

BUNDABERG
HEALTH PROMOTIONS



ANNUAL **REPORT**

2019/2020

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EXECUTIVE CHAIRMAN'S REPORT

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

Bundaberg Health Promotions Ltd (BHPL) opened its new facility on Branyan Street in January 2012. Since then, there has been continued development of its rehabilitation programs and the Branyan Clinic. The past year has again recorded higher levels of clinical activity and financial performance.

Particular milestones in this period include . . .

- Extension of the existing solar system by the addition of another 26kW of solar panels to total 86kW and increasing the solar inverter capacity from 50 to 75kW.
- Replacing the existing 8 year old computer system with new servers, backup, workstations, monitors and software.
- Replacing and updating the telephone system.
- Purchase of trainee doctor accommodation – Unit 2 at 10 Branyan Street.
- Replacement of photocopier/scanner
- Recruitment of additional permanent medical staff

COVID-19 has made a moderate impact on activity levels during the latter part of the past year but BHPL failed to qualify for the Job Keeper subsidy scheme available to charitable organisations experiencing a downturn in income >15%.

During the year two of the Board members resigned after changes in their careers meant they no longer represented their members. Ivan Rasmussen has retired from the Mater Hospital Bundaberg as it restructures and Dr Margaret Young has left the Public Health Unit at Wide Bay Hospital and Health Service. Both of these Board members have made valuable contributions to BHPL and we wish them well in their future endeavours.

The staff of BHPL are dedicated to providing a high quality clinical service and their service is acknowledged.



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 is filled by Professor Jenni Judd of Central Queensland

University on a 20% FTE basis. This position reflects a contribution by

CQUniversity to BHPL in recognition of the tri-partnership relationship (CQU, WBHHS and BHPL) in the development of health promotion and research activity in Bundaberg. The contribution also reflects consideration for BHPL providing office accommodation for the academic health promotion unit. 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. I joined the Bundaberg Health Promotions Ltd staff in October, 2016 from an initiative that had been long in the pipeline: a partnership between Bundaberg Health Promotions Ltd, Central Queensland University and Widebay Hospital Health Services. I live upstairs next to the Widebay Public Health Unit and down the hallway from the new expanded Gym.

The purpose of my position is to provide leadership and support to BHPL in fulfilling the objectives of the organisation. 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 Council monthly meeting. As well I will facilitate and build capacity in the development of BHPL program evaluation, research and reporting activities. In this process, I will contribute to the financial resource development of BHPL, and I will undertake development initiatives to expand the sphere of

influence and activity of BHPL consistent with the objectives of BHPL. This will include bringing a health promotion and research focus to the Bundaberg Health Promotions Ltd, to increase our research outputs and to base our practice on best evidence. I also hold an ex-officio position as a secretary on the Board of BHPL.

Over the 2020 financial year there has been some changes in my position. Due to changes in management of the WBHHS I spend 5 days per fortnight over at the Research Education and Training hub, Bundaberg Hospital. I remain committed to Bundaberg Health Promotion Ltd and CQUniversity also remains committed to BHPL.

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.

Objectives:

- 1** As a regional leader in cardiac rehabilitation BHPL delivers effective chronic disease management through its GP services, Lungsmart and Heartsmart 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 similar to Bundaberg Health Promotions Ltd.
- 7 To provide a forum for the exchange of information on health promotion and prevention of disease.

These statements provide a foundation for us to plan and deliver our services to assist in the improvement of health for the people of Bundaberg. This year I have been involved in further initiatives with Bundaberg Council and the Healthy Bundaberg Initiative with an alliance of organisations that are committed to improving the Health of Bundabergians. You will see from the various program reports that our various programs within our services have started to expand. Alongside the programs that we facilitate: Heartsmart, 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. 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.

Alongside service provision, we plan to take a leading role in advocating for issues that will improve the health and well-being of the Bundaberg population. I think we have had a very successful year of improvements and expansion in programs, and some further work to conduct research and evaluation of our programs which will

lay the foundation for work in the next few years. I look forward to working with the BHPL team to improve our services and programs.

Outcomes this year also included an Honours student completing a thesis regarding our Lifestyle Exercise, Motivation and Habit in Cardiac and Pulmonary Exercise Rehabilitation

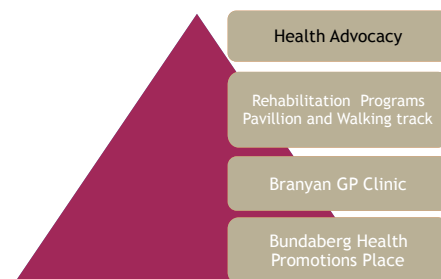
Patients Research project led by Kristy Lee Alfrey. Kristy has moved onto a PhD and we will have some papers coming out soon.

Conversations have continued with staff in terms of further study projects to build more research capacity in the group.

I continue to be involved in community initiatives: Bundaberg Headspace Consortium; PHN Clinical Council; the Healthy Bundaberg Alliance. I continue to publish papers (6) with a total of 72 papers now. I am involved in several research projects: NHMRC x 2, QCWA Evaluation of the Country Kitchens program; and 13 Higher Degree Research students. One PhD completion this year to date.

BHPL continues to be a lead community-based rehabilitation and health promotion organisation. I look forward to another strong year of research development

Professor Jenni Judd
Academic Lead, Bundaberg Health Promotions Ltd



BRANYAN CLINIC REPORT



Gaye Cook, Branyan Clinic Practice Manager

The 2019/2020 period saw Branyan Clinic continue to add to our clinic team with additional new Doctors to replace doctors who relocated to Brisbane and NSW, providing stability with

2 full time doctors and 2 part-time doctors. This period also saw additional Allied Health team members and tenants joining our Multidisciplinary team. Our Administration team continued to grow to support this increase in patient load.

January 2020 saw the onset of COVID 19 which, while decreasing the Allied Health team patient numbers, actually saw an increase in the GP clinic numbers due to the implemented MBS Telephone consultation item numbers and thankfully with the low risk to 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 3 – 4 Registrar for the 2019/2020 period.

Our team continually works towards clinic reaccreditation through QPA with renewal due in December 2021 under the RACGP guidelines and standards, as our current expiration date is 10th March 2022.

Teaching of students continued in the end of 2019 with Medical Students from UQ and JFPP, Nursing students from CQU, Allied Health Physio students, Tafe Admin Student and High School based Year 10 - 12 Students.

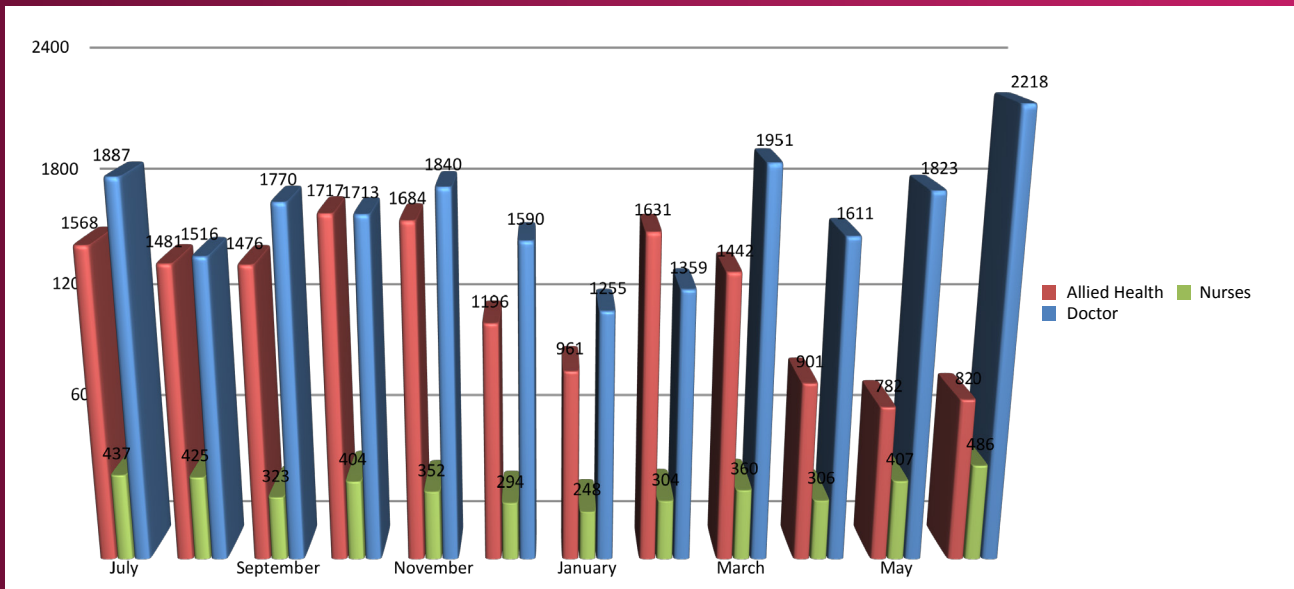
The inclusion of students within our clinic provides both the students and clinical team with medical and social experience and allows the clinic to contribute to the personal and career development of the students and generates opportunities to share experiences and knowledge, gaining new perspectives, 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 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.

Morgan Engstrom who has recently completed her Medical Assist Training has been nominated as a Vocational Student of the Year 2020 by UNE Partnerships. The Department of Employment, Small Business and Training has confirmed that Morgan has progressed to a finalist in the Queensland Training Awards, North Coast region. We look forward to the final decision and announcement on the 11th September 2020.

Branyan Clinic was very pleased to have Dr Nilesh D’Crus continue as a permanent full-time doctor until relocating to Brisbane at the end of December 2019. Dr Huddy Fuller then took over the Clinical Director role in February 2020. UK doctor - Dr

Patients Seen at BGPSG 2018 - 2019												
	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Doctor	1887	1516	1770	1713	1840	1590	1255	1359	1951	1611	1823	2218
Allied Health	1568	1481	1476	1717	1684	1196	961	1631	1442	901	782	820
Nurses	437	425	323	404	352	294	248	304	360	306	407	486

Total patients seen at BGPSG 2019



Richard Bensa has continued as Clinical Educator filling a Full Time Permanent doctor role. January 2020 sadly saw Dr David Lloyd return to NSW for family reasons and we welcomed Dr Els Joossens into the GP team in a Permanent Part Time role.

The increase in our GP team to 3.75 Full Time equivalent doctors has seen each member become important leading members of our medical team, who have a strong commitment to education by providing supervision and education to Registrar Doctors and Medical Students. Registrar Dr Caressa Ligadu continues in her Permanent Full time role until April 2021. This is due to COVID 19 restrictions moving exams back into the end of 2020 therefore extending her placement term.

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 operate doctor role being able to provide appointments for patients Monday – Friday from 8:15am – 5:00pm with the addition of visits to 3 Nursing Home care facilities.

Our doctors, allied health professionals and visiting specialists are supported by 4 part time nurses RN (3 FTE) and part time MA specialising in Chronic Care Planning, Mens, Womens and Childrens Health, including Immunisations, HeartStart/Lungsmart

COPD Cardiac and lung rehab, My Health 4 Life program and General Practice nursing. Our clinic has the ability to treat patients with low risk acute presentations ie: wound care, minor skin procedures.

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 3 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 with in the clinic by S&N Pathology on Monday – Friday 9:00am – 12:00pm.

A Telehealth Videoconferencing consulting room is utilised by specialists, staff and patients and has assisted by decreasing the need for patients to travel to Brisbane to attend specialist appointments. This resource is also utilised for staff training. Due to the large demand for this service we are looking to purchase an additional screen with camera/audio facilities and allocate a second consulting room to assist with booking demands.



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.

Participants attend 6 sessions over a 6 month period.

Goals of the program include:

- To effectively identify people at high risk of developing chronic disease, and to provide them with appropriate lifestyle modifications 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

This financial year, four groups had been completed prior to COVID-19. The two groups that were currently underway were merged and Lucy Ashby, Exercise Physiologist completed the program by videoconferencing. Branyan Clinic was eligible for a one off payment of \$660.00 upon completion of Session 5 to compensate for this extra workload.

Sessions are conducted on Tuesday and Wednesday mornings. Lucy Ashby, Exercise Physiologist facilitates the Tuesday morning groups.

The clinic has received \$12,396.00 in remuneration in the past financial year.

My Health for Life re-accreditation documentation has also been postponed and is not required until 2021. However, Lucy and I continue to participate in online training as facilitators. This training is extremely beneficial in broadening our knowledge and improves our motivational interviewing techniques. The goal is to offer facilitators a flexible choice of activities to meet individual development needs, align with facilitator core competencies and enable networking and shared learnings with other facilitators.

I enjoy facilitating the My Health for Life program and look forward to coordinating another group in the future now that we are able to conduct face to face sessions.



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

I am a current member of the consumer partnership group. The WBHHS contact for the group is Moya Zunker, WBHHS Manager Consumer and Community Engagement.

The WBHHS Consumer Partnership Group consists of members who will provide advice, feedback and guidance to improve the patient journey. Both consumers and representatives of various organisations form the Group. Members have resigned during the past year and we have gained new members.

Due to COVID-19 restrictions, meetings were conducted via Zoom and more recently Microsoft Teams. At each meeting we have a guest speaker from various areas of the Wide Bay Hospital and Health Service, which have proven to be informative and enjoyed by the partnership members.

The WBHHS has a Connecting with our communities and partners – Consumer and Community Engagement Strategy 2018 – 2021. The Strategy defines and guides how WBHHS will engage with its consumer and community and ensures that the consumers and communities of WBHHS have a say in what their

healthcare looks and feels like and that they are truly “improving health, together”

Consumer-centred care and consumer engagement are supported by the Australian Charter of Healthcare Rights, which acknowledges consumers have the right to have a say and be heard; to be engaged in the decisions about individual healthcare; and in policy development and service planning, implementation and evaluation.

I feel it is important that the primary health care sector is represented and Branyan Clinic is supportive in allowing me the time to attend the meetings. The clinic is also remunerated for this time by the WBHHS.

I have enjoyed working with the members of the Group and liaising with the WBHHS to improve healthcare outcomes for consumers and their families and intend to remain a member of the partnership group in the future.

MOVE4MEDICINE PROGRAM REPORT

The **Move4Medicine** program has been restructured to allow for specific exercise prescription for one chronic disease population group. An individual is eligible for entry into the program if they have been clinically diagnosed with Type 2 diabetes mellitus. Type 2 diabetes diagnosis guidelines include HbA1c of >7.0% and fasting blood glucose (FBG) of >7.0mmol/L (The Royal Australian College of General Practitioners and Diabetes Australia, 2020). These individuals must have been deemed to have 'clinically stable' T2DM and/or evidence of prior diabetes educator/dietician involvement.

This criterion enables these individuals to have a referral completed by their GP specific to their condition. This referral form is the 'group allied health services under Medicare for type 2 diabetes (81110/81115). This enables a patient to have a subsidised individual consultation/assessment with an allied health professional, in this case, Lucy Ashby (Accredited Exercise Physiologist) and eight (8) subsidised group sessions.

Move4Medicine prides itself on its contemporary exercise structure which is strongly supported by recent evidence. **Move4Medicine** is approximately 30-40 minutes in duration and it is based on a modified 'high intensity interval training (HIIT)' structure. The program aims to

- To teach participants how to manage their diabetes during exercise/current regulations in a non-threatening environment.
- To promote the importance of a multidisciplinary approach to type 2 diabetes care to patients.

- To promote exercise compliance.
- To teach and allow patients to learn SMART goal setting strategies.
- To assist patients in independent habit forming/lifestyle modification.
- To increase patient understanding of their chronic disease and management strategies.
- To promote increase in patient self-efficacy and self-confidence.
- Promoting Australia's Physical Activity and Sedentary Behaviour guidelines (Department of Health, 2019)
- To decrease overall Hba1C levels over time.

Due to COVID-19, **Move4Medicine** ceased running from March 2020.

This has allowed time for re-formatting of the current program structure. Kinetic Link Training will become the primary exercise intervention, Lucy has recently become a Level 2 Kinetic Link Training coach. To fulfil current social distancing guidelines, there is a limit of six (6) participants per group.

Move4Medicine will run on Tuesday and Thursday afternoons at 1:45pm.



The introduction of a self-reporting diary and encouragement for patients to engage in physical activity out of these sessions will occur.

The **Move4Medicine** program acts as an ideal transition/maintenance routine for participants completing their Phase II HeartStart program and diagnosed with Type 2 Diabetes.

Overview

- Exercise Physiology throughout this time period has created \$8929.90 revenue for the Branyan Clinic.
- Lucy was involved in a zoom tutorial session 'Exercise as Medicine' with Dr Fiona Hadden on May 6th during the heightened COVID-19 period.
- The **Move4Medicine** program throughout this financial year has created \$6553.80 revenue for the Branyan Clinic.
- **Move4Medicine** currently has nine (9) potential participants awaiting initial consultations (as on 31/07/2020). One (1) participant has been assessed and is awaiting program re-commencement.
- The program plans to re-open mid-September 2020 and will be modified to a home exercise structure if required (COVID-19).

Future

- Lucy will be designing referral forms outlining specifics for ease of use and referral for GP's/Nurses.
- Lucy will aim to engage participants of the Move4Medicine program into the Cornish Walking Track.

- Lucy will continue to assist Dr Fiona Hadden in the 'Exercise as Medicine' tutorial to the UQ Rural Clinical School Medical students in Bundaberg twice (2) per year.

Future for the **Move4Medicine** program

- Physiological measures of patient improvement will be emphasised during the Move4Medicine program. This will include encouraging GP's and patients to report their Hba1c levels AFTER engaging in the Move4Medicine program.
- Objective assessments in the program will be further developed and eight (8) weeks post reviews will be promoted. Currently the assessments include a six (6) minute walk test, sit to stand test (30 secs) and an SF-36 QoL questionnaire.
- Trial of a graded exercise test will be completed in 2020 to potentially supersede the six (6) minute walk test.

Reported by Lucy Ashby

Accredited Exercise Physiologist and Accredited Exercise Scientist MClInExPhys (Distinction), BExSci, ESSAM Full Member.

References

The Royal Australian College of General Practitioners and Diabetes Australia 2020. (2020). Management of type 2 diabetes: A handbook for general practice.' 2020.



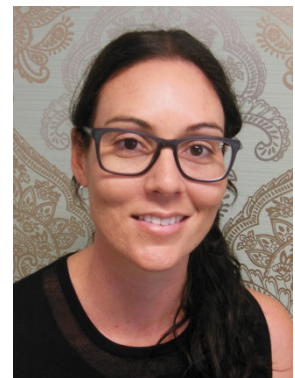
HEARTSTART PROGRAM REPORT

CARDIAC REHABILITATION

HeartStart Cardiac and Heart Failure Rehabilitation is a comprehensive service providing exercise rehabilitation, risk factor modification, symptom management guidance and support for people with and/or at high risk of development cardiovascular disease. This includes cardiovascular risk factor assessment and goal setting for modification, a variety of group supervised exercise programs or home based exercise physiology programs provided.

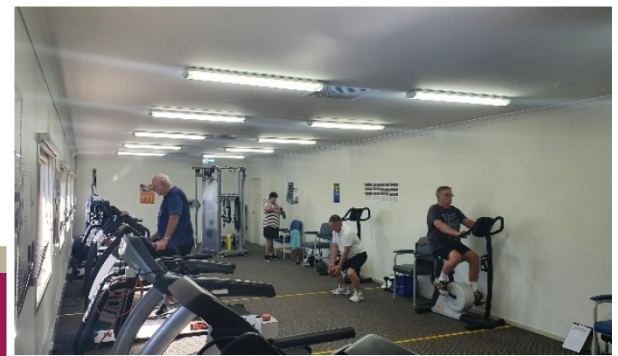
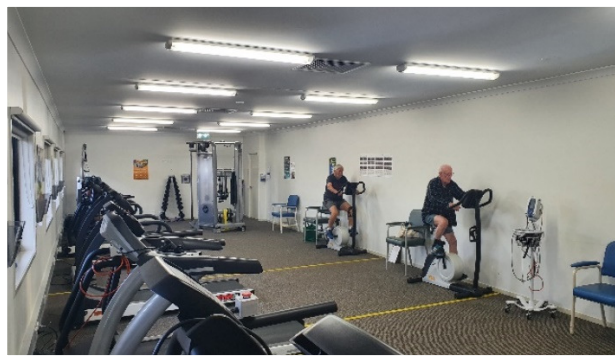
Phase II exercise rehabilitation consists of an 8-week face to face program which includes 2 sessions per week, patients may also choose a home-based exercise plan option or to attend our water aerobics or walking track programs where appropriate. An education session for patients is provided monthly which covers cardiac health medications, risk factors, behaviour change and exercise for cardiac conditions.

Jessica Heaslip who joined Bundaberg Health Promotions Ltd in 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.



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. Ruth Grills, Registered Nurse joined the team in early 2020 aiding in the new patient triage and initial assessment of referred patients.

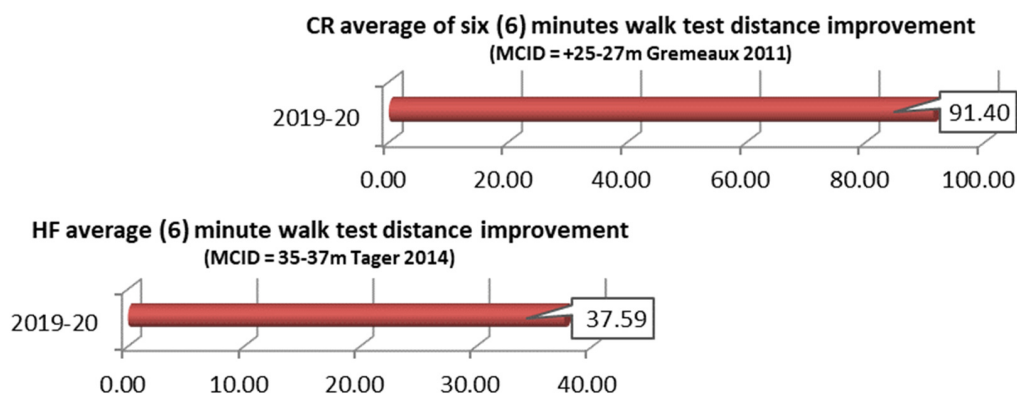
The HeartStart Program adjusted services through March to June when the COVID-19 pandemic swept into Australia. Patients were provided a tele-rehab service as all face to face consultations were suspended. Patients were assessed, provided risk factor behaviour modification advice and exercise assessments/programming over the phone and utilising Physitrak systems for home-based exercise delivery. Face to Face consultations, the walking track program and Phase II gym-based exercise sessions were commenced again in a reduced capacity to meet regulations for social distancing and exercise on June 15th 2020.



Annual period 2019-20 the HeartStart Program continues to receive a high referral intake with 628 total referrals for Cardiac Rehabilitation. This annual count only slightly reduced from last financial year despite the reduction in referrals during the third quarter due to the COVID-19 outbreak. The programs major

referral destination continues to be Friendlies Society Private Hospital Coronary Care Unit 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. The heart failure service received 81 referrals for the period 2019-20 which was an increase again on last financial year.

HeartStart collates cohort evidence-based outcome measures for both Cardiac Rehabilitation and Heart Failure patients who complete their face to face or home-based exercise rehabilitation program. This year over 300 cardiac patients have commenced formal exercise rehabilitation programs and 66 heart failure patients which is the highest enrolment numbers to date within the formal aspect of the programs. Patient outcome measures for 6mwt capacity for patients in both programs continue to be above minimal clinical important difference (MCID).



The Walking Track Program and Water Aerobics Programs continue to be offered as both Phase II and Phase III exercise options for patients. The Water Aerobics Program will again re-start in spring of 2020 following its closure during COVID-19. A major project was completed this financial year at the Walking Track. An investment of \$10, 872 dollars was contributed from BHPL’s donation fund to install an irrigation system at the track to assist in maintaining the grounds during the dry season/s.



HeartStart and LungSmart continued to offer a patient funded maintenance gym-based program for patients to transition into following completion of their rehab program which was commenced last financial year but ceased due to COVID restrictions. This program coordinated by our physiotherapist Jennifer Vass has been extremely popular with patients and most sessions booked to full capacity.



Simon Halloran, LungSMART Program Manager

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.

Mr Simon Halloran is the Program Director. Simon has a Bachelor's Degree in Physiotherapy graduating in 1997 from The University of Queensland.



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

Member

He is a member of the Australian Physiotherapy Association including the Cardiorespiratory & Sport and Exercise National Groups, and is a state representative for Queensland on the Lung Foundation Australia Pulmonary Rehabilitation Network.

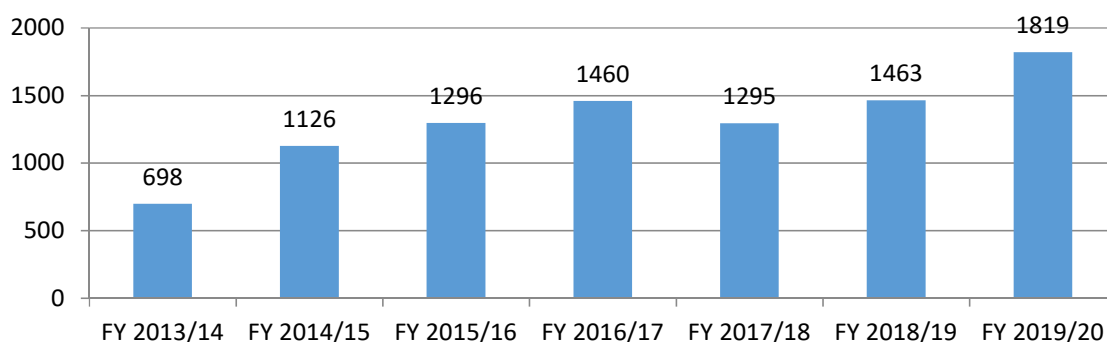
He is a co-author for the Australian and New Zealand Pulmonary Rehabilitation Guidelines published in *Respirology* in February 2017¹. These guidelines provide evidence-based recommendations for the practice of pulmonary rehabilitation specific to Australian and New Zealand healthcare contexts.

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.



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

Physiotherapy - Occasions of Service



¹ 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

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.

In 2017, LungSmart (in conjunction with HeartStart) introduced Phase 3 Gym Exercise which 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 provide a safe continuation of appropriately targeted exercise to maintain the gains obtained through rehabilitation, in addition to providing participants with a supportive social environment.

For patient convenience, our Phase 2 programs are operated with a 'Rolling-start program structure' and multiple available timetable structures. A total of 10 pulmonary rehabilitation groups are available each week, as well as at least 8 Phase 3 Gym groups.

Our programs are highly efficient with no waiting list for entry, high participation/uptake rates (75%), adherence rates (77%), and completion rates (72%).

339 patients were referred to LungSmart Phase 2 Pulmonary Rehabilitation in FY 2019-20.

Pulmonary Rehabilitation provided to individuals with chronic respiratory disease has demonstrated clinical improvements in symptoms, exercise tolerance, and quality of life.²³

LungSmart has completed 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:

	Outcome measure	FY19-20	FY18-19	FY17-18	FY16-17	FY15-16	FY14-15	Minimal clinical important difference (MCID)	MD (95% CI) McCarthy 2015 - Cochrane Review
Exercise tolerance	6MWT	+26m	+35m	+40m	+43m	+38m	+40m	+ 25-33m Singh 2014	+43.9 (32.6-55.2)
	Dyspnoea	+0.5	+0.7	+0.5	+0.7	+0.8	+0.5	+ 0.5 Guyatt 2001	+0.79 (0.56-1.03)
Quality of life (CRQAS)	Fatigue	+0.5	+0.8	+0.5	+0.5	+0.9	+0.6	+0.5	+0.68 (0.45-0.92)
	Emotional function	+0.3	+0.6	+0.5	+0.7	+0.7	+0.5	+0.5	+0.56 (0.34-0.78)
	Mastery	+0.3	+0.7	+0.6	+0.7	+0.9	+0.7	+0.5	+0.71 (0.47-0.95)
	COPD Assessment Test (CAT)	-2.7	-4.2	-3.5	-3.2	-2.5	-2.4	- 2 Jones 2011	
Symptom impact	Updated BODE	-1.0	-1.2	-1.3	-1.1	-1.5	-1.2		
Composite outcome	mMRC	-0.3	-0.5	-0.4	-0.5	-0.5	-0.5		
Dyspnoea									

² Spruit MA et al; ATS/ERS Pulmonary Rehabilitation Writing Committee. An Official American Thoracic Society/European Respiratory Society Statement: Key Concepts and Advances in Pulmonary Rehabilitation. *Am J Respir Crit Care Med* 2013;188:e13-e64.

³ McCarthy B, Casey D, Devane D, Murphy K, Murphy E, Lacasse Y. Pulmonary rehabilitation for chronic obstructive pulmonary disease. *Cochrane Database of Systematic Reviews* 2015, Issues 2. Art. No.: CD003793. DOI: 10.1002/14651858.CD003793.pub3.

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 2020

	2020	2019
Income	\$	\$
Queensland Health Rehabilitation Contract	385,644	381,676
Donations to Gift Fund	1,062	726
Branyan Clinic Medical Fee Income	1,474,744	1,309,879
Branyan Clinic Allied Health Income	162,984	182,707
Branyan Clinic Medicare PIP/PNIP	171,440	142,607
Branyan Clinic Other Income	80,736	35,911
Branyan Clinic Tenant Income	247,252	255,779
Branyan Clinic Cwth Govt Recognition of Capital Funding	235,276	234,633
Bank Interest Received	451	715
Total Income	2,759,588	2,544,633
Expenses		
Branyan Clinic Staff Employment Costs	566,015	497,849
Depreciation Costs	143,205	127,470
Computer Expenses	39,642	31,723
Contract Medical Services and Agency Fees	915,357	897,043
Contract Travel & Accommodation	23,258	25,768
Clinical Administration Fees	5,966	17,166
Council Rates	33,783	30,675
Electricity	13,582	25,306
Insurance	15,854	22,100
Medical Supplies	21,637	20,335
Repairs & Maintenance	25,020	23,613
Telephone	7,931	13,671
Other Costs	61,316	49,492
HeartStart Employment Costs	225,095	218,375
HeartStart Other Costs	22,478	12,985
LungSmart Employment Costs	290,292	244,585
LungSmart Consumables	16,351	20,631
LungSmart Other Costs	5,600	6,072
Total Expenses	2,432,380	2,284,858
Net Profit	327,208	259,775

SUMMARISED FINANCIAL REPORT

BALANCE SHEET

Bundaberg Health Promotions Ltd

ABN: 72 071 910 631

Statement of Financial Position for the Year Ended 30 June 2020

	2020	2019
Assets		
Current Assets		
Cash and cash equivalents	223,892	210,275
Accounts receivable & other debtors	4,386	3,064
Other current assets	5,685	6,088
Total Current Assets	233,963	219,427
Non Current Assets		
Buildings at Cost	3,351,263	3,140,722
Buildings Accumulated Depreciation	(638,724)	(555,791)
Plant & Equipment at Cost	639,163	528,557
Plant & Equipment Accumulated Depreciation	(395,284)	(348,142)
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	(7,400)	(5,170)
Total Non-Current Assets	4,715,601	4,526,759
Total Assets	4,949,564	4,746,186
Liabilities		
Current Liabilities		
Accounts payable and other payables	490,852	453,723
Total Current Liabilities	490,852	453,723
Non Current Liabilities		
Accounts payable and other payables	2,632,831	2,793,791
Total Non Current Liabilities	2,632,831	2,793,791
Total Liabilities	3,123,683	3,247,514
Net Assets	1,825,881	1,498,672
Equity		
Retained Surplus	1,825,881	1,498,672
Total Equity	1,825,881	1,498,672

The complete Statutory Report is available upon request

AUDITOR'S REPORT

INDEPENDENT AUDITOR'S REPORT



To the Members of BUNDABERG HEALTH PROMOTIONS LTD

Opinion

We have audited the financial report of Bundaberg Health Promotions Ltd (the Entity), which comprises the Statement of Financial Position as at 30/06/2020, 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:

- giving a true and fair view of the registered entity's financial position as at 30/06/2020 and of its financial performance for the year then ended; and
- 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

30th July 2020

24 Barolin Street
BUNDABERG QLD 4670

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2019 - 2020 BOARD MEMBERS



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A/Prof Martin Strahan

MB BS DrPH FRACP FRCP FAFPHM FACPM

Consultant Physician/Public Health Physician

Associate Professor of Medicine, University of Queensland School of Medicine

Director, Bundaberg Specialist Centre

Chairman, Acorn Child Care Centres



SECRETARY-TREASURER

Mr Doug Burns

BA FCPA GAICD

Certified Public Accountant

Executive Director/
Licensee, Acorn Child
Care Centres



VICE-CHAIRMAN

Dr Denise Powell

MB BS FRACGP FASBP, G.Dip Hum Nut, G.Dip Fam Med, M.Fam Med

General Practitioner

Practice Principal, Millbank Medical Practice

VMO Breast Physician, Wide Bay Breast Screening Service

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Kath Thompson

BPsych (Hons), JP (Qual)

General Manager Operations

CQWBSC Primary Health Network



Ivan Rasmussen

MBA

Executive Officer

Mater Misericordiae Hospital, Bundaberg



Dr Margaret Young

MB BS FAFPHM, FRACGP

Public Health Physician

Director, Public Health Unit, Wide Bay Hospital & Health Service



Prof Anthony Schneiders

PhD, MSc, PGDipManipTh, PGCertTerTch, DipPhty

Head of Department | Exercise & Health Sciences Central Queensland University



Stuart Bonnett

Dip Hum Res Dip Bus Man

Senior Manager of Business Development Friendly Society Private Hospital

BUNDABERG HEALTH PROMOTIONS LTD
M E M B E R S



Branyan Clinic is supported by financial assistance
from the Australian Government under the
GP Super Clinics Program.



Australian Government
Department of Health