

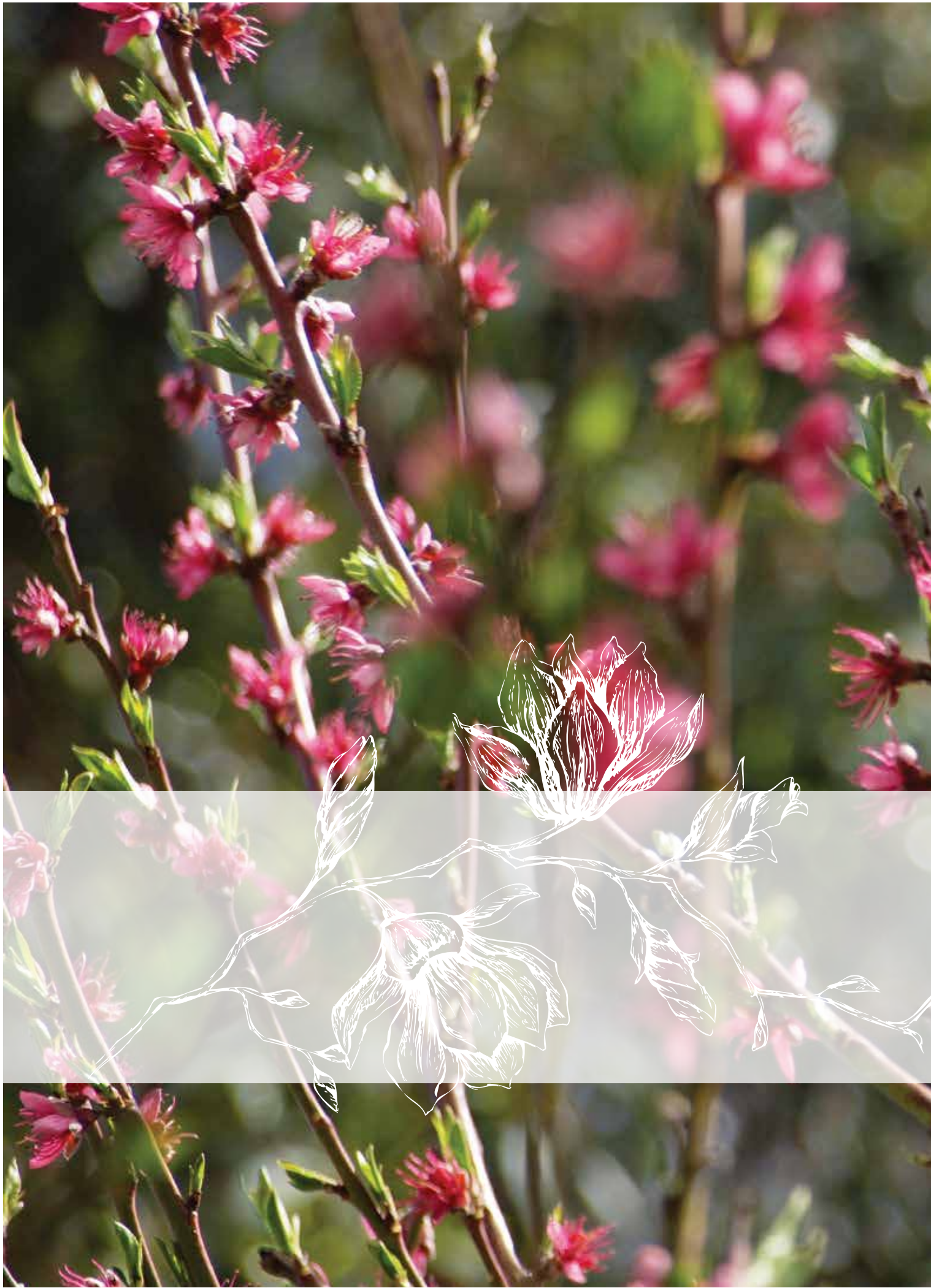


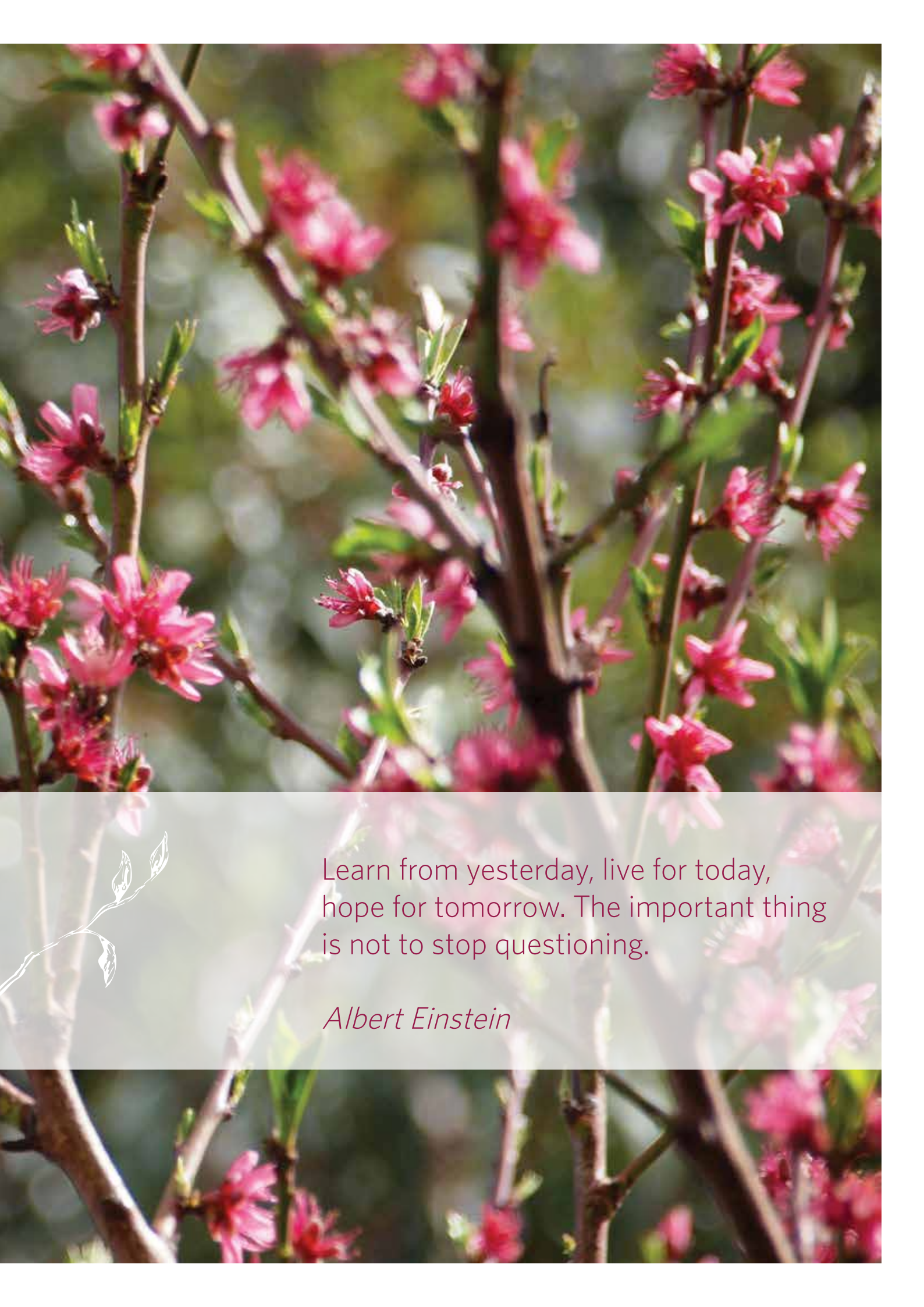
The Impact of Giving

THE FUTURE OF CHILDREN'S HEALTH IS IN OUR HANDS

A YEAR IN REVIEW 2011 / 2012







Learn from yesterday, live for today,
hope for tomorrow. The important thing
is not to stop questioning.

Albert Einstein

The Royal Children's Hospital Foundation

For more information about The Royal Children's Hospital Foundation and its fundraising activities, please contact:

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JOIN THE CONVERSATION ONLINE

facebook.com/royalchildrenshospitalfoundation
twitter.com/rch_foundation

THE ROYAL CHILDREN'S HOSPITAL AUXILIARIES

The Auxiliaries are community groups established across Victoria to raise funds for the hospital.

P +61 (0) 3 9345 6491
rchfoundation.org.au/auxiliaries
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GOOD FRIDAY APPEAL

The Good Friday Appeal is the hospital's largest single donor, contributing more than \$242 million since 1931.

P + 61 (0) 3 9292 1166
goodfridayappeal@heraldsun.com.au
goodfridayappeal.com.au

RCH1000

RCH1000 is a unique annual membership group raising funds for research at the hospital.

P + 61 (0) 3 9345 4507
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CHILDREN'S HOSPITALS FOUNDATIONS AUSTRALIA (CHFA)

Our national fundraising partner, Children's Hospital Foundations Australia, is a support partnership of five children's hospitals across Australia, all dedicated to excellence in children's health.

P +61 (0) 2 9382 1188
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A background image of pink cherry blossoms on dark brown branches, with some leaves visible. The image is split vertically, with the left half being slightly more blurred than the right half.

VISION

We are the Foundation for the hospital's future – supporting The Royal Children's Hospital's ability to lead the way.

MISSION

We raise money to enable The Royal Children's Hospital to provide the best care for its patients and their families. We enable the hospital and its campus partners to pioneer research and new treatments, and to provide world-class leadership and state-of-the-art equipment.

VALUES

We show integrity in all our interactions, being moral, ethical, honest, transparent and trustworthy.

We display humility, being modest, not self-important; confident in dealing with others.

We show gratitude and appreciation for the efforts of our donors and our colleagues.

We are compassionate, showing empathy in our dealings with each individual.

We are inclusive and respectful. We show loyalty and understanding.

The results of these values translates into action. We are known for delivery on our commitments.

Funding Excellence Only

All funds donated to The Royal Children's Hospital Foundation (the Foundation) are set aside and preserved for the purpose of medical excellence. The generosity of the community bridges the gap between government funding and the world-class standard of health care the hospital provides.

The projects, initiatives and activities funded by donated money creates outcomes that are above and beyond The Royal Children's Hospital's (RCH) normal day-to-day activities. They ensure the highest standard of care and ongoing improvements in paediatric health care outcomes for all children.

The hospital is recognised as one of the best children's hospitals in the world. 142 years of community support have contributed to this, and on a daily basis, donated funds help maintain this exceptional standard of care.

The Foundation does not fund items or projects that are considered standard operating costs; those that the state government would normally fund in a public hospital like the RCH.

Supporting a Collaborative Campus

The Foundation supports The Royal Children's Hospital, and also its campus partners, Murdoch Childrens Research Institute and The University of Melbourne Department of Paediatrics.

The collaboration of the partners creates a world-class children's hospital campus incorporating clinical care, research and teaching; sharing a commitment to improving the health outcomes for children today and in the future.

The campus fulfils its purpose by being a major contributor to the creation of knowledge for disease prevention and treatment, by educating health professionals and the community, and by applying the knowledge clinically and through appropriate population interventions. This environment attracts and retains the most talented and highly motivated staff to give effect to the vision.

The Foundation helps the campus partners to fulfil this vision by supporting projects and initiatives that fall within our four key areas of priority (page 8-9) across these three organisations.

Donated Funds Directly Benefit Children

The Foundation receives no government funding and is entirely dependent on the generosity of the community through donations, community funding and corporate partnerships. The Foundation is a lean organisation, running a low-cost administration model.

Supporters and donors can be assured that their donation goes directly towards funding projects and initiatives that would otherwise not be possible, and ensure the highest standards of paediatric health care.

Our Funding Priorities

Donations to The Royal Children's Hospital Foundation (the Foundation) support four key areas, in line with the hospital's priorities:

RESEARCH

Discover cures, transform the future

The Foundation has a strong commitment to research, and works closely with The Royal Children's Hospital (RCH) and its research partner Murdoch Childrens Research Institute to ensure the campus is the premier site for paediatric research in Victoria, and an international leader in tackling some of the world's biggest child health issues.

The Foundation supports many research projects each year, giving the campus the time and resources needed to explore health challenges in children and adolescents. This includes a comprehensive research agenda that seeks treatments and cures for diseases that threaten the lives of millions of children across the globe.

It has been proven time and time again that investing in research today saves lives in the future. With the help of our community, we prioritise research with a view to a world where we can treat and prevent conditions that affect children's health.

Read more about research on pages 34, 37 and 62.

TECHNOLOGY & EQUIPMENT

Improve lives using the most advanced tools

Access to the most advanced technology provides a myriad of benefits, and improves the patient experience.

The Foundation supports the purchase of life-changing and life-saving equipment to ensure the RCH can provide the very best health care to patients.

Advanced technology and equipment give medical staff invaluable assistance and a more accurate picture of the patient's health issues, and can reduce the number of procedures and/or anaesthetics a child may need. Access to more detailed medical information can decrease the length of stay in hospital for some patients, prevent the need for surgery in some cases, or, when it is necessary, increase the chances of success.

Technology plays an important role in the RCH's vision. The most advanced medical equipment comes with a substantial price tag, but the lives it saves are priceless.

Read more about technology and equipment on pages 32, 44 and 50.

A large, stylized pink floral illustration, possibly a gerbera, is positioned on the left side of the page, partially overlapping the text area.

LEADERSHIP & TRAINING

Invest in the best people, the brightest minds

The Foundation provides funding for academic leadership, education programs, scholarships, fellowships and the fostering of academic excellence for staff and future generations of health care professionals. This ensures the RCH maintains its place as Australia's leading children's hospital, and that patients benefit from the best and brightest medical minds.

Supporting and developing leadership and innovation in paediatric health care has immediate impacts for both patients and staff. Prioritising education and training at the RCH ensures excellent clinical care, and provides learning opportunities and knowledge transfer amongst and beyond the highly skilled staff of more than 4,000.

Excellent education programs attract bright trainees and the best clinicians from around Australia and internationally, while also improving retention of staff and the standard of clinical care at the RCH for our young patients.

The Foundation funds leadership roles at The University of Melbourne Department of Paediatrics, allowing for an integrated approach to teaching and learning on the RCH campus, with an emphasis on supporting innovation.

Read more about leadership and training on pages 48, 52 and 55.

PATIENT & FAMILY CENTRED CARE

Collaborate with families and health care providers

The Foundation supports the hospital's philosophy of using and developing innovative models of patient and family centred care. The aim is to ensure that patients receive the best care possible and that their families are recognised as instrumental in this process, and included each step of the way.

The RCH's patient and family centred approach means a strong emphasis on a mutually beneficial partnership between health care providers, patients and their families. Woven through all aspects of care at the hospital, the approach is vital in assisting patients and families to cope with what can be a stressful time when visiting hospital.

Patient and family centred programs and initiatives directly enhance the RCH's excellent standard of care. They are a true reflection of community-driven philanthropy because these programs have tangible positive impacts and improve the patient and family experience every day.

There are numerous patient and family centred programs that would not exist if not funded through the Foundation by community support, for example, Comfort Kids, the hospital's pain management program.

Read more about patient and family centred care on pages 28, 37 and 52.



A message from the Chairman

On behalf of the Board of The Royal Children's Hospital Foundation, may I sincerely thank the hospital's many supporters who have once again made this an extremely successful year.

I have had the honour to take up the role of Chairman of the Foundation from 1 July 2012 and to make my first report to you, our important supporters.

I would like to pay tribute to retiring Chairman, Julian Clarke. Julian had been on the board since 1995 and Chairman since 2008. In that time, he had presided over significant growth in fundraising revenues, increasing support by the Foundation of The Royal Children's Hospital (RCH) and an increasingly professional management. Having served on the Board during that time I can clearly state that his was truly a mammoth contribution, not only in time committed, but in the dedication that it takes to lead a diverse supporter base, in a complex environment. He leaves behind a strong, well-managed Foundation and for that we are all indebted.

The support of the people of Victoria remains strong even in these challenging times. In 2011/2012 we benefitted from a record Good Friday Appeal, which totalled in excess of \$15 million and strong fundraising activities across all sectors of the community; be they Auxiliaries, clubs, individuals or committees who work with the Foundation on an ongoing basis. We were blessed with growth in bequests made to the hospital, showing that the support for the hospital goes back generations and lives on today.

This level of support is truly humbling and I thank each and every group or individual who seeks to make a difference to the future of children's health in this way.

In the first year of operation of the new RCH, I am pleased to advise that the Foundation directed more funds than ever towards to the hospital's needs. In

excess of \$28 million was distributed towards the purchase of much-needed equipment, to funding research projects, clinical leadership positions and all-important initiatives that focus on improving the patient and family experience. The Foundation funds the hospital's priorities in these areas, in order to improve the lives of the children, and to create the excellence that makes the RCH truly a great children's hospital.

I would take this opportunity to thank all the board members for their continued support and efforts. In addition to Julian Clarke's retirement, Geoff Henke AO and Dr Hugo Gold retired from the Board and I would thank them also for their long and dedicated support. I thank Sue Hunt and all her staff who work tirelessly in support of our fundraisers and donors; and whose love for and dedication to engaging all supporters is a credit to all concerned.

I look forward to the opportunity to build on the Foundation's strong base and to further its role in raising funds to benefit the sick children under the care of the RCH.

I hope you enjoy reading our Impact of Giving report, to learn more about the work of the Foundation and its supporters; to understand how the hospital achieves excellence in health care and to see the difference that your support makes to the health and well-being of our most important asset, our children.

Peter Yates AM
Chairman
The Royal Children's Hospital Foundation



"The support for the hospital . . . is truly humbling and I thank each and every group or individual who seeks to make a difference to the future of children's health in this way."



“Funds donated by the people of Victoria are used to make the biggest impact; both for the hospital, but equally for the future of children’s health.”



A message from the Executive Director



As I reflect on the year that was, I am struck by two equally important things. On the one hand just how many supporters, donors and fundraisers I have had the opportunity to get to know and on the other, just what a difference their hard work can make.

The support that the people give to The Royal Children's Hospital is unmatched in Australia. It starts at a grass roots level, and extends all the way to major philanthropists and corporate partners. It can be driven by personal experience. It can be driven by wanting to ensure that the hospital is always there when we need it. It can be driven by the desire to make transformational change in the care and treatment of children now and into the future.

The people of Victoria put their trust in The Royal Children's Hospital to improve children's health and to ensure the delivery of world-class health outcomes, through exceptional care, research and education. People donate according to their means, whether in dollars - large and small - or with their time, which is in support of funds being raised.

The significant support shown by Victorians for the hospital brings with it a great responsibility. The Royal Children's Hospital Foundation has stewardship of our donors and custodianship of these funds. It has a significant responsibility to ensure that these funds - the funds donated by the people of Victoria are used to make the biggest impact; both for the hospital, but equally the biggest impact on the future of children's health.

The Foundation takes this responsibility very seriously. At every opportunity we seek to thank those who support the hospital. We strive to ensure that the funds will make that difference that donors expect. We support the hospital as it joins with its campus partners, The University of Melbourne Department of Paediatrics and Murdoch Childrens Research Institute to build a world-class facility for treatment, education and research.

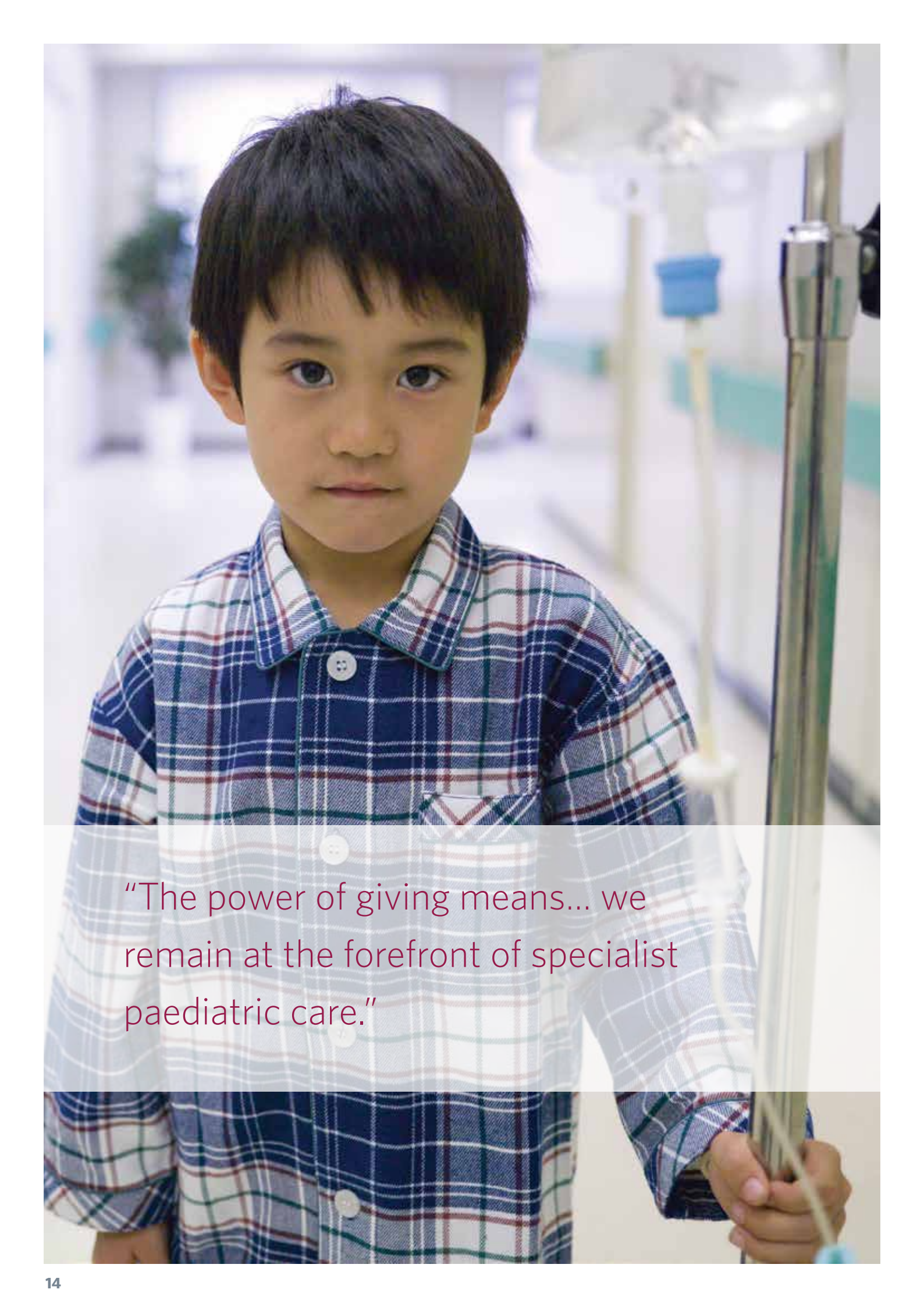
This Impact of Giving report tries to capture the importance of our donors and the impact that their funds make. It is an impossible task, of course, as the size and scale of both goes beyond words and pictures. But this is a small snapshot, to give readers a flavour of the amazing fundraising efforts of our donor community, and the improvements that have been made throughout the past year at the hospital.

By sharing these stories we seek to engage even more people in this important work. It is work that will never be finished, while there are sick children and disease; while there is a need to research and develop new generations of practitioners.

So I would like to thank every contributor this year and every year. Each and every donor can be assured that your support is appreciated and supported and every dollar makes a difference. Thank you also to the wonderful staff of the Foundation, who commit themselves to supporting those donors. Thank you to the staff of The Royal Children's Hospital who work with us to make the connections so vitally needed and who meet with donors and support their efforts.

Finally, thank you to you. If you are reading this report, you are either already a committed supporter, or we are talking to you about becoming one. I hope that you will recognise the important work the Foundation does in support of the future of children's health and that you will continue to support the work of our world-class hospital.

Sue Hunt
Executive Director
The Royal Children's Hospital Foundation

A young boy with dark hair and a serious expression is looking directly at the camera. He is wearing a blue and white plaid shirt. The background is a blurred hospital room with medical equipment, including an IV stand and a drip chamber. A semi-transparent text box is overlaid on the lower half of the image.

"The power of giving means... we remain at the forefront of specialist paediatric care."

A message from the CEO of the RCH



The past year has been one of the most exciting and challenging periods in the long and proud history of The Royal Children's Hospital. It has been a time of change and transition as we bid farewell to the site we occupied for more than 48 years and moved into our new, world-class facility.

While we have undergone significant transformation, the extraordinary support of our community has remained unwavering.

With the move successfully behind us, we are committed to realising the potential of the new RCH to continue delivering the very best care to children. Giving is vital to achieving this.

As the specialist paediatric tertiary hospital in Victoria we see the most complex patients from across the state and, indeed, the country. Working with our campus partners, Murdoch Childrens Research Institute and The University of Melbourne, Department of Paediatrics, we are united in our goal to improve the health outcomes for children today and in the future.

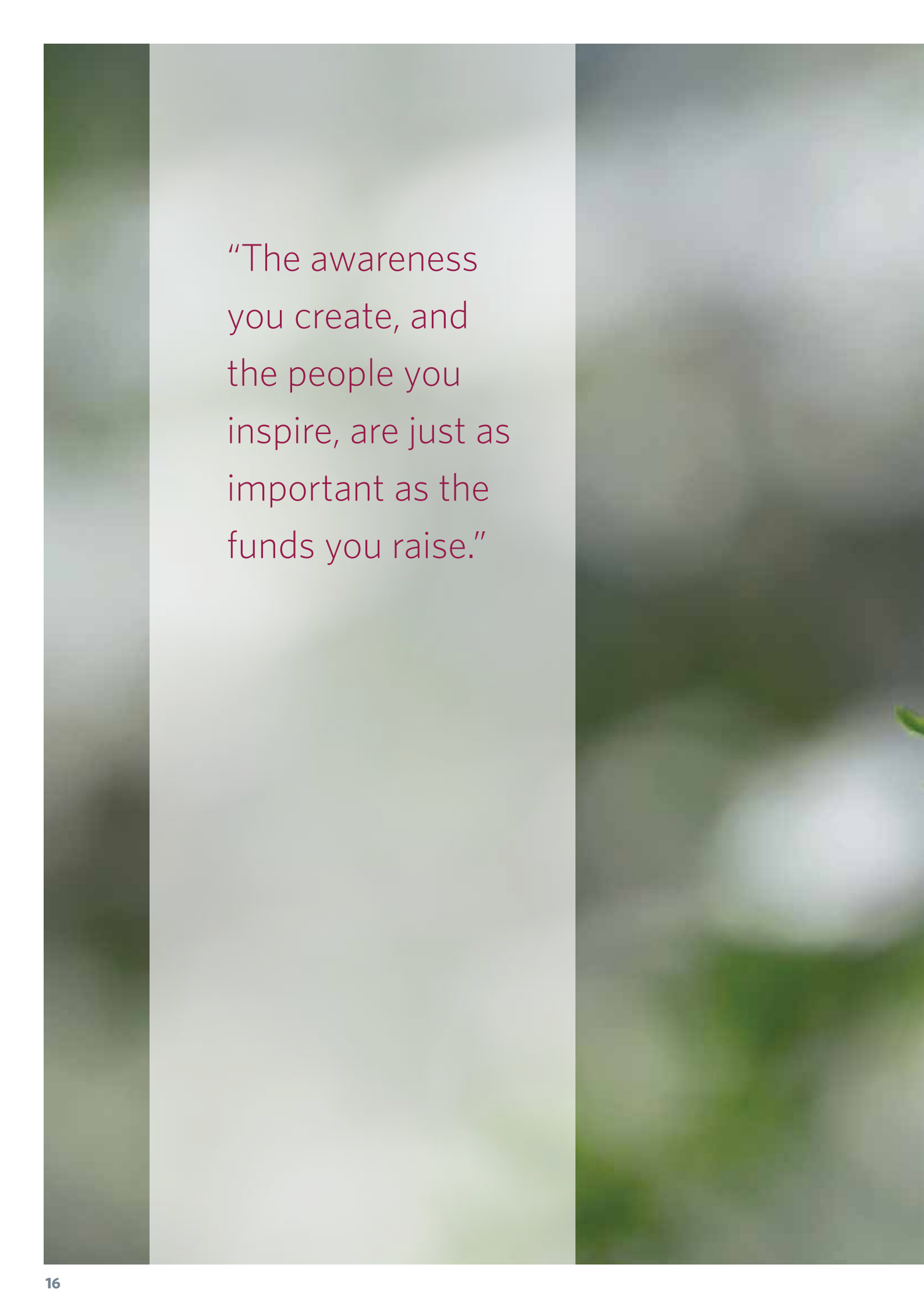
The power of giving means we can adopt new technologies sooner, purchase state-of-the-art equipment, initiate ground breaking research and provide staff with more opportunities to develop their unique skills. With this support, we remain at the forefront of specialist paediatric care.

Thanks to the fundraising efforts of the Good Friday Appeal and all of our donors over the past year, more than \$11 million has purchased specialist equipment, \$4.5 million funded new research projects with our campus partner Murdoch Childrens Research Institute and we invested over \$11 million in our most precious resource, our staff.

Donor support helps us continually adapt and respond to the ever changing health care needs of children and I sincerely thank The Royal Children's Hospital Foundation, and all those who give to our great hospital, for your outstanding contributions.

Professor Christine Kilpatrick
Chief Executive Officer
The Royal Children's Hospital





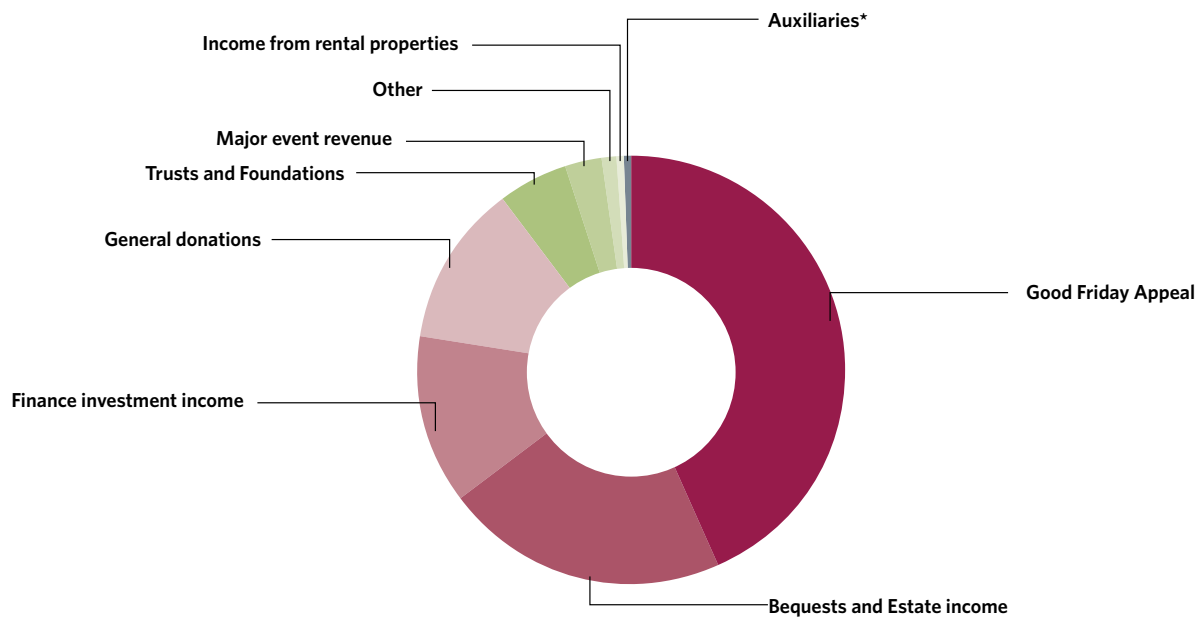
“The awareness
you create, and
the people you
inspire, are just as
important as the
funds you raise.”



Foundation Income

2011 / 2012

	2012 (\$)	2012 (%)
Good Friday Appeal	15,820,641	43.4%
Bequests and Estate income	7,835,187	21.5%
Finance investment income	4,624,158	12.7%
General donations	4,439,294	12.2%
Trusts and Foundations	1,883,605	5.2%
Major event revenue	1,093,341	3.0%
Other	329,523	0.9%
Income from rental properties	288,516	0.8%
Auxiliaries*	115,805	0.3%
TOTALS	\$36,430,070	100%

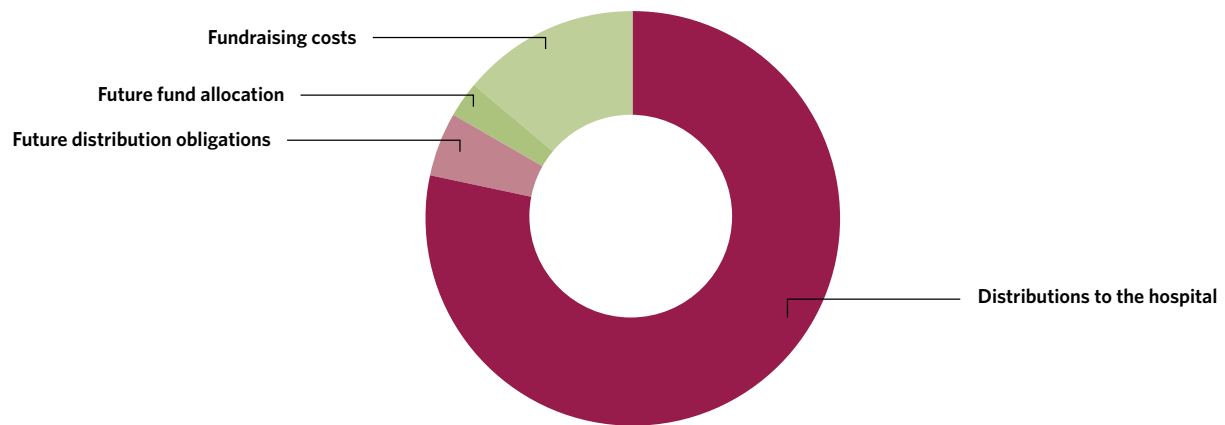


* In 2011/2012 Auxiliaries raised \$1,511,072 of which \$1,395,267 was included in the GFA total. The balance represents amounts collected towards the 2013 appeal.

Distribution of income

	2012 (\$)	2012 (%)
Distributions to the hospital	28,630,520	78.6%
Future distribution obligations	1,780,982	4.9%
Future Fund allocation	1,041,434	2.9%
Fundraising costs	4,977,134	13.6%

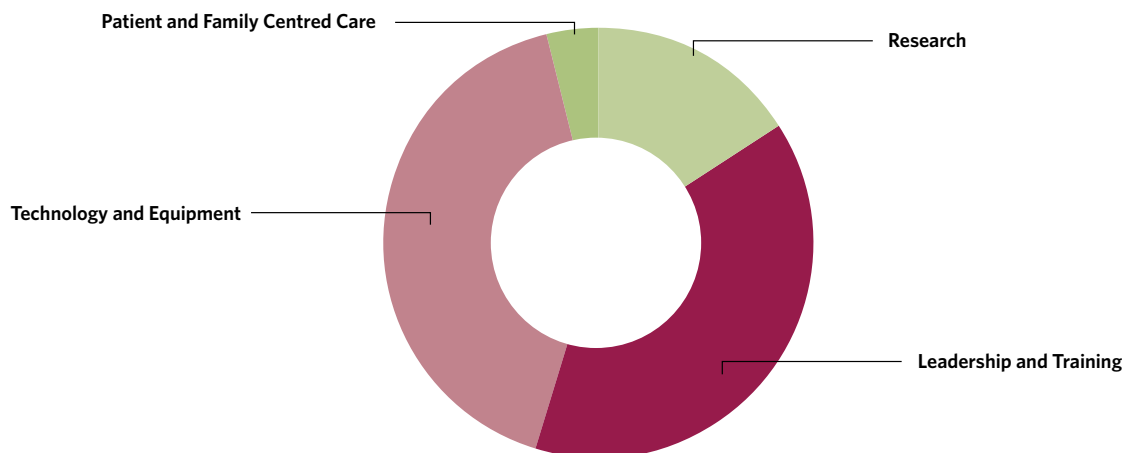
TOTALS **\$36,430,070** **100%**



How funds were spent

	2012 (\$)	2012 (%)
Research	4,602,373	16.1%
Leadership and Training	11,117,636	38.8%
Technology and Equipment	11,852,648	41.4%
Patient and Family Centred Care	1,057,863	3.7%

TOTALS **28,630,520** **100%**



Our Diverse Donor Base

Our donor base is a reflection of the diversity of the Victorian community. Support for the Foundation flows from many different sectors for a variety of reasons. This snapshot provides an at-a-glance perspective of some of the areas that support us.

OUR DONORS

2011/2012 (\$)

Other Charities	749,395
Individuals and Families	1,631,717
Good Friday Appeal	15,820,641
Business and Corporate	850,121
Auxiliaries	1,511,072
Trusts and Foundations	1,883,605
Bequests and Estates	7,835,187
Hotels, Cafes, Pubs	4,684
Service Clubs	18,433
Community Associations and Groups	35,064
Sporting Clubs	53,858
Social Groups	22,956
Primary and Secondary Schools	37,335
In Honour and In Memoriam	249,835
Online Donations	657,173

The figures above are indicative only of the sectors from which our funding comes. The categories may have some crossover of monies that fall into more than one category. For an exact picture of our income, please see page 18-19.

Funding Highlights 2011/2012

The impact of giving is felt across many departments of the hospital. The Foundation directs community generosity to where it matters most, in line with the hospital's priorities in the areas of research, leadership and training, equipment and technology and patient and family centred care.

Here is a snapshot of how funds were distributed across the major divisions of the RCH.

2011/2012 (\$)

Medical Services	1,400,665
Nursing Services	2,088,285
Division of Medicine	3,391,779
Division of Surgery	3,111,797
Division of Operations	9,502,668

The table below highlights some of the impressive figures that have been distributed to projects across many departments of the hospital this year.

2011/2012 (\$)

Children's Bioethics Centre	433,488
Centre for Adolescent Health	432,386
Centre for Community Child Health	142,317
Nursing education and research	675,553
Social work	613,795
Education Play Therapy	563,761
Children's Cancer Centre	1,236,561
Neurology	396,825
Respiratory Medicine	271,567
Uncle Bobs Development Centre	68,800
Integrated Mental Health	257,804
Developmental Medicine	285,554
Dentistry Clinical equipment	137,575
Anaesthesia and Pain Management	268,448
RCH International	1,903,848
Murdoch Childrens Research Institute programs	4,602,373
Professorial Chairs and Medical Fellowships	2,018,920
RCH Education Institute	239,280
Education Resource Centre	297,566
Neonatal Intensive Care	407,904
General medicine	109,564
Cardiac Surgery and Cardiology equipment	1,142,353
Orthopaedics and orthopaedic equipment	630,764
Ophthalmology clinical equipment	334,485
IMRIS machine (final payment)	7,307,691



The Joy of Giving and The Impact of Generosity

The impact of community generosity at The Royal Children's Hospital is clear. We see it across all departments, delivering world-class care, every day.

Less tangible, but just as powerful, are the positive benefits on the flip side of the giving relationship.

Academics have been exploring the benefits of philanthropic activity for many years, and research shows that generosity and kindness-of-spirit benefits the giver at least as much as the receiver.

Dr Stephen Post is a world-renowned expert in this field, conducting research into unconditional love, altruism, compassion and service. Dr Post has collated results from more than 500 studies that demonstrate the power of generosity, and how kind-heartedness enhances health. He says:

"Giving protects overall health as much as aspirin protects against heart disease. If giving weren't free, pharmaceutical companies could herald the discovery of a stupendous new drug call 'Give Back'."

Giving enriches lives, broadens our world, connects us more deeply with people, and perpetuates meaning and purpose. Giving reminds us that 'we are all in this together'.

In the following pages we explore both sides this relationship and the connection between them – the people who give, and the ways in which giving makes a difference at The Royal Children's Hospital.

There is no greater gift to the future of Victoria and beyond. The gift of health and wellbeing.



The most 'Victorian' day of the year

GOOD FRIDAY APPEAL

Uniting Victorians with a common fundraising goal



Deborah Hallmark
Executive Director, Good Friday Appeal

"It doesn't get any more Victorian than the Good Friday Appeal," says Deborah Hallmark, the Appeal's new Executive Director, and no one would disagree with that, except the people of Southern NSW and Tasmania!

A lesser known fact is that Southern NSW and Tasmania are also major contributors to the Appeal. In fact, border towns Albury and Wodonga battle it out each year to see which town can raise the most funds.

The Good Friday Appeal continues to enjoy unwavering and overwhelming support from the people of Victoria, Southern NSW and Tasmania, who band together to raise funds for The Royal Children's Hospital (RCH) year on year.

"Companies, country towns, families and individuals are just so committed to this charity that I feel it is part of our DNA. We just can't thank people enough," enthuses Deb.

A number of events are synonymous with the Good Friday Appeal, including Channel Seven's all-day telecast, tin rattles, Run 4 the Kids, the Teddy Bear Hospital at the Kids' Big Day Out and the long line of CFA Fire Trucks bringing in their collections. However throughout the year, there are also dozens of other events that raise money for the Appeal.

"People are so inventive. Just when you think there could be no new way to help that hasn't been done in



Jennifer Keyte of Channel 7 talks to Christine Unsworth, outgoing Executive Director of the Good Friday Appeal, Professor Christine Kilpatrick, CEO of the RCH, and Julian Clarke, outgoing Chairman of the Foundation at the 2012 Good Friday Appeal.

over 80 years of the Appeal, another new idea comes along." Deb says.

One such enterprising fundraiser planned for 2013 will take place at Geelong's historic Cunningham Pier where the tall ship - and aptly named - 'Enterprise' is moored. For a gold coin donation, people can board the ship and experience the topsail schooner for themselves.

One of the Appeal's great strengths comes from the army of volunteers who donate their time, expertise, talent and enterprise to make the Appeal more and more successful each year. Volunteers include those working for the Channel Seven telecast, such as the panel of celebrities and those who man the phones, and the 140-strong team from NAB who run the data processing room behind the scenes. But let's not forget the thousands of tin-shakers, the folks manning sausage sizzles across the state, the oft-sweltering people wearing Star Wars suits for kids' amusement, the 700 student doctors at the Teddy Bear Hospital, the dog washers, the kids who busk at Queenscliff, and the list goes on...

This year, the Appeal raised another incredible record of \$15,820,640.78.

As a whole, the Good Friday Appeal is the single largest donor to the hospital. However this is made up of thousands of enthusiastic donations, big and small, from the pocket money of prep children to corporate CEO's with community support funds.

"We are constantly amazed by the incredible generosity of the Victorian people", says long servicing Appeal Deputy Director Eموke Bakacs, whose Good Friday Appeal team, supported and administered by the Herald and Weekly Times, work tirelessly throughout the year for the Appeal.

Groups such as Uncle Bobs, the Piped Pipers, the Country Fire Authority, the staff at Woolworths, the crew at Qantas, the team at Henley and Villawood, and Run 4 the Kids boosted 2012's total by over \$5 million.

The funds raised by the Good Friday Appeal are distributed to various areas projects and departments in line with the hospital's priorities, through the Foundation. The money from this year's Appeal will go towards a state-of-the-art medical imaging scanner, MR PET, worth over \$6 million dollars. Read more about the MR PET on page 50.

Good memories lead to a major gift

DON HOUSTON

Founding Partner

Major gifts to the new Royal Children's Hospital (RCH) have the power to make an enormous impact on the future of children's health, and because of this, philanthropists and organisations making significant contributions are awarded special recognition as Founding Partners.

The Founding Partners are philanthropic leaders; they are past and present donors who wish to help create and influence the difference between good and great health outcomes for current and future generations.

One of our newest Founding Partners, Don Houston, has a personal connection to the hospital and a unique insight into how paediatric health care has changed and advanced over past decades.

In 1936, Don, now in his mid-eighties, was treated for a bone marrow infection at the hospital, which was then known simply as The Children's Hospital (the hospital was granted its 'Royal' prefix in 1963) and was based in Drummond Street, Carlton.

Despite the length of time that has passed, the impression of his time at the hospital all those years ago, has remained with him to this day:

"I have memories of my mother having to carry me all the way from Lower Ferntree Gully on the train, and then by tram from Flinders Street Station to the hospital."

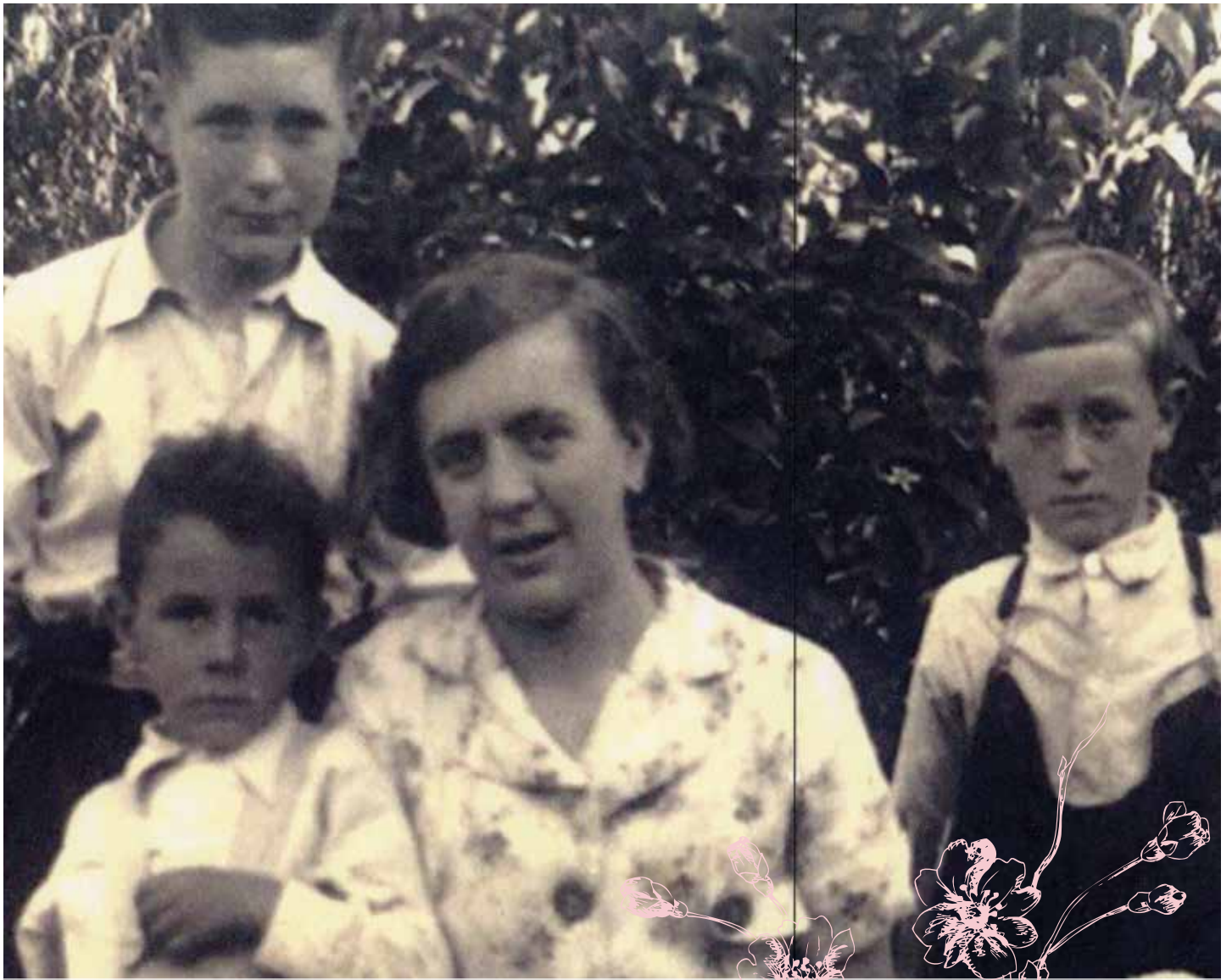
Don is a Melburnian, born and bred, but retired to the seaside town of Eastbourne in East Sussex, England with his wife, Norah, in 1990. Although his time at the RCH took place almost 80 years ago - in the same year as the Berlin Olympics and the death of King George V - Don still retains some distinct impressions from his time at the hospital:

"I remember a girl of about 11 years old who was the eldest in the ward of kids and knew her way around the hospital, she helped out the nurses and looked after us younger ones. I also remember being given jelly babies - this must have been around Christmas time."

There remains too a physical reminder of Don's tenure at the RCH:

"The only sign I still have is a large scar, about six inches long, on the inside of my left thigh where they had to get at the marrow of the knee bone as the knee had locked in the bent position."

In 2012, Mr Houston decided to make a generous contribution of \$50,000 to the RCH, "in a somewhat belated expression of thanks to the staff of the RCH for their skill and excellent attention all those years ago."



"The long trousers I am wearing in the photo were made out of silk by my mother as I had the knee operated on. I was a very active child." Don aged 10 or 11 standing on the left, with his Mum and brothers.

Walking for Mitchell, rain, hail or shine

LIAT HARROWER AND THE 200KM WALK TEAM

Community Fundraising



Liat Harrower, founder and participant of the 200km Walk which raises funds for the Victorian Paediatric Palliative Care Program.

The loss of a child is a tragedy that many people would not have the strength to deal with, but for Liat Harrower, the memory of her son Mitchell fuels her desire to raise funds and awareness about the group of children for which there is no cure; children who have life-limiting conditions.

In March 2012, Liat and the Rotary Club of Werribee led a group of fundraisers on a 200km walk across north east Victoria in memory of Mitchell who lost his battle with an incurable genetic condition in 2008. This was the third time she had completed a 200km walk. The funds Liat and the 200km walk team raise are donated to the Victorian Paediatric Palliative Care Program (VPPCP), located at The Royal Children's Hospital (RCH).

Mitchell was born seven weeks early in October 2000 with an enlarged liver and spleen. Tests were carried out by the RCH, and when Mitchell was six months of age, he was diagnosed with Niemann-Pick Type C, a rare metabolic storage disorder for which there was no treatment or cure, and which is always fatal. Children with Niemann-Pick Type C develop normally until symptoms appear, then gradually unlearn all they have learnt - from walking and talking to eating and eventually breathing. Mitchell developed well until the age of about six when his symptoms started to take hold. He died 18 months later, and Liat cared for Mitchell at home until the final 30 hours of his life.

Here in her own words, Liat writes about her experiences, and her fundraising efforts since she lost her son Mitchell.



The 200km Walk fundraisers walked into the RCH on the second last day of their walk in April 2012.

"Our first walk took place seven months after my son Mitchell's death. I was like a mother bear who had lost her cub, searching around for something – anything – to channel my overwhelming feelings of loss and heartache into. In a conversation with a member of the Rotary Club of Werribee, we talked about channelling all that pent up energy into fundraising to help other families and children in the throes of palliative care. The VPPCP had been there to help us through what was the worst situation of our lives, and now there was a chance to repay them. The idea of a walk like no other was conceived.... It was huge, it was crazy, it was just what I needed.

"It occurred to me on about day three or four of my first walk in 2009 - having gone in unprepared with no training – that the feeling of exhaustion combined with a sense of 'there's no going back now' was very familiar to me.

"Caring for Mitchell at home as his health declined over the final 18 months of his life was a great privilege – he had a hospital bed next to mine and spent almost every moment of every day with me.

I was determined to miss nothing of his life and to make sure he was as happy as humanly possible in whatever time he had left.

"However, the effect of providing 24 hour nursing care to someone you love so much while still being Mum to your other children, running a household and trying to keep your head above water, can take a huge physical and emotional toll. My marriage broke down, I dropped 15kgs in under a year and I was left running on pure adrenalin and determination.

"My first 200km walk was reminiscent of that time. I was operating on auto-pilot, I was exhausted, I was unprepared – but I was doing it.

"Each morning the team that were walking amazed ourselves by getting up once again and putting one foot in front of the other.... counting down the kilometres. And the only reason we were able to do that was by having support. Before we woke at 6am each day, our Support Crew was already up – preparing our breakfast and packing up the van for the day's trek. Every hour or two, there they would

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>> be - up at the next cross-road, carrying jelly beans, bananas, water and - most importantly - a bit of a hug and a pat on the back. At night the Support Crew gave rub-downs, tended to blisters, cooked our dinner and washed our clothes for the next day.

"You can't survive a journey like the 200km walk, or a personal tragedy, without people to help you. And this is what the VPPCP is to all the families of the children they care for - an incredible, dedicated, selfless support crew.

"It's so hard to not be able to reach out and touch Mitchell, to stroke his cheek or smell his hair, but we have such wonderful memories of our amazing little boy that might not have been possible without the help of the VPPCP in keeping him close to us."

"In 2009, our first walk saw us raise \$17,500 with eight walkers. Our second in 2010 raised \$25,000 with 12 walkers. Our third in 2012 raised over \$62,000 with 17 walkers.

"The concept of our walk is different to other fundraising walks. It's not so much about the number of walkers we have, but the many ways those individuals go about raising as much money as they can.

"It's a big ask - you have to be a pretty special person to put your hand up to walk 200km through rain, hail and sunshine across Victoria. Each walker is asked to raise a minimum of \$1000 (many raise substantially more) and everyone involved pays their own way - meals, accommodation and travel expenses - separate to the funds they raise. Some of our walkers are parents, who have to organise childcare around this commitment. Some work full time and cut into their annual leave to take part. Some are retirees and could be relaxing at home or doing anything other than taking on this huge challenge. I'm humbled by the lot of them.

"Having completed three walks now there's no stopping us! We've decided to do the 200km walk every two years, with our next one scheduled for 2013. We'll walk from Mansfield to Tallarook (around 150kms), then complete the final 50kms in the Melbourne area. The last couple of days of each 200km walk always includes walking into the RCH,

and then we finish the walk in Werribee. Werribee is my home, and we receive wonderful support from the Rotary Club of Werribee - who are heavily involved in organising the walk and making it happen - and also the local community.

"We choose a different rural route each walk, as the VPPCP look after families all over Victoria and we want them to know they're important to us and we're thinking about them no matter where they are.

"I know our walk definitely, tangibly makes a difference to families in the worst times of their lives. Knowing that we're able to account for each dollar we raise, and that the VPPCP can apply it to specific pieces of equipment to send out to families in need is incredibly important to me.

"I needed to know that families were being helped on the ground - that they were getting what they needed, when they needed it. It was what I had needed for Mitchell, but had proved so hard to get. I like to think in terms of 'What does this child need by five o'clock tonight?'. That's how immediate the needs of children in palliative care are, and they shouldn't have to wait. That's what this money can do for them. To see this happening, to see photos of the equipment that is going out to families and to hear the feedback from VPPCP staff about the difference they're making by being able to say 'Yes, we can get that for you', makes me feel so proud to be Mitchell's Mum.

"To be given the opportunity to honour my wonderful, courageous boy's life in such a way is all this mamma bear could have wished for."



The Victorian Paediatric Palliative Care Program

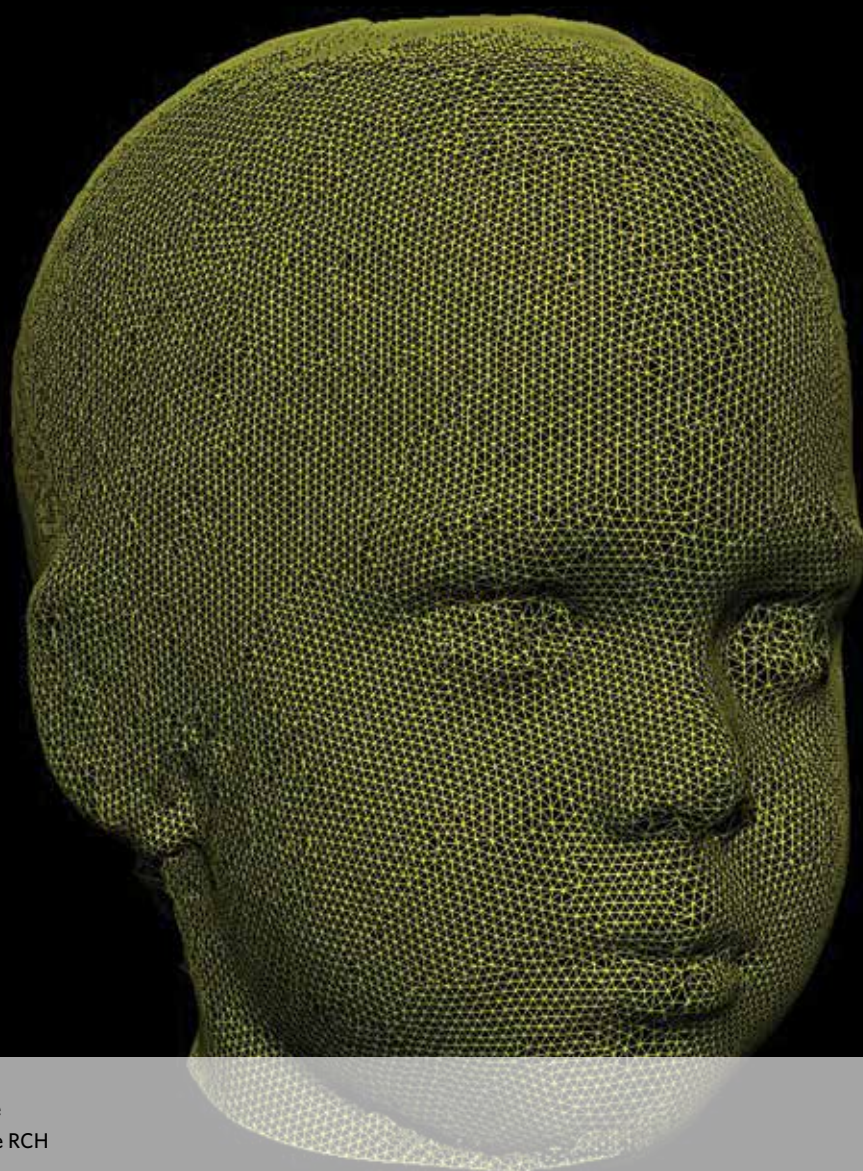
The VPPCP team at The Royal Children's Hospital comprises a paediatrician and a case manager/social worker, who work closely with liaison nurses from each of the member organisations (Very Special Kids and Monash Medical Centre) to identify children, coordinate care and provide advice regarding various aspects of patient management. Educational activities for staff from both hospital and community agencies are also offered.

The program is available to the family of any child with a life-threatening or life-limiting illness. The team do not provide direct patient care. Rather, team members facilitate better communication between tertiary institutions and care providers in the community thus allowing more children to be cared for at home by palliative care agencies and other services.

Changing face

THE WILLIAM ANGLISS CHARITABLE FUND

Trusts and Foundations



3D images widely in use
in clinical practice at the RCH

3D at The Royal Children's Hospital (RCH) is not restricted to the hospital's bean bag cinema! In fact the use of 3D imaging is becoming standard practise for many clinical applications.

Installed in 2004, the 3D Imaging Centre is used extensively by the departments of Plastic and Maxillofacial, Orthotic, Oncology and the Department of General Surgery. For patients whose treatment involves 3D photography, long-term monitoring is a priority.

Lloyd Ellis, Senior Medical Photographer at the RCH and in charge of the 3D imaging says, "The 3D imaging provides the surgeons with a more accurate tool by mapping the condition change over time. Our patients continue to return for regular images to develop the mathematical model – probably until they're adults."

In some cases, 3D imaging can be used as a substitute for CT scanning – great news for parents and children alike – as it avoids distressing prolonged scanning in a confined space and also substantially decreases radiation exposure. Images are captured by the five 'pod' cameras in only a fraction of a second. One of the more notable current uses for 3D imaging equipment is to help manage the treatment of skull and facial conditions. 3D imaging provides doctors with craniofacial measurements that are much more precise than measuring with callipers and rulers. The AHEAD (Australian Headshapes Examination and Analysis Database) Study is an exciting new project being undertaken by the Department of Plastic and Maxillofacial Surgery that will take the use of 3D imaging to another level.

For patients requiring 3D imaging for craniofacial reconstruction, their doctors need access to normal face and skull models on which to base the reconstruction. The AHEAD Study involves the development of a craniofacial database that will provide doctors with a clear understanding of normal head and face development. To develop the database, almost 2000 children, aged 0 – 18 years will have their image taken using RCH's 3D Image Centre.

When the database is completed, it will provide crucial information to doctors across Australia – and indeed around the world – using 3D technology in

the treatment and research of craniofacial conditions and surgery.

"The benefits of having access to a database such as this," explains Lloyd, "is that the RCH clinicians will not only will be measuring each patient against their own growth rate, but we'll also be able to compare their growth and measurements against normative data."

Of course, to organise the capture of approximately 2000 children's 3D image takes some organisation, which is where the William Angliss Charitable Fund comes in. William Angliss was one of Australia's earliest successful businessmen, and befittingly, was also ground-breaking in his work – pioneering Australia's frozen meat export industry. William was also active in his work with children's charities and his philanthropy continues today through the William Angliss Charitable Fund.

The AHEAD Study is partly funded through the William Angliss Charitable Fund. Through the Fund, it has been possible to cover expenses relating to collecting the images.

One of the many uses of the 3D imaging is in the treatment of deformational plagiocephaly – often known as 'Flat Head' Syndrome – where babies either develop misshapen heads in utero or develop it from sleeping positions.

3D images are taken of the baby's head and full mathematical modelling used to help ascertain the degree of severity of the flattening. Depending on the degree, parents are either provided with strategies to help encourage the more natural growth and relieve the pressure on the flat spot, or for more severe cases, the 3D image is used to create a carved 3D cast from which a tailored helmet can be made and fitted to the baby.

A heart-felt connection from childhood

JAMES WILLIAM BOURKE

Bequest

Gifts in wills are a vital contribution to The Royal Children's Hospital Foundation, making up a significant piece of our annual income, and directly allowing the Foundation to support pioneering research, the acquisition of resources and the development of the best medical talent in the world. For the donor, leaving a gift to the hospital ensures a lasting footprint on the future of paediatric health care.

James William Bourke was only 58 when he died from a heart attack. Although by modern standards this is too young to go, Jim's early years had been marred by poor health due to a faulty heart valve, and as a child his future seemed bleak.

When Jim was six years old in 1958, he underwent major heart surgery at The Royal Children's Hospital where he was one of the first children to receive an artificial heart valve. According to his sister, Lyn Wood, he was quietly grateful for a happy, healthy life this surgery enabled.

"He never made a big fuss about it, but he had a soft spot for the hospital because of his experience there. He was a good brother – he was a good person."

Following Jim's recovery, he never looked back. He became passionate about sport and fitness – pastimes that he would not have been able to enjoy and excel at without his heart surgery.

Jim was an extremely talented footballer and cricketer. He played his first game of VFA senior football for

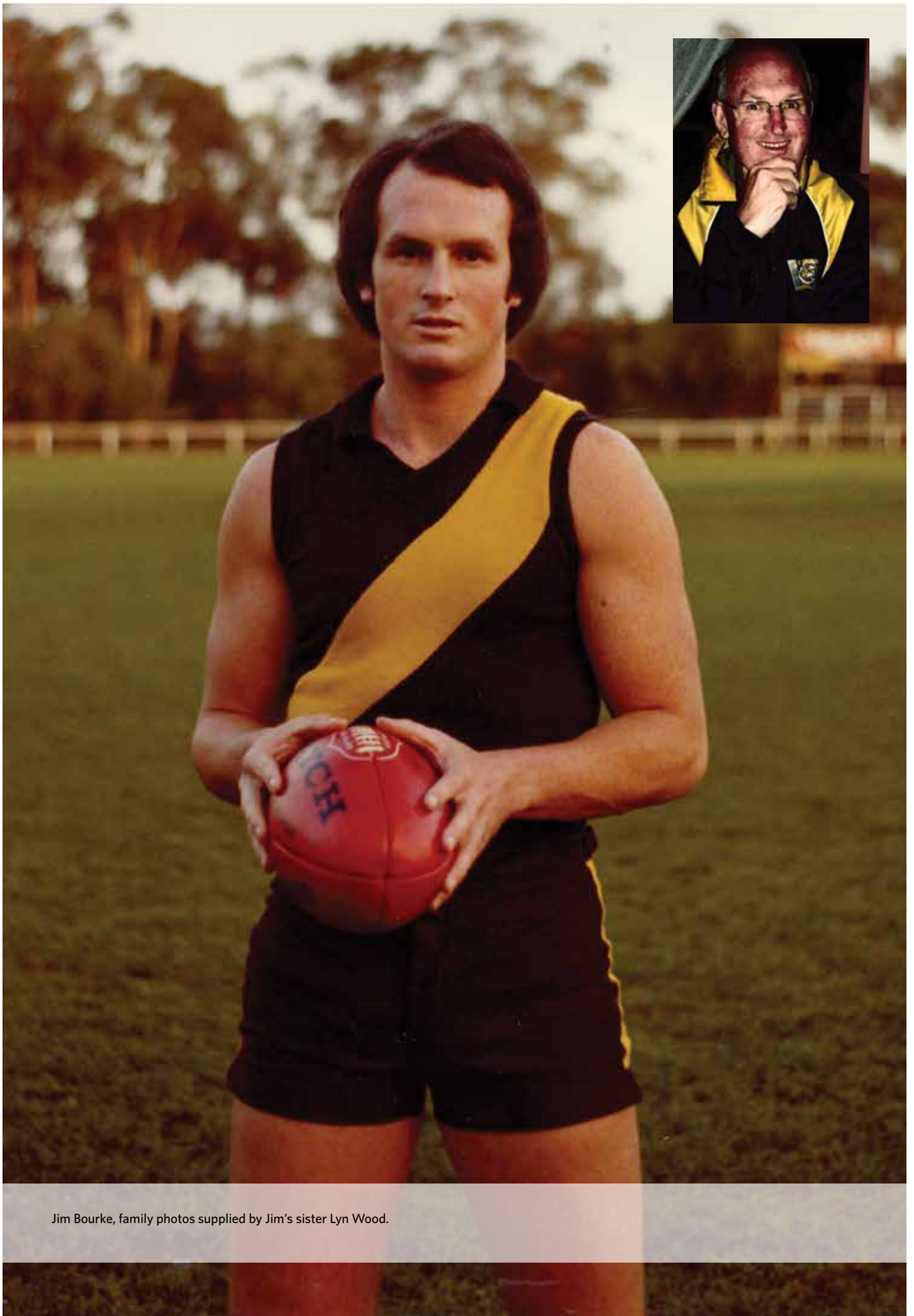
Werribee at the age of 17, and going on to be a celebrated player; named best and fairest in 1974, appointed Captain, and named in the VFA Team of the Year. Throughout his teens Jim also excelled as an all-round bowler and batsman for the State Research Farm premiership side.

Lyn and her family are extremely proud that their brother left such a generous gift for the RCH in his will:

"Although his operation wasn't discussed often, I think Jim often thought about how his heart surgery changed his life. He was privately proud to know he was a success story from the amazing early heart valve operations at The Royal Children's Hospital."

Jim's bequest of \$30,000 will go towards equipment needed for cardiology research and treatment.

Did you know that almost 70% of Australians support charities in their lifetime, but only 7.5% of those over 60 include a charitable gift in their will. If that figure increased by just 14% over time, an additional \$440 million could be generated annually for good causes across Australia. Just imagine how that additional income could impact on the future of our children's health.

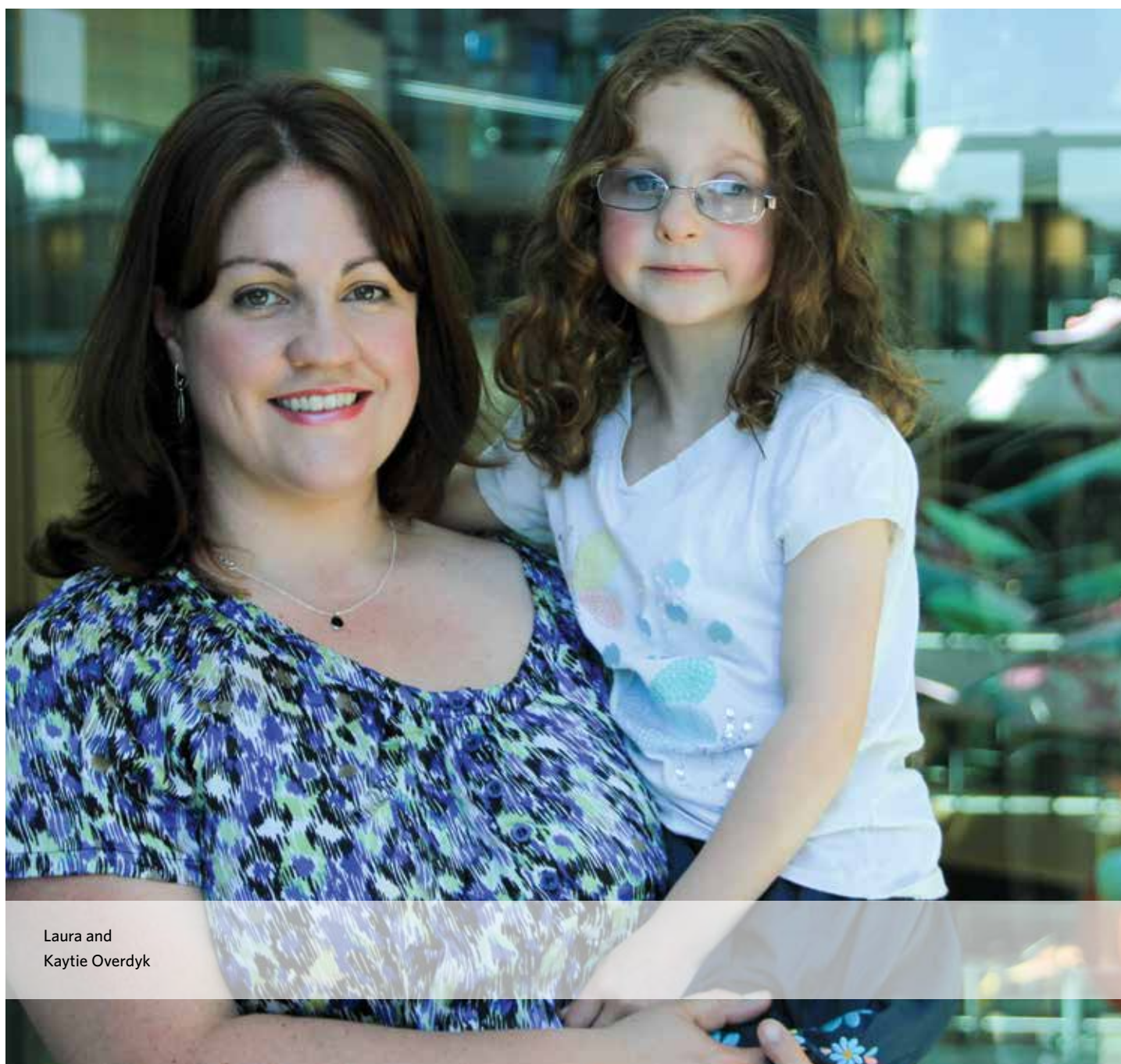


Jim Bourke, family photos supplied by Jim's sister Lyn Wood.

Three mums with no regrets

**AINSLEY FAUST OF BEYOND SIGHT AUXILIARY,
LAURA OVERDYK AND OLIVIA GIUDICE OF OARA**

Auxiliary



Laura and
Kaytie Overdyk

The Royal Children's Hospital (RCH) Auxiliaries are celebrating their 90th Anniversary in 2012, and have raised over \$38 million dollars for the hospital since they were founded. Forty women attended a meeting in Malvern in July 1922 where the first Auxiliary was officially formed. By 1929, twenty-two Auxiliary groups had formed all over Melbourne. Now, the Auxiliaries are a strong network comprising more than 1000 dedicated members.

Every Auxiliary has its own special story. Many Auxiliaries were born out of experience with our hospital, and many Auxiliary members have a very close connection. Each Auxiliary is an extended family of likeminded people providing unique opportunities for volunteers to offer service and skills in ways that are tangible and personally rewarding.

Ainsley Faust, Laura Overdyk and Olivia Giudice are three such Auxiliary members – they are mothers of children that are under the RCH's ongoing care, inspired by their own experiences to become involved in Auxiliary fundraising.

As working mothers, all three women hold down full-time jobs, raise a brood of children, and juggle their time to organise a range of fundraising events and initiatives to support the areas of the RCH that are close to their heart.

Ainsley is the founding president of Beyond Sight Auxiliary, an auxiliary of her own creation. Laura is president and Olivia is secretary of Oesophageal Atresia Research Auxiliary (OARA), a group that has been established for more than 32 years.

Ainsley's son Lochie is one of her four children. Her journey into fundraising began when Lochie was four months old. As a parent she knew that something wasn't right:

"He had a bit of a lazy eye, and in photos he had one red eye, one white eye. I took my camera to be fixed! But by the time he was eight months old, it was very prominent. Lochie was diagnosed with a retinoblastoma – a tumour of early childhood affecting the retina in the eye. About one in seventeen thousand babies a year are born with it."

Ainsley set up Beyond Sight Auxiliary along with other parents whose children had been diagnosed

with retinoblastoma. Their first aim was to raise \$175,000 in order to purchase a 'Retcam' – a retinal digital camera for the Ophthalmology Department.

"We were all working parents, so we needed to raise the most amount of money with the least amount of work. We decided to hold a dinner dance. The event had about 500 people attend, and we had one incredibly generous elderly lady who was kind enough to make up the difference so we could get enough money for the Retcam from that one fundraising event. It was a great start!"

In early 2012, Beyond Sight held a Swim-a-thon, where 120 young swimmers covered over 696kms over 24 hours to raise funds. The money raised – over \$15,000 – will be used to fund an interactive website and educational DVD for newly diagnosed families. Ainsley explains: "Often, the first questions parents ask are: 'are they going to be picked on? What are they going to look like? Are they going to be able to drive?' This DVD tries to put parents' minds at rest in some way – these are normal kids."

Ainsley is passionate about the benefits of fundraising for the RCH. She says: "It opens your eyes to a lot of generosity that you don't see in everyday life. It's certainly made me a better person. I have made some really good friends in here – it would be wonderful too to see more younger auxiliary members. People may not have many hours in the day, but the needs are even greater than they were in our parents and grandparents generation. You never regret it."

Laura Overdyk and Olivia Giudice have a different focus on supporting the hospital. OARA – the Oesophageal Atresia Research Auxiliary – is the only support group in Australia for families with children who suffer from oesophageal atresia. Both Laura and Olivia have daughters with the condition and have lived the difficulties of parenting a sick child.

Babies with oesophageal atresia are born with their oesophagus (food pipe) disconnected from the stomach. There are often additional complications including defects to the spine, heart, kidneys, anus and radial bone.

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>> Olivia first knew that there was something wrong with her daughter, Madeleine, just a couple of hours after she was born. Madeleine had surgery the following day and was lucky that surgeons were able to close the gap between her oesophagus and stomach in a straight forward manner.

However, that 'gap' is often bigger than in Madeleine's case, and in those cases the medical team has to wait for the oesophagus to grow so they can operate at a later stage. During this time period, the child needs to be tube fed and sometimes is sedated – this is what happened to Laura's daughter, Kaytie, who is now six years old. Sometimes the gap can be so large that oesophageal replacement methods need to be used.

Laura says: "When OARA formed 32 years ago, the question was 'why did this happen', and they needed that question answered, so OARA contributed a lot of funds to many research projects over the years. One of these research projects was conducted by Mr Spencer Beasley at the RCH, and is still a highly regarded paper across the world."

Olivia says: "One in 3500 babies are born with oesophageal atresia, which makes the condition relatively rare. It is important for OARA to continue forging and maintaining international relationships to be able to share and participate in important, world-wide research."

Nowadays, more is known about oesophageal atresia, and advancing patient care requires a broader approach. OARA maintains a flexible outlook to their fundraising objectives to enable them to respond to the needs of the condition.

So, alongside supporting research, OARA are currently involved in funding the Nate Myers database, a world-wide patient record database, and they fund specialist nurses. They also support families by providing parent information packs, organising play groups and holding an annual morning tea.

OARA means a lot to Laura and Olivia. Olivia says: "Parents of today continue to be very busy people and so the time that we do spend volunteering is valuable time. It's nice to know that the effort is really making a difference. When your child is born with something like oesophageal atresia, you are always thinking,

why? What was the cause? It will be a lifelong question for me."

OARA are currently working towards improving the transition from child and teenage care to adult monitoring and care. Oesophageal atresia is a lifelong journey, perhaps made somewhat more bearable by the existence and dedication of the volunteers at OARA.

"It opens your eyes to a lot of generosity that you don't see in everyday life. It's certainly made me a better person." Ainsley Faust





A star in the sky

THE DHARMAWARDENA FAMILY

In Memoriam



Jade Dharmawardena

There's no question that Jade Dharmawardena was a very special little girl. In her short life, she brought untold joy to her family, friends and to the staff at The Royal Children's Hospital (RCH) where she was treated from the age of five weeks old until her passing in June 2012, at the age of four and a half.

Jade was born with a port stain birthmark on her face, and suffered localised seizures in the same area. Jade was diagnosed with Sturge-Weber syndrome, a rare congenital neurological and skin disorder. Her parents Kheeran and Jinani were told that even though Jade's condition could be managed, there was no cure, and the effects may hamper her ability to walk, talk and there could be developmental issues and mental impairment.

Teams of medical professionals at the RCH were assigned to Jade's case, including Neurology, Ophthalmology and Vascular, with the aim of managing her condition. As Jade grew, she progressed incredibly well. She grew up as a very normal child, in an upper academic range for her age, with a love of art, music and reading. "She used to sing made-up songs every morning", her mother, Jinani said. Jade's father Kheeran, tells us more:

"The doctors were very supportive and Jade grew up as a normal little girl, she had a slight weakness in one of her legs but it didn't stop her from doing anything. She had a slight articulation issue with her words too, but other than that she got on really well.

"By two years old the seizures were under control. The only problem we had at this stage was her eyes – she had childhood glaucoma, which needed a major operation and injections into the eye. Jade wasn't allowed to go into the sun because of her birthmark, but her big brother, Ethan, would run to her and make sure she was always covered. He was very protective of his little sister."

But tragically, her medical team could not have predicted the turn of fortune for Jade. She developed a turned eye, and became unsteady on her feet. Doctors found a tumour on Jade's brain stem, which was unrelated to her Sturge-Weber syndrome.

After a brave battle, Jade passed away peacefully in hospital with her family around her in June 2012.

Jade's parents decided to raise funds in memory of their little girl, with the hope that they could make a difference in other family's lives. They are donating monies raised to Ophthalmology at the RCH, a place where Jade spent a lot of time in her short life.

Kheeran explains: "Looking at Jade's lifetime, the thing that really impacted on her was the problems with her eyes. As a result, she spent a lot of time in Ophthalmology at the RCH, so this is where the funds raised will go."

Dr James Elder of the Ophthalmology Department says: "These funds will be used to help other children and families cope with glaucoma through providing them with information about this condition and its treatment."

Jade considered her ophthalmologist Dr Elder 'one of her best friends', and her bubbly personality impacted on the staff who cared for her too. Dr Elder says: "Jade quietly found a way into the hearts of all who cared for her. There are a few very special patients that the members of the eye team vie to see on each visit to the clinic: Jade was one such patient."

Speaking of the devastating diagnosis of the tumour, just two months after successful surgery on her eye, Dr Elder said: "Jade showed us adults how to cope almost immediately after this diagnosis. She said, 'You will always know where I am because I will be a star in the sky.'"

Jade's parents decided to donate the tumour tissue to research. Samples of the tissue are currently being investigated by a leading research hospital in Canada. Jinani said: "The brain tissue is so hard to access for research. Parents don't like donating a part of their child, but it is very important as there is so little known about the type of tumour Jade had; a DIPG tumour."

So far, family and friends have contributed over \$15,000 in memory of Jade Dharmawardena.

Miracle Baby Connor

THE ANASTASOPOULOS FAMILY

Giving in celebration



'Miracle Baby' Connor Anastasopoulos

After being given just two hours to live at one stage, Connor defied the odds and has gone from strength to strength. He is now a cheerful one year old; gaining strength and growing every day.

Doctors dubbed Connor a 'Miracle Baby', and the nickname has stuck. To celebrate Connor's good health, and to mark the occasion of his christening in May 2012, the Anastasopoulos family established the Miracle Baby Connor campaign, raising funds 'In Celebration' for The Royal Children's Hospital (RCH).

Connor Anastasopoulos was born on 24 October 2011. A few days later, nurses realised his temperature was too high. He underwent tests and was diagnosed with viral meningitis. The virus got worse and eventually attacked Connor's tiny heart.

Dr Robert Henning, from Intensive Care explains: "Connor was a desperately sick little boy – he suffered an overwhelming viral infection. We actually hadn't heard of anyone this young and this badly affected who had survived this kind of infection before."

His first months were incredibly trying for his family, and seemed at times to present insurmountable challenges for such a little baby.

At just nine days old, Connor suffered a heart attack, and all the while the virus didn't let up. A short time later, his left heart ventricle failed, which led to heart surgery and other life-threatening complications with his kidneys, liver and lungs. Connor required more surgery and fought through months of heartbreaking touch-and-go moments in the Intensive Care Unit (PICU) at the RCH.

Dr James Tibballs, who worked closely with Connor, explains: "Connor's condition was very severe and he deteriorated quickly. He went on to require heart and lung bypass in the Intensive Care Unit.

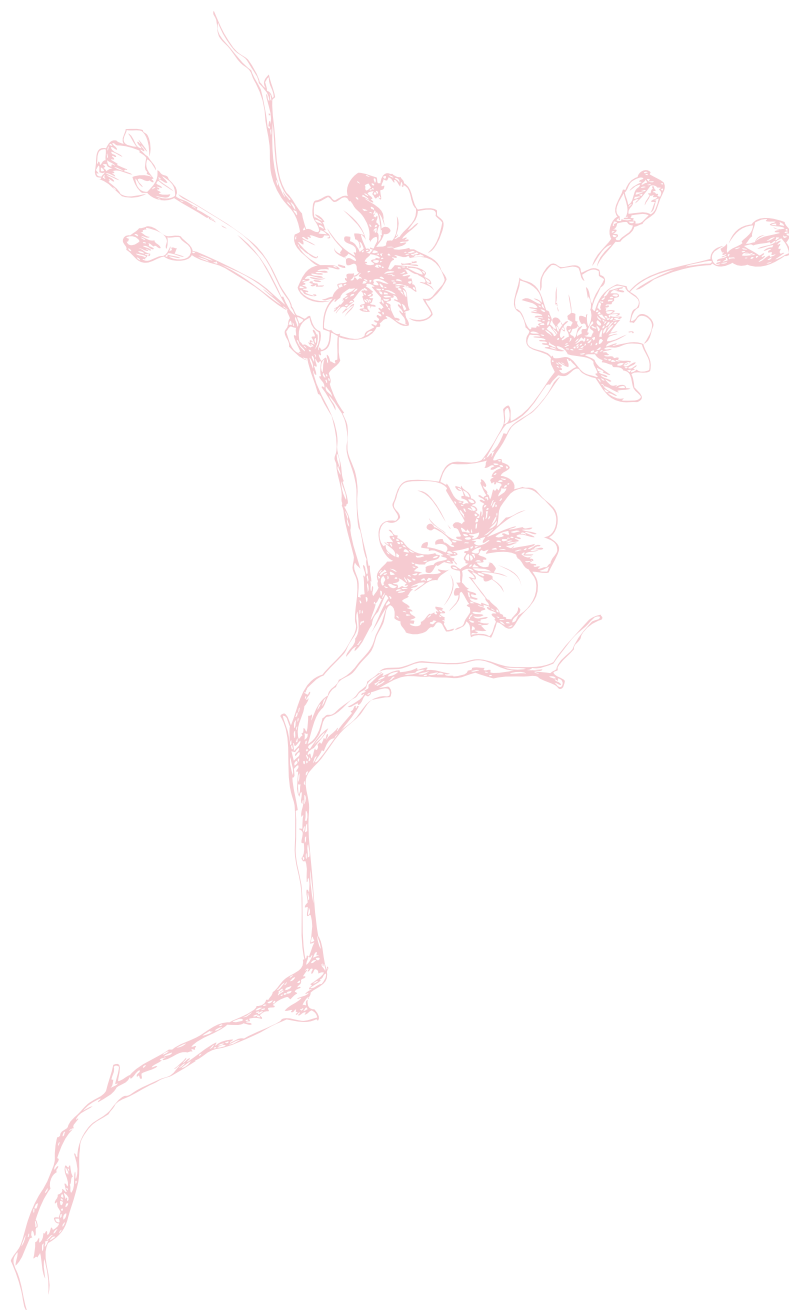
"Fortunately he responded very well and we are all delighted to see that he has made a fantastic recovery and is a happy, healthy, boy back with his family".

Connor's mum, Kathy Anastasopoulos said: "We thank the hospital staff for not losing hope in Connor and for doing everything they could to help him survive. Like most people, we never thought we would

ever need the RCH... Our time there was a roller coaster of emotions. We had ups and downs and at times, we had to face the reality that we may not be bringing our child home.... But we did!

"We are sharing our story to raise money for the Intensive Care Unit at the RCH, so that the hospital can continue to provide amazing care and support for other children and families. We know that any support provided through donations could one day save the life of a child like Connor."

All funds raised by the Miracle Baby Connor campaign will be directed to the Intensive Care Unit (Rosella Ward) that cared so well for Connor.



One boy's flight for another child's future

FINNAN'S GIFT - ALISA CAMPLIN AND OLIVER WARNER

Community Fundraising



Alisa and Oliver with Finnán in hospital in 2011.

Finnan's Gift is a fundraising appeal created by Australian Olympic gold medalist Alisa Camplin and her husband Oliver Warner. Launched in May 2011, the fundraising project was set up to honour their son Finnan and to raise awareness for congenital heart disease (CHD), which is the leading cause of death in young children in Australia.

On 10 March 2011, Finnan Maximus Camplin-Warner was prematurely brought into the world because 'something was wrong' with his heart. Finnan was diagnosed in-utero at 34 weeks with CHD. During his first days, Finnan fought through six open heart surgeries, before passing away at just 10 days old.

In 2011, Finnan's Gift's first fundraising goal of \$300,000 was reached in just three months following an outpouring of public support for the Camplin-Warners. The funds bought a much needed state-of-the-art echocardiology scanning machine for The Royal Children's Hospital's (RCH) cardiology department. The machine has been up and running since October 2011.

Director of Cardiology, Dr Michael Cheung, says the leading-edge technology will make a huge difference for many RCH patients with CHD. "Congenital heart disease affects approximately one in 100 children and is one of the leading causes of death in young children in Australia. A new echocardiology machine allows better access to the best equipment possible to assess heart structure and function in children of all ages."

Following this fundraising success, Alisa and Oliver decided to establish an ongoing grant, to be presented annually. The Finnan's Gift grants will further honour Finnan's memory while supporting the RCH specialists, surgeons, nurses and doctors who cared for him.

Alisa said: "Finnan's Gift has become a very significant part of Oliver and I's life now. After donating the echocardiology machine in 2011 we simply couldn't walk away because there is just so much more to do. The Finnan's Gift Grants are a way for us to continue Finnan's brave fight and help other children and their families. It allows us to keep giving, to keep working within our community for a better world and of course remember our gorgeous son.

We know it won't be easy, but nothing worth doing ever is."

The inaugural Finnan's Gift Grant was awarded in April 2012, providing \$20,000 in funding to the Intensive Care (Rosella Ward) nurses so they could take advantage of a number of education, professional development and training opportunities that support their work in delivering the best treatments and care at the RCH.

Alisa said: "The Intensive Care nurses' significant life-saving contribution is often overlooked. They work 12 hour shifts and never leave the side of their patient. When Finnan was in intensive care, it was the nurses who looked after him all day every day and really helped us to be a part of his care and understand all that was happening. We cannot say enough good things about the RCH intensive care nurses!"

Looking forward, the recipient of the 2013 \$20,000 Finnan's Gift Grant will be the team of perfusionists at the RCH. The perfusion team operate the sophisticated life-support machines that manage the work of the heart and lungs whilst surgeons operate in those critical post-operative days. Perfusionists are highly experienced medical scientists with specialised training in the techniques of artificial blood circulation, and were instrumental in Finnan's six open heart surgeries.

"Finnan required heart-lung machine support for most of his short life and it was his perfusionist that managed his blood quality and flow while his heart was trying to mend. The RCH perfusion team are world leaders and their work is absolutely critical, but few people realise how special they are" said Oliver.

Steve Horton, Director of Perfusion at the RCH and one of the perfusionists who worked with Finnan, said: "Perfusionists are physiologists specialising in cardiopulmonary bypass. There's a lot of responsibility, because it's very easy for something to go wrong. There's a very strong emotional involvement with what we do - I have two daughters and nothing is more precious. The responsibility we feel is phenomenal. We try and do everything absolutely perfectly."

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Alisa and Oliver present a state-of-the-art echocardiology scanning machine to Dr Michael Cheung, Director of Cardiology at the RCH in 2012.

>> Public donations might get Alisa and Oliver some of the way towards Finnan's Gift's ongoing goals, but most of the money from now on will be raised through community fundraising events and initiatives like charity runs, sausage sizzles and pledges.

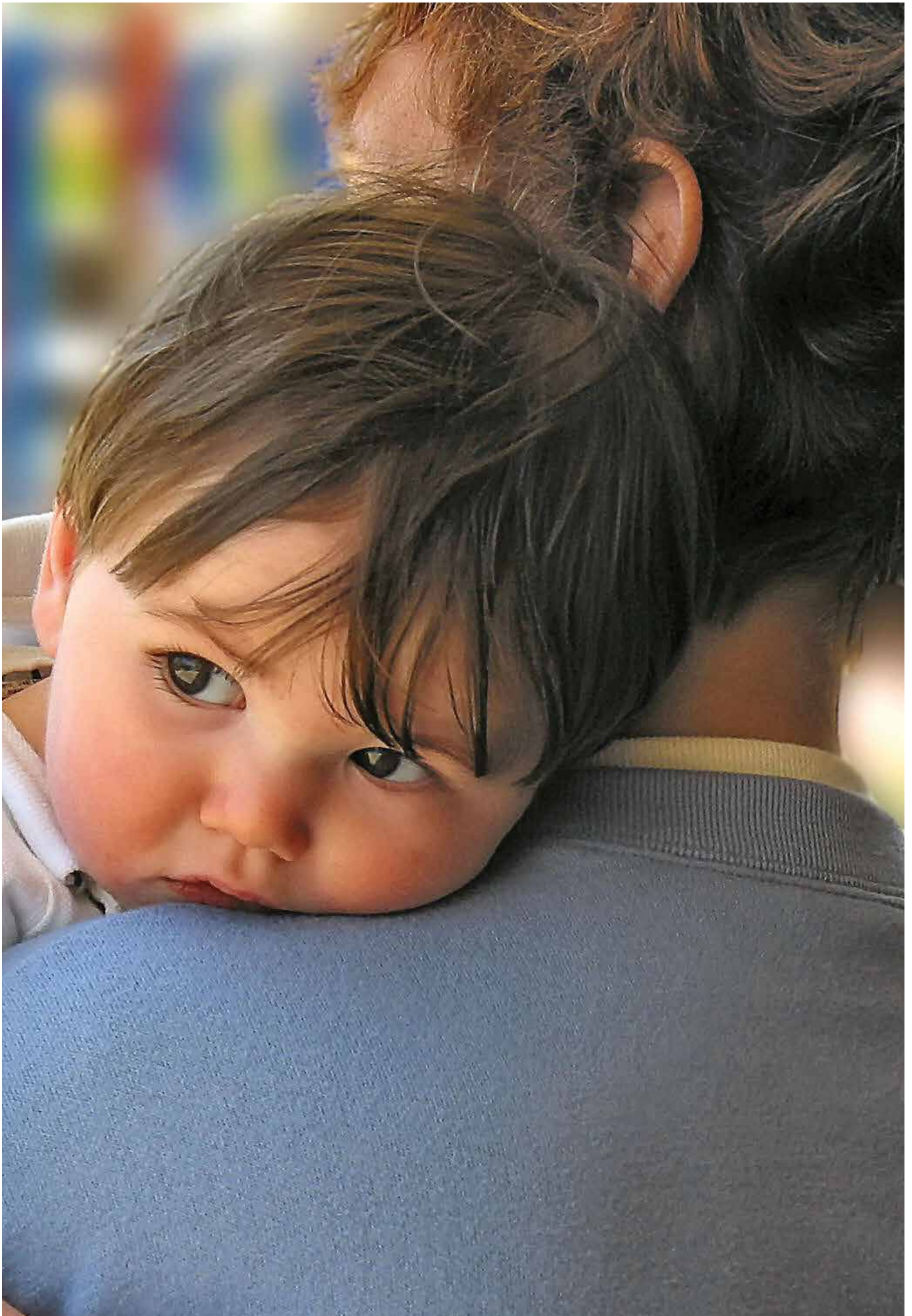
It might end up being their life's work, but Alisa and Oliver are determined not to let their little boy's fight for life be meaningless.

"When we finally raised enough to buy and handover the echocardiology machine we realised how much Finnan's Gift had also given us," Alisa says.

"We were just so grateful. It felt like the community had body-surfed us along. People's care, compassion

and willingness to give really gave us hope. Oliver and I wanted Finnan's life to stand for something and we didn't want him to be forgotten. He fought so hard in hospital and to honour him we needed to be brave and do something positive for those who try to save every child every day. Maybe it's from my time in sport, but you have to find ways to keep moving forward.

"Once we'd put Finnan's Gift in place, we had something to work towards and the community really helped us take those steps forward. Before we knew it, we were much further along in dealing with the enormity of our grief."



Nursing; the heart of health care

LEADERSHIP AND TRAINING

*The Foundation and the Foundation's donors
fund postgraduate nursing education*

For 142 years, The Royal Children's Hospital (RCH) nurses have been providing leadership in paediatric nursing. Attracting and retaining the best nurses, and supporting these dedicated front-line staff is fundamental to providing the best possible care to our young patients. This is why over the last four years the hospital has partnered with the Foundation to prioritise professional development opportunities for the nursing population.

The RCH seeks to set a new benchmark for the professional development of paediatric nursing in Australia which in turn will significantly benefit children and their families across Australia.

Nursing practice occurs in inpatient, outpatient, ambulatory care and community settings across Victoria. The RCH is committed to competency based practice, as well as providing nurses with a comprehensive, individualised orientation and familiarisation program.

Bernadette Twomey is the Executive Director of Nursing Services at the RCH. She tells us where the funds go:

"The requirements nurses have as a profession are no different to any other - we use academic processes to advance nursing practices. There needed to be an increase in academic profile of the nurses (including 'education' of nurses) and a relationship with The University of Melbourne. These academic processes essentially mean we are 'auditing' nurses' knowledge

In 2008, 51% of nurses holding the position of Clinical Nurse Specialist had a post-graduate nursing qualification.

Four years later in 2011, the over 65% of the hospital's Clinical Nurse Specialists have achieved a post-graduate qualification in nursing.

During 2011/2012, the Foundation paid over \$675,000 towards nursing post-graduate education, and a further \$1.2 million has been committed to continue to fund and develop this crucial area of nursing professional development opportunities.

and observing the reality of practice and improving support for nurses.

"Over the last four years, with the support of the Foundation, the RCH has supported 151 nurses in obtaining post-graduate qualifications - this means that nurses working in specialty areas can take up study to become more qualified in that field and the partnership with The University of Melbourne means it's at a post-graduate level. With new funding, there are more resources to measure the outcomes of this further education."

There are many other advantages of this post-graduate training for nurses at the hospital. Bernadette Twomey explains:



Over 65% of RCH Clinical Nurse Specialists have postgraduate qualifications in nursing, and a further \$1.2 million has been committed towards professional development for RCH nurses.

"There has also been an improved consensus in inter-departmental practices as a result of the education, as well as an improved 'induction system' for new nurses (a longer period of time with more education). This all means that there is a standard for induction and orientation of new nurses and they are given more opportunities and support to develop their skill set."

Another huge benefit of post-graduate nursing education is that staff turnover is falling because of the increased support. Bernadette says:

"Education, professional development and research into practices are the key into reducing staff turnover, increasing efficiency and cultivating a strong work culture. The vision is that every area is fully staffed and there is a waiting list for nurses who want to work at the RCH, because of not only the facilities, but the support offered to employees, which is thanks to support from the Foundation."

Imaging of the future; a world first at our hospital

EQUIPMENT AND TECHNOLOGY

*Funding committed through
The Good Friday Appeal and the Foundation*

The MR PET is state-of-the-art medical imaging technology, a system that will bring a revolution in diagnostic imaging to life at The Royal Children's Hospital (RCH). For the first time, this brand new technology integrates the very best Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) in one machine.

Funds from the Good Friday Appeal 2012 are being directed towards the purchase of the MR PET - it will be the first installation in a paediatric hospital in the world. This machine comes with a substantial price tag of over \$6 million, but this highly advanced technology perfectly encapsulates the excellence and world-class standard of care that donated funds can help The Royal Children's Hospital (RCH) to achieve.

Many patients need to have CT, MRI and PET scans during the course of their treatment at the RCH. The only way to get the required information presently is to do separate scans and, for most children, this means a general anaesthetic for each scan, which can significantly increase the time a child needs to spend in hospital.

Currently, The Royal Children's Hospital does not have a PET scanner. Patients who require PET imaging must travel to other Melbourne hospitals. This is not ideal, not least because sometimes it's difficult to schedule the PET scans quickly, travelling to another hospital can increase stress on a patient, and the surroundings at these institutions are not designed for children.

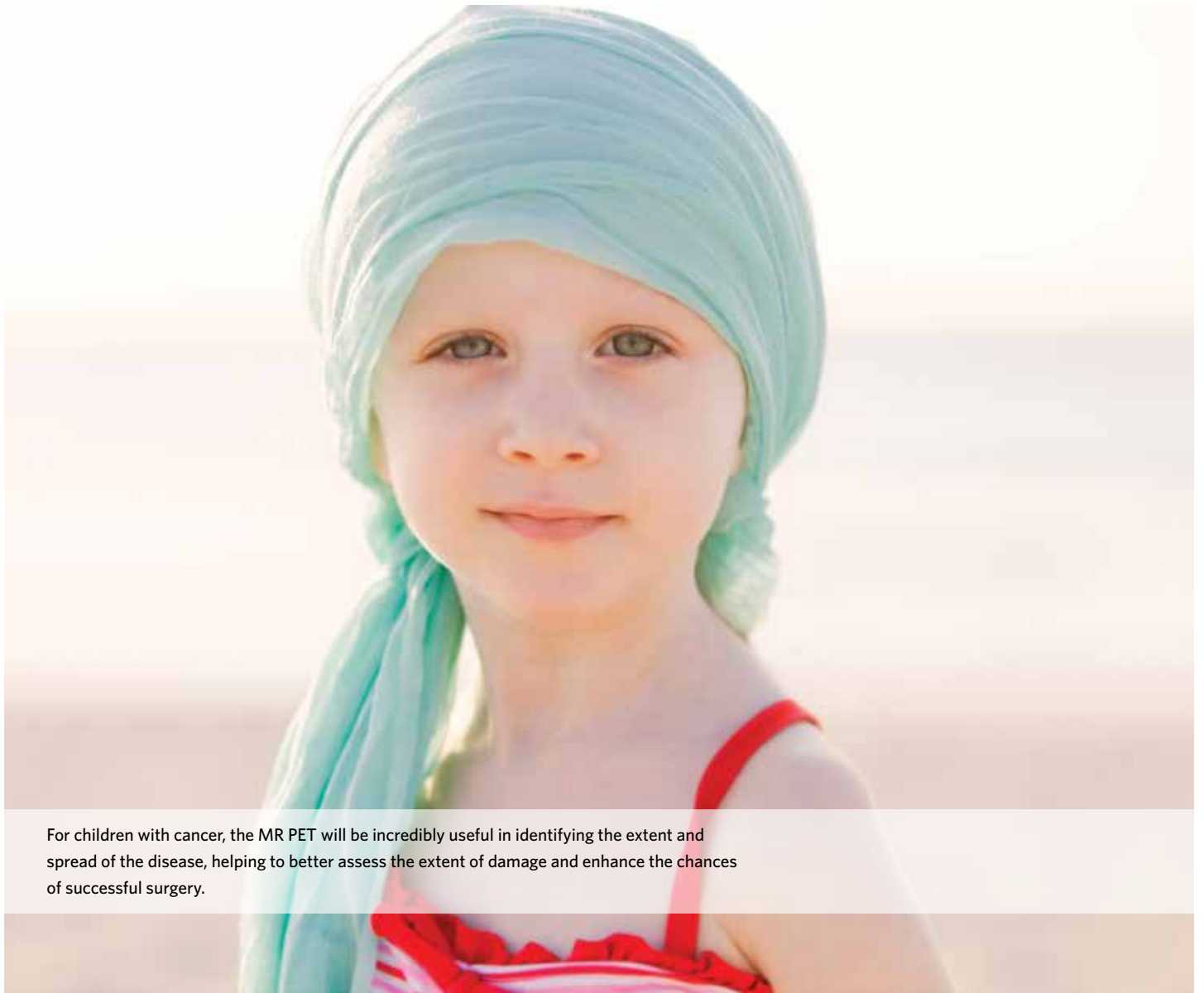
There are also challenges for doctors when trying to diagnose and manage health care for patients when they are using separate scanning technologies. Not only does the MR PET provide both scans at one time, it overlays the results of both scans into one image, showing the exact localisation of any abnormality.

MR PET will have wide application at the RCH, but will be particularly relevant for children with epilepsy and children with cancer.

For children with epilepsy, the MRI scan may be normal and yet the PET scan may show an abnormality in the brain responsible for epileptic seizures. But, when looking at the PET scan alone, the abnormality is often not well pin-pointed, making it difficult to determine the exact location of the problem. The MR PET will give the important precise and detailed information required for successful brain surgery to excise abnormal tissue.

For children with cancer, the MR PET is particularly helpful in identifying the extent and spread of cancer. Superior to MRI alone, the MR PET will assist to assess the extent of damage, enhance the chance of successful surgery, and help to monitor response to treatment.

MR PET's advantages are impressive. Along with paving the way for superior diagnostic and surgical care, the addition of the machine at the RCH will reduce radiation exposure in patients, ensure timely access to PET imaging, improve access



For children with cancer, the MR PET will be incredibly useful in identifying the extent and spread of the disease, helping to better assess the extent of damage and enhance the chances of successful surgery.

to MRI imaging and vastly reduce the need for general anaesthetics.

The MR PET will significantly enhance the RCH's ability to successfully treat children with cancer and neurological diseases, particularly epilepsy, where it will increase the chances of young patients being cured.

These improved outcomes and new heights in the standard of care will be thanks to the generosity of many thousands of Victorians who so whole-heartedly support the Good Friday Appeal.

PET scan is metabolic imaging

PET is an imaging technique that uses radioisotopes and provides critical information about the metabolic state of body tissues. It is particularly useful in the management of children with tumours and the management of epilepsy.

MRI is structural imaging

MRI is an imaging technique that provides critical information about the structure and function of body tissues.

A specialist in comforting kids

LEADERSHIP AND TRAINING

Dame Elisabeth Murdoch Scholarship is funded by the RCH Auxiliaries

The Dame Elisabeth Murdoch Nursing Development Scholarship offers a unique opportunity for a Royal Children's Hospital (RCH) nurse to undertake a period of international study and professional development in order to further develop their skills and expertise.

One recipient of the Dame Elisabeth Murdoch Scholarship is Lisa Takacs. Born in Canada, Lisa graduated with a Diploma in Nursing and worked at the Hospital for Sick Children in Toronto until 2000. She then moved to Great Ormond Street Hospital in London, England and in 2003 - pursuing a dream of learning to surf - she moved to Australia to take up a position with the Intensive Care Unit at the RCH.

Lisa was employed as Project Officer for the RCH's Procedural Pain Steering Committee, which was set up to create concepts and ideas about how to improve the overall experience of being in hospital. A 'pain review' was undertaken in 2000, and it was discovered that patients, family members and staff were facing an enormous amount of difficulty when dealing with the distress, anxiety and pain associated with procedures and tests for the child.

The RCH's first procedural pain management program, Comfort Kids, was started seven years ago. With goals to improve the patient experience, the program kicked off with an improved sedation program and increased access to distraction products, such as interactive books, stress balls and other toys.

At the same time as the RCH was launching Comfort Kids, there were similar procedural pain management

About Comfort Kids

Founded in 2007, the RCH's Comfort Kids program provides education, mentorship, leadership and training in the area of pharmacological and non-pharmacological pain and distress management. Comfort Kids aims to support long-term sustainable practice and change in pain management culture, and provide the resources to enable clinicians to integrate pain management techniques into routine procedural care.

Comfort Kids advocates 'The best pharmacology is non-pharmacology'. Through appropriate and skilled employment of pain management and 'distraction analgesia', sedation then becomes the complimentary strategy rather than the primary approach.

Comfort Kids is proudly supported by Woolworths through the Good Friday Appeal.

concepts being developed internationally - but no others in Australia. There was a need to exchange ideas in order to ensure the RCH was implementing world's best practice.

Being awarded the Dame Elisabeth Murdoch Nursing Development Scholarship allowed Lisa to travel to attend conferences and visit peer hospitals in the USA and Canada. The experience was inspiring.

Lisa says: "In Chicago, I attended a 'Child Life Conference', specifically focused on programs



Scholarship recipient Lisa Takacs has forged international contacts, attended valuable training and conferences, and is now working to ensure we have world's best practice pain management programs at the RCH

and tools to help children and families navigate in a stressful hospital environment. We saw a huge spotlight on a group of pain management specialists from Michigan who developed a program focusing on blood work and IV. We heard about the challenges and benefits of setting up this hospital-wide program. I subsequently followed them back to Michigan to observe in action.

"We shared some of our Comfort Kids concepts, and presented our family and adolescent survey data - it was a rewarding and reciprocal process.

"I then travelled to Minneapolis and attended the Paediatric Sedation Course. This particular course is highly sought-after - I was one of only four nurses who gained a spot - and gives participants skills that our RCH patients really benefit from. This course used a combination of theoretical sessions and simulation-based training. This model of learning allowed me insight into where we can take our own Procedural Sedation Program and education of staff in the future. I became formally credentialed as a Paediatric Sedation Provider from the Society of Paediatric Sedation."

When Lisa returned to the RCH, she put her findings into planning and practice. A simulation centre is currently being developed at the RCH, including a simulation based sedation training program that will be integrated into staff education in the future.

Lisa explains how simulation training is important in best practice pain management: "It is hugely beneficial for staff to use simulation opportunities in a safe and supportive environment. Using a simulation centre 'dummy', you can allow staff to think on their

feet to assess and react. As you can imagine, these are scenarios that you cannot replicate while working with actual patients."

Lisa's international experience validated her opinion that the RCH is leading the way in terms of introducing hospital-wide concepts, such as a distraction box program (there is now a distraction box in all 85 treatment rooms across the RCH), topical and local pain relief and the use of sucrose to minimize distress, pain and anxiety.

"What we have learned from my travels overseas has been, and will continue to be, integrated into our program and staff training. We now benefit from a more extensive international network where we can bounce ideas off each other. These are important networks that will provide the platform for future research and knowledge sharing."

The aim of pain management training is to empower RCH staff to give the best possible care and to always minimise pain and distress, where possible, before, during and after any child's experience in hospital. Lisa says it's working: "Research shows that a child will often say; 'yes, that was distressing and hard, but that nurse made it better because he or she helped me engage in a book or prepared me for what was happening'. This is what we are after. We are trying to help patients manage anxiety, fears and some of their discomfort. If we can achieve that, then most children can travel quite nicely."



Focus on our
campus partners
in education and
research:

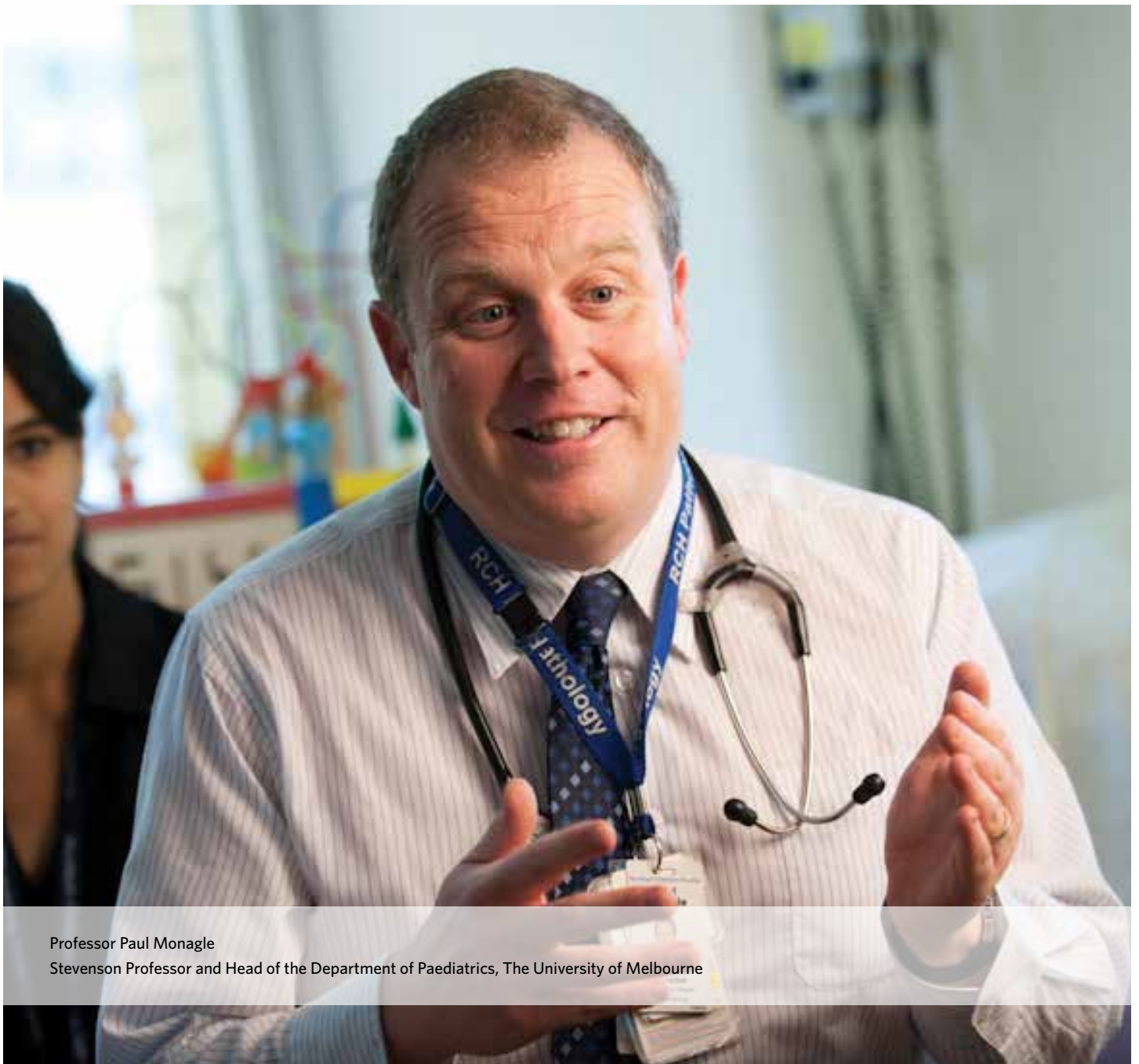
The University
of Melbourne
Department of
Paediatrics

Murdoch Childrens
Research Institute

Knowledge is great at the RCH

LEADERSHIP AND TRAINING

Numerous leadership positions are funded through the Foundation and by the Foundation's donors



Professor Paul Monagle
Stevenson Professor and Head of the Department of Paediatrics, The University of Melbourne

What makes a great children's hospital? At The Royal Children's Hospital (RCH), the key is excellence in health care, research and education. Although educational leadership is a cornerstone of the RCH campus, and is closely intertwined with clinical care and research, its benefits and outcomes are perhaps lesser-known outside the hospital community.

Paul Monagle, Stevenson Professor and Head of The University of Melbourne Department of Paediatrics, agrees. "Education is the least recognised partner; however top-notch health care and research must be built upon a foundation of top-notch education. Education is the mechanism by which we bring clinical care and research to our staff and patients; therefore it's the crucial link."

The clinical care available at the RCH is enhanced in many ways due to the Department of Paediatrics being embedded on campus. Good education begets better care and research; on-site training ensures well-rounded learning opportunities. A campus underpinned by education creates an active, progressive environment of constant intellectual enquiry and discovery.

The RCH campus works hard to ensure a world-class education leadership program. Paul says, "Firstly, you need an environment that values education, and secondly you need leaders with vision."

"At The University of Melbourne, leadership means developing the people around you with encouragement and support that will inspire the next generation. Hence, education is a crucial part of all of our roles."

Providing funding for academic leadership, scholarship and the fostering of academic excellence is one of the most exciting opportunities for donors to contribute to children's health, with a direct link to improved health care outcomes.

The RCH campus, with its state-of-the-art facilities within the Education Precinct, is in an excellent position to develop world leading training programs, and to attract and retain the most outstanding medical minds and the best undergraduates.

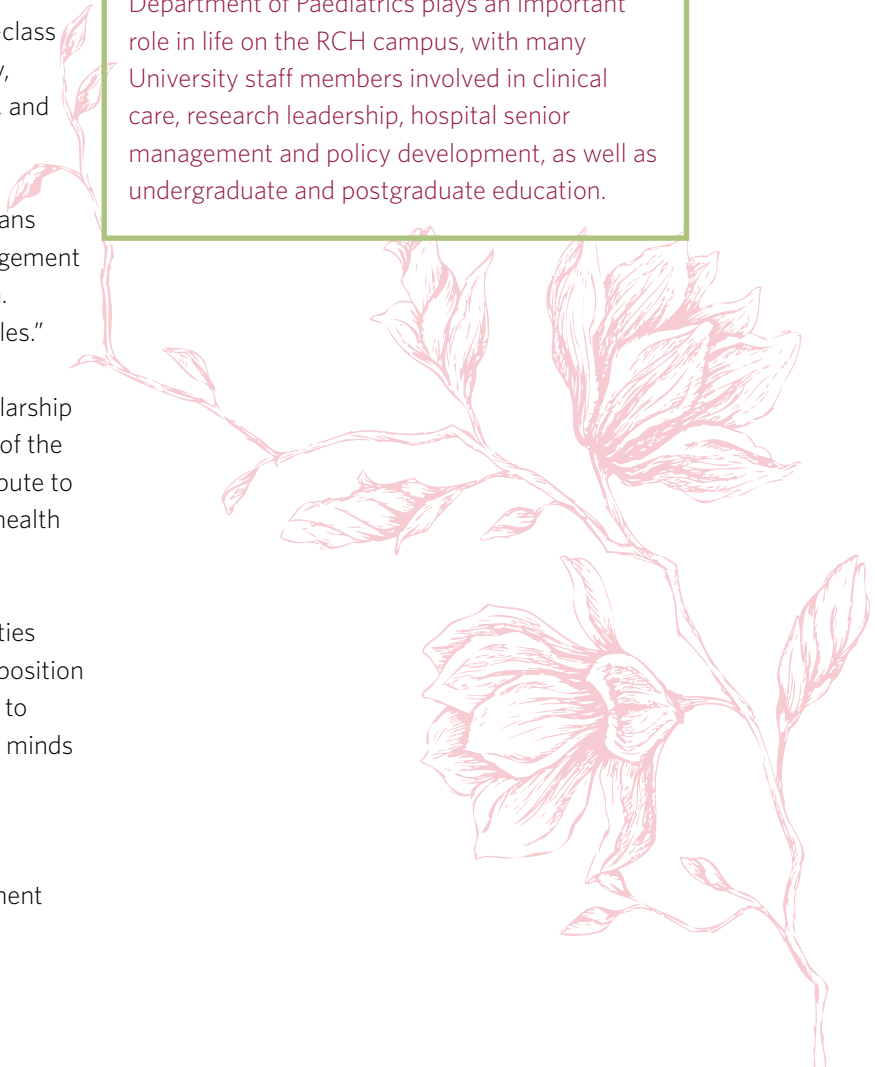
The Foundation supports professorial chairs, fellowships, scholarships, professional development

training, post-graduate education and academic enquiry across the campus.

The University of Melbourne Department Of Paediatrics is based at the RCH. It is a large department in size and in reputation; a national leader, unique in Victoria and renowned worldwide for excellence in child and adolescent health. The Department of Paediatrics teaches undergraduate courses in child and adolescent health, paediatric surgery and other specialties in relation to children, adolescents and their families.

Currently, the department has over 270 academic staff (including full time faculty, research only and honorary), 90 postgraduate students and teaches paediatrics to around 300 medical undergraduates each year.

The formal relationship between the university and the RCH campus extends back over 100 years. Over time the hospital changed from being a charity hospital to a teaching hospital with a very strong research profile. Today, the Department of Paediatrics plays an important role in life on the RCH campus, with many University staff members involved in clinical care, research leadership, hospital senior management and policy development, as well as undergraduate and postgraduate education.



Here we highlight just a few of the brightest medical minds at the RCH funded through the Foundation, that are making an impact on the future of children's health.



>> Professor Julie Bines

Julie is Head of Clinical Nutrition at The Royal Children's Hospital (RCH), leader of the prominent RV3 Rotavirus Vaccine research program within Murdoch Childrens Research Institute, and also holds the prestigious Smorgon Chair at The University of Melbourne, an academic position funded by the Victor and Loti Smorgon Charitable Fund.

Due to her breadth of knowledge in education and clinical care, Julie was instrumental in developing the world-class Education Precinct within the new hospital. Key to its development was Julie's knowledge of education techniques as well as her clear understanding of the needs of patients, their families and staff.

In recognition of her remarkable work, Julie was recently invited to present at the Nobel Forum at the Karolinska Institute in Sweden to talk about how effective teaching spaces could improve the quality of teaching and learning in the health care setting.

Julie says: "Being invited to present about educational leadership at an international level in Sweden is an honour. This opportunity recognises the RCH and the Department of Paediatrics as world-wide leaders in the development of innovative, flexible teaching and learning spaces."

>>



>> Dr Meredith Allen

With a background as a paediatric intensive care consultant and clinical lead for quality and patient safety, Meredith was recently appointed as Director of Medical Education by The Royal Children's Hospital (RCH) and The University of Melbourne, a position funded by the Foundation. Meredith is focused on developing education programs that span all levels of training, including an innovative simulation training program in the education precinct at the new RCH.

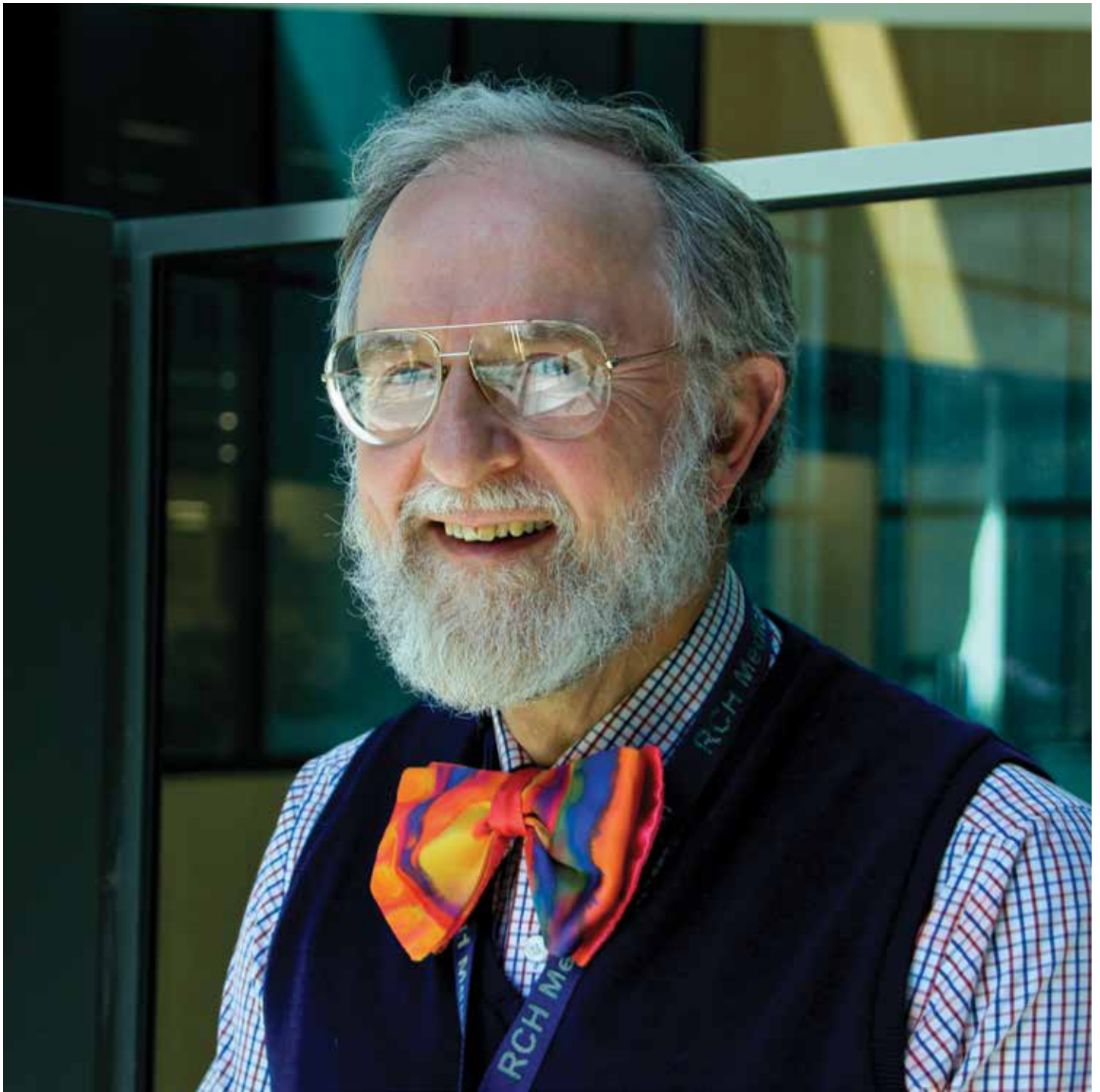
Simulation training allows teams of doctors, nurses and allied health professionals to train together to optimise performance in complex and critical patient scenarios. When completed, the RCH simulation training program will be a world leader in medical simulation, providing enormous benefits to hospital staff and medical students, and improving quality of care for patients.

Meredith says of the program: "This exciting program allows continual education through simulation into the daily clinical environment. Embedding education into clinical care allows all health professionals to continue to improve their skills and behaviours to

deal rapidly and effectively with a clinical emergency, ultimately, improving outcomes for our patients and families."

Meredith champions an holistic approach to training at the RCH: "Education is a lifelong commitment in medicine. It's an ongoing journey from novice to expert both technically and non-technically, then still remains vital for health professionals with years of experience. And it's more than knowing just the medical facts; other skills such as communication, decision-making and teamwork are equally important to our patients and families."

"It's my hope that sharing the work we do at our state-of-the art facility here in Melbourne will inspire the next generation of health care workers in Australia and also around the world."



>> Professor John Hutson

John Hutson is a professor and surgeon, and spans all areas of the hospital: clinical care, research and education.

John is recognised as one of the best teachers on the campus, teaching undergraduate students and surgeons, despite being a busy practising clinician and also a highly productive researcher.

Internationally renowned as a teacher, John authors textbooks on paediatric surgery that are standard texts for Australian medical students.

John believes the RCH campus is one of the best in the world for medical education. He says: "The key to excellent medical education committed teachers who enjoy teaching. We have a wonderful team of educators to draw upon, and this greatly benefits the next generation of doctors. We also have lots of clinical material and a long tradition of taking education seriously. These factors ensure the standard of education and training on our campus higher than elsewhere."

>>

Sometimes, we need to take our education outside the campus, and in one case, we used it in reverse, to help the Foundation through the Good Friday Appeal . . .



>> Dr Wonie Uahwatanasakul

Along with others from The Department of Paediatrics, Wonie runs the undergraduate teaching program. Wonie is also the coordinator of the Teddy Bear Hospital for the Good Friday Appeal, a wonderful initiative dreamt up by medical students which benefits children, the students and the community. For students, the Teddy Bear Hospital provides an opportunity to interact with children, and for children, it helps de-mystify medical treatment. Almost 2000 children brought their teddy bears to Etihad Stadium on Good Friday this year, the concept raised valuable funds for the Appeal.

Wonie explains why this is important to our next generation of doctors: “Engagement outside of the University and hospital where most medical students spend their time is important way to learn more about the community in which they will one day work. The Teddy Bear Hospital helps children understand how a hospital works in an enjoyable learning experience, while our students learn about communicating with young people and enhance their teamwork skills. It’s interaction on a level that a classroom cannot provide.



The Teddy Bear Hospital Organising Committee
at the 2012 Good Friday Appeal

"Being involved in the Good Friday Appeal is a very exciting opportunity for the student doctors. About 700 students volunteered to give their time at the Teddy Bear Hospital in 2012, an indication of their desire to be part of the Appeal. To be part of a day where people throughout the community work together with such amazing good spirit and enthusiasm for the benefit of the children is incredibly heartwarming."

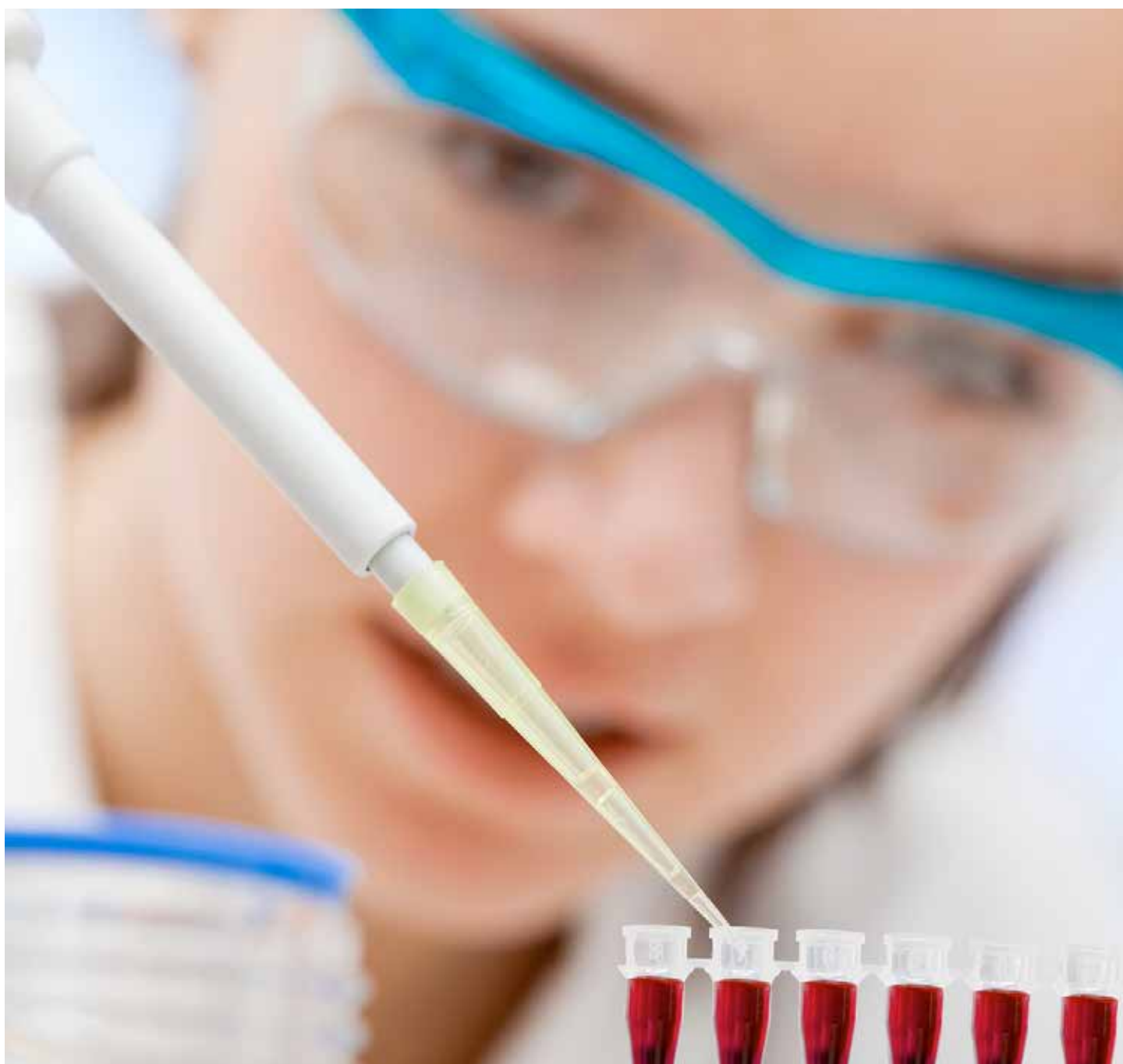
As Paul Monagle explains: "We have a wonderful team here on campus, who are dedicated and innovative in the way they think about teaching and education for the benefit of our staff, students, and ultimately our patients. The University, the hospital and MCRI have all benefited greatly from this century old association, which translates into outstanding care for children and adolescents in the Victorian community and beyond."

"This would not be possible without the support of the Foundation. The support of the Foundation for academic leadership, education programs, and inspirational teaching facilities for our campus is amazing, and the beauty of education is that the benefit is seen not only in the current, but also the future generations of our staff who care for our children."

Fostering big finds on campus

RESEARCH

*The Foundation commits \$5 million each year to research at MCRI.
Many more research projects each year are funded through the Foundation's donors.*



Murdoch Childrens Research Institute (MCRI) is the research partner of The Royal Children's Hospital (RCH). MCRI is the largest child health research institute in Australia; globally recognised for child health discoveries.

Each year, the Foundation distributes \$5 million in donated funds to MCRI to support the most important and innovative laboratory, clinical and public health research.

Today, MCRI's team of more than 1500 researchers combat emerging conditions affecting children, such as allergies, diabetes and obesity, as well as searching for answers to unsolved problems, such as cancer and genetic conditions.

Research is a methodical process contributing pieces of knowledge to a very large puzzle. At MCRI, increasing knowledge creates better understanding of conditions, diseases and disorders that affect children, not just in Victoria, but worldwide.

The close campus partnership and co-location of MCRI and the hospital fosters an environment where large multi-disciplinary teams of medical professionals from both organisations work together. Researchers are better-placed to discover and decipher puzzle pieces more swiftly, allowing the campus to address unsolved paediatric health problems, and to implement findings into clinical practice more directly.

Professor Sheena Reilly, Associate Director of Clinical and Public Health at MCRI and Director of Speech Pathology at the RCH explains: "The co-location of research and clinical care demonstrated between the RCH and MCRI is now being recognised globally as best practice. It has many benefits for patients and the medical fraternity, not least that discoveries are being made faster which translates into improved care for children faster too."

The new RCH incorporates the latest in evidence-based design concepts to not only provide world-class clinical care, but also to facilitate faster research translation into healthcare delivery. With double the research space of the previous site, the close proximity of researchers and clinicians results in improved communication and collaboration, allowing

researchers to respond quickly to the important emerging child health issues.

At MCRI, funds are allocated to research projects according to performance and research excellence. This strategy has resulted in research at MCRI flourishing over the last decade.

MCRI invests support from The Royal Children's Hospital Foundation to seed fund new research, to the areas of greatest strategic importance and projects that show the greatest prospect of making a significant difference to children's health.

Competitive research income from the National Health & Medical Research Council (NHMRC) to MCRI has increased tenfold and research outputs (as measured by publications) more than doubled in the period 2002-2011.

This growth and continuous improvement is made possible because of MCRI's unique setting which involves efforts and contributions of all the campus partners; the RCH, The University of Melbourne Department of Paediatrics and The Royal Children's Hospital Foundation.

The outcomes are important for our local community and also cast a wider net. As a result, The Royal Children's Hospital campus, with its strong research underpinning, maintains its standing as one of the leading paediatric centres in the world.

25 years of changing outcomes and saving lives

Over its 25 year history, Murdoch Childrens Research Institute's (MCRI) achievements have been many; children in Victoria and around the world are the beneficiaries of the many research discoveries of the Institute. Some recent examples include:

Rotavirus vaccine

Rotavirus, the leading cause of severe dehydrating gastroenteritis in infants, causes more than 500,000 deaths worldwide each year, mostly in developing countries. As infection occurs very early in life, MCRI is working with developing countries on an oral vaccine that can be delivered at birth to those most at risk.

Allergy research

MCRI researchers found that babies given egg after 12 months of age were up to five times more likely to develop egg allergy as they grew older than infants introduced to egg at four to six months of age. This contradicted Australian and international guidelines that previously recommended that infants with a family history of allergy delay introducing allergenic foods until two or three years of age. Egg allergy is the most common food allergy in infants and toddlers.

Sound sleeping for babies

Researchers found that having a baby with a sleep problem triples the risk of postnatal depression symptoms in mothers. Determined to do something to help, researchers developed and trialed a baby sleep program, which was found to decrease infant sleep problems by 60 per cent and postnatal depression by 30 per cent.

Setting the agenda for a healthier future

Conditions increasingly affecting children today – allergies, obesity, some auto-immune conditions, mental health problems – are far removed from major problems of decades gone by, like polio, scarlet fever and diphtheria. These changing health problems have long term effects on adult health and prosperity, and create an enormous social and financial burden for Australians, their families, communities and governments.

The scale and breadth of The Royal Children's Hospital (RCH) clinical domains is complemented by over 60 different research groups within MCRI. Across these groups, researchers are tackling the genetic and environmental causes of more than 100 diseases, developing improved treatments and prevention strategies, and considering the long-term social, behavioural and physical impacts of disease.

So how does the MCRI choose what to study, and what is most pressing?

Professor Sheena Reilly, Associate Director of Clinical and Public Health at MCRI and Director of Speech Pathology at the RCH explains: "Whereas once our scientists looked for a single cause to explain a problem, we now focus on the relationships between factors such as your genes and the environment to explain a health outcome".

"On this campus we attract world class scientists and clinicians so that we can leverage capabilities in laboratory research, population health, clinical research and clinical practice. This is critical to developing improved treatments and prevention strategies, and improving the long-term social, behavioural outcomes and physical impacts of disease."



Associate Professor Mimi Tang conducts ground-breaking research to find a cure for dangerous peanut allergy.

Donors and researchers; influencing the future of children's health

Donor funds are apportioned to the most important and competitive research areas at MCRI, and are allocated according to performance-based funding. For new and emerging areas of research, MCRI's internal funding strategy rewards research excellence with seed funding.

This strategy is unique to Australian medical research institutes and since being implemented has driven significant growth and global competitiveness of MCRI.

MCRI's reward-based funding system has created an active research-oriented environment in many of the clinical areas within the RCH. It's a perfect example of clinical practice and research working with one

another to the benefit of the campus and the patients. Collaboration and integration between the campus partners means better research, increasingly robust results, leading to more grants and a faster discovery process.

With support from the community through the Foundation, the following selection of research projects shows both the breadth and excellence of research across disciplines, and the success of this strategy.

Solving the allergy epidemic Associate Professor Mimi Tang

Australia is home to a modern-day epidemic of serious allergic and autoimmune diseases in children. Most of the serious allergic and autoimmune diseases are life-long, thus the cost related to case accumulation among the Australian population is highly significant. Access Economics reported in 2008 that the financial cost of allergies was \$7.8 billion per annum. This is



>> more than twice as large as schizophrenia (\$1.8 billion) and bipolar affective disorder (\$1.6 billion) combined.

One of the most common sources of severe anaphylaxis is peanut allergy. Associate Professor Mimi Tang is well-known for her work on allergy. Her ground breaking research involves the use of a pro-biotic combined with an allergen to find a cure to peanut allergy.

MCRI invested seed-funding of \$50,000 towards understanding the immune mechanisms leading to resolution of peanut allergy. This project was awarded National Health & Medical Research Council (NHMRC) funding of \$583,938 for 2012.

This important research offers the chance of a cure for the many children who suffer from food allergy, particularly life-threatening peanut allergy.

Cystic Fibrosis Associate Professor Sarath Ranganathan

Cystic Fibrosis (CF) is the most common life threatening, recessive genetic condition affecting Australian children. It affects a number of organs in the body, especially the lungs and pancreas, by clogging them with thick, sticky mucus. Mucus can also cause problems in the pancreas preventing the release of enzymes needed for the digestion of food. This means that people with CF can have problems with nutrition. Repeated infections and blockages can cause irreversible lung damage and death. At present, there is no cure for CF.

A project to examine the long term outcomes of infant lung function in children with cystic fibrosis, led by Associate Professor Sarah Ranganathan, was awarded \$43,000 in funding in 2011. This study has been successful in obtaining \$484,421 in NHMRC project funding for 2012.

This research offers young children diagnosed with CF a strong hope of better treatment and management outcomes.

Genetic disorders Professor David Thorburn

Mitochondrial disorders are inherited genetic diseases affecting energy generation in the human body. Individually they are rare but collectively cause illness or death in at least one in 5,000 children. In a groundbreaking study published in the prestigious journal Nature Genetics, MCRI researchers together with scientists from the Broad Institute of MIT and Harvard, USA, successfully trialled 'next generation' DNA sequencing to test 103 genes simultaneously, unlike current tests, which test one gene at a time, or need painful invasive muscle biopsies to be performed on children.

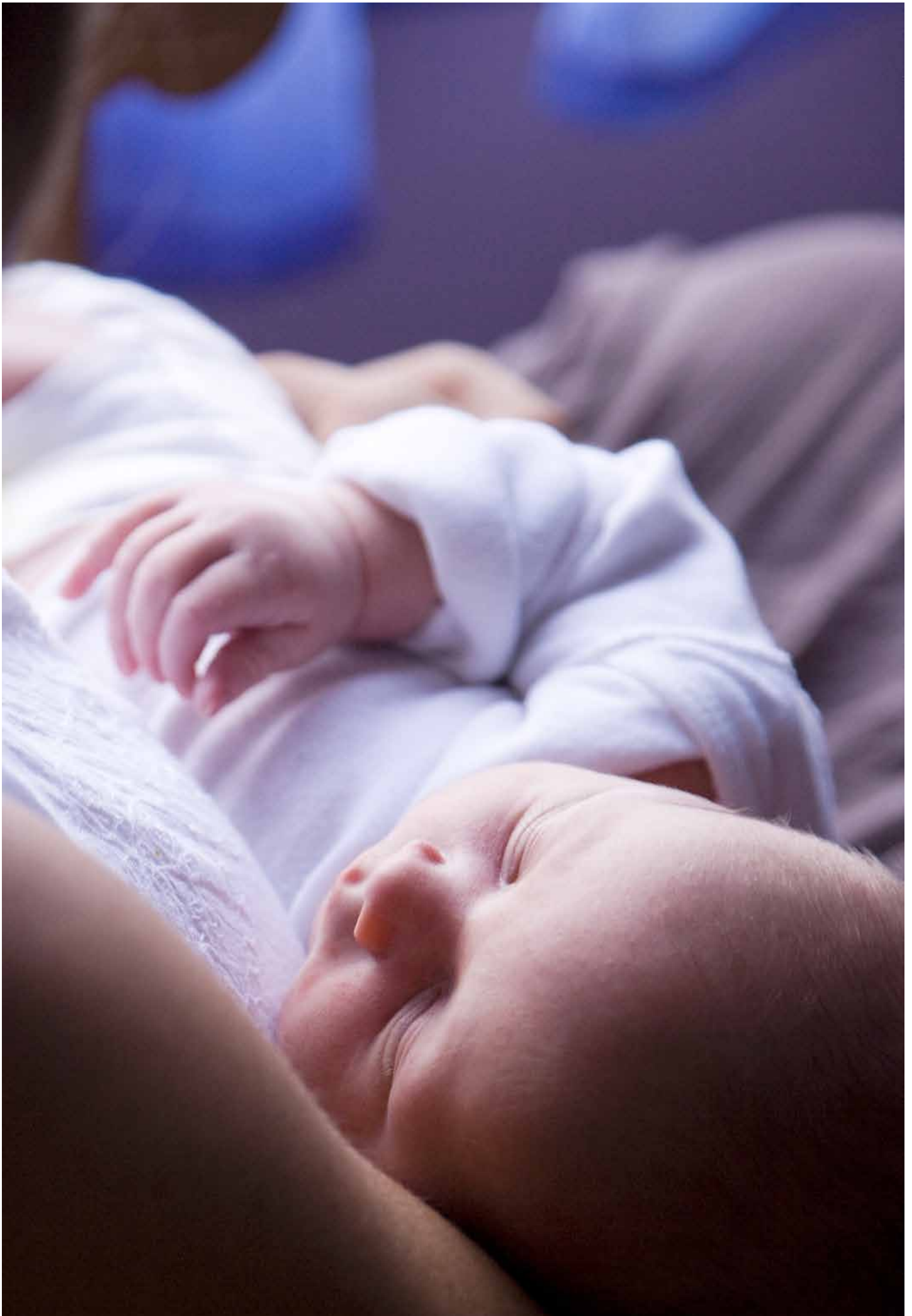
Professor Thorburn received \$73,000 in donor funding. In 2012, he was awarded \$648,675 in NHMRC funding to further investigate the diagnosis of mitochondrial disorders using these new cutting edge sequencing technologies.

This research offers greatly improved hope of a better and faster diagnosis for families and children affected by these devastating diseases.

The future is looking clear and bright

Growth at MCRI has occurred at a faster rate than other hospital-based medical research institutes in Australia. It is made possible because of the unique relationship between the three campus partners, supported by the Foundation.

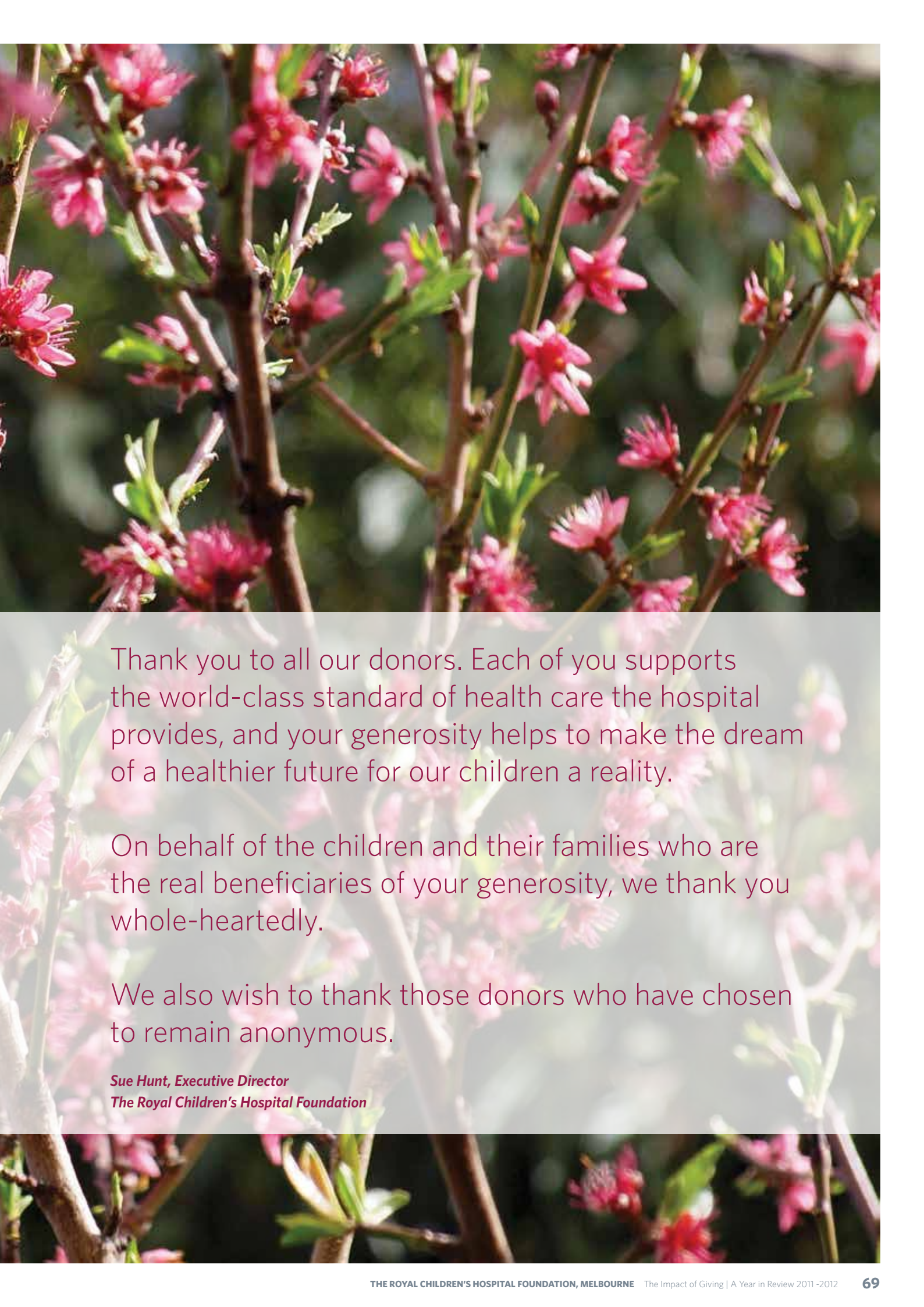
The result is increased translation of clinical findings to improve patient care in Victoria, nationally and overseas.





The future of children's
health is in our hands.



A close-up photograph of pink cherry blossoms on dark brown branches. The flowers are in various stages of bloom, with some showing five petals and prominent stamens. The background is a soft, out-of-focus green, suggesting foliage. The lighting is bright, highlighting the delicate texture of the petals.

Thank you to all our donors. Each of you supports the world-class standard of health care the hospital provides, and your generosity helps to make the dream of a healthier future for our children a reality.

On behalf of the children and their families who are the real beneficiaries of your generosity, we thank you whole-heartedly.

We also wish to thank those donors who have chosen to remain anonymous.

*Sue Hunt, Executive Director
The Royal Children's Hospital Foundation*



Our donors . . .

Good Friday Appeal

15.8 million +

Auxiliaries

1.5 million+

The Auxiliaries below have contributed to this amount.

ABC Auxiliary
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American Women's Auxiliary
Archers Auxiliary
Beyond Sight Auxiliary
Bones & Co Auxiliary
Brimbank Torch Auxiliary
Broadmeadows Auxiliary
Cancer In Kids Auxiliary
Caring Friends of CF Auxiliary
Caroline Auxiliary
CasKids Auxiliary
Caulfield Auxiliary
Charli's Angels Auxiliary
Children's Flyer Fund Auxiliary
Chip In Auxiliary
Comfort for Kids Auxiliary
Courage 4 Kids Young Set
CPR Auxiliary
Creative Sparks Auxiliary
Cystic Fibrosis Research Trust Auxiliary
Dirty Hands Happy Hearts Auxiliary
Do-Bees Auxiliary
Donating Divas Young Set
Dorothy Waters Auxiliary
Ezy Breathing Auxiliary
Footscray Yarraville Juniors Auxiliary
Full o Beans Auxiliary
Geelong Auxiliary
HAUX
Heart Throb Auxiliary
Heart to Heart Auxiliary
Hidden Treasures Auxiliary
Inverloch Auxiliary

Knox Sherbrooke Auxiliary
Kooyong Lawn Tennis Club
Auxiliary
LARCH
League of Former Trainees
Auxiliary
Let The Children Play Auxiliary
Melbourne Sinfonia Auxiliary
Mum's Kids Auxiliary
Music Therapy Auxiliary
NeoNate Mates Auxiliary
OARA
Opera Buffs Auxiliary
Pankina Auxiliary
Parkville Auxiliary
Pelican Auxiliary
Phillip Island Auxiliary
Prem Bubs Auxiliary
Roxburgh Park Auxiliary
Smiley Auxiliary
South Western Auxiliary
Southern Rainbows Auxiliary
St. Kilda Auxiliary
Strokidz Auxiliary
Templestowe Auxiliary
Trailblazers Auxiliary
Viva Young Members
Wangaratta Auxiliary
Waverley Auxiliary
Willy Seagulls Auxiliary
Yellow Ribbon Kids Auxiliary
Young Set Auxiliary

Our Community: Fundraising Groups, Individuals and Families

\$200,000 +

Finnan's Gift
My Room Inc
RCH1000

\$100,000 +

HeartKids Victoria Inc

\$50,000 +

The Ken & Jill Harrison Foundation
(Founding Partner)
Houston, Donald and Norah
(Founding Partner)
Snowball, Margery
(Founding Partner)
Mind Over Matter Month
Rotary Club of Werribee 200km walk
Special Events Committee
The Smith Family

\$20,000 +

Women's Day - ACP Magazines
Attorney-General's Department -
Criminal Justice Division
Glas, Robert
Henwood, Darryl
Laidlaw, John
Nick's Wish
Uplift Events Great Amazing Race 2011
YPA Real Estate Agents Christmas Party

\$10,000 +

Andrinopoulos, Peter and Pota
Australian and New Zealand Society of
Paediatric Dentistry
Australian Society of Endodontology
Victorian Branch
CF Friends of Bendigo
Collingwood Football Club Limited
Delahey Family's Great Headshave 2012
Flight Centre/Healthwise Melbourne
Marathon
Frid, David
Hoppers Crossing Swimming Club Inc
Leong, Eric
Liberty International Underwriters
Meditron Pty Limited
Melton Country Club
Opasinis, Maria
Rosenfield, Israel P
Run Melbourne Participants
Team Iggy Murray to Moyne
The Brotherhood of Dimou Aristomenous
Theatre, Angie

\$5,000 +

ANZ Walkers 2011
Haddad, Lisa & David
Boardman, Chris
Bob's Christmas Shave
Camilleri, John
Department of Health
Dharmawardena, Kheeran & Jinani
Dodich, Natasha & Walter
Dyer, George & Maureen
Fuji Xerox Social Club
Heritage Golf and Country Club Members
Jacobson, Shane & Justine
Kolieb, David & Mira
Kontis, Chris
Larsen, Warren
Luke's Run
Melbourne Magistrates Court of Victoria
Moncrieff, John
Sullivan Family
Pople, Marie & Adrian
Proust, Elizabeth
Roohizadegan, Behnam
Rotary Club of Sunbury
Ryan, Gerard
Victoria University River Run/PNET
Cancer Foundation
Victorian Transport Association
Wittingslow Family Christmas Lights
Display
Wittingslow, Janet

\$2,000 +

Agha, Ahmad
Armour, W D & K A
Australian Thermo Laminating
Association
Baxter Healthcare Pty Ltd
Bradica, Stefan
Bray, E.F.
BSX2011 BMX Rally
Byrne, Judi
Cain, Joshua
Caruana, Jimmy
Caspersz, Adrian
Davies, John
De Maria, Rennie
Drobis, Feliks & Rasma
Elton, Zelman
Errol Street Pty Ltd
Fahour, Moustafa
Fontan, Clementina
Franet, Phil
Gazman
Glenn, Christopher
Goldman, Joel
Halal, Nancy
Hunt, Sue
IC Business Solutions
Jar of Hope
Jessica Griffiths' Big Hearts Raffle
JMP Accountants
Jones, Casey & Anh
Jones, Luke
Judd, Chris
Katos, Chris
Koda's Project
Koutsoumidis Family
Kyrkoudis, Nick & Anastasia
Lacaze, Peter
Lanteri, Maria
Lazarou, John
Lend Lease Infrastructure Services
on behalf of the O'Hanlon Family
Leung, Stephen
Liakos, Angelo

LME Dinner Downunder
Lowy, Frank & Shirley
Matters, Barry & Lindy
Minchinton, LFJ
Natvia
Network Neighborhood Pty Ltd
Norman, Richard
Reece Plumbing
Rene Hartnett Stall for Oncology
Research
Ribbons for Ruby
Rossbourne School
Rotaract Club of Tullamarine Masquerade
Ball
Rotary Club of Hawthorn Inc
Run Colac
Sandringham Golf Club
Satelvision Antenna & Digital Services
Sawyer, Barbara
Shackleton, Jasmin
Singh, Navneet
Smith, Steve
The Coffee Club
The Royal Standard Hotel
The Woodpeckers Club
ToyBox International
Warrick, Joanne

Businesses and Corporate

\$50,000 +

CSL Limited
Hardie Grant Magazines
Ipsen Pty Ltd
Nestec SA
Pfizer Australia Pty Ltd

\$20,000 +

Caribbean Gardens Pty Ltd
Genzyme Australasia Pty Ltd
Novo Nordisk Pharmaceuticals Pty Ltd
Roche Products Pty Ltd
Strathmore Community Services
Bendigo Bank
Toys 'R' Us (Australia) Pty Ltd
YPA Estate Agents Pty Ltd

\$10,000 +

Cooper Investors Pty Ltd
Domain Charter Group
Flight Centre Limited
Laiki Bank (Beirut Hellenic Bank)
Michael's IGA Supermarket
Technika Pty Ltd
The IN Group
The Marketing Pool
Transfield Worley Services
Winslow Constructors Pty Ltd

\$5,000 +

Access Mercantile Agency
Australian Inkjet Company
CCA Bayswater Pty Ltd
Confoil Containers
Costco Wholesale Australia
Fire Protection Association Australia
First Data
First Health Medical Centre Pty Ltd
Icon Construction Australia Pty Ltd
Il Duca
MILU Pty Ltd
Orion Laboratories
Pitcher Partners Management Pty Ltd
Probuild Constructions (Australia) Pty Ltd
R W Phillpot Investment Trust Pty Ltd
The Australian Embassy in Vietnam
Universal Steel Pty Ltd
Wintrust Pty Ltd

\$2,000 +

A & B Dental Labs
Account(Able) Accountants Pty Ltd
Ahrens Engineering Pty Ltd
Bain International Inc
Bates Smart
Billard Leece
Blake Dawson
Brookfield Multiplex Constructions
Carlisle Homes Pty Ltd
Coca-Cola Sales & Customer Service
Charity Committee (Vic)
Decor Corporation Pty Ltd
GlaxoSmithKline Australia Pty Ltd
Harts Party Hire
In2Space Interior Design
Jellis Craig
Kane Constructions Pty Ltd
Kliger Wood Real Estate Pty Ltd
Lend Lease
McInnes Management
Monjon Australia Pty Ltd
O-I Australia
Pacific Brands
Polytec Pty Ltd
RBSM Group (South Yarra) Pty Ltd
Stragans Accountants & Business
Advisors Pty Ltd
Tata Consultancy Services Ltd
Tybrad Pty Ltd

Bequests and Estates

\$1 Million +

Hammond, Francis "Bill" Raymond
Harry Lyon Moss Trust Fund

\$200,000 +

Dorothy Isabel Stirling Charitable Trust

\$100,000 +

Carew, Phoebe F
Chapman, Olive Merle
Dunn Family Perpetual Trust
Eynon, Neville Lindsay
Findlay, Hazel Maude
James, Ivan Murray
Parkinson, Leslie Charles
Penberthy, Mary
Taylor, Ella Phyllis
Wightman, Robert Henry

\$50,000 +

Dunstan, Ronald John
Edith and Don Robinson Charitable Trust
Goldsbury, Keith
Haig, Ethel Marian
Henry Brough Smith Charitable Trust
Hillard, William Horace
Leighton, Gordon Arthur Horatio
Lionel R V Spencer Trust Fund
Nagy, Katalin
Norman, Mavis and Graham Waters
Charitable Trust
Perrott, Mary Leslie
Saether, Bjornulf Olaus Severin
Waters Charitable Trust

\$20,000 +

Aitken, KB & MJ
Bloom, Doris May
Bourke, Estate of James William
Dennis Osborne Clarke Charitable Trust
Frenkiel, Jakob
McArthur, David Malcolm
Shepherd, Frederick B
Smith, Heather Sybil
Smith, Steven Robert
Vanderkelen, Joan
Walker, J H
Wright, John Frederick

\$10,000 +

E C Blackwood Charitable Trust
Fleming, John William
Grant Bequest
Harry and Eva Tootal and Broadhurst
Keith Goods Memorial Trust
Kelly, Michael John
Macrow, William
McTaggart, Edith
McWilliams, Horatio R C
Moyavero, Angela
Peter James Provelson Trust Fund
Sheehan, Jean Laurina
The Frank and Sybil Richardson Charitable
Trust
Watkin, Irene Joan
Wells, Arthur Donald
Winder, Emily Vera

\$5,000 +

Baker, Phyllis May
Doran, Joyce "Bonny"
John William and Anna Maria Ford
Memorial Fund
Martin, Margaret Magella
Murdoch, John S
Murray, Ross Douglas
Price, Leigh & May
Short, Ilma Mary
Solomon, Bessie Eva
Thick, Constance Annie
Thompson, Flora Louisa

\$2,000 +

Anderson, John
Bateman, Frank Hincks
Birrell, L.S.J.
Burnett, Jessie Carnegie
Cowell, Kevin Stewart
Delaney, Peggy P
Eugene and Janet O'Sullivan Trust
Frank Hayley and Doris Verna Hodgson
Trust
Grimwade, Alice Marion
Healey, Joyce Adelaide
J R G and E McKenzie Bequest
Joseph and Kate Levi Charitable Trust
Kitty and Harry Ramondt Charitable Trust
Lilburne, Cyril Gordon
Margaret Jean Sutton Charitable Trust
Marshall, Charlotte
Marshall, William
Morgan, David Mathais
Nanson, Katharine St. Clair
Peachey, Hazel Elizabeth
Ristuccia, Maria
Sutton, Frederick George
The Doris and Rupert Joseph Charitable
Trust
The William and Mary Levers and Sons
Maintenance Fund
Tweddle, Joseph Thornton
Wells, Arthur Donald
Wilkinson, William M

Trusts and Foundations

\$500,000 +

Koala Foundation

\$100,000 +

Children's Hospital Foundations Australia
Fight Cancer Foundation
Geoff and Helen Handbury Foundation
Helen Macpherson Smith Trust
Lorenzo & Pamela Galli Charitable Trust
Muscular Dystrophy Limited
The Pratt Foundation
The William Buckland Foundation,
managed by ANZ Trustees

\$50,000 +

H.T. Pamphilon Fund, administered by
Equity Trustees
The Dyson Bequest, managed by ANZ
Trustees

\$20,000 +

Besen Family Foundation
Chain Reaction Challenge Foundation
Collier Charitable Trust
Creswick Foundation
Goldman Sachs and Partners Australia
Foundation
Grantali Foundation
Jigsaw Foundation
MAKYBE Diva Foundation
State Trustees Australia Foundation -
Denis Aloysius King
The Bell Charitable Fund
The Marian & E H Flack Trust
The Orloff Family Charitable Trust
The R E Ross Trust

\$10,000 +

Alfred Felton Bequest
Kilwinning Trust
Lord Mayor's Charitable Foundation
State Trustees Australia Foundation
- Helen Hadi
State Trustees Australia Foundation
- Isabella Agnes Pritchard
State Trustees Australia Foundation
- Marjorie Hayes & Olivia Cock
Memorial
State Trustees Australia Foundation
- Neville & Di Bertalli & Family Clinical
Neurosurgical
The Kimberley Foundation
The Michael & Andrew Buxton
Foundation
The Stuart Leslie Foundation
The Trust Company of Australia
The William Angliss (Victoria) Charitable
Fund
Victorian Women's Trust Limited

\$5,000 +

Burridge Weber Family Trust
Debbie Stach Memorial Trust
Gary Thomson Endowment
Lofiskos Philanthropic Society
Incorporated
Myer Stores Community Fund
State Trustees Australia Foundation -
Herbert William Hampton
The Alfred and Jean Dickson Foundation
Victoria Law Foundation
Xenia Foundation

\$2,000 +

C & T Park Endowment CEF Management
Account
Gringlas Family Charitable Fund
Izaak Wolf & Genia Auschwitz Szykman
Charitable Foundation
Jeffrey & Helen Mahemoff Endowment
RDA Foundation
River Capital Foundation
Robert C. Bulley Charitable Fund
Spotlight Foundation

Celebrations and Tributes

The Foundation receives many donations in loving memory of children, friends and relatives, and in celebration of important life events such as weddings, special birthdays, anniversaries, Bar Mitzvahs and Bat Mitzvahs. Those honoured in this way are listed below.

In Celebration and In Memoriam

Akeroyd, Robert (Bob)	Callipo, Maria	Didic, Theodore Alessandro	Harper, Glenn
Albanis, Estelle	Callis, Shayne	Douros, Leonidas	Harrington, Thomas William
Alisandratos, Dimitros	Cannarozo, Frank	Downes, Rachel	Hart, Roma Esther
Ambry, Rebecca Lee	Cartwright, Ignatius	Drennan	Hayes, Darcy
Anastasopoulos, Connor	Cataldi, Grazia	Duncan, Charlotte Paige	Hendry, Carl
Aquilina, Mary	Chambers, Edwina Margaret	Duncan, Robert	Henry, Michael
Athanasopoulos, Nick	Chang, Angeline Nancy	Engelbogen, Karli	Hiriat Family
Attipa, Evangelia	Chang, Yi	Erickson, Barbara	Hirsch, Michael
Awad, William	Chau, Ian	Errey, Unea	Hortle, Dane
Bailey, Melva	Chaw, I	Evans, Ethan J	Hudson, Thelma
Baker, Irene	Chiarotto, Bruno	Faifer, Debbie & Norman	Huggett, Lally
Barrow, Raymond	Chircop, Reginald	Failla, Giovanna Maria	Iliopoulos, John
Beck, Max	Cilia, Agatha	Feinman, Armani	Iron, Rachel
Bedi, Tanish	Cimino, Salvatore	Felmy-Glas, Noah	Jackson, Doug
Bengtsson, Betty	Colasante, Rosina	Fenech, Stephanie	Jennings, Betty
Benton, Gerry	Concilia, Marino	Flannery, Malcolm	Jeremy and Vanessa
Bergman, Adam	Cook, William	Fontanella, Rosetta	Joel, Sasha
Better, Rebecca	Coviello, Elena	Fratangelo, Federico	Joyce, Elsa
Black, Allen	Crawford, David	Frazzetto, Giuseppina	Kakridas, Jason Daniel
Blackie, Dorothy	Cristini, Paul	Freedon, Vena	Kamal, Rayaan
Blandy, Emma	Cusano, Leonilda	Froutzis Parents	Kane, May
Bloom, Barry	Damiani, Alfio	Frydman, David & Endra	Karabatsos, Anastasia
Bollard - De Silva - Cooke, Frey	Davies, Gregory John	Fuller, Betty	Karipidis, Foti (Frank)
Boros, Frank	De Bruin, Wilhelmina	Gatt-Rutter, Esther	Kastannias, Kanella
Bos, Willem	De Chazal, Michel	Gellatly, Verna Ruby	Katz, Gavin
Bovaird, Elaine	de Leo, Veneranda	Georgopoulos, Leonard & Pina	Keable, Brian
Bowler, Donald	Defina, John	Gibson, Barbara	Kelly, Jordan
Bowman, Rick	Del Monaco, Domenico & Marianne	Giummarra, Carmela	Kelway, Herb
Britton, Alice Jean	Dempsey, Aston	Goldman, Hannah	Keren-Black, Adam
Britton, Tristan	Demsey, David R	Grant, John Maxwell	Kiourtis, John
Broom, Genevieve	Denis, Irene	Greatwood, Joyce	Kirkman, Craig
Brunet, Noah	Destratis, Robbie	Greco, Raffaele	Klug, Carolyn
Buckley, Mitchell	Devine, Gwen Louise	Gregorace, Rosanna	Knezevic, Kathy
Burgon, Ellen	Dharmawardena, Jade (Jadeybird)	Grinblat, Seth	Kolieb, Mira
Burley, Bruce	Di Nuzzo, Silvio	Gucciardo, Laura	Kouryialas, Angus
Burrows, Adele	Dickinson, Nade	Gunn, Roslyn	Kurc, Libby
Calderwood, Damian		Gurr, Felix	Kyriakou, Emilios
		Hammond, Trevor	Laidlaw, Dean

In Celebration and In Memoriam (continued)

Lang, Bailey
Lawrence, Marjorie Daisy
Le, Patrick
Leen, Mary
Lethbridge, Margaret
Levy, Geoffrey
Lew, Jade
Lew, Joseph
Lewin, Michael
Lewis, Betty
Limone, Gregoria
Lippman, Michael
Lucente, Luigi
Luckeraft, Olivia
Luongo, Domenico
MacPherson, Barbara T
Malaperdas, Konstantinos
Malaperoa, Con
Malavazos, George
Manias, Temelina
Manlio, Romano
Markov, David J
Martin, Bridget Grace
Mathews, Alan, Harry, and
Alison
Matlik, Monika
Mavromatis, Kalliopi
Max and Lenny
May, Robin
McCarroll, Cormac Maurice
McCoullough, Charli Lauren
McDonnell, Betty
McFerran, Katrina
McIntyre, Grace
McKean, Tahila Lucy
McKinnon, Sonny
McLeod, Zoe
Meacham, Alexis Rose
Mecuri, Mason
Merkus OAM JP, John W
Messina, Concetto
Michel, Elaine
Migon, Andrzej
Milenkovic, Nicholas Jac
Milner, Gemma
Minutoli, Stefan Thomas

Molimis, Angela
Montesano, Claire & Nancy
Morell, Jack
Mota, Fabien
Mott, Dean
Muir, Stan and Dorothy
Mulcahy, Margaret
Mullen, John (Jack) Kevin
Munro, Patricia
Murphy, Narelle
Murray, Ruth
Muscat, Noah
Musso, Jasmine Rose
Myors, Chloe M
Naughton, Jy
Neve, Dorothy Elizabeth
Nguyen, Dylan
Nowak, Jack
O'Brien, Michael
O'Donnell, Elsie
O'Hanlon, Thomas
Osmond, Diane
Pace, Robert
Pantalone, Adelia
Paolozza, Biagio
Paramasivam, Shobhaa
Paterno, Giuseppa
Paul, Isaak
Pearson-Marsh, Annie
Penney, Tim
Petroni, Sebastian
Phillips, Lucy Rose
Pinchen, Dean
Plymin, Ronald Aldred
Poppe, Maximilian
Potts, Hayden Michael
Prassinis, Evangelia
Proimos, Triandafilos
Psaila, Ajay
Quin, Kathy & David
Raco, Caitlin
Rajan, Ethan
Rayeroux, Yolande M
Redhouse, William
Reeve, Addison Catherine
(Sue)

Renwick, Elizabeth
Riccio, John
Rigby, Joshua
Roverato, Rita
Rowena and Justin
Ruedin, Levi Louis
Russell, Robert
Sanchez, Beatriz
Scandizzo, Vanessa
Seles, Maria
Shahin, Oran
Shapiro, Carol
Sheehan, Georgia Rose
Shoolman, Elijah
Siegel, Piper
Sinclair, Tayla Rose
Small, Leanne
Smarrelli, Maria
Smith Gwen Mary
Smith, Campbell James
Smith, Oaklyn Devyn-Croom
Solazzo, Fred
Soukseun, Kahn
Sparkes, Mary Christine
Spencer, Lionel R
Staropoli, Frank
Staunton, Richard
Stephens, Douglas
Stirling, Peter & Kim
Stocco, Emilio
Stodolny, Frank
Strangis, Giovanna
Stringer, Chloe
Swiatlo, Tahni
Talia, Maria
Tanskanen, Keijo
Taylor, Eloise C
Taylor, Harry
Tedge, Gladys May
Terlato, Amanda
Thiele, Michael
Thompson, Hannah Kay
Torey, William
Tracey, Thelma
Tsviln, Vladimir
Turner, Frederick William

Twigg, Jacinda
Vaopoulos, Will
Valeuze, Vincenzo
van Ballegooy, Jaxson
Ward, Aminah
Watson, Jerzey
Weatherley, Jan
Wharton, Roy Graham
Wilkinson, Ivy
Wilson, Joan
Wojnar, Krystyna
Wood, Scarlet
Wooller, Elaine K
Xanthoulakis, Lauren
Xuereb, Harper
Young, Beryl
Zagaretos, Harry
Zervos, Paul

Regular Giving

Barnett, Matthew
Brown, David
Conway-Hicks, Carmen
Duffin, Linton
Glas, Robert
Gloger, Cilla
Gloger, Sarah
Goldman, Joel
Hind, Natalie
Jellis, Amanda
Johnson, Graeme
Kamboj, Diwakar and Renu
Knight, David
Konopka, Tamara
Morgan, Jan
Nolen, Clare and Mark
Paruit, Simon
Perryman, Ross and Joan

Workplace Giving

A Tomballe Insulations
ADP
Allens Arthur Robinson
Andreco Hurl
Art Hotel
ATC Insurance
Austral Asia
BAE Systems Australia
Bain International Inc.
BHP Billiton Limited
Blackmores Ltd
Bluescope Distribution
Bluescope Logistics
Bluescope Steel Limited
BlueScope Steel Sheet Metal
Supplies
Bluestar Logistics Australia Pty
Ltd
Boeing Aerostructures Australia
BRB Modular
CAF Community Fund
CCA Bayswater Pty Ltd
CCA Corporate
CCA Quenchy
Chartis Insurance
Coca Cola
Coca-Cola Sales & Customer
Service Charity Committee
Computershare Investor
Services Pty Limited
Contract Resources Pty Ltd
Coustley
CSR Building Products Limited
Firnigl, Adam
Furmanite Australia Pty Ltd
Growcott, J
GTA Consultants
Hardiman, Bryn
Heat Tech Australia Pty Ltd
HESTA Australia
Industry Funds Management
Javaherian, Jason
Klinkermann, Horst
Macquarie Group Foundation
Limited
Mason Clarke Preserving
Company
McElligot Partners P/L
MECU Limited
Melbourne Water (MGRC)
Neverfail Bottled Water Co
Pty Ltd
Pickles Auctions
Police Association
Powercor Australia Ltd
Quirks Australia
Roberts, Leigh
Seek Limited
Shell Australia Employees -
Project Better World
South East Water Limited
St Margarets School
Sucrogen Australia
Sugar Australia Pty Limited
The MGI Foundation Pty Ltd
(Boyd Group)
Tyres4U Pty Limited
United Way Sydney
Valve Tech Engineering
Vic. Retired State Teachers
Assoc Social Club
Committee
Westpac Group
Williamstown Crane Hire
Yarra Valley Water

HEADS OF DEPARTMENTS AND RESEARCH CHAIRS FUNDED THROUGH THE FOUNDATION IN 2011/2012

- Professor of Developmental Medicine, funded by The Apex Foundation for Research into Intellectual Disabilities, The University of Melbourne Department of Paediatrics and the Foundation
 - Director of Clinical Research, funded by the Foundation
 - Professor/Director of Nursing Research, funded by the Foundation
-

ONGOING LEADERSHIP POSITIONS FUNDED THROUGH THE FOUNDATION

- The Victor and Loti Smorgon Chair of Paediatrics, The University of Melbourne, funded by The Victor Smorgon Charitable Fund
 - Chair of Paediatric Surgery, The University of Melbourne
 - Stevenson Professor of Paediatrics research program
-

FELLOWSHIPS

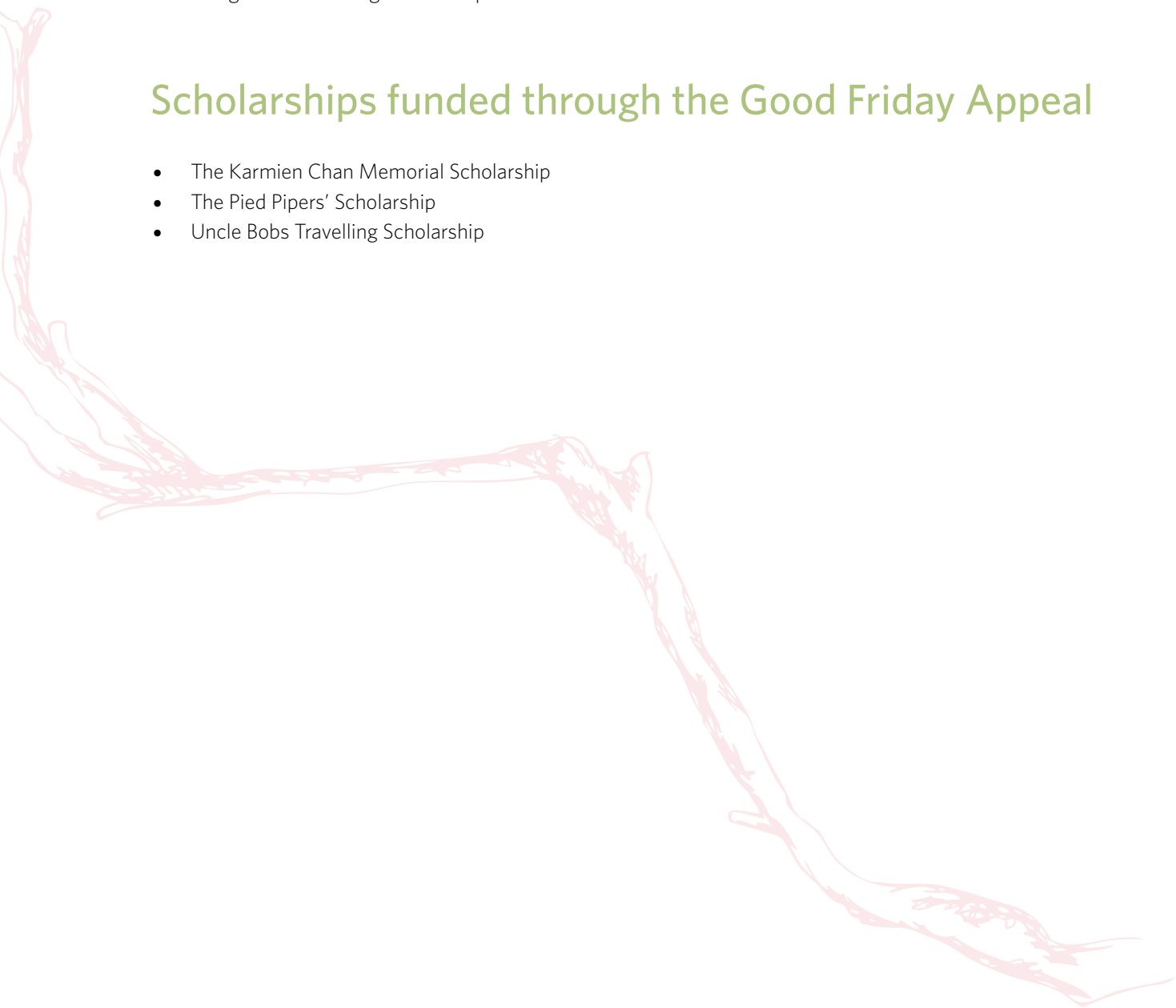
- Cardiology Fellowship, funded through Australian Friends of Schneider Children's Medical Centre
- The Aitken Fellowship, funded by the Estate of Ilma Mary Short
- Infectious Diseases Fellowship, funded by the LARCH Auxiliary
- Plastic Surgery Fellowship, funded by The Jigsaw Foundation and the Foundation
- Neurosurgery Fellowship, funded by the Foundation
- Uncle Bobs Neurology Fellowship, funded by the Uncle Bobs Club
- RCH Medical Fellowships, funded by the Foundation
- Orthopaedic Medical Fellow, funded by the Foundation
- Overseas Trainee Fellowships, funded by Nestec SA
- Cystic Fibrosis Research Fellows, funded by the Cystic Fibrosis Research Trust Auxiliary
- Respiratory Fellows, funded by the Foundation
- Epilepsy Fellowship, funded by The Rats of Tobruk
- Developmental Medicine Fellow, funded by the Lorenzo and Pamela Galli Charitable Trust
- Medical Fellow, Children's Cancer Centre, funded by KOALA
- Clinical Fellowship in Neuromuscular Disease, funded by CSL Limited
- Clinical Research Fellowships, funded by Novo Nordisk and Ipsen

SCHOLARSHIPS

- Dame Elisabeth Murdoch Nursing Scholarship
- Brainwave Travelling Scholarship
- Rosemary Derham Scholarship
- Jeannie H Poolman Scholarship
- Jeff Crouch Memorial Scholarship
- Kate Campbell Scholarship
- Travelling Scholarship for General Registered Nurses
- The Volunteers' Nursing Scholarship
- RCH Paediatric Handbook Travelling Scholarship
- RCH Foundation Burns Unit Research Scholarship
- Postgraduate Nursing Scholarships

Scholarships funded through the Good Friday Appeal

- The Karmien Chan Memorial Scholarship
- The Pied Pipers' Scholarship
- Uncle Bobs Travelling Scholarship



Board of Directors 2011/2012 (to 30 June 2012)



Mr Julian Clarke - Chairman

Chairman, Herald and Weekly Times



Mr Leon Kempler OAM

Chairman of Acacia Australia Ltd and Tescom Australia



**Mr Richard Leder
- Deputy Chairman**

Partner, Corrs Chambers Westgarth



Professor Christine Kilpatrick

Chief Executive Officer, The Royal Children's Hospital



Mr Tony Beddison AO

Chairman, Beddison Group and The Royal Children's Hospital



Mrs Carole Lowen

President, The Royal Children's Hospital Auxiliaries



Dr Hugo Gold

Clinical Associate Professor, The University of Melbourne and Clinical Director of the Children's Bioethics Centre, The Royal Children's Hospital



Professor Paul Monagle

Stevenson Professor and Head of the Department of Paediatrics, The University of Melbourne



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Former Vice President, Australian Olympic Committee



Professor Frank Oberklaid OAM

Director, Centre for Community Child Health, The University of Melbourne and The Royal Children's Hospital



Mr David Huggins

Assistant Director of Student Services, Catholic Education Office Melbourne



Mr Peter Yates AM

- Chairman from 1 July 2012

Chairman - Faculty of Business & Economics, The University of Melbourne and The Royal Institution of Australia.
Director - AIA Australia Limited



Mr Ian Johnson

Chairman, Channel Seven Melbourne

Committees

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Professor Christine Kilpatrick
Mr Richard Leder
Professor Paul Monagle

Audit and Corporate Risk Management

Mr Leon Kempler OAM (Chair)
Mr David Huggins
Mr Richard Leder
Mr Dale McKee (external member)

Investment

Mr Peter Yates AM (Chair)
Mr Richard Leder
Mr Andrew Shelton (external member)
Mr Ray King (Sovereign Investments – independent advisor to Committee)

Remuneration

Mr Julian Clarke (Chair)
Mr Richard Leder

Distribution Audit Committee

Mr David Huggins (Chair)
Mr Geoffrey Henke AO
Mr Leon Kempler OAM

Executive Director

Ms Sue Hunt



The RCH Foundation Staff

Standing, left to right:

Giovina Cicchitti, Corporate and Donor Relations Coordinator
Caitlin Smooker, Design and Publications Coordinator
Mima Seldon, Publications Coordinator
Judi Giddings, Corporate and Donor Relations Manager
Fiona Ballantyne, Trusts and Foundations Manager
Shiyavanthi Johnpillai, Database and Development Coordinator
Laurel-Leigh Lawson, Auxiliaries Assistant
Rachael Hurley, Executive Assistant
Gareth Alexander, Retail Coordinator
Bob Skilton, Community and Corporate Relations Ambassador
Ellie Pateras, Donor Development Coordinator
Lisa Addison, Community Development Events Coordinator
Stephanie Zappala Bryant, Communications Manager
Debbie Shiell, Community Development Manager
Danielle Clark, Donor Development Coordinator
Donna Aranyi, Donor Development Manager

Seated, left to right:

Lucia Di Maio, Receptionist / Office Administrator
Sue Manson, Auxiliaries Coordinator
Sue Hunt, Executive Director
Mary Kutaimi, Management Accountant
Stefan Hnativ, Business Manager

Absent/on leave:

Janelle Holden, Auxiliaries Assistant
Pranav Kaushal, Accounts Coordinator
Lauren Stewart, Donor Development Manager
Suna Panicker, Donor Database Administrator



The RCH Shop Staff

Left to right:

Melisa Williams, Lucy Cavallaro, Kaitlyn Howley

Become a Foundation Supporter

We believe that the future of children's health is in our hands. There are many ways to contribute to the Foundation personally or through an organisation, and every bit helps.

Whether you give a donation or give of your time, your generosity can fundamentally improve the lives of our young patients and their families.

Foundation staff are here to provide advice and support. More details can be found on our website, and you can contact our team for further information.

All donations to the Foundation \$2 and over are tax deductible.

How can you personally influence the future of children's health? The impact of giving is felt across the hospital, no matter the size of your contribution.

Make a donation at rchfoundation.org.au

You can donate once, or easily set up an automatic regular gift. Every donation helps, no matter how big or small.

Join our online community of donors, patients and families

Our newsletter, facebook, and twitter give you relevant updates and inspiring stories. Connect at rchfoundation.org.au.

Hold a fundraising activity or event

The awareness you create, and the people you inspire are just as important as the funds you raise.

Join an Auxiliary

They welcome new members and skills for fundraising. Joining an Auxiliary brings your interests together with an extended family of likeminded people. There are over 60 Auxiliaries across Victoria.

Host a 'Cuppa for Kids' morning or afternoon tea

Perfect for your friends, schoolmates, colleagues, book club, mother's group, sporting club... Cuppa for Kids events can be hosted anytime and anywhere.

In Celebration donations

Ask your friends and family to donate to the Foundation instead of buying you a gift; a wonderful way to make a difference while celebrating your special occasion.

In Memoriam donations

Following the passing of a loved one, the family may wish to honour their memory by requesting donations to the Foundation.

Attend a fundraising event

There are hundreds of entertaining and informative events organised in support of the Foundation each year, including gala balls, dinners, performances, family fun days, fun runs, trivia nights and more.

Donating goods and services (including toys) for stalls and raffles

Stalls, raffles and auctions are a popular way to raise funds for the Hospital. Auxiliaries sell items on their stalls and many Auxiliaries and groups use donated goods and services to auction and raffle.

Major gifts have the power to make an enormous impact on the hospital's ability to deliver positive health outcomes for our most vulnerable citizens – sick children and their families.

Corporate giving

Build team morale by rallying together for a worthwhile cause. Corporate giving programs aim to build mutually beneficial relationships in which your entire workforce can take pride in.

Set up workplace giving

Inspire your employees and colleagues – workplace giving is a tax effective way for employees to donate to the Foundation, and the cumulative total can achieve great things. It's simple to run and boosts morale!

Leave a bequest

Leaving a gift in your will can leave a lasting footprint on the future of paediatric health care. Once you have looked after family, friends and those closest to you, there are ways you can make gift to the Foundation.

Endowments

Large donations can be made in the form of an endowment - ensuring the principal of the donation remains untouched for an indefinite or specified period of time.

Join RCH1000, our annual giving program

RCH1000 is a unique membership program providing funds for important innovative research conducted at the hospital. RCH1000 members commit to making an annual tax deductible donation of \$1,000 per member.

Professorial Chairs

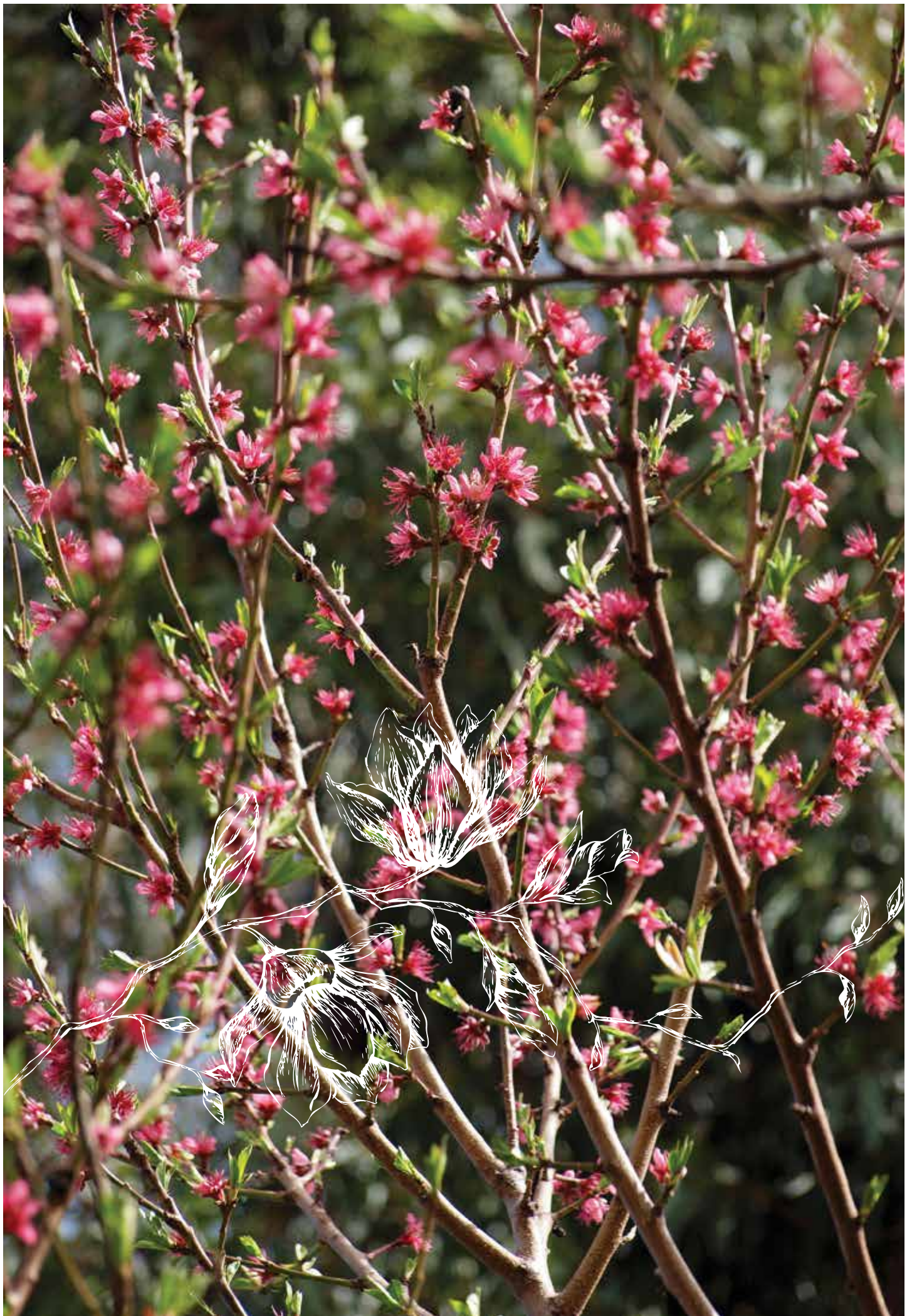
Significant contributions can be used to appoint a world-class academic or practitioner to a position of Professorial Chair. This brings a wealth of specialist experience to the RCH and raises the profile of specific medical areas within the community.

Fellowships

Major funding can support excellence by placing leading medical experts into key roles at the RCH. By creating incentives, the Foundation aims to attract the world's best clinical practitioners and researchers.

Equipment purchases

These opportunities include the provision of long-life, state-of-the-art technology capable of changing and saving the lives of many children. The RCH builds its reputation on this type of high-profile equipment.



The future of children's health
is in your hands

Join the conversation online:



Sign up for our newsletter
at rchfoundation.org.au

