



# NSW Organ and Tissue Donation Service 2009-10 Annual Report

## **How to get further copies of the NSW Organ and Tissue Donation Service 2009/10 Annual Report**

Further copies of this document can be obtained from:

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October 2010

**Cover Page photographs taken by Marco Sacchi for the photographic exhibition titled *The Face of Donation*.**



***Launch of the DonateLife NSW Network by the Hon Carmel Tebbutt, Deputy Premier and Minister for Health.***

## **Covering Letter from the Chief Executive**

Professor Debora Picone AM  
Director-General  
NSW Health

Dear Professor Picone

I am pleased to present to you the first Annual Report of the NSW Organ and Tissue Donation Service.

Firstly, I would like to acknowledge the generosity of all those individuals and their families for making organ and tissue donation possible at such a sad time. Without the generous support, hundreds of individuals in NSW would not have been able to benefit from life saving or life improving transplant surgeries.

The service was established as a standalone business unit of South Eastern Sydney and Illawarra Area Health Service on 01 July 2009 following the successful transfer of business from the Australian Red Cross Blood Service.

During the first year of business there were a number of key achievements. These included:

- The transfer of existing Area Health Service Donor Coordinators into the new Clinical Nurse Consultant – Organ and Tissue roles.
- The recruitment of 10 FTE Hospital Medical Directors of Organ and Tissue Donation in 7 Area Health Services.
- The recruitment of 12 FTE Clinical Nurse Specialists – Organ and Tissue in 10 Area Health Services.
- The release of the NSW Organ and Tissue Donation Service 5yr Business Plan, which defined the Service's mission, goals, values and strategic directions.
- Implementation of a State-wide orientation and training program for the new staff.
- Launch of the DonateLife™ network in NSW.
- Implementation of Clinical Triggers in all appropriate hospitals.
- Review of the NSW Eye and Tissue Banks.

I am pleased to report that as at 30 June 2010, all nursing positions have been successfully recruited to and all staff are performing well in their roles. All Hospital Medical Director positions have been appointed to, although the appointee at Wollongong Hospital is yet to commence in the role while the unit attempts to recruit a backfill. In addition to this, the Service has successfully negotiated with the Australian Organ and Tissue Authority for additional funding for a 0.5 FTE Hospital Medical Director at St Vincent's Hospital, and following a review of the service, reallocated funding to allow the appointment of a 0.4 FTE Hospital Medical Director at Orange Base Hospital.

All vacant positions within the Organ and Tissue Donation Agency and the executive have been filled and the service is now operating at 100% of its establishment.

The implementation of the reform agenda in NSW, consisting of the appointment of dedicated medical and nursing staff for organ and tissue donation in all major metropolitan and regional hospitals, a national marketing campaign by the Authority to generate family discussion and raise awareness of organ donation, and the implementation of clinical triggers for identification of potential organ donors in emergency departments and intensive care units has resulted in continued growth of organ donor numbers. May 2010, saw the largest number of donors (14) on record in NSW in a single month. The 2009/10 period saw a 36% increase in solid organ

donors (83 vs 61) compared to 2008/09 which resulted in 283 transplants being performed. This reflects a 28% increase in transplant surgery compared to 2008/09.

In the third and fourth quarter, the executive team commenced a review of current operations and measured the progress of the Service against the implementation plan. I am pleased to inform you that the Service is on track, and in some cases, is exceeding its implementation timeframe.

Financially, the Service has come in on budget despite higher than anticipated activity related costs, particularly in overtime payments for State Clinical Nurse Consultants, courier and pathology charges. The next two financial years will remain challenging as organ donor activity increases but funding remains capped.

Now that the Service has established itself, the objectives in the next financial year will be to not only sustain the current organ donor rates, but to continue the increase in baseline numbers. One of the key areas that the Service will be focussing on to achieve this will be increasing the consent rate.

As part of our communications strategy, all DonateLife™ NSW clinical staff will be given communication training on how to effectively approach families to gain consent. It is hoped that this strategy, in conjunction with national marketing initiatives and local religious and cultural-specific programs, will significantly improve our consent rates.

The Service will also continue to work with the national Authority on the development of nationally consistent policies and protocols and will participate in the ongoing review of the effectiveness of the national reform agenda.

I look forward to leading the Service during the next 12 months as we continue to build upon our achievements of the first year.

A handwritten signature in black ink, appearing to read 'T Clout', with a large, sweeping flourish on the left side.

Mr Terry Clout  
Chief Executive



*Organ Donor Awareness Week 2010*



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## Ron McGarrity's Story

For Ron McGarrity, helping people throughout his life meant organ donation was a natural choice in death. Ron had a zest for life and helping others. Sue, his wife, best friend, and partner of 32 years, shared his happy outlook on life.

Sue says Ron was the perfect man – kind and compassionate, fit and active. He had a strong set of values that he lived by. He was able to communicate with people from all walks of life and had a special rapport with young people he met through his many interests, including sports and grassroots community organisations. 'Ron had the ability to bring out the good in people and make them aspire to be the best they could be in whatever they did', Sue said.



One Tuesday evening, Ron was working in the garage preparing for a landscaping job at their newly built property. When Ron returned to the house Sue noticed his speech was slurred. Ron couldn't move his left arm and his left leg gave way. Sue called an ambulance and a close friend, both of which responded within minutes.

On Friday night, the neurosurgeon advised Sue the bleeding was so severe that Ron had lost control of his automatic functions, such as breathing, and his brain was no longer functioning and would not recover – at age 67, Ron was brain dead. Sue recalls being told to contact those close to Ron so they could say their last farewells. Ron has so many friends and family wishing to say goodbye that one of the intensive care unit nurses nicknamed it the 'Ron McGarrity ICU'.

On Saturday morning the head of the intensive care unit told Sue the tests had confirmed brain death and there was no chance of recovery. She recalls that, with great sensitivity, he asked her views about organ donation. 'Of course it was a shock to me at first, it was immediately confronting and I was overwhelmed but I was clear in giving my consent because Ron and I had discussed organ donation many times', Sue says.

'Over the years Ron and I had known two people who had kidney transplants and we'd seen how they had become so well after their transplant, they were again healthy and part of their families, and we still had them as friends. I think this is why we were both supporters of organ donation'.

Sue recalled there were some delays in getting to theatre, but she felt the organ donor coordinator was a great advocate for the family, and the doctors and nursing staff approached the whole process with sensitivity.

At Ron's memorial service one of his friends spoke about Ron's views on organ donation. She encouraged everyone to discuss organ donation with their families. Sue says that many people present at the service have since told her they were moved to consider donating their organs and informed their families of the donation wishes.

Ron was 67 when he died and he donated his kidneys, liver and corneas. This inspiring story proves that age is no barrier to organ donation.

**PROGRESS AGAINST THE NSW ORGAN AND TISSUE  
DONATION SERVICE BUSINESS PLAN**

## Dashboard Indicators

Following is a summary of the progress to date on meeting the targets identified in the Strategic Plan for the NSW Organ and Tissue Donation Service, utilising a dashboard indicator format.

✓ Direction being achieved; ✗ Action required; 🕒 Monitoring required

<b>Strategic Direction</b>	<b>Due</b>	<b>Indicator</b>	<b>Comments</b>
<b>1: Partnerships</b>			
Publication of annual media and communications plans	2010	✓	2yr plan to be released at the Start of the 2010/11 Financial Year
Involvement with the Service by stakeholder groups	2011	✓	Addressed by Communications Plan
Identification of operational constraints to organ and tissue donation	2010	✓	Regular scheduled Network and Committee meetings review constraints and identify appropriate solutions/ recommendations
Production of consistent and regular data	2010	✓	Meeting targets
<b>2: Education to clinical staff</b>			
Complete education needs analysis	2010	🕒	Priority task for new nurse educator
Implement education workshops	2011	✓	On track – Hospital clinical education sessions implemented. Clinical Triggers rolled out in all sites.
Critical care staff to have completed ADAPT workshops or an equivalent	2012	🕒	Future planning is dependent upon negotiations with National Authority which took responsibility for ADAPT July 2010
All post-graduate courses to include ADAPT workshops or an equivalent	2012	🕒	Future planning is dependent upon negotiations with National Authority which took responsibility for ADAPT July 2010
All appropriate NSW public in-patient health care facilities to have Designated Officer coverage	2012	🕒	In discussion with NSW Health on future training and resource availability
All NSW OTDS staff to have annual performance appraisals;	Ongoing	✓	Meeting targets
10% increase in number of presentations	2012	🕒	Data monitoring in progress
<b>3: Community understanding</b>			
Communication plan adopted	2010	✓	2yr plan to be released at the Start of the 2010/11 Financial Year
All relevant stakeholder groups signed Communications Charter	2011	✓	Meeting targets
Media training protocols and programs are in place	2011	✓	Media training for all NSW OTDS staff began in June
Trend analysis of registrations in RTA database and AODR	2010	✗	Meeting with both bodies to identify most appropriate means to obtain required data
Clear and concise information on the registries	2011	🕒	2yr plan to be released at the Start of the 2010/11 Financial Year
10 percentage point increase in people registering consent	2012	🕒	Data monitoring in progress
Reduction in the number of	2012	🕒	Data monitoring in progress

<b>Strategic Direction</b>	<b>Due</b>	<b>Indicator</b>	<b>Comments</b>
family refusals by 20% by 2012			
<b>4: Support to families</b>			
Communication with families	2010	✓	Strategies to be addressed in the Communications and Marketing Plan
Implement biennial review of respective pathways to donation	2010	GR	To await release of national guidelines
Review operational model	2010	✓	Ongoing by the executive. Formal review scheduled for the beginning of 2011 in consultation with the AOTA.
Training for staff	2012	✓	National review of education competencies is underway
<b>5: Clinical and community leadership</b>			
Increased number and diversity of spokespersons	Ongoing	✓	Strategies to be addressed in the Communications and Marketing Plan
Annual reporting to the NSW OTDS Executive	2010	GR	Data monitoring in progress
<b>6: Workforce</b>			
All positions filled	2010	✓	Awaiting back-fill for Wollongong HMD; Central coverage of Goulburn from July
Annual performance management	2010	✓	Meeting targets
Competencies developed	2010	✓	National review of education competencies is underway
Clinical experience programs for rural and regional staff	2010	✓	On track
Local staff involved with training, education and mentoring	Ongoing	✓	Meeting targets
Organ and tissue 'link nurse' training program	2010	GR	Newly appointed nurse educator to facilitate this development
'Link nurses' opportunities	2012	GR	Newly appointed nurse educator to facilitate this development
<b>7: Resources</b>			
Secure ongoing funding	2012	✓	Funding and Performance Agreement signed for 2010-12
Regular review of finance and asset management plans;	2010	✓	Incorporated into 2010 operational work plan
Financial and reporting requirements on time	Ongoing	✓	Processes in development
Quality and Safety Committee	2010	GR	Incorporated into 2010 operational work plan
Management information system	2010	GR	Processes in development
Accreditation	2012	✓	On track – feasibility is currently being assessed
<b>8: Risks and opportunities</b>			
Regular discussion by Committees	Ongoing	GR	Processes in development
Regular contact with relevant bodies	Ongoing	✓	State Medical Director initiating contacts
Bi-annual reviews of the Business Plan	Ongoing	✓	
Integral part of activities	Ongoing	✓	In place but formal reporting structure to be implemented in next quarter



*Organ Donor Awareness Week*

## **ISSUES AND RISKS**

## Issues and Risks

Currently identified issues follow.

<b>Issue</b>	All organ and donation positions not filled
<b>Risk</b>	Incomplete service coverage for NSW; NSW Health not fully complying with Agreement
<b>Mitigation Strategies</b>	<ul style="list-style-type: none"> <li>• Negotiation to cover all areas of responsibility;</li> <li>• Ongoing discussions regarding back-filling for medical positions;</li> <li>• Close liaison with Area Health Services and current staff</li> <li>• Continuous review of all vacant positions and the most efficient and effective model for service delivery.</li> </ul>

<b>Issue</b>	Increase in family refusal rates
<b>Risk</b>	Limiting number of solid organ donations
<b>Mitigation Strategies</b>	<ul style="list-style-type: none"> <li>• Implement monitoring of trends, and locales of concern;</li> <li>• Marketing strategies in consultation with National Authority;</li> <li>• Increase in community education using expanded organ and tissue donation workforce;</li> <li>• Training of organ and tissue donation staff in communication methods;</li> <li>• Proposal for research project into reasons for family decisions to be considered by National Authority</li> </ul>

<b>Issue</b>	Significant and sustained increase in organ donor activity
<b>Risk</b>	Insufficient capacity in staff and financial resources
<b>Mitigation Strategies</b>	<ul style="list-style-type: none"> <li>• Monitoring of activity that will highlight unsustainable levels of activity;</li> <li>• Review of rostering to identify alternative staffing patterns;</li> <li>• Recruitment of casual staff to supplement permanent staff;</li> <li>• Re-prioritise budget allocations;</li> <li>• Keep NSW Health and National Authority fully informed of situation and consequences.</li> </ul>

<b>Issue</b>	Appropriate recognition within Area Health Services
<b>Risk</b>	Organ and tissue donation not supported
<b>Mitigation Strategies</b>	<ul style="list-style-type: none"> <li>• Provision of Funding Agreements to each Area;</li> <li>• Implementation of Area Strategic Plans for Organ and Tissue Donation;</li> <li>• Identification of liaison contact at a senior level in each Area Health Service;</li> <li>• Distribution of organ and tissue donation activity data;</li> <li>• Include Areas in distribution of advices, newsletters etc;</li> <li>• Communications Manager to work with local organ and tissue donation staff for local publicity</li> <li>• Chief Executive and State Medical Director meet with each AHS CE to promote NSW Organ and Tissue Donation Service</li> </ul>

<b>Issue</b>	Set-up costs of new staff in Area Health Services
<b>Risk</b>	New staff not provided with required equipment and supplies
<b>Mitigation Strategies</b>	<ul style="list-style-type: none"> <li>• Negotiation with Areas that establishment costs for computer, phone and pager will be covered</li> </ul>

<b>Issue</b>	Out-of-hours coverage within budget
<b>Risk</b>	Appropriate coverage not provided and/or financial over-run
<b>Mitigation Strategy</b>	<ul style="list-style-type: none"> <li>• Regional sites covered by the central agency after hours and on weekends.</li> <li>• Cross-Area coverage by organ donor staff in metropolitan Area's.</li> </ul>

<b>Issue</b>	Retrieval services not resourced for the increase in donor numbers
<b>Risk</b>	Unable to facilitate organ retrieval due to a lack of retrieval services
<b>Mitigation Strategy</b>	<ul style="list-style-type: none"> <li>• Monitoring of demand against retrieval</li> <li>• Liaise with retrieval teams regarding issues affecting service delivery</li> <li>• Raise issues with the Department of Health as appropriate</li> </ul>



**Organ Donor Awareness Week – Parramatta Eels**

## **DONOR ACTIVITY REPORT**

## Donor Activity – Financial Year 2009-2010

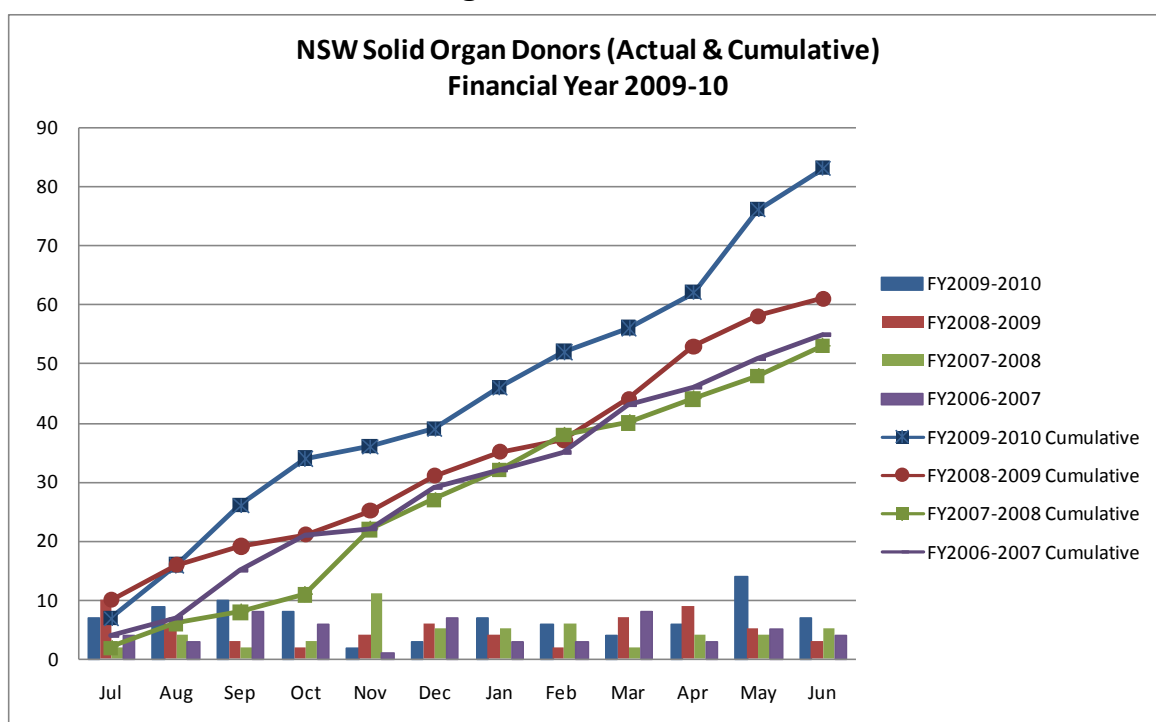
Donor activity for the financial year and compared to previous financial years is provided hereunder for NSW. However the rates per million population for both organ donors and for transplants is based on combined NSW and ACT data as the activities of the agency and of the transplantation sector cover this greater geographical area.

### Actual Solid Organ Donor Statistics

NSW Solid Organ Donors by Financial Year

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
FY2009-2010	7	9	10	8	2	3	7	6	4	6	14	7	83
FY2008-2009	10	6	3	2	4	6	4	2	7	9	5	3	61
FY2007-2008	2	4	2	3	11	5	5	6	2	4	4	5	53
FY2006-2007	4	3	8	6	1	7	3	3	8	3	5	4	55

### Cumulative Number of Solid Organ Donors - NSW

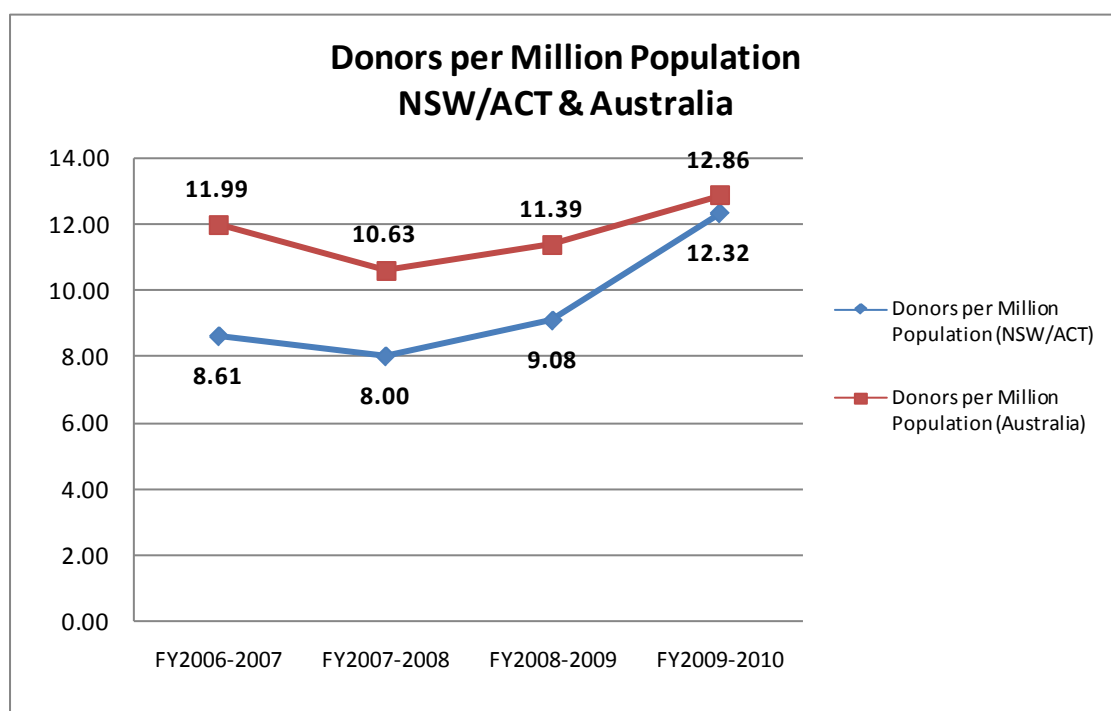


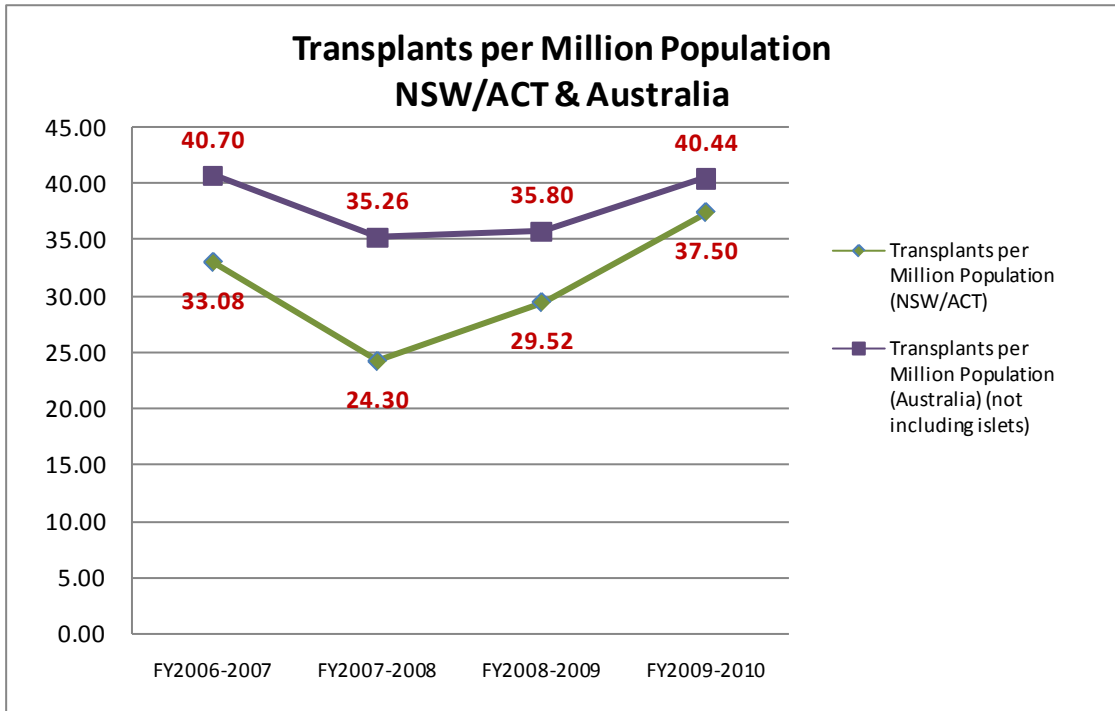
## Donation and Transplantation Rates per Million Population by Financial Year

### DONORS AND TRANSPLANTS PER MILLION POPULATION BY FINANCIAL YEAR

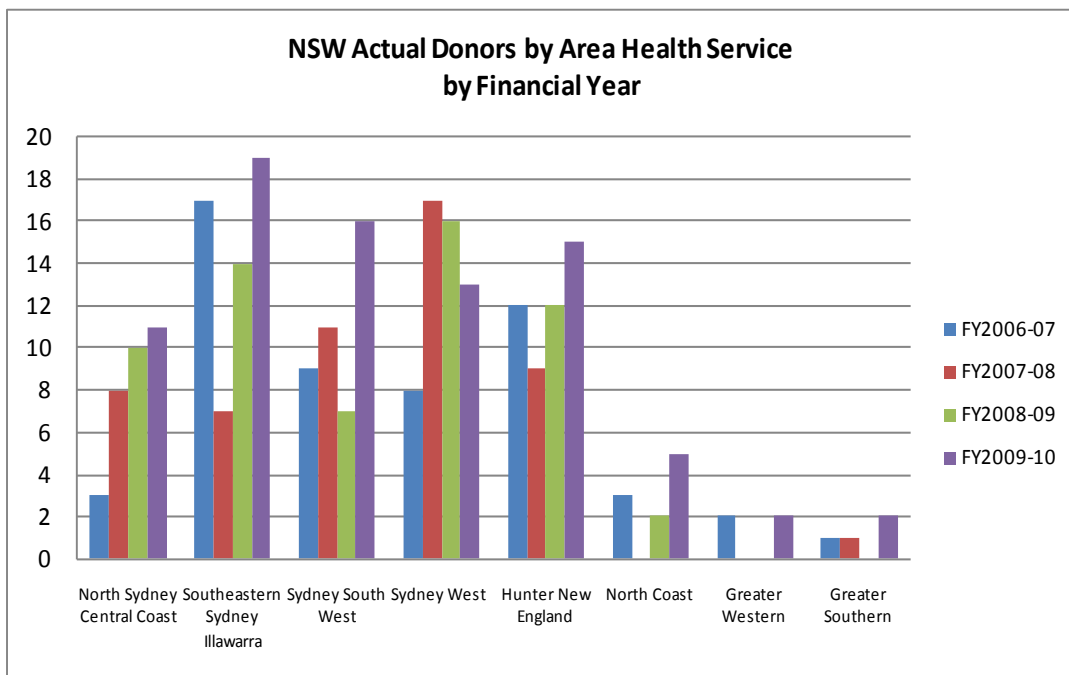
	FY2006-2007	FY2007-2008	FY2008-2009	FY2009-2010
Combined NSW/ACT Solid Organ Donors	57	55	68	93
Australia Solid Organ Donors	225	211	250	285
Combined NSW/ACT Solid Organ Transplants (not including islets)	219	167	221	283
Australia Solid Organ Transplants (not including islets)	764	700	786	896
Combined NSW/ACT Population (M)	6.6204	6.8732	7.4866	7.5469
Australia Population (M)	18.7692	19.8553	21.9553	22.1554
<b>Donors per Million Population (NSW/ACT)</b>	<b>8.61</b>	<b>8.00</b>	<b>9.08</b>	<b>12.32</b>
<b>Donors per Million Population (Australia)</b>	<b>11.99</b>	<b>10.63</b>	<b>11.39</b>	<b>12.86</b>
<b>Transplants per Million Population (NSW/ACT)</b>	<b>33.08</b>	<b>24.30</b>	<b>29.52</b>	<b>37.50</b>
<b>Transplants per Million Population (Australia) (not including islets)</b>	<b>40.70</b>	<b>35.26</b>	<b>35.80</b>	<b>40.44</b>

Population figures as at Aug-01      Oct-07      Jun-09      Dec-09  
 2001 Census      2006 Census





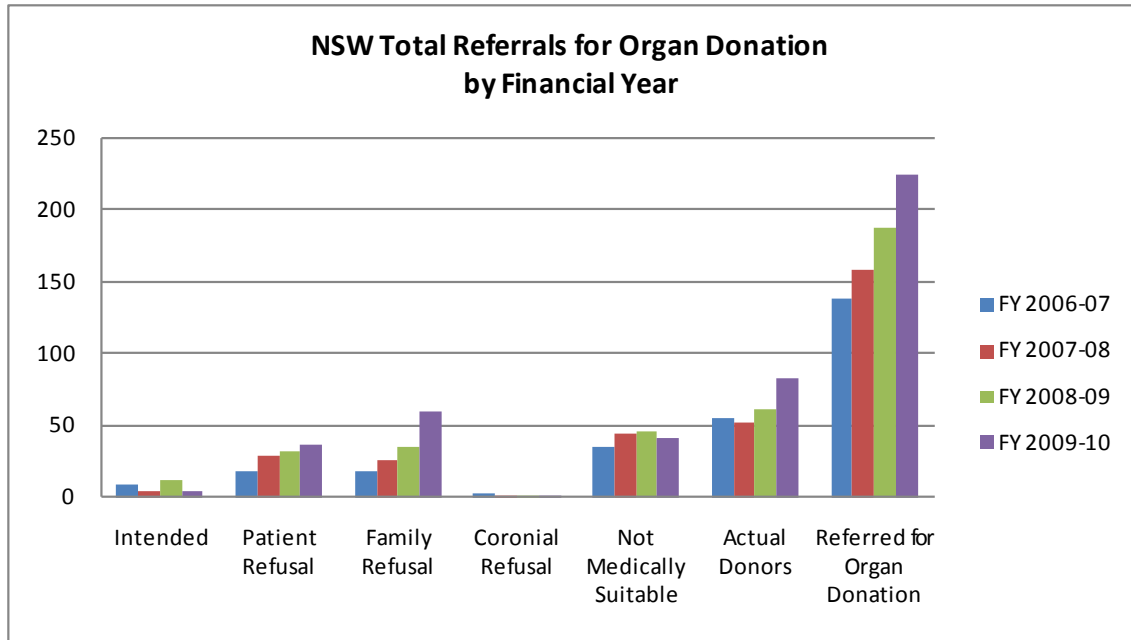
### Actual Donors by Area Health Service



A table of donor numbers by individual hospital is shown in Appendix B.

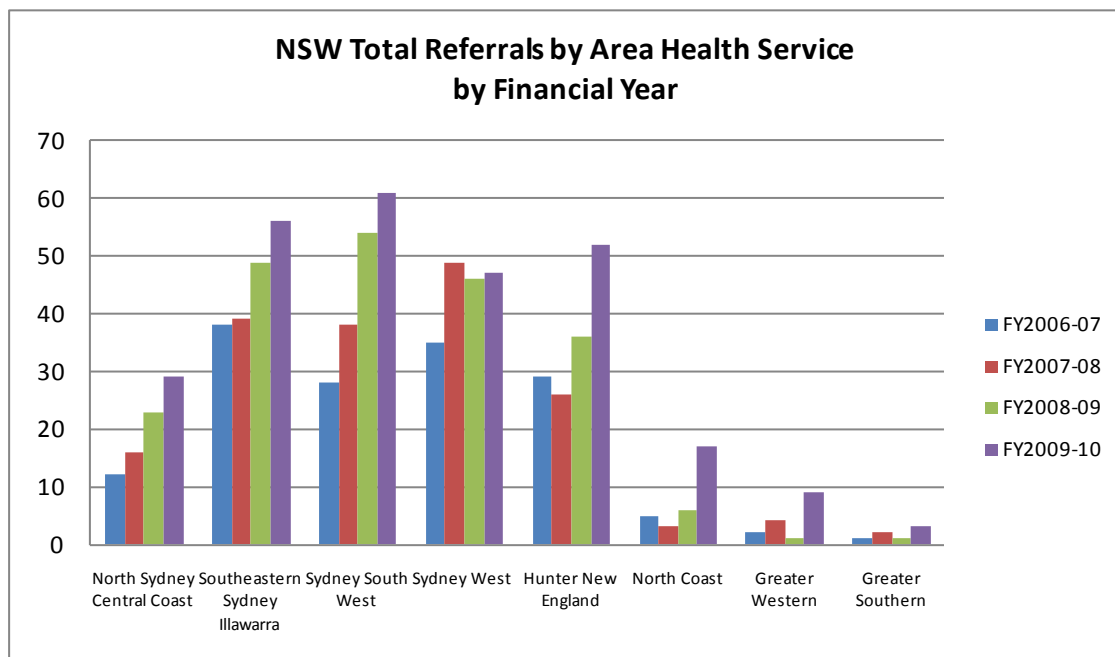
## Total Referrals

The following statistics are based on notifications reported to this Service:

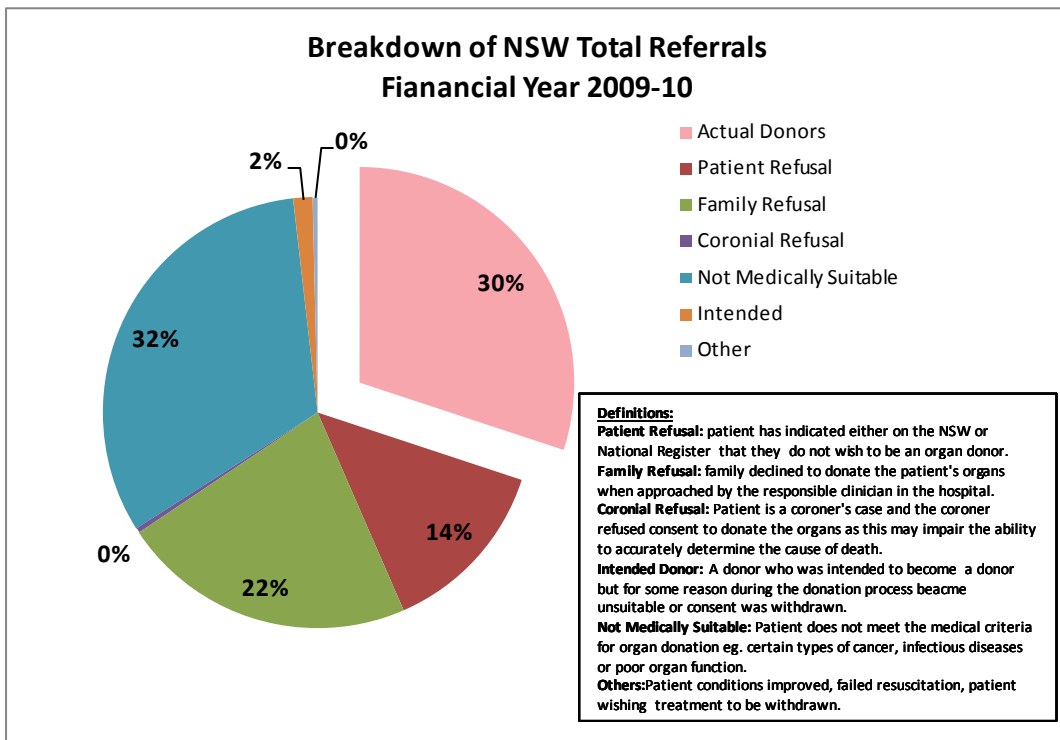
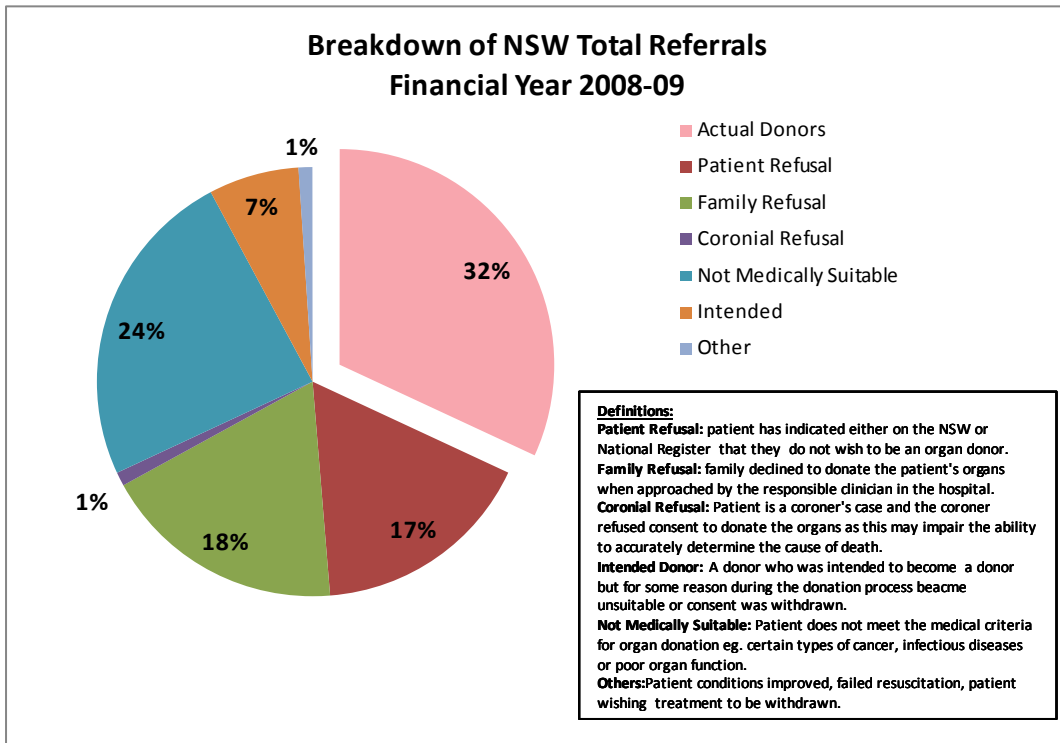


Referrals from hospitals of possible donors have been increasing in NSW and are attributed to the appointment of organ and tissue donation staff across the state, with the attendant increase in awareness and education activity.

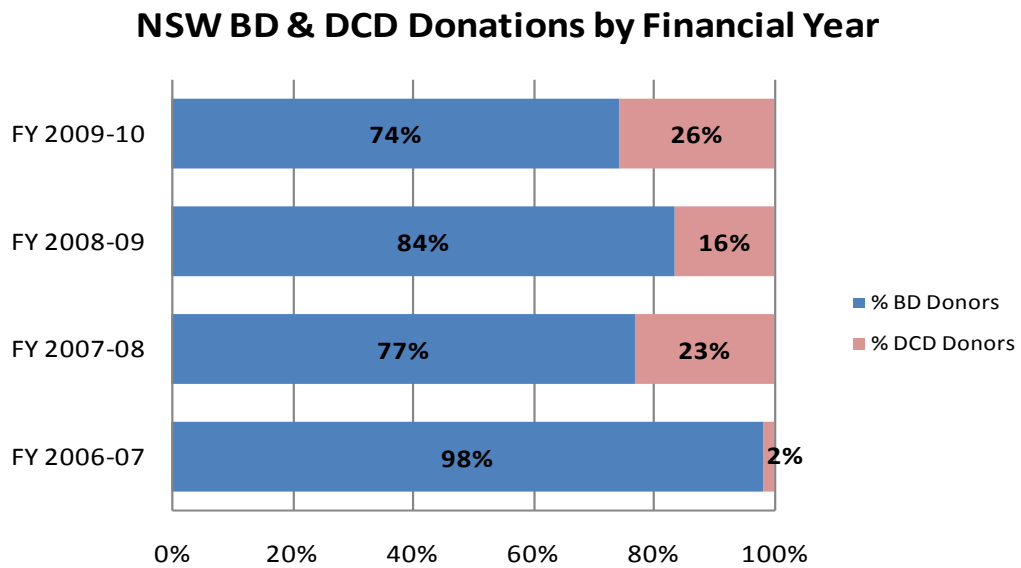
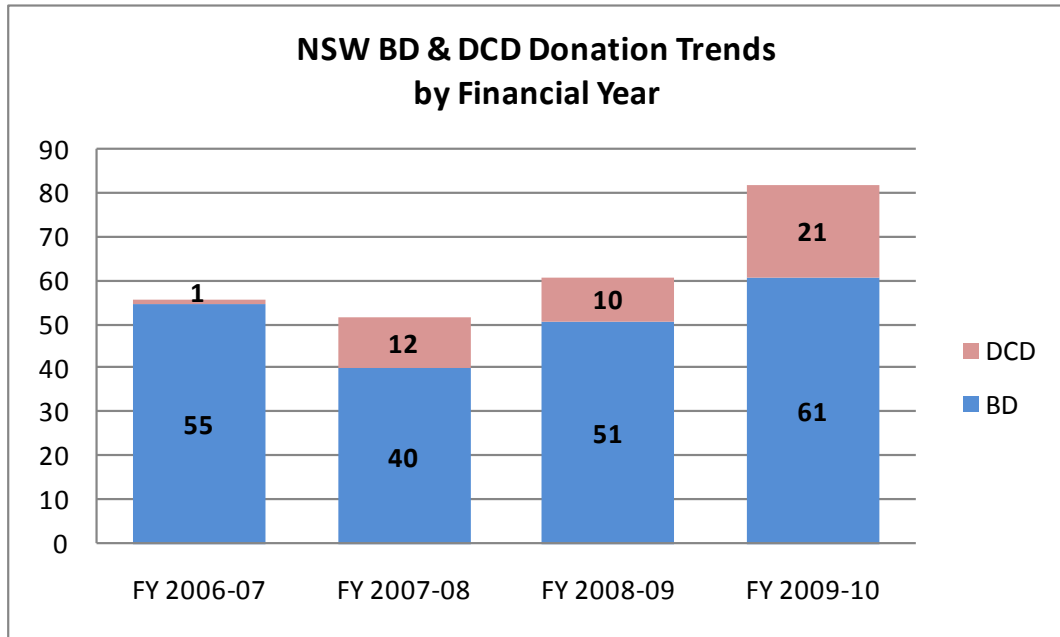
## Referrals by Area Health Service



## Breakdown of Total Referrals



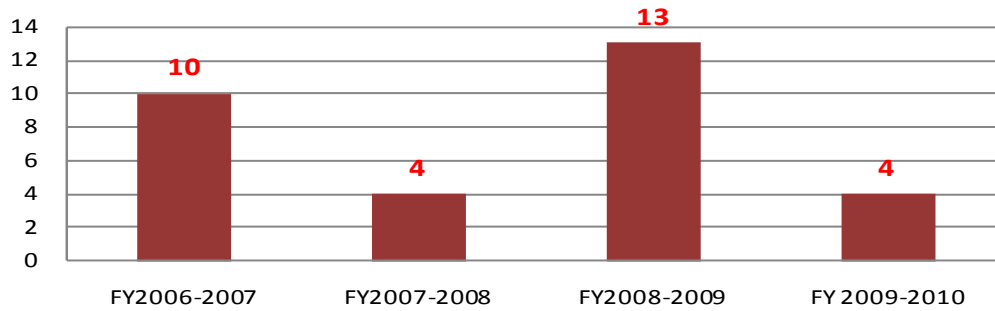
## Donation after Cardiac Death versus Donation after Brain Death



## Intended Donors

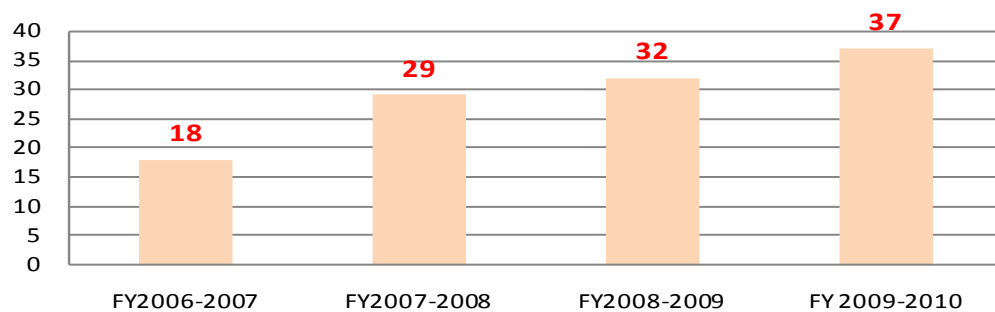
Definition: A donor who was intended to become a donor but for some reason during the donation process became unsuitable or consent was withdrawn.

### NSW Intended Donors by Financial Year



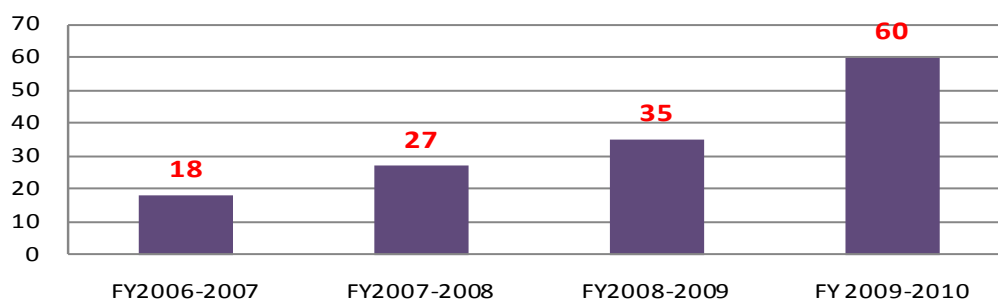
## Patient Refusals

### NSW Patient Refusals by Financial Year



## Family Refusals

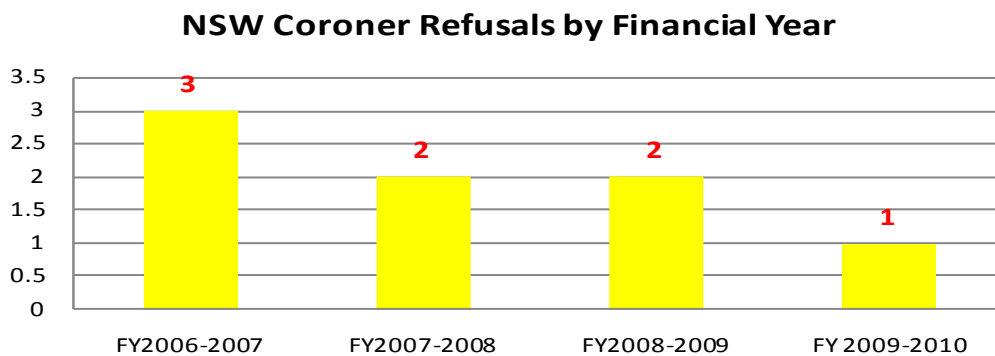
### NSW Family Refusals by Financial Year



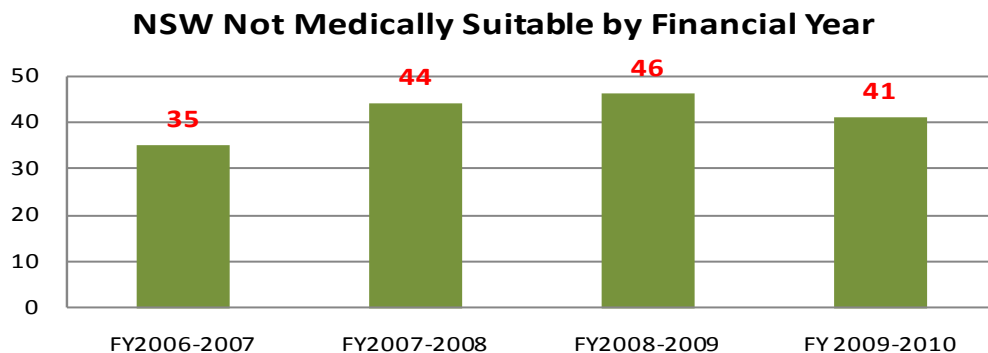
The above data on Patient and Family Refusals show increases in the number of refusals, which is to be expected with the increase in the overall pool of possible donors. The “Breakdown of Referrals” earlier in this section provides comparative data in percentages.

The data for 2010 shows a trend for a significant increase in reported family refusals. In response there will be an emphasis on training and education in communication skills for staff approaching families of potential organ donors, amongst other measures. The OK campaign is geared towards discussing organ donation with the family.

## Coroner Refusals



## Not Medically Suitable (Brain Death and Cardiac Death Donors)



## Potential Donors

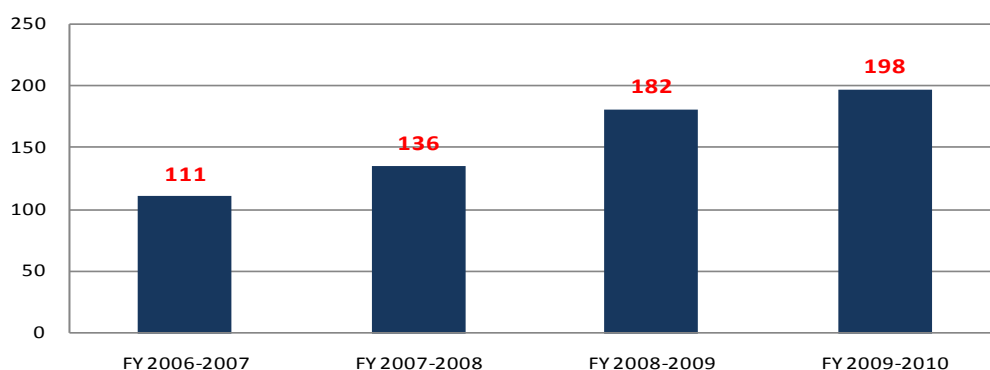
From January 2010, potential donors are actual figures from audited hospitals, based on the Nationally Agreed Minimum Dataset. Potential donors are patients who are medically suitable to donate organs for transplantation and have potential to do so either through donation after brain death or donation after cardiac death.

Previously, potential donor numbers were obtained from the Australian Potential Organ Donor Database, which was based on a more limited audit of hospitals.

The new methodology has increased the number of potential donors compared to previous reports due to the different method used. A NSW Data Management Committee has been established to review the categorisation of potential donors by the expanded organ and tissue donation workforce so that reported results are validated.

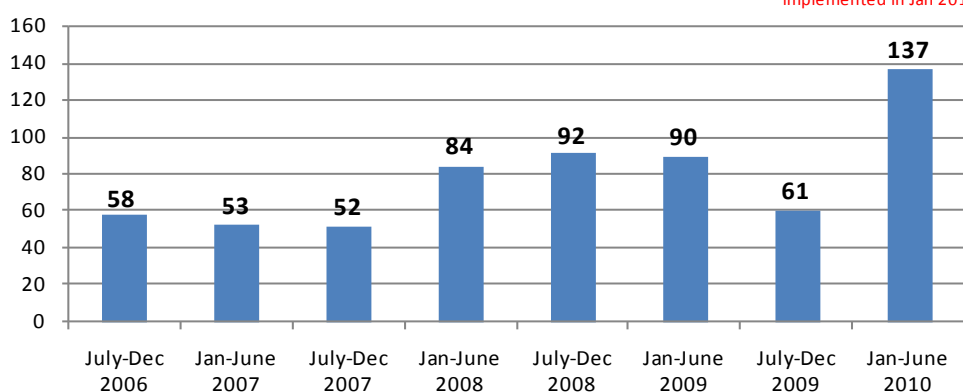
Note that the following statistics are based on the Nationally Agreed Minimum Dataset obtained from an audit of hospitals and cannot be directly compared to the Notifications statistics reported earlier.

### NSW Potential Donors by Financial Year



2006 - mid 2009 - potential donors were taken from APODD Reports.  
 July-Dec 2009 - Potential donors were estimated from notifications (actual+intended+family refusal+coroner refusal)  
 2010 - potential donors actual data from audited hospitals under the national reform program.

### 6-monthly Trend in NSW Potential Donors



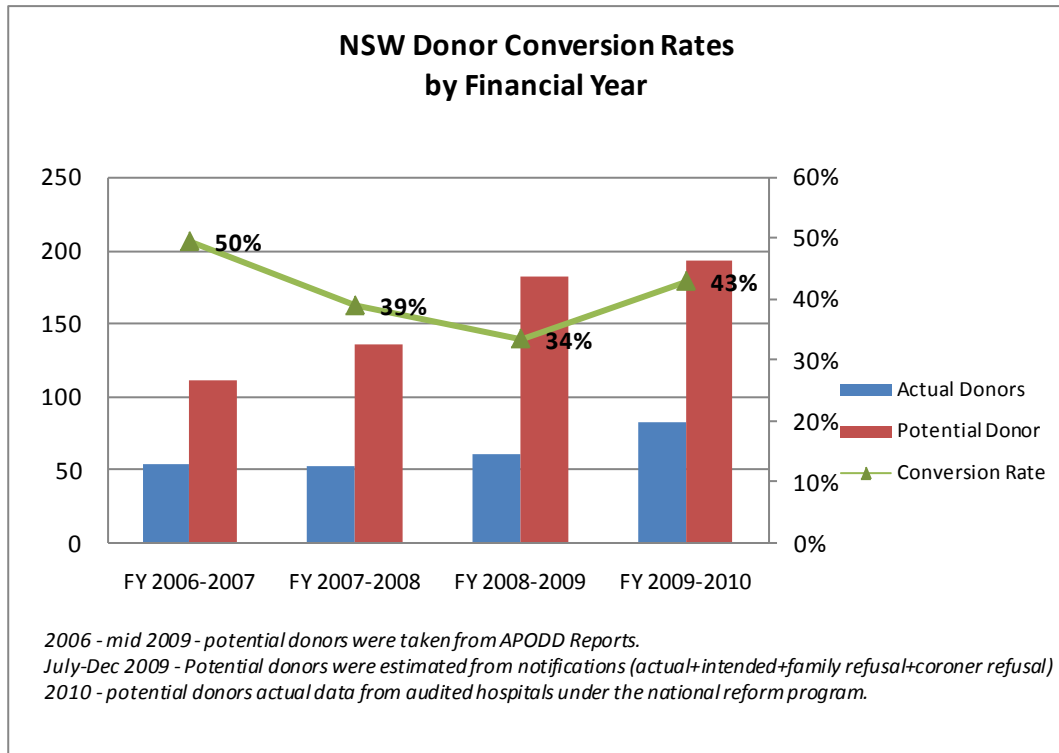
2006 - mid 2009 - potential donors were taken from APODD Reports.  
 July-Dec 2009 - Potential donors were estimated from notifications (actual+intended+family refusal+coroner refusal)  
 2010 - potential donors actual data from audited hospitals under the national reform program.

The drop in identified potential donors in the July-December 2009 period was due to a temporary change in methodology which has likely underestimated the actual number of potential organ donors.

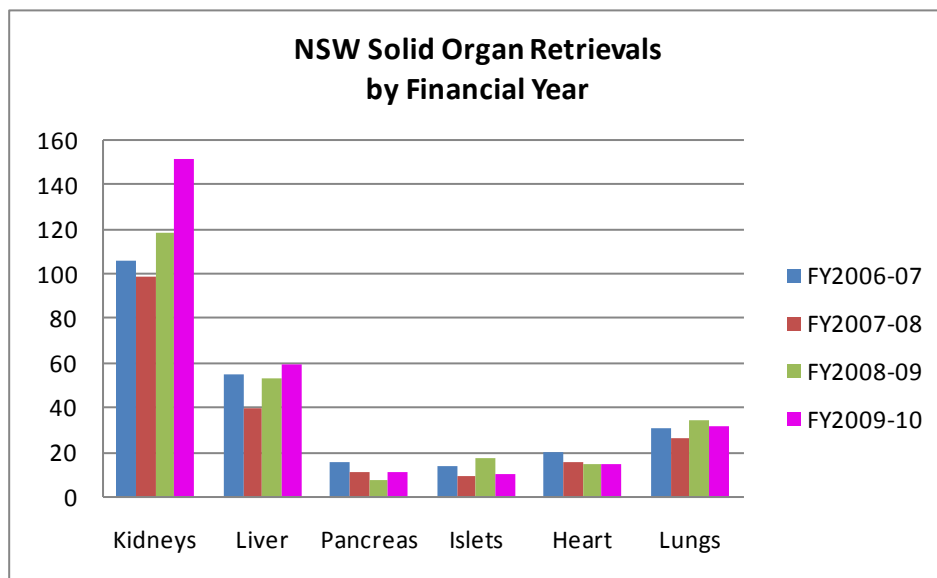
From January 2010, the introduction of the Clinical Triggers strategy, which provides clinical staff with appropriate protocols to identify potential organ donors, has been a significant factor in the substantial rise in potential donor numbers. This has combined with the expansion of

the specialist organ and tissue donation staff throughout NSW, to generate much higher numbers than in any previous period.

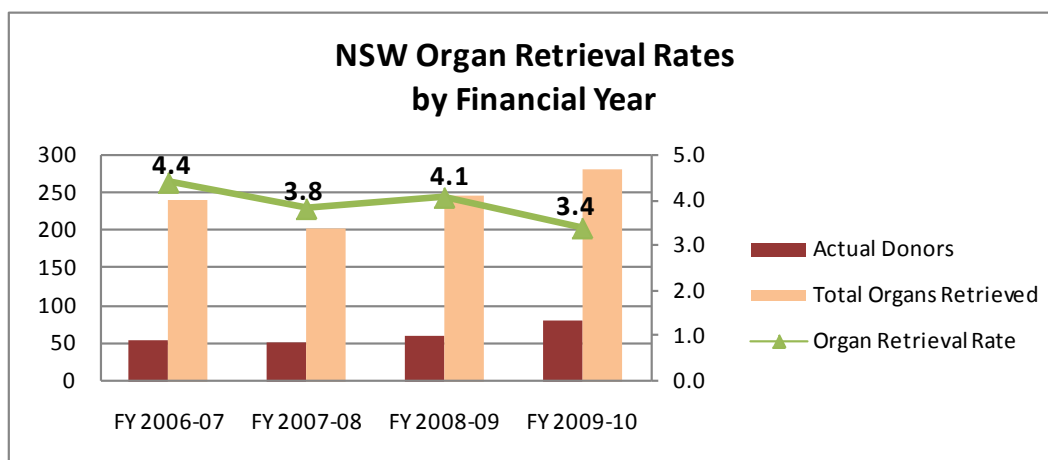
### Conversion Rates



### Number of Organ Retrievals



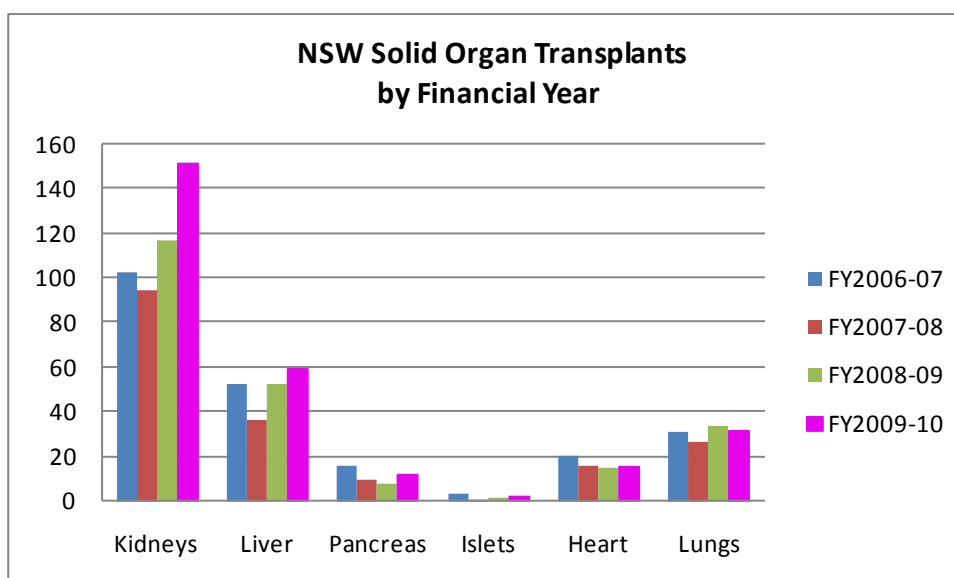
## Organ Retrieval Rates



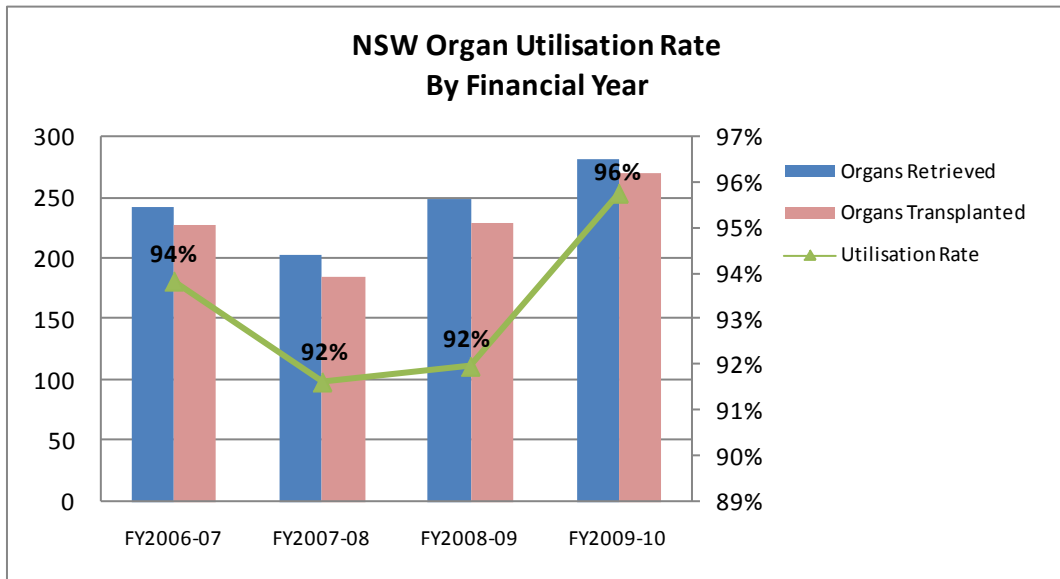
The decline in the organ retrieval rates is attributed to the introduction of Donation after Cardiac Death. The number of solid organs that can be retrieved from DCD donors is less than the number that can be retrieved from Brain Death donors.

When there is a greater proportion of DCD donors, then the organ retrieval rate is lower.

## Number of Organ Transplants

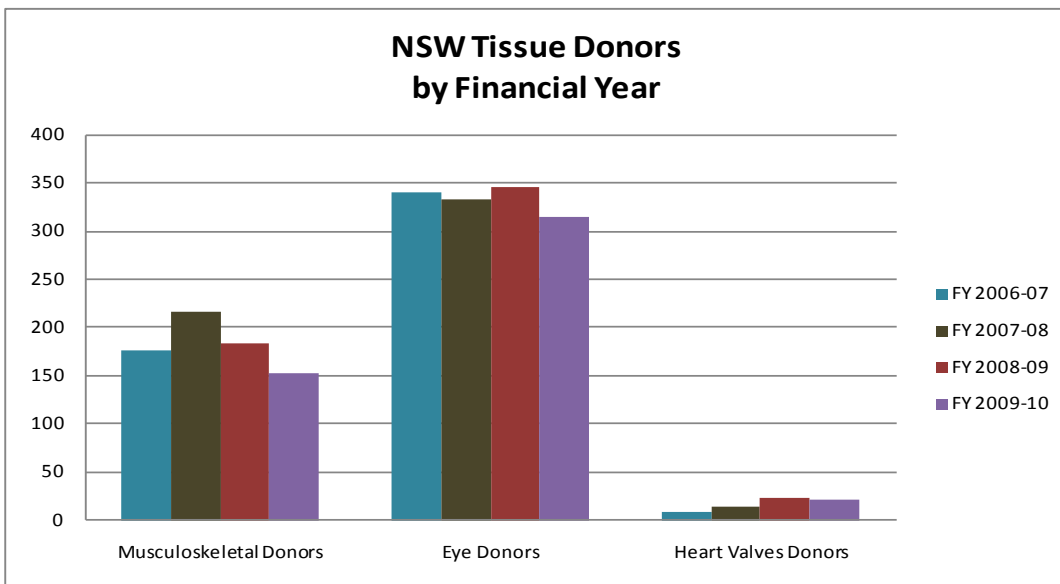


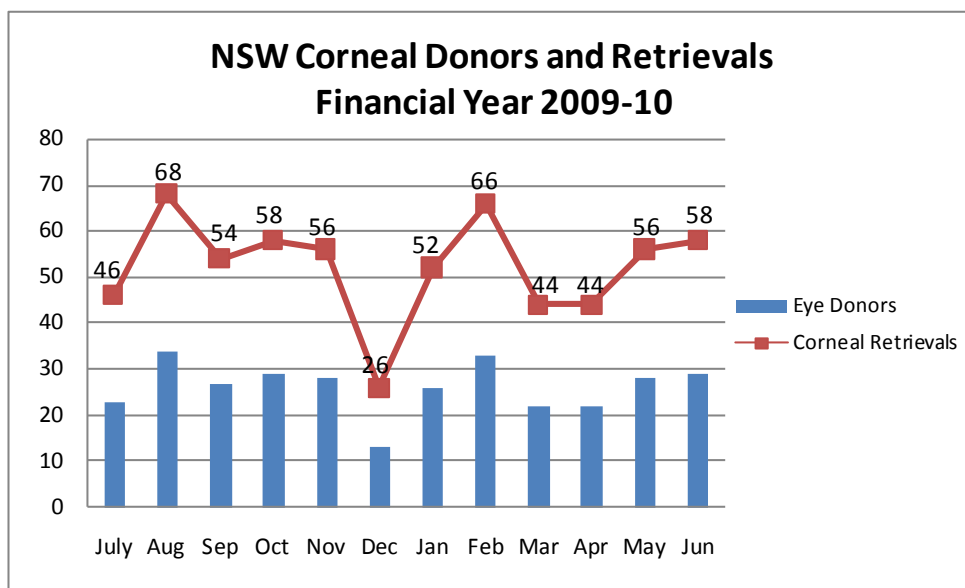
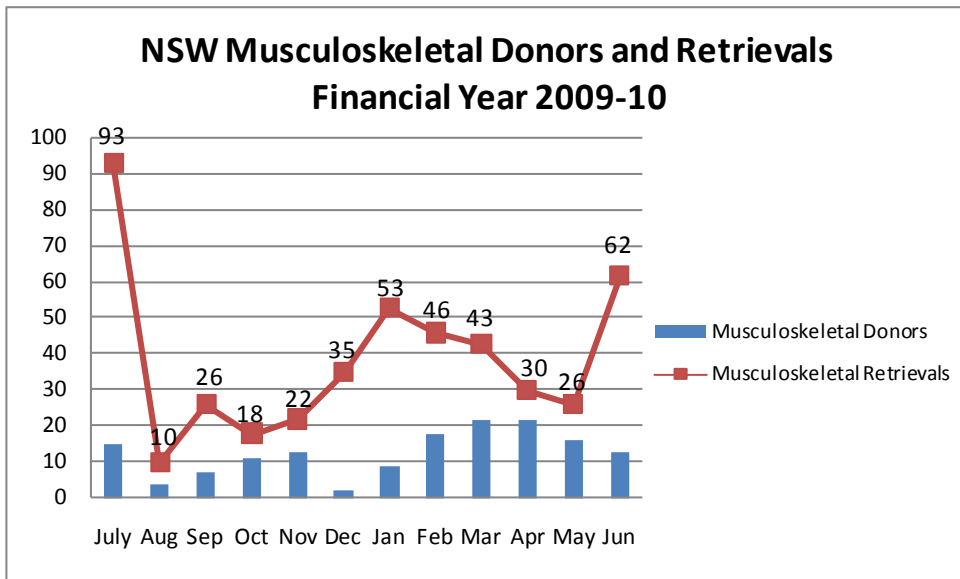
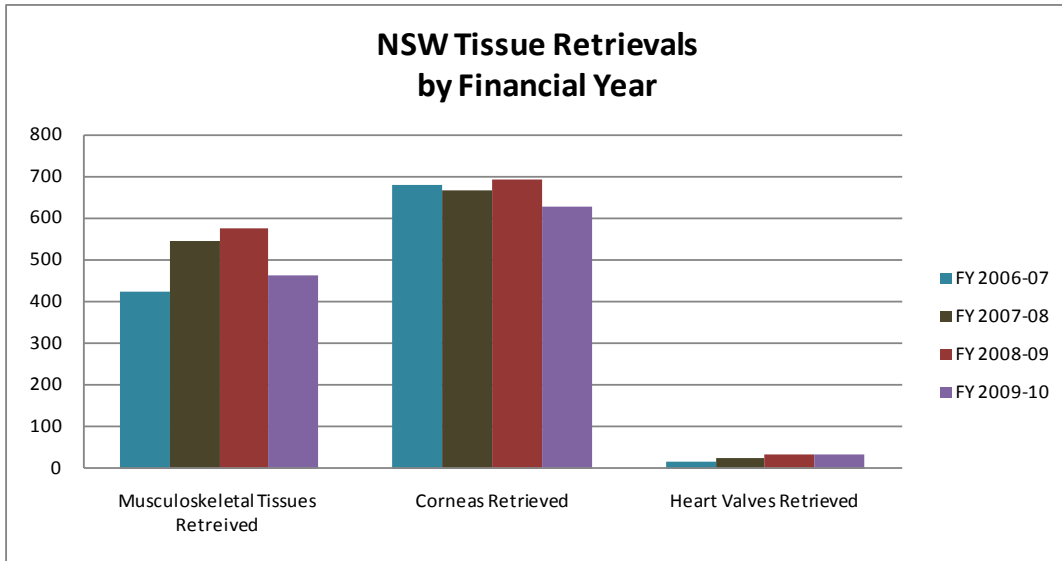
## Organ Utilisation Rates



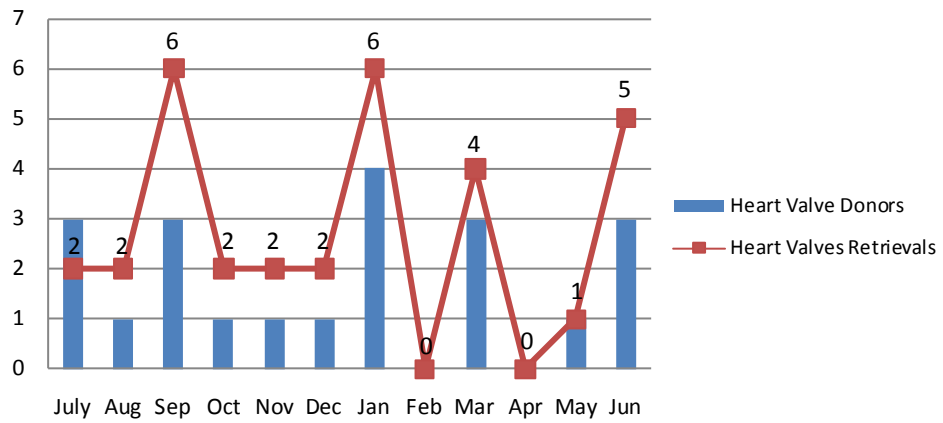
It should be noted that the organ utilisation rate for NSW is extremely high based on both national and international standards.

## Tissue Donation





### NSW Heart Valve Donors and Retrievals Financial Year 2009-10



## **My Heroes**

*Dedicated to David Morgan*

*My heroes will never see  
The things that they have done  
They have saved the lives of many  
And affected more than one*

*They will never see the face  
Of a life they did save  
They will never get the thanks  
For the act that was so brave*

*A father has the time  
To watch his children grow  
All thanks to a hero  
Who will never know*

*A mother sings a lullaby  
To help her baby sleep  
All thanks to a hero  
Whose family will weep*

*A teenager gets to fall in love  
And feel her heart rate shift  
All thanks to a hero  
Who gave a precious gift*

*A friend can come and cheer you up  
As a good friend should  
All thanks to a hero  
Whose heart is full of good*

*A doctor is created  
A scientist is born  
All thanks to a hero  
Whose family will mourn*

*A child becomes an adult  
And sees the world unfold  
All thanks to a hero  
Whose story should be told*

*They ticked a box and told their friends  
That this was their request  
To give themselves to others  
Their souls are truly blessed*

*A family must grieve  
For the loss of someone dear  
But the gift that they have given  
Will put pride within the tear*

*My heroes have departed  
And left this world we know  
But they gave a chance to others  
So that they may live and grow*

*My heroes are the donors  
Who can't see what they've done  
They saved the lives of many  
And affected more than one*

**By Belinda Hinkley, age 14**



## **HUMAN RESOURCES REPORT**

## Human Resources

During the reporting period the service has filled all of its agency and hospital-based vacancies. In addition to this, the National Authority has provided funding for a Donor Family Support Officer and a Nurse Educator. Both of these positions have been filled.

The full-time nurse educator position commenced in April and has already facilitated several education sessions and has commenced an analysis of the educational needs of the network.

A full-time Operations Manager commenced at the end of May and will facilitate the strategic and operational development of the Service. In addition to this, the operations manager will represent NSW Health as the Jurisdictional Representative.

All hospital-based nursing positions, with the exception of Goulburn, were filled by October 2009. Although there were initial negotiations with ACT Health regarding the service requirements in Goulburn, it has subsequently been decided that these needs would be covered by the central agency. The funding for the hospital-based nurse has been transferred to the agency for a 0.6 FTE Clinical Nurse Consultant.

Hospital Medical Director coverage of the Manly/ Mona Vale area commenced in April. Although delayed by difficulties in back-filling, the Hospital Medical Director position in Wollongong will commence in September 2010.

In accordance with the requirements of the Funding and Performance Agreement for Progress Reports (Item C1):

- (i) The remuneration for the NSW Medical Director of Organ and Tissue Donation is as a maximum salary Level 3 Senior Staff Specialist with a Level 3 Managerial Allowance;
- (ii) This position has been occupied for the whole year, firstly on an interim basis by Dr Satyadeepak Bhonagiri and then by Dr Jonathan Gillis as a permanent appointment;
- (iii) A full schedule of the number of positions for the hospital-based medical and nursing positions is attached at Annexure C. Remuneration rates for these positions have previously been advised to the National Authority;
- (iv) A full schedule of the occupancy of the hospital-based medical and nursing positions is included in Annexure C;
- (v) A full schedule of the organ and tissue donation agency positions is included in Annexure C, and
- (vi) All positions in the organ and tissue donation agency were occupied at the end of the financial year.

Under the new funding and performance agreement for the 2010-12 FY, the Australian Organ and Tissue Authority has directed its funding for the Organ and Tissue Donation agency to positions as opposed to block funding. This allows for improved transparency and acquittal for the Authority and ensures certain positions are nationally consistent. However, it does decrease the flexibility of the agency to be able to shift funds from employee related costs to operational costs.

## **FINANCIAL REPORT**

## Financial Assessment

The financial position of the NSW Organ and Tissue Donation Service as at 31 May 2010 remains favourable, with year-to-date expenditure being \$20,419 under budget. The Service cost centre report follows.

Favourability is primarily due to:

- Not all positions being filled from 1 July;
- Rent-free period negotiated in the accommodation lease being 'front-loaded';
- Costs for the Tissue Banks Review and amalgamation, and development of IT services and databases, which had budget provision, have not yet eventuated, and
- Prospective Nucleic Acid Testing for medium and high-risk potential donors, which is a high cost pathology activity, not commencing until October.

The following Items or areas of potential finance risks should be noted:

- The high Annual Leave and Long Service Leave costs relate to the transfer of leave balances from the Australian Red Cross Blood Services plus the recognition of prior public hospital service as per NSW Award conditions, with the over-expenditure being a one-off cost;
- On-Call and Overtime costs are exceeding initial estimates, and budget adjustments have been made for 2010-11. For this reporting period, employee related cost overruns have been met from the Other Working surplus;
- Courier costs remain high – this is partly due to increased donor activity and partly due to increased trips following the relocation from ARCBS to Kogarah of the organ donation coordination service;
- Supplementation to cover some Education costs is still awaited;
- The budget allowance for 2009-10 for Maintenance costs has not been sufficient to cover all of the establishment expenses for the Service, but can be compensated from the Other Working surplus.

In summary, the Service will be on budget in 2009-10 due to one-off circumstances. However finance will be tighter in 2010-11 due to:

- Full staffing;
- Higher associated staff costs and goods and services costs arising from expected organ donation numbers;
- The expectation that the National Authority will not reimburse future NSW-based education activities as has occurred in 2009-10 for staff inductions;
- Likely requirements to provide some financial support for the amalgamation of the Tissue Banks;
- Funding from the National Authority for salaries and wages has only been increased by 3% for 2010-11 compared to an average of 3.9% increase in Award salaries.

## Revenue and Expenditure

### South East Sydney & Illawarra Area Health

#### 180790.1501 NSW Organ & Tissue Service Sub-division

#### For Period June 2010 - full financial year

Cost Centre	This Period Actuals	This Period Budgets	YTD Actuals	YTD Budgets	YTD Variance	Total Budget
<b>Expense</b>						
S&W ADMIN	46,420	43,434	460,452	627,054	166,602	627,054
S&W MEDICAL	28,547	26,416	296,445	321,386	24,941	321,386
S&W NURSING	81,889	63,536	878,635	773,022	-105,613	773,022
SALARY PACKAGING	-3,358	0	-36,796	0	36,796	0
ANNUAL LEAVE	10,265	0	190,424	0	-190,424	0
LONG SERVICE LEAVE	2,419	0	201,610	0	-201,610	0
SUPERANNUATION	14,587	9,822	123,724	119,498	-4,226	119,498
150000. Workers Comp Premium	3,086	3,467	13,123	42,190	29,067	42,190
<b>510. Employee Related</b>	<b>183,855</b>	<b>146,675</b>	<b>2,127,616</b>	<b>1,883,150</b>	<b>-244,466</b>	<b>1,883,150</b>
FOOD	236	0	3,006	0	-3,006	0
M&S SUPPLIES	22	1,000	9,281	12,000	2,720	12,000
PATHOLOGY	13,790	20,592	62,477	118,592	56,115	118,592
DOMESTIC CHARGES	0	0	1,796	0	-1,796	0
ADVERTISING	0	833	1,061	9,997	8,936	9,997
191400. Courier & Freight	16,696	1,667	73,397	20,005	-53,392	20,005
191600. Functions	6,940	2,333	12,196	27,997	15,801	27,997
191700. Human Resource Services	120	0	4,510	0	-4,510	0
IT COSTS	3,004	3,500	17,663	42,000	24,337	42,000
193800. Postal	1,538	475	5,527	5,700	173	5,700
BOOKS, PRINTING & STATIONER	2,149	2,858	44,092	34,296	-9,796	34,296
TELEPHONE COSTS	8,715	1,000	19,718	12,000	-7,718	12,000
RENT etc	24,480	13,333	137,374	159,996	22,623	159,996
EDUCATION & TRAINING	15,931	5,833	89,375	69,996	-19,379	69,996
TRAVEL	7,983	7,500	38,996	90,000	51,004	90,000
MOTOR VEHICLES	5,190	2,917	30,340	35,006	4,666	35,006
G&S OTHER	-12	3,100	-8,880	97,200	106,080	97,200
<b>520. Other Working</b>	<b>106,782</b>	<b>66,941</b>	<b>541,929</b>	<b>734,785</b>	<b>192,856</b>	<b>734,785</b>
211900. Maint Cont Garden	116	0	1,119	0	-1,119	0
NEW/ REPLACEMENT	4,586	5,750	212,611	193,000	-19,611	193,000
REPAIRS	0	3,000	122	10,000	9,878	10,000
<b>525. Maintenance</b>	<b>4,702</b>	<b>8,750</b>	<b>213,852</b>	<b>203,000</b>	<b>-10,852</b>	<b>203,000</b>
260700. Depreciation Office Equip	243	0	1,942	0	-1,942	0
<b>530. Depreciation</b>	<b>243</b>	<b>0</b>	<b>1,942</b>	<b>0</b>	<b>-1,942</b>	<b>0</b>
<b>Expense</b>	<b>295,581</b>	<b>222,366</b>	<b>2,885,338</b>	<b>2,820,935</b>	<b>-64,403</b>	<b>2,820,935</b>
420760. Private Use of Motor Vehicle	0	0	653	0	-653	0
460330. Grants Cwealth Other	-85,476	0	-85,476	0	85,476	0
470400. Conference & Training Recs	0	0	0	0	0	0
<b>Revenues</b>	<b>-85,476</b>	<b>0</b>	<b>-84,823</b>	<b>0</b>	<b>84,823</b>	<b>0</b>
<b>Grand Total</b>	<b>210,105</b>	<b>222,366</b>	<b>2,800,516</b>	<b>2,820,935</b>	<b>20,419</b>	<b>2,820,935</b>



**St George Day, St George Hospital - St George Juniors – Bronx Goodwin and Cameron King signing up to the AODR**

## **ANNEXURES**

# Annexure A – Donor Information For January-June 2010

NSW ORGAN AND TISSUE  
DONATION SERVICE  
NSW HEALTH

## NSW ORGAN DONATION ACTIVITY & PERFORMANCE - STATE SUMMARY 2010

Measure	Activity	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-Mar Qtr	Apr-Jun Qtr	July-Sep Qtr	Oct-Dec Qtr	Year Total 2010
<b>Donors *</b>		7	6	4	6	14	7	0	0	0	0	0	0	17	27	0	0	44
<b>1</b>	Number of Deceased Organ Donors After Brain Death	4	4	3	5	12	4							11	21	0	0	32
<b>2</b>	Number of Deceased Organ Donors After Cardiac Death	3	2	1	1	2	3							6	6	0	0	12
<b>3</b>	<b>Number of Solid Organs Retrieved *</b>	21	16	17	21	49	23	0	0	0	0	0	0	54	93	0	0	147
	Heart	0	0	1	2	3	2							1	7	0	0	8
	Lung (bilateral and single)	3	1	2	3	3	3							6	9	0	0	15
	Liver (whole and split)	3	3	3	3	11	4							9	18	0	0	27
	Kidney (single and enbloc)	13	12	8	10	28	12							33	50	0	0	83
	Pancreas	2	0	1	1	3	2							3	6	0	0	9
	Pancreas Islets	0	0	2	2	1	0							2	3	0	0	5
<b>3</b>	<b>Number of Tissue Donors **</b>	40	51	47	44	45	45	0	0	0	0	0	0	138	134	0	0	272
	Eye Donors	26	33	22	22	28	29							81	79	0	0	160
	Bone Donors (cadaveric and living)	9	18	22	22	16	13							49	51	0	0	100
	Heart Valve Donors	5	0	3	0	1	3							8	4	0	0	12
<b>3</b>	<b>Number of Tissues Retrieved **</b>	112	112	91	74	83	125	0	0	0	0	0	0	315	282	0	0	597
	Eyes	52	66	44	44	56	58							162	158	0	0	320
	Musculoskeletal (cadaveric and femoral heads)	53	46	43	30	26	62							142	118	0	0	260
	Heart Valves	7	0	4	0	1	5							11	6	0	0	17
<b>4</b>	<b>Clinical Triggers</b>																	
	Number of patients who met criteria for ED clinical triggers	12	21	16	15	12	11	0	0	0	0	0	0	49	38	0	0	87
	Number of patients who met criteria for ED clinical triggers and referred to ICU	6	9	4	6	7	7	0	0	0	0	0	0	19	20	0	0	39
	<i>Proportion of ED Clinical Trigger patients referred to ICU (acted on)</i>	50%	43%	25%	40%	58%	64%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	39%	53%	#DIV/0!	#DIV/0!	45%
	Number of patients fulfilling ICU clinical trigger	58	53	53	47	62	54	0	0	0	0	0	0	164	163	0	0	327
	Number of patients meeting ICU clinical trigger where appropriateness of organ donation was documented (acted on)	25	27	20	27	36	34	0	0	0	0	0	0	72	57	0	0	169
	<i>Proportion of ICU Clinical Trigger patients where appropriateness for organ donation was documented</i>	43%	51%	38%	57%	58%	63%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	44%	60%	#DIV/0!	#DIV/0!	52%
<b>5</b>	<b>Potential Donors</b>	20	28	21	18	34	17											
	Number of potential organ donors with confirmed and probable brain death	12	16	12	14	22	9	0	0	0	0	0	0	40	45	0	0	85
	Number of potential organ donors after cardiac death	7	8	5	4	10	6	0	0	0	0	0	0	20	20	0	0	40
	Total potential and planned DCD donors combined	8	12	9	4	12	8	0	0	0	0	0	0	29	24	0	0	53
<b>6</b>	<b>Requests</b>																	
	Number of requests in potential donors with confirmed or probable brain deaths (including AODR refusals)	10	14	9	12	19	7	0	0	0	0	0	0	33	38	0	0	71
	Number of requests in potential and planned donors after cardiac death (including AODR refusals)	7	8	6	3	8	7	0	0	0	0	0	0	21	18	0	0	39
<b>7</b>	<b>Unrealised Donors</b>																	
	Number of potential donors with confirmed or probable brain death in whom donation wishes were not determined	4	2	2	2	3	3	0	0	0	0	0	0	8	8	0	0	16
	Number of potential donors after cardiac death where wishes were not determined	1	4	4	1	2	2	0	0	0	0	0	0	9	5	0	0	14
	<i>Total number of all potential donors where wishes were not determined (confirmed BD, probable BD &amp; potenti</i>	5	6	6	3	5	5	0	0	0	0	0	0	17	13	0	0	30
<b>8</b>	<b>Consents</b>																	
	Number of consented potential donors with confirmed or probable brain death	5	5	3	5	11	5	0	0	0	0	0	0	13	21	0	0	34
	Number of consented patients in whom donation after cardiac death was considered	4	6	4	1	4	5	0	0	0	0	0	0	14	10	0	0	24
	<i>Total number of consents in all potential organ donors</i>	9	11	7	6	15	10	0	0	0	0	0	0	27	31	0	0	58
<b>9</b>	<b>Donation, Request &amp; Consent Rates</b>																	
	Organ donation rate - confirmed and probable brain dead patients	33.33%	25.00%	25.00%	35.71%	54.55%	44.44%							27.50%	46.67%			37.65%
	Organ donation rate - potential and planned (intended) donors after cardiac death	37.50%	16.67%	11.11%	25.00%	16.67%	37.50%							20.69%	25.00%			22.64%
	Request rate - confirmed and probable brain dead patients	83.33%	87.50%	75.00%	85.71%	86.36%	77.78%							82.50%	84.44%			83.53%
	Request rate - potential and planned donors after cardiac death	87.50%	66.67%	66.67%	75.00%	66.67%	87.50%							72.41%	75.00%			73.58%
	Consent rate for potential donors with confirmed or probable brain death	50.00%	35.71%	33.33%	41.67%	57.89%	71.43%							39.39%	55.26%			47.89%
	Consent rate for potential and planned DCD donors	57.14%	75.00%	66.67%	33.33%	50.00%	71.43%							66.67%	55.56%			61.54%
<b>10</b>	<b>Requestors</b>																	
	donors)	13	15	14	16	27	15	0	0	0	0	0	0	42	58	0	0	100
	Number of discussions about organ donation (patients with confirmed, probable & imminent brain death and potential & planned DCD donors)	13	16	16	16	27	16	0	0	0	0	0	0	45	59	0	0	104
	<i>Appropriate Requestor Rate</i>	100%	94%	88%	100%	100%	94%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	93%	98%	#DIV/0!	#DIV/0!	96%

*Footnotes:*

\* Data from NSW Deceased Donors Database

\*\* Data from NSW Eye Bank, Bone Bank and St Vincent's Heart Valves Bank

data from audited hospitals.

List of audited hospitals as 30th June 2010:

Prince of Wales, St George, Sutherland, St Vincent's, Sydney Children's, Wollongong, Shoalhaven, Royal Prince Alfred, Concord, Bankstown, Liverpool, Campbelltown, Royal North Shore, Manly, Mona Vale, Gosford, Hornsby, Wyong, John Hunter, Tamworth, Wagga Wagga, Orange, Coffs Harbour, Tweed Heads, Lismore, Westmead, New Children's Hospital Westmead, Nepean and Blacktown.

\*\*\*Blacktown data to May 2010 only

## Annexure B – Solid Organ and Tissue Donation

### *Solid Organ and Tissue Donations by Hospital - Financial Year 2009-10*

<b>Hospital</b>	<b>Solid Organ Donors</b>	<b>Musculo-skeletal Donors</b>	<b>Corneal Donors</b>	<b>Heart Valve Donors</b>
Albury Hospital	1	0	0	0
Auburn Hospital	0	0	1	0
Bankstown Hospital	0	8	1	0
Bathurst Base Hospital	2	0	0	1
Blacktown Hospital	0	0	3	0
Blue Mountains	0	0	5	0
Bowral Hospital	0	0	2	0
Braeside Hospital	0	0	4	0
Calvary Hospital	0	0	1	0
Camden Hospital	0	0	1	0
Campbelltown Hospital	2	0	4	1
Canterbury Hospital	0	0	5	0
Coffs Harbour Hospital	4	0	0	0
Concord Hospital	0	0	1	0
Glebe	0	21	25	0
Gosford Hospital	0	3	11	0
Greenwich Hospital	0	0	4	0
Griffith Base Hospital	1	0	0	0
Hawkesbury Hospital	0	36	0	0
Hornsby Hospital	1	0	2	1
John Hunter Hospital	14	0	17	2
Liverpool Hospital	8	0	12	4
Lithgow Hospital	0	0	3	0
Manly Hospital	0	0	3	0
Mater Hospital	0	0	1	0
Mona Vale Hospital	0	0	1	0
Mt Druitt Hospital	0	0	16	0
Nepean Hospital	3	0	10	0
Neringa Hospital	0	0	2	0
New Childrens Hospital - Westmead	2	0	0	1
Orange Hospital	0	0	1	0
Port Macquarie Hospital	0	0	1	0
Prince of Wales Hospital	4	1	8	0
Royal North Shore Hospital	9	0	26	2
Royal Prince Alfred Hospital	6	0	11	2
Ryde Hospital	0	0	1	0
St George Hospital	9	1	14	2
St Joseph Hospital	0	0	12	0
St Vincents Hospital	1	0	3	0
Sutherland Hospital	1	14	4	1
Sydney Adventist Hospital	0	0	2	0
Taree Hospital	1	0	1	0
Tweed Heads Hospital	1	0	0	0
Westmead Hospital	8	0	22	0
Wollongong Hospital	4	51	3	0
Wyong Hospital	1	17	5	0
Other/Misc (Corneal/Heart Valve)	0	0	22	4
<b>TOTAL</b>	<b>83</b>	<b>152</b>	<b>271</b>	<b>21</b>

## Annexure C – Financial Year Staffing Report

## NEW SOUTH WALES

As at 30 June 2010

<b>HOSPITAL MEDICAL DIRECTORS</b>				
	FTE funded for your State / Territory	FTE now employed by your State / Territory	Number of people per FTE	General comments
<b>NSW Hospitals</b>	<b>FTE<sup>1</sup></b>			
Lismore, Tweed Heads, Coffs Harbour, Port Macquarie	1.00	1.00	1	Commenced 01/10/2009
John Hunter	1.00	1.00	1	Commenced 01/10/2009
St George	1.00	1.00	1	Commenced 19/10/2009
Prince of Wales	0.50	0.50	1	Commenced 02/11/2009
Wollongong	0.50	0.00	0	Awaiting back-fill of substantive position
Liverpool	1.00	1.00	1	Commenced 19/10/2009
Royal Prince Alfred	1.00	1.00	1	Commenced 08/03/2010
Nepean	1.00	1.00	1	Commenced 01/02/2010
Westmead/The Children's Hospital Westmead	1.00	1.00	1	Commenced 01/02/2010
Gosford	1.00	1.00	1	Commenced 26/10/2009
Manly/ Mona Vale	0.75	0.75	1	Commenced April 2010
Royal North Shore	0.25	0.25	1	Seconded into position 30/11/2009
<b>Total FTE Hospital-based Organ and Tissue Medical Directors</b>	<b>10.00</b>	<b>9.50</b>	<b>11</b>	
<b>NURSES</b>				
	FTE funded for your State / Territory	FTE now employed by your State / Territory	Number of people per FTE	General comments
Lismore, Tweed Heads	1.00	1.00	1	Commenced 19/10/2009
Coffs Harbour, Port Macquarie	1.00	1.00	1	Commenced 19/10/2009
Tamworth	1.00	1.00	1	Commenced 26/10/2009
John Hunter CNC2	1.00	1.00	1	
John Hunter	1.00	1.00	1	Commenced 19/10/2009
Orange	1.00	1.00	1	Commenced 13/09/2009
Wagga	1.00	1.00	2	Commenced 19/10/2009
Goulburn	1.00	0.00	0	Central coverage from July 2010
Wollongong CNC2	1.00	1.00	1	
St George CNC3	1.00	1.00	2	job share
Prince of Wales	1.00	1.00	1	Commenced 05/10/2009
Liverpool CNC2	1.00	1.00	1	
Royal Prince Alfred CNC2	1.00	1.00	1	
Bankstown / Concord	1.00	1.00	1	Commenced 26/10/2009
Nepean	1.00	1.00	1	Commenced 21/09/2009
Westmead CNC2	1.00	1.00	2	job share
The Children's Hospital Westmead	0.50	0.50	1	Commenced 21/09/2009
Blacktown	0.50	0.50	1	Commenced 26/10/2009
Gosford	0.50	0.50	1	Commenced 26/10/2009
Hornsby	0.50	0.50	1	Commenced 20/10/2009
Royal North Shore CNC2	1.00	1.00	1	
<b>Total FTE NSW Hospital-based Organ and Tissue Nurses</b>	<b>19.00</b>	<b>18.00</b>	<b>23</b>	
<b>OTDA</b>				
	FTE funded for your State / Territory	FTE now employed by your State / Territory	Number of people per FTE	General comments
State Medical Director	1.00	1.00	1	
Operations Manager	1.00	1.00	1	Not funded by AOTA
Nurse Manager	1.00	1.00	1	
Business Manager	1.00	1.00	1	Not funded by AOTA
Donor Nurse Consultant CNC3	1.00	1.00	1	
Donor Nurse Consultant CNC2	1.00	1.00	1	
Donor Nurse Consultant CNC2	1.00	1.00	1	
Donor Nurse Consultant CNC2	1.00	1.00	1	
Donor Nurse Consultant CNC2	1.00	1.00	1	
Nurse Educator	1.00	1.00	1	Commenced April 2010
State Donor Family Support Coordinator	1.00	1.00	1	
Communications Manager	1.00	1.00	1	
Data and Quality Officer	1.00	1.00	1	Not funded by AOTA
Administration Assistant L3	1.00	1.00	1	Not funded by AOTA
Administration Assistant L5	1.00	1.00	1	
<b>Total OTDA Staff</b>	<b>15.00</b>	<b>15.00</b>	<b>15</b>	

# This man could save a life one day.



He's decided to be an organ and tissue donor.

Maybe you have too. The people close to you need to know because in the end they will be asked to give the final OK.

**To donate life, discuss it today. OK?**



An Australian Government Initiative

For more information visit [donatelife.gov.au](http://donatelife.gov.au)

# OK

Authorised by the Australian Government, Capital Hill, Canberra and the Victorian Minister for Health, Melbourne.

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DONATION SERVICE  
**NSW HEALTH**

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CIVIC SQUARE ACT 2608  
Tel (02) 6198 9800  
[www.donatelife.gov.au](http://www.donatelife.gov.au)

**NSW HEALTH**