



Health Care Bethlehem

ANNUAL REPORT

2016-2017

Continuing the Mission of the Sisters of the Little Company of Mary

Our Mission

Calvary brings the healing ministry of Jesus to those who are sick, dying and in need through “being for others”:

- In the Spirit of Mary standing by her Son on Calvary
- Through the provision of quality, responsive and compassionate health, community and aged care services
- Based on Gospel values
- In celebration of the rich heritage and story of the Sisters of the Little Company of Mary

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Acknowledgement of Land and Traditional Owners

Calvary Health Care Bethlehem acknowledges the traditional owners of this land, the Boonwurrung people and all the members of the Kulin nations. We pay our respects to their Elders, past and present.



Calvary is pleased to be recognised as a leader in gender equality by the Workplace Gender and Equality Agency

Continuing the Mission of the Sisters of the Little Company of Mary

Our Vision

Our vision identifies what we are striving to become. As a Catholic health, community and aged care provider, to excel and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

Our Values

Our Values are visible in how we act and treat each other. We are stewards of the rich heritage of care and compassion of the Little Company of Mary. We are guided by these values:

- Hospitality
- Healing
- Stewardship
- Respect

About Bethlehem

Opened in 1941 as a private hospital offering maternity, medical and surgical services Calvary Health Care Bethlehem(CHCB) is part of a national charitable Catholic not-for-profit organisation with more than 10,000 staff and volunteers.

Today CHCB is publicly funded and recognised as a Specialist Palliative Care Service and a Statewide provider for those with Progressive Neurological Disease. We work in partnership with other health providers to help people to ‘live well’, knowing they have a progressive incurable illness. Care can be provided early in the illness for people with complex needs.

Our interdisciplinary teams include specialist medical, nursing, allied health, pastoral care and bereavement.

CHCB provides direct patient care through one point of access and is coordinated across the following settings depending on the needs of the patient and their family: Centre based clinics, Day Centre, Home based care and inpatient subacute beds,

We also provide:
secondary consultation,
telehealth consultations,
24 hour telephone support,
after hours in-home support and
integrated assistive technology to
maximise patient independence.

CEO and Board Chair Message

It is with great pleasure that we present the Calvary Health Care Bethlehem Annual Report for 2016-17. Aligned with Calvary National strategic directions, it highlights the significant work completed at Calvary Health Care Bethlehem this year. At CHCB, we are inspired by Mary Potter and the work of the Sisters and strive to provide quality compassionate care for those in need and who are marginalised by society. As a Specialist Palliative Care Service and State-wide provider for those people with Progressive Neurological disease, our work is core to the original mission of the Sisters and is reflected in the commitment and passion of our staff and volunteers in their interactions with our patients and families on a daily basis.

This year, in conjunction with the Little Company of Mary Health Care Board, our Trustees- Calvary Ministries and the Sisters of the Little Company of Mary, we celebrated the CHCB 75th anniversary with a number of formal events. This was an opportune time to us to reflect on the achievements of the local Sisters who developed services to meet the needs of the community, as we today continue to innovate and develop our services in response to current demands and future needs.

We are operating in a changing environment across health, aged care and disability sectors and in a secular society it is also a challenge for us be true to our Catholic ethics and to maintain our ethical framework and our unique role across health, aged and disability. Calvary is a national provider of person centred care in public and private hospitals, in the home and in residential aged care and retirement communities, which places CHCB in a unique position to demonstrate a future model of innovative and better integrated care for people.

Calvary remains committed to updating its ageing infrastructure to provide an integrated health precinct on the existing site that will encompass CHCB current



Dr Jane Fischer

Chief Executive Officer
Calvary Health Care
Bethlehem



Hon John Watkins

National Board Chair
Little Company of Mary
Health Care

specialist services with a core of inpatient beds supported by growth in our ambulatory services, with the addition of residential and retirement living that will deliver the people of Glen Eira and the South Eastern Metropolitan region an innovative, flexible model of care that responds to the needs of our aging community and that will allow people to live well, maintain independence and age in place within their local community.

Whilst negotiations continue in terms of the capital redevelopment, at CHCB we have engaged with patients, families, consumers, staff and a range of stakeholders to identify the principles underpinning the future model of care. Work will continue over the next 12 months to further define the elements of the future model care, in addition to the workforce and technological requirements that will support the innovative person centred model of care.

Whilst planning for the future, we continue to focus on the delivery of person centred care and improving the patient experience and outcomes. Aligned with both Calvary and the Victorian Government Better Safer Care, we are working to continually improve our systems and processes and reduce variation in care.

CEO and Board Chair Message cont.

We need to ensure that we have a workplace that is safe for staff and protect them from injury regardless of the setting in which they are working and have introduced a number of initiatives to protect staff from injury, which have include a staff immunisation programme, driver safety training and ongoing work to address behaviours of concern.

As a specialist service with an aging workforce, it is an imperative for us to develop and retain existing staff and also identify future needs that will support the model of care. We have introduced a number of programs that sustain staff and continue to focus on building a learning culture. Utilising the Calvary Leadership Capability Framework we have begun a development program for Department Heads and delivered a number of programs for all staff which have included training in communication skills and initiatives that focus on both physical and mental wellbeing.

Our mission of “Being for others” is also evident in our volunteer workforce. CHCB is very fortunate to have committed volunteers who support us in a number of different ways to increase the quality of our patients’ experience and truly make a difference. Apart from those volunteers who support the delivery of our services, the Ladies Auxiliary and Community Advisory Council assist with fundraising but most importantly to engage with our broader community, to improve awareness and to ultimately develop a community of support.

Thanks to all those we continue to partner with: community groups, health service providers, universities, schools and the Philanthropic community. Your support and collaboration enables us to innovate and continue our focus on improving patients’ quality of life and helping them to live well.

Last, but by no means least, our sincere thanks and appreciation goes to our staff at CHCB for their passion and commitment. They are our greatest ambassadors and through their interactions with patients and families they bring a human face to the mission of Calvary of “being for others”.

with our local community or supporting the delivery of our services, we thank you for your commitment and are most grateful as you help us to increase the quality of our patients’ experience.

Thanks to all those that we partner with: health service providers, universities, schools, service organizations, the Philanthropic community and community groups. Your support and collaboration enables us to innovate and continue our focus on improving patients’ quality of life and helping them to live well.

Finally our sincere appreciation and thanks to Executive, Department Heads and staff, it is through your interactions and work each day that you make a difference to the lives of others and ensure that we continue the Mission of the Sisters.

Dr Jane Fischer
Chief Executive Officer,
Calvary Health Care
Bethlehem

Hon John Watkins
National Board Chair,
Little Company of
Mary Health Care

Foreword from the Chair of Calvary Ministries

“In those days we possessed great liberty of spirit, fear and restraint were unknown to us, and love was our guiding star. Mary Potter always told us to follow the Ignatian rule, “Love God and your sisters, and do what you wish”.



Bill d'Apice
Chair
Calvary Ministries

Sister Sr Brigid Rosser, LCM, one of the founding Sisters who arrived in Sydney on 4 November 1885.

As we mark the 75th Anniversary of our service at Calvary Health Care Bethlehem in Melbourne, it is apposite to reflect on the founding spirit of the Sisters of the Little Company of Mary who first arrived in Australia 131 years ago.

Sister Brigid Rosser remarks on their great liberty of spirit, their energy and agility in the service of people who needed their care.

Reflecting some fifty years later, Sr Brigid closed a journal she had kept from the beginning with these words:

“...a work whose foundations were laid in dire poverty and planted deep in the Cross. Does this not teach us what a mighty tree grows from the Mustard Seed, watered and nurtured by the early traditions of our young Congregation. And as another era has begun, may each year unfold golden sheets, surpassing far anything that has gone before...”

Sister Brigid Rosser, LCM

The work and sacrifice to God and humanity of these Sisters has set the foundations for what Calvary is today. And, in the spirit of the Foundation Sisters, it is our people who make Calvary the thriving spiritual hub of quality care, healing and nurturing of life that it is today. The centre and heart of our mission are the people with whom our staff and volunteers interact with each and every day - our patients, residents, clients, their families and carers.

One recurring theme in all of our work, as reflected in the Spirit of Calvary, is “being for others”. Our work today, whether in a hospital, aged care facility or working with people and families in the community, is for the well-being and healing of people. The service of Calvary today, as evidenced in the CHCB Annual Report, continues the work the Sisters of the Little Company of Mary commenced in 1885.

The Directors of Calvary Ministries are delighted with the new Mission Accountability Framework, adopted in April 2016. This Framework assures us that our mission integration and effectiveness is being well nurtured and well monitored.

I would like to thank the Executive, staff and volunteers of CHCB. We are proud of your achievements and investment in our calling to assist those in need of our care. We are warmed by the stories of staff and volunteers who do a great job and go above and beyond to make life better for the communities we serve.

We offer our continued support and assure all that you continue to be in our thoughts, hopes and prayers. On behalf of Calvary Ministries, we thank you all for carrying on the important work and traditions of the Sisters of Little Company of Mary.

Bill d'Apice
Chair, Calvary Ministries



The Spirit of Calvary – Niro Wijeyeratne

Last year popular nurse Niro Wijeyeratne was awarded the inaugural Spirit of Calvary Award in recognition of the compassionate palliative care he delivers patients at Calvary Health Care Bethlehem. Niro's calm and empathetic approach to his interactions with patients, carers and fellow staff was felt by his peers to be the embodiment of the Calvary values of Healing Hospitality Stewardship and Respect intrinsic to the Spirit of Calvary.

Niro has worked at Bethlehem for the last 12 years and is committed to looking after those with an incurable disease and their families at any point in the trajectory of their disease; from the time of their diagnosis to the last days of life.

An Assistant Nurse Unit Manager, Niro was drawn to palliative care after experiencing the death of his partner at the age of 18, and later looking after his own mother at the end of her life. "I never expected that life would bestow such an intimate encounter with Palliative Care as experiencing the death of one's own parent".

Niro came to Bethlehem after working for 10 years as a personal care attendant with people with motor vehicle accidents, training in Occupational therapy, Pastoral Care and loss and grief counselling. When he arrived at Bethlehem Niro felt he was called to be here.

"What inspires me working at Calvary Healthcare

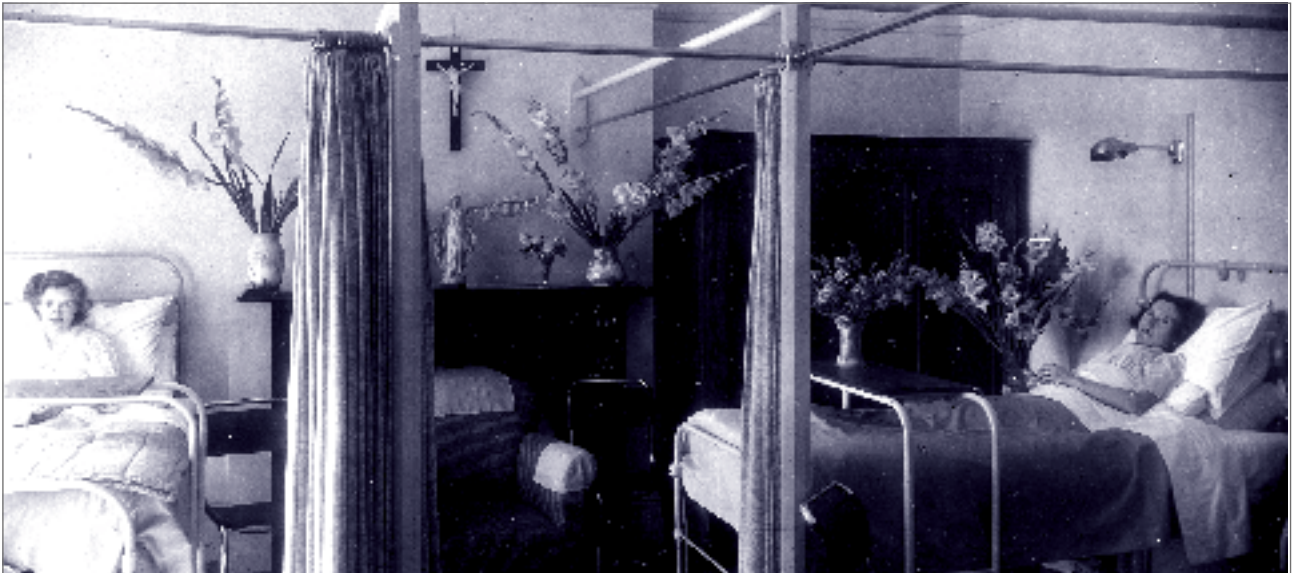
Bethlehem is the values that the Little Company of Mary is founded on. The values of Hospitality, Healing, Stewardship and Respect." he says.

"I honour these values and stand by them as they are the values that create harmony and peace. The values of freedom and justice. If we can be these values in the home then the world is a better place. My work is a second home, because it's where I spend five whole days of my week, every week."

My most rewarding experience was being recognised by the CEO Dr Jane Fischer for epitomising the Values of the Little Company of Mary. The recognition confirms for me that to be myself is more important than anything else. As I can't help but be me so I am honoured beyond any measure to have been recognised in this way. It's the greatest gift I offer. Myself. And that is enough.

An accomplished and committed Nurse, Niro also recognises the benefit of work/life balance. "We cannot provide the exquisite care that we aspire to unless we are able to give an unconditional respect and care to our own needs as a person." He says.

"The needs of the personhood of the care-giver has to be paramount if we are to provide an environment of safety for those in Palliative Care and I believe it integral to providing truly person and family centred care".



Celebrating the Past, Embracing the Future

S2017 has been the culmination of a year of activities for Calvary Health Care Bethlehem as we honoured and celebrated 75 years of responding to the care needs of our local community at Caulfield South.

140 years ago in Nottingham, England a young Mary Potter founded the Little Company of Mary despite opposition from the local bishop and some members of her family with the noble mission of caring in the community for those who were sick, dying or marginalised. That mission continues to this day at Calvary Health Care Bethlehem in Caulfield.

The Little Company of Mary came to Australia in 1885, when six Sisters arrived in Sydney on the boat Liguria to begin the Ministry in Australia. It wasn't until 1938 however, that Sisters Ida, Angela, Balbina, Madelaine and Germaine set sail for Melbourne to establish services at the request of the local Bishop to respond to the needs of the sick and the dying. The Sisters were initially based in Albert Road, South Melbourne and with the focus on community were providing home based services, with plans to build a hospital in Albert Road.



Nurses pictured outside the hospital in 1951 at the opening of the convent.

However with the approach of World War 2, these plans were put on hold. This did not stop the sisters and in 1941 they purchased Berklea hospital, which is the site on which Calvary Health Care Bethlehem operates today. We started our celebrations a year ago in recognition of the commencement of services on site with a formal Mass, and concluded the celebrations with a gala dinner in July to mark the 75th anniversary of the hospital being renamed Bethlehem Hospital.



The Sisters of the Little Company of Mary pictured at the 75th Anniversary Mass in 2016, have left a legacy of care and being for others that can be seen in the care shown by staff to this day.

Over the years there were many changes and challenges. When it started, Bethlehem was a private hospital providing surgical and maternity services, with approximately 30,000 births over 40 years. The hospital first received public funding in the early 1960s for hospice beds and beds for people with multiple sclerosis. From those beginnings, the service developed the two streams that we are known for today, a specialist palliative care service and a state-wide progressive neurological diseases service.

Our relationship with the local community is evidenced by Bethlehem's St Teresa's ward, out of which the hospital operates today. That ward was built and only made possible through the fundraising contributions received from the community. Bethlehem continued as a public/private hospital until 1981 when the Sisters made the very difficult decision to close the private hospital, and from that time we have been fully publically funded and have continued to develop our specialist streams.

Despite the change, there have also been many constants over that time: the name Bethlehem has always been part of the many name changes. We have always been known for our compassionate care. We have continued to innovate and change services to better meet the needs of the community.

We deliver care in both hospital and home settings, and our focus currently is on growing our ambulatory services rather than our bed based services. Our connection with community is now facilitated by the Community Advisory Council and our Ladies Auxiliary.

The legacy of the Sisters and the commitment of staff continues and Bethlehem remains a place where people feel valued and want to work.

Although the Sisters are no longer actively involved in the running of the service, they continue to inspire and support staff.

It was Mary Potter's dream that the Little Company of Mary would continue to serve the needs of the times, and always administer to the sick and the vulnerable. Bethlehem is currently preparing to respond to the needs of our ageing population and address the gaps in the service system for our existing patient groups with the innovative development of an integrated health and retirement precinct on our site. The new precinct will include our current specialist services, retirement living, aged care and other support services - leading the way for our community and helping people to live independently and age well.

Bethlehem is a special place because of all of those that have worked here, those that we have worked in collaboration with the people and the families that we have cared for over the years and our connection to the community. We look forward to engaging our communities with the next stage of our journey.



The Foundation Sisters in Melbourne: Left to Right - Sister Madeleine Kerwick and Sr Balbina Barron. Front - Sister Angela Kelly, Mother Ida Piggot (Superior) and Sister Germaine Wheeler

Service Innovation

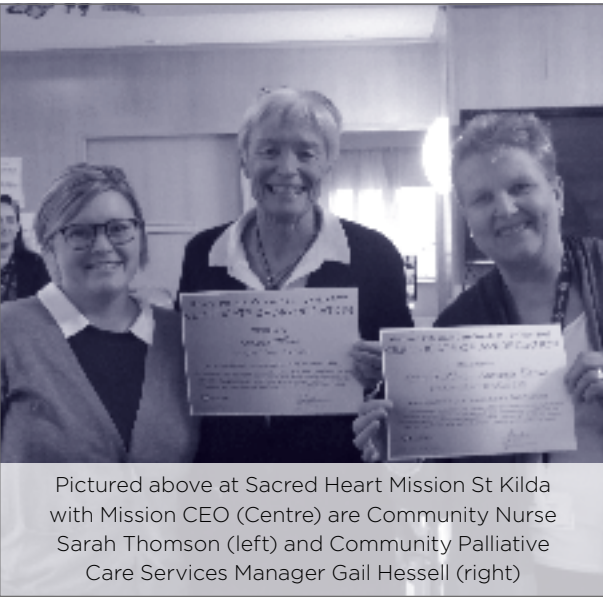




Motor Neurone Disease Education workshops for health professionals

One of the important aspects of our state-wide role in supporting people with progressive neurological disease is to build the capacity of external service providers. In support of this, we conducted two very successful education workshops during the year. The first, in September 2016, was held as a follow-up to the National Motor Neurone Disease (MND) Conference. Forty health professionals from around Australia and New Zealand working in the field of MND attended this one-day workshop at Calvary Health Care Bethlehem with the theme, “Enabling people with motor neurone disease to live well: a multidisciplinary team approach”. A fully-booked workshop on the same theme was held in March 2017, and received very positive feedback. The comments included: “Thankyou, I have received nuggets of gold in these sessions” and “Such a fantastic, well organised day, the hands on components were excellent and the passion, experience and skills of all therapists was very evident”.





Pictured above at Sacred Heart Mission St Kilda with Mission CEO (Centre) are Community Nurse Sarah Thomson (left) and Community Palliative Care Services Manager Gail Hessel (right)

Upskilling the Workforce

Building Palliative nursing Capacity at Residential Care facilities

As a specialist palliative care service, our community palliative care service (CPCS) is strongly committed to enhancing the palliative capacity of other health providers. This secondary consultative approach when working with residential care facilities ensures that facility staff are able to provide better care for those residents with palliative care needs.

Increasing those facilities' confidence and capability assists them to better identify the residents who may need palliative care support. This year during National Palliative Care Week 21 -27 May 2017, CPCS staff presented certificates to aged care facilities acknowledging their staff's commendable care and compassion whilst working in collaboration with our service.

Capacity Building Residential Care staff to respond more effectively to the symptoms of progressive neurological diseases

Some people with Progressive neurological disease display behaviour and personality changes in the later stage of their disease that can make caring for them very challenging. Often families look to residential care services to provide the support required. Workers in these environments can also be challenged by these symptoms.

Medication can help but is only a part of the solution. Enabling staff to competently manage the person's behaviour by being adaptable and person-centred and changing their own behaviour in response to what they observe is widely recommended as the most useful approach, however, 'one off' training is often not sufficient to teach these skills or provide the ongoing support needed by staff working with these groups.

In recent years CHCB has successfully attained funding to develop and trial an extended training programme that identified behaviour management champions from within staff teams at a number of residential settings across Victoria. The training teaches them:

- how to recognise and understand the behaviours of concern
- to develop and implement behaviour plans
- to support and train other staff
- to identify more effectively when to contact specialists

Data collection has recently been completed and is currently being analysed. Initial qualitative reports from 'behaviour champions' and facility management have been positive. The team are now looking at the data in more detail to see whether the positive sentiment from the facilities is supported in the quantitative data collected.

Outreach Dental Service at Bethlehem addresses real issue

Patients with a Progressive Neurological Disease have a higher than average incidence of oral disease because of physical and psychological deteriorations that result out of neglect and a general decline in oral care.

A collaborative project by Calvary Health Care Bethlehem, Link Health and Community and The University of Melbourne is helping people living with Progressive Neurological Disease (PND) access dental care.

In this collaboration, a specialist dental team operate a weekly outreach dental clinic at our State-wide PND clinic and also attends people on the inpatient ward.

They aim to provide treatment in the early stages of disease, when risks are the smallest and the treatment is simpler. For patients in the later stages of their disease, a major goal is to maintain oral hygiene to improve comfort and reduce the risk of secondary issues like gum disease and aspiration pneumonia which negatively impact health and quality of life.

Mindful approach yields results for Huntington's patients

This year our team of clinical psychologists and neuropsychologists became convinced that a mindfulness program could help people with pre-symptomatic Huntington's disease (HD). To develop the idea, our psychologists collaborated with academic psychologists and mindfulness experts from Monash University to design both a mindfulness program and a research study to measure it.

Psychologists conducted an eight-week intensive program which involved instruction in developing regular practises of focussing attention on body sensations or breathing, and adopting a non-reactive response to thoughts. A range of clinical and neuropsychological assessment tasks were completed before, during and after the program to

assess the effect of the intervention.

The mindfulness program was received with great enthusiasm by participants. They described benefits of feeling calmer, less reactive to stress, more tuned-in to the impact of thoughts, and able to switch to present-moment awareness. They also valued the opportunity to meet with others who shared their experience of being gene positive for HD. We will analyse and publish the results following a final 'booster' session for participants in August.

“This group forces you to confront HD in a positive way; not hide it”



Pilot Photovoice Communication Program at Calvary HealthCare Bethlehem April 2017. Group members - Kylie and Natalie, Andrea and Steve, Sally and Bruce pictured with Speech Pathology students from Australian Catholic University (,Sophie, Georgina, Elaine, Georgia, Sarah and Joanna

Photovoice Communication Program improves the lives of patients with Huntington's and Motor Neurone Disease

Photovoice is an internationally recognised methodology that aims to build skills within marginalised or disadvantaged groups, through innovative participatory photography and digital storytelling methods.

As an intervention it has enormous capacity to support ongoing social participation for those at risk of social isolation. With this in mind, in the last 24 months, one of our Speech Pathologists has applied her experience in the arts and health sector to develop and pilot two innovative programs at Calvary Healthcare Bethlehem for patients with Motor Neurone Disease and those with Huntington's Disease.

It is widely acknowledged that having your voice heard and being able to communicate effectively is one of the key determinants of health. People with Progressive Neurological Disease (PND) often experience communication impairment, or complete loss of speech. The burden of disease

progression and high care needs can result in a loss of communication complexity and richness. This combination of challenges contributes to social isolation with people being marginalised not only within their broader community but even within their friendship and family networks. Participants of the program are taught how to use photography and digital story telling skills to represent themselves and create tools for communication and advocacy.

These skills and experiences enhance participant health and wellbeing by optimising their ability to communicate, socialise and connect with family, friends and community.

In total, 45 people have actively participated in the pilot program, including people with MND and HD and their family members. The 2 year pilot phase has just come to a conclusion. A formal evaluation will now be undertaken and a positive impact is already clearly evident.



Palliative Care Interdisciplinary Clinic

In the last financial year attendance at the Palliative Clinic at CHCB has increased, giving patients and carers a choice of venue for care and a service better suited to the needs those who are more stable and independent requiring the support of a specialist service. The clinic complements our existing home-based interdisciplinary Community Palliative Care Service (CPCS).

Referral to, and consultation with, allied health, nursing and medical staff can be arranged, ensuring an interdisciplinary approach, with joint consultations occurring regularly to facilitate clear communication and coordinated care between health providers and patients.

Day Centre Program expands Volunteer Companion enable patients to benefit from Day Centre therapies

The palliative care day center continues to expand with the patient choir performing at key events throughout the year and even having some of their songs recorded and broadcast on local radio in the course of the year. The Day Centre continues to provide a stimulating and diverse environment for patients with life limiting illness, providing art, music and pet therapy, Reiki, massage, outings, movies, quizzes, games, cooking, gardening as well as discussion and reminiscence. Recently a “volunteer companion” scheme was developed at the centre, enabling patients who had behaviours of concern to attend and benefit from the therapies at the day centre, giving their carers a much-needed rest and variety and stimulation for the patient.



Stewardship





Environmental Sustainability

In February 2017 we updated our original Environmental Management Plan to reflect our ongoing commitment to responsible environmental management.

The review of our Environmental Management Plan takes into account our planned redevelopment, whilst still maintaining our commitment to sound environmental practices and environmental responsibility. The new plan also continues to ensure that all waste monitoring and reduction practices continue throughout the process of transitioning to the planned redevelopment.

In 2016-2017, CHCB continued to develop our environmental management plan with a view to minimising our use of non-renewable resources and lessening our impact on the environment. The Department of Health & Human Services (DHHS), Environmental Data Management System (EDMS) has assisted us with our utility reporting. The system provides a common platform for the management of environmental and utility data allowing us to monitor and benchmark environmental performance and improve utility cost management. It also allows DHHS and CHCB to benchmark against hospitals of similar size.

The staff lead Green team has engaged with staff throughout the year with a green newsletter and new ideas regularly proposed at the bimonthly meetings. One such idea was the introduction of flavoured water as a deodorizer in order to reduce the risk of allergic reactions. A side benefit of this initiative has been the overwhelmingly positive response from both patients and staff to the more natural smell.

The following environmental performance figures below reflect our current performance in light of the amalgamation of wards in June 2016 and the consequent reduction in patient numbers since.

Waste Reduction Initiatives

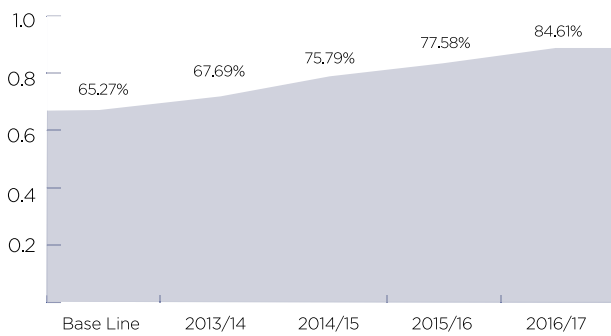
We have continued to reduce the amount of waste we have produced over the last financial year

Because of the reduction of waste we have also had less recycling. Currently CHCB collects and segregates all waste to ensure the correct recycling of green waste, cardboard, paper, Secure Paper, co-mingled (plastic and tin), batteries, fluorescent tubes, kitchen oil and toner cartridges.

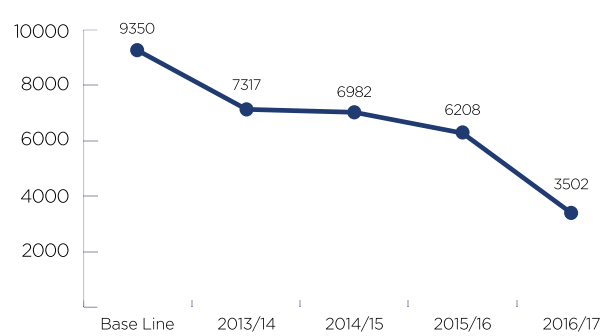
Environmental performance

	Baseline	2013 - 14	2014 - 15	2015 - 16	2016 - 17
Electricity					
Electricity consumption (kWh)	995,000	968,804	989,614	990,381	782,506
Electricity consumed per unit of floor space (kWh/m ²)	139	136	139	139	110
Gas					
Gas consumed (MJ)	4,666,000	3,692,777	4,065,171	3,683,134	3,566,505
Gas consumed per unit of floor space (MJ/m ²)	654	518	570	516	500
Petrol					
Petrol consumed (l)	17,500	13,329	12,905	10,022	7,629
Water consumption					
Water consumed (kl)	9,350	7,317	6,982	6,208	3,502
Water consumed per unit of floor space (kl/m ²)	1.30	1.00	0.97	0.87	0.49
Waste generation					
Clinical waste (kg)	714	N/A	548	352	360
General waste (t)	33.32	33.62	32.35	29.84	19.95
Recycle waste (t)	21.75	22.76	24.52	23.15	16.88
Waste recycling					
Recycling as a proportion of general waste (%)	65	68	76	78	85

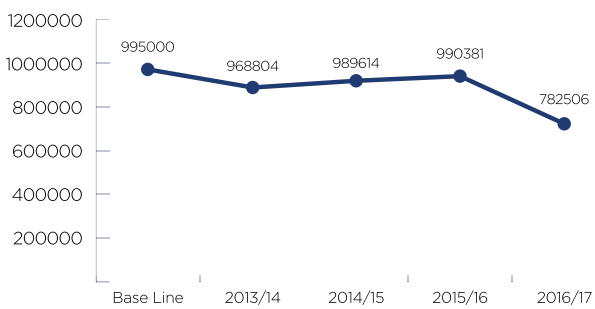
Recycling as a percentage of total waste



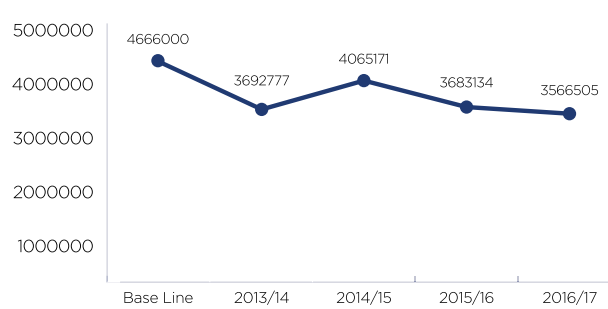
Water Usage *Gigalitres



Electrical Usage *Gigawatts



Gas Usage *Gigajoules



“CHCB would like to acknowledge the Minister for Health the Hon Jill Hennessy MP”

Part A: Strategic priorities

The Victorian Government's priorities and policy directions are outlined in the Victorian Health Priorities Framework 2012-2022.

In 2015-16 Calvary Health Care Bethlehem contributed to the achievement of these priorities by:

Quality and safety

Action	Deliverable	Outcome
Implement systems and processes to recognise and support person-centred end of life care in all settings, with a focus on providing support for people who chose to die at home.	Implement and evaluate a volunteer program in the community setting that improves support for carers.	Implemented
	Establish a psychosocial assessment of carer needs early in the admission process that identifies patient and family networks of support.	In progress
	Develop, in partnership with Glen Eira Council, a framework to build a compassionate community that supports people and their families with a terminal illness.	In progress
Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience and routine data collection.	Implement a procedure to discuss Advance Care plan preferences and patient outcomes at monthly separation review meeting.	Achieved
	Include the patient preference for place of care as a measure in Patient experience surveys.	Not achieved
Progress implementation of a whole-of-hospital model for responding to family violence.	Implement a family violence policy, procedure, screening tool and staff education package in collaboration with the Royal Women's Hospital.	Achieved
Use patient feedback, including the Victorian Healthcare Experience Survey to drive improved health outcomes and experiences through a strong focus on person and family centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Evaluate hourly rounding and repeat patient shadowing and initiate consumer lead improvements to the compassionate care model.	Partially achieved
	With Consumer input, Implement and evaluate a new discharge follow-up process following an audit of patient complaints.	In progress
	Establish a consumer user group to inform detailed design for proposed new facility.	Achieved

Governance and leadership

Action	Deliverable	Outcome
Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes, leadership are in place to support the provision of safe, quality, accountable and person centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.	Following organisational restructure, review governance committees terms of reference and membership to include consumers on key governance committees (Planning and Organisation Development and Safety, Quality and Risk).	Achieved
	Implementation of Riskman 2 and improve reporting of incidents to the Board.	Achieved
Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule.	Develop and implement a plan for an integrated approach to health, safety and wellbeing of staff.	Achieved
	Conduct training programs for new role of Health and safety officers.	Achieved
	Implement the Calvary "Speak Out" program to promote equality and fairness in the workplace.	Achieved
Board and senior management ensure that an organisational wide occupational health and safety (OHS) risk management approach is in place which includes: (1) A focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2) Strategies to improve reporting of OHS incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) Mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents.	Implement the Calvary "Speak Out" program to promote equality and fairness in the workplace.	Achieved
	Achieve 100% actions closed as per timeframe in WHS plan.	Achieved
	Implement recommendations from evaluation of Behaviours of Concern policy including improvement to patient environment.	Achieved
	With Dept Heads implement process of reporting of incident investigations to staff.	Achieved
	Revise and update policy and procedure for screening at pre-employment for staff working in the community.	Achieved
	Implement driver training for staff working in community settings..	Achieved
	Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person centred care.	100% compliance with BPCLE 6 externally reportable indicators.
	Implement and evaluate workforce plan which includes role/skill identification and succession plan for key medical staff and senior clinical and non-clinical positions.	In progress

Governance and leadership cont.

Action	Deliverable	Outcome
Create a workforce culture that: (1) includes staff in decision making; (2) promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and (3) includes consumers and the community.	Improved employee engagement on Best Practice Australia survey.	Awaiting result
	Conduct Dept Head audit against Calvary leadership framework and deliver 2 education modules as identified by audit.	Achieved
	Correct escalation of staff concerns aligned with organisational procedures and tools.	In progress
	Crucial conversation training for >80% staff.	In progress
Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse to children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.	Revise and Implement Child safe policy.	Achieved
	Following audit against the standards, develop action plan that includes review of Calvary code of conduct and recruitment screening policy and procedure.	Achieved
Implement policies and procedures to ensure patient facing staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.	100% compliance with newly implemented screening procedure re immunization status for new staff and volunteers.	Implement new procedure July 17
	Implement serology testing and 3yr immunization program for existing staff and volunteers.	Achieved

Access and timelines

Action	Deliverable	Outcome
Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program or telemedicine).	Increase the number of Telehealth consultations through the Statewide Progressive Neurological service.	Achieved
	Implement a collaborative model of care with health service providers in the northern metropolitan region to improve capacity of services to support patients locally with progressive neurological disease.	In progress
Develop and implement a strategy to ensure the preparedness of the organisation for the National Disability and Insurance Scheme (NDIS) and Home and Community Care program transition and reform, with particular consideration to service access, service expectations, workforce and financial management.	Complete an environmental scan and develop and test a proposed model for integration of NDIS services and CHCB specialist services with consumers.	Achieved
	Establish Calvary Health Care Bethlehem's profile on My Aged Care portal for referrals to services provided through Commonwealth Home Support Program.	Achieved

Supporting healthy populations

Action	Deliverable	Outcome
Health Services support shared population health and wellbeing planning at a local level - aligning with the Local Government Municipal Public Health and Wellbeing plan and working with other local agencies and Primary Health Networks.	With the Primary Health Network and other local service providers, develop a comprehensive Service plan for the proposed CHCB integrated health precinct that encompasses aged, retirement, primary care and CHCB specialist services. The plan will focus on strategies to ensure residents live well, and align with Glen Eira's Positive Aging strategy.	In progress
That health services focus on primary prevention, including suicide prevention activities, and aim to impact on large numbers of people in the places where they spend their time adopting a place based, whole of population approach to tackle the multiple risk factors of poor health.	In collaboration with Alfred Health, develop a framework for an integrated model of care to support older people with complex health needs. The establishment of this framework will be supported by a reference group whose membership will include consumer representatives.	In progress
Develop and implement strategies that encourage cultural diversity such as partnering with culturally diverse communities, reflecting the diversity of your community in the organisational governance, and having culturally sensitive, safe and inclusive practices.	Develop and implement a community development strategy that includes a health promotion activity in partnership with a minimum of two culturally diverse communities.	In progress
Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights.	In partnership with the community, review current practices and identify service opportunities to improve the health outcomes of Aboriginal and Torres Strait Islander people.	Not achieved
Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10 Year Plan for Mental Health and active input into consultations on the Design, Service and infrastructure Plan for Victoria's Clinical mental health system.	Establish a consumer reference group with representatives from diverse backgrounds across the mental health system to review and develop a new consumer-driven bereavement care policy and bereavement care consumer information brochure to improve the delivery of bereavement care services.	In progress
Using the Government's Rainbow eQuality Guide, identify and adopt 'actions for inclusive practices' and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals and communities.	Develop an action plan following an audit of existing CHCB organisational policies and marketing materials to ensure services are gender inclusive.	Not achieved
That health services further their engagement with relevant academic institutions and other partners to increase participation in clinical trials.	In conjunction with at least two academic institutions, a minimum of four multi-site clinical studies will be submitted to the CHCB Research Ethics and Ethics Committee for approval.	Achieved

Financial sustainability

Action	Deliverable	Outcome
Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.	In conjunction with the CHCB Community Advisory Committee establish an external fundraising committee and develop a case for a capital appeal to support proposed redevelopment.	In progress
	Commence work on organisational structure for concept site that identifies efficiencies.	In progress
	Implement online Medicare billing.	Achieved
	Develop procurement plan for future integrated site.	In progress
Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	Incorporate environmental stewardship into detailed design of proposed facility.	In progress
	Develop a waste management plan for site.	In progress

Board member's, accountable officer's and chief finance & accounting officer's declaration

The attached financial statements for Calvary Health Care Bethlehem have been prepared in accordance with Direction 4.2 of the Standing Directions of the Minister for Finance under the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended

30 June 2017 and the financial position of Calvary Health Care Bethlehem at 30 June 2017.

At the time of signing, we are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on 24 August 2017.

Board Member  Dated: 24 August 2017

Chief Finance & Accounting Officer  Dated: 24 August 2017

Accountable Officer  Dated: 24 August 2017

Part B: Performance

Analysis of Labour (by FTE)

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2016	2017	2016	2017
Nursing	73.0	68.1	95.1	67
Administration and Clerical	16.3	15.6	16.1	14.7
Medical Support	4.4	3.6	4.5	3.3
Hotel and Allied Services	12.8	7.1	20.7	5.8
Medical Officers	9.7	11.1	9.9	10.6
Ancillary Staff (Allied Health)	37.8	35.1	38.3	33.3
	154	140.6	184.6	134.7

Summary of Financial Results (\$000's)

	2017	2016	2015	2014	2013
Total Revenue	22,442	28,030	28,332	27,120	27,306
Total Expenses	22,913	29,114	28,214	27,184	27,654
Net Result for the Year	(471)	(1,084)	118	(64)	(348)
Operating Result	14	132	569	155	54
Total Assets	15,084	15,640	17,599	16,502	16,339
Total Liabilities	7,028	7,113	7,988	7,009	6,782
Net Assets	8,056	8,527	9,611	9,493	9,557
Total Equity	8,056	8,527	9,611	9,493	9,557

Details of individual consultancies (\$000's)

In 2016-17 there were 10 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2016-17 in relation to these consultancies is \$30,038.

Consultant		Start date	End date	Total approved project fee	Expenditure 2016 - 17	Future expenditure
Davidson Trahaire Corppsych Pty Ltd	External provision of employee support	1/7/2016	30/6/2017	13	13	-

Attestations

Attestation for compliance with the Ministerial Standing Direction 3.7.1 – Risk Management Framework and Processes

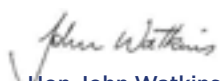
I, Dr Jane Fischer certify that Calvary Health Care Bethlehem has complied with Ministerial Direction 3.7.1 – Risk Management Framework and Processes. The Little Company of Mary Audit and Risk Committee has verified this.



Dr Jane Fischer
Chief Executive Officer
Calvary Health Care Bethlehem

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Calvary Health Care Bethlehem for the year ending 30 June 2017.



Hon John Watkins
Board Member

24 August 2017

Merit and Equity Principles

Merit and equity principles are encompassed in all employment and diversity management activities throughout CHCB. CHCB is an equal opportunity employer and is committed to providing for its employees a work environment which is free of harassment or discrimination together with an environment that is safe and without risk to health. CHCB's employees are committed to our values and behaviours as the principles of employment and conduct. CHCB promotes cultural diversity and awareness in the workplace.

Freedom of information

The Freedom of Information Act 1982 provides a legally enforceable right of public access to information held by government agencies. All 11 applications made to CHCB were processed in accordance with the Freedom of Information Act 1982. CHCB provides a report on these requests to the Freedom of Information Commissioner. Applications, and requests for information about making applications, under the Act can be made to:

Freedom of Information Officer
Health Information Services
476 Kooyong Road
CAULFIELD SOUTH VIC 3162

Building Act 1993

No building projects have been undertaken in the financial year ending 30 June 2016. In order to maintain buildings in a safe and serviceable condition, routine inspections were undertaken. Where required, CHCB proceeded to implement the highest priority recommendations arising out of those inspections through planned maintenance works.

Victorian Industry Participation Policy

CHCB complies with the intent of the Victorian Industry Participation Policy Act 2003. The aim of this legislation is to expand market opportunities to Victorian and Australian organisations and therefore promote employment and business growth in the State.

Key performance indicator

(a) Financial sustainability	Target	2016-17 actual
(i) Finance		
Operating result (\$m)	0.000	0.014
Trade creditors	60 days	37 days
Patient fee debtors	60 days	65 days
Adjusted current asset ratio	0.7	0.55
Number of days with available cash	14 days	14.1 days
(ii) Asset management		
Basic asset management plan	Full compliance	Compliant
(b) Accreditation		
Compliance with NSQHS Standards accreditation	Full compliance	Not achieved due to delayed system implementation
(c) Infection prevention and control		
Submission of infection surveillance data to VICNISS	Full compliance	Compliant
Compliance with the Hand Hygiene Australia program	80%	Achieved
Percentage of healthcare workers immunised for influenza	75%	Achieved

Key performance indicator cont.

Cleaning standards measure	AQL Target	Outcome
Overall compliance with standards	Full compliance	Compliant
Very high risk (Category A)	90 points	Achieved
High risk (Category B)	85 points	Achieved
Moderate risk (Category C)	85 points	Achieved
(d) Patient experience		
AQL Target	Outcome	
Victorian Healthcare Experience Survey - data submission	Full compliance	Compliant
Victorian Healthcare Experience Survey - patient experience	95% positive experience	Compliant
Victorian Healthcare Experience Survey - discharge care	75% very positive response	Compliant
(e) Healthcare associated infections		
AQL Target	Outcome	
SAB rate per occupied bed days	<2/10,000	Achieved
Part C: Activity and funding		
(i) Subacute WIES Admitted:		2016-17 activity achievement
Rehabilitation Public		241
Rehabilitation Private		92
Palliative Care Public		216
Palliative Care Private		68
DVA		-
		617
(ii) Subacute Non-Admitted:		
Health Independence Program - Public		14,493

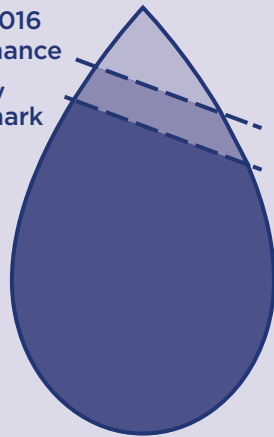
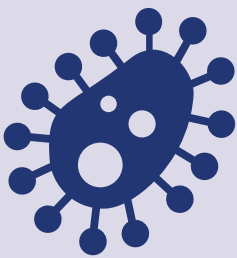
Excellence In Care



Hand Hygiene

How clean are our hands?

89% CHCB 2016 Performance
80% Industry Benchmark



Staph Aureus Bactermia

How robust are our infection controls?

0/ CHCB 2016/17 Performance
10,000 OBD
0.87/ Industry Benchmark
10,000 OBD



Medication Errors Requiring Intervention

Medication errors requiring interventions

.10/ CHCB 2016/17 Performance
1000 OBD
<0.5/ Industry Benchmark
1000 OBD



Pressure Injuries

CHCB 2016/17 Performance

Hospital Benchmark

.52%

.11%

Patient Falls

CHCB 2016/17 Performance
5.23/
1000 OBD

Industry Benchmark
5.0/
1000 OBD



Staff

Flu Immunisation

76.2% CHCB 2015 Performance

75% Industry Benchmark



Complaints

20 4 days average to resolution

* OBD = Overnight Bed Stay



High Reliability Care

Reliability, Quality & Safety

At Calvary Health Care Bethlehem, we believe in the importance of providing consistently high-quality, safe care for every patient, every time. The health service has an excellent record, and we are committed to seeking out and optimising every opportunity to improve the experiences and clinical outcomes of our patients.

Over the past year, we have initiated or delivered a range of projects that have reinforced and strengthened our solid foundation in clinical safety and quality.

Our leadership has intensified our shared commitment to zero-harm goals, establishing a positive safety culture, and instituting a robust process improvement culture.

Over the past year, we have reduced the number of falls, hospital-acquired infections and medication errors. Most importantly, we have ensured that our patients, residents and clients, as well as their families and the wider communities we serve, are able to work with us to develop solutions, understand emerging problems and provide support.

New health and safety initiative

Staff immunisation testing and vaccination

As part of our focus on the health and well-being of staff, volunteers and patients, in early 2017 we reviewed our current practices in relation to staff and volunteer Immunisation testing and vaccination. With diseases such as measles and whooping cough becoming more common in the community, it was felt that it was timely to launch the immunisation project.

The project included:

- developing a new policy and supporting procedures;
- establishing an immunity profile by offering all current staff and volunteers free blood serology tests for hepatitis B, measles, mumps, rubella and chicken pox;
- offering a four-year program of free vaccinations for staff and volunteers, based on the results of the blood serology tests;
- changing our pre-employment procedures; and
- developing processes to manage non-immune staff in the event of a disease outbreak.

At the conclusion of the project 67% of staff had responded and 36% of them had had blood serology tests and a further 9% provided evidence already obtained.

The vaccination program will commence in the latter half of 2017, and the process for new staff became active on 1 July 2017.



Accreditation

Our successful accreditation against the national standards reflects the organisation’s commitment to ongoing quality improvement. Every three years CHCB is reviewed by independent surveyors from the Australian Council of Healthcare Standards (ACHS) to measure our compliance against the Australian Commission on Safety and Quality in Health Care national standards. In 2016, the health service successfully met these standards, our medication management met with merit and the health service is now fully accredited until 2020.

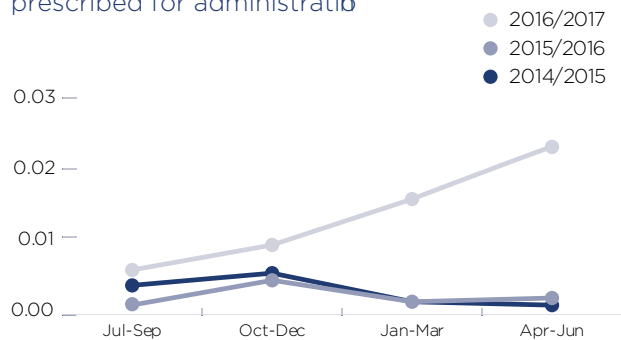
Our revision of the structure of our committees and working parties and their scope of work in the last year following accreditation demonstrates the organisation’s focus on reducing variation in standards of care.

The revision of the structure and the scope of our committees and working parties following accreditation demonstrates our focus on providing a consistent quality of care.

Medication Safety

The Medication Advisory Committee has focussed on the reduction of unwarranted variation in practice and improving our systems and processes to improve medication safety. One notable project undertaken to support this was the redesign of the medication room in St Teresa’s ward. Through collaboration between ward nursing and pharmacy staff, work was completed to ensure that sufficient medication stocks could be kept on the ward to minimise the risk of medications not being available when required by the patient. The room has been fitted with pharmacy style shelving which is designed to maximise storage space and stock visibility, and to create a bigger preparation bench area for nursing staff to use when making up medications. Other work has entailed the streamlining and implementation of a consistent time for the commencement and reloading of syringe drivers in the ward, resulting directly in minimising wastage, improved patient symptom management and clinical workflow.

% Medication errors per medication doses prescribed for administration



Reducing variation and to better learn from incidents and near misses a healthy reporting culture is essential. Although the number of medication errors reported are small (fig 1), an analysis of medication error rate per total of medications prescribed for administration (fig 2) shows an upward trend. The cultivation of a healthy reporting culture will ensure a medication safe environment exists at Calvary Health Care Bethlehem and this will be the focus of the coming 12 months.

Hand Hygiene

Hand hygiene is a basic but crucial element in preventing the spread of infection. Our compliance rates have significantly increased over the last year. The hospital now has three gold standard hand hygiene auditors who regularly assess the clinical staff’s “five movements of hand hygiene”. The results show that the rate of staff compliance with the five movements has increased from 84% in the April-July period to 89% in November-March.

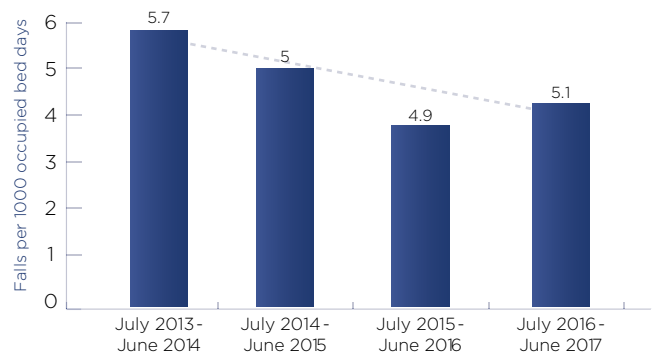
We continue to promote hand hygiene throughout the health service with awareness campaigns, a Quarterly posting of results and the introduction of a new standard hand soap that has an in built moisturiser the benefit of which is that it is more appealing and better used than the previous sanitisers that tended to dry out the skin.

Falls Prevention

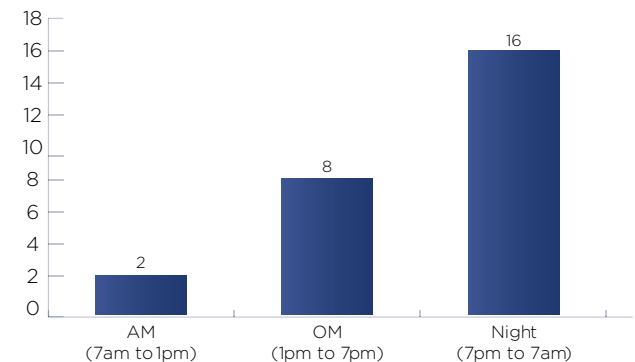
Although the total number of falls decreased in the past year, this was largely due to our reduced bed numbers. The rate of falls increased during the year, back to our long-term average, and a little above the industry standard of 5 falls per 1000 bed days (see graph).

To address the issue, we engaged with patients, families and staff to determine how we can minimise further falls. An analysis of the falls data revealed that many of the falls were happening at night (see graph), so we have been working with night staff on the use of alarm mats and more frequent rounds to help keep our patients safe

Fall Rates at CHCB



Time of Falls, January to June 2017



Behaviours of Concern

There is a growing trend of incidents involving patients, relatives and visitors who display what are termed “behaviours of concern” (BOC) within hospitals nationally and throughout Victoria. The term is used to describe any behaviour that causes concern or distress for patients or anyone around them, such as staff, relatives or visitors. Due to the nature of the conditions treated by CHCB, there is an increased risk to the physical and mental wellbeing of our staff and other patients.

In addition to the welfare of patients, protecting our staff against aggressive behaviours or occupational violence in their place of work is a priority. Employees are entitled to a workplace free of occupational violence and aggression by patients (perhaps due to the progression of their disease), their family members, or visitors. CHCB has implemented a range of strategies to manage these behaviours of concern.

- The refurbishment of a single room on the ward to protect both the patient and staff when a BOC is exhibited. There is special softer floor, Perspex windows, softer lighting and paint colours. The sink and wall attachments have been moved so that they are flush with the wall not causing hazards. This major building works was undertaken with generous donations.
- Screening of patients at the point of access and intake into the services gives staff the opportunity to plan in advance for any BOC’s that may have been displayed in the past.
- The introduction of a mobile app based duress alarm for staff that visit patients in their own homes. This works in conjunction with our security company call centre.
- New signage was introduced to highlight that smoking is not permitted with 4 metres of the hospital entrance. Our policy goes further, preventing patients and their families from smoking within the perimeter of the hospital.
- A new fixed duress alarm in the clinic reception area.

Despite this, a number of staff have suffered injury both physically and psychologically, resulting in injuries requiring time off work.

During the year, we evaluated the impact of the implemented strategies. The evaluation identified a need to improve our response to emergencies involving aggressive behaviour (Code Grey). Specific areas of focus identified were a need for improved staff training in identifying and responding promptly and appropriately to emerging signs of aggression. Policies and procedures have also been developed to manage patients with suicidal ideation.

We are incorporating the evaluation’s recommendations into our revised behaviours of concern action plan. This has been totally revamped to include the DHHS occupational violence and aggression training framework, the Australian Nurses & Midwifery federation 10 point action plan and WorkSafe guidelines to preventing workplace violence, this action plan is now being coordinated by a working party and review every 6 months by the Executive leadership team.

Occupational violence statistics	Date	2016-17
Workcover accepted claims with an occupational violence cause per 100 FTE		1.35
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked		3.63
Number of occupational violence incidents reported		21
Number of occupational violence incidents reported per 100 FTE		15.59
Percentage of occupational violence incidents resulting in a staff injury, illness or condition		9.52%



Research Ethics and Ethics Committee members from Back Row L to R – Philip Rowell, Shannon Thompson, Dr Susan Mathers, Chris Limmer, Des McCarthy, Paul Davidson and Julie Gray. Front Row L to R – Fr Kevin McGovern, Rosalie Jones – Chair, Dr Jane Fischer, Margaret Esakoff, Dr Alex Burke

CHCB Research Ethics and Ethics Committee

The Research Ethics and Ethics Committee (REEC) at Calvary Health Care Bethlehem (CHCB) is composed of staff, community members, volunteers and is properly constituted in accordance with the National Health and Medical Research Council (NHMRC) guidelines, relevant Commonwealth and State legislation and regulations and Catholic Health Australia's Code of Ethical Standards for Catholic Health and Aged Care Services in Australia. As a Statewide provider for

those with a Progressive Neurological Disease, CHCB is actively involved in a number of important research projects. In 2016/17 we have engaged in a number of collaborative research projects with academic institutions. The number of research proposals put forward to our committee has again increased significantly this year and we would like to thank the committee for the time that they spend assisting us in their review.

Research Projects

Registries and longitudinal studies

Most of the people attending our neurological service have uncommon or rare diseases. Clinical registries and long-term observational studies collect clinical information and often blood or tissue samples to study the biology of these diseases. Understanding the cause of the disease helps to design better treatments. Participants also receive regular assessment and review which can enhance their clinical care. Registries allow the quality of care to be compared across sites with a view to delivering equitable standards of care to all patients. They provide linkage between the scientist, the clinician and the patient—so-called translational research.

When conditions are uncommon, researchers often have to collaborate across sites in Australia and overseas to recruit the numbers of participants needed to power this kind of research. All of the registries and longitudinal studies currently enrolling participants

at Bethlehem have links with other clinics in Australia and with researchers in many countries, including US, Europe, New Zealand and Asia.

Clinical Trials

While most neurodegenerative diseases are currently considered incurable, there is increasing hope that disease modifying treatments and finding a cure are achievable. Patient group advocacy, social media and philanthropy have increased community awareness and research funding for these progressive neurological diseases. At Bethlehem we have 4 current clinical trials of treatments for Motor Neurone Disease and Huntington's Disease. Other trials are pending.

We would like to thank all of the patients and families who have participated in research activities at Bethlehem for their enthusiasm, effort and support. In our survey of 660 people living in Victoria with a progressive neurological condition—70% wanted to participate in research!

Research Projects

Date	Title	Chief Investigators
18/08/16	FLEX-202: A Randomised, Cross-Over Study to Evaluate the Efficacy & Tolerability of Flex-787 in patients with MND	Dr Susan Mathers Dr Jim Howe Dr Yenni Lie Dr Sarah Lee Dr Paul Talman Dr Caron Chapman
18/08/16	Phase 2a- Open Label, Safety and Tolerability Study of Combination Antiretroviral Therapy (Triumeq) in participants with Amyotrophic Lateral Sclerosis (ALS) at 24 weeks - The Lighthouse Project	Dr Susan Mathers Dr Paul Talman Dr Jim Howe Dr Yenni Lie
18/08/16	Remote Assessment of Cognition, Sleep and Physical activity in Early Huntington's Disease	Prof Julie Stout Prof Mark Bellgrove Dr Sophie Andrews Dr Susan Mathers Mr Brendan McLaren
18/08/16	Exercise as a modifier of neuroplasticity in Huntington's Disease	Dr Sophie Andrews Dr James Coxon Prof Julie Stout Mr Dylan Curtin
18/08/16	Driving in Huntington's Disease: Exploring the usefulness of the Drivesafe Driveaware computer application	Dr Fiona Fisher Dr Sophie Andrews Prof Julie Stout Ms Stephanie Gordon Mrs Marie-Claire Davis
15/12/16	Mindfulness Meditation Groups for Huntington's Disease	Prof J Stout Cathy Gluyas Dr Sophie Andrews Kate Prowd Dr Fiona Fisher Marie-Claire Davis Hannah Barnes
15/12/16	MND: What happens during the terminal phase of the illness? A retrospective, inpatient, clinical audit	Dr Akshay Kulkarni

Research Projects cont.

Date	Title	Chief Investigators
15/12/16	Plasma biomarkers of fronto-temporal dementia – Alzheimer’s Disease pathology	A/Prof David Darby Dr Sarah Lee
15/12/16	Huntington’s Disease and Residential Aged Care	Ruth Hosken
15/12/16	A Phase 1 Single and Multiple Dose Escalation and Pharmacokinetic Study of Cu (II) ATSM administered orally to patients with Amyotrophic Lateral Sclerosis/ Motor Neurone Disease	Dr Susan Mathers Dr Jim Howe Dr Yenni Lie Dr Sarah Lee Dr Paul Talman Dr Caron Chapman
17/06/17	Translation of respiratory biomarkers into MND practice	A/Prof Mark Howard A/Prof David Berlowitz A/Prof Paul Talman
17/06/17	Video decision support tool	Dr Natasha Michael Prof David Kissane Prof Moyaz Jiwa Dr Alex Burke Dr Margaret Staples Dr Joanne Brooker Dr Clare O’Callaghan
17/06/17	An assessment of lower limb somatotopy in paralysis using real time 7T fMRI neurofeedback training	Dr Thomas Oxley Peter Yoo Dr Sam John Dr Nicholas Opie Dr Susan Mathers

Patient Experience helps us improve

Each month the Quality and Safe Systems Department with assistance from volunteers, survey in-patients using patient experience trackers (PET's). Through these electronic devices, the surveys give us a snapshot of the experience of patients and their carers on subjects such as the admission process, the quality of meals, hand hygiene compliance, and the overall experience while in our care.

Since CHCB has been using these devices the results have been very promising, with generally high satisfaction rates recorded. Patient responses identified patient meals as an area for improvement. Once addressed by the Meals and Nutrition Working Party there was a significant subsequent increase in patient satisfaction with that aspect of the service.

Advance Care Planning

Assisting patients and their families to write an Advanced Care Plan continues to be an essential part of our care. Our approach encourages patients and families to explore the things that are important to them and that bring meaning to their lives during advanced illness and end of life care. In this way, Advanced Care Planning reflects a person's hopes and wishes rather than simply their resuscitation status. Recent initiatives have included the development and trial of monthly information sessions for patients and families about Advanced Care Planning, the revision of internal policy and procedure documents, and the development of audit tool to monitor the update of Advanced Care Planning. Results from our most recent audit indicate that we have been able to assist a significant number of patients to participate in discussion about their end of life wishes.



Cure for MND equipment grant for care

Popular AFL football personality, Neale Daniher has campaigned tirelessly to raise the profile of MND and secure money to try to find a cure since his diagnosis with motor neurone disease (MND) 2 years ago. Over the last few years, Daniher and other Cure for MND Foundation members have successfully raised over 5 million dollars through initiatives such as 'Freeze at the 'G''. Although most of these funds will go to research, about one million dollars has been spent on Caring for MND Equipment Grants to help those living with MND across Australia.

CHCB tendered for an equipment grant and was fortunate to receive equipment worth over \$60,000, to be used by our patients living with MND. There were high-tech items such as eye gaze devices (for people to communicate using only their eye movements) and low-tech items such as a range of different neck collars that can be trialed, to identify the best solution for someone who is finding it difficult to lift their head. The equipment will be used for demonstration and loan to people living with MND.

Our People, Our Culture





Pictured from left are: Hospitality Award Winner: Rosanne Gibb, Healing Award Winner: Ellen Mathers, Mission Coordinator Chris Limmer, 'Spirit Of Calvary' Award Winner Niro Wijeyeratne, CHCB CEO Dr Jane Fischer, Striving for Excellence Award Winner : Alice Parkhill, and Care for All Award Winner: Ruth Hosken

Our People, Our Culture

We couldn't achieve our mission without the dedication and commitment of staff and volunteers. As a values based organisation and aligned with Calvary strategic directions there is a focus on supporting the development and wellbeing of staff and volunteers demonstrated by some of the stories in this review. This year, was a challenge for CHCB as we managed staff through a major change process to support our future Model of Care as part of an integrated health precinct.

Calvary launched two new recognition programs over the last 2 years to recognise some of the special efforts in critical focus areas of Clinical Care - The Star Awards and in Workplace Health and Safety. Winners are announced at the annual leadership conference and perpetual plaques are hung at the national Offices of Calvary to remember the good works done across Calvary services.

Leadership capability is critical to our ongoing success and Calvary is committed to playing its role in developing leaders in the sector. Likewise Calvary is committed to workplace gender equality and has again been recognised as a leader in this area by the government agency.

Training, education and investing in the new generation of the health workforce is important to Calvary and the community. Our hospitals offer graduate transition to professional practice, post graduate and scholarship programs.

Calvary have embraced technology by using e-Learning as a key delivery mode for mandatory and other skills training. Our learning and development strategy also includes on the job, facilitator lead training, but e-learning is clearly now a key platform. In 2015/16 Calvary staff completed 69,000 on line learning modules.

In a growing organisation it is paramount that we refine and embed appropriate governance structures and systems to monitor the business. In 2015/16 Calvary launched the Speak Out program to ensure we are kept abreast of risks and issues in our services and staff feel they have a voice.

Leadership – Let them Shine

Calvary has developed 'let them shine, a capability framework for senior, clinical and emerging leaders across the network that was launched in 2016.

The new framework aims to lift the capability, capacity, flexibility and adaptability of leaders, to prepare them for the challenges they face each day in their front-line leadership roles and for career progression.

The Let Them Shine framework for senior managers was launched in 2016, and will be followed by a program for emerging leaders and clinical leaders in late later this year. .

Investing in the leadership capability of staff today and tomorrow is key to delivering on our strategic plan and operational performance target. The benefits are expected in engagement, our reliability, our talent pool and succession planning.



Learning Initiatives Drive Continual Improvement

Our Learning and Development Centre continues to develop its profile as a leader in specialist palliative care and progressive neurological training for staff and practitioners across the state.

Better Backs at Bethlehem

A new and improved manual handling program is being rolled out this year to all staff. The program moves away from the previous program of task-based techniques and provides staff with an insight into the hierarchy of control and risk assessment process. Staff are presented with a scenario that is appropriate for their working area and expertise and the session unfolds from group discussion and troubleshooting. Feedback from staff who have attended the new sessions has been overwhelmingly positive.

Undergraduate Clinical Placement

We are redeveloping the nursing clinical placement experience that undergraduates have at CHCB. Through a mentoring program and access to unique experiences that cannot be had in most acute or larger hospitals, students will complete their placement with a more robust experience and a better understanding of the care provided to our patient group.

Nurse Graduate and Preceptor Program

The CHCB Nurse Graduate Program in 2017 continues to support the new nurses entering the workplace and their transition to competent professionals. Selected preceptors are trained in preceptorship and communication. Clinical Support Nurses provide support both the graduate and preceptor in their roles in the early months of the graduate year. Graduates are given additional education on topics that range from wound care to music therapy.

Preceptor Workshops

Newly designed preceptor workshops further develop our nursing preceptors in support of the new graduate and undergraduate programs. These workshops provide opportunities for preceptors to further their knowledge and skills and professional development and also provide an opportunity for career progression.

Rolling program of education and competencies

We have developed a new initiative to help clinical staff to refresh and update skills, as well as ensuring that annual mandatory competencies are achieved. Each month a new subject is presented and staff with specialist expertise present to staff to assist their continuing professional development.

Observational Placements help build capacity

The Learning and Development Centre has supported a number of secondary school students to successfully undertake work experience programs at CHCB with positive evaluation received.



Workplace Health and Safety Review

Calvary continues to move beyond simply focusing on legislative compliance, and is evolving into a learning organisation that promotes safety, health and wellbeing by proactively identifying and managing all workplace hazards.

The role of National Injury Management and Wellbeing Advisor has been added to the National Workplace Health and Safety (WHS) team in April 2016. The main aim of the role is to ensure best-practice injury management for all employees who sustain a work-related injury. The advisor will also focus on developing and implementing strategies to promote employee wellbeing, manage fitness for work, undertake performance reporting and provide support and coaching in effective management of workplace injuries and related issues.

Calvary conducted its first national Workplace Health and Safety (WHS) Awards in 2015. The awards aim to raise awareness of workplace health and safety requirements across the whole organisation throughout Australia, and encourage, recognise and celebrate staff making significant contributions to improving safety. CHCB staff won two of these awards: Dr. Jane Fischer won the encouragement award for Safety Leadership for an Individual. The Bethlehem Workplace Health and Safety Committee won the award for Best Team Contribution to Improving WHS. Calvary is proud to congratulate the winners for their outstanding contributions to Calvary workplace health and safety.

New health and safety initiatives

As part of our focus on the health and well-being of staff, volunteers and patients, in early 2017, we reviewed our current practices in relation to staff and volunteer immunisation and vaccination. With diseases such as Measles and Whooping Cough becoming more common in the community, it was felt that it was timely to launch the immunisation project.

The project included:

- developing a new policy and supporting procedures;
- establishing an immunity profile by offering all current staff and volunteers free blood serology testing for Hepatitis B, Measles, Mumps, Rubella and Chicken Pox;
- offering a four-year program of free vaccinations for staff and volunteers, based on the results of the blood serology tests;
- changing our pre-employment procedures; and
- developing processes to manage non-immune staff in the event of a disease outbreak.

Overall 193 staff members had serology tests, amounting to 65% of staff. The vaccination program will commence in the latter half of 2017, and the process for new staff will become active on July 1.



Volunteer Services

The service that our volunteers provide is vital to the quality of care that CHCB delivers. Our volunteers are active in supporting patients in our wards, the day centre and in the community. We are recruiting and building our volunteer team by expanding their role in clinical and non-clinical services. The most significant of these initiatives is the development of the volunteer support program within the Community Palliative Care Service.

CHCB continues to recruit new volunteers through an ongoing presence at local government volunteer expos, local libraries and word-of-mouth through patients and families. We are particularly focussed on recruiting younger volunteers into the CHCB community.

Community Volunteer Project

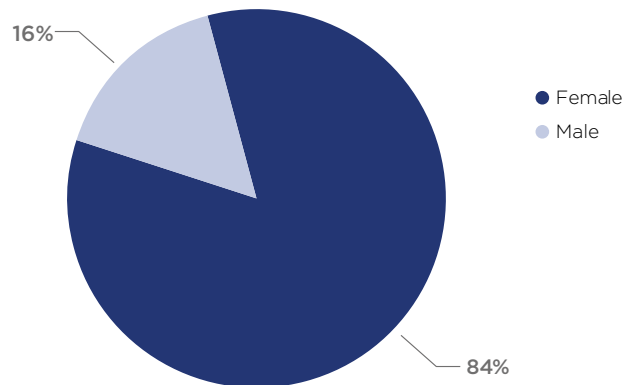
In 2016, the implementation and subsequent evaluation of the Carer Support Needs Assessment Tool identified the need for respite and support of carers to help them care for the patient at home. Based on information from carers, we commenced a Community Volunteer project. The initiative is led by a project officer within the Community Palliative Care Service who was appointed in early 2017. The project aims to develop a body of community volunteers to complement and broaden the range of services the Community Palliative Care Service at Bethlehem can offer.

Speech Department Volunteers

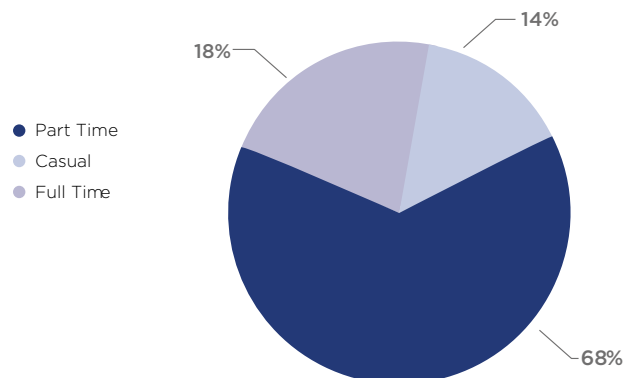
Since 2014 volunteers have supported the clinical workload of the Speech Pathology Department. They support the clinical staff by taking up duties that do not require clinical decision-making or judgement. The department relies heavily on speech pathology students in the final 12 months of their course who contribute their time each week.

Their work includes organising clinical areas and making clinical resources available, as well as working directly with patients who simply need opportunities to practice communication strategies or assistance with using a communication device. In return, volunteers are exposed to the profession, and potentially a referee who can comment on their work and professional attributes. Some volunteers after donating their time at CHCB have then gone on to work at the health service.

Breakdown of Staff by Gender



Breakdown of Employment Type





Volunteer Story – Why I Volunteer

I had been working at Grey Street with homeless people in the kitchen when I contracted cancer and it was advised that I move to a volunteer job where I might not be so vulnerable as my immune system was likely to be compromised.

My oncologist suggested Bethlehem.

All my family are doctors and I had always wanted to follow in their footsteps but unfortunately I had no aptitude for Science. I had volunteered at the Royal Melbourne Hospital some years before and I really enjoyed the atmosphere.

I love the ability to help people in all situations. Family members who are struggling with realisation they are losing a loved one. A person who has lived a full life moving from this life on earth to another realm – about which we know nothing. I love the attitude of staff and their generosity of spirit – their respect for volunteers...the challenges being met by people in St Teresa's and their relatives who seem endlessly patient. I love the positive energy in the Day Centre and the fun we have there – also that we are in a hospital that makes dogs welcome, as well as the rest of us, patients and volunteers, regardless of our quirky differences. The positive energy that I get from working here keeps me so grateful for my own life.

Every experience seems memorable, whether it is having the opportunity to be in a quiet room with a dying patient who has no relatives, that is a privilege for me. My spiritual belief system fits perfectly with my volunteering here. It teaches me so much – to wait patiently when a person with MS takes a long time to tell me something, remembering not to try and fill in the spaces or speak for that person but let them speak for themselves.

A few years ago I went back to Murwillumbah in NSW to live with my grandchildren, but I couldn't find any Palliative care volunteering there – and realised I missed Bethlehem so much I actually returned to Melbourne to go back to my old work with the hospital.

To anyone thinking of volunteering at Bethlehem – I cannot imagine a more stimulating, fulfilling place to volunteer – people will be kind, patient and treat you with enormous respect – rewarding indeed. You will have plenty of laughs and if you do feel a bit 'down' there is always someone there to pick you up, dust you off, and send you on your way again. I love it!



Volunteer Recognition

At a Volunteer Week ceremony, a number of our volunteers received awards from the City of Glen Eira for years of service at CHCB. We congratulate them and acknowledge their commitment and dedication to our patients, their families and our staff.

10 years - Pat Brown, San Curtis and Marion Shanahan.

15 years- Steven Smith.

20 Years- Val Hall, Enid Holland, Val Smidt, Margaret O'Driscoll and Margaret Prest.



Volunteers Margaret O' Driscoll, Patricia Brown and Valerie Hall with their Glen Eira recognition Awards



Volunteer Coordinator Chris Limmer pictured with (L-R) Margaret O'Driscoll, Margaret Prest, Valerie Hall and

Years of Service

35 Years

Norma Geronimo

25 Years

Gillian Dawson

15 Years

Michelle Bergbauer

Dr Jane Fischer

Lubaba Aliyi

Andrew Fitzgerald

Rhonda Kurzel

Eucharis Anyadoro

10 Years

Maralyn Karpathiou

Valentina Itskovich

Kim Hardy

Lyle Oates

Angela Williams

Neera Gautam-Sharma

Luca Lucchesi

Wen Chen

Karol Connors

Maria D'Amico

Bernadette Pennant

Clare Schaefer

Toni McCann

Dariel Marsh

Maria Edmonds

Janine Kekich

Dr Katrina Reardon

Executive Team

Dr Jane Fischer

Chief Executive Officer and Medical Director

- Employment duration 15 years
- Executive oversight of the entire health service and responsible to the Little Company of Mary Health Care.

Shannon Thompson

Director of Clinical Services

- Employment duration 13 years
- Executive oversight of all Clinical Services, including:
 - Strategic and operational direction
 - Achieving effective service delivery across inpatient and ambulatory settings.

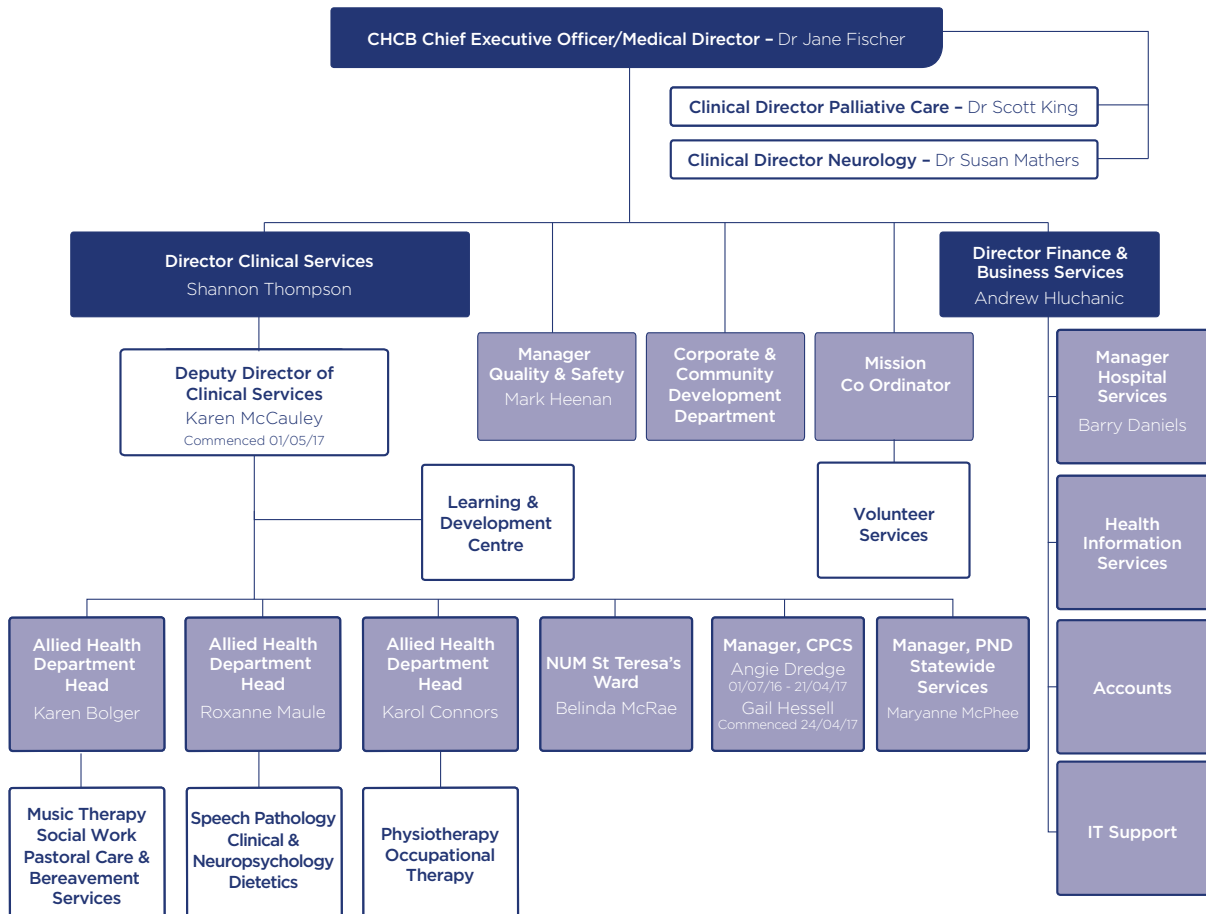
Andrew Hluchanic

Director of Finance

- Employment duration 11 years
- Executive oversight of service budgets and financial reporting.
- Management of operations including Human Resources, Hospital Services, and Information Technology



Organisational Chart



Serving Our Community



Partnering with Consumers

CHCB continued its strong connection with the local community last year, expanding the scope of our Community Advisory Council and engaging and developing contacts with local community groups.

There have been a number of achievements this year:

- continued Involvement of consumers in our falls and pressure injury working parties to review and inform the content and structure of our patient focused publications;
- the involvement of a consumer on our “Green Team” who also edits our Green News quarterly newsletter;
- the active engagement of consumers in the review of our quality framework, audit timetable and accreditation results;
- through partnerships and consultation with external groups, improved the environment and access to our hospital services for different faith groups;
- engaged consumers in the development and review of key brochures and marketing materials;
- communicated regularly with consumers through our Friends of Bethlehem newsletter;
- obtained consumer input into the Annual Report
- set up new social media partnerships via the new Facebook page; and
- involved a consumer on the food and nutritional working party that meets every two weeks.

In the next year we are looking to involve consumers:

- in the analysis of data from the 10 national Safety and Quality in Healthcare standards; and
- on the following governance committees:
 - Planning and Organisational Development,
 - Quality, Safety, Risk and Compliance,
 - Clinical Practice, and
 - Medication Advisory.

Our Community

The estimated resident population of the City of Glen Eira for 2016 was 148,846. 3% or 4,240 of those are over the age of 85.

36% of people were born overseas.

31% speak a language other than English at home.

19% The forecast increase in population of retirement age from 2011 to 2021

1. Mandarin

With 5.5% of the population speaking it at home Mandarin is now the most common language spoken at home behind English. Last year it was Greek.

2. Greek

3. Russian



This data current as at 15 August 2017.

Schools Health Promotion Project

Engaging Schools to Raise Awareness about Palliative Care

Raising awareness about palliative care with schools and community groups

Calvary Health Care Bethlehem's documentary of the 2014 high school immersion program "Embracing Life: Conversations about palliative care, death & dying" has been utilised in a number of learning domains since its launch in 2016.

- In 2015 the film was trialled and evaluated as a year 10 classroom resource using volunteer facilitators. Responses were "overwhelmingly positive".
- In 2016 a sustainable format for presenting the film was created for teachers and is being used in some senior high school settings. The resource includes a facilitation guide and resource pack.
- In 2016 it was presented as a workshop at education conferences in Sydney and Melbourne.
- This workshop format has also been adapted as an induction resource for new staff and students at Calvary Health Care Bethlehem with very positive responses.
- In March 2017 it was presented at "Wellbeing Australia's Inaugural National Conference on Strengths, Circles and Social & Emotional Learning" (<http://wellbeingaustralia.com.au/wba/wp-content/uploads/2017/02/Cairns-2017-final-program-for-web-1.pdf>) — a gathering of educators and psychologists.



- In September 2017 it will be presented as a workshop at the International Public Health and Palliative Care Conference in Ottawa, Canada, as an example of a pre-emptive activity that supports the community prior to illness (<http://www.iphpc2017.com/embracing-life-bethlehem-schools-project-icebreaker-foot-door/>).

For school and community groups, where conversations about death can be difficult, and for health services, where adjusting to work in palliative care can be challenging, this resource encourages conversations whilst highlighting keys to well-being, emphasizing the importance of 'communities of support'.



Bethlehem Ladies Auxiliary President Loretta Gillespie pictured with patient Frank Thomposn trialling new technology purchased from money raised by the Ladies Auxiliary and Victorian Golf Club Ladies with, from left, Golf Cub President Sarah and Bethlehem CEO DR Jane Fischer (centre)

Ladies Auxiliary

We would like to acknowledge the tremendous support and hard work by our Ladies Auxiliary Committee which continues to grow each year. The Auxiliary donate a huge amount of their time and own money to run the successful Card Day Luncheons that are growing in size. The Auxiliary members devote their valuable time to hosting six luncheons each year that are responsible for raising over \$5,000 a year, This money was used to purchase syringe drivers, a vital pain and symptom management tool for our patients. management tool for our patients.

The Maple Key to Well Being Project

When a groundswell of Japanese maple seedlings emerged from the hospital parking lot in the spring of 201, an impromptu rescue operation evolved, which quickly grew to involve patients, families, staff, volunteers and a local gardening business.

We salvaged, potted and cared for 101 seedlings, which have now been shared and replanted around Melbourne and regional Victoria. The stories that they have inspired are being collected and shared through the community, palliative care publications and conferences.

Whilst the project was small and spontaneous; it grew to be much more than just a salvage operation. For some patients it provided a sense of purpose, occupation and meaning.

For others, it was a means of leaving a legacy in nature and via the written word.



For some families and friends it provided an avenue of honouring a life. For others in the community it was a gesture of solidarity with a positive striving to reclaim Paradise out of the parking lot.



This year the CAC grew in size with two guests from last year's breakfasts joining the council. The information breakfasts continue this year and have resulted in collaborations with a number of community and health groups.

Community Advisory Council Report

The Community Advisory Council's brief is to strengthen our relationships with users of our service and the broader community in which we operate.

In this past year we have supported the 75th Anniversary of Calvary Bethlehem through organising events that share the story that has been the legacy of the history of the hospital.

This has included a continued plan of enhanced networking, sharing the story of what goes on at Calvary Bethlehem with visitors from both the local community and the corporate community.

To promote greater understanding of our service vision, we held breakfast events for community members to provide an overview of the many facets of our work at Calvary Bethlehem and in the community. The breakfast format has given us an opportunity to discuss ideas for further support and volunteering that could benefit our patients.

The Council also provides support through the newly-formed Executive Fundraising Committee. The Council has extended participation and formed an executive team to work with the Calvary Bethlehem Philanthropic Manager and developed a Fundraising Plan that increases the strategic focus of future fundraising activities.

The goal of the Council is to support the development of a fully integrated fundraising program to ensure the best possible programs, equipment and activities are available for all the patients under our care.

Into the future, the Council will continue to support Calvary's strategic pillars in the fields of:

- health promotion and awareness;
- fundraising support;
- improving services through collaborations; and
- contributing to the strategic direction of the service.

CHCB Community Advisory Council

Consumer representatives

- Peter Kelly – Chair
- Colleen D'Offay
- John Coulson
- Colin Haycock
- Phil Lovel
- Anthony Figuera

Calvary representatives

- Brenda Ainsworth, National Director Calvary Public Hospitals, Calvary
- Dr Jane Fischer, Chief Executive Officer CHCB
- Sam Kelly - Media & Communications Manager CHCB

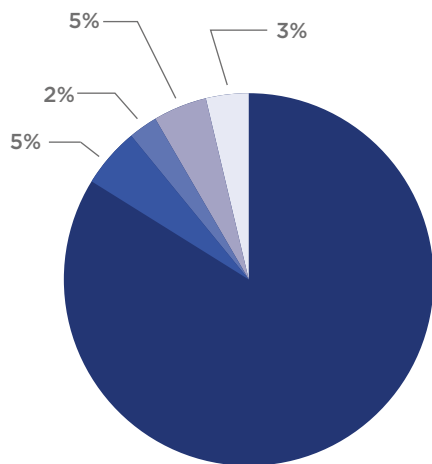
Donations Report

Fundraising Income

Fundraising Stream	YTD Total
Bequests	\$ 828,184.01
Direct Mail Appeals	\$ 48,847.50
Funding Submissions	\$ 13,819.00
In-Memoriam	\$ 50,521.00
Other	\$ 33,018,53
TOTAL	\$ 974,390.04

*Other includes Ladies Auxiliary, Workplace Giving & General Donations

Fundraising Breakdown



- Bequests 85%
- Direct Mail Appeals 5%
- Funding Submissions 2%
- In-Memoriam 5%
- Other 3%



Jill lets her love live on, leaving a significant gift in her will to CHCB. Her nephew, Andrew travelled from country Victoria to present the cheque to CHCB CEO Dr Jane Fischer.

Our Supporters

Calvary Health Care Bethlehem sincerely thank all our Donors, supporters, fundraisers and the Trust and Foundations who have so generously contributed to our work. Your support of Calvary Health Care Bethlehem contributes to the provision of exceptional care given at CHCB and positively impacts on the lives of patients living with a progressive incurable illness and their families every day. Thank you.

Calvary Health Care Bethlehem Executive and Staff express their sincere appreciation for the charitable bequests received from the following:

Major Givers

Dr. Lindsay Jones	Joyce Laurence
Rebecca Batties	Thea Linley
Virginia Boon	Andrew Madigan
Leo Connolly	Brendan Madigan
Jenny Dexter	Penelope Martin
Barbara Douglas	Scott McKay
Roberta Ewart	Brendan Madigan
Mark Fookes	Penelope Martin
Merle Fox	Scott McKay
Michael & Lois Haesler	Glenn Mescher
Neville Hinde	Betty Ridgway
John How	Jenny Rogers
Malcolm Hutson	Aidan Shields
Stephanie Johnston	Margaret Stevens
Lindsay Jones	Kuan Tsang
Susan Krongold	Christine Tyrrell
John & Betty Laidlaw	Donald Weir
Richard & MJ McKemish	
Michael and Rosemary Tabak	

Trusts and Foundations

Perpetual Trustees
Collier Charitable Fund
Aged Person's Welfare Fund

Bequests

The Estate of Margaret (Jill) Presser
The Estate of David John Clutterbuck
The Estate of George Leslie Henderson
The Estate of Noel Mary Evelyn Grabau

Corporate & Community Organisations:

Glen Eira Council
All Souls Opportunity Shop
Calvary Health Care Bethlehem Ladies Auxiliary
Form 2000 Sheet Metal Pty Ltd
Permajoy Nominees Pty Ltd
Royal Australian Armoured Corps Association Inc.
St Stephens Anglican Church
T.E. & J Parias Pty Ltd
The Victorian Golf Club
Walsh Consulting Pty Ltd

“The generous contributions made by our supporters allows CHCB to make significant progress in achieving the best quality of life for patients and their families. We appreciate the support of everyone who makes our work possible”

Additional information available on request

Consistent with FRD 22G (Section 6.19) this Report of Operations confirms that details in respect of the items listed below have been retained by Calvary Health Care Bethlehem and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- (a) Declarations of pecuniary interests have been duly completed by all relevant officers
- (b) Details of shares held by senior officers as nominee or held beneficially;
- (c) Details of publications produced by the entity about itself, and how these can be obtained
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- (l) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

As a public health service established under section 181 of the Health Services Act 1988 (Vic), Calvary Health Care Bethlehem reports to the Victorian Minister for Health, the Hon Jill Hennessy MP. The functions of a public health service Board are outlined in the Act and include establishing, maintaining and monitoring the performance of systems to ensure the health service meets community needs.

Specifically the metropolitan health services comprise the denominational hospitals and public health services, as listed in Schedule 2 and Schedule 5 respectively of the Health Services Act 1988. Schedule 2 is applicable to denominational and schedule 5 is applicable to public health services.



Making a gift in your Will

If you are updating your Will, please think about including a gift to Calvary Health Care Bethlehem. Including Calvary Health Care Bethlehem in your Will helps us improve the quality of life of people living with a progressive incurable illness.

Gifts in Wills to Calvary Health Care Bethlehem come in all different shapes and sizes. Each gift we receive is valued as it helps improve patient care.

Including Calvary Health Care Bethlehem in your Will can make a positive difference for thousands of patients and their loved ones.

Suggested wording to include a Gift in your Will:

When updating your Will, you can simply ask your solicitor to insert a few simple words into your new Will. Our suggested wording for including a gift to Calvary Health Care Bethlehem is outlined to the right:

"I give free of any relevant duties or taxes (Please insert text here from the 5 options below):

1. The whole of my estate; or
2. (number) % of my estate; or
3. The residue of my estate; or
4. (Number) % of the residue of my estate; or
5. The sum of \$ (value); or

to Calvary Health Care Bethlehem

(ABN 81 105 303 704) of 476 Kooyong Rd, Caulfield South VIC 3162 for its general purposes. The official receipt of the organisation shall be a full and sufficient discharge to my executor".

Our promise to you:

We will use your gift wisely so it will have the greatest impact on improving the quality of life of patients and their loved ones.




Calvary Health Care Bethlehem
 Main Entry
 ← Main Entry
 ← All Services & Visitor Parking
 → Drive & Parking
 → Day Centre & Neurology Unit
 → Pharmacy


Calvary

Health Care Bethlehem