

Annual Review

2013/2014



TRANSFORMING LIVES AROUND THE WORLD



Cover photo: Nurse Tina Pearson cares for a Tongan patient

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Nurse Madonna Boettcher give the thumbs up with a recovering patient in Myanmar

"They really do go without so many things that we take for granted at home. It is so important that Open Heart International comes here because lives are permanently changed...surgery gives them the chance to live again."

Genna Gava, Registered Nurse

We Treat



*Dr Robert Justo, paediatric cardiologist,
teaching an eager team in Myanmar*

"It is also exciting to see succession plans, and those trained by Open Heart International now training more junior staff that continues the circle of teaching."

Sharon Kay, Sonographer

We Teach



Nurse Kym Stuart presents surgical instruments to our partner in Cambodia

"They are keen to learn, they are keen to progress, they just need some assistance along the way."
Chris Waite, Project Coordinator

We Empower

From the Chairman - Philip Currie



Earlier this year I decided it was time to volunteer some more time to Open Heart International "in the field" rather than just being involved in the running of the organisation. I agreed

to be part of developing a plan to bring cardiac surgery to the Solomon Islands in the future.

We had planned a feasibility visit to Honiara, and as the plane neared its landing, we were suddenly redirected to Brisbane due to major storm activity. Tropical cyclone Ita and the ensuing flooding caused widespread damage and sadly the loss of many lives.

It would be another four months before I was able to actually get to the Solomon Islands again. It was a sobering reminder to me about the many challenges that Open Heart International faces, some of which are outside of its control. Even more sobering are the day-to-day challenges faced by the people we work with in developing countries, who take it in their stride and push through so many logistical challenges and road blocks.

Open Heart International is growing, and it is an exciting time to be involved. As I look at all the projects that have rolled out over this past financial year, I cannot help but think about all the challenges, obstacles and roadblocks that were overcome by a dedicated group of problem-solvers and thinkers, here in Australia and in the countries where we implement projects.

As a small and agile organisation, Open Heart International achieved some amazing milestones this year. I hope you enjoy reading our Annual Review.

From the Manager - Michael Were



Five thousand patients is a wonderful milestone, and something that we are tremendously proud of. As Nishant, who fondly became known as "Mr 5000", was undergoing burns

surgery in Nepal, project visits to Cambodia and the Philippines were concluding. Teams were running into each other in international airports, yet going to different locations. An era of multiple trips running concurrently was well and truly upon us. In years gone by that might have been thought near impossible let alone feasible.

Open Heart International has a knack of proving that the impossible can be done. Counting patients is one simple way to measure the impact that we have, however, it is only one small measurement. Other measures include patients that were reviewed and diagnosed but did not have surgery, hours of teaching and skills sharing with our colleagues working in developing countries, the investment in infrastructure and the capital requirements we have financed for those working in countries with very little, and what can be achieved without us after we leave.

Whatever the measurement, this year was certainly Open Heart International's busiest so far. It wasn't a blip on the radar; it is a sign of things to come as we continue to respond to and assist those who need our help.

Thank you to everyone who has entrusted funds to us, or donated their time and expertise. Open Heart International is a combined and collective result, of the individual efforts of many.

Achievements

(As at 30 June 2014)



Project	Country	Overall Visits to Date	Total Patients to Date	July 2013- June 2014 Patients
	Cambodia	7	86	29
	China	3	42	-
	Fiji	22	738	-
	Mongolia	3	25	-
	Myanmar	16	816	185
	Nepal	6	62	-
	Papua New Guinea	20	831	25
	Rwanda	7	152	19
	Solomon Islands	2	50	-
	Tonga	6	143	30
	Vanuatu	8	145	-
	Vietnam	7	52	-
	Cambodia	5	177	-
	Cambodia Clinic	1	N/A	-
	Philippines	3	319	180
	Nepal	4	314	81
	Nepal	19	1087	46
Total		139	5039	595

"The only way to ease the pressure of children on the waiting list is to successfully teach the Cambodian team the skills required and, to date, all specialties within the local team have come a long way to achieve this goal."

Fiona Hyde, Project Coordinator



Nurse Elizabeth Tongue with a happy patient in Cambodia

CAMBODIA



Open Heart International has assisted Angkor Hospital for Children in Cambodia since 2007. After successfully supporting Cambodian surgeons as they became proficient in correcting Patent Ductus Arteriosus (PDA), this relatively simple procedure is now regularly performed all year by the Cambodian surgical team, and there is no longer a waiting list for children who need this type of surgery.

The project now focuses on establishing self-sufficiency in more complex cardiac procedures, specifically two types of procedures that make up a large part of the ever-growing waiting list.

During surgical visits in October 2013 and March 2014, 29 patients received corrective surgery, with the Cambodian surgical team actively involved in nearly all operations.

Open Heart International also financed the purchase of specialty surgical instruments and post-operative monitoring equipment for use at Angkor Hospital for Children. This equipment has been donated and will remain in Cambodia, contributing to improved patient outcomes.



SUCCESS STORY

Katia, a 14-year-old Sydney girl, wanted to use her musical skills for a greater cause by raising money for charity. Deciding to sponsor a surgery in Cambodia and committing to raising \$3,500 she was invited to visit Cambodia with Open Heart International and see the results of her fundraising.

Katia was highly motivated, learning new songs as well as navigating all the council rules and regulations for busking permits, and successfully raised enough funds to sponsor the surgery for a little girl in Cambodia.

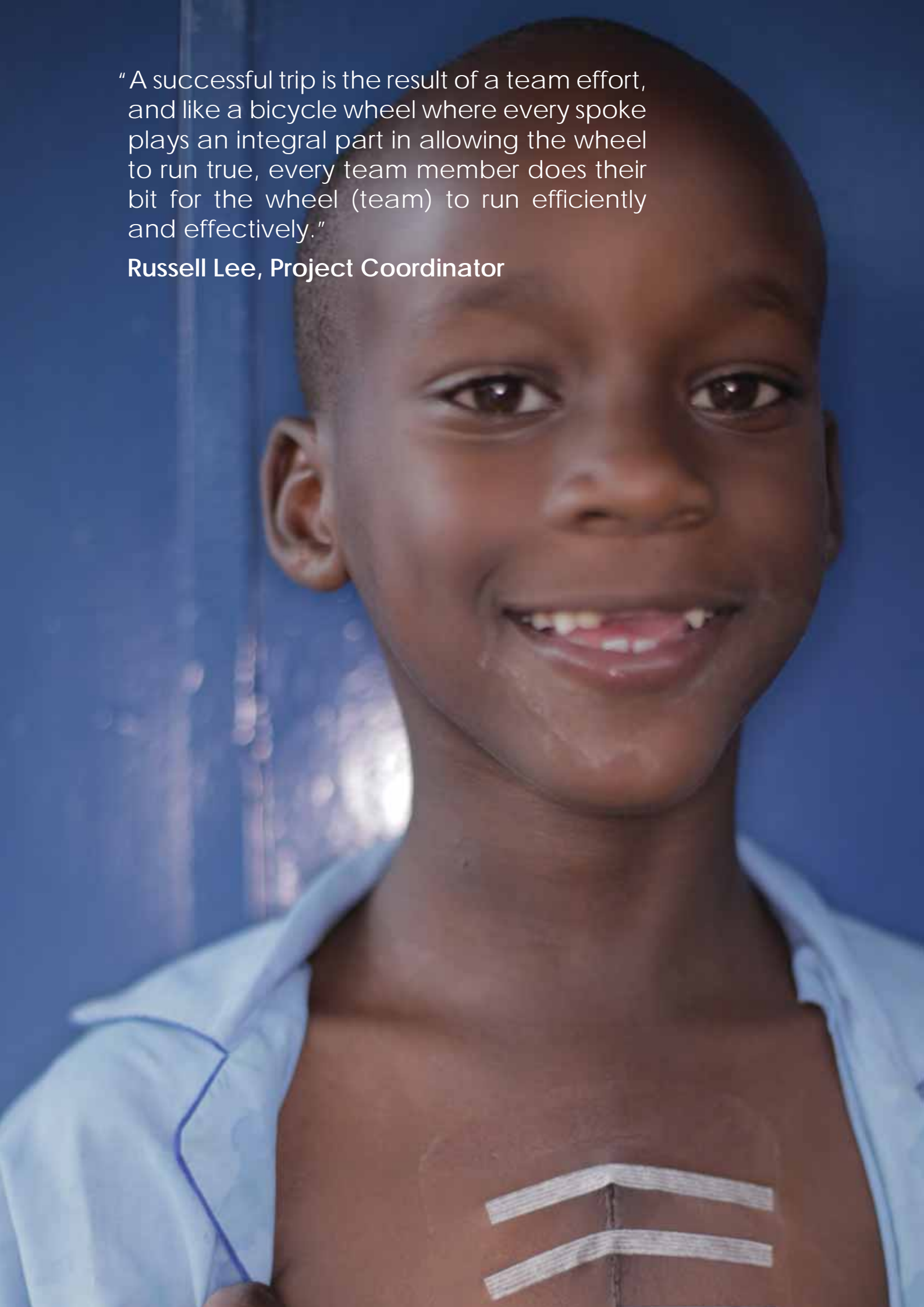
On meeting the child she sponsored, Katia said "There are no words I can use that express how I am feeling now. It just makes all the hard work busking worthwhile. The support of my friends and family was immense and they kept me going when I thought I was never going to be able to raise that much money!"

Katia's mother Stephanie said "I am overwhelmed with pride in her achievement and so proud of the person she is becoming. This has been a life changing experience for Katia and the little Cambodian girl she sponsored".



"A successful trip is the result of a team effort, and like a bicycle wheel where every spoke plays an integral part in allowing the wheel to run true, every team member does their bit for the wheel (team) to run efficiently and effectively."

Russell Lee, Project Coordinator



EAST AFRICA



Open Heart International has been visiting Rwanda for eight years, and our project aims to assist in rebuilding expertise in cardiac surgery. Collaborating with like-minded organisations from the USA and Belgium, the primary goals are to develop an independent cardiac surgery unit in Rwanda, completely managed by Rwandan nationals.

The 1994 genocide had a devastating impact on the country, and saw a major loss of expertise in the health sector that needs to be re-established. There are currently only three cardiologists for a population of 11 million people.

While a number of Rwandans are receiving international cardiac surgical training at facilities in other countries, the waiting list continues to grow. Open Heart International is providing support through surgical capacity, as well as mentoring and skills-sharing opportunities for other health professionals. 19 patients received surgery in six operating days during our 2013 visit.

A feasibility visit also took place to Mwanza, Tanzania. Bugando Medical Centre will become an additional project site during 2014, and the 14th individual country that Open Heart International has worked. With similar challenges in a close regional proximity, both locations will be considered part of the same project which has been renamed our East Africa project.



SUCCESS STORY

On day one of surgery in Rwanda, Sheila was scheduled for an operation to correct her Patent Ductus Arteriosus (PDA). An instant hit with the volunteer team, she energetically waved and smiled getting ready for her operation.

For a mother watching your child wake after anaesthetic, clutching their soft toys and dolls given as gifts can be heart-warming and heart-breaking all at the same time. Sheila recovered quickly, and started to become more awake and active only a few short hours after surgery.

Samantha and Lisa, the ICU nurses on duty, became perplexed at her crying and no medical reason could be established. Their concerns were quickly allayed when the Rwandan nursing staff explained Sheila was worried that someone was going to steal her toys! Once the toys were placed within easy reach she promptly returned to sleep!



"These new facilities will be an asset to the local health services and to our future project."

Melanie Windus, Project Coordinator



Paediatric cardiologist Dr Malcolm Richardson reviewing a patient in Fiji

FIJI



Open Heart International's commitment and partnership with the people of Fiji spans more than 20 years. The project focuses on providing surgery to those suffering from congenital heart defects as well as rheumatic heart disease, both major issues in Fiji.

A screening visit in April reviewed 187 possible candidates for a planned surgical visit in May, and was also combined with an education visit to the Fiji School of Medicine.

Unfortunately, the planned surgical visit was subsequently cancelled due to major construction works being undertaken at Colonial War Memorial Hospital in Suva.

Open Heart International was also represented at a Rheumatic Heart Disease forum in Fiji in April. A study conducted by an Open Heart International volunteer on the long term effects of Rheumatic Heart Disease patients was published, and its findings provide strong information on how to improve the ongoing health management of these patients after surgery.



SUCCESS STORY

Open Heart International volunteers have been tracking the progress and health improvement of Fijian patients who have had valve replacement surgery in prior years.

In 2011, Bibi's health was on a downward spiral, as she suffered the terminal effects of rheumatic heart disease. She was selected for surgery, and during a lengthy operation both her mitral and aortic valves were replaced with artificial valves to restore the heart's functionality.

Nearly three years later, Bibi is in great health. She has adapted well to the lifestyle and diet changes required as a result of her new heart valves. Regular clinic visits in the country's capital, Suva, mean a two-hour journey each way. For some it would be an inconvenience, for Bibi it is yet another reminder of a second chance at life.



"The trip itself helps a small number of patients,
but the people we work with can then go
on and help their whole population"

Dr Graham Nunn, Cardiothoracic Surgeon



MYANMAR



Open Heart International has been providing surgical support as well as educational programs for over ten years in Myanmar. The primary purpose of the project is to increase the capacity of Burmese medical, nursing, and allied health professionals.

The breadth of cardiac services that Open Heart International supports is the largest for any one project with support provided in cardiac surgery, interventional cardiology, electrophysiology, intensive care management, and allied health care.

Across the six hospitals in two cities that Open Heart International provides volunteer expertise, all are at different levels of their expertise albeit significantly improving. A number of hospitals will no longer need support from Open Heart International, particularly in adult cardiac surgery in the very near future, as they are completely sufficient and independent.

Volunteers are recruited specifically to the project in Myanmar for their willingness and commitment to making the most of every educational opportunity to share their skills and knowledge within the clinical environment. The eagerness and willingness of the Burmese professionals is professionally rewarding for all involved in the project.

New surgical instruments and defibrillator were purchased for Yankin Children's Hospital to assist in the establishment of a third cardiac centre in Yangon.



SUCCESS STORY

Shwun is a six year old girl born with a cardiac defect called Ventricular Septal Defect (VSD), commonly known as a hole in the heart. The condition is common at birth where the heart does not completely form correctly.

Her condition was originally detected by the local Burmese doctors and confirmed by Open Heart International cardiologists during a review.

The successful operation was performed by trained Burmese surgeons with the assistance of Open Heart International volunteers. Supporting the surgeons was a theatre team consisting of competent Burmese medical and nursing staff.

Schwun's recovery was primarily cared for by the Burmese critical care team and supported where necessary by Open Heart International volunteers.

Open Heart International is grateful for the support of Rotary who provided funds specifically for Schwun's operation but also make a significant contribution to the Myanmar project each year.

The normal life that Schwun will now live is a success story in itself; however, the improved capabilities of the Burmese teams also shows the success of the ten-year commitment to Myanmar.



"Nepal is a country that is not rich in natural resources or an economic powerhouse but each member of the team has left richer. Richer in spirit, richer in heart and richness gained from an understanding of what is important in life."

Michael Duncan



NEPAL BURNS SURGERY

Open fires are the cause of many health risks from chest conditions to burn injuries in Nepal. Many injuries affect children, who develop contractures after inadequate post burn care. This project provides reconstructive surgery for burns victims that have lost functionality as a result of burns injury and subsequent contracture. The staggering numbers of burn related injuries in this region means that the government hospital networks cannot cope with the demand. Coupled with the inability for most patients to afford this type of surgery, means many individuals must endure a life tragically inhibited by their disabilities.

Open Heart International began this project in 2005 following the conclusion of the successful Cleft Lip and Palate project. The project works in partnership with the Scheer Memorial Hospital.

In 2014 the project provided 46 patients with life-transforming corrective surgery. These patients were all disadvantaged, in a country where this type of specialist surgical healthcare is widely unavailable. Patients should expect improved functionality and quality of life, and be able to make a more meaningful contribution to their community.

Medical and nursing staff benefited from working side-by-side with the Australian professionals to provide care, through formal lectures that were delivered, and The Essentials in Pain Management course presented.



SUCCESS STORY

Nishant Thapa was six months old when he fell into a nearby fire that was keeping his family warm. He suffered from badly burned feet, and his right leg was burnt up to the thigh causing significant contractures and preventing him from being able to stand or walk.

Nishant and his mother spent two days travelling by motorcycle and bus to the nearest hospital at the time of the accident where he received very basic treatment. Without any form of specialised burns treatment, grafting or reconstruction, his contractures worsened.

Nishant quickly became known as “Mr 5000” as the 5000th patient to receive surgery from Open Heart International.

To everyone’s surprise, Nishant’s post-surgery recovery was far more rapid than anticipated. A few days after surgery, Nishant squealed with delight and took his first unsupported stumbling steps. His mother was the first to shed a tear, with many team members not far behind!

Nishant will need a second operation to improve his mobility further. His young age is an advantage to his recovery because his joints and muscles haven’t set from years of deformity.





Transforming 5000 lives!



"We work with a team of wonderful nurses and doctors who have these women's best interests at heart."

Karen Vaux, Registered Nurse



NEPAL WOMEN'S HEALTH

An estimated 600,000 women in Nepal suffer from third-degree prolapse and 200,000 need immediate corrective surgery. Uterine prolapse, a condition that sees the uterus slide outside the body, can result from prolonged labour, poor family planning, improper delivery due to unsupervised births, and resuming work too soon after childbirth. It leads to devastating abuse, isolation, and loss of identity for many women.

Uterine Prolapse is one of the largest health issues in Nepal. While the government tries to do all it can, the burden of this condition needs global assistance and intervention.

Open Heart International partners with Scheer Memorial Hospital to provide uterine prolapse surgery to the most marginalised women, and ultimately improve their quality of life. Surgical intervention allows these women to lead more productive lives, and has flow-on effects to their families and the wider community.

In 2014, 147 women registered and were assessed by Open Heart International at the start of a two week surgical visit, of whom 81 received surgery.

With five years of learning of this type of surgery in Nepal, Open Heart International is exploring further capacity-building opportunities for greater impact, as well as looking to increase our geographic reach with an additional project site.



SUCCESS STORY

Mangali is 70 years old. She lives in a remote village in rural Nepal. They have no electricity and she walks about one hour to get water. Mangali had ten children – all were born unsupervised and without an attendant. Tragically only one child survived, the others died either at birth or shortly after.

For the past 30 years she has lived with urinary incontinence as a result of fistula, one of two conditions Open Heart International treats in Nepal.

Following successful surgery, she was asked what she was looking forward to most when going home. Mangali replied that she was looking forward to walking into her own home and preparing food. She had been living in a nearby cow shed for 30 years as she had been unclean due to the leaking urine.

"I count it a privilege to care for these women and to be able to give them life-changing surgery where their fistula is closed, rendering them dry and allowing them back into the community." Dr Ken Vaux, Urologist



"I genuinely get more out of this than I give,
clinically, professionally... It does not feel
I'm giving."

Hayden Dando, perfusionist



*ICU Nurse Tony Glorioso with one
of the PNG patients post-surgery*

PAPUA NEW GUINEA

Open Heart International celebrated a twenty year commitment to Papua New Guinea with its surgical visit to Port Moresby in July 2013. A large team of 65 volunteers was assembled, with two operating theatres running concurrently.

Over the course of the project, PNG surgeons and anaesthetists have been trained and are now capable of providing surgery independent of Open Heart International visits. During the ten-day surgical visit in July, 25 open-heart operations were conducted by the Australian volunteer team in conjunction with the local PNG team. In addition the PNG team completed a number of operations independently prior and after the surgical visit.

As the country nears self-sufficiency, our work and training projects will focus on improving the effectiveness of post-operative care as well as perfusion.

The General ICU project was again conducted in addition to the cardiac project. Australian ICU personnel volunteered to work in the existing ICU at Port Moresby General Hospital. The project focused on providing practical skill-sharing and bedside learning opportunities to the PNG Intensive Care team in the care of non-cardiac patients. The project ceased at the end of the financial year due to funding requirements.



SUCCESS STORY

Dr Arvin Karu became Papua New Guinea's first qualified cardiac anaesthetist in August 2013. The Masters of Cardiac Anaesthesia program through the University of PNG is set at global standards, with the curriculum and examination process guided by Open Heart International.

"Once they have this degree they can do the work, then they become the teachers, and the people who select the next set of trainees. They are given control of their own environment. They make the decisions about who comes in and works with them and they are the ones who decide what the team build will be [in the future]" says Dr. Matthew Crawford who was involved in Arvin's examination process.

"I just wanted to say a very big thanks to everyone in the open heart program for the support especially my five anaesthetic trainers. It's been truly a great privilege to work [with] these guys as well as the anaesthetic nurses who have supported me all the way" say a humble Arvin.



"Working in the clinic every day I have been privileged to see 96 people pass through during the trip so far, all whose lives are going to be so much richer as a result of improved vision and the efforts of Open Heart International's work!"

Dr Linda Zheng



Dr Matt Ball reviews a patient's progress after surgery

PHILIPPINES



Open Heart International's newest project focus is ophthalmology or eye surgery, specifically cataract surgery.

The project officially began in 2013 after a number of years of planning. It is a partnership with Adventist Hospital Santiago City (AHSC), and based in the northern Philippines.

The northern regional area of the Philippines primarily consists of subsistence farming, with most of the population living on meagre incomes. The cost of health care is a luxury only a few can afford. As estimated 140,000 people are living with avoidable blindness in this region.

The long term goal is to build capacity at Adventist Hospital Santiago City, and that they will be able to provide cataract surgery independently of Open Heart International visits.

In 2014 Open Heart International again contributed additional equipment with the purchase of specialised surgical instruments that have been donated to Adventist Hospital Santiago City.

During two project visits 180 cases were undertaken, where 20 patients received surgery on both eyes.

Additional capital equipment is still required, however one of the major goals for the next two years is to find funds for training and employment of staff specialists so that surgery can continue independently of Open Heart International project visits.



SUCCESS STORY

Shaira is the youngest of three children. Her father, is a construction worker, earning \$8 a day whenever he can find work.

Her mother noticed a problem with her eyesight about a year ago but struggling with funds to keep themselves afloat, healthcare was a luxury the family could not afford.

When they learnt of a cataract surgery team in the area, they quickly came to AHSC to enquire. Many paediatric cataract operations are completed under a general anaesthetic. While Shaira was put on the list for surgery, she was too unwell for general anaesthetic.

She was prescribed medication to treat her pneumonia and worm infestations. When advised of the cost of the medications, her mother walked away, distraught that she did not have the funds available and abandoning hope.

During a follow up call, the AHSC team learned that the family could not afford the medication. Learning of the situation, Open Heart International agreed to fund the relatively low cost for medication to improve Shaira's health for surgery.

One day after surgery and Shaira can see and count the fingers of someone three metres away. A great result so soon after surgery for someone without sight for a long period of time. With additional therapy, she is likely to have minimal eyesight deficiency.



"As a nurse I am part of a big medical team helping to change lives of patients with cardiac problems. It is truly an amazing cultural experience knowing that you have helped them..."

Calvin Rutene, Registered Nurse



Perfusionist Killian O'Shaughnessy intently watches the controls of the heart-lung machine during surgery

TONGA

There is a strong affinity and bond between Open Heart International and the people of Tonga. Tonga is where Open Heart International first began back in 1986.

With a population of just over 100,000 it is unlikely that a cardiac surgery service could ever be established in the country. However, the cost of transferring patients overseas for surgery is a cumbersome financial burden for the country and its people.

Through a partnership with Open Heart International and biannual surgical visits, the waiting list and need for cardiac surgery can be kept to a minimum. Open Heart International also presents a far more cost-effective solution for the country, and allows the Tongan Government to redirect funds into other important health prevention initiatives, rather than funding the cost of surgery overseas.

In September 2013 a team of 43 volunteers travelled to Tonga for a two week period, where 30 cases were undertaken during the period on patients suffering from either congenital heart defects or rheumatic heart disease. This is the highest number of patients that has ever been achieved during any one project visit in Tonga.



SUCCESS STORY

A congenital heart defect (or birth defect) affects approximately one in every 100 babies born around the world. Many of these defects will be healed naturally by the body, others will need surgical intervention.

Six-year-old James captured the affection of the Open Heart International team during the surgical visit in September 2013. His congenital defect, Patent Ductus Arteriosus (or PDA) left him with infection risk and a lower life expectancy.

A short operation to correct PDA is widely available in Australia but unavailable in Tonga. With help from Open Heart International, cheeky James recovered from surgery in less than three days to become the life of the party in the surgical ward!

This small intervention by Open Heart International provides a complete repair to James' heart, and he should now have a normal life expectancy.



2013-14 Corporate sponsors

On behalf of those people who received life changing surgery, and their families, we thank you for your generous support of Open Heart International.

Organising Partners



Corporate Partners

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Foresight Australia	St Jude Medical Australia Pty Ltd
Fresenius Kabi Australia Pty Ltd	Rotary Club of Mosman
Inka Surgical Pty Ltd	Teleflex Medical Australia
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Medtronic Australasia Pty Ltd	The Novus Foundation Inc

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Financial Summary



Description	2013-2014		2012-2013	
	OHI Revenue & Donations	AHCL Contributions	OHI Revenue & Donations	AHCL Contributions
REVENUE				
Donations	\$ 1,164,862	\$ 196,471	\$ 843,269	\$ 190,054
Grants	\$ 122,425	\$ -	\$ 390,950	\$ -
Other Income	\$ 129,945	\$ -	\$ 148,982	\$ -
Investment Income	\$ -	\$ 31,274	\$ -	\$ -
TOTAL REVENUE	\$ 1,417,232	\$ 227,745	\$ 1,383,201	\$ 190,054
EXPENDITURE				
International Projects	\$ 1,173,228	\$ 9,315	\$ 1,105,587	\$ 5,194
International Projects Support Costs	\$ -	\$ 67,266	\$ -	\$ 46,686
Fundraising Costs	\$ 36,194	\$ 57,303	\$ 8,409	\$ 44,895
Accountability and Administration	\$ -	\$ 82,209	\$ -	\$ 77,199
Depreciation & Minor Capital	\$ 22,368	\$ 8,835	\$ 15,775	\$ 15,216
Repairs and Maintenance	\$ 5,907	\$ 2,817	\$ -	\$ 865
TOTAL EXPENDITURE	\$ 1,237,697	\$ 227,745	\$ 1,129,771	\$ 190,054
EXCESS OF REVENUE OVER EXPENDITURE	\$ 179,535	\$ -	\$ 253,430	\$ -
HELD IN RESERVE AT START OF PERIOD	\$ 892,486		\$ 639,056	
EXCESS OF REVENUE OVER EXPENDITURE	\$ 179,535		\$ 253,430	
HELD IN RESERVE AT END OF PERIOD	\$ 1,072,021		\$ 892,486	

Open Heart International is a division of Adventist HealthCare Limited. Open Heart International's revenue is received through two sources, San Foundation and Adventist HealthCare Limited.

Adventist HealthCare Limited is audited by General Conference Auditing Services and also by Grant Thornton. San Foundation is audited by WL Brown and Associates. Open Heart International is not specifically audited, but the accounts are encompassed in the wider audit of Adventist HealthCare Limited and San Foundation.

Adventist HealthCare Limited and San Foundation's financial report period for 2012-13 was June 18, 2012 to June 17, 2013. For 2013-14 it was June 19, 2013 to June 30, 2014.

The above figures do not include payments made direct by third parties by sponsors/supporters which occurs in some cases with in-country expenditure. It also does not make any allowances for in kind donation of products or services or the donation of professional expertise by volunteers.

2013-14 Team Members



Cambodia

Fiona Hyde

Alan Rubinstein
Amelia Griffiths
Ashish Awad
Ben Anderson
Catherine Mellor
Danie Baro
Deb Hudspeth
Elizabeth Kennedy
Gay Carran
Geoff Knight
Hari Ravindranathan
Holly Whitson
John Awad
Josephine Cheam
Kerrie Ebbutt
Kym Stuart
Laen Henry
Lisa Altmann
Lorraine Flynn
Louise Hallett
Madeleine Tognini
Marie Droulers
Melissa Seubert
Melissa Thompson
Michelle Hughes
Molly Oldeen
Monique Talbot
Nigel Slade
Philip Roberts
Rebecca Dinn
Sarah Johnsen
Stephanie Van Hilten
Tracey Lang
Tracy Wardman
Wendy Corkill

Bethaney Chidlow

Carly Steeger
Christine Lacang
Darren Wolfers
David Andrews
Elli Barrett
George Shortis
Ingrid Pretty
Jennifer Evans
Jennifer Joseph
Jessica Ozdirik
Jessica Smith
Jordan Wood
Kim Goodwin
Kimberely Nalda
Lisa Altmann
Lisa Davies
Lisa Perrett
Lyndell Adato
Matthew Crawford
Nicole Campbell
Philippa Collins
Rae Kelly
Rajashekharam Samleti
Rebecca Lupton
Richard Bullock
Robyn Wilkinson
Samantha Taylor
Sarah Duff
Sarah Edwards
Sheldon Lamey
Tim Liu
Wendy Corkill

Fiji

Melanie Windus

Elissa Crick
Kerrie Richardson
Linda Thomson Magnall
Malcolm Richardson
Susan Wright

Myanmar

Christopher Waite

Alex Gooi
Alicia Montague
Andrew Galbraith
Arne Pedersen
Belinda Shearer
Brendon Carter
Bruce Bastian
Bruce French
Catia Da Costa-Wooler
Chris Whight
Christina Darwell
Christine Galbraith
Christine Pedersen
Claire Lee
David Scott
David Winlaw
Dennis Wang
Emily Arneson
Emma Smith
Gabbie Stokoe
George Rudan
Glenn Young
Graham Nunn
Gregory Bellamy
Homayoun Jalali
Ian Moore
James McCauley
Janet Young
Jason Sharp
Jennie Gordon
Jill Croft
Kate Littlejohns
Katrina Russell
Kerriann Cox
Kiraka Nakazawa
Kirsten Mitchell
Kylie Winchester
Kyu Kyu Maung
Lauren Allen
Lisa Collins
Lynne McKellar
Madonna Boettcher

Marino Festa

Matthew Crawford
Monique Dixon
Nicholas Collins
Pam Reid
Pamela French
Paul Wajon
Peter Illes
Ramanie Jayaweera
Robert Hislop
Robert Justo
Sarah Kurth
Sharon Kay
Simon O'Connor
Stuart Thomas
Susan Hale
Warwick Creeper
William O'Regan

Nepal Burns Surgery

John Sanburg

Adam Koziol
Amanda Gorton
Annette Pidoux
Anthony Chan
David Pennington
Estelle Ulrich
Glenys Chapman
Jennifer Dixon
Jiro Sato
Joanna Day
Joanne Keough
Julie Aldis
Kylie Duncan
Laen Henry
Maurice Ulrich
Michael Duncan
Natalie Donkin
Natasha Forster
Nattalie Hemsworth
Neroli Seberry
Philip Rome
Stephanie Phillips

East Africa

Russell Lee

Andrew Bullock
Bernadette Jennings



Susan Dixon
Wendy White

Nepal Women's Health

Coralie Batchelor

Andrew Booker
Bronwyn Raymond
Carina Cotaru
Cherie Quintano
Chris Saadie
Christine Cain
Christine Wheeler
Dinah Davis
Giri Prabhala
Harold Lam
Jill Graham
Judith White
Karen Vaux
Kathy Stayt
Kenneth Vaux
Laen Henry
Lisa Robinson
Lorraine Craig
Michelle Dixon
Rayna Clarke
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