



Sydney Sanitarium at the time of its official opening in 1903.

Photo courtesy of Adventist HealthCare Limited.

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## Sydney Adventist Hospital, Australia

### PAUL RACE

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The Sydney Adventist Hospital is owned and operated by the South Pacific Division of Seventh-day Adventists. It is located in suburban Sydney at Wahroonga, NSW, Australia. It was opened on January 1, 1903.

## Official Names

Sydney Sanitarium (1903–1910)

Sydney Sanitarium and Hospital (1910–1973)

Sydney Adventist Hospital (1973–present)

## The Facilities and their Growth

Sydney Adventist Hospital (SAH) is a not-for-profit private hospital located in Wahroonga, 15 miles (25 kilometers) from the central business district of Sydney, NSW, Australia. It is registered with a capacity for more than 550 licensed overnight beds. It is an acute-care hospital offering acute medical, surgical, and obstetric care along with an emergency department, and as of 2019 is the largest private not-for-profit hospital in the most populated Australian state of New South Wales. It is also a teaching hospital and has direct engagement with Avondale University College for undergraduate nurse education, and the University of Sydney. As an enterprise in the local community it is significant, being the largest employer in the local council area, with approximately 2,300 staff and 460 volunteers. It serves more than 192,000 inpatient and outpatient episodes annually, with 1,068 accredited medical practitioners approved to use the facilities.<sup>1</sup>

Sydney Adventist Hospital is colloquially known as the San, which reflects the original naming of the institution at its inception as Sydney Sanitarium.<sup>2</sup> The founding of the hospital owes much to early pioneers who saw great potential in medical/health evangelism,<sup>3</sup> including Ellen White, who wrote often about the health work in the South Pacific and in particular Australia.<sup>4</sup> Her reasoning was that Australia was a very fertile field for medical missionary evangelism. Thus, the founding of the hospital in Australia was closely linked to the strong connection between healthful living and the medical and evangelistic work that Ellen White and others promoted.<sup>5</sup> The medical work was to have an emphasis on temperance, abstinence from harmful substances, simplicity, healthfulness in cooking, and natural therapies,<sup>6</sup> thus reflecting the health message of the church. The proposed health-care facility was also to have an emphasis on hydrotherapy, described as a bathhouse in the language of that time. It was to have appropriate facilities and be capable of accommodating up to 100 patients. Wherever possible, the use of drugs was to be avoided.<sup>7</sup>

There were many years of planning and discussion prior to the decision to build the Sydney Sanitarium. The International Medical Missionary and Benevolent Association formed a branch in Australia to further medical work. There were existing health facilities in nearby areas, such as at Summer Hill and Cooranbong, but their operations became pressured by financial needs, high demand and property leases that had limited time periods.<sup>8</sup> This contributed to increased pressure to have a larger facility that was more effective at serving the

mission of the church and was solely controlled by the church. The decision to build the Sydney Sanitarium was made at a meeting of the Medical Missionary and Benevolent Association in 1899.<sup>9</sup> Fundraising was essential to progress the construction work and commitment from supporters was very high, with a second tithe being sought, donations given from both within Australia and America, Sabbath Schools providing offerings, royalties from medical book sales, small loans, and donations of supplies. This allowed for construction of the building to at least a partially completed state and for further improvements once in operation.<sup>10</sup>

The initial planning highlighted the extended purpose of the institution. It was undertaken with a distinct intention to integrate wholism into the care of patients and ensure the focus was not just on curative medicine, but also on health-promoting therapies. Current practice in health care would see hospitals located in established population areas supporting the nearby community. The Sanitarium was to be different. Part of the therapy was connected to the environment. Peaceful, quiet, and regenerating.<sup>11</sup> Therefore, location was critical to achieving these goals, and the criteria for the ideal site were an adequate water supply, reasonable access by roads, access to gas supplies, and also a sunny aspect that would be most beneficial to health restoration. Various sites in the Sydney area between Strathfield and Hornsby and the Hawkesbury River were considered for purchase. After considerable review of possible site options, three possibilities were chosen nearby to Sydney for further examination. One was at Ryde, one at Pymble, and the other near Turramurra.<sup>12</sup>

The eventual site chosen met the selection criteria well. It was high on a ridge around an established road called Fox Valley Road, had adequate water from streams that fed through to the Lane Cove Valley River, was arable land because part of it had been converted from bushland into an orchard, and had a reasonable supply of tall trees on the remainder.<sup>13</sup> In addition to this, it was later decided to buy an adjoining section of land, and this in addition to later acquisitions expanded the land holdings further. At the time and for some years later the area was essentially rural land with little development. This allowed for establishment of herds of cows for milk supply, chickens for eggs, and a vegetable garden to supply fresh food.<sup>14</sup>

A number of key figures were instrumental in establishing the institution and its ongoing operations. John Wessels, a South African, had been requested to come to Australia and join the staff at the then-operating Summer Hill Health Home with the intention of finding a suitable spot where a larger health institution could be located.<sup>15</sup> Dr. Merritt Kellogg, who became integral to the planning and supervision of the building, arrived in Sydney from medical work in the Pacific islands in June 1900,<sup>16</sup> and he was instrumental in drawing up plans for the new building.<sup>17</sup> J. A. Burden was called on to assist with the management of the hospital as it was built.<sup>18</sup> Drs. Daniel and Lauretta Kress assisted with medical work, with Dr. Daniel Kress becoming medical superintendent for the first few years of operation.<sup>19</sup> Others such as the Butler family and Radley family had associations that also commenced in these early years and spanned many decades.

In this early planning of the hospital it became apparent that the name of the institution was going to be critical. Ellen White reported that advice had been given that they should not call a new building a hospital.<sup>20</sup> If they

were to do so, it would cause it to come under the supervision of medical authorities, and there was concern that this would make the institution subject to particular regulations and also to risk the medical authority having the power to appoint a medical professional of their own choosing to operate the hospital. The alternative was to call the initiative a health home or sanitarium and therefore avoid the difficulties that the title hospital would bring.

The hospital opened on January 1, 1903, as Sydney Sanitarium.<sup>21</sup> It was not entirely finished at that time, as many interior sections were incomplete and inadequately furnished. Operations in the early years were difficult, as finances were scarce.<sup>22</sup> The original name was later amended in 1910 to Sydney Sanitarium and Hospital<sup>23</sup> when the institution was registered under the Private Hospitals Act, though most publications and board minutes continued to refer to the Sydney Sanitarium.

The first patient was admitted before the hospital was even opened. A local storekeeper from Wahroonga had contracted rheumatic fever and, despite medical care from various doctors from the region, had seen his health decline to the point that he was told no further treatment could help him. His family recounts how they had heard of the opening of a hospital nearby and traveled some miles through bush tracks to request assistance but were told they could not be helped, as the hospital was not yet open. This did not deter the family, and the next day they pleaded with the manager of the hospital at the time to allow treatment to be given. This first patient was near death on admission, but survived and converted from his Presbyterian faith to Adventism, and the Butler family and descendants maintained a long association with the hospital, with the most recent descendant, Dr. Russell Butler, active in clinical work up until October of 2000.<sup>24</sup>

Financial difficulties constrained expansion for some years. There were years when patient numbers increased to the point of being profitable and other years when deficits undermined financial stability. Regional factors contributed to these circumstances. For example, A. W. Semmens reports on a coal strike at the nearby city of Newcastle that was extensive and accumulated approximately \$2 million of salary losses for workers, which severely impacted inpatient numbers because of the financial strain in the community.<sup>25</sup> This impacted not only financial viability but also the training capacity of the institution, with the nurse training program under threat because of low patient numbers for student experience. This did not, though, prevent small advances in facilities. An electric plant to operate lighting was installed in 1908.<sup>26</sup> However, in 1911 the hospital achieved a significant goal of having every room full for a period of time.<sup>27</sup> In 1915 a further building was established as a maternity cottage with labor and delivery rooms. It was called Bethel and remains on the estate as the oldest original building, but since 2003 became known as the Merritt Kellogg Museum.<sup>28</sup> It now houses a number of remnants of the hospital's history and memorabilia, including the original flagpole, now installed at the front of the museum, and the original clock from 1903. It also includes a jar of marmite as a reference to the part this food item played during the war in a faraway prison camp but connected later to a crucial council vote on the 1973 major rebuilding works of the hospital.<sup>29</sup> At the front of the museum is also a small fountain, a memorial to nurses who have served the hospital and the church and lost their lives during service.<sup>30</sup>

The year of 1919 saw a serious threat to the construction of the main hospital building. A fire broke out in a room beneath the hospital tower and threatened to spread through the entire building, which was of wooden construction.<sup>31</sup> The fire was eventually contained, but the tower required rebuilding and consequently was remodeled in a slightly different design reportedly more visually appealing than the former.<sup>32</sup> In 1920 a northern wing was opened, providing surgical and medical care.<sup>33</sup> It later became known as Shannon Ward, after a benefactor who gave funding for renovations.<sup>34</sup> This building was a three-story construction with an open rooftop area to allow rest and views of the peaceful surrounding bushland. It remains on the site, and for many years has contained the offices of the nursing education manager. In 1933 further extensions were opened as a south wing, which contained further medical facilities, treatment rooms, and obstetric facilities. Because of the 1919 fire, brick and concrete were used to build it.<sup>35</sup> Some areas of this wing remained incomplete and not officially occupied until 1944.<sup>36</sup>

World War II saw a major threat to the independence and ongoing operations of the Sanitarium. The Japanese had brought America into the war with the attack on Pearl Harbor in 1941, and the Americans were establishing temporary facilities in the Pacific throughout 1942 to counter the threat. Commandeering existing facilities in the region was a common strategy conducted in concert with the Australian government. The Sydney Sanitarium and Hospital was identified as an ideal location for this purpose. It is reported that plans were even prepared for location of various facilities, including Quonset buildings.<sup>37</sup> This news evoked significant concern at the church losing control over the only operating SDA hospital in Australia and led to considerable prayer and petitioning of the prime minister at the time. News finally arrived by a telegram in July 1942 from the prime minister to E. B. Rudge, the president of the Australasian Union Conference. Its message that it had been decided not to take over the property was a cause of considerable relief and grateful thanks for answered prayers.<sup>38</sup>

The war had other implications for the hospital. In February 1942, because of the risk of fire (with that risk now exacerbated by the potential threat from incendiary bombs), an action was taken to remove two stories of a wooden building previously used for treatment rooms.<sup>39</sup> Then a short time later in March of the same year the board of management approved plans for an air-raid shelter to be built to the rear of existing buildings.<sup>40</sup> This building was then used as a laundry, and still exists and now houses Information Systems. Board minutes in the following year report that this construction allowed filling in of air-raid trenches that had been placed at the front of the hospital, but noted that those near the Wahroonga church would be retained.<sup>41</sup>

In the late 1960s and early 1970s building activity was very evident across the hospital grounds. In 1968 soil was turned for a new major development that was intended to replace the original building, and on June 10, 1973, the new eight-story extension was officially opened by the governor-general of NSW, Sir Roden Cutler.<sup>42</sup> This section is now called the H. E. Clifford Tower Block, after Dr. Herbert Clifford, hospital director, who was instrumental in the planning and execution of its development. At this time the name of the hospital was also changed to Sydney Adventist Hospital, though the colloquial name used by the community continues to be the

San. This significant expansion saw bed numbers increase to 300, with a range of single rooms with en suite facilities suited to a private hospital experience desired by many patients. Shortly thereafter the original building was demolished. In these years expansion also included extensions to nurse staff accommodation, expanding room numbers by an additional 88 beds, construction of the Fox Valley Medical Centre, and in conjunction with Wahroonga church, a new activities center. School of Nursing facilities were also completed. Later in 2004 the levels in this tower block were all named according to prominent contributors to the success of the San since the commencement.<sup>43</sup> Thus level 6 was named Poon Oncology Ward, after the Poon family, who have been particularly generous donors to the hospital. Level 7 became Burnside Ward, after Miss Mary J. Burnside, who was matron from 1937 to 1953; level 8 became Butler Ward, after Dr. Russell Butler, consultant physician and chair of various medical committees and descendant from the first patient and convert to Adventism; level 9 became Radley Ward, after Miss R. Radley, past School of Nursing graduate and director of nursing from 1973 to 1996 (noting that in 2008 Butler and Radley wards swapped levels in the tower);<sup>44</sup> level 10 became Hudson Ward after Dr. C. Hudson, a surgeon with a distinguished surgical record at the hospital for more than 30 years; level 11 became Gee Ward, after Dr. A. Gee, a urologist and surgeon at the hospital from 1952 to 1986; and level 12 became Harrison Ward, after Dr. Charles Harrison, who served as medical superintendent from 1926 to 1956 and guided the hospital through the Great Depression and World War II.

In 1995 further extensions were made to relocate expanded operating theaters, sterile processing, day surgery, various allied health and diagnostic departments, as well as teaching areas for the School of Nursing. Then in later years new intensive-care and emergency areas, and a cancer support center and Jacaranda Lodge for overnight family accommodation were opened. In 2003 a child-care center opened on-site. This was called the Wai Fong Poon Child Care Centre, after the grandmother of the Poon family donors, and the intention was to support on site workers needing child care to allow engagement in the hospital workforce.<sup>45</sup> Later, to further support this initiative, in 2008 paid maternity leave for all permanent and full-time female employees was introduced.<sup>46</sup> Also in 2003 a multistory clinic center opened on-site to facilitate medical consulting rooms and support inpatient care. Land availability on the estate is constrained, not just by available space but also by council regulations on fire perimeter setbacks from nearby bushland. The San Clinic, as it was called, replaced a previous building called the Wahroonga Activities Centre. The San Clinic later became known as the San Clinic Tulloch, after Dr. Allan Tulloch.

The hospital sought to expand facilities off-site in 2001 with the purchase of Hornsby Day Surgery in a nearby suburb. This was the first purchase of an external enterprise since the hospital commenced and was a significant step. It was renamed as San Day Surgery Hornsby.<sup>47</sup> A further purchase occurred with the acquisition of Dalcross Private Hospital in 2010.<sup>48</sup> The name was changed to Dalcross Adventist Hospital at that time. The facility had been established in 1912 and operated as a surgical hospital for many years. Surgical service continued at Dalcross Adventist Hospital for some years, and it was then redeveloped into a rehabilitation facility in 2014. It was sold in 2018.<sup>49</sup>

In 2009 a number of additional facilities were opened. One of these was a new day-care infusion center. It was an 11-bed facility that had increased bed numbers and larger space as a replacement for the existing seven-bed day-care infusion centre that was not meeting demand. It was funded by private donations. Also in 2009 the Beattie Complex was opened in a section of the hospital grounds that had once formed part of the pastures and vegetable gardens for the early hospital. The building was named after the Beattie family. Their involvement dated from 1932. Members of the family worked in the vegetable gardens that supplied food to the hospital over many years in the early days of operation. They later worked and volunteered in maintenance of the grounds and the gardens.<sup>50</sup> In May of 2009 further facilities were officially opened. The then NSW state minister for health, John Della Bosca, opened a new nine-bed emergency medical unit (EMU) as an extension of services provided in the existing 24-bed emergency care department.<sup>51</sup> The purpose of the EMU was to facilitate triage and faster diagnosis and thus commencement of treatment for emergency-care patients.

A further significant milestone occurred in 2011 with the redevelopment, commencing with more 27,000 square feet (2,500 square meters) of additional facilities.<sup>52</sup> This was to include an integrated cancer center to champion multidisciplinary care to address the growing burden of these diseases. The time line for this redevelopment project was as follows: In June 2011 the official groundbreaking ceremony was held to commence the project. By April 2012 construction had commenced on the tower and later that year on the clinical education center being built behind what was at the time the local Wahroonga Seventh-day Adventist Primary School. By July 2014 the multistory tower was opened, with increased bed capacity from 540 beds to 750 beds.<sup>53</sup> The redevelopment also included additional support facilities, such as a multideck car park and new entry building, and an expansion to San Radiology, additional consulting suites, as well as expansion of the food services to support the additional beds and patient inflow.<sup>54</sup>

Also in July 2014, level 8 welcomed the first patient into the unit. Later that year in August the 56-bed maternity women's health and children's unit opened. The maternity area incorporated architectural designed private rooms with en suites, partner accommodation, birthing pools and well-baby and special-care nurseries. By September of that year new theaters in the surgical center (with capacity for up to 20 operating theaters) and the day procedure center were open. In October of 2014 the milestone redevelopment project in totality was officially opened by the then prime minister of Australia Tony Abbott, with attendance by other notable political figures, such as federal health minister Peter Dutton and NSW health minister Jillian Skinner.<sup>55</sup> Despite the opening, the project was not quite complete. Further facilities opened after that event including, in November, the San integrated cancer center, and at the beginning of 2015, the San radiology expansion. Then later in that year the new 30-bed intensive-care unit and expanded coronary-care unit also opened.

The multistory tower in this redevelopment was named the L. W. Clark Tower in honor of the then chief executive officer Dr. Leon Clark. The naming of the tower followed an invitation to staff to suggest names for discussion given the practice of naming other buildings and areas on site in honor of significant figures in the hospital's 110-year history. Various levels in the tower and other areas of the estate were also named.<sup>56</sup> Level 6

was named after former matron Rita Rowe, who was matron for 20 years; level 7 was named after Dr. John Grant, AO, OBE, a neurosurgeon and champion for those with disabilities; level 8 was named after Dr. Charles Sharpe, OAM, a plastic surgeon and humanitarian who conducted important beneficial work in Nepal; level 9 was named after Dr. John Knight, AM, and family (Noreen Knight, Lyn Knight, and Peter Knight), who served the hospital in specific ways; level 10 after Annette Baldwin, previous nursing executive officer at the San and also general manager at Dalcross Adventist Hospital, and her husband, Ernest Baldwin, who had previously been hospital engineer; and level 11 was named after previous long-term supervisor of maternity and later director of maternity, pediatrics, and support Wendy Wooller. In addition to the naming of these levels, roads on-site were also named after prominent figures in the hospital's history. This included White Road, in recognition of the contribution of Ellen White to the founding of the hospital, and Ludowici Way, which was in recognition of former staff members Dr. Tom and Pam Ludowici, who had held roles in administration and chaplaincy.<sup>57</sup> Dr. Tom Ludowici was also instrumental in setting up a Christian center for bioethics in 1987,<sup>58</sup> and consequently the annual bioethics conferences that ran on-site for 11 years. A significant bioethics collection remains as a legacy of this activity and is housed in the Avondale University College Library in the grounds of the hospital and now called the Tom Ludowici Bioethics Collection. The collection was initially contributed to through donations of books from Dr. H. E. Clifford. The south wing of the H. E. Clifford Tower was also now named as the Kress building, after Drs. Daniel and Laretta Kress. An area of garden for peaceful and quiet reflection was also named the Rosenhain Healing Garden after Norma Rosenhain.

Other facilities have been named after prominent contributors to the hospital's progress through the years or after significant donors. This includes the Stan Dunlop Hub, which connects the multistory car park entrance with clinical facilities, and the Chapman Surgical Centre after Glenys Chapman, a senior nurse involved in management at the hospital and who volunteered in many health outreach programs overseas, and the Poon Day Infusion Centre, after the Poon family. Rooms in Jacaranda Lodge, a family short-stay accommodation area on-site, are also named after differing donors.

Continuing expansion is occurring on the Wahroonga site, with a number of building development changes soon to commence operation and others anticipated subject to approval.<sup>59</sup> The Parkway Clinic is a soon-to-be-opened multistory facility with consulting rooms to provide close quarters for medical consultants. Other plans include key staff accommodation to support the expanding workforce and to replace the current aging residence building.

## Leading Health-Care Facilities

The hospital has sought to maintain treatments and equipment at the forefront of medical advances. As a testament to this, it was the first private hospital in Australia to receive a three-year period of accreditation by the Australian Council on Health Care Standards.<sup>60</sup> Many times throughout its history it has introduced

equipment and techniques that were in advance of that in other hospitals. While now these may be seen as unremarkable, at the time they were significant advances in diagnostic and treatment options in Australia, especially in the private health sector. For example, private radiotherapy services began in 1977, and a fully integrated cardiac surgery and catheterization program began in 1979. Treatment initiatives were also established such as a wound clinic, which began in 1993. Private hospital emergency-care centers were also quite uncommon when the San launched the emergency-care unit in 1996. A dedicated children's sleep disorder unit commenced 2001 with this unit purposefully orientated to assisting with diagnosis of child sleep disorders to assist families in the local community. A hospital in the home service began in 2004 to allow treatment in the comfort of home, and in 2005 green light laser treatment for enlarged prostate began, which was later added to with enhanced medical resonance imaging equipment to enhance prostate cancer treatment. A dual-source CT scanner with 128-slice capability was also introduced in 2006. Two fully integrated navigational operating theaters began in 2007. Upgrades to the operating theater occurred in 2007, which allowed for fully integrated navigational processes, and robotic surgery was also under way from 2012, allowing minimally invasive operations. In 2010 an advanced imaging device was installed; the San Radiology digital subtraction angiography machine was at the time a key tool in an emerging field of interventional radiology. It allowed detail images of internal arteries and veins supplying various body organs without invasive procedures. The hospital was also the first in Australia to install an EOS imager. This is a radiology device that provides crisp, clear images using low-dose radiation that therefore allows for more frequent scanning of patients, which is especially important for pediatric patients. It also provided larger full-size images of patients in weight-bearing stances, enabling better treatment. These efforts all reflect a desire to provide the best diagnostic and treatment modalities at this leading private hospital.<sup>61</sup>

## Health-Care Outreach

Health-Care outreach and support of those in need has been a feature of the hospital since the early years. Even in 1906 during significant financial difficulties, charity work was maintained despite financial losses.<sup>62</sup> Various projects operated throughout the history of the hospital, with the intent to take health care to those in great need in countries in which services were limited. Many staff volunteered their time through taking annual leave to attend. The hospital has also supported services in various countries through staff training at the Wahroonga site, with various health professionals from differing countries providing training to support their skill development and improve service delivery in their home country. The program is now operated by ADRA.<sup>63</sup> Health-care outreach has also included many programs operated through hospital departments both on-site and in the community. For example, public health education programs for stop-smoking, weight-management, and prenatal education have occurred over many, many years.<sup>64</sup> More recently the focus has adapted to the needs of the time and now include men's health, women's health, and children's health.<sup>65</sup>

## Fundraising and Donations

The San Foundation has been a key to assisting in financing many developments and innovations at the hospital. The Sydney Adventist Hospital Foundation was established in 1987 with the purpose of supporting such equipment purchases as robotics, supporting clinical trials, enhancing research capability, and supporting training and education of staff. The aim was to promote a broader community awareness of the San and coordinate various fundraising activities and events, including the community-renowned Christmas carols program.<sup>66</sup> Community support through the foundation has seen donations across the spectrum from the young donating funds in lieu of birthday presents, to friends of patients undertaking to shave their hair for fundraising, grateful patients making donations, and with many local businesses being generous contributors. Jacaranda Lodge was the first significant example of philanthropic support on the hospital site, but the San-Integrated cancer-care campaign for the section in the Clark Tower was the most significant in monetary value as a \$20 million campaign. Significant donors have been the local Rotary Club, Poon family, Stan Dunlop, and the Charles Warman Foundation, and there are various sections of the hospital named after these donors in recognition of their significant contributions. Fundraising varies year by year depending upon campaigns operating, and in 2017 donations totaled \$6 million, while for 2018 they were a little more than \$4 million.<sup>67</sup>

One area of significant donation in kind to the hospital operations comes from a thriving volunteer auxiliary. Commencing in 1973, volunteers began undertaking tasks within the hospital, assisting in nonmedical activities, in office areas, in guiding patients into and out of the hospital, and in fundraising through operation of the on-site snack bar. It is renowned as one of the most successful volunteer programs in private or public hospitals.<sup>68</sup>

## Health Professional Education

Education has been strongly promoted by the hospital from its very beginning. Indeed, in the very first year of operations, a graduation of nurses occurred.<sup>69</sup> Nurse training continued at the hospital for many years, and included an option for male nurse training, which was unusual in that era. Driven by a goal of expanding medical missionary work, a two-year male nurse training program was approved in 1913.<sup>70</sup> Validation of the quality of the program was sought when government accreditation of training was introduced. The hospital site was recognized as an NSW government-approved state training site in 1927, and this required a four-year training course be instituted which was agreed at the board of management meeting in March that year.<sup>71</sup> This was commenced from that year, with all candidates sitting the exam successfully at year's end.<sup>72</sup> The hospital continued to operate nurse training at the site until further government regulatory changes commencing in 1980 made it necessary for a higher education institution to manage the training. This led to Avondale College's (as it was known at the time) becoming the operator of the undergraduate nurse education program. Over the years, qualifications awarded moved from a certificate to a diploma and then to a degree, as is currently the award for graduates from the Bachelor of Nursing program now operated by Avondale University College.

The hospital became a teaching hospital of the University of Sydney medical program in 1994, though prior to that time medical registrars and resident doctors were working at the site following their university education in a plan that became fully implemented in 1981.<sup>73</sup> Education services were expanded further in 2011 when a clinical school commenced operations as the first full-fledged private hospital clinical school in New South Wales.<sup>74</sup> A few years later, in November 2013, the Sydney Adventist Hospital Clinical Education Centre (CEC) was officially opened.<sup>75</sup> This was a collaborative project that included \$10 million funding from Health Workforce Australia (an Australian federal government department set up to address looming shortages of health professionals), \$5 million funding from the New South Wales state government,<sup>76</sup> and private philanthropy, and was supported proactively by the SDA Church/Adventist Healthcare, the University of Sydney, and what was then Avondale College of Higher Education. The CEC was intended to be the home for Avondale's long-standing nursing program located on the grounds of the Sydney Adventist Hospital and for the Sydney Adventist Hospital Clinical School of the University of Sydney. The first doctors graduated from the clinical school program in 2014, while Avondale's nurses have continued to graduate each year from the ongoing program.

The motto adopted for the CEC was "Learn, Heal, Teach." It was recognized that the construction of the building facilitated learning; healing is the function of the organizations involved; and teaching provides the resources for future generations to heal.<sup>77</sup> A key feature in the clinical education center was the inclusion of a simulation unit. The equipment for the unit was substantially supported by a large donation from the San Foundation for a Sim Man 3G patient simulator. High-fidelity simulation units such as this in the CEC allow medical, nursing, and allied health staff to participate in programed scenarios in the safety of a simulated environment but with technology that mimics the real health-care environment as closely as possible.<sup>78</sup>

The hospital also set up a registered training organization (RTO) in 2003 as San College of Education incorporating the learning and development department. This was to provide an avenue for staff and community training for various short courses to support continuing education of the hospital employees.<sup>79</sup> An acknowledgment of the quality of this service was received in 2010 with the Australian Council on Health Care Standards awarding an outstanding achievement for the learning and development Department for their breadth and quality of the programs that support staff improvement.<sup>80</sup> A reentry program for nurses returning to the profession after significant absence was also approved. This was to address the need for programs to support such returning nurses because of professional requirements introduced by the government health professional regulator to ensure their skills and capability meet practice standards.

Graduates of the Sydney Sanitarium and the Sydney Adventist Hospital have typically formed unique bonds as a group and come together to celebrate the completion of their course and their contribution to service regularly. In 1969 a graduate association steering committee was formed to facilitate a celebratory gathering of past graduates, and invitations were sent locally, nationally, and even internationally.<sup>81</sup> In May 1969 the first reunion was held, with more than two hundred attending, and the Sydney Sanitarium and Hospital Graduates

Association was formed during this first reunion gathering and held an inaugural meeting.<sup>82</sup> During the next year the first annual dinner and general meeting was held, with Dr. H. E. Clifford (the then chief executive officer) the guest speaker.<sup>83</sup> Subsequently, the graduates association produced regular newsletters, initially under their name<sup>84</sup> and then with titles such as SAHGA, for Sydney Adventist Hospital Graduates Association;<sup>85</sup> and then briefly for a few years as In Touch,<sup>86</sup> before the term *homecoming* became common parlance for such events.<sup>87</sup> This event remains a popular and well-attended event in the hospital's schedule.

## Research Activities

In April 2009 the San agreed for the renal dialysis unit to become part of an Australia-wide research project funded by the National Health and Medical Council, examining the impact of time spent in dialysis on patient outcomes such as general health and rehospitalization. This was an Australia first study.<sup>88</sup> In addition to various departments being involved in different research projects, from 2004 the San also funded the Australasian Research Institute, which is located on the grounds.<sup>89</sup> There is also a clinical trials unit that operates on-site as a not-for-profit entity within the Adventist HealthCare group. It focuses on oncology treatments as part of the cancer services at the hospital.<sup>90</sup> It has participated in more than one hundred clinical trials with oncology, hematology, and radiation oncology patients, and also often involves multicenter national and international trials in conjunction with pharmaceutical companies or national collaborations.

## Leadership Roles

The management structure of the hospital has changed a number of times, as health care has evolved and the complexity of the institution has increased, and also as corporate governance requirements have changed.<sup>91</sup>

Public Business and Company Records of 1903–1940 indicate the Sydney Sanitarium was initially registered under the name Sydney Sanitarium Benevolent Association Ltd. on February 5, 1904.<sup>92</sup> Much later a public company was formed in Australia on April 5, 2001, to hold the various entities that exist in health-care services associated with the Sydney Adventist Hospital. It was known as the Australasian Conference Association for some time and eventually became Adventist HealthCare. Sydney Adventist Hospital continues to operate under this trading name, though as of 2012 the business name is Adventist HealthCare Limited.<sup>93</sup> Adventist HealthCare now includes an array of entities that support the work of the Sydney Adventist Hospital in areas such as diagnostic testing and allied health treatments.

Key leaders across the areas of hospital superintendent and senior nursing manager are outlined below. Role titles have changed a number of times, and distinctions between roles has sometimes blurred. For example, the role of medical superintendent was used to refer to the overall hospital director but with medical management responsibilities. These are reported from the commencement of Sydney Sanitarium operations in 1903.

## Medical Superintendent/General Manager/Chief Executive Officer

Medical Superintendent	1903–1907	Dr. D. H. Kress
	1907–1912 (Sept)	Dr. F. Richards
	1912 (Sept)–1926	Dr. T. A. Sherwin
Medical Superintendent Medical Director	1926–1956	Dr. C. W. Harrison
	1956–1967	Dr. A. K. Tulloch
Medical Director General Supt. Chief Executive Officer	1968–1990	Dr. H. E. Clifford
Chief Executive Officer	1990–1995	W. Stokes
(Interim CEO)	1995–1996	T. Andrews
	1996–2002 (Feb)	I. Grice
	2002 (Feb)–2015 (Sept)	Dr. L. Clark
	2015 (Sept)–2017 (Nov)	P. Currie
Acting CEO	2017 (Nov)–2018 (June)	B. Goods
CEO	2018 (June) to present	B. Goods

## Nursing Leadership

Superintendent of Nurses	1903–1906	Dr. L. Kress
Matron	1906–1907	E. Anderson
Medical Matron	1908–1911	A. W. Semmens
Matron	1911–1928	E. M. Shannan
Medical and Surgical Matron	1928–1930	N. D'ray
Matron	1930–1937	M. Speck
	1937–1953	M. J. Burnside
	1953–1972	R. D. Rowe
Director of Nursing	1972–1996	R. Radley
Chief Nurse/Nursing Executive Officer	1996–2002	J. Hodge
Nursing Executive Officer	2002–2010	A. Baldwin

	2010–2017 (Aug)	M. Wasson
Nursing and Operations Executive	2018–present	C. Lumley

While at the beginnings of the hospital it was located in rural isolation, it is now within a bustling urban environment. It is continuing to serve the community and seeking to enact its mission of Christianity in Action, introduced in 2004.<sup>94</sup> The emphasis is on “caring for the body, mind and spirit of our patients, colleagues, community, and ourselves”<sup>95</sup> which is the focus of the Christianity in Action program and continues to be evidenced in activities conducted by the hospital.<sup>96</sup>

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