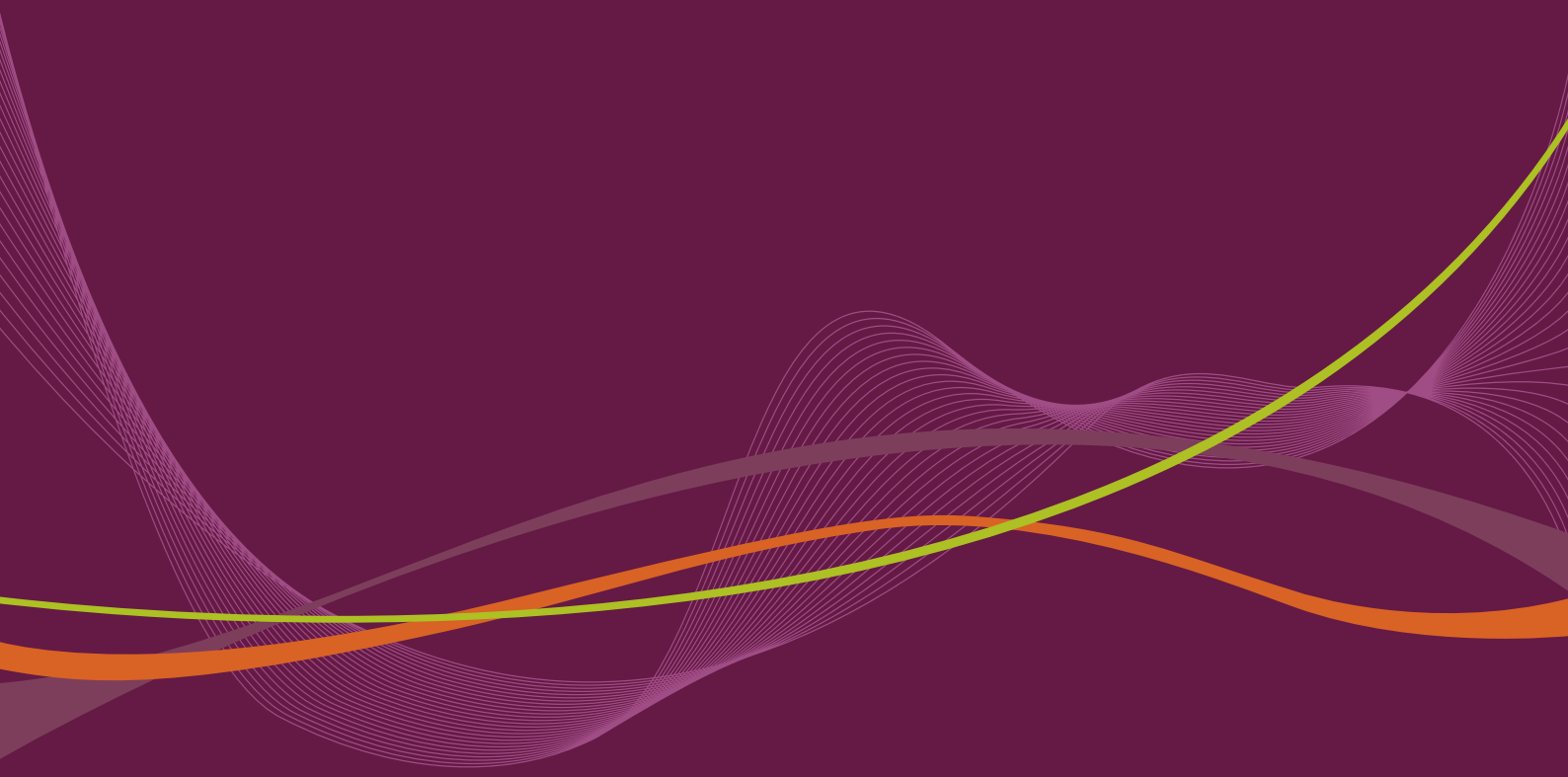
# ROYAL REHABILITATION CENTRE SYDNEY ANNUAL REPORT 2007/08



*Maximising Abilities and Lifeskills*

*Maximising Abilities and Lifeskills*

*Maximising Abilities and Lifeskills*





## WHO IS ROYAL REHAB

Royal Rehab is a nationally recognised organisation that provides specialist rehabilitation services, engages in extensive research and delivers education.

A not-for-profit charitable organisation with an independent Board of Directors, Royal Rehab relies on financial support from the general community to provide a range of services required by individuals undergoing rehabilitation.

There is a constant need to undertake research so as to improve options and, ultimately, outcomes for people.

Royal Rehab operates as an affiliated health organisation under the *NSW Health Services Act 1997*, and as an accredited service with the Department of Ageing, Disability and HomeCare.

As a teaching hospital, so vital in today's society, Royal Rehab has strong partnerships with the University of Sydney's academic units - the Rehabilitation Studies Unit, the Centre for Community Based Health Care, the Centre for Developmental Disability and our own Rehabilitation Nursing Professional Development Unit and Royal Rehabilitation College.

There is excitement throughout Royal Rehab generated by the planned re-development of the Centre. The redevelopment will include a state-of-the-art specialised rehabilitation and research services facility on our current site, together with a unique multi-purpose health and disability community centre for people living with a disability.

## OUR VISION

**Royal Rehab's vision is for people who have been seriously injured or who have experienced a chronic and disabling illness to regain and maintain their health and wellbeing within the circle of their family, friends and community.**

## WHAT WE VALUE

The personal qualities of our staff and the individuals undertaking rehabilitation unite to make rehabilitation successful.

**WE VALUE:** • teamwork • innovation • courage • learning







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*“508 people were  
admitted to Royal  
Rehab this financial year”.*

## PROVIDING CARE SINCE 1899

In 1899, Susan Schardt, a woman blind from birth, recognised the needs of people with terminal illness who were excluded from the general hospital system. She rented a cottage in Surry Hills to provide for the care of people at the end of their life.

From small beginnings, the work of Ms Schardt became increasingly recognised and valued, culminating in a wave of public support that saw the Hon Henry Moses MLC 'sell' his Ryde property to Ms Shardt's charity and donate the profits of the sale back to the charity. In 1906 that property became Weemala.

Since then the Centre has continued to grow both on-site and off, with a range of community based accommodation and important state-wide in-patient and community services for people with a brain and spinal injury. This work is supported through our partnership with Sydney University and joint academic units operating within the Centre, affiliated organisations and the Royal Rehabilitation College.

*“I believe I got a second chance in life  
and that is a gift”. Sandra Wilson*

*“I am hoping to inspire others to believe in their dreams be positive  
and never get the blues”. Tim Grant*

*“It is amazing how in the split of a second your life can be changed  
so dramatically”. Severino Fernandez*

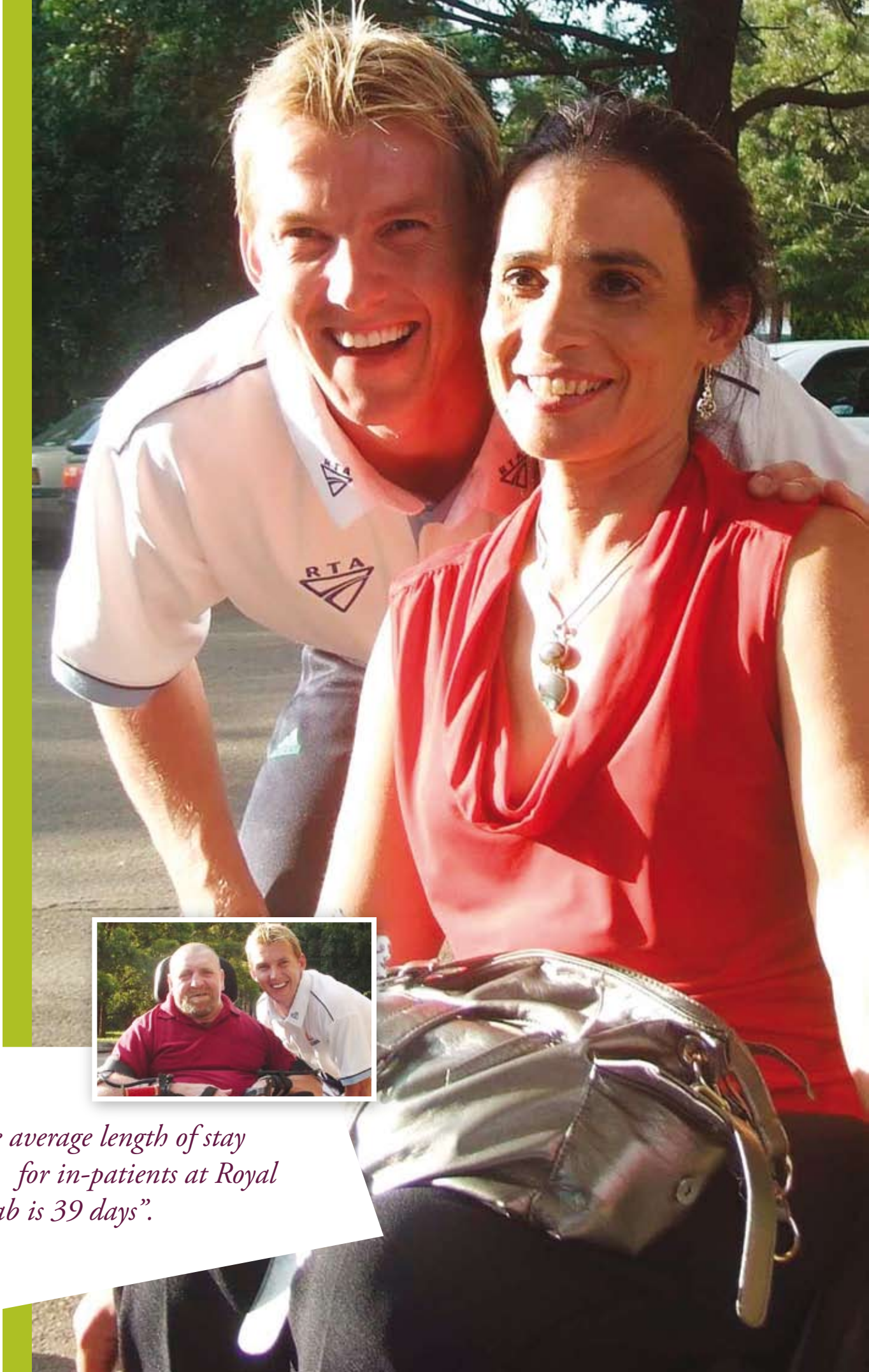
*“I have learned how to keep conversations going and how to speak clearly  
\*there is life after a brain injury”. Arron Masters*

*“Its great to be given a second chance and to be alive to treasure  
the things around me”. Andre John Mutu*

*“Royal Rehab the most amazing fifteen weeks of my life I felt love, anger,  
desperation and depression, and I saw passion, determination, kindness  
and inspiration”. Frank Spiteri*

*“As an independent person it has been hard to learn to rely on others  
for support and care I have returned to driving now which is fantastic  
for my independence”. Bronwyn Harrison*





*“The average length of stay  
for in-patients at Royal  
Rehab is 39 days”.*



## OUR COMMITTED BOARD

The Board of the Royal Rehabilitation Centre is a committed and experienced group of individuals who volunteer large amounts of their personal time to provide the strategic direction and overall accountability for the organisation.

Combined, the Board members bring to the Centre a range of skills and experience in the areas of law, finance, strategic and operational management, academic excellence as well as knowledge of the health and disability sector.

Over the past year the Board has steered the organisation in a new and exciting direction, making fundamental decisions that will ensure the future viability of the organisation while maintaining a commitment to the provision of rehabilitation to people with complex and long term needs.

Directors are appointed according to the By-laws of the organisation. The By-laws allow for a minimum of five up to a maximum of 12 positions, and a \$2 membership fee is payable each year. Board members must sign a 'conflict of interest declaration' each year and disclose any potential conflicts at all Board Meetings and Board sub-Committee meetings.



### CLIVE AUSTIN

Clive holds a Masters of Law degree. He has been a partner, including senior partner, of a Sydney legal practice. He is currently a consultant to that firm and is a Member of the Law Society of NSW.

He joined the Royal Rehab Board in 1993 and became Chairman in 2003. He is Chairman of the TAD/Gale Computer Loan Service, and a member of the Advisory Committee of the NSW Wheelchair Sports Association Inc. He has been a Director of The Royal Life Saving Society Australia since 1988, and was named President in 1994.

Clive is a Trustee of the Malcolm Sargent Cancer Fund for Children in Australia (now known as Redkite), and President of the NSW Division. He has also been a Trustee of the R A Gale Foundation since 1991, and is currently Chairman of Trustees. He recently assumed the position of Chairman of the Royal Botanic Gardens Foundation.

Since the mid-1980's Clive has held executive positions in a number of businesses, both publicly listed and private. He is Executive Chairman of Consolo Limited Group, having been a director of that company since 1987. He is a Fellow of the Australian Institute of Company Directors.



### TONY STAVELEY

Tony is recognised as one of the most experienced corporate property professionals in Australia. He is the Director of Balance Group and Chairman of the Regulatory Reform Working Group for the Australian Government's Facilities Management Action Agenda.

Over the past 30 years he has held senior positions with some of Australia's largest corporations and provided strategic consultancy advice to a large client list. Tony has extensive Boardroom experience with national and international firms. He has been a Director of Royal Rehab since 2000 and is currently Vice-Chairman. He Chairs the Development and Planning Committee.

Tony holds a Masters Degree in Commerce (Land Economics), a Graduate Diploma in Land Economy and is a Fellow of the Australian Property Institute. He has also been a member of the Property Council of Australia Planning and Development Committee.



### **TREVOR PARMENTER, AM**

Trevor holds the Foundation Chair of Developmental Disability in the Faculty of Medicine, and Adjunct Chair in the Faculty of Education & Social Work, at the University of Sydney. He joined the Royal Rehab Board

in 2000 and is the Director of the Centre for Developmental Disability Studies. He sits on the Development and Planning Committee and Chairs the Clinical Care Review Committee.

Professor Parmenter has held a number of executive positions in international organisations including past President of the International Association for the Scientific Study of Intellectual Disabilities, and past Vice-President of the International Sports Federation for People with an Intellectual Disability.

He is a visiting Research Fellow at the Beach Center for Family Studies at the University of Kansas and Visiting Lecturer at Lancaster University, UK. He has been active in state and national advocacy bodies and served on the NSW Council for Disability for a number of years.



### **GWYNNYTH LLEWELLYN**

Gwynnyth is the Dean, Faculty of Health Sciences, University of Sydney, the largest Faculty of Health Sciences in Australia educating over 5,500 allied health professionals including physiotherapists, occupational therapists, speech pathologists and exercise

and sports scientists. She joined the Royal Rehab Board in 2005 and sits on the Clinical Care Review Committee.

She holds the Sesquicentenary Foundation Chair of Occupation and Leisure Sciences and is a professional qualified and accredited occupational therapist.

Professor Llewellyn heads a multi-disciplinary research team, the Australian Family and Disability Studies Research Collaboration, which focuses on family and disability concerns for families with children with disabilities and families where parents have a disability.

She is a member of the NSW Children's Court Advisory Committee and holds Director General appointments to the Department of Ageing, Disability and Home Care, Research and Development Group and the Department of Community Services, Research Advisory Committee.

She is currently Chair of the Special Interest Research Group on Parents and Parenting with Intellectual Disability, for the International Association for the Scientific Study of Intellectual Disability.



### **TERENCE GIBSON**

Terry is a career engineer with a long history of involvement in Public Works projects, both in local government and the private sector.

He joined the Royal Rehab Board in 1985 and is a member of the Development and Planning Committee.

He was President of the Institute of Public Works Engineering Australia from 1986 to 1989, and is an Emeritus Member of the peak industry organisation. Terry resigned from the Board in November 2007.



### **BRUCE HATCHMAN**

Bruce is a Chartered Accountant, and a former Chief Executive of WHK Horwath, Sydney.

He joined the Royal Rehab Board in 2006 and is Chair of the Audit and Finance Committee.

He has been a registered auditor for 30 years, acting for publicly listed companies and large private and not-for-profit organisations. In this capacity, Bruce has developed governance programs, advised on major business sale activities and developed and implemented strategic business plans for a wide range of businesses.



### **DAVID PIPER OAM**

David recently retired after 42 years with the IAG/NRMA group. He has been a Director of Royal Rehab since 2005 and is a member of the Audit and Finance Committee.

With a legal background, David was an expert in driver, road safety and police enforcement issues. His final 15 years with IAG were spent in pricing, sales and administration of Compulsory Third Party injury insurance.

He chairs the major fundraising committee for NSW Wheelchair Sports. He was recently involved in raising more than \$350,000 for the national junior wheelchair games. He is a former Board Member of Spine Safe/Youth Safe organisation.

David is President of the Queenscliff Surf Life Saving Club, a life member of that club, the local area branch and the NSW Surf Life Saving.

*“Royal Rehab provided  
33,466 bed days  
of care”.*





### IAN HUNT OAM

Ian became a solicitor in 1950 and as a partner in Hunt & Hunt solicitors, concentrated in conveyancing and private finance, wills and probate, charitable trusts and equity for 57 years. He has been a Director

of Royal Rehab since 1980 and serves on the Development and Planning Committee. A returned pilot in the RAAF, he has a long history of senior legal appointments, including solicitor for Presbyterian Church of New South Wales and solicitor to Uniting Church in Australia.

He has served on the Boards – in capacities as Director and Chairman - of United Permanent Building Society, the Hammond Care Group, Centre for Disability Studies, Forsight Foundation for Deaf/Blind, the CSEE Foundation, providing day programmes for the disabled, Burnside Homes and Macquarie Community College.



### KERRY GOULSTON, AO

Kerry is a consultant physician, Emeritus Professor of Medicine, University of Sydney. He trained at the University of Sydney, Royal Prince Alfred Hospital and Boston City Hospital, USA. He has been a Director of Royal Rehab since 2002 and Chairs the Research Committee.

Kerry has been in private practice, and held salaried and visiting medical officer positions at Royal Prince Alfred, Canberra, Concord and Royal North Shore Hospitals. During this period he was active in research and teaching both undergraduate and postgraduate healthcare professionals.

Positions held include President of the Gastroenterological Society of Australia, Chair of the Australian Gastroenterology Institute, Chair NSW Postgraduate Council and Confederation of Postgraduate Medical Councils of Australia and New Zealand; Co-chair of NSW Greater Metropolitan Implementation Group; Chair Greater Metropolitan Transition Taskforce and Greater Metropolitan Clinical Taskforce.

In 1990 he was Vice-President of the Ninth World Congress of Gastroenterology, and from 1993-2000, was Associate Dean, Northern Clinical School, University of Sydney.

Research interests include Irritable bowel syndrome, Inflammatory Bowel Disease, gastro-intestinal bleeding, early diagnosis of Colorectal Cancer and health of ex-Prisoners of War. He is co-Reviewer of the Medical Curriculum of the University of Sydney.



### IAN BAGGIE

Ian is a chartered accountant, with 35 years in the profession, 25 years as a partner.

He joined the Royal Rehab Board in 2006 and sits on the Audit and Finance Committee.

Ian has specialized in servicing large public companies as well as not-for-profit companies, acquiring broad financial skills over several decades. He is an adviser to Diabetes Australia and MS Research.



### BRONWYN CONNOLLY

Bronwyn has held a number of legal counsel and other senior positions for organisations including Olympic Roads and Transport Authority, NSW Department of Ageing, Disability and Home Care, SA Department of Transport,

SA Consumer Affairs, SA Health Commission, SA Department of Administrative and Information Services, and the WA Health Department. She has acted as the Acting Deputy Chief Executive Officer of the Queen Elizabeth Hospital. Is a part-time member of the Social Security Appeals Tribunal, the Migration Review Tribunal and the Refugee Review Tribunal. Bronwyn joined the Board on 27 May 2008.

## Three new Board members will join in 2008-09



### JOHN CULLITY

John was until recently the Chief General Manager - Information Technology of Allianz Australia and was Director of a number of Allianz Australia subsidiary companies.

In excess of 20 years with Allianz (and its predecessor MMI Insurance) and other roles included strategic and business planning and national responsibility for workers compensation and rehabilitation services. Joined the Board on 26 August 2008.



### JOHN DAKIN

Director of Directioneering Pty Ltd, a boutique supplier of career assessment and career transitioning services specifically aimed at the top tiers of organisations and has focused his more recent career in career assessment,

organisational development and career transition. Prior to this John was the Executive Director of the foundation of a prestigious independent school. With qualifications in education he has taught in state and independent schools in Australia and the United Kingdom. Joined the Board on 26 August 2008.

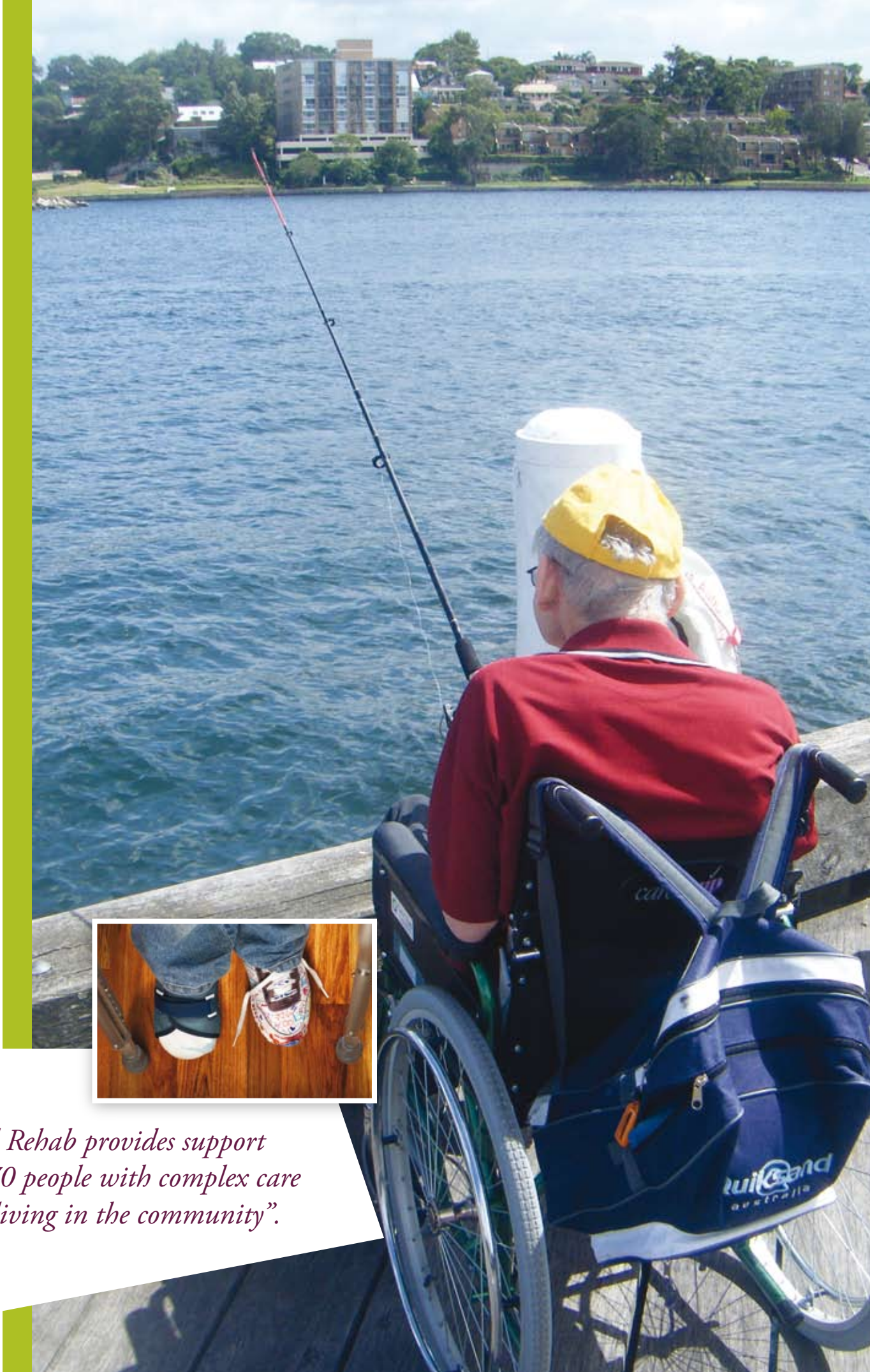


### PROFESSOR RICHARD MADDEN

Richard is the Director of the National Centre for Classification in Health and Professor of Health Statistics University of Sydney.

He was the Director of the Institute of Health and Welfare for ten years. From 1992 to 1995

he was also the Australian Deputy Statistician. He has wide experience across Australia in the health and community services sectors including Deputy Secretary of NSW Health and head of the Disability Program Division in the then Commonwealth Department of Health and Community Service. He has substantial involvement with WHO. His work has been honoured with the granting of the Australian Actuary of the Year Award (2002), the Public Service Medal (2003) and the Honorary Doctor of Science from the University of Sydney. He joined the Board on 28 October 2008.



*“Royal Rehab provides support to 70 people with complex care needs living in the community”.*





## CHAIRMAN'S FOREWORD

This year the Board commenced the implementation of its earlier decision to build a new rehabilitation hospital from the proceeds of the sale of our land at Ryde. This decision was not an easy one to make, but the future viability of the work of this longstanding charitable organisation was otherwise at risk without the injection of significant capital.

The sale of the land was not well received by some members of the local community. They expressed concerns about over-development in the area. The Board was, and remains, aware of this concern.

The land at Ryde is the organisation's only asset available to raise the necessary funds to upgrade the Centre's old and outdated buildings and facilities and to address the current operational shortfall. The Board has taken the only legitimate and responsible decision possible to secure the Centre's future.

The Board has made provision and commitments in the plans for considerable open parkland to remain, as well as an "opening up" of the area for community purposes.

The Board's commitment to the provision of services for all our clients, both during and following the transition period is paramount. To the residents of Weemala, who have long term complex care needs and have lived there for many years and call it home, this commitment is again reiterated. A new 'Weemala' will be built alongside the new Centre and will look and feel like a home but with spaces to maintain the strong sense of community that exists amongst the residents and their families.

The Board would like to thank our outgoing CEO Mr Peter Williamson, and welcome our new CEO, Mr Stephen Lowndes. The Board expresses its regard and thanks to Mr Williamson who was Royal Rehab CEO from 1998 and was instrumental in the development of the concept plans for the new rehabilitation centre as well as a community based rehabilitation service. He gave considerably of his time and energy to the needs of Royal Rehab. We wish Mr Williamson all the best with his future endeavours.

Mr Stephen Lowndes joins us bringing strong management skill and knowledge and experience of the health sector from his previous roles. The Board appointed Stephen Lowndes to the role in June.

Mr Lowndes was formerly Chief Executive and General Manager of Manchester Unity Australia. He has served on numerous Boards in the health and financial services industries, and prior to joining Royal Rehab was CEO of peak industry body, the Aged and Community Care Association of NSW and ACT.

The Board is looking forward to working closely with Mr Lowndes as we build this new Centre. This modern world class medical campus, together with our outstanding medical staff and proved expertise, will form the hub of a network for community and home-based services integrating rehabilitation and disability services into the community.

**Mr Clive Austin**  
Chairman



*“Spinal Outreach Service, part of NSW Health’s statewide program provided a service to 101 clients in the rural areas”.*







## CEO'S FOREWORD

The Royal Rehabilitation Centre is a unique organisation. As a rehabilitation centre, it has a deserving reputation for responding to the needs of people who have experienced debilitating illnesses or been the victims of serious accidents. It is unusual in that people are able to benefit from long stays and intensive rehabilitation and, for people with brain and spinal injury, follow up care in the community. It is different in that it also provides a service to people who have been disabled by their injury or illness to such an extent that they require rehabilitation and daily care in their community.

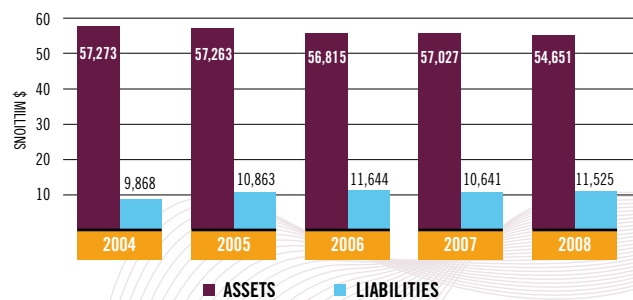
I am excited by the work of this organisation and the future direction established by the Board of Directors. That direction will require of my staff creativity, hard work and flexibility to create the best service possible for our clients and their families.

The new building will take approximately 2 years to build and a range of interim solutions to accommodate clients and staff during that period is being assessed. The priority will be in creating the least disruption in service to our clients during the building process and keeping the organisation together in one location. The new 'Weemala' will be the first building commenced so that we can ensure that our clients in the extended care service are not adversely affected by the redevelopment, but rather make one move; from their current residency into their new, custom designed home.

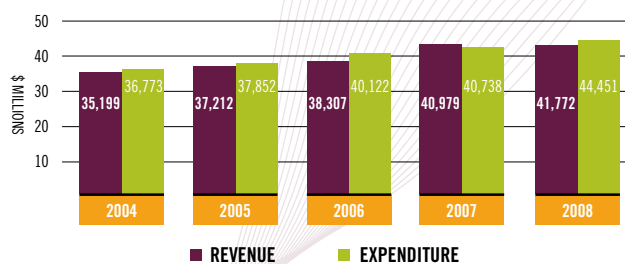
Royal Rehab is proud to be an affiliated health organisation, funded by NSW Health. In relation to our community-based work for people with impairments and disability, we also receive significant funding from the Department of Ageing, Disability and HomeCare and funding through the LifeTime Care and Support Scheme. Combined, these government agencies fund Royal Rehab to provide most of its current services, but there is a need to find additional funding sources to achieve our desired service objectives.

*continued overleaf*

### ASSETS & LIABILITIES



### REVENUE & EXPENDITURE



## CEO's FOREWORD *continued*

This year, the Centre started laying the groundwork to launch a fundraising Foundation in 2008/09. The Foundation will help support research, purchase equipment, and fund specific services not funded by government. Services such as:

- driver assessment and training for older people and people with impairments;
- the cleaning and maintenance of wheelchairs;
- information and assessment on sexuality issues for people with acquired disabilities;
- rehabilitation for people who are slow to recover and require intensive support over a number of years.

People who are courageously undertaking rehabilitation need a lot of support in all areas of life and through fundraising we want to not only provide what is needed but what is hoped for. We want to be a bridge to possibility.

I look forward to working with the professional and caring staff of Royal Rehab to deliver the Board's vision for comprehensive and world-class service to people with acquired disability. I am also very keen to expand the network of friends and supporters of Royal Rehab, who share our vision.

**Mr Stephen Lowndes**  
Chief Executive Officer



*“Concept designs for the new facility were developed”.*

## ACHIEVEMENTS

- Spinal Outreach Service, part of NSW Health’s statewide program provided a service to 101 clients in the rural areas. In the metropolitan area they managed 180 active clients with 120 new referrals.
- The Spinal Outreach Service was successful in gaining enhanced funding for rural services (\$500 000) to implement a state wide locally based spinal cord injury service within the 4 rural Area Health Services in NSW. Four spinal cord injury co-ordinators have now been appointed across the state.
- The Driving Assessment services, which assess fitness to drive for people renewing their license following injury or illness provided 628 occasions of service over this period, including assessment, re-assessment and lessons. The majority of people seeking an assessment of their fitness to drive, are older people.
- The Centre for Community Based Health Care was jointly established with the University of Sydney. Professor Craig Veitch is the inaugural chair.
- The Centre announced the establishment of the Royal Rehabilitation College, a Registered Training Organisation specialising in rehabilitation training.

- **The Centre improved access to our service through an improved referral pathway supported by our Referral Coordinators.**
- **The Centre now delivers freshly cooked food to its clients, including a hot breakfast with a menu designed to reflect the multicultural background of clients and their individual needs and preferences.**
- **14 people were admitted because of experiencing major multiple trauma.**





*“More than 100 volunteers gave their time and energy to Royal Rehab this year”.*

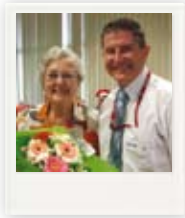
## FRIENDS AND SUPPORTERS OF ROYAL REHAB

As a not-for-profit charitable organisation, Royal Rehab relies on the generous support of a wide range of people to enable us to achieve the goals in providing rehabilitation services.

We are grateful for all the donations we receive from our sponsors and donors – whether they be corporations, Trusts, Foundations, individuals, benevolent groups, community based organisations or groups of people running fundraising activities. These donations help us to maintain our operations and undertake activities that we wouldn't otherwise be able to do.

### Volunteer Awards

Royal Rehab greatly values the work of its many volunteers, the majority of whom have dedicated their time to the organisation over many years. While Royal Rehab holds a special function each year to thank all of our volunteers, there were particular individuals whose efforts were recognised.

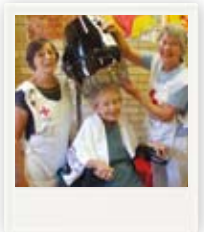


Mrs Helga Gollczewski has been working with the Weemala community for more than twenty years. Helga's volunteering work began in the Weemala canteen and she has continued to visit the residents that she first got to know from those early days. Helga would spend time talking or reading to them and her visits were much appreciated and eagerly anticipated. The CEO presented a bouquet of flowers and acknowledged her dedication and the wonderful contribution she had made as a volunteer at Weemala.

The Red Cross Hands on Team of Betty Vidler, 25 years and Pam Salkeld – 20 years were each presented with certificates in recognition of their volunteer service. Together with Joan

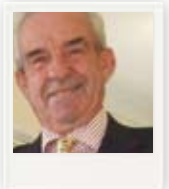


Baikie, the Hands On team have provided twenty-five years of continuous cosmetic care sessions on Wednesday mornings. Thanks to an anonymous donor, the team now has the use of a professional hairdryer. Orita Jones had the honour of being the first to get the full treatment from the hands on volunteers.



**Betty Vidler, Pam Salkeld and Orita Jones**

Dr Rod Mitchell has maintained a continuous dental service to residents at Weemala since 1964. This year he announced that after 43 years the time had come to step aside from his work at the Centre. Dr Mitchell maintains an active Dental practise at Gladesville and will continue to look after some clients from Royal Rehab.



A dinner was held to honour Dr Rod Mitchell and to acknowledge his long serving contribution to the dental health of clients and residents.

### Citizen of the Year

At the Australia Day Ceremony hosted by the City of Ryde, Kate Hanley was announced as Young Citizen of the Year. Kate is a volunteer at the Royal Rehabilitation Centre with a special interest in the residents at Weemala. Kate was quite young when she began volunteering, assisting her father, Mark Hanley. In the final stages of her Bachelor of Science degree, Kate hopes to work at a school for children with disabilities in the Ryde area.



### Hunter Holden support Driving Assessment Centre

Hunter Holden, neighbours of the Royal Rehabilitation Centre, this year donated a new Holden Omega. The Omega will be part of a small number of vehicles used for the Royal Rehab Driving Assessment Centre. At the Driving Assessment Centre, specially trained occupational therapists and driving instructors work together to assess, advise and support people through all the steps necessary to become an independent driver. The program is recognised and registered with the Roads and Traffic Authority. Conditions that may affect a person's ability to drive safely include: advanced age, amputation, anxiety, arthritis, spinal injury, stroke, back or neck pain/injury, dementia and spina bifida/cerebral palsy. Referrals to the Driving Assessment Centre can be made by anyone including the person themselves, family, medical practitioners, specialists, other health professionals or the Roads and Traffic Authority.

A new Hunter Holden is presented by Hunter Holden's Rob Bressington to the Driving Assessment Centre's Claire Foreshaw and Anthony Marsh, Fleet Management Royal Rehab.



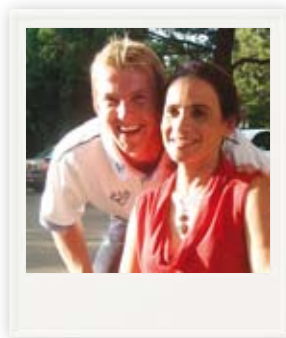


## Ability Challenge

As part of Royal Rehab's annual fundraising efforts, an 'Ability Challenge' was held on the 28th August at the Oatlands Golf Club.

David Hall, six-time World Wheelchair Tennis Champion (pictured left), and Royal Rehab ambassador, is now able to play golf and compete in corporate golf events with the use of the specially designed golf cart.

The event provided an opportunity for corporate teams and individual players to support Royal Rehab and provide valuable funding for research and rehabilitation equipment.



## The Primary Club makes Gait Centre possible

New Technology at Royal Rehab, made possible by a significant donation from the Primary Club of Australia, will allow three dimensional assessment of gait and mobility in adults and children with spinal cord injuries, brain injury, stroke, and other aged-related conditions.

Test cricketer and 2008 Allan Border medal winner, Brett Lee was on hand at the official opening of the new facility on 13 March, and made the first walk down the hi-tech Gait Mat. *"The Primary Club of Australia has once again shown how it's possible for a dedicated group of cricket lovers to enrich the lives of people with disabilities through sport and recreation. On behalf of the Board of Royal Rehab, doctors and staff, and most importantly the clients who will benefit from the Primary Club Gait Centre, a massive thank you"* said Royal Rehab Chairman Mr Clive Austin.

President of the Primary Club of Australia, Bruce Collins QC, said *"This project is very important to the aims of the Primary Club because it has the potential to give those with disabilities the opportunity to experience the joy and exhilaration that physical activity of any kind brings"*. Equipment in the new centre will record and integrate complex information about disturbances in balance, muscle control and patterns of movement in the trunk, pelvis and limbs during functional mobility tasks.



*"Multi-occupational teams are operating across all areas of the organisation to provide a 7 day, 24 hour service".*



Kate Ritchie

## Famous Friends

**Home & Away** • Kate Ritchie was just one of the many Home & Away stars who visited Royal Rehab throughout the year for location filming. Kate was always willing to sign autographs and chat with the patients and their families during the breaks in recording. A number of patients were also invited to become extras for Home & Away.



Adam Harvey

**Adam Harvey** • Australian Country Music entertainer Adam Harvey joined the Telstra Road to Tamworth team in this year's Ability Challenge Golf Day at Oatlands. Adam, a multi-award Golden Guitar winner also issued a challenge to other entertainers to support the Royal Rehab's rehabilitation programs.



Dawn Fraser

**Dawn Fraser** • Dawn Fraser proved once again why she is a National Living Treasure, providing support throughout the year. Dawn offered motivational inspiration to patients completing their rehabilitation programs, as well as contributing to the Centre's fundraising activities.

**Kerri-Anne Kennerley** • David Hall, former World Wheelchair Tennis Champion was a guest on Mornings with Kerri-Anne. Besides giving David a few putting lessons, Kerri-Anne provided valuable promotional support for the Ability Challenge Golf Day.

**Chris Smith 2GB** • Chris Smith and his daughter Ashley visited the Centre to present a cheque for \$3000 as the result of an on-air challenge to get a tattoo. The Ducati Owners Club had issued the challenge to Chris, and with the support of 2GB listeners the money was raised within two days.

**Brian Cadd** • Brian Cadd who was inducted into the 2007 ARIA Hall of Fame shared a few keyboard secrets with Tim Grant. Tim, was performing at the Brain Injury Awareness week "Wall of Fame" at which Brian Cadd was a special guest.



Kerri-Anne Kennerley



Chris Smith



Brian Cadd



## Ducati Owners

The 2007 Thunder Rally was the 25th year of continuous fundraising support the Ducati Owners Club has given the Moorong Spinal Unit. This year was also the first year for the hosting of the Concours d'Elegance bike display in the grounds of the Rehab Centre.

## O'Donnell Griffen and Royal Rehab spreading the word on workplace safety

The international electrical services company O'Donnell Griffen (part of the Norfolk group) has been bringing the message of workplace safety and injury prevention to its staff across Australia.

O'Donnell Griffen (ODG) funded a research project into the prevention of traumatic injury from falls. The results of this research project were then incorporated into a "Safety First" education campaign to staff of ODG. Royal Rehab ambassador Hamish Murray, who incurred a spinal injury as a result of a workplace fall, joined with staff from ODG to deliver the safety message in a range of work sites from Mt Isa in Queensland to Western Australia.

ODG General Manager Mr David Lee said *"This project relates both to the community and the workplace, and we aim to demonstrate industry leadership to promote a safer workplace for the safety and care of our people"*.

The 'Safety First' injury prevention campaign will continue into 2009.



Hamish Murray with the electricians from the Sydney Service Team, O'Donnell Griffen at Rydalmere.





*“Every person in our Community Integration Program has an individually designed support plan”.*





## BUILDING A NEW REHABILITATION HOSPITAL

Royal Rehab is continuing with its plans to provide a state-of-the-art medical campus on its existing site at Ryde under plans lodged with the NSW Department of Planning. The scheme will deliver the most modern and best equipped rehabilitation facility in the southern hemisphere and replace the present degraded facilities.

The Chairman of Royal Rehab, Clive Austin said: *“The new Royal Rehab will continue its long and distinguished tradition of care, but with greatly improved facilities, including the latest technologies, and a more satisfying environment for clients and staff. The fact is, the demand for enhanced rehabilitation and disability services continues to grow as a result of medical breakthroughs, people living longer, public expectations, increasing accident and survival rates”.*

*“The new Royal Rehab will form the hub of a network of community and home-based services, integrating rehabilitation and disability services into the community, in keeping with the growing trend of in-home treatments”.*

*“The new design follows extensive research into the world’s leading rehabilitation centres. It also reflects extensive consultation with the user groups at the existing facility in order to provide functional operations and accessibility. This world class facility will serve the people of Sydney and NSW as well as the rest of Australia”.*

### The Concept

Royal Rehab lodged a subdivision application with the Department of Planning. The subdivision involved the creation of six allotments – four residential lots; one central parkland lot and one medical campus lot.

Royal Rehab has carefully and responsibly developed a concept for the sub-division that ensures the least possible impact on the community.

The number of residential dwellings will be limited up to 791, or approximately 50 dwellings per hectare. Dwellings will be architecturally designed to fit in with the natural topography of the site.

Apartment buildings will be built on around 10% of the site. At least 100 of the dwellings will be detached houses and townhouses. The balance will be apartments in a range of buildings, none of them higher than six stories and most of them three to four stories. Advanced environmental standards will apply.

The project will provide 3.46 hectares of open space per 1,000 new residents versus 3.38 hectares per thousand for the whole of the City of Ryde.

### Disability Accessibility

The design, by leading architectural firm BateSmart, is strongly centred around the requirement for people with disabilities, particularly wheelchair users, to access and use the site in the easiest possible way. The new building creates an ease of movement between indoor and outdoor areas and limits the need to move between floors to access services. Internal design will be open with areas created for privacy and reflection.

### Landscaping

The proposed development includes landscaping of the Recreation Circle and Central Parkland. It involves a network of courtyard spaces, both covered and open, offering visitors, patients and staff a range of opportunities for public and private recreation.

The Recreation Circle to the north of the campus will contain a child care facility, multi use courts and hard and soft landscaped areas. The Central Parkland will function as a recreational parkland, including a wetland that also serves an important stormwater detention purpose. All the proposed open spaces will be publicly accessible.



## Site Layout

The new facility has been designed to respond to the predominantly residential character of the area, while also creating a link from the Putney Town Centre through to the Recreation Circle and Central Parkland beyond.



### Long term accommodation for people with rehab needs – a new Weemala

The families and friends of residents living in ‘Weemala’ welcomed the preliminary designs of the new accommodation to be built in close proximity to the new rehabilitation centre.

The new accommodation will meet the needs of the 32 residents living in Weemala.

The concept is for 32 residents to be accommodated in two buildings. Each building will be two storeys and will contain a number of apartments of different sizes. Each apartment will have bathrooms, living space/ lounge rooms, and space for staff and their requirements.

Residents will be across an internal road from the Centre’s therapy and outpatient clinics, café, library, and meeting rooms.

*“32 residents remain living at Weemala and will move into the new development designed around their needs”.*

### BETTER SERVICES FOR ALL

- ✧ Enhanced services to people requiring extended care in the community.
- ✧ New services and facilities will help reduce bottlenecks in patient treatment by allowing smoother progress of people from acute hospital wards to a specialised rehabilitation and supported care in the community.

#### Why Redevelop?

- Rundown and outmoded buildings
- Risks to loss of accredited teaching status
- Risks to integrated care
- Institutionalised care setting
- High maintenance costs
- Poor wheelchair and disability access
- Constraints to introduce more services and programs





## Project Milestones

### Subdivision

Royal Rehab submitted the section 94 Plan to the NSW Department of Planning and the City of Ryde for sign-off on the third of July 2007, Ryde City Council voted to give the General Manager the authority to enter into the Section 94 Plan with Royal Rehab. The section 94 Plan outlined the scope of the proposed development contributions in relation to community amenities and infrastructure.

Royal Rehab lodged Project Application No.1 covering the sub-division of existing lots into seven lots – being five lots for residential, one lot for the new hospital campus and one lot for open space. The NSW Department of Planning assesses this Project Application once all the conditions of consent have been fulfilled.

In order to meet the conditions Royal Rehab:

- submitted the final Landscape and Public Domain Management Plan to the NSW Department of Planning and the City of Ryde for sign-off;
- submitted the brief for the Heritage Interpretation Strategy to the NSW Department of Planning for sign-off;
- commenced the archival recording and photography of the existing buildings for the Heritage Interpretation Strategy;
- submitted the final design for the stormwater retention basin to the NSW Department of Planning and the City of Ryde for sign-off;

### Responding to community requests

Community members called for Royal Rehab to join with Ryde Council to urge the RTA to change its decision and install traffic lights at Victoria Road to provide ingress/egress for the Royal Rehab development. Royal Rehab made representations to this effect and sought three independent reviews.

The RTA declined to install the new traffic lights, providing information that its modelling revealed that new lights would create an accident black spot, affect traffic flows and compromise safety.

Royal Rehab submitted the final Transport and Access Strategy to the NSW Department of Planning and the City of Ryde for sign-off;

### Seeking financial support

Royal Rehab also actively sought additional funding from State and Federal governments to support its ongoing operations and capital works program. Mr Clive Austin the Chairman of Royal Rehab made representations to the Prime Minister John Howard to discuss funding opportunities.

A number of companies were in contact with Royal Rehab over the past 12 months to express their interest in the site. In the process of those discussions, a suitable company was selected following independent due diligence and probity checks, for a conditional sale of the residential component of the project.

The Board of Royal Rehab made a commitment to provide on-site accommodation for any Weemala resident should they choose that as their preferred option.

### Riding for the Disabled Association (RDA)

Royal Rehab provided free accommodation to the Ryde Branch of the Riding for the Disabled Association for approximately 20 years. The size of the redevelopment meant however that it was not possible for Royal Rehab to continue to accommodate the Association on its future smaller site.

Royal Rehab worked closely with the RDA, Ryde Council and State Government agencies to secure one of two alternative locations: Marsfield Park and Yaralla to which the Association could relocate. As a result, the Ryde City Council granted the RDA a five year license to occupy the Marsfield Park site alongside long time park users Ryde Pony Club.

Royal Rehab made a significant donation to assist the Association with relocation costs.

*“Royal Rehab provided grounds for the Association at Ryde for over two decades, and now has helped greatly to pave the way for a new era of operation for our centre”* said RDA President Ms Toni Fearn.

## Pledge not received

The former Federal Government pledged \$12 million to the Royal Rehabilitation Centre in the lead up to the election to support the rebuilding of Weemala. Mr Howard and the Member for Lane Cove Mr Anthony Roberts met with members of the Weemala Residents and Advocates Committee to discuss their needs and how the government could assist in ensuring the future of Weemala. The announcement was welcomed by the Weemala Residents and Advocates Committee and by Royal Rehab but the pledge did not proceed following the election result.

## BENEFITS FOR CLIENTS/RESIDENTS

- Latest diagnostic, assessment and research technologies
- Expanded medical, research and educational facilities
- Advanced rehabilitation techniques
- Modern therapy facilities and private accommodation to patients/clients during their rehabilitation stay
- Sporting and recreational complex, including tennis and basketball courts, café and gymnasium
- Healing gardens to aid recovery, rehabilitation





## MAXIMISING ABILITIES AND LIFESKILLS

Royal Rehab provides specialist in-patient rehabilitation programs for adults who have a disability as a result of a spinal cord injury, occupational injury, orthopaedic injury or illness, traumatic brain injury and neurological loss, burns and multi trauma, and age related illness or disease.

### Services at Royal Rehab

#### *In-patient*

Royal Rehab provides three specific in-patient services:

- The Brain Injury Unit, providing rehabilitation to people with traumatic brain injuries and complex health needs.
- The Spinal Injury Unit, providing rehabilitation to people with spinal cord injury including paraplegia and tetraplegia.
- Both the Brain Injury Unit and the Spinal Injury Unit are integral parts of NSW Health's state-wide programs.
- Aged and Complex Care unit. This unit provides rehabilitation to people with complex rehabilitation needs arising from strokes, burns, amputations and chronic conditions.

#### *Outpatients*

The Outpatients department supports clients moving out of in-patient services as well as people living in the community in the local area. It includes:

- Sexuality Clinic
- Developmental Disability Health Unit
- Driver Assessment
- Wheelchair Maintenance

#### *Rehabilitation in the Community*

Royal Rehab also provides a range of in-reach and home-based rehabilitation

- The Brain Injury Community Rehabilitation team
- The Spinal Outreach Service
- Home-Based & Home Reach Rehab Northern Sydney

#### *Disability Support Services*

Royal Rehab provides a range of longer-term support for people with rehabilitation and reintegration needs

- Transition care
- Slow to recover program
- Community based supported accommodation

### About our clients

Royal Rehab clients are different to clients admitted to other rehabilitation facilities. Royal Rehab is regarded as a specialist in complex care cases – particularly those with a spinal cord injury, brain injury, stroke or multi trauma. Our clients are more likely to be younger, have lived with family and friends before admission, and stay longer at Royal Rehab than benchmarked hospitals. They are also more likely to have been employed or studying before their admission.

## Emerging need for rehab

**Advances in medicine and technology are making it possible to save more lives previously lost to traumatic injuries, including catastrophic brain and spinal injuries.**

**People who have acquired disabilities later in life are living longer and will require care for the remainder of their lives.**

**Cancer, which strikes one in three men and one in four women in Australia, is now widely considered to be a chronic disease. Cancer treatments can result in functional limitations and residual impairments that can impact on quality of life.**

**Obesity is reaching epidemic proportions in Australia. It is a major contributor to chronic conditions such as diabetes, heart disease and stroke.**

**Arthritis is a major cause of chronic condition and disability, affecting 3.5 million Australians.**





The Peer Support team from Spinal Cord Injuries Australia hosted a BBQ for clients in our Spinal Unit, on Monday. The team consisting of Michelina Pelosi, Rick Stewart, Chris Nicholls and Jill Steverson, shared a photo opportunity with Lamin Bangura and Cheryl Wealands.

## Spinal Cord Injury Australia (SCIA): providing peer support

Peer support can form a critical component of a person's recovery program.

Over the last year Spinal Cord Injury Australia have continued to provide the important service, delivered within Royal Rehab by SCIA employees who are themselves wheelchair users. The SCIA team provide encouragement, information and support to patients of Royal Rehab's Moorong Unit to assist their journey of recovery and re-integration back into the community and workforce.

## Wii Rehabilitation

Nintendo Wii is being widely tested in both Canada and the USA in rehabilitation programs. The Wii game programs are being used with patients to build balance, coordination, endurance and upper and lower body strength. The trials have included people recovering from strokes and spinal cord or traumatic brain injuries.

Physiotherapists use the Wii's tennis, golf, bowling and boxing games that require patients to mimic virtual play while holding a motion-sensing controller. In Australia, the Royal Rehabilitation Centre has been provided with a number of Nintendo Wii to be included in trials through the Recreational Therapy program. Burns victim Fran Spiteri, among the first of the clients being introduced to the Wii, said: "This is great. I can feel muscles being used in my arm that I haven't felt in a long time. What a fun way to do rehab!"

Mr Spiteri was placed in a medical induced coma for three months, after a welding accident left him with serious burns to the majority of his body. He lost 80% of his muscle tissue while in the coma. Mr Spiteri, a keen golfer before his accident, used the Wii golf game to rebuild strength and create a release from pain and the confines of the hospital.



Frank Spiteri works on his golf game with the Wii





**Ray and Di Martin, with Julie and Alan McCabe, and Royal Rehab staff Gail Richmond and Hamish Murray**

## A Special House Taking Shape

Alan McCabe was able to move into a new own home in Coffs Harbour thanks to a major community support campaign. Because Alan incurred his injury in a sporting accident, little compensation was available. The Alan McCabe Trust was formed by the footballer's sporting mates, supporters and local business people to help pay for the house, which will have wheelchair access to all areas. At a fundraising event, Royal Rehab was represented by Client Ambassador, Hamish Murray, and Nurse, Gail Richmond. General Peter Cosgrove was the guest speaker, while former Channel 9 TV host Ray Martin was MC.

The house was specially constructed for Alan, who broke his neck while playing in a Rugby Grand Final, leaving him a C4 quadraplegic. Alan completed his rehabilitation program in Royal Rehab's Moorong Spinal Unit.

Since his return to Coffs Harbour, staff from the Spinal Outreach Service continued to monitor his progress, and provide support in his efforts to re-establish his life.

## Wall of Fame: Brain Injury Awareness Week September

The Wall of Fame is a source of inspiration, celebrating the courage and the achievements of individuals recovering from traumatic brain injuries.

This is the fifth year the event has been held, with staff from the Brain Injury Unit, patients and their families joining together to tell their respective stories and the steps they have taken on their rehabilitation journey.

Individuals nominated for an award this year included Shauna Foriani, Sandra Wilson, Adele Barnett, Tim Grant, Severino Fernandez, Arron Masters and Andre John Mutu.

Tim Grant, who performed at the Wall of Fame, picked up a few keyboard tricks from Brian Cadd. Brian, who is on the Board of Support Act, was a guest at the event held during Brain Injury Awareness Week in September.



*“The Disability Directorate admitted 8 clients to its transitional unit, including those who are slow to recover from injury”.*



## Royal Naval Salute

British Navy sailor Royston Walker was treated at Royal Rehab after suffering a stroke while on holiday in Australia with his wife Bobbie. During his stay they made lots of friends among the staff. A regular visitor was Owen Martin, Welfare Officer with Ryde RSL Sub Branch.

A letter received from Bobbie summed up their feelings: "Hi everyone, we are so relieved to be home again and among friends and family but the really bright side of our being stranded in OZ was having the chance to see and to benefit from the first class provision in the Royal Rehab Centre Sydney. I don't think we can match it! Love to you all."

## Spinal Cord Injury Sexuality Workshop for Rural Clinicians

The Spinal Cord Outreach team headed by Dr James Middleton and Jenni Johnson developed a workshop to assist clinicians in the community to deal with issues relating to sexuality for clients who have incurred a spinal cord injury.

This work forms part of a larger focus on the impact acquired injury and chronic or serious illness can have on a person's sexuality-physically and emotionally. Clinical Nurse Consultant Sandra Lever commenced a Sexuality Clinic this year for in-patients, and outpatients who are seeking support and/or information.





## Slow to Recover Program

Research is demonstrating that people with acquired brain injuries can continue to recover their skills and abilities for years after the accident or illness that created the injury. Royal Rehab is leading the way by providing rehabilitation programs for clients who have been discharged from hospital care and are returning to a community life and a longer and slower part of their recovery journey. At present this service is limited, but Royal Rehab hopes to expand it in the coming year.



## FACTS

- The Brain Injury Community Rehabilitation Team provided a service to 79 people with traumatic brain injuries returning to their homes and the community.
- The Home Based and Home Reach Rehabilitation Service operating in the Northern Beaches provided a service over the year to 158 people.
- Patients of Royal Rehab have similar characteristics to clients admitted to other rehabilitation facilities, although Royal Rehab is regarded as a specialist in complex care cases – particularly those with a spinal cord injury, brain injury, stroke or multi trauma.
- Patients of Royal Rehab are more likely to be younger, have lived with family and friends before admission, and stay longer at Royal Rehab than benchmarked groups. They are also more likely to have been employed or studying before their admission.
- 126 clients admitted to Royal Rehab had an orthopaedic impairment, 88 had a brain dysfunction, 71 had had a stroke, 71 a spinal dysfunction, 25 had a neurological impairment. 12 people were admitted with serious burns, 6 because of amputation and 63 people were admitted because of debility and de-conditioning.





*“170 people were provided with a Transpac service package to assist their return home”.*



## LEADING THE WAY – RESEARCH AND EDUCATION

Royal Rehab, in partnership with the University of Sydney, maintains three academic units:

- The Rehabilitation Studies Unit, Professor Ian Cameron
- The Centre for Disabilities Studies, Professor Trevor Parmentor
- The Centre for Community Based Health Care, Professor Craig Veitch.

Royal Rehab has also developed the Rehabilitation Nursing Research and Development Unit under the leadership of Associate Professor Julie Pryor.

This year Royal Rehab commenced operating a new Registered Training Organisation the Royal Rehabilitation College. The College focuses on the provision of the Certificates III and IV in Allied Health Assistants and in a range of non-accredited short courses focusing on health and disability issues.

### **The Centre for Community Based Health Care Professor Craig Veitch**

Newly established at the end of 2007, the Centre for Community Based Health Care is the latest collaboration between Royal Rehab and the University of Sydney.

Professor Craig Veitch holds the inaugural chair and brings to Royal Rehab a wealth of experience in establishing and evaluating successful models of care particularly to people living in rural and remote areas. The Centre will provide critical support to Royal Rehab as it continues to develop its community based rehabilitation services.

Professor Veitch has been working closely with staff to explore two issues critical to the success of a community based rehabilitation service, namely: when to begin rehabilitation case management; and the barriers to and facilitators of rehabilitation case management.

RCM can be defined as a client-focused intervention providing coordination, planning, monitoring, advocacy and evaluation of a client's ongoing rehabilitation journey. Rehabilitation case managers use a client directed assessment process in order to develop a comprehensive rehabilitation plan. The RCM process is goal-directed and is evaluated on a regular basis to ensure a timely progression of each client's rehabilitation plan. The rehabilitation case manager is an integral member of the allied health treating team and is the coordinator of a client's ongoing rehabilitation journey

There is limited research-based literature about optimal timeframes to commence rehabilitation case management, especially with respect to people with traumatic brain injury (TBI).

However, as with most activities with formal long-term plans, it is likely that better client outcomes will result as well as more effective use of resources.

Research considered in relation to this project has indicated that significant benefits can accrue to both client and the service if rehabilitation case management is commenced early. These benefits can relate to decreased depression, improved social interaction and greater retention in paid employment, and home integration. Clients and their families also appreciated the coordinated approach.

Because of the way in which clients are referred to Royal Rehab, extended case management can be difficult to achieve – for example: many clients with brain injury begin case management two weeks before discharge from the inpatient Brain Injury Unit at Royal Rehab. Thus, clients' rehabilitation is effectively divided into clinically focused recovery of function at an acute hospital or Royal Rehab, followed by case management for community re-integration.

Early work indicates the need for a Rehabilitation Case Manager to coordinate a client's entire rehabilitation journey from their inpatient stay into the community, thereby offering a comprehensive, coordinated, cost-efficient transition across services, thus maximising continuity of care and lifetime outcomes.

## Rehabilitation Nursing Research and Development Unit (RNRDU) Associate Professor Julie Pryor

The RNRDU is the first and only rehabilitation nursing research unit in Australia. The main focus is promoting evidence based nursing practice by developing nurses' research skills, supporting and supervising nursing research, and conducting funded studies. The Unit has formal links with several clinical rehabilitation providers across Australia and New Zealand as well as two Australian universities.

### Community based rehabilitation coalitions

This year the RNRDU joined forces with the Centre for Inland Health at Charles Sturt University to design a sustainable approach to enhancing rehabilitation within the Australian context.

The project was funded by the NSW Institute of Rural Clinical Services and Teaching (NSW Health) which had identified an increasing demand for rehabilitation services in rural and remote areas. Some of the factors contributing to the increase in demand included improved survival rates following illness and trauma, an ageing population and an increase in elective orthopaedic surgery.

The provision of rehabilitation in rural and remote areas poses a number of challenges due to distances from established services and the need to offer coordinated support for individuals that includes health, disability, welfare, housing, employment, transport and education services.

*“There are three goals in rehabilitation: healing, becoming able and rejoining the community... (Hobbs et al 2002)”*

A proposed framework for service delivery has been developed and will be sent out to rural stakeholders for their feedback and further refinement over the next financial year.

### Community Based Rehabilitation Coalitions Framework



Enhancing a local community's capacity to provide rehabilitation to its members has many benefits not only to the recipients of the support but in the provision of training and employment of carers, and the development of networks and information sharing connecting otherwise disparate services.

In so doing, the framework recognises that rehabilitation is about the lives of individuals and the sustainability of communities. As such, a critical underpinning principle of the framework is that everybody can contribute. Conceptualising rehabilitation as more than the interventions provided by health care professionals, empowers individuals to contribute to ensuring the sustainability of their communities.

Royal Rehab is committed to the provision of rehabilitation in community settings, in ways that continually support a person's enablement. The 'Community based rehabilitation coalitions' project is providing a clear direction as to how Royal Rehab can and should contribute to this.



## Centre for Disabilities Studies (CDS)

CDS enjoyed another successful year with numerous new and ongoing initiatives in each of our key activities of education and training, research and development, clinical outreach and information services.

### I Can Do It!

The Instrument for the Classification and Assessment of Support Needs (I-CAN) v4.2 is an assessment and supports planning system developed by CDS for people with disabilities. The I-CAN tool is being used by several non-government organisations primarily in NSW and is used by the Department of Human Services (DHS) Victoria Office of the Senior Practitioner (OSP). The I-CAN team recently won an award for the best peer-reviewed scientific paper at the Health Informatics Society of Australia (HISA) the Person in the Centre Conference, Melbourne.

### Person-Centred Planning (PCP)

Helen Sanderson Associates Australia conducted a number of training sessions this financial year hosted by CDS. These included: Person Centred Thinking, MAPs (Making Action Plans) and PATH (Planning Alternative Tomorrows with Hope). In the next financial year, CDS hope to provide their own accredited training in this area and also aim to offer person centred planning consultation services.



Figure 1: The I-CAN proposed Theoretical Model of People, the Support they Need, and the Environment v1.04

### Active Support

CDS was instrumental in first introducing Active Support to Australia and continues to be at the forefront of training in this field. A major 'Train-The-Trainer' contract with Disability Services Queensland has been undertaken in which Active Support was introduced into south east Queensland and the initial implementation and evaluation by CDS will inform longer term implementation strategies for Disability Services Queensland.

CDS was successful in gaining funding from the Department of Education, Employment and Workplace Relations to host two National Disability Coordination Officers to work across two regional areas in Sydney. The objectives of this program are to assist people with disability to better access post-school education and training, and subsequent employment.

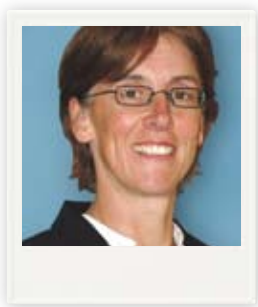
The NSW Developmental Disability Health Unit, sponsored by CDS and supported by Royal Rehab, continues to operate for two days a week, providing medical and psychology assessments for adolescents and adults with developmental disability. General medical clinics and clinics for people with Down syndrome, Cornelia de Lange syndrome and Fragile X syndrome are held.

Health focussed research projects undertaken this year include an evaluation of the immunisation status of people attending the Health Unit; a State wide evaluation of the Department of Ageing Disability and Home Care's Ensuring Good Nutrition Policy, their funded accommodation and respite services and participation in an international multi-centre trial of Vitamin E in older people with Down syndrome, Other projects include a DADHC funded project to develop two information kits for families regarding the Transition from Childhood to Teenage Years and The Transition From School to Adult Life (with the University of New England).

## Rehabilitation Studies Unit (RSU)

The RSU is a multi-disciplinary research and educational unit, established in 1992 by Royal Rehab and the University of Sydney. RSU is an academic unit of the Faculty of Medicine at the University of Sydney and their main focus is injury-related disability, especially severe disability after a motor vehicle accident. They are also funded by the Motor Accidents Authority of NSW (MAA).

Combining 25 years of clinical, research and teaching experience, most of it at Royal Rehab, Dr Harvey is a physiotherapist clinician and researcher with RSU and her work this year typifies the range of activities and research undertaken by the Unit.



Dr Lisa Harvey

### Providing Information

Publishing a book for students and junior physiotherapists with little or no experience in the area of spinal cord injury has proven to be an international best seller. Dr Harvey's *Management of Spinal Cord Injuries: A Guide for Physiotherapists*, has been translated into other languages and used by students and experienced clinicians.

Based on the International Classification of Functioning, the approach articulated in the book emphasises the importance of setting goals which are purposeful and meaningful to the patient and develops readers' problem-solving skills equipping them to manage all types of spinal cord injuries. Central to these skills is an understanding of how people with different patterns of paralysis perform motor tasks and the importance of different muscles for motor tasks.

The book and its content have supported a range of international work that Dr Harvey has been involved in. Information on research findings about the physiotherapy management of spinal cord injury and practical instruction has been delivered in a range of countries.

### Training in Developing Countries

This year two to five day workshops on the physiotherapy management of people with spinal cord injuries were run in:

- Raipur, India, organised by the College of Physiotherapy;
- Mangalore, India, organised by the Father Muller College of Physiotherapy;
- Durban, South Africa, organised by the International Spinal Cord Society and the World Health Organisation; and
- Hanoi, Vietnam, organised by Asian Spinal Cord Network and funded by Handicap International.

### Applying Research to Practice

Importantly, the work done by RSU and the other academic units at a local and international level, informs and directs the work of clinical staff at Royal Rehab. Dr Harvey in conjunction with Marsha Ben, a Senior Physiotherapist and Anne Thompson a Senior Occupational Therapist working in the spinal unit at Royal Rehab are undertaking research to determine the effectiveness of an intensive training program aimed at improving the ability of people with paraplegia to sit unsupported.

Most spinal cord injuries result in extensive trunk paralysis making it difficult for patients to sit unsupported. Sitting unsupported is an important skill because it enables patients to sit on the edge of a wheelchair, bed, toilet or commode. Without the ability to sit unsupported patients are unable to perform many different types of functional activities such as reaching into cupboards and dressing the upper body. The research will consider a range of training strategies and what therapists can do to assist a person achieve the best results.



## The Royal Rehabilitation College

The College is part of the Royal Rehabilitation Centre Sydney. Nationally registered through the NSW Vocational Education and Training Accreditation Board, the College offers both accredited health education courses and a yearly seminar program on topics of interest to allied health professionals and others.

### *How does the College differ from other health training institutions?*

We are one of the few organisations in NSW training people in the national priority area of allied health assistance through Certificate III and Certificate IV courses under the Australian Government's Health Training Package. In presenting both courses we take a flexible and supportive approach, taking account of both student and workplace needs.

The calibre of our staff also sets us apart from other institutions. All staff members combine extensive expertise in health care provision with tertiary qualifications in health education and training.

### *What are the accredited courses the College offers?*

The College offers two courses that qualify graduates to assist allied health professionals such as physiotherapists, occupational therapists, speech pathologists, dieticians and podiatrists.

These are:

- the Certificate III in Allied Health Assistance - graduates are qualified to work under the direct supervision of allied health professionals. They conduct therapeutic programs themselves only when an allied health professional is present
- the Certificate IV in Allied Health Assistance - graduates are qualified to conduct therapeutic programs under the guidance of allied health professionals but without their on-the-spot supervision.

### *What does accreditation mean?*

Accreditation by the NSW Vocational Education and Training Board is official recognition that a course is educationally sound and properly delivered according to national standards.

For graduates of our certificate courses, accreditation means that they gain a qualification recognised by employers, educational institutions and relevant industry associations throughout Australia as indicating specific skills and learning relevant to the workplace. For example, two of the compulsory units for the Certificate III are 'Assist with client movement' and 'Use basic medical terminology'.

- Completion of the nationally accredited Certificate III and Certificate IV courses will open opportunities to complete higher level qualifications at many vocational educational and training institutions across Australia.

### *How are student placements arranged?*

Usually students in a Certificate III or IV Allied Health Assistance course will be receiving on-the-job training in their workplace. Where workplace training does not support some of the required course learning, the Royal Rehabilitation Centre Sydney may organise a placement that will allow the student to learn new skills on the job.

The timing and nature of the placement will depend on the student's needs. There will be some form of assessment, such as observation, as part of the placement.

A student can take one or more of the compulsory or elective (student's choice) units in the Certificate III or Certificate IV courses. This will not lead to a qualification but may count later towards completion of a qualification in the same or a related course.

## The Royal Rehabilitation College *continued*

*What is a non-accredited course?*

Our professional development courses on topics relating to rehabilitation are not accredited through the NSW Vocational Education and Training Board. That means course participants do not gain a recognised qualification.

The courses, which range in length from half a day to several days, are advertised in a yearly professional development calendar. They are open to anyone who may be interested.

*What are the College's plans for the future?*

We know that the Australian Government sees vocational education and training for allied health assistants as a national priority due to the ageing of the population and the rise in chronic and complex diseases. In responding to identified needs we will continue to improve our existing courses and consider offering more specialised accredited courses within the health area, possibly at Diploma level. We will also look at expanding our range of non-accredited professional development courses.



**Sally King launching  
the Royal Rehab College**





## Human Research Ethics Committee

Our human research ethics committee is responsible for ensuring the scientific or applied worth of research projects, and considering the ethical implications of all research projects that involve our clients or staff. Their assessments are based on the requirements outlined in the National Statement on Ethical Conduct in Research Involving Humans (HMRC 1999 as amended).

The committee includes external community members who give their time voluntarily, and we thank these people for their contributions during 2006-07.

We provide support for the ongoing education and development of committee members, as well as in-kind support for staff undertaking research that is closely related to their area of practice at Royal Rehab.

The current members of the committee are:

Mr Fred Gooch – Chairperson (Community Member)

Mr Ian Miller – Lawyer (Community Member)

Mr Jim Evans – Layperson not association with Royal Rehab (Community Member)

Reverend Greg Burke – Minister of Religion (Community Member)

Professor Ian Cameron – Member with experience in research areas considered by the HREC.

Ms Sandra Lever – Member with knowledge of/ current experience in professional care.

Ms Audrey McCarry (from January 2007 - June 2008)

Member with knowledge of/ current experience in professional care.

Ms Elizabeth Drözl (from December 2006 - September 2007)

Member of Royal Rehab Executive (Executive Officer)

Ms Deborah Frith – (from September 2007-) Member of Royal Rehab Executive (Executive Officer. Ex Officio)

Ms Laraine Dixon – (from September 2007-) Research Governance Officer.

During the period 1/7/07 - 30/6/08 a total of 11 studies were given full approval and another has received conditional approval pending receipt of acceptance from a Lead Committee.

Of these, five have funding from various organisations:

In Working Order - An educational initiative for high school students  
– *Work Cover Grant & Retailers Association Funding – Amount no known.*

Measurement of strength in people with tetraplegia  
*PhD Scholarship, Uni Sydney (one researcher only) – Amount no known.*

Toward a fair support measurement.  
*ACE National Partnership – Amount not known*

Heads up on Helmets - *NSW Roads & Traffic Authority. – Amount no known.*

Electrical stimulation and strength training to improve quadriceps strength in people with incomplete spinal cord injuries - *NSW Spinal Cord Injury Grant – Amount not known.*

Four Site Specific Assessments were approved in the period, of which two were funded:

Upper limb international Botulinum Toxin-A survey - *Ipsen Pty. Ltd - \$170 per participant).*

Calibrating tests of PTA in patients with PTA less than 4 weeks - *NSW Lifetime Care Authority, \$103,335.*



*“We are subject to the Freedom  
of Information Act 1989 (FOI Act).  
In 2007- 08 we received 2  
applications under the FOI Act”.*



## WORKING IN PARTNERSHIP WITH AFFILIATED ORGANISATIONS

### Stroke Recovery Association of NSW

Based at Royal Rehab, the Stroke Recovery Association of NSW is a non-profit organisation that advocates for and provides a range of support and information services to people affected by Stroke and their families / carers. They are a strong member based organisation with over 1000 current members, 80% of whom attend a Stroke Recovery Clubs regularly.

The Stroke Recovery Association is a focal point for information about Stroke prevention and recovery. They provide services which include a 1300 telephone counselling line as well as easy to read information about stroke and the recovery process. With over 50 Stroke Recovery Clubs they have a strong network of support for survivors of Stroke throughout NSW.

As an organisation they are very active in working with NSW Health to influence policy to ensure that services for people affected by Stroke are maximised. They have a very strong commitment to Stroke Awareness and Prevention with a Strong media campaign during Stroke Awareness Week each September.

This past year has been particularly successful for the Association with the development of 8 new Stroke Recovery Clubs to add to their existing network of Clubs. However the highlight of the past year has been a very successful Stroke Awareness Week which included two conferences attracting over 200 participants in total and a launch of the new DVD "Roads to Recovery".

### YouthSafe

Youthsafe is an independent, not-for-profit organisation with a mission of "preventing serious injury in young people" aged 15 to 25 years.

While Royal Rehab focuses on the rehabilitation and community care end of the injury management continuum, Youthsafe represents the early part-working with young people, parents, educators, community professionals and other key decision makers to reduce the incidence and severity of injury. Youthsafe's programs and projects address areas where young people are at risk of injury, that is on the roads, in the workplace and in sport and recreation settings. Safe celebrating is a current priority given the higher incidence of injury that attends the misuse of alcohol.

A highlight this year was achievement of 3 years accreditation following external review by Quality Management Services. At the same time action plan

objectives were successfully fulfilled with Youthsafe presenters engaging nearly 10,000 secondary school students and extending that reach were educational resources, forums and newsletters.

New resources developed included a 'Youth events safety checklist', a parent fact sheet about teenage bicycle helmet use and a web page about safety issues affecting children making the transition into adolescence. Youthsafe worked with Workcover and the Australian Retailers Association during the year on young worker safety initiatives and also commenced rollout of Youthsafe's risk management program for sporting clubs called 'SafeClub'. Advocacy with key decision makers is an ongoing role for

Youthsafe and this included participation in the Staysafe Committee review on 'Young Driver Safety and Education'.







## Wheelchair Sports NSW

Wheelchair Sports NSW is based out of Royal Rehab. Supporting and conducting a wide range of wheelchair sporting events and programs for athletes of all ages and skill levels, in Sydney and across most of the state. Currently we cater for 14 different sports including; Athletics, Tennis, Basketball and Rugby.

Wheelchair Sports plays a pivotal role in developing the skills and experience of young people to become an elite sports person. The Paralympics this year saw many young athletes who had gained their confidence and skill through the facilitation of Wheelchair Sports NSW, compete successfully at this prestigious event.

Wheelchair Sports also engages in a range of events focussing on young people. For example the Youth and Road Trauma Forum sponsored by the NRMA to raise the awareness of road safety for more than 10,000 high school students. Primary school students were targeted at the Goulburn Schools Sports & Cultural Day, held every year in Goulburn and hosted by The Department of Education and Goulburn Mulwaree Council.



*“Royal Rehab provided a total of 14,032 occasions of service to people in need of rehabilitation through our outpatients and community in-reach services”.*





## CORPORATE GOVERNANCE

### Our Corporate Governance

Royal Rehab is both a publicly funded health care facility and a company limited by guarantee with an independent Board of Directors.

Our Board of Directors are responsible for the governance of the centre and are accountable for ensuring that agreed services are provided within the resources available. They bring to Royal Rehab a range of knowledge, experience and competencies in business, health, disability, research and academia. They act in accordance with the *Corporations Act 2001 and the Health Services Act 1997 (NSW)* and Regulations (2003).

The Board has a non-executive chairperson and up to ten non-executive directors. Directors are appointed and serve in a voluntary capacity, according to the by-laws of the organisation. There is no maximum term but, after three years, directors are subject to re-election at the annual general meeting. Each director signs a 'conflict of interests' declaration every year and discloses any potential conflicts at all board and sub-committee meetings.

The key functions of the board include:

- approving our goals, strategic plans and performance targets
- take an active role in providing "leads" to our development Manager.
- ensuring appropriate systems are in place to manage risk, optimise our business and clinical performance, and maintain high standards of ethical behaviour and legal compliance
- monitoring our performance and the quality, standards and safety of our services.

Our Chief Executive Officer (CEO) is responsible for managing the centre at a strategic and operational level. He is appointed by the Board as Company Secretary and is subject to annual performance reviews. The CEO attends all board meetings and recommends policy and strategic direction for board approval.

Our executive team works with the CEO to implement board policies and manage specific areas of our operations.

*"It has been an absolute privilege working at Royal Rehab and to have served with such dedicated professionals, whose standard of care and commitment has been simply inspirational and the most memorable aspect of my 21 year career in the health and disability sector".*

*Peter Williamson outgoing CEO*

### **Consumer participation and engagement**

There are two bodies that provide advice and comments to the Board and senior management of Royal Rehab on service delivery issues.

The Weemala residents and advocates committee is a long established group that meets regularly to discuss issues of concern to residents and family members of Weemala.

The Community Integration Program Client Advisory Council represents the residents of our community integration program. There are 69 clients living in the community that receive ongoing care and support from Royal Rehab community integration program.

### **Our accreditation and risk management**

The Australian Council on Healthcare Standards (ACHS) has continuously accredited Royal Rehab since 1992. The Centre is also accredited by the Australian Medical Council and the NSW Midwives & Nursing Registration Board for our rehabilitation medicine and nurse training programs and the Department of Ageing, Disability and Homecare.

The accreditation programs, in particular the ACHS evaluation and quality improvement or EQUiP standards set the framework for providing our clients with safe and high quality care and services. They provide an assurance that we meet industry best practice expectations.

In September 2006, the ACHS conducted a periodic review of our services. The review focused on the EQUiP 3 mandatory standards and our progress on the ACHS recommendations since their last organisation-wide review in 2004. We received three extensive achievement (EA) ratings in the areas of assessment, care planning and continuous improvement.

Our next accreditation review is scheduled for 2008-09.

### **Occupational health and safety**

Royal Rehab is committed to ensuring the health, safety and welfare of our staff and any other people who may be affected by our operations.

We perform regular environmental audits and risk assessments to promote safe work practices, minimise infection rates, and maintain an efficient response to hazard identification. Our environmental and waste management strategies include waste reduction, elimination, minimisation and recycling initiatives.





#### **ACKNOWLEDGMENTS**

The Board and Management of the Royal Rehabilitation Centre Sydney would like to thank the many staff, clients and family members who generously contributed to the preparation of this Annual Report. Special acknowledgment must go to all the clients who feature in photographs, letters and success stories. Thank you for sharing your achievements.

#### **EDITORIAL COMMITTEE**

Deborah Frith ~ Director Marketing & Business Development  
Mr Stephen Lowndes ~ CEO

#### **DESIGN**

Vince Edwell Art Services Pty Ltd

#### **OUR CONTACT DETAILS**

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Copies of this annual report are available by contacting us on 02 9807 1144 or can be downloaded from our web site.

# ROYAL

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