Suprasternal Notch for breathing

Dr Jennifer Cori - recipient of Jack Brockhoff research grant

Dr Yet Khor (left) - recipient of 2019 American Thoracic Society APSR/ISRD Travel Award

Thank you to our donors

In appreciation of our donors’ generosity, which made it possible for IBAS to relocate to its new premises in the Harold Stokes Building.
MISSION AND OBJECTIVES

IBAS mission: To improve respiratory and sleep health through best practice scientific research

The objectives of the Institute are to:
1. Conduct and publish best practice scientific research in respiratory and sleep health
2. Reduce morbidity, mortality and improve quality of life for persons with respiratory and sleep disorders
3. Provide leadership and education in respiratory and sleep health
4. Attract, co‐ordinate and manage funds to support research and education in respiratory and sleep health

IBAS BOARD CHAIR REPORT

After our many years of operating from the Bowen Centre, it is indeed a great pleasure to now have consolidated into the new facility. I suspect there was some initial nostalgia amongst staff who worked and trained in the old area, however I’m sure it has now disappeared, given the improved working environment. A certain benefit is the new patient waiting area which is far more welcoming. The late Professor Rob Pierce would be pleased and proud with the manner in which the area has evolved and now operates.

IBAS Medical Directors Christine McDonald and Mark Howard continue their dedicated work. I’m certain that their passion for developing research into sleep and respiratory illness is a positive influence on the current generation of researchers. Hopefully their ambition to drive the research forward is rewarded by a proper level of funding from Governments.

IBAS continues to punch above its weight purely and simply on the back of the quality and dedication of people within the organisation. The Board and Finance and Audit Committee continue to meet regularly, with Directors bringing their expertise to the table on a voluntary basis. Sadly, during the year, we saw the passing of Dr Andrew Howard. Andrew was a valuable member of the Board from 2004 to 2016. Rated by all as the consummate gentleman, much of Andrew’s strategic thinking still lays a path for our future.

The Board welcomed new Director Professor Louise Burrell in December. I know all Board members appreciate the dedicated work of our Executive Director, Rosalinda Polivka. Rosalinda has really committed herself to the success of IBAS, and most importantly to understand the many facets and interactions of the organisation.

A significant benefit of our new environment is the opportunity to introduce visitors and organisations to view the facility and meet researchers and staff. We have been pleased to host members of the North Central Regional Group of the Order of Australia Association, the Victoria Police Association, Maurice Blackburn, and the Transport Workers Union. Hopefully these organisations and others might see an opportunity to enter into a commercial arrangement with IBAS to add to our research activity. IBAS supports the work currently being performed to possibly consolidate the research activity being conducted at Austin Health. I thank Board Director Professor David Berlowitz and Executive Director Rosalinda Polivka for their willingness to attend the many meetings being held regarding the matter and ensuring that our voice is heard.

Finally, my sincere thanks to donors and staff, and everyone who has supported IBAS during this past year.

BILL NOONAN OAM
One of the most inspiring things about the Institute for Breathing and Sleep (IBAS) is its steadfast commitment to proficiency.

The strength of IBAS lies in the quality of its people and its working relationships with others. Now, more than ever before, medical research is faced with critical funding issues. The continued reduction in grant success rates for all competitive grant schemes during the past few years had a significant impact on small research institutes like IBAS. This is therefore an excellent time to acknowledge once again that IBAS would not exist without its dedicated research and support teams. In 2018/19, our people continued to tackle the odds and excel in research work and findings into better outcomes for those living with sleep and breathing disorders. As detailed in this report, our 57 Fellows, 67 Associates, 5 Post Doctorals and 8 students published over 150 research papers, gave numerous research presentations and won a number of prizes, grants and awards during the year. We continue to focus on developing the next generation of researchers, as well as offer research industry-based-learning placements. We have 4 PhD, 1 Masters, 1 MD, and 2 Research Assistants undertaking projects within IBAS.

The Institute’s achievements are made possible by the talented and dedicated Medical Science & Research Committee members who volunteer their time to support the running of IBAS; the resilience and commitment of IBAS’ part-time administrative staff (Rosalba Drummond, Edwidge Borg, Marg Bakewell and Liana Gardner); the support of the DRSM staff; and the HR, IT and Fundraising teams of Austin Health. I also sincerely thank our Medical Directors Prof. Christine McDonald and Associate Prof. Mark Howard, as well as Prof. David Berlowitz, for their staunch and unwavering support throughout the year.

We are currently developing and implementing a Research Pipeline strategy to safeguard our organisation’s financial stability, increase program independence, and fund special initiatives in an unknown financial future. The outlook for 2020 and beyond is truly challenging, but the opportunities to do more within our field provide us with tenacity to continue to conduct medical research work to improve the quality of life for people living with breathing and sleep disorders.

The next few years will be a momentous time, with the plan to create a multi-disciplinary medical research support precinct at Austin Health. The aim is to create an identity that reflects the research activity of the precinct, that fosters a sense of purpose, enhances collaboration and promotes collective achievement. The plan reflects the foresight of research collaborators within Austin – with IBAS being a key player in this initiative.

As always, I would like to thank our supporters and donors for their generosity towards our research work. I would also like to acknowledge the assistance and collaboration of the Association of Australian Medical Research Institutes, and the support of the Victorian Department of Health & Human Services in providing IBAS with Operational Infrastructure Support funding.

Above all, I am grateful to the IBAS Board of Directors for their kindhearted support, in particular our Chair, Mr. Bill Noonan OAM, for his wise counsel and direction. The remarkable voluntary service and dedication the Board members bring to the Institute will constantly be the key factor to IBAS’ successful future.

Rosalinda Polivka
Executive Director
Mr William George Noonan, OAM (Chairman)

Mr Noonan served as Branch Secretary of the Victorian/Tasmanian branch of the TWU from 1994 until his retirement from the Union in November 2009. He received an OAM in July 2006 for services to the Road Transport Industry, particularly in respect of Road Safety and the Trade Union Movement. Mr Noonan is a former Chairman of the Victorian Police Blue Ribbon Foundation, and former Vice Chairman of Western Melbourne Regional Development Australia Committee. Mr Noonan was a founding Director of IBAS and was appointed Chairman and Secretary of the Board of Directors in April 2014.

Professor Christine Faye McDonald, AM, FAHMS, MBBS (Hons), FRACP, PhD, F Thor Soc (Medical Director)

Professor McDonald is the Director of the Department of Respiratory and Sleep Medicine at Austin Health, and was honorary CEO of IBAS between 2009 and 2015. Her special area of research interest is chronic obstructive pulmonary disease (COPD) and its management, including pulmonary rehabilitation and oxygen therapy. Professor McDonald is also involved in collaborative research projects in the areas of lung cancer and interstitial lung disease.

In June 2018, Professor McDonald became a Member of the Order of Australia for significant service to respiratory and sleep medicine as a clinician-researcher, administrator and mentor, and to professional medical organisations.

Mr David Stanley, Grad Dip Adolescent Health

Founding Director and CEO of Convenience Group, an international public health agency, Mr Stanley has expertise in international, national, regional and community based health interventions that seek to change and/or sustain positive health behaviours, in a range of contexts including: mental health, perinatal health, sexual health, blood-borne viruses, tobacco control, problem gambling, responsible service of alcohol, responsible service of cannabis, cancer, reducing drug-related harm, and road safety. David is a Director of preventionXpress, which provides convenient and confidential preventative rapid health screenings for chronic preventable diseases. David currently serves on the board of not-for-profit organisations Australian Drug Law Reform Foundation, Victorian Association for the Care & Resettlement of Offenders, COPE (Centre for Perinatal Excellence) and IBAS. David’s interests are public and population health-based prevention, drug policy, leadership, technology, cycling, boxing and sailing.

Associate Professor Mark Howard, MBBS, FRACP, GDEB, PhD (Medical Director)

Mark Howard is the Director of the Victorian Respiratory Support Service at Austin Health. He is a specialist physician in respiratory and sleep medicine with interests in long-term ventilation of patients with respiratory failure and the impact of sleep disorders on driving and occupational health and safety. He is Clinical Associate Professor at The University of Melbourne, Adjunct Associate Professor at Monash University and a Theme Leader in the Co-operative Research Centre for Alertness Safety and Productivity, in which IBAS is a partner.
Mrs Tara Michelle Piazza, GDAIS, MBIT
Tara is a lead executive and non-executive board member who specializes in transformation, strategy and innovation. Tara’s executive experience crosses a range of industries and functional areas in state wide and global brands, including airlines, public transport, management consulting and financial services. Tara holds a Masters of Business Information Technology and has completed education at Harvard Business School focused on leadership. Tara’s area of professional interest lies in how board level governance intersects with the measurement and tracking of benefits anticipated to be delivered through transformation or innovation.

Ms Anna Burke, BA(Hons), Mcom(Hons), GAICD
Ms Burke has been a full-time Member of the Administrative Appeals Tribunal since 16 January 2017. She is a former Speaker of the Australian House of Representatives. As a member of the Australian Labor Party, Anna represented the Division of Chisholm, Victoria in the Australian House of Representatives from 1998 to 2016. After Labor's win at the 2007 federal election, she was elected as Deputy Speaker of the House of Representatives. In 2012 she was nominated and elected, unopposed, the new Speaker of the House of Representatives. Prior to entering Parliament, Anna worked in Industrial Relations at the Finance Sector Union, Victoria University and VicRoads. On Australia Day 2019, Anna was awarded an Order of Australia for service to the Parliament and the Community.

Ms Sarah Notarianni, LLB, BA
Ms Notarianni was appointed to the IBAS Board of Directors in June 2017. Ms Notarianni is a Senior Associate lawyer at Maurice Blackburn Lawyers. She practices primarily assisting people who have been injured at work or in motor vehicle accidents. In this work, she has represented many people where shift work and fatigue have been factors in the occurrence of an accident. She has recently been a legal volunteer with Goulburn Valley Community Legal Service and Hume Riverina Community Legal Service, undertaking work which benefits the people and community.

Professor David Berlowitz, PhD, PGradDipPhty (Research), BAppSci(Phty)
David Berlowitz is a physiotherapist with the Victorian Respiratory Support Service who holds The University of Melbourne Chair in Physiotherapy at Austin Health. David was awarded his PhD in 2004, in which he discovered that acute cervical spinal cord injury results in sudden and severe obstructive sleep apnoea. David leads an international team of research collaborators, students and staff who examine the causes and treatments of sleep and breathing disorders in neuromuscular disease, especially in Spinal Cord Injury and Motor Neurone Disease. David has published more than 80 papers and attracted over $10 million in research funding support. David's other research interests include chronic disease management, registry development and program evaluation. David serves on the Boards of both the Institute for Breathing and Sleep and the Spinal Research Institute.

Professor Louise Burrell, MBChB, MRCP, MD, FRACP, FAHA
(Appointed 18 December 2018)
Professor Burrell is a Professor of Medicine and Head of Cardiovascular Research Group, Department of Medicine at The University of Melbourne. Professor Burrell is also Director of Research in General Medicine and Head of Medical Unit 4 at Austin Health. Professor Burrell is a renowned leader in vascular health and holds membership in various Boards and Committees, nationally and internationally.
COMMITTEES

Medical Scientific Research Committee (MSRC)

Terms of Reference
1. Set research and education directions and priorities
2. Assess and ratify new research proposals
3. Assist with preparation and review of grant applications
4. Facilitate grant funding sources
5. Monitor research output of the Institute
6. Determine which research activities are to be funded by the Institute
7. Appoint IBAS Fellows and Associates

Nicole Goh (Chair)
Christine McDonald
Fergal O’Donoghue
Christopher Worsnop
David Berlowitz
Melinda Jackson

Danny Brazzale
Amy Jordan
Shamsi Shekari (Post-Doc Member)
Warren Ruehland (Post-Doc Member)
Rosalba Drummond (non-voting member)

Finance & Audit Committee

The primary role of the Finance & Audit Committee is to assist the Board in fulfilling its fiduciary responsibilities relating to accounting, audit and reporting practices of the Institute for Breathing and Sleep (IBAS). In particular, the Committee is responsible for:
1. Providing financial oversight of the organisation;
2. Monitoring the finances of the organisation and enhancing the objectivity of financial reports;
3. Acting as an advisory panel to the financial operation;
4. Overseeing and appraising the quality of the external audit and the internal control procedures, especially in the areas of financial reporting and practices; business ethics, policies and practices; accounting policies and procedures; management and internal controls; and fraud & risk assessment.

Bill Noonan
Christine McDonald
David Berlowitz
Mark Howard
Rosalinda Polivka
### Clinical Evaluation of Obstructive Sleep Apnoea in patients attending the Post Traumatic Recovery Service (PTRS)

**IBAS Principal Investigator:** Dr Melinda Jackson

The aim of this study is to conduct a clinical audit to determine whether the current practice within the Psychological Trauma Recovery Service (PTRS) at Austin health meets our expectations of "best care" for obstructive sleep apnea (OSA).

### High intensity interval training in fibrotic interstitial lung disease: a randomised controlled trial

**IBAS Principal Investigator:** Dr Leona Dowman

The aim of this project is to determine whether high intensity interval training is better than the current method of continuous exercise training at moderate intensity, in improving exercise capacity, breathlessness and Health-related quality of life (HRQoL) in people with fibrotic interstitial lung disease (fILD).

### AWARE (AWake ARousal indEx) study

**IBAS Principal Investigator:** Dr Warren Ruehland

The aim in this observational study is to investigate the impact of including vs. excluding electroencephalography (EEG) arousals scored in awake epochs on the arousal index (AI) in a cohort of patients being investigated for obstructive sleep apnoea (OSA). The purpose is to:

- inform Australian laboratories, i.e. what differences it can make to their scoring;
- influence recommendations in the future.

### CPAP/APAP Treatment Program Adherence (CPAP Audit)

**IBAS Principal Investigator:** Dr Jennifer Perret

This study is an audit which:

- documents the proportion of patients form the 2015 funded program who adhere to CPAP/APAP at specified intervals up to three years;

- examines whether this adherence differs according to certain clinical features;

- compares finding with those of previous in-house audits, where possible.
The Relationship between off-site on-call shifts and sleep, mood and vigilance among doctors – Doctors on Call (DOC) Study

**IBAS Principal Investigator:** Dr Raymond Wong

This study compares the impact of off-site on-call shifts on sleep in doctors, compared to when they are performing on-site on-call shifts.

Identifying the anaerobic threshold: an audit of cardiopulmonary exercise tests (CPET Study)

**IBAS Principal Investigator:** Dr Anna Ridgers

This study investigates and compares how reliably the anaerobic threshold can be identified by clinicians on a cardiopulmonary exercise compared with commercial exercise testing software (Medisoft). The study is of particular interests to anaesthetists.

An evaluation of the relationship between sleepiness measures and driving performance in obstructive sleep apnoea

**IBAS Principal Investigator:** Jennifer Cori

Sleep apnoea is a common sleep disorder that causes excessive sleepiness and increased motor vehicle accident risk. Not all patients are affected equally by sleep apnoea. Current clinical tests are poor at determining who presents a crash risk on the road. This study will assess a range of sleepiness measures in sleep apnoea patients. These measures include:
- self-reported trait sleepiness
- self-reported crash risk
- sleep apnoea severity determined by overnight sleep study
- objective sleepiness determined by the maintenance of wakefulness test
- objective sleepiness determined by psychomotor vigilance test
- objective sleepiness as determined by brain waves and eye blink measures

Each of these measures will be compared to determine which of these measures best predict and relate to sleepiness and adverse driving events during regular driving recorded during a 10 day period.
Since 2003, IBAS has offered grants to facilitate the meeting of its objectives through a program of Research Awards.

This year, IBAS awarded $40,000 to support IBAS Fellows, Students, Project Staff and Associates through Research Grants, Conference participation, Writing Scholarships and Education Grants.

**RESEARCH GRANT**
Two projects were supported through the 2018-19 Research Grant.

### Project Title: HIIT in fILD

**Lead investigator:** Dr Leona Dowman  
**Amount awarded:** $26,200

Interstitial lung disease (ILD) is a chronic lung condition characterized by scarring of lung tissue. A large proportion have fibrotic ILD (fILD), a type of ILD, which typically has worse impairment and disability than other types of ILD. People with fILD often experience distressing breathlessness, cough and fatigue.

Exercise training is recommended for people with fILD in improving breathlessness and exercise tolerance. However, despite the best efforts of patients and clinicians, many of those who participate are not attaining its benefits. The current exercise training strategies of moderate intensity continuous training may be well suited to fILD. High intensity interval training, which is short bouts of high-intensity exercise regularly interspersed with periods of rest or light exercise may be an alternate exercise training option for people with fILD. The aim of this project is to determine whether high intensity interval training is better than the current method of continuous exercise training at moderate intensity, in improving exercise capacity, breathlessness and HRQoL in people with fILD.

### Project Title: Chronobiology of dementia

**Lead investigator:** A/Prof. Mark Howard  
**Amount awarded:** $13,800

Dementia patients commonly report sleep disturbances. Validating biomarkers of sleep and circadian rhythm (CR) disruption can be used in the characterization and diagnosis of dementia. This information will inform our understanding of dementia pathophysiology and diagnosis, providing targets for intervention to improve quality of life for patients and carers. Sleep disorders are highly prevalent, underdiagnosed, and yet treatable. The comprehensive characterization of sleep and CR disturbance across the common dementia syndromes is the first step towards the development of sleep interventions to reduce dementia risk in non-demented individuals and to improve quality of life (QOL) for dementia patients and their carers. This grant will enable collection of pilot data for subsequent grant submission for an observational cross-sectional study to chart sleep patterns, CR, light exposure and sleep disorders in conjunction with structural and functional brain imaging to describe brain-behavior relationships in common dementia syndromes.

**CONFERENCE FUNDING**
IBAS Conference Funding aims to facilitate attendance at relevant conferences by IBAS Personnel, in order to disseminate findings of IBAS research, increase knowledge and learning and form collegial links.

Twelve IBAS Fellows, Associates, Project Staff and Students were supported to participate in conferences nationally and internationally.
The following are papers published between July 2018 and June 2019. Publications are key demonstration of the output of IBAS and an important way that our research findings are disseminated. **IBAS authors are listed in bold.**


**Should the 6‐Minute Walk Test Be Stopped If Oxyhemoglobin Saturation Falls Below 80%?** (August 2018). Afzal S, Burge AT, Lee AL, Bondarenko J, and **Holland AE**. Archives of physical medicine and rehabilitation, 99: (11): 2370-2372.


**Exercise-Based Rehabilitation to Improve Exercise Capacity and Quality of Life in Pulmonary Arterial Hypertension.** (April 2019). Babu AS, **Holland AE**, and Morris NR. Physical Therapy, (in Press), pzz060.


Narrative review: Do spontaneous eye blink parameters provide a useful assessment of state drowsiness? (June 2019). Cori JM, Anderson C, Soleimanloo SS, Jackson ML, and Howard ME. Sleep medicine reviews, 45: 95-104.


0440 A Model to Evaluate the Contribution of Pathophysiological Phenotypes to OSA Severity and Develop Simplified Approaches to Estimate the Key Phenotypic Traits that Contribute to OSA. (April 2019). Dutta R, Delaney G, Jordan A, White D, Wellman A, and Eckert DJ. Sleep, 42: (Supplement_1): A177-A178.


Does a “first sample into the pot” methodology improve the yield to enable molecular testing on samples obtained by EBUS? (September 2018). Kalinke L, Short E, Messenger J, Doffman S, and Howard M. Eur Respiratory Soc, 52: (62): PA2774.


Accuracy of patient perception of supine sleep. (July 2018). Wallbridge PD, Churchward TJ, and Worsnop CJ. Journal of Clinical Sleep Medicine, 14: (7): 1205-1208.


**Comprehensive Supportive Care for Patients with Fibrosing Interstitial Lung Disease.** (May 2019). Wijsenbeek MS, Holland AE, Swigris JJ, and Renzoni EA. American journal of respiratory and critical care medicine, 200: (2): 152-159.


**Recommendations for current and future countermeasures against sleep disorders and sleep loss to improve road safety in Australia.** (December 2018). Wolkow A, and Howard ME. Internal Medicine Journal, 49: (9): 1181-1184.


**Howard M**, and Rajaratnam S. Heavy vehicle driver fatigue project. edited by Commission NT2019.


Narrative review: Do spontaneous eye blink parameters provide a useful assessment of state drowsiness? (June 2019). Cori JM, Anderson C, Soleimanloo SS, Jackson ML, and Howard ME. Sleep medicine reviews, 45: 95-104.


The following presentations were authored by IBAS Personnel between July 2018 and June 2019. (Bold type denotes the presenting author). Published abstract details are included if applicable.

AAHMS ANNUAL SCIENTIFIC MEETING
Melbourne, October 2018
Symposium
New Fellows Presentations - Christine McDonald (chair).

AMERICAN THORACIC SOCIETY CONFERENCE
Dallas, USA, 2019
Oral
Telehealth and rehabilitation: where do we stand?
Pulmonary rehabilitation for ILD: where are we now and where are we going? - Anne Holland.

A pilot randomised controlled trial of ambulatory oxygen versus air via portable concentrator in fibrotic interstitial lung disease. - Khor YH, Goh NSL, Miller B, Glaspole IN, Holland AE, McDonald CF.

Prognosis of adults with idiopathic pulmonary fibrosis without effective therapies: a systematic review and meta-analysis. - Khor YH, Barnes H, Ng Y, Goh NSL, McDonald CF, Holland AE.

AUSTRALASIAN ROAD SAFETY CONFERENCE
Sydney, 2018
Oral
Recent advances in drowsiness detection - Developing a Roadside Test. - Jennifer Cori.

AUSTRALASIAN SLEEP ASSOCIATION
Brisbane, 17th October 2018
Oral
Can “splitting” the timing of sleep reduce the adverse effects of night shift work? Implications of these novel schedules for health. - Melinda Jackson.

An association between brain amyloid burden and cognition in obstructive sleep apnoea. - Melinda Jackson.

AUSTRALIAN DIABETES CONGRESS
Adelaide, August 2018
Oral

AUSTRALIAN PHYSIOLOGICAL SOCIETY
Sydney, 26th November 2018
Oral
Impact of shift work on sleep, alertness and cognitive function – can “splitting” sleep reduce the adverse effects of night shift work. - Melinda Jackson.
AUSTRALIAN PHYSIOTHERAPY ASSOCIATION (APA)
Melbourne, November 2018
Oral
Neuromuscular Disease and Chronic Respiratory Failure. - Nicole Sheers.

CONVERSATIONS IN BREATHING, SWALLOWING, SPEECH AND SLEEP
Jacksonville, Florida. USA. February 2019
Oral
Can “splitting” the timing of sleep reduce the adverse effects of night shift work? Implications of these novel schedules for health. - Melinda Jackson.

EAACI CONGRESS
Lisbon, Portugal, June 2019
Oral

Symposium
New Fellows Presentations - Christine McDonald (chair).

EUROPEAN RESPIRATORY SOCIETY
Paris, September, 2018
Oral

THORACIC SOCIETY OF AUSTRALIA AND NEW ZEALAND (TSANZSRS)
New Zealand, 2018
Oral

THORACIC SOCIETY OF AUSTRALIA AND NEW ZEALAND (TSANZSRS)
Western Australia, 2019
Oral
Pulmonary rehabilitation; time for change? Vexing questions, volcanic eruptions and vanishing patients: unexpected challenges in research - Anne Holland.
Baseline inflammatory markers and survival in patients with interstitial lung disease. - Hatch M, Goh NSL, Khor YH.


Lung function testing after a recent myocardial infarction is safe. - Esther Sim, Warren Ruehland, Celia Lanteri and Danny Brazzale.

Patients’ perspectives on the use of a pulse oximeter at home. - Joshi E, Khor YH, Mann J, Goodwin M, Collins A, Atkins N, McDonald CF.

Pleural effusion management at Austin Health: a single-centre audit. - Guo H, Leong T, Khor Y, Ahmed N, McDonald C.

Portable oxygen concentrator for delivery of ambulatory oxygen in interstitial lung disease - a crossover trial. - Hoffman M, Cox NS, Burge AT, McDonald CF, Corte TJ, Chambers DC, Ekström M, Glaspole IN, Goh N, Holland AE.

Prognosis of adults with idiopathic pulmonary fibrosis without effective therapies: a systematic review and meta-analysis. - Khor YH, Barnes H, Ng Y, Goh NSL, McDonald CF, Holland AE.

Tobacco end game; trusted tactics and new players. - TSANZ e-cigarette position statement – Christine McDonald.

Is targeting treatment to the COPD patient now feasible? - Christine McDonald.

COPD and Lung Cancer - Assessment for surgery. - Christine McDonald.

Prognosis of adults with idiopathic pulmonary fibrosis without effective therapies: a systematic review and meta-analysis. - Khor YH, Barnes H, Ng Y, Goh NSL, McDonald CF, Holland AE.

Video testimonials may facilitate understanding of and referral to pulmonary rehabilitation in people with chronic respiratory disease. – Cox NS, McDonald CF, Jackson V, Kein C, Bondarenko J, Miller B, Lannin NA, Holland A.
Patients’ perspectives on the use of a pulse oximeter at home. - Joshi E, Khor YH, Mann J, Goodwin M, Collins A, Atkins N, McDonald CF.

57TH ANNUAL SCIENTIFIC MEETING OF THE INTERNATIONAL SPINAL CORD SOCIETY
Sydney, September 2018
Oral
A is for Airway - the ABCs of Airway Clearance in Spinal Cord Injury. - O’Connell C, Sheers N, Graco M, Berlowitz DJ.


Understanding the clinical management of obstructive sleep apnoea (OSA) in tetraplegia: a qualitative study using the theoretical domains framework (TDF). - Graco M, Berlowitz DJ, Green SE.


Optimizing completion of the International Standards for Neurological Classification of Spinal Cord Injury (ISNCSI) at a specialist spinal cord injury centre. - Ross J, Booker L, Berlowitz DJ, Millard M, Alexander J, Graco M.

19TH INTERNATIONAL SYMPOSIUM OF CARDIOPULMONARY PHYSIOTHERAPY AND INTENSIVE CARE PHYSIOTHERAPY
Manaus, Brazil October 2018
Oral
Airway clearance in neuromuscular disorders: Technology, Noninvasive ventilation & Obesity Hypoventilation Syndrome. - David Berlowitz.

14TH MND AUSTRALIA RESEARCH CONFERENCE
Melbourne, November 2018
Oral
Lung Volume Recruitment in Neuromuscular Disease. - Nicole Sheers.

UPPER AIRWAY SYMPOSIUM MEETING
Perth, February 2019
Oral
24 years and $11 million later; OSA after SCI. - David Berlowitz.

VICTORIAN COOPERATIVE CANCER CENTRE
Melbourne, October 2018
Symposium
Immunotherapy in lung cancer symposium.- Christine McDonald (chair).
MEDIA AND AWARDS

MEDIA
The mainstay of communication in the scientific world is through publication in scientific journals. However, researchers in all fields are becoming more comfortable with engaging with popular media as another way of communicating important findings. In addition, media coverage can inform the public about projects currently recruiting participants.

ONLINE
Regular commentator in The Limbic (April 2019)
Christine McDonald

EDUCATION MATERIAL
Presentation at The Australian Parliament Standing Committee on Health, Aged Care and Sport – Parliamentary Inquiry into Sleep Disorders, February 2019 - Christine McDonald

EXTERNAL AWARDS
Awards are one means of acknowledgment of exceptional work. Awards usually reflect a team effort even though the award is often given to one person only. The following awards having been received this year:

2018 - iAwards Finalist – Music Therapy & Virtual Reality research project by David Berlowitz
2018 - The University of Melbourne 3 Minute Thesis competition; Runner up $2000 - Marnie Graco
2018 - Nick Antic Career Development Award, Australasian Sleep Association $1,500 - Melinda Jackson
2018 - Recipient of Rob Pierce Memorial Award, Researchfest, Austin Health - Nicole Sheers
2018 - Thoracic Society of Australia and New Zealand (Victoria Branch) Prize - Yet Hong Khor
2019 - TSANZ Evidence-based Medicine and Practice Special Interest Group Award - Yet Hong Khor
2019 - Australian Endeavour Executive Leadership Award - Yet Hong Khor
PERSONNEL

IBAS personnel are listed by category, in alphabetical order by surname.

INTERNAL DIRECTORS
- Internal Directors are IBAS Board members who also meet criteria for IBAS Fellow status.

Prof Christine McDonald  IBAS Fellow, Director Austin Health Department of Respiratory & Sleep Medicine (DRSM) and Professor of Respiratory Medicine (The University of Melbourne).
A/Prof Mark Howard  IBAS Fellow and Director Austin Health Victorian Respiratory Support Service (VRSS).
Prof Louise Burrell  Professor of Medicine and Head of Cardiovascular Research Group, Department of Medicine at The University of Melbourne. Director of Research in General Medicine and Head of Medical Unit 4 at Austin Health.

FELLOWS
- Fellows are those who are engaged in self-initiated research or education consistent with the aims of IBAS. They are able to take full scientific and ethical responsibility for a project.

Dr Nick Antoniades  Dr Gerard Kennedy
Prof Vasso Apostopoulos  Dr Celia Lanteri
Dr Maree Barnes  Dr Annemarie Lee
Prof Rinaldo Bellomo  Dr Han Lim
Prof David Berlowitz  Dr Anne Lowell
Dr Susan Berney  Prof Christine McDonald
Dr Russell Conduit  Dr Lachlan Miles
Dr Narelle Cox  Prof Jeannette Milgrom
Dr Kate Crowley  Dr Peter Mount
Dr Toby Cumming  Dr Christian Nicholas
A/Prof Linda Denhehy  Dr Mehrdad Nikfarjam
Dr Karen Detering  Dr Fergal O’Donoghue
Dr Luke Downey  Dr Christian Osadnik
Dr Elif Ekinci  A/Prof Philip Peyton
Dr Petranel Ferrao  Prof David Power
Dr Scott Fraser  Dr Aziz Rahman
Dr Alan Gemmell  Prof Stephen Robinson
Dr Nicole Goh  Mr Peter Rochford
A/Prof Paul Gow  Prof Christopher Rowe
Dr Marnie Graco  Dr Tracey Sletten
Dr Catherine Granger  Prof Sheree Smith
A/Prof Graeme Hart  Dr Jo Spong
A/Prof Mark Hew  Dr Piyush Srivastava
Dr Catherine Hill  Dr Michael Sutherland
A/Prof Anne Holland  Dr Jeanette Tamplin
Dr Natasha Holmes  Prof Ross Vlahos
A/Prof Mark Howard  A/Prof Christopher Worsnop
Dr Melinda Jackson  Dr Matias Yudi
A/Prof Amy Jordan

ALUMNI
- Alumni are those who have formerly been IBAS Fellows and who maintain links with and support IBAS.

A/Prof Bruce Thompson
ADMINISTRATORS

- Administrators are responsible for the day-to-day administration of the Institute.

Ms Margaret Bakewell  Ms Edwidge Borg  Mrs Rosalba Drummond  Mrs Rosalinda Polivka
Ms Liana Gardner

PROJECT STAFF

- Project Staff are employed to work on specific IBAS projects.

Ms Joanne Avraam  Dr Marina Cauuto  Mr Dev Kevat  Ms Emma Portelli
Ms Danielle Baxter  Ms Allison Collins  Ms Katerina Kiburg  Dr Sarah Retica
Ms Caroline Beatty  Dr Jennifer Cori  Dr Jennifer Mann  Miss Nicki Rotondo
Ms Janet Bondarenko  Mr Andrew Dawson  Mrs Karen McCrohan  Ms Debra Sandford
Ms Lauren Booker  Ms Lisa Fuhrmeister  Ms Niamh McDonald  Dr Shamsi Shekari
Ms Bruna Borges-Wageck  Dr Mariana Hoffman-Barbosa  Ms Christie Mellerick  Dr Brook Shiferaw
Ms Helen Bourssinos  Ms Jody Hook  Ms Chris Michael-Lovatt  Miss Sophie Turner
Miss Kelly Brown  Miss Ruth Hosking  Miss Aqsa Naqvi  Miss Tyler Yodgee
Ms Angela Burge  Dr Esha Joshi  Ms Rebecca Ndongo

ASSOCIATES

- IBAS Associates are people either currently involved in IBAS projects within their clinical role or with an interest in research and education in respiratory and sleep health.

Dr Naomi Atkins  Dr Megan Howden  Ms Chris Michael-Lovatt  Dr Rachel Schembri
Dr Hailey Barnes  Ms Li-Fan Jan  Mr Joshua Miles  Dr Joy Sha
Mr Danny Brazzale  Dr Vishnu Jeganathan  Ms Suzana Miseski  Mr Kyle Smart
Dr Matthew Campbell  Dr Tracy Leong  Dr Rosemary Moore  Mrs Emma Sorenson
Dr Ksenia Chamula  Ms Pam Liakakos  Dr Alexandra Murphy  Ms Wendy Stevenson
Ms Caroline Chao  Dr Melvin Lim  Dr Sanjeevan Muruganandam  Ms Yingli Su
Mr Tom Churchward  Dr James Lindstrom  Mr Mohamed Nazeem  Dr Jibin Thomas
Mr Simon Conti  Dr Jennifer Mann  Dr Yvonne Ng  Ms Pavlina Toman
Ms Chelsea Cornelius  Dr Raymond Mariasoosai  Mr Gary Nolan  Mrs Bilyana Trenesvka
Dr Bassem Dawood  Mr Russell Gilmour  Dr Michael Pallin  Ms Nicole Uys
Ms Ann Di Stefano  Ms Maureen Goodwin  Ms Jessica Patti  Dr Peter Wallbridge
Dr Leona Downman  Dr Mandie Griffiths  Dr Reza Pazhang  Dr James Ward
Ms Anne Duncan  Ms Amie Hayley  Dr Jennifer Perret  Ms Justine Westlake
Mr Gavin Fahey  Ms Meredith Henderson  Ms Linda Rautela  Dr Danielle Wilson
Dr Chuan Foo  Mrs Melanie Holmes  Dr Anna Ridgers  Dr Raymond Wong
Dr Andrew Gikas  Ms Sue Meade  Mr Adam Rossely  Ms Raelene Xerri
Mr Rod Hone  Ms Kate Meyer  Dr Warren Ruehlana

STUDENTS

- IBAS Students are those enrolled in a course of study supervised by an IBAS Fellow on an approved project.

Ms Lauren Booker  PhD candidate  Ms Nicole Sheers  PhD candidate
Dr Murad Ibrahim  MD candidate  Ms Julia Stone  PhD candidate
Dr Yet Khor  PhD candidate  Ms Julie Tolson  Masters
Miss Alyssa Rigoni  Industry Based Learning
Miss Krisha Saravanan  Industry Based Learning
FUNDING SOURCES

The Institute acknowledges and appreciates the support provided for its research from the following sources over the last 12 months.

Competitive Grants - Government
- Alertness - Cooperative Research Centre (CRC) Limited
- National Health and Medical Research Council (NHMRC)
- National Transport Commission (NTC)
- Transport Accident Commission (TAC)

Competitive Grants – Philanthropic Sector
- Austin Medical Research Foundation (AMRF)
- Jack Brockhoff Foundation
- Lung Foundation Australia (LFA)

Government, Industry and Higher Education Collaborations
- Cancer Australia
- Clinical Network Services (CNS) Pty Ltd
- Dept. of Health & Human Services
- Griffith University
- Major Collision Investigation Unit
- ONJ Cancer Centre
- Pancare Foundation
- The University of Melbourne
- Transport Safety Victoria
- Flinders University
- Royal Melbourne Hospital
- Princess Alexandra Research Foundation
- Various pharmaceutical companies
- Vic Roads
- Victoria Police
- Westgate Highway Patrol

Public Support
- Membership Subscriptions
  - Life membership
  - Annual membership
- Donations
  - Funds received for Institute research and programs in accordance with the deductible gift recipient status of IBAS as administered by the Medical & Scientific Research Committee

Deductible Gift Recipient Status
The Institute is endorsed as a Deductible Gift Recipient from the Australian Taxation Office.
WAYS OF GIVING

Awareness is increasing about the profound effect that sleep and respiratory disorders have on the lives of many Australians. You may have personal experience of these disorders, know others who are affected or may simply be interested in translating your awareness into positive action.

Your donation to IBAS will be directed to funding research and education in respiratory and sleep health.

The Institute welcomes donations from the business community and individuals. You may choose to support the work of IBAS through donating to a particular project or a specific area of research, or the Institute as a whole.

All donations of $2.00 and over are fully tax deductible and a receipt will be issued.

The simplest way to support our work is by donating online


You can donate online using the free and secure GiveNow donations service. Receipts will be automatically sent to your email address.

Recurring, single gifts and bequests can all be considered using the GiveNow service.

Donate by phone

Phone +61 (0)3 9496 5390 to donate using your credit card.

Donate by mail/fax

Donation forms are available by phoning +61 (0)3 9496 5390 or from http://www.ibas.org.au/how-you-can-help/donations

Please send completed forms to:
IBAS, Harold Stokes Building, Level 5, Austin Hospital, PO Box 5555, Heidelberg, Vic, 3084. Alternatively, you can fax the form to +61 (0)3 9496 3723.
INSTITUTE FOR BREATHING AND SLEEP
ABN 39 093 685 879

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2019
Contents

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Auditor's Independence Declaration 4
Statement of Profit or Loss and Other Comprehensive Income 5
Statement of Financial Position 6
Statement of Changes in Equity 7
Statement of Cash Flows 8
Notes to the Financial Statements 9
Directors' Declaration 14
Independent Auditor's Report
DIRECTORS’ REPORT

Your directors submit the financial report of the Institute for Breathing and Sleep (“IBAS”) for the financial year ended 30 June 2019.

DIRECTORS

The names of directors in office at any time during or since the end of the year are:

Mr William George Noonan, OAM (Chairman)
Mr Noonan served as Branch Secretary of the Victorian/Tasmanian branch of the TWU from 1994 until his retirement from the Union in November 2009. He received an OAM in July 2006 for services to the Road Transport Industry, particularly in respect of Road Safety and the Trade Union Movement. Mr Noonan is a former Chairman of the Victorian Police Blue Ribbon Foundation, and former Vice Chairman of Western Melbourne Regional Development Australia Committee. Mr Noonan was a founding Director of IBAS and was appointed Chairman and Secretary of the Board of Directors in April 2014.

Professor Christine Faye McDonald, AM, FAHMS, MBBS (Hons), FRACP, PhD, F Thor Soc, (Medical Director)
Professor McDonald is the Director of the Department of Respiratory and Sleep Medicine at Austin Health, and was the honorary CEO of IBAS between 2009 and 2015. Her special area of research interest is chronic obstructive pulmonary disease (COPD) and its management, including pulmonary rehabilitation and oxygen therapy. Professor McDonald is also involved in collaborative research projects in the areas of lung cancer and interstitial lung disease. In June 2018, Professor McDonald became a Member of the Order of Australia for significant service to respiratory and sleep medicine as a clinician-researcher, administrator and mentor, and to professional medical organisations.

Mr David Stanley, Grad Dip Adolescent Health
Founding director and CEO of Convenience Group, an international public health agency, Mr Stanley has expertise in international, national, regional and community based health interventions that seek to change and/or sustain positive health behaviours in a range of contexts including: mental health, sexual health, blood-borne viruses, tobacco control, problem gambling, responsible service of alcohol, responsible service of cannabis, cancer, reducing drug-related harm, and road safety. David is a Director of preventionXpress, which provides convenient and confidential preventative rapid health screenings for chronic preventable diseases. David currently serves on the board of not-for-profit organisations Australian Drug Law Reform Foundation, Victorian Association for the Care & Resettlement of Offenders, COPE (Centre for Perinatal Excellence) and IBAS. David’s interests are public and population health-based prevention, drug policy, leadership, technology, cycling, boxing and sailing.

Associate Professor Mark Howard, MBBS, FRACP, GDEB, PhD (Medical Director)
Mark Howard is the Director of the Victorian Respiratory Support Service at Austin Health. He is a specialist physician in respiratory and sleep medicine with interests in long-term ventilation of patients with respiratory failure and the impact of sleep disorders on driving and occupational health and safety. He is Clinical Associate Professor at The University of Melbourne, Adjunct Associate Professor at Monash University and Theme Leader in the Co-operative Research Centre for Alertness Safety and Productivity, in which IBAS is a partner.

Mrs Tara Piazza GDAIS, MBIT
Tara is a lead executive and non-executive board member who specialises in transformation, strategy and innovation. Tara's executive experience crosses a range of industries and functional areas in state-wide and global brands, including airlines, public transport, management consulting and financial services. Tara holds a Masters of Business Information Technology and has completed education at Harvard Business School focused on leadership. Tara's area of professional interest lies in how board level governance intersects with the measurement and tracking of benefits anticipated to be delivered through transformation or innovation.

Ms Anna Burke, BA(Hons), Mcom(Hons), GAICD
Ms Burke is a full-time Member of the Administrative Appeals Tribunal since January 2017. She is a former Speaker of the Australian House of Representatives. As a member of the Australian Labor Party, Anna represented the Division of Chisholm, Victoria in the Australian House of Representatives from 1998 to 2016. After Labor’s win at the 2007 federal election, she was elected as Deputy Speaker of the House of Representatives. In 2012 she was nominated and elected, unopposed, the new Speaker of the House of Representatives. Prior to entering Parliament, Anna worked in Industrial Relations at the Finance Sector Union, Victoria University and VicRoads. On Australia Day 2019, Anna was awarded an Order of Australia for service to the Parliament and the Community.
DIRECTORS’ REPORT (cont’d)

Ms Sarah Notarianni, LLB, BA
Ms Notarianni was appointed to the IBAS Board of Directors in June 2017. Ms Notarianni is a Senior Associate lawyer at Maurice Blackburn Lawyers. She practices primarily assisting people who have been injured at work or on in motor vehicle accidents. In this work, she has represented many people where shift work and fatigue have been factors in the occurrence of an accident. She has recently been a legal volunteer with Goulburn Valley Community Legal Service and Hume Riverina Community Legal Service, undertaking work which benefits the people and community.

Professor David Berlowitz, PhD, PGradDipPhty (Research), BAAppSci(Phty)
Professor Berlowitz is a physiotherapist with the Victorian Respiratory Support Service who holds The University of Melbourne Chair in Physiotherapy at Austin Health. David was awarded his PhD in 2004, in which he discovered that acute cervical spinal cord injury results in sudden and severe obstructive sleep apnoea. David leads an international team of research collaborators, students and staff who examine the causes and treatments of sleep and breathing disorders in neuromuscular disease, especially in Spinal Cord Injury and Motor Neurone Disease. David has published more than 80 papers and attracted over $10 million in research funding support. David's other research interests include chronic disease management, registry development and program evaluation. David serves on the Boards of both the IBAS and the Spinal Research Institute.

Professor Louise Burrell, MBChB, MRCP, MD, FRACP, FAHA (Appointed 18 December 2018)
Professor Burrell is a Professor of Medicine and Head of Cardiovascular Research Group, Department of Medicine at The University of Melbourne. Professor Burrell is also Director of Research in General Medicine, and Head of Medical Unit 4 at Austin Health. Professor Burrell is a renowned leader in vascular health and holds membership in various Boards and Committees, nationally and internationally.

The directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

DIRECTORS’ MEETINGS and ATTENDANCE 2018/19

During the year, 7 meetings of the Board of Directors were held (including the AGM).

<table>
<thead>
<tr>
<th>Name</th>
<th>Eligible Meetings</th>
<th>Meetings Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>W Noonan</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>C McDonald</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>D Stanley</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>M Howard</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>T Piazza</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>A Burke</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>S Notarianni</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>D Berlowitz</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>L Burrell</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

FINANCE & AUDIT COMMITTEE MEETINGS and ATTENDANCE 2018/19

During the year, 4 meetings of the Finance & Audit Committee were held.

<table>
<thead>
<tr>
<th>Name</th>
<th>Eligible Meetings</th>
<th>Meetings Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>W Noonan</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>C McDonald</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>M Howard</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>D Berlowitz</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>R Polivka</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
INSTITUTE FOR BREATHING AND SLEEP
ABN 39 093 685 879

INSTITUTE MISSION
To improve respiratory and sleep health through best practice scientific research.

PRINCIPAL ACTIVITIES
The principal activities of the Institute during the financial year were to promote and provide a focus for research and education in breathing and sleep health and to reduce morbidity and mortality and improve quality of life for persons with breathing and sleep disorders.

INSTITUTE OBJECTIVES
The objectives of the Institute are:
1. To conduct and publish best practice scientific research in respiratory and sleep health.
2. To reduce morbidity and mortality and to improve quality of life for persons with respiratory and sleep disorders.
3. To provide leadership and education in respiratory and sleep health.
4. To attract, coordinate and manage funds to support research and education in respiratory and sleep health.

COMPANY STRATEGIES
To achieve these objectives, the entity has adopted the following strategies:
1. Maintain close links with Austin Health, the University of Melbourne and other academic and public health institutions to conduct relevant research programs under the auspices of, or in collaboration with, the Institute.
2. Actively encourage and support researchers to apply for funding grants from federal and state agencies, charitable foundations and corporate sponsors to extend the body of knowledge through scientific research.
3. Provision of annual grants from its own resources to fund research and education programs that meet its objectives.
4. Maintain a focus on the clinical needs of patients by conducting clinical trials to assist in the development and introduction of new treatments.
5. Ensure the widest possible dissemination of the outcomes of the Institute’s research programs by supporting researchers in the publication of their findings, presentation of their work at conferences and seminars and participation in professional networking activities.
6. Funding attendance at conferences within Australia and overseas to enable researchers to present their findings to their peers and learn from the work being done by others in their field.
7. Encourage the development of young researchers by providing opportunities for students to participate in research projects.
8. Provision of writer scholarships to encourage students and young researchers to write up their research projects in a form suitable for publication.
9. Participate in the Austin Lifesciences consortium to obtain the benefits of collaboration with other research bodies located in the Austin Health precinct.
10. Apply for federal and state infrastructure funding grants to fund the Institute’s administrative and overhead expenses.

MEMBERS’ GUARANTEE
The Institute for Breathing and Sleep is a company limited by guarantee and was incorporated on 7 July 2000. In the event of the company being wound up, the 21 members’ (2018:20 members’) liability is limited to an amount not exceeding $50 (2018: $50).

AUDITOR’S INDEPENDENCE DECLARATION
A copy of the auditor’s independence declaration as required under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 is set out on page 4.

Signed in accordance with a resolution of the Members of the Board:

Mr William George Noonan, OAM
Chairman

Mrs Rosalinda Polivka
Executive Director

Dated this 21st day of October 2019
AUDITOR'S INDEPENDENCE DECLARATION
UNDER SECTION 60-40 OF THE
AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012
TO THE DIRECTORS OF THE INSTITUTE FOR BREATHING AND SLEEP

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

McLean Delmo Bentleys Audit Pty Ltd

Martin Fensome
Partner

Hawthorn 21 October 2019
INSTITUTE FOR BREATHING AND SLEEP  
ABN 39 093 685 879

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019

<table>
<thead>
<tr>
<th>Note</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>INCOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations</td>
<td>220</td>
<td>860</td>
</tr>
<tr>
<td>Grants</td>
<td>1,343,825</td>
<td>1,645,421</td>
</tr>
<tr>
<td>Interest income</td>
<td>49,654</td>
<td>38,655</td>
</tr>
<tr>
<td>Other income</td>
<td>435</td>
<td>12,242</td>
</tr>
<tr>
<td>TOTAL INCOME</td>
<td>1,394,134</td>
<td>1,697,178</td>
</tr>
<tr>
<td>EXPENDITURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td>6,009</td>
<td>5,135</td>
</tr>
<tr>
<td>Annual leave</td>
<td>(485)</td>
<td>415</td>
</tr>
<tr>
<td>Audit fee</td>
<td>2 6,098</td>
<td>5,795</td>
</tr>
<tr>
<td>Bank charges</td>
<td>227</td>
<td>549</td>
</tr>
<tr>
<td>Consultants fees</td>
<td>81,006</td>
<td>51,574</td>
</tr>
<tr>
<td>Consumables research expense</td>
<td>87,235</td>
<td>87,881</td>
</tr>
<tr>
<td>Depreciation of equipment</td>
<td>31,365</td>
<td>28,054</td>
</tr>
<tr>
<td>Equipment</td>
<td>7,357</td>
<td>20,535</td>
</tr>
<tr>
<td>Ethics fees and sundry expenses</td>
<td>11,598</td>
<td>7,264</td>
</tr>
<tr>
<td>Insurance</td>
<td>7,247</td>
<td>7,135</td>
</tr>
<tr>
<td>Long service leave</td>
<td>(24,974)</td>
<td>(18,332)</td>
</tr>
<tr>
<td>Postage &amp; courier</td>
<td>73</td>
<td>52</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>1,981</td>
<td>1,843</td>
</tr>
<tr>
<td>Research facility fees</td>
<td>21,951</td>
<td>95,000</td>
</tr>
<tr>
<td>Staff training &amp; amenities</td>
<td>1,471</td>
<td>1,408</td>
</tr>
<tr>
<td>Superannuation</td>
<td>68,010</td>
<td>85,368</td>
</tr>
<tr>
<td>Surgical supplies</td>
<td>6,610</td>
<td>10,703</td>
</tr>
<tr>
<td>Travel &amp; accommodation</td>
<td>40,889</td>
<td>56,702</td>
</tr>
<tr>
<td>Wages &amp; salaries - hire cost</td>
<td>1,012,394</td>
<td>1,215,375</td>
</tr>
<tr>
<td>WorkCover</td>
<td>21,485</td>
<td>26,093</td>
</tr>
<tr>
<td>TOTAL EXPENDITURE</td>
<td>1,387,547</td>
<td>1,688,549</td>
</tr>
<tr>
<td>SURPLUS</td>
<td>6,587</td>
<td>8,629</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL COMPREHENSIVE INCOME</td>
<td>6,587</td>
<td>8,629</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## STATEMENT OF FINANCIAL POSITION
### AS AT 30 JUNE 2019

<table>
<thead>
<tr>
<th>Note</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3</td>
<td>280,087</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>4</td>
<td>266,539</td>
</tr>
<tr>
<td>Short term deposits</td>
<td>5</td>
<td>2,250,000</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td></td>
<td>2,796,626</td>
</tr>
<tr>
<td><strong>NON CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>6</td>
<td>39,949</td>
</tr>
<tr>
<td><strong>TOTAL NON CURRENT ASSETS</strong></td>
<td></td>
<td>39,949</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td></td>
<td>2,836,575</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>7</td>
<td>99,707</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>8</td>
<td>217,754</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>9</td>
<td>1,947,119</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td></td>
<td>2,264,580</td>
</tr>
<tr>
<td><strong>NON CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>7</td>
<td>14,073</td>
</tr>
<tr>
<td><strong>TOTAL NON CURRENT LIABILITIES</strong></td>
<td></td>
<td>14,073</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td></td>
<td>2,278,653</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>557,922</td>
</tr>
</tbody>
</table>

**EQUITY**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Retained surplus</td>
<td>541,490</td>
<td>534,903</td>
</tr>
<tr>
<td>Employee entitlement reserve</td>
<td>10</td>
<td>15,232</td>
</tr>
<tr>
<td>Members funds</td>
<td>1,200</td>
<td>1,200</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td></td>
<td>557,922</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## Statement of Changes in Equity

**For the Year Ended 30 June 2019**

<table>
<thead>
<tr>
<th></th>
<th>Retained Surplus</th>
<th>Employee Entitlement Reserve</th>
<th>Members Funds</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance as at 30 June 2017</strong></td>
<td>526,274</td>
<td>15,232</td>
<td>1,200</td>
<td>542,706</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>8,629</td>
<td>-</td>
<td>-</td>
<td>8,629</td>
</tr>
<tr>
<td><strong>Balance as at 30 June 2018</strong></td>
<td>534,903</td>
<td>15,232</td>
<td>1,200</td>
<td>551,335</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>6,587</td>
<td>-</td>
<td>-</td>
<td>6,587</td>
</tr>
<tr>
<td><strong>Balance as at 30 June 2019</strong></td>
<td>541,490</td>
<td>15,232</td>
<td>1,200</td>
<td>557,922</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
CASH FLOW FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest received</td>
<td>40,579</td>
<td>51,044</td>
</tr>
<tr>
<td>Other receipts</td>
<td>435</td>
<td>13,242</td>
</tr>
<tr>
<td>Grants</td>
<td>1,596,678</td>
<td>1,785,723</td>
</tr>
<tr>
<td>Donations</td>
<td>155,220</td>
<td>860</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(1,391,916)</td>
<td>(1,730,168)</td>
</tr>
<tr>
<td><strong>Net cash (used in)/provided by operating activities</strong></td>
<td>400,996</td>
<td>120,701</td>
</tr>
</tbody>
</table>

CASH FLOW FROM INVESTING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from/(Investment in) short term deposits</td>
<td>(350,000)</td>
<td>100,000</td>
</tr>
<tr>
<td>Payment for equipment</td>
<td>(5,365)</td>
<td>(27,596)</td>
</tr>
<tr>
<td><strong>Net cash (used in)/provided by investing activities</strong></td>
<td>(355,365)</td>
<td>72,404</td>
</tr>
<tr>
<td>Net (decrease)/increase in cash held</td>
<td>45,631</td>
<td>193,105</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of financial year</td>
<td>234,456</td>
<td>41,351</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at end of financial year</strong></td>
<td>280,087</td>
<td>234,456</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a special purpose financial report prepared for use by the directors and members of the company. The directors have determined that the company is not a reporting entity. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Basis of Preparation

The report has been prepared in accordance with the requirements of the Australian Charities and Not-for-profits Commission Act 2012, and the following applicable Accounting Standards and Australian Accounting Interpretations:

AASB 101: Presentation of Financial Statements
AASB 107: Statement of Cash Flows
AASB 110: Events after the Reporting Period
AASB 1031: Materiality
AASB 1048: Interpretation of Standards
AASB 1054: Australian Additional Disclosures

No other Accounting Standards, Australian Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

Reporting Basis and Conventions

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected non-current assets, and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

The following is a summary of the material accounting policies adopted by the company in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Equipment

Equipment is measured on the cost basis. The carrying amount of equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the asset's employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all equipment is depreciated on a straight-line basis over their useful lives to the Institute commencing from the time the asset is held ready for use.

The depreciation rate used for depreciable assets are:

<table>
<thead>
<tr>
<th>Class of fixed asset:</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>20 - 50%</td>
</tr>
</tbody>
</table>

The assets' residual values and lives are reviewed, and adjusted if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

(b) Employee Benefits

Provision is made for the Institute's liability for employee benefits arising from services rendered by employees to the end of the reporting period . Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.
NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(c) Cash and Cash Equivalents
Cash and cash equivalents includes cash on hand, deposits held at call with banks, other short-term highly liquid investments with maturities of three months or less, and bank overdrafts.

(d) Revenue
Interest
Interest on short-term deposits and financial assets is recorded on an accruals basis.

Grants
Government grants for the current year are brought to account as revenue upon receipt. Any grants which are reciprocal where a present obligation exists to repay the grant, are treated as a liability. Grants received in relation to future periods’ funding are treated as grants received in advance in the financial statements.

Donations
Donations are recognised when received.

Other Revenue
Other revenue is recognised when control of the contribution or right to receive the contribution is obtained.

(e) GST
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(f) Comparative Figures
Where required, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(g) Critical Accounting Estimates and Judgements
The Board evaluates the estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current data.

(h) Application of new and revised Australian Accounting Standards
The Institute has adopted all of the new or revised standards and interpretations issued by the Australian Accounting Standards Board (the AASB) that are relevant to its operations and effective for the accounting period that begins in or after 1 July 2018. These include:

AASB9 Financial Instruments
AASB9 introduced new requirements for:
- The classification and measurement of financial assets and liabilities,
- Impairment of financial assets; and
- General hedge accounting.

The Board of the Institute reviewed and assessed these new requirements and determined that the initial and subsequent application of AASB9 had no impact on the classification, measurement and disclosures of the Association.
NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(i) New Accounting Standards for Application in Future Periods

The AASB has issued new, revised and amended Standards and Interpretations that have mandatory applicable dates for future reporting periods and which the company has decided not to early adopt. Due to the nature of the company’s activities, it does not expect them to have any material effect on the company’s financial statements. These include:

AASB15 Revenue from Contracts with Customers

AASB15 will come into effect for not-for-profit entities for reporting periods that begin on or after 1 January 2019. The Institute intends to adopt the standard in the 2019/20 financial year when it becomes effective. AASB15 introduced a 5 step approach to account for revenue recognition with the requirement for an entity to only recognise revenue upon the fulfilment of the performance obligation.

An impact assessment of AASB15 was undertaken and it was determined that there would be no potential impact on the disclosure of revenue by the Institute in the initial year of application.

AASB16 Leases

AASB16 provides a comprehensive model for the identification of lease arrangements and their treatment in the financial statements. The standard is effective for accounting periods beginning on or after 1 January 2019. The date of initial application for the Institute will be 1 July 2019.

The Institute has performed an impact assessment of AASB16 and has determined that the requirements of the standard are not expected to impact the Institute.

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

NOTE 2: AUDITORS REMUNERATION

Remuneration of the auditor of the Institute for:

Auditing the financial report

6,098 5,795

NOTE 3: CASH AND CASH EQUIVALENTS

Operating bank account

36,892 96,132

Research bank account

243,195 138,324

280,087 234,456

NOTE 4: TRADE AND OTHER RECEIVABLES

Accounts receivable

171,844 58,821

Accrued income

85,541 77,610

Prepaid expense

9,154 3,747

GST

- 23,301

266,539 163,479

NOTE 5: SHORT TERM DEPOSITS

Short term deposits maturing between three months and one year

2,250,000 1,900,000
NOTE 6: EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment - at cost</td>
<td>$259,055</td>
<td>$253,690</td>
</tr>
<tr>
<td>less Accumulated depreciation</td>
<td>(219,106)</td>
<td>(187,741)</td>
</tr>
<tr>
<td></td>
<td>$39,949</td>
<td>$65,949</td>
</tr>
</tbody>
</table>

(a) Asset movement reconciliation

**Equipment - at cost**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>$253,690</td>
<td>$226,094</td>
</tr>
<tr>
<td>Additions</td>
<td>$5,365</td>
<td>$27,596</td>
</tr>
<tr>
<td>Disposals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing balance</td>
<td>$259,055</td>
<td>$253,690</td>
</tr>
</tbody>
</table>

**Accumulated depreciation**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>(187,741)</td>
<td>(159,687)</td>
</tr>
<tr>
<td>Depreciation for the year</td>
<td>(31,365)</td>
<td>(28,054)</td>
</tr>
<tr>
<td>Write back due to disposals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing balance</td>
<td>(219,106)</td>
<td>(187,741)</td>
</tr>
</tbody>
</table>

**Net book value**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$39,949</td>
<td>$65,949</td>
</tr>
</tbody>
</table>

NOTE 7: PROVISIONS

**Current**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual leave</td>
<td>$71,775</td>
<td>$72,260</td>
</tr>
<tr>
<td>Long service leave</td>
<td>$27,932</td>
<td>$48,660</td>
</tr>
<tr>
<td></td>
<td>$99,707</td>
<td>$120,920</td>
</tr>
</tbody>
</table>

**Non-current**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long service leave</td>
<td>$14,073</td>
<td>$18,319</td>
</tr>
</tbody>
</table>

NOTE 8: TRADE AND OTHER PAYABLES

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors</td>
<td>$175,751</td>
<td>$198,723</td>
</tr>
<tr>
<td>Accrued salaries and expenses</td>
<td>$34,604</td>
<td>$37,929</td>
</tr>
<tr>
<td>GST</td>
<td>$7,399</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$217,754</td>
<td>$236,652</td>
</tr>
</tbody>
</table>

NOTE 9: OTHER CURRENT LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpended research grant funds</td>
<td>$1,947,119</td>
<td>$1,436,658</td>
</tr>
</tbody>
</table>

NOTE 10: RESERVES

Employee entitlement reserve

The employee entitlement reserve represents a reserve created to provide for redundancy payments for present employees or long service leave for former employees of the Institute now employed by Austin Health.
NOTE 11: CASH FLOW INFORMATION

(a) Reconciliation of cash

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank - operating account</td>
<td>36,892</td>
<td>96,132</td>
</tr>
<tr>
<td>Cash at bank - research account</td>
<td>243,195</td>
<td>138,324</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>280,087</strong></td>
<td><strong>234,456</strong></td>
</tr>
</tbody>
</table>

(b) Reconciliation of cash flows from operations with surplus

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus</td>
<td>6,587</td>
<td>8,629</td>
</tr>
<tr>
<td>Depreciation of equipment</td>
<td>31,365</td>
<td>28,054</td>
</tr>
<tr>
<td>Changes in assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease/(increase) in trade and other receivables</td>
<td>(103,060)</td>
<td>224,265</td>
</tr>
<tr>
<td>Increase/(decrease) in provisions</td>
<td>(25,459)</td>
<td>(17,917)</td>
</tr>
<tr>
<td>Increase/(decrease) in trade and other payables</td>
<td>(18,898)</td>
<td>(123,458)</td>
</tr>
<tr>
<td>Increase/(decrease) in other liabilities</td>
<td>510,461</td>
<td>1,128</td>
</tr>
<tr>
<td><strong>Cash flows (used in)/provided by operations</strong></td>
<td><strong>400,996</strong></td>
<td><strong>120,701</strong></td>
</tr>
</tbody>
</table>

(c) There were no non-cash financing or investing activities during the period.

NOTE 12: KEY MANAGEMENT PERSONNEL

The Board of Directors did not receive any compensation during the period.

The Executive Director received a remuneration of $53,700 in 2018-19. A portion of this remuneration relates to the role of Finance Manager.

NOTE 13: RELATED PARTY TRANSACTIONS

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

During the year, David Stanley, IBAS Director, had an outstanding account of $2,280 at year-end (2018: $2,280) in relation to receiving academic advisory services from the Institute in prior years.

NOTE 14: MEMBERS’ GUARANTEE

The Institute for Breathing and Sleep is a company limited by guarantee and was incorporated on 7 July 2000. In the event of the company being wound up, the 21 members’ (2018: 20 members’) liability is limited to an amount not exceeding $50 (2018: $50).

NOTE 14: COMPANY DETAILS

The registered office of the Institute is:

Institute for Breathing and Sleep
Level 5, Harold Stokes Building
Austin Hospital
145 Studley Road
Heidelberg VIC 3084
DIRECTORS’ DECLARATION

The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 5 to 13, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:

   (a) comply with Australian Accounting Standards applicable to the company; and

   (b) give a true and fair view of the company’s financial position as at 30 June 2019 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements.

2. In the directors’ opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Directors and is signed for and on behalf of the Directors by:

Mr William George Noonan, OAM
Chairman

Mrs Rosalinda Polivka
Executive Director

Dated this 21st day of October 2019
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF INSTITUTE FOR BREATHING & SLEEP

Opinion
We have audited the financial report of Institute for Breathing & Sleep, which comprises the statement of financial position as at 30 June 2019, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the directors’ declaration.

In our opinion, the financial report of Institute for Breathing & Sleep is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

(a) giving a true and fair view of the Entity’s financial position as at 30 June 2019 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2013.

Basis for Opinion
We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012, which has been given to the directors as at the time of this auditor’s report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting
We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Directors reporting responsibilities under the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of the Directors for the Financial Report
The Directors are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012 and is appropriate to meet the needs of the members. The Directors’ responsibility also includes such internal control as the Directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, Directors are responsible for assessing the Entity’s ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless Directors either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF INSTITUTE FOR BREATHING & SLEEP (CONTINUED)

Auditor’s Responsibilities for the Audit of the Financial Report
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free
from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes
our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit
conducted in accordance with Australian Auditing Standards will always detect a material misstatement
when it exists. Misstatements can arise from fraud or error and are considered material if, individually
or in the aggregate, they could reasonably be expected to influence the economic decisions of users
taken on the basis of the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgment
and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud
  or error, design and perform audit procedures responsive to those risks, and obtain audit evidence
  that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material
  misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve
  collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures
  that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the
  effectiveness of the Entity’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting
  estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors’ use of the going concern basis of accounting and,
  based on the audit evidence obtained, whether a material uncertainty exists related to events or
  conditions that may cast significant doubt on the Entity’s ability to continue as a going concern. If we
  conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report
  to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our
  opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s
  report. However, future events or conditions may cause the Entity to cease to continue as a going
  concern.
- Evaluate the overall presentation, structure and content of the financial report, including the
  disclosures, and whether the financial report represents the underlying transactions and events in a
  manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned
scope and timing of the audit and significant audit findings, including any significant deficiencies in
internal control that we identify during our audit.

McLean Delmo Bentley Audit Pty Ltd

Martin Fensome
Partner

Hawthorn 21 October 2019
10th ANNIVERSARY OF THE BLACK SATURDAY BUSHFIRES

2019 marks the 10th anniversary of Black Saturday. Sadly 173 people lost their lives in the fires, including Professor Rob Pierce, Director of Respiratory and Sleep Medicine at Austin Health and CEO of the Institute for Breathing and Sleep. On the 10th anniversary of his passing, we remember him with extracts from various obituaries written by members of the Department.

"Professor Pierce died on February 7th 2009, defending his home in St Andrews from bushfires.

During his long career at Austin Health as a researcher, teacher and physician, Rob established the Victorian Respiratory Support Service and the Institute for Breathing and Sleep, and was integral to the development of the Australian Sleep Trials Network.

Rob was passionate about respiratory and sleep health in Indigenous Australians. He took a sabbatical in northern Australia, and wanted to establish a respiratory health service in this region.

He was an inspiration and mentor to his research students, scientists and registrars, many of whom are now in senior positions, and all of whom would be proud to have considered him a friend."

"Professor Pierce had a significant impact on those who were fortunate enough to work with him. The following in an excerpt of a message his PhD student Paul Read published in The Age on 12 February 2009."

"Professor Pierce was a wise, noble, brilliant man who cared for the future of humanity and his patients with a rare genius as well as warmth, humour, humility and grace. He had a mind like a steel trap and a heart of gold. He clearly loved his family, his staff and his students and was always available despite his busy international schedule. His contribution to medicine and the science of sleep and breathing was immeasurable."

Professor Robert John Pierce

15th January 1947 - 7th February 2009
Harold Stokes Building, Level 5, Austin Hospital,
145 Studley Road, Heidelberg, Victoria, Australia 3084
PO Box 5555, Heidelberg, Victoria, Australia 3084
Telephone: +61 (03) 9496 5390
Facsimile: +61 (03) 9496 3723
Email: info@ibas.org.au
Website: www.ibas.org.au