

WEST AUSTRALIAN SLEEP DISORDERS

RESEARCH INSTITUTE, Inc.

ANNUAL REPORT

2003/2004

December 2004

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Bhajan Singh MBBS FRACP

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Bhajan Singh
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Nigel McArdle MD FRACP
Scott Claxton, MBBS, FRACP
Kevin Finucane MBBS FRACP
Sutapa Mukherjee, MBBS, FRACP, PhD
Michelle Murphy MBBS (Registrar)

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John Elliot
Kelly Shepherd
Cathryn Jensen
Peta Maxwell
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Kylie Hill
Jasmine Lamb
Karen Wills
Danielle Philippe
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WEST AUSTRALIAN SLEEP DISORDERS RESEARCH INSTITUTE (Inc)

Annual Report 2003/2004

I am pleased to present the Annual Report of the West Australian Sleep Disorders Research Institute (the "Institute") for the financial year 2003/2004, the fourth year of its operation.

The Institute was founded in September 2000 as a not-for-profit organisation devoted to improving knowledge and understanding of sleep-related disorders through clinical, teaching and research activities.

Since its inception it has grown in all these respects. Referrals of patients for clinical management are at an all-time high, our teaching activities now extend well beyond training of registrars and technologists to formal undergraduate teaching, and our research activities are broadly based, productive and well supported by national competitive grants.

Key Achievements of the last year

1. An excellent performance by the research team (see separate report). While this activity has been strongly supported by national competitive grants, internal financing has played a pivotal role in keeping some of this research alive between grants. This investment has been rewarded by subsequent acquisition of such grants.
2. Improved financial performance through tighter budgetary control, including better debt recovery.
3. Institution of new methods to deal with burgeoning demand for clinical services include a "Doctor/Technologist" Clinic to ensure that CPAP trials for obstructive sleep apnoea are completed in a timely fashion. This has required equipping with auto-titration devices which have compliance, leak, pressure, and oximetry storage capacities. Using these devices has dramatically reduced our dependence on follow-up CPAP polysomnography studies.
4. Re-equipping the CPAP trial pool with more devices incorporating humidifiers. This has reduced machine-swapping when patients (more than 50% in winter) require humidification.
5. More efficient processing of new patient referrals has seen the waiting time for new appointments reduced to below 12 weeks.
6. Re-negotiation of public funding for CPAP equipment on an annual recurrent basis, to allow financially-disadvantaged West Australians to access this equipment with Health Department support. There have also been negotiations with the Disability Services Commission to re-affirm existing

arrangements for funding of the long-term disabled for equipment to treat sleep-related breathing disorders.

7. Commissioning of two new consultant rooms and an office. All our consultant staff are now professionally accommodated.
8. Acquisition of increased storage space for equipment, made necessary by CPAP trial arrangements referred to earlier.
9. Institution of a website for the Institute to allow better dissemination of information.
10. Software upgrades including a new version of the Profusion software used for sleep study analysis and reporting. This has acted to make these processes more efficient.
11. Institution of better systems for analysis of oximeter studies with purchase of "Download 2000" (Dip Rate) software.
12. Re-introduction of inductance plethysmography to all sleep study beds. This is a gold standard measurement that replaces the previously used and unsatisfactory Peizo belt method.

Issues that remain to be resolved include the lengthy wait for CPAP trials. It is hoped that efficiencies gained from introduction of the Doctors/Technologist Clinic, including more rapid turnaround of CPAP devices, will allow this waiting time to be progressively reduced over the next year. Computer hardware in the Sleep Laboratory is likely to require upgrading over the next year including purchase of LCD screens, and institution of digital video on each bed. Purchase of software to improve the efficiency of our archiving of reported sleep studies is also under consideration. A new front desk has been planned to improve the efficiency of our reception area. We need to continue to work hard to refine efficiency in all parts of our operation.

Work of the breadth, complexity and high standards achieved by the Institute are the result of a dedicated and cohesive staff, who are the organisation's greatest strength. The Institute and the community generally owe them thanks.

D R HILLMAN MBBS, FANZCA
Medical Director and Chairman

