

BUNDABERG
HEALTH PROMOTIONS



ANNUAL REPORT

2020/2021

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EXECUTIVE CHAIRMAN'S REPORT

**Associate Professor Martin Strahan,
BHPL Executive Chairman**



Bundaberg Health Promotions Ltd (BHPL) is now in its 27th year of operation, 25 years since incorporation, and 9½ years since building and opening Branyan Clinic. The past year has seen continued growth and development.

There has been increased success in GP recruitment such that GP capacity will reach its planned full capacity of nine early next year. Consideration is now being given to extending hours of clinic operation and increased medical servicing of nursing homes which will require increased GP numbers.

We have purchased another residential unit at 4/10 Branyan Street (in addition to 2/10 Branyan Street) to support temporary staffing accommodation.

The Cardiac Rehabilitation Program (HeartStart) has been operational for 27 years and the Pulmonary Rehabilitation Program (LungSmart) for 8 years. Each of these programs provides a unique and excellent service and they continue to adapt and respond to increasing demands. Their intake of patients has doubled over the past 8 years.

A new development this year has been a commitment to develop a community housing project. The purpose of this is to contribute to the shortage of rental housing in Bundaberg and to provide a property investment portfolio to support BHPL. This will involve a borrowing of \$4M to purchase up to 18 houses. This project will develop over late 2021/early 2022.

Two new Board members were appointed to BHPL at our AGM in September 2020. Catherine Hackney is a lifetime resident of Bundaberg and the Director of Nursing and Executive Officer at Mater Private Hospital Bundaberg. Dr Scott Kitchener has a special interest in General Practice and Public Health and is the Executive Director of Medical Services for Wide Bay Hospital and Health Services.

BHPL is the beneficiary of voluntary Board members and dedicated staff who don't just talk about community health and chronic disease management – they actually make it happen.

ACADEMIC LEAD'S REPORT



ACADEMIC LEAD's Report: Professor Jenni Judd, Health Promotion CQUniversity, Bundaberg Health Promotions Limited (BHPL) and Widebay Hospital Health Services (WBHHS).

The BHPL Academic Lead position has been filled by Professor Jenni Judd of Central Queensland

University on a 20% FTE basis since October

in 2016. This position reflects a contribution by CQUniversity to BHPL in recognition of the partnership between CQU, and BHPL in the development of health promotion and research activity in Bundaberg. The contribution also reflects BHPL providing office accommodation for the academic health promotion unit that consists of a PhD student (CQU), and Master's student and Professor Judd. It is recognised that the proportionality of time commitment by the Academic Lead to BHPL activity is not confined by time or space and will be enmeshed with other health promotion and research activities. The original initiative of a partnership between Bundaberg Health Promotion Ltd, Central Queensland University and Wide Bay Hospital Health Services has since last year evolved into this partnership arrangement.

The purpose of this position has been to provide leadership and support to BHPL in fulfilling the objectives of the organization; to provide direction and support to the rehabilitation program managers, and the clinical practice manager and to participate as a member of the Branyan Clinic Executive Committee monthly meeting, the Clinical Rehabilitation Programs Advisory Committee, and the Bundaberg Health Promotions Board meetings as an ex officio member. During this time there has been opportunities to facilitate and build capacity

in the development of BHPL program evaluation, research, and reporting activities. I have acted in advocacy and membership of Bundaberg Headspace consortia and on the Bundaberg City Council Healthy Bundaberg initiative to expand the sphere of influence and activity of BHPL consistent with the objectives of BHPL. This has included bringing a health promotion and research focus to the Bundaberg Health Promotion Ltd, to increase our research outputs and to base our practice on best evidence.

I began this position in October 2016. In the past 10 months, we have held a strategic planning meeting (18th January) with staff and board members to revisit and refine our Aims and objectives. We participated in a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) and then identified some refined vision and objectives.

Our vision for BHPL is to assist in the promotion and improvement of health in the population of Bundaberg and its environs by supporting programs and initiatives which will benefit from the joint cooperative efforts of government and non-government services and health professionals in Bundaberg.

These objectives provide a foundation for us to plan and deliver our services to assist in the improvement of health for the people of Bundaberg. You will see from the various program reports that various programs within our services have started to expand. Alongside the programs that we facilitate: Heartstart, Lungsmart, GP Services; we have a variety of allied services such as Psychology, Hearing, Prosthetics, Medicolegal and Diabetes Education. We have a gym located on-site, a walking track (off-site) and assist in the facilitation of aqua aerobics as another physical activity option.

Objectives

1. As a regional leader in cardiac rehabilitation BHPL delivers effective chronic services, Lungsmart and Heartstart and related programs.
2. To promote the prevention of disease and illness in Bundaberg and its environs.
3. To promote and encourage an interdisciplinary approach to health promotion and disease prevention.
4. To initiate, facilitate and promote research in the interests of health promotion and disease prevention for the population of Bundaberg and its environs.
5. To develop, promote and encourage education in techniques, procedures and programs relating to the prevention of disease. (Targeted at GP's, Nurses, and allied health professionals)
6. To liaise and cooperate with any government or non-government organisation with interests in whole or in part like Bundaberg Health Promotions Ltd.
7. To provide a forum for the exchange of information on health promotion and prevention of disease.

In the last 6 months, we are now offering the My Health for Life program which is a behavioural change program funded by Queensland Health.

We have had a very successful 5 years of improvements and expansion in programs. I have particularly enjoyed working with Bundaberg Health Promotions Ltd. In that time I have published 55 peer reviewed journal articles; been successful in bringing over \$1.656M dollars in research grants, and completing 9 PhD's, and two Masters students. I want to thank BHPL for housing and supporting me. I wish the organization all the very best in the future and believe that my efforts have contributed

to their success. I want to congratulate staff and the organization for the innovative initiatives that have grown in the organization. As Elon Musk said: "If something is important enough, even if the odds are against you, you should still do it". Thanks for believing in this position. I look forward to watching BHPL grow!

Professor Jenni Judd
Academic Lead, Bundaberg Health Promotions Ltd

BRANYAN CLINIC REPORT



Gaye Cook, Branyan Clinic Practice Manager

In 2020 /2021 Branyan Clinic continued to add to our clinic team with additional new Doctors, providing stability with 2 full time doctors, 2 part-time doctors and 2 full time registrar doctors. This period also saw additional Allied Health team members and tenants joining our Multidisciplinary team. Our Nursing and Administration team continued to grow to support this increase in patient load.

Extension of the temporary MBS telehealth items by DOH has provided protection for patients and health care providers and ultimately the way patients are booked within the clinic. While this has decreased the Allied Health team gym patient numbers due to patient - area ratio, GP clinic patient consultation numbers continued to be in strong demand, along with large numbers of new patients seeking an appointment. Thankfully during the low risk periods for QLD residents, patients were able to continue to attend face to face consultations for essential Flu Vaccinations, dressings, etc and team members were also able to carry out workplace flu clinics.

The clinic continues its strong focus on providing a high level of quality care on a day-to-day basis by continuing to hold accreditation as a Registrar Training Post with JCU allowing continued placement of our GPT 1-2 and extended skills Registrar for the 2020/2021 period.

Our team continually works towards clinic reaccreditation through QPA. COVID restrictions during 2020/2021 has seen the renewal date moved to later in 2022. This accreditation will be under the RACGP guidelines and standards 5, our previous expiration date was 10th March 2022.

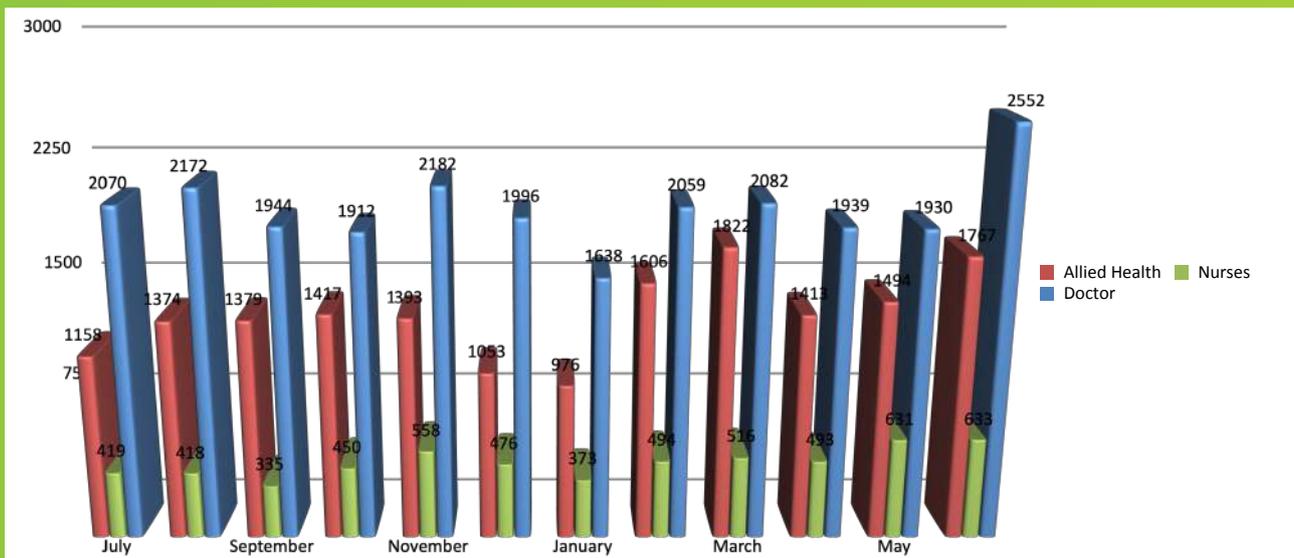
Teaching of students continued in 2020/2021 with Medical Students from UQ and JFPP, Nursing students from CQU, Allied Health Physio students and High School based Year 10 - 12 Students. The inclusion of students within our clinic provides both the students and clinical team with medical and social experience and allows the clinic to contribute to the personal and career development of the students and generates opportunities to share experiences and knowledge, gaining new perspectives, learning new skills and contributes to the future of the medical profession. The willingness shown by the members of our clinic team, allied health team, tenants within the clinic along with Friendly Society Pharmacy group, Hinkler Podiatry and Assoc. Prof. Martin Strahan supporting the integration of teaching and research within our education and health facility has been demonstrated by inclusion in interdisciplinary training and education programs held within the Branyan Clinic's modern and stylish facilities and offsite.

Clinic team members have continued with PD training Morgan Engstrom who completed her Medical Assist Training in 2020 has moved into a 2IC role and is currently completing a Diploma in Practice Leadership. Reception team members are encouraged to increase their qualifications with 1 team member attaining her Enrolled Nurse Certificate in 2021.

UK doctor - Dr Richard Bensa has continued as

Patients Seen at BGPSC 2020 - 2021												
	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Doctor	2070	2172	1944	1912	2182	1996	1638	2059	2082	1939	1930	2552
Allied Health	1158	1374	1379	1417	1393	1053	976	1606	1822	1413	1494	1767
Nurses	419	418	335	450	558	476	373	494	516	493	631	633

Total patients seen at BGPSC 2019



Clinical Educator filling a FullTime Permanent doctor role. Branyan Clinic was very pleased to have Permanent Doctor - Dr Els Joossens accept the Clinical Director role in April 2021 following resignation by Dr Huddy Fuller and his family moving to Brisbane. The GP team welcomed UK Doctor - Dr Shanna Bailey and Dr Adeel Khan into Permanent PartTime roles. January 2021 also saw a Full time GPT 1 -2 Registrar Doctor – Dr Morgan O’Brien join the clinic until January 2022. The increase in our GP team to 4.5 FullTime equivalent doctors has seen each doctor bring different skills and knowledge to our medical team, along with a strong commitment to supervision and education to Registrar Doctors and Medical Students. After 2.5yrs Registrar Dr Caressa Ligadu who held a Permanent Full-time role until July 2021, passed her final exams and has moved back to Brisbane with her family.

Our clinic staff continue to offer a full range of General Practice services including booked appointments and acute walk in presentations with an increasing emphasis on chronic disease management, skin care and preventative health care. The clinic continues to provide appointments to patients Monday – Friday from 8:00am – 5:00pm with the addition of visits to 3 Nursing Home care facilities.

Our doctors, allied health professionals and visiting specialists are supported by 5 part time nurses RN (4 FTE), 1 Enrolled Nurse and permanent MA, specialising in Chronic Care

Planning, HeartStart/Lungsmart COPD Cardiac and lung rehab, My Health 4 Life program, Move 4 Medicine, GLA:D Program and General Practice nursing.

Our clinic has the ability to treat patients with low risk acute presentations ie: wound care, minor skin procedures, Skin Cancer Care, Orthopaedic Medicine, Paediatric Medicine, Women’s Health, Men’s Health, Pre-Employment Medicals, Obesity treatment and Vaccination and Travel Medicine.

The clinic continues to operate as a multidisciplinary centre providing access to Psychology, Diabetes Education, Dietician, Physiotherapy, Musculoskeletal Physiotherapy, Exercise Physiology, Prosthetic and Orthotic solutions and Audiology. Branyan Clinic has a pre-eminent program developed in a private/public partnership with the WBHHS – Lungsmart and HeartStart Cardiac and Pulmonary Rehabilitation Program which has been in place for over 4 years and delivers a valuable service to our patients and those referred from BBH, Friendlies Private Hospital and local GP’s. Pathology services are provided within the clinic by S&N Pathology on Monday – Friday 9:00am – 12:00pm.

Due to the large demand Telehealth Videoconferencing equipment is now available in all consulting rooms and offices, Gyms, the Boardroom and the Conference Room and is utilised by specialists, patients and staff. This additional access has assisted by decreasing the need for patients to travel to Brisbane to attend specialist appointments. This resource is also utilised for staff and student training.



MY HEALTH FOR LIFE PROGRAM REPORT

Kaye Robinson, My Health for Life Program Manager

My Health for Life is a no-cost healthy lifestyle program based on a behaviour change model and adult learning principles and is a health alliance designed and managed by a group of non-government health organisations.

Goals of the program include:

- To effectively identify people at high risk of developing chronic disease, and to provide them with appropriate lifestyle modification interventions
- To increase health literacy and the capacity of program participants to adopt and maintain positive lifestyle changes to manage their risk factors
- To improve community awareness, knowledge and attitudes about chronic disease risk factors and how to make positive lifestyle changes

In January, 2021 the program was rewritten and Lucy Ashby and I completed the compulsory training. While our participants still attend 6 sessions over a six-month period, a seventh session has been added and is completed by the My Health for Life team via telephone consult. Participants have access to a My health for life portal that provides a maintenance program with topics provided via webinar. Extra support is also provided outside of the portal. Our facilitator manual, the participant workbook and lifestyle manual have been rewritten. Participants previously had a gap of 3 months between sessions 5 and 6 and now have a four-week gap between these sessions.

On 1st July, the program received funding for a further three years and there was an expansion of high-risk eligibility to include:

- Queensland adults over 18 years of age at high risk
- Queenslanders with a waist measurement of 102cm for males and 88cm for females

There was an increase in Provider Organisation payments with the payments continuing to be split over the six sessions, linked to attendance and evaluation data entry:



K Robinson, Wide Bay Hospital and Health Service – Consumer Partnership Group Representative

Session 1	\$120
Session 2	\$55
Session 3	\$55
Session 4	\$55
Session 5	\$55
Session 6	\$120
Total	\$460

Due to the effect of the pandemic, when we were unable to complete face to face sessions Lucy and I combined groups and Lucy facilitated via zoom. This did not prove successful and participants failed to complete the program. We resumed face to face sessions in 2021. This year, I have completed 3 groups and Jenni Vass has completed her facilitator training and is about to commence her first group in August.

The clinic has received \$7901.82 in remuneration up to the 31st July this year. There have been 128 recorded attendances at group sessions.

The past year presented various challenges, however the new program is an improvement and well received by the participants. I attended the Senior's Expo with a representative from the Stroke Foundation and this had a positive effect on participant

numbers and enabled me to facilitate two groups. Recruiting new participants has always been our main challenge. I am optimistic this year will see an increase in participant numbers.

K Robinson, Wide Bay Hospital and Health Service – Consumer Partnership Group Representative

I am a member of the WBHHS Consumer Partnership Group consisting of members from various organisations, community groups and the public that provide the WBHHS with advice, feedback and guidance to improve the patient journey. I am the only representative of the group representing the primary care sector. I believe this perspective is vital when we discuss the challenges consumers are facing accessing hospital services, their experiences during hospitalisation and post discharge.

We meet monthly and as the amount of agenda items that require discussion has increased, our meetings have been extended from 60 to 90 minutes. I appreciate the support of the Board in enabling me to hold this position.

MOVE4MEDICINE PROGRAM REPORT



Exercise Physiology

The most common conditions referred to Exercise Physiology in no particular order – osteoporosis, post gastric sleeve management, falls and prevention, lower back

pain. Please refer to Table 1 and Graph 1.

- 5% increase in Exercise Physiology referrals in FY June 2020-July 2021 despite COVID restrictions.
- Approximately 70% revenue increase for exercise physiology services from FY 2020-2021 compared to FY 2019-2020.
- Word of mouth of exercise physiology services a common conversation in consult.

Move4Medicine

The Move4Medicine program is designed and run by Accredited Exercise Physiologist/Exercise Scientist, Lucy Ashby.

The Move4Medicine program entry criterion has been amended. The program is open to any individual who has been formally diagnosed as 'pre-diabetic' or type 2 diabetic (HbA1c >6.5%) and deemed clinically stable/managed by their GP. Individuals that have two (2) or more risk factors for developing type 2 diabetes are also considered.

This program is designed as a 'kickstart' for patients that are on the contemplative-action stage of readiness to change.

Move4Medicine is approximately 45 minutes in duration and it is based on a modified 'high intensity interval training (HIIT)' structure. Basic/functional activities of daily living/

familiar movements with slight amendments each week are included – which can be easily transitioned to home. The program is aimed to promote exercise compliance among those with less of an interest towards exercise and assists in independent habit forming. The exercises are completed as a whole group, promoting team cohesion and support. Rating of perceived exertion is a large focus.

The Move4Medicine program acts as an ideal transition/maintenance routine for participants completing their Phase II HeartStart and/or LungSmart rehabilitation programs. An increase in referrals from these programs to the Move4Medicine program has been evident in this FY June 2020-July 2021.

COVID: Move4Medicine Ceased running from 23rd March 2020 until 23rd March 2021 impacting revenue.

Overview

- 50% completion rate of Move4Medicine program by participants in FY June 2020-July 2021. No makeup sessions due to waiting list.
- Noticeable increase in referrals from external clinics.
- Move4Medicine program structure has been amended to a four (4) week program, two (2) sessions for four (4) weeks instead of an eight (8) week program, one (1) time per week.
- Move4Medicine currently runs Tuesdays and Thursdays from 11:45-12:45pm. Due to COVID restrictions, participation numbers are capped at maximum eight (8) participants per round.

Future for the Move4Medicine program

- Inclusion of a Move4Medicine pool-based program which mirrors the on-land gym-based program.
- Objective assessments in the program will be further developed and post reviews



ESSA MEMBER

Type of Referral	Referrals/Participation (FY July 2019- June 2020)	Referrals/Participation (FY June 2020- July 2021)
Exercise Physiology (10953/Private/Tele)	245	258 (↑)
Exercise Physiology under Type 2 Diabetes care plan (81110)	25	30 (↑)
Group services for Move4Medicine Program (81115)	138	99 (↓)
Review for Move4Medicine (10953)	0	0 (↔)
Self-funding Move4Medicine	186	17 (↓)
<i>Total</i>	594	404 (↓)

Table 1 Comparison of referrals from FY July 2019-June 2020 vs. June 2020-July 2021.

will be encouraged and highlighted in patient initial assessments. Currently the assessments include two (2) minute step test, sit to stand test (30 secs), timed up and go test and an SF-36 QoL questionnaire. Modifications are made depending on patient presentation.

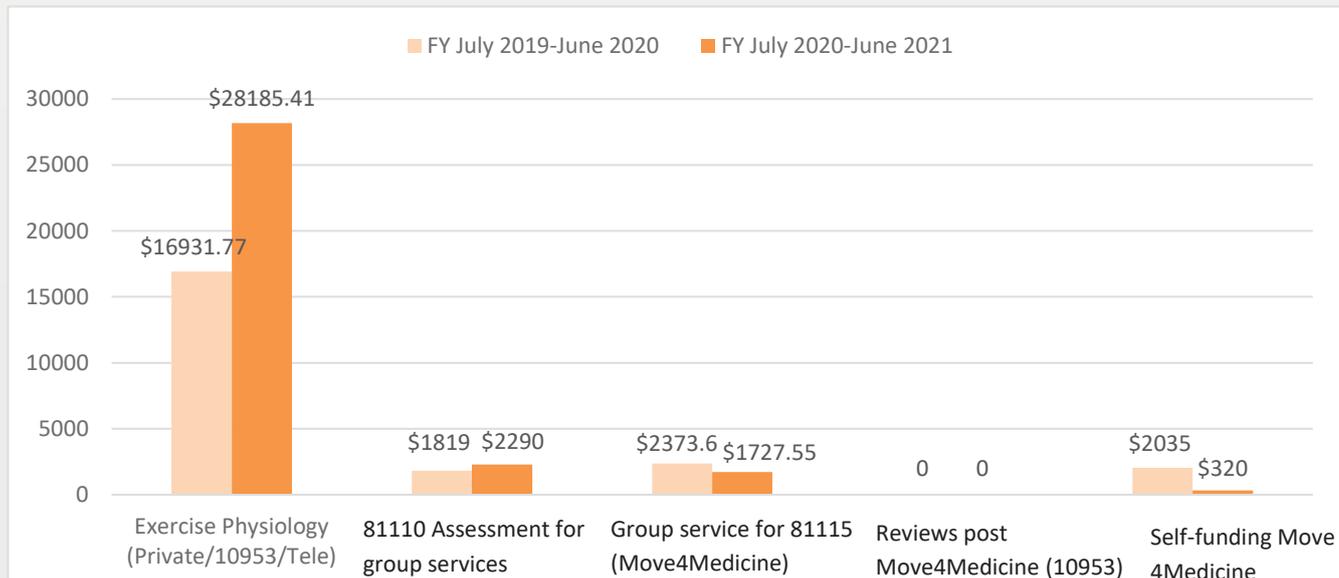
Future/Professional Development

- Lucy will be undergoing further study into diabetes and exercise. She has been accepted as the Accredited Exercise Physiologist for the new diabetes community program, SugarRight.
- Lucy is awaiting Tom Quinn Community Pool

approval for use for the SugarRight community program. She also plans to utilise the Walking Track and the Move4Medicine program as a transitional program after participants complete their SugarRight program.

- Lucy will continue to assist Dr Fionna Hadden in the ‘Exercise as Medicine’ tutorial to the UQ Rural Clinical School Medical students in Bundaberg as required.

Reported by Lucy Ashby
Accredited Exercise Physiologist and Accredited Exercise Scientist MCLinExPhys (Distinction), BExSci, ESSAM Full Member.



Graph 1 Comparison of revenue (\$) from FY July 2019-June 2020 vs. FY June 2020-July 2021.



HEARTSTART PROGRAM REPORT

CARDIAC REHABILITATION



HeartStart Cardiac Rehabilitation has now been in operation in Bundaberg for over 26years!

HeartStart provides Cardiac and Heart Failure Rehabilitation

in both Phase 2 (outpatient intensive exercise rehabilitation phase following ACS/intervention or diagnosis of cardiac or heart failure condition and Phase 3 (ongoing support for behaviour change and ongoing exercise programs following completion of Phase II programs).

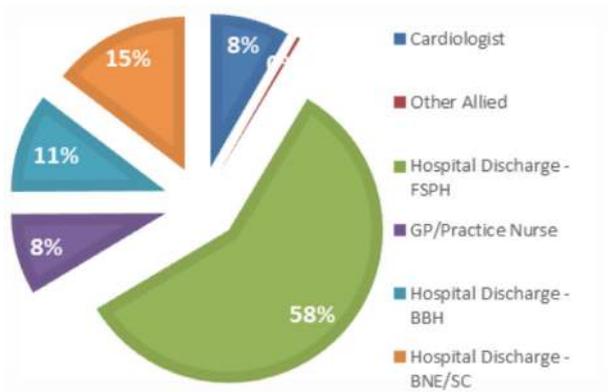
Jessica Heaslip who joined Bundaberg Health Promotions Ltd in January 2013 continues as the Program Director for the HeartStart Cardiac and Heart Failure Rehabilitation Programs. Jessica has a Bachelor's Degree in Human Movement Science and Exercise Science Accreditation with Exercise and Sports Science Australia (ESSA). Jessica has served as a state representative on the Executive Committee for Australian Cardiac Rehabilitation Association

(ACRA). In 2015 Jessica was asked to speak at the ACRA Qld State Conference, presenting on the success of the HeartStart Program being provided to patients in a community setting versus the traditional hospital setting.

HeartStart continues to deliver a comprehensive service providing exercise rehabilitation, risk factor education and modification, symptom management guidance and support for people with and/or at high risk of development cardiovascular disease. Our programs have a strong focus on goal setting for behaviour modification and provide a wide range of group based supervised exercise programs or individual tailored home-based exercise interventions.

Phase II exercise rehabilitation for cardiac and heart failure patients is funded by WBHHS and enables patients to attend an intensive and supportive 8-week/2 sessions per week face to face gym-based exercise program. Patients also have home-based exercise program options and are able to attend our water aerobics or walking track programs as additional exercise.





Lucy Ashby, Exercise Physiologist continues as one of our valued staff members whose role has been assisting in the delivery and supervision of our walking track, water aerobics and Phase II gym-based programs. Belinda Bull, Registered Nurse joined the team in January 2021 and has been completing all new patient initial triage assessment inclusive of education and symptom management support and assisting with supervision of gym-based exercise.

561 patients were referred to HeartStart Phase 2 Cardiac Rehabilitation in 2020-21.

107 patients were referred to the HeartStart Phase 2 Heart Failure Rehabilitation in 2020-21. This figure has more than doubled since 2016.

The programs major referral destination continues to be Friendlies Society Private Hospital CCU and Cath Lab which is operated under Genesis Care. The HeartStart programs continue to be well supported by local Cardiologists with Dr Hermann Wittmer continuing in his role as our Clinical Advisory Committee Chair overseeing clinical changes and direction of the programs.

HeartStart completes cohort evidence-based outcome measures for both Cardiac Rehabilitation and Heart Failure patients that complete their Phase 2 programs. This year over 315 cardiac patients have commenced formal exercise rehabilitation programs and a record 85 heart failure patients which is the highest total enrolment

numbers to date. Patient outcome measures for 6mwt capacity for patients in both programs continue to at or above minimal clinical important difference (MCID).

Heart Failure 6MWT distance average improvement = +39.15m (MCID +35-37m Tager 2014)



Cardiac 6MWT distance average improvement = +42.96m (MCID +25-27m Gremeaux 2011)

The Walking Track Program (4 sessions offered weekly) and Water Aerobics Programs (3 sessions offered weekly) continue to be provided as both Phase 2 and Phase 3 exercise options for patients. HeartStart and LungSmart have re-commenced the Phase 3 patient funded gym-based program for patients to transition into following completion of their Phase 2 rehab program. This program coordinated by our physiotherapist Jennifer Vass has been extremely popular with patients and most sessions are booked to full capacity despite limited capacity with COVID restrictions.

HeartStart Exercise Physiology will commence in FY 2021-22 with the aim to encourage further review of patients at 6-12month intervals following completion of Phase 2 exercise program to encourage exercise adherence and long-term outcomes. This private service will support patients and their medical practitioners with ongoing management of cardiovascular disease and regular exercise reviews.



The LungSmart program

commenced operation at Bundaberg Health Promotions in July 2013.

LungSmart delivers clinical programs that empower patients with chronic respiratory

disease to improve their quality of life, increase exercise capacity, and reduce morbidity and mortality. LungSmart assists patients to identify and set goals, to promote change and long-term adherence to health-enhancing behaviours.

LungSmart Physiotherapy offers individual cardio-respiratory physiotherapy consultation, including thorough assessment and standardised outcome measure assessment, followed by evidence-based therapies tailored to the patient. This service supports patients and their doctor/s to develop and regularly review a suitable management plan for controlling their symptoms of lung disease.

LungSmart Phase 2 Pulmonary Rehabilitation

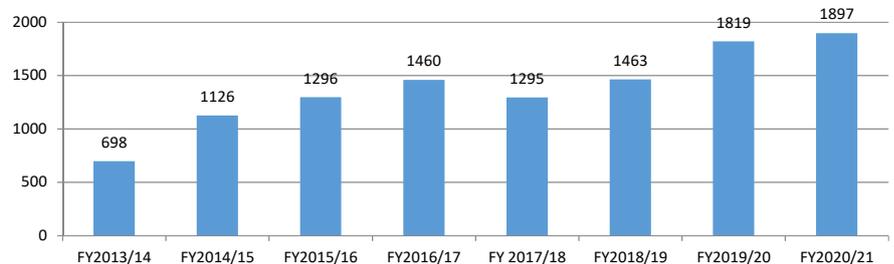
is group based and provides comprehensive treatment purposely tailored for people with chronic lung disease. This usually includes goal setting, supervised group exercise training twice weekly for eight weeks, patient education, and behaviour change strategies. Individualised exercise programs are developed and supervised by our physiotherapists. LungSmart offers multiple

timetables to attend standard (twice weekly for eight weeks) group pulmonary rehabilitation, and alternative program structures for those unable to enrol in standard pulmonary rehabilitation.

Pulmonary rehabilitation has been shown to reduce symptoms of breathlessness and fatigue, improve health-related quality of life (HRQoL), and reduce hospital readmissions after an exacerbation. Pulmonary rehabilitation is considered a key component of the management of people with COPD including Asthma COPD overlap. It is also recommended that people with Bronchiectasis or Interstitial lung disease undergo pulmonary rehabilitation.

On completion, patients are recommended

Physiotherapy - Occasions of Service



to continue an independent home exercise program or attend sessions at an appropriate supervised exercise program. In 2017, Bundaberg Health Promotions introduced **Phase 3 Gym Exercise** to complement the existing Track Walking and Water Exercise programs. This option is an ongoing health professional-supervised group exercise program, designed for people with stable chronic lung and/or cardiac conditions, who have completed a pulmonary or cardiac rehabilitation program within the past 12mths.

These classes provided a safe continuation of appropriately targeted gym exercise to maintain the gains obtained through rehabilitation, in addition to providing participants with a supportive social environment.

The COVID19 pandemic required our business to continually adapt our operations to adhere to the COVIDSafe advice. This allowed continued access to appropriate clinical services whilst keeping our patients, our staff, and our community safe. As a consequence of these business changes, Pulmonary Rehabilitation operated at a restricted capacity for FY 2020-21. Our Phase 3 Gym Exercise programs were permanently closed due to gym capacity restrictions, and were only restarted in a limited-capacity in 6/2021.

287 patients were referred to LungSmart Phase 2 Pulmonary Rehabilitation in FY 2020-21. LungSmart Physiotherapy received 285 referrals in FY 2020-21.

Our Pulmonary Rehabilitation program is highly efficient and clinically effective. In FY 2020-21, the program operated with no waiting list for entry, and achieved high uptake rate (84%), adherence rate (80%), and completion rate (71%).

	Outcome measure		Minimal clinical important difference (MCID)	MD (95% CI) McCarthy 2015 Cochrane Review
Exercise tolerance	6-minute walk test (6MWT)	+37.3m	+25-33m (Singh 2014)	+43.9 (32.6-55.2)
Health-related Quality of Life (CRQSAS)	Dyspnoea	+0.6	+0.5 (Guyatt 2001)	+0.79 (0.56-1.03)
	Fatigue	+0.5	+0.5 (Guyatt 2001)	+0.68 (0.45-0.92)
	Emotional function	+0.5	+0.5 (Guyatt 2001)	+0.56 (0.34-0.78)
	Mastery	+0.5	+0.5 (Guyatt 2001)	+0.71 (0.47-0.95)
Symptom impact	COPD Assessment Test (CAT)	-3.0	-2 (Jones 2011)	
Composite outcome	Updated BODE	-1.2		
Dyspnoea	mMRC	-0.5		

Cohort evidence based outcome measure data analysis for those patients primarily diagnosed with COPD who completed their recommended pulmonary rehabilitation program and attended re-assessment.

Mr Simon Halloran is the Program Director. Simon has a Bachelor's Degree in Physiotherapy graduating in 1997 from The University of Queensland. He is a member of the Australian Physiotherapy Association including the Cardiorespiratory & Sport and Exercise National Groups, and is a member of the Lung Foundation Australia Pulmonary Rehabilitation Network.

He is a co-author for the Australian and New Zealand Pulmonary Rehabilitation Guidelines published in *Respirology* in February 2017. These guidelines provide evidence-based recommendations for the practice of pulmonary rehabilitation specific to Australian and New Zealand healthcare contexts.

He was a contributing author and project officer for the 'Better Living with Chronic Obstructive Pulmonary Disease: A Patient Guide'. He continues to be a Content Reviewer, and the guide is now published in its Third Edition by Lung Foundation Australia.

¹ McCarthy B, Casey D, Devane D, Murphy K, Murphy E, Lacasse Y. Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane Database Syst Rev. 2015: CD003793.

² Puhan MA, GimenoSantos E, Cates CJ, Troosters T. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. Cochrane Database of Syst Rev. 2016(12) CD005305.

³ Yang IA, George J, McDonald CF, McDonald V, O'Brien M, Smith B, Zwar N, Dabscheck E. The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease 2021. Version 2.63, February 2021.

⁴ Alison, J.A., McKeough, Z.J., Johnston, K., McNamara, R.J., Spencer, L.M., Jenkins, S.C., Hill, C.J., McDonald, V.M., Frith, P., Cafarella, P., Brooke, M., Cameron-Tucker, H.L., Candy, S., Cecins, N., Chan, A.S.L., Dale, M., Dowman, L.M., Granger, C., Halloran, S., Jung, P., Lee, A., Leung, R., Matulik, T., Osadnik, C., Roberts, M., Walsh, J., Wootton, S., Holland, A.E. On behalf of the Lung Foundation Australia and the Thoracic Society of Australia and New Zealand (2017) Australian and New Zealand Pulmonary Rehabilitation Guidelines. *Respirology*, doi: 10.1111/resp.13025

SUMMARISED FINANCIAL REPORT

PROFIT & LOSS

Bundaberg Health Promotions Ltd

ABN: 72 071 910 631

Statement of Income and Expenditure for the year Ended 30 June 2021

	2021	2020
Income	\$	\$
Queensland Health Rehabilitation Contract	390,449	385,644
Donations to Gift Fund	418	1,062
Branyan Clinic Medical Fee Income	1,724,529	1,474,744
Branyan Clinic Allied Health Income	160,071	162,984
Branyan Clinic Medicare PIP/PNIP	167,284	171,440
Branyan Clinic Other Income	67,307	80,736
Branyan Clinic Tenant Income	279,694	247,252
Branyan Clinic Cwth Govt Recognition of Capital Funding	234,633	235,276
Bank Interest Received	76	451
Total Income	3,024,459	2,759,588
Expenses		
Branyan Clinic Staff Employment Costs	613,437	566,015
Depreciation Costs	178,496	143,205
Computer Expenses	48,180	39,642
Contract Medical Services and Agency Fees	1,158,152	921,323
Contract Travel & Accommodation	9,341	23,258
Council Rates	33,143	33,783
Electricity	12,450	13,582
Insurance	17,222	15,854
Medical Supplies	41,470	21,637
Repairs & Maintenance	51,607	25,020
Telephone	13,184	7,931
Other Costs	59,765	61,316
Units 2 & 4 / 10 Branyan Street	10,081	
HeartStart Employment Costs	252,762	225,095
HeartStart Other Costs	12,315	22,478
LungSmart Employment Costs	282,815	290,292
LungSmart Other Costs	13,051	21,951
Total Expenses	2,807,471	2,432,381
Net Profit	216,987	327,208

SUMMARISED FINANCIAL REPORT

BALANCE SHEET

Bundaberg Health Promotions Ltd

ABN: 72 071 910 631

Statement of Financial Position for the Year Ended 30 June 2021

	2021	2020
Assets		
Current Assets		
Cash and cash equivalents	407,369	223,892
Accounts receivable & other debtors	15,529	4,386
Other current assets	13,698	5,685
Total Current Assets	436,596	233,963
Non Current Assets		
Buildings at Cost	3,602,546	3,351,263
Buildings Accumulated Depreciation	(725,833)	(638,724)
Plant & Equipment at Cost	705,086	639,163
Plant & Equipment Accumulated Depreciation	(484,441)	(395,284)
Branyan Clinic Land at Cost	1,457,731	1,457,731
Branyan Clinic Land Improvements at Cost	291,008	291,008
Vehicle at Cost	17,845	17,845
Vehicle Accumulated Depreciation	(9,631)	(7,400)
Total Non-Current Assets	4,854,311	4,715,601
Total Assets	5,290,907	4,949,564
Liabilities		
Current Liabilities		
Accounts payable and other payables	873,233	490,852
Total Current Liabilities	873,233	490,852
Non Current Liabilities		
Accounts payable and other payables	2,374,806	2,632,831
Total Non Current Liabilities	2,374,806	2,632,831
Total Liabilities	3,248,039	3,123,683
Net Assets	2,042,868	1,825,881
Equity		
Retained Surplus	2,042,868	1,825,881
Total Equity	2,042,868	1,825,881

The complete Statutory Report is available upon request

AUDITOR'S REPORT

INDEPENDENT AUDITOR'S REPORT



To the Members of BUNDABERG HEALTH PROMOTIONS LTD

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Opinion

We have audited the financial report of Bundaberg Health Promotions Ltd (the Entity), which comprises the Statement of Financial Position as at 30/06/2021, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, and Notes to the Financial Statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the financial report of Bundaberg Health Promotions Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- a) giving a true and fair view of the registered entity's financial position as at 30/06/2021 and of its financial performance for the year then ended; and
- b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Entity in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Emphasis of Matter – Basis of Accounting and Restriction on Distribution

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Entity's financial report responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

DGZ
Chartered Accountants


Bradley V Grogan
Partner

4th August 2021

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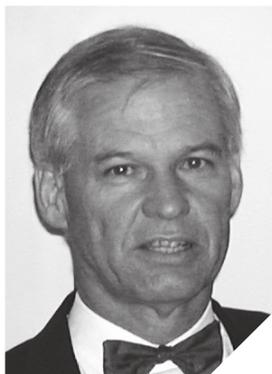
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Executive Director, Wide Bay Private Day Hospital
Chairman, Acorn Child Care Centres



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Certified Public Accountant
Executive Director/Licensee, Acorn Child Care Centres



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BUNDABERG HEALTH PROMOTIONS LTD
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Branyan Clinic is supported by financial assistance
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GP Super Clinics Program.



Australian Government
Department of Health