

WEST AUSTRALIAN SLEEP DISORDERS

RESEARCH INSTITUTE, Inc.

ANNUAL REPORT

2002/2003

February 2004

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WEST AUSTRALIAN SLEEP DISORDERS RESEARCH INSTITUTE (Inc)

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Bhajan Singh MBBS FRACP

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WEST AUSTRALIAN SLEEP DISORDERS RESEARCH INSTITUTE (Inc)

Annual Report 2002/3

I am pleased to present the Annual Report of the West Australian Sleep Disorders Research Institute (the "Institute") for the financial year 2002/3, the third year of its operation.

The Institute is a not-for-profit organisation devoted to improving knowledge and understanding of sleep-related disorders through clinical, teaching and research activities.

Further consolidation of our services has occurred over the last year with maturation of our office and financial systems, further development of our diagnostic and treatment programmes and methodologies and continuation of our vigorous teaching and research programmes. Accreditation of our sleep laboratory was a major undertaking and achievement for the year.

A record number (1637) of new referrals were received and sleep studies (2083) performed. We continue to be challenged by this extremely high demand for our services many of which are delivered without recompense with others attracting a diminishing fee relative to cost. This is reflected in our accounts. The continuing financial health of our organisation is fundamental and we will continue to strike a balance between ensuring this yet delivering as equitable a service as possible to the community.

Key Achievements

- Accreditation of the Sleep Laboratory by the Thoracic Society of Australia and New Zealand/Australasian Sleep Association for a period of 5 years from 7/2/03
- Continuing high productivity by our research teams with the publication of 22 papers in peer-reviewed journals and numerous presentations to national/international meetings
- Completion of 2083 sleep studies to investigate patients with sleep disorders. Improved reception procedures to increase throughput of newly referred patients.
- Planning for increased GP input into diagnostic process with formal "GP-OSA" study planned in consultation with Hills GP group.
- Increased educational activity with ongoing commitment to 1st year medical and dental students, 5th year medical students, postgraduate nursing education and training of a record number of advanced trainees, including an overseas trainee
- Improved accounting with incorporation of leave liability and inventory into accounts, allowing a complete financial picture of the Institute's operations to emerge
- Negotiation with Sir Charles Gairdner Hospital to allow interfacing of Institute computers with the Hospital network, facilitating access to Hospital-based information
- Software developments including installation of improved financial software (new version of Oasis), proliferation of access to Compumedics (increased dongle number), and approval of academic status for Microsoft products.

- Resolution of long-running technical problems relating to two-bed Siesta data acquisition hardware for Compumedics sleep system
- Redevelopment of office space to accommodate sleep physicians (x2) and research assistant
- Acquisition of new office and waiting room furniture to improve patient and staff amenity
- Redecoration of sleep clinic
- Development of a computerised template for quality control of sleep study reporting
- Publication of a privacy policy for patients
- Development of WASDRI Website (go live scheduled for August/September 2003) to improve dissemination of information regarding our activities
- Securing of additional funding from Disabilities Services Commission for back-up power supplies for patient ventilators
- Negotiation with Dept of Health (WA) for ongoing public funding of CPAP/NIV devices beyond July 30th 2004.

The Year Ahead

In our ongoing efforts to meet demand we intend to introduce methodologies that increase efficiency, such as combined doctor-technologist clinics to follow-up long-term patients, minimising “double handling”. We also aim to decrease our dependence on laboratory-based polysomnography, with increased use of home-based respiratory sleep studies including oximetry (using “dip-rate” software) and Autoset automated CPAP titration.

Our infrastructure needs further development to accommodate these and other needs. We will work hard to keep our software “state of the art” in all areas of our operations. An example is the new version of Compumedics Profusion sleep analysis software, which we are negotiating to acquire. New software inevitably means updating computer hardware to optimise its performance.

Expansion of our research activities with an increase in postgraduate students will necessitate redevelopment of our research offices to accommodate this increased number. For the longer term we are in dialogue with the SCGH research office regarding accommodation in the planned Hospital research building.

The greatest source of satisfaction to me remains the performance of our staff who continue to perform to a high standard in every area of our operations. A culture of hard work, courtesy and efficiency has been embedded by their mutual efforts, much to the Institute’s and the community’s benefit.

D R HILLMAN MBBS, FANZCA
 Medical Director and Chairman