

# 2025 Impact Report





742

Clinical trials open



89

Heart and lung transplants



329,383

Specialist outpatient appointments



3780

Critically unwell patients cared for in The Alfred ICU



# Our Chief Executive

*Adjunct Professor Adam Horsburgh*



It was a defining year for Alfred Health in 2024-25. Our staff, with the support of our donors, moved through another period of heavy demand with a steady focus on access, outcomes and the resilience of our health system. Philanthropic support strengthened our ability to respond and progress important work where and when it was most needed. Thank you.

During the year, Alfred Health's Board made the decision to join with Peninsula Health, Kooweerup Regional Health Service, Bass Coast Health and Gippsland Southern Health to create a unified and integrated health service called Bayside Health. Each Board recognised that together we would better serve the needs of the 1.2 million people living in our collective catchments. The Alfred will continue to provide statewide services.

After months of planning, Bayside Health began on 1 January 2026.

During the year we kept our focus on critical and complex care while meeting the day-to-day needs of our local community.

Our Emergency and Trauma Centre remained the busiest in the country, supporting almost 74,000 presentations, including over 1700 major trauma patients, which represented a rise of 5 per cent on the previous year. Our Intensive Care Unit (ICU) was again one of the busiest in Australia, caring for 3780 critically ill people. The ICU also celebrated its 60-year anniversary, marking six decades of care for patients and families.

The Alfred completed its 1000th heart transplant this year, another important milestone for our cardiac and transplant teams.

Our surgical teams cleared the final backlog of long-wait cases from the pandemic, with all planned surgery delivered within clinically recommended timeframes. Philanthropy supported elements of this work, strengthening our capacity in surgical care and patient flow.

In May, we opened Ngamai Wilam, Victoria's first residential eating disorder treatment centre. Designed with people with lived experience and specialist partners, it sets a new bar for inclusive care. This built on programs shaped by clinical leadership and supported by donors who believe in better pathways for recovery.

The Alfred remains Australia's most research-active hospital for translational work. A number of projects are shaping practice here and overseas, including the use of bioengineered skin for burns patients. This was an internationally significant breakthrough and represents the important translational research that happens across The Alfred's research precinct. Many of these advances were strengthened by philanthropy, which continues to help bring new knowledge into practice for the people we serve.

**Thank you to every donor who contributed to this work and to the care of our patients during the year.**

Adj. Prof Adam Horsburgh  
Chief Executive  
Bayside Health

# Our Chair and Director

*Sir Rod Eddington AO and Patrick Baker*



**To our valued supporters and members of The Alfred Foundation community.**

This report reflects the impact that your generosity had across The Alfred during the year. Every story in these pages shows how deeply our community values the hospital and the people who rely on it. Your support strengthened clinical care, advanced research and helped our teams meet rising demand with calm, steady confidence. We remain grateful for the trust you place in us and for the care you show our staff and patients.

Your commitment could be felt right across the precinct. Trauma teams responding to critical events with equipment and technology made possible by donors. Patients moving through cancer, cardiac and mental health care with access to spaces that feel calmer, safer and more modern because of philanthropic investment. Researchers progressing work that will influence treatment here and overseas because supporters believed it should happen sooner rather than later. These outcomes were possible because donors continue to stand with us at moments that shape patient lives.

This year also brought an important transition as planning continued for the formation of Bayside Health. While this is a significant step for the broader health system, our purpose at The Alfred has not changed. We remain focused on delivering high-quality care, supporting innovation and bringing new ideas into practice for the people we serve.

Donations will continue to support programs, services and teams at The Alfred. The way gifts are received, designated and stewarded remains clear and consistent, and donors can expect the same direct link between their support and the impact it creates for patients and families.

The partnership between Alfred Health and Monash University continued to deepen this year. Together, we are shaping a long-term program of work that will guide the safe, equitable and ethical use of emerging digital and AI enabled tools in clinical care. This effort brings together Alfred Health's rich clinical and longitudinal data, the engineering depth at Monash and the specialist computing environment that sits within our precinct. It will allow new technologies to be developed and tested in real clinical settings and give Australia the ability to assess the performance of emerging digital health tools through a national validation platform grounded in strong clinical and research standards. Philanthropy will play a vital role in building this work in a deliberate and sustainable way.

Our belief in the future of this hospital rests on its people and the strength of the community that supports them. Thank you for everything you made possible this year.

Sir Rod Eddington AO  
Chairman

Patrick Baker  
Group Director Philanthropy and Health Innovation, The Alfred Foundation

## World-leading cancer detection technology

**Victorian cancer patients will soon have access to one of the most advanced imaging technologies available globally, with The Alfred becoming the first public hospital in the state to install a total-body Quadra PET scanner - the fastest and most precise of its kind.**

The Quadra PET scanner was made possible through a \$24 million investment, jointly funded by the Federal Government (\$12 million), Victorian Government (\$7 million), and philanthropic support through The Alfred Foundation (\$5 million).

This milestone marks a major step forward in cancer care, diagnosis and research, with the new scanner enabling earlier detection of very small cancers, faster and safer scans, and real-time assessment of treatment progress.

The scanner, which is housed in the Paula Fox Melanoma and Cancer Centre, will transform outcomes for patients across Victoria, said Professor Mark Shackleton, Director Oncology at The Alfred.

*"This technology allows us to detect cancers at a very early stage, even before symptoms appear, and for patients that can mean earlier diagnosis, safer and more tailored treatments, and better survival rates,"* he said. *"It's a significant boost for patients requiring multiple scans, because we'll be able to scan the entire*



Professor Mark Shackleton and Professor Meng Law with the newly-installed Quadra PET scanner.

*body simultaneously and with far less radiation than a traditional PET - making such scanning easier and safer for patients and staff."*

Crucially, the Quadra's capabilities extend beyond cancer, said Prof Meng Law, Director Radiology and Nuclear Medicine at The Alfred.

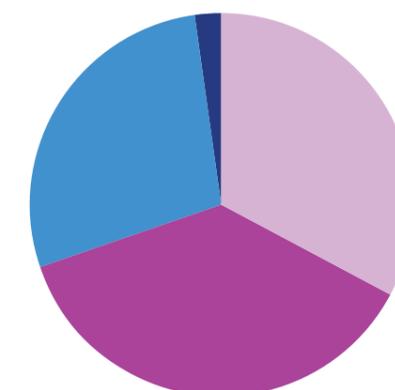
*"This is a game-changer, not just for cancer but also for neurological research and care, especially for patients with conditions such as dementia, epilepsy, or traumatic brain injury,"* he said. *"The technology cuts scan times from up to one hour down to five minutes, meaning we can scan more people in need, more quickly, and with far less discomfort."*

The technology will elevate the capabilities of clinicians and researchers, with its ultra-high resolution and real-time technology allowing teams to match therapies to individual tumour biology - a field known as theranostics - and to continue their work in delivering cutting-edge clinical trials.

*"We'll be able to see how a patient is responding to a particular treatment in near-real time, potentially adjusting their treatment as needed based on side effects the patient may not even know they're experiencing yet,"* Prof Shackleton said.

### The Alfred Foundation 2024/25 financial year summary

Donations	\$4,265,000
Gifts in Wills	\$4,770,000
Trusts and Foundations	\$3,599,000
Corporate and events	\$276,000
<b>Total income</b>	<b>\$12,910,000</b>
<b>Total expenses</b>	<b>\$3,545,000</b>
<b>Net income</b>	<b>\$9,365,000</b>



### The Alfred Foundation Board

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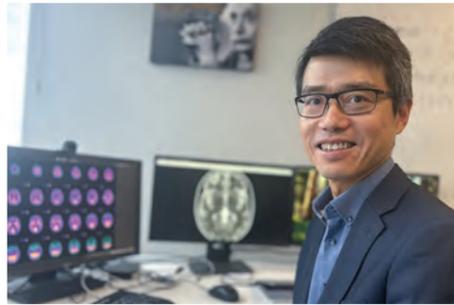
### Volunteers

Dianne Dymond

Rhonda Moroney

Doreen Phillips

Sally Shuter



Professor Patrick Kwan is leading the trial.

**FEBRUARY**

For epilepsy, it's PERSONAL

For the first time, Australian patients are being prescribed AI-informed epilepsy medication as part of a nationwide, multicentre randomised control trial led by neurologist Professor Patrick Kwan. Alfred Health is the lead site of PERSONAL, a trial where clinicians consult a newly developed AI model to assist in prescribing the most effective epilepsy medication possible.

Professor Kwan said it's fairly common for different treatment options to be available for the same condition, hence the need to develop a model which can assist clinicians and take away the remaining guesswork.



The new technology is helping reduce treatment times.

**APRIL**

New imaging technology cuts treatment times

Cancer patients undergoing radiation therapy at The Alfred are now experiencing shorter treatment times, thanks to the arrival of state-of-the-art imaging technology. The new system, Hypersight on TrueBeam, helps radiation therapists see more of the body at once and generates images of the patient's anatomy in greater detail, making it easier for the team to adjust treatment in real time.

The increased imaging detail also improves the precision of treatments, potentially resulting in less damage to healthy tissue, with fewer side effects for the patient.



The Alfred's 1000th heart transplant recipient, Eddie

**MAY**

1000<sup>th</sup> heart transplant

When Eddie Toh woke up in The Alfred's ICU in 2022, one month after a regular gym session, he had no idea how he'd got there or what was to come. A heart attack seemingly out of nowhere had left him with advanced heart failure, a gall bladder rupture, kidney failure and a serious blood clot in his ankle, with his heart reliant on a highly specialised form of life support. He eventually was listed for transplant, and became the 1000th heart transplant undertaken at The Alfred.



The dermatology team is excited about the clinical trial.

**MAY**

Clinical trial gives new hope

For long-term eczema sufferer David, living with the debilitating skin condition had become a painful way of life. But a clinical trial at The Alfred has given him new hope.

The trial, which involves monthly visits to Latrobe Regional Health and twice-yearly visits to The Alfred, is one of the first non-cancer clinical trials at Alfred Health offered by teletrial. Alfred Health is currently operating over 700 clinical trials with almost 7000 participants across a range of services, including cardiology, mental health, sexual health, oncology and neurology.



Professor David Curtis said the trial results were "game-changing".

**JUNE**

Lifesaving breakthrough for leukaemia patients

Leukaemia patients who undergo stem cell transplants may now be three times more likely to be cancer-free and avoid deadly complications post-procedure, thanks to a clinical trial led by clinicians at The Alfred.

Blood stem cell transplants are often lifesaving for leukaemia patients, but can be high risk, especially in the first year after transplant. The breakthrough has changed 40 years of standard practice, significantly reducing the risk of Graft Versus Host Disease and death.



Dr Ryan Hoy is leading the breakthrough trial.

**AUGUST**

World-first trial takes aim at silicosis

New hope is on the horizon for silicosis sufferers with Melbourne experts embarking on a world-first trial designed to halt progression of the deadly lung disease. With support from Zaparas Lawyers, respiratory specialists at The Alfred are investigating whether the use of a targeted anti-inflammatory drug is the key to turning the tables on the debilitating illness.

Clinicians hope the anti-inflammatory treatment will suppress and ultimately stop inflammation in the lungs caused by inhaled silica particles.



Trial participant John with the radiation oncology team.

**AUGUST**

Trial aims to halve prostate cancer treatment time

The Alfred has become the first hospital in Australia to trial a groundbreaking treatment approach for intermediate-risk prostate cancer, cutting the number of sessions required for radiation therapy to the whole prostate by more than half.

The trial is designed to significantly reduce the impact and inconvenience of treatment on patients, particularly those living in regional areas, while still achieving similar outcomes and minimising treatment-related side effects.



Trial co-lead Dr Sacha Richardson with patient Mark Wohlers at the Critical Care Appeal.

**SEPTEMBER**

Critical Care Appeal raises lifesaving funds

The 2025 Critical Care Appeal fundraised to support Mobile ECPR, an advanced form of life support which takes over the function of the heart and lungs for patients in the community after cardiac arrest. When 43-year-old Melbourne dad Mark Wohlers suffered a cardiac arrest, it was the swift response from his wife and emergency services, and an Australian-first clinical trial that gave him a second chance at life.

Trial co-lead and intensive care specialist Dr Sacha Richardson said technological advancement meant the machines were now small enough to take to the streets.

# Robot Royce revs into action

An extremely generous donation has funded the specialised dual-console of The Alfred's new surgical robot, giving our teams advanced capability that improves precision, patient safety and the way surgeons learn.

**The da Vinci Xi Surgical System is in use around Australia, but few can pair it with a teaching console. This places The Alfred in a stronger position as a centre for surgical education, allowing senior and junior surgeons to share control seamlessly during a procedure.**

Nicknamed 'Royce', after former Alfred Director of Urology, Associate Professor Peter Royce, the robot arrived in early 2025 and immediately improved patient outcomes while expanding opportunities for research and training.

A/Prof Royce, along with donors John and Coral Knowles, said it was "thrilling" to see the robot already making a difference.



Associate Professor Jeremy Grummet and urology Fellow Dr Jody Khan using the dual-console.

*"This was a 15-year project that came to fruition just as I left The Alfred," he said. "John and Coral Knowles donated specifically for the teaching console – I think this is what sets The Alfred apart and really sets up the future for training our younger surgeons."*

*"We are incredibly grateful for the donation to make it happen, because this has optimised our teaching of robotic surgery."*

Associate Professor Jeremy Grummet, who is the current Director of Urology, said robotic surgery is the cutting-edge standard of care.

*"It's been critical getting access to this technology, not just for our current patients, but because we are training up the next generation of urologists," he said. "Without it, they cannot get the proper experience our discipline requires."*

This specialised component, made possible only through philanthropy, is what expands the robot's purpose. It allows emerging surgeons to learn complex techniques with real-time guidance and gives senior clinicians an immediate way to support safer, more precise care.

The robot helps with a range of minimally invasive cancer procedures, including kidney, prostate, bowel, colorectal, head and neck cancers, as well as cardiothoracic cases.

The dual-console enables two surgeons to work on a patient at the same time, instantly toggling control of the robot to one another "at the press of a button".



*"It's been critical getting access to this technology, not just for our current patients, but because we are training up the next generation of urologists."*

Associate Professor Jeremy Grummet,  
Director of Urology

*"So you can have a senior surgeon hand the controls over to a trainee surgeon," A/Prof Grummet said. "If the senior surgeon wants to take control, or show how to do something, it is immediate. This saves significant time and strengthens patient safety."*

Senior Surgical Registrar Dr Ken Chow said the robot enabled the surgical team to perform operations with greater ease and accessibility into certain parts of the human body due to its ability to work in small spaces.

*"In some cases, this means that a patient can go home the next day, compared to up to a week later if conventional open surgery was used," he said.*

Dr Chow described using the console, which gives a 3D image inside the body, allowing binocular vision and depth perception and consequently giving more control, as a surreal experience.

*"Normally organs are smaller than the palm of our hands – in open surgery, you feel like Goliath, just trying to move things around," he said. "But the instrument tips of the robot are so small, that miniaturising your hand actions to that degree, you have more precision and your movements are definitive."*

*"This means that you can be delicate and precise. It feels very natural. It's just like using an extension of ourselves – allowing the use of your hands inside the human body, but at a much smaller scale and with much finer movements."*

Dr Chow said the generosity that funded the teaching console will continue to influence patient care long into the future.

*"Having access to it as a surgical trainee will ensure that I have these skills and provide better healthcare to my patients in the future," he said. "Everyone benefits from this generosity."*

*"It is very important that we continue getting this type of equipment to keep expanding and embracing technology and advances, so that we can work to help our community and patients."*

This is the impact of thoughtful philanthropy. The robot brings new capability to The Alfred and the donor-funded teaching console ensures that we can train future surgeons at the highest standard and deliver safer, more precise care for years to come.

Above: Bayside Health Chief Executive Adam Horsburgh with donors John and Coral Knowles at the launch of the robot in early 2025.

# Scholarships allow nurses to dream big

The care provided by the nurses at The Alfred is frequently described by our patients as ‘the very best’. The nurses are the heartbeat of The Alfred and an investment in them is an investment in us all.

**However, a cohesive and comprehensive pathway for nurses to develop in areas where there are not financial funding arrangements has been missing – until now.**

As part of The Alfred’s commitment to support nursing education, training and opportunities to develop the nursing workforce, The Alfred Health Nurses Fund was launched in September 2024.

Its aim is to provide scholarships to nurses in clinical practice, research, informatics, education and management, while advancing nursing practice through clinical observations, research, education and leadership experiences to introduce new ideas and concepts to nursing at The Alfred.

Professor Ged Williams AO, Chief Nursing Officer at The Alfred, said it was exciting to identify people who have good learning or developmental opportunities that could benefit the organisation, and then be able to give them financial support to do that exercise.

Supported by a large number of enthusiastic and generous donors, the Fund is specifically for things that nurses have wanted to prioritise – the chance to extend their learning, visit global centres of excellence and then bring that knowledge and expertise back to their department and support their wellbeing at work.

“We have been able to engage our broader community within Melbourne and those people who have a stake in The Alfred, particularly those who have a passion for our nursing staff and what they can do,” Prof Williams said.

*“To be able to target their donations to nursing-specific activities through The Alfred Foundation is fantastic. It’s good for the donor – because it is going to their passion – but it is great for us as well because we can support more and more Alfred nurses to pursue their interests.”*

Two nurses to receive the Advanced Nursing Leadership Scholarship in 2025 were Catherine Vassili and Rebecca Brough.

Catherine, an Acute Leukaemia Nurse Practitioner, will visit two services in the US which have geriatric services – City of Hope and the Memorial Sloan Kettering Cancer Center.

*“It is an incredible opportunity,” she said. “I will be getting insights into the role of nurse practitioners providing geriatric oncology care, which has been identified as an area where we can build our repertoire at The Alfred.”*

*“I’m very grateful for all of the sponsors and The Alfred to support nurses in doing this and allowing us to go and expand our knowledge and experience and hopefully bring back things that can help transform care here at The Alfred.”*

Since 2023, the Fund has grown from \$25,000 to \$250,000 thanks to a growing cohort of donors who believe in supporting our nurses.



*“I’m very grateful for all the sponsors supporting nurses to expand our knowledge and experience.”*

Catherine Vassili, Acute Leukaemia Nurse Practitioner

Rebecca, who has been at The Alfred since her graduate year in 2002, is the Associate Director Patient Feedback and Liaison. Working with patients, families and members of the community, she works to ensure feedback from their experiences is heard, particularly to drive improvements in care and experience.

Identifying strengths and opportunities to improve communication with patients and families who have experienced an adverse event will be top of her agenda when she visits hospitals across Australia to see how they involve patients and families into adverse event reviews, as well as exploring how patient feedback is driving improvements.

*“It is important because we know people’s experience of care is linked to better outcomes,” Rebecca said. “And I really believe that experience is as important as clinical effectiveness.”*

*“I am very grateful to the donors because this sort of opportunity is very difficult to access, particularly in nursing. I’m really working hard to do the donors proud, and the organisation as well.”*

Another recipient of a scholarship, Olivia Sonneborn, said it was great to see such a diverse range of “amazing projects” across the nursing cohort.

An Acute Pain Clinical Nurse Consultant, Olivia will investigate different management of patients with blunt chest wall injuries and rib fractures, specifically pain management, at hospitals across Australia and New Zealand.

*“Pain management is a big part of the way to improve their recovery overall,” she said. “I will also be looking at their care guidelines and benchmarking for The Alfred, to see how we’re doing and if we can do better.”*

Pamela Galindo has started her research project investigating what barriers there are to women participating in trials, specifically stroke trials, thanks to a scholarship. She has presented her findings to audiences across the Asia-Pacific region, and is now collaborating with stroke healthcare professionals in the UK to broaden the scope of her research.

The Stroke Research Clinical Trial Manager said there was a lower percentage of women taking part in trials not just in Australia, but all over the world.

*“But if you look at the data, there’s a higher risk of women having a stroke, and they have poorer outcomes,” she said. “This under-representation constrains external validity and limits the applicability of trial to evidence to real-world women.”*

These endeavours are all possible thanks to the support of our donors.

Above: Catherine, Rebecca, Olivia and Pamela are just four of the many nurses to have received scholarships in 2025.

# A chance to heal and a place to grow

Thanks to significant philanthropic support, a new location and facility is helping an established clinical service provide even better outcomes for consumers, staff and families at The Alfred.

**When the Older Adult Mental Health Inpatient Unit moved from Baringa at Caulfield Hospital to The Alfred in June 2025, it did more than just relocate its services. The Greenhouse is not only a superb new facility that enables its best version, but it also meant that The Alfred became the first in Victoria to enact one key recommendation from the Royal Commission into Victoria's Mental Health System.**

Dr Maria Tsanglis, the Deputy Director of Adult and Older Adult Service, and Head of Aged Psychiatry, said the move has been a long time coming.

*"We now have a physical environment befitting the care needs of our patients and also befitting our staff," she said. "It is a much more appropriate space in which to provide care for our patients."*

*"We now have a physical environment befitting the care needs of our patients and also befitting our staff."*

Dr Maria Tsanglis, Deputy Director of Adult and Older Adult Service, and Head of Aged Psychiatry

Other components in Aged Psychiatry include a community-based team at the St Kilda Rd Clinic, providing care for up to 180 people at a time, and a consultation liaison service at Caulfield Hospital.

The Greenhouse is a 15-bed inpatient unit that provides mental healthcare generally for people aged over 65 at The Alfred. Care is provided for people with a range of illnesses and associated complications, people who have long-term mental health issues and then some who develop issues for the first time in older age.

A refurbished facility, The Greenhouse is designed to create a welcoming environment and is tailored to the needs of patients, carers and families.

The Greenhouse name was chosen to symbolise growth, renewal and connection, reflecting our commitment to healing and wellbeing.

It marks a significant upgrade on Baringa, which was opened in 1995 at Caulfield Hospital and became "increasingly less suitable" for its purpose.

*"Our changing patient population and the increased mental health and physical health complexity that our patients were presenting with, combined with a lack of upgrade to our environment, meant that it was no longer best meeting our patient care needs," Dr Tsanglis said.*



*"We still have the same number of beds, but we've gone from a unit with a small footprint, one communal space, shared bedrooms and minimal outdoor space, to a unit that has 15 single bedrooms with ensuites, three distinct outdoor spaces and many communal spaces. So the physical environment is much bigger, much brighter and better suited to the care we want to provide."*

Baringa was also the only acute unit on a sub-acute campus at Caulfield, so moving to an acute campus meant that The Alfred became the first and only mental health service in Victoria to enact that key recommendation from the Royal Commission into Victoria's Mental Health System, which was tabled in 2021.

Another benefit to the move to The Alfred is increased access to after-hours support, including mental health staff, registrars, consultants and clinicians: *"It is a complete transformation of services that are available to all our patients 24 hours a day."*

The transformation in environment and care at The Greenhouse was profound for Janet Lovett, a patient living with bipolar disorder, and her son Josh Guest.

After experiencing her first acute episode in 25 years at the end of 2024, Janet was admitted to the Baringa ward. *"It was a very secure, comforting experience," she recalled. "The nursing staff were amazing."*

For Josh, now an adult with a young family of his own, the suddenness of his mum's relapse was confronting.

*"There's a long family history with Mum's illness," he said. "But as an adult ... there is no rulebook or document to help deal with this stuff."*

*"You can't prepare for seeing your loved one lose their grip on reality and what's happening around them. It happens very, very quickly and accelerates ... your life goes on pause."*

*"But then, from those first interactions with the nursing staff, I quickly understood how well-organised and complete the care is. Not only medically, but the reassurance and calming voice to me and the family that everything is going to be OK."*

In the final weeks of her admission, Janet was transferred to The Greenhouse.

*"Baringa served a purpose," Josh said. "The doctors and nursing staff were amazing, but I think it's an incredibly challenging environment."*

*"But now it feels that the physical place at The Greenhouse matches the quality of care."*

The Josh & Tarryn Guest Foundation is proudly supporting initiatives that focus on mental health nursing and staff wellbeing.

*Above: Janet Lovett and her son Josh Guest were constantly in awe of the staff involved throughout Janet's time at Baringa and The Greenhouse.*

# Simulator to help hundreds of staff

The Alfred has the largest Intensive Care Unit (ICU) in the country, admitting about 3000 patients annually, providing specialised care for a wide range of critical conditions. This includes supporting hundreds of patients who have undergone cardiac surgery.

**Thanks to your generous support of our Lifesaving Equipment Fund (LSEF), hundreds of staff in The Alfred's ICU will learn more about an essential life support following the purchase of a new training tool.**

The new device, an Intersim III Touch pacing simulator, will be used to help staff develop mastery of temporary cardiac pacing, an essential type of life support required after cardiac surgery.

Dr Mike Purvis-Smith, an Intensive Care Specialist in The Alfred ICU, said he was "thrilled" to now have what he regarded as the best teaching tool for this core skill, thanks to the support of donors.

*"We have been hoping to get a device like this for some time," he said. "I'd like to say a huge thank you to all of the amazing donors, whose generosity made this possible."*

*"Our educators have been doing a fantastic job teaching these skills to our staff, but this device will enhance their ability to teach difficult concepts and expose learners to a range of troubleshooting scenarios, in a realistic way, that is otherwise difficult to achieve without having a patient in front of you."*

*"We will also use it in our Cardiac Advanced Resuscitation Course, where we teach our ICU staff how to respond if our patients deteriorate or experience cardiac arrest after surgery."*

*"This device will help us simulate scenarios that we have, until now, been unable to effectively replicate. It is a very powerful learning tool, and there is no better way to support our doctors and nurses achieving excellence in this area of intensive care practice."*

*"It will improve the learning process of a huge number of staff - we have the biggest ICU in the country - so the potential for both staff and their patients to benefit is huge."*

Dr Purvis-Smith said temporary pacing after cardiac surgery is crucial to patients.



*"I'd like to say a huge thank you to all of the amazing donors, whose generosity made this opportunity possible."*

Dr Mike Purvis-Smith, Intensive Care Specialist in The Alfred ICU

*"Our hearts have specialised cells that trigger every heartbeat and tissue that conducts these signals around the heart to produce a normal cardiac rhythm," he said.*

*"Following cardiac surgery, these essential functions of the heart may not work normally, such that most patients require a 'temporary pacing' system in place to replicate a normal heart rhythm, if needed."*

*"This involves placing temporary wires on the heart's surface during surgery, which are connected to a 'pacing box' capable of providing an electrical signal to simulate a heartbeat if the patient's heart rate is inadequate."*

Intensive care nurses and doctors are responsible for this pacing system until the patient no longer needs them. In some circumstances, if the pacing doesn't work, the heart won't beat.

*"So, staff need to understand the system very well, including problems that can arise and how to fix them quickly," Dr Purvis-Smith said. "The pacing simulator can be used to practice anything from basic set-up and maintenance, to emergency troubleshooting."*

*"It can be adjusted to replicate pretty much any pacing issues when caring for a cardiac patient. Staff can practice responding to these in the safety of a simulated learning environment, helping them be ready for anything when looking after their patients."*

The LSEF was established in 2019 to allow us to purchase state-of-the-art equipment as quickly as possible. Since launching, more than \$5.5 million has been raised and it has helped our world-class teams access the latest innovations and advanced technology to provide even greater care for our patients.



The pacing simulator will improve the learning process of a huge number of staff at The Alfred.

Above: Dr Mike Purvis-Smith is thrilled to be able to introduce this vital tool to further educate ICU staff.

# Thanks to our supporters

Financial year 2024-25

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Estate of John Frederick Wright



**PROJECTS YOU FUNDED**  
Transforming care

- The Greenhouse Aged Care Psychiatry Unit
- Mobile ECMO (extracorporeal membrane oxygenation)
- Minderoo Wellness Centre at Paula Fox Melanoma and Cancer Centre (PFMCC)
- Infusion chairs at PFMCC
- Trauma Diagnostic Suite
- Hybrid Operating Theatre
- PARTY On Program
- Cardiology Education Program – research and training fellows and technician team
- Emergency Department Sacred Space for end-of-life care
- Hospital and Emergency Mental Health Patient Journey

*Image: Janet Lovett and her son Josh Guest loved the facilities at The Greenhouse.*



**PROJECTS YOU FUNDED**  
Advancing discovery

- Quadra PET/CT scanner
- Bioengineered Skin Laboratory
- The James Foster Foundation Alfred Cancer Biobank
- Advancing new treatments and diagnostics for urinary tract infections
- Brain Inflammation and Biomarker Epilepsy research
- 2 SHOTS Prostate Cancer research
- Victorian Melanoma Service and Skin Cancer Screening and Diagnosis Research Program
- Cohort study into whether immunoglobulin treatment increases clotting risk in Australia
- Developing novel immunosuppressive therapies for patients with syndromes caused by reduced CTLA4 function
- Melanoma Prevention Project (stem cell)
- Multiple Myeloma research
- Use of intestinal ultrasound as a non-invasive alternative to colonoscopy to help diagnose immune checkpoint colitis (ICI colitis)

*Image: The bioengineered skin laboratory has been a huge success.*



**PROJECTS YOU FUNDED**  
Leading technology

- Cardiac Pacing Simulator
- Sentimag Magnetic Detection Technology for Breast Surgery
- Biplane Angiography unit
- Apheresis unit
- Telemetry units
- Light for Cardiac Cath Lab
- Second console for the Da Vinci robot
- Orthopaedic equipment

*Image: A/Prof Peter Royce and A/Prof Jeremy Grummet are thrilled with the teaching potential of the second console of the robot.*



**PROJECTS YOU FUNDED**  
Developing extraordinary caregivers

- Alfred Health Nurses Fund
- Myeloma Research Fellow (LEB Foundation)
- Tegner Myeloma Fellow
- Roberts Family Lymphoma Fellow
- Jenkins Lymphoma Fellow
- Holborow Pulmonary Fibrosis Fellow
- Shake It Up Australia, Alfred Movement Fellow
- Part-time clinical trials nurse in Alfred Renal Unit
- Movement Disorder Clinical Network Coordinator

*Image: Acute Pain Clinical Nurse Consultant, Olivia Sonneborn.*



# Team Alfred stories that bind us

It is a team effort at The Alfred Foundation, and there is no better demonstration of that commitment than through our community.

**Every year is a chance to be amazed and inspired by how people in our community want to contribute to The Alfred – and 2025 was no different.**

All of these people, and many more, form part of Team Alfred – a community of individuals who are dedicated, supportive and passionate about raising funds that are vital for lifesaving care at The Alfred.

Whether running a marathon, honouring a loved one’s legacy or celebrating a special occasion, your support will help.

*“The second I started the fundraiser, the instant reaction was crazy – it was incredible.”*

Elisha King, loving sister of the late Chelsey King

But importantly, everyone can have a different motivation for it – and their funds raised can be directed to any part of The Alfred.

For Elisha King, raising money in memory of her sister, Chelsey, was in part about raising awareness of deep vein thrombosis (DVT) and partly a healing process for herself.

Elisha suffered the heartbreaking loss of her older sister, Chelsey, who was 21.

DVT occurs when a blood clot forms in a deep vein, usually in the legs. It can cause leg pain, swelling, warmth and redness, but sometimes there are no symptoms at all. DVT is extremely serious because if the clot breaks free, it can travel to the lungs and cause a life-threatening pulmonary embolism.

Booked in for an MRI, Chelsey suddenly passed away due to a blood clot travelling from the back of her knee to her lungs, and then to her heart.

*“No one should go through what me and my family have gone through. Losing a sibling and someone so close to you at such a young age is like nothing you can ever describe,” Elisha said. “I know I didn’t owe Chelsey anything, but it felt like I needed to do something so other families hopefully don’t go through the same thing that we did.”*

Elisha organised an event on her sister’s birthday in July in their home town of Warrnambool – a morning beach swim – that about 200 people attended.

*“Chelsey had a big love for the ocean – I don’t think there was a day where she went without being at the ocean, even if it was a cold winter’s day,” Elisha said. “She also loved her health and fitness, which is why it was such a shock that a healthy 21-year-old woman would pass away so quickly.”*

Combined with organising a pilates class, Elisha raised \$14,075.

*“It brought together so many people,” she said. “The second I started the fundraiser, the instant reaction was crazy – it was incredible.”*



*“But ultimately we want to push for everyone to get checked out, because you just never know. You can be as healthy and fit as my sister was, and these things still do happen.”*

*“Before this, my thoughts were ‘this stuff only happens in movies’. But, unfortunately, it doesn’t.”*

Supporting The Alfred has been a long-term dedication for Beryl Fell. Marking the 16th anniversary of her husband Don’s passing from melanoma, Beryl hosted her final Bright Star event in November.

Beryl has championed the Victorian Melanoma Service (VMS) through this fundraiser for more than a decade. She raised \$11,895 on the night, with more than \$70,000 donated to the VMS over the years of support.

Wayne Mays took a different approach to raise money for the Heart and Lung Transplant Service, by organising an inaugural motorcycle Poker Run in Bendigo to honour his late wife Kaye. She had received care at The Alfred for an incurable lung disease.

About \$1000 was raised, and Wayne has aspirations for an even bigger event next year.

*“I wanted to thank The Alfred for their efforts and to make a cure or better medication available in the future for dealing with it,” he said.*

Gary Tinner also used an alternative way to celebrate The Alfred, raising money in lieu of gifts for his 60th birthday, raising \$1330. The funds were allocated across three hospital departments, reflecting Gary’s personal connection to The Alfred.

Run Melbourne is regularly one of Team Alfred’s biggest events, and the 2025 event was a source of inspiration once again. More than 300 runners representing Team Alfred took part, raising more than \$32,000 in the process.

Kiera Bulluss was the highest individual fundraiser, with \$5570, just two years after she spent eight weeks in The Alfred ICU fighting for her life with multi-organ failure. Later diagnosed with systemic lupus, a chronic autoimmune disease, Kiera thought at the beginning of her recovery that she would never walk again.



Kiera raised an incredible \$5570 for The Alfred as part of her effort to complete a half-marathon at Run Melbourne.

Above: Dozens of people rushed into the cold Warrnambool ocean waters at an event to celebrate Chelsey King.

# Exciting horizons for Parkinson's research

**A perpetual gift dedicated towards ongoing research into Parkinson's disease is allowing The Alfred to try to establish some new targets for potential treatment options.**

Parkinson's disease is a progressive neurodegenerative disorder affecting 5 to 8 per cent of the population, leading to increasing disability. Treatment is limited to symptomatic management, with no current treatment able to slow disease progression.

While most people are diagnosed in their 50s and 60s, they can also be diagnosed in young adulthood.

Dr Kelly Bertram, Head of Movement Disorders with Alfred Brain, said disease-modifying treatments for Parkinson's disease simply do not exist yet.

*"So everyone with this disease is gradually getting worse over time and developing more symptoms, which has an impact on their physical and functional independence," she said.*

*"This impacts people in their ability to participate in employment, in family life and in day-to-day activities because they are developing stiffness and slowness with fine motor tasks, and experiencing difficulties with maintaining the quality of their voice, as well as lots of fatigue."*



Geoffrey and Maureen Pollard (pictured) left a perpetual gift dedicated towards ongoing research into Parkinson's disease.

The donation will give The Alfred an opportunity to establish a formal collaborative research project with the Walter and Eliza Hall Institute of Medical Research, which has a long history in cell-based research in brain disease.

It is thanks to a transformational perpetual gift from the Estate of Geoffrey and Maureen Pollard. Their nephew, Marc, said the family was happy that the gift would be *"used to fund research into better treatments and, hopefully, a cure, and thereby help others living with the disease"*.

The ongoing nature of the gift allows the program to set up a longer-term project, Dr Bertram said.

*"We can actually establish some more long-term connections knowing that we will be able to continue to fund a project beyond one year," she said. "This project will involve establishing some cell lines from patients to test for some specific markers that may indicate how their Parkinson's disease developed – those things take weeks to months for each experiment."*

Dr Bertram said the gift from Maureen and Geoffrey Pollard was *"very generous"*.

*"To provide an opportunity for ongoing research in a condition that affects so many people, and for which real treatment options are still lacking, is not only very generous but a compliment to the team at The Alfred that they believe we can do something useful with that investment, to genuinely help our patients," she said.*

For a confidential discussion about how your gift can also make a difference, please contact the Gifts in Will team at The Alfred Foundation by phoning (03) 9076 3222 or emailing [giftinwill@alfred.org.au](mailto:giftinwill@alfred.org.au)

Right: Catherine Vassili, Acute Leukaemia Nurse Practitioner and Rebecca Brough, Associate Director Patient Feedback and Liaison

*"[It is] a compliment to the team at The Alfred that they believe we can do something useful with that investment, to genuinely help our patients."*

Dr Kelly Bertram, Head of Movement Disorders with Alfred Brain



**YES, I WOULD LIKE TO DONATE TO THE ALFRED FOUNDATION**

- \$35
- \$60
- \$100
- \$250
- \$1,000

Other \$

Or

I want to give a regular monthly gift of \$  to The Alfred Foundation to be deducted from my credit card on the last day of each month  
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See reverse for details on how to  
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