



CHCB
Annual Report
2013 - 2014



Calvary

Health Care Bethlehem



A Patient-Centred Approach

CHCB Annual Report 2013-2014

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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.

We would like to take this opportunity to thank Night & Day Communications and Skoop Print for their support in the production of the Annual Report.

If you would like further information regarding the Annual Report, please contact the Corporate and Community Development Department on 9595 3341.

Message from the Chief Executive Officer and Little Company of Mary Health Care National Board Chair



Dr Jane Fischer

Chief Executive Officer
Calvary Health Care Bethlehem



Hon John Watkins

National Board Chair
Little Company of Mary Health Care

“ We welcome you and care about your experience ”

Welcome to the Calvary Health Care Bethlehem Annual Report 2013-2014. Part of Calvary, a national health organisation, CHCB as a specialist palliative care service with a statewide role in caring for those with progressive neurological disease, continues the mission of the Sisters of the Little Company of Mary of “being for others,” with our focus on caring for those who are sick, dying and marginalised in our community.

With the ageing of our population and associated increase in chronic disease, there is an increased demand for our services as we provide support to people as they approach the end of life. Just as the Sisters of the Little Company of Mary were willing to adapt and take on new challenges, we as a specialist provider need to continue to be innovative and deliver a sustainable model of care that provides compassionate, high quality of care for our patients and families.

This report highlights some of our many achievements over the last 12 months and demonstrates how our service is responsive to the needs of our community within a national organisational framework that continues to focus on the quality and safety of our services. Aligned with the national standards, our care is patient-centred and focused on the whole individual. Our continuing work on developing our model of care has been driven by the feedback and input from those that access our services.

We had an outstanding result with Accreditation against the new national standards and there has been ongoing work on a number of projects as part of our model of care that will ultimately improve outcomes for patients and enable them to be cared for in their setting of choice, supported by our interdisciplinary teams. We

were delighted that CHCB was chosen as the pilot site for an e-clinical record for Calvary that complements the existing e-medication record and will allow for integration of the clinical record across all settings.

As a mission based organisation we continue to focus on the development and support of staff and volunteers. The biannual staff satisfaction survey demonstrated that staff are engaged with our organisation and that our values and behaviours are reflected in the “Spirit of Calvary”. The ongoing development and implementation of national systems aligned with local initiatives will ensure that we continue to be a place where people wish to work.

We would like to acknowledge the Department of Health for their support as we continue to develop our model of care, particularly our ambulatory services and at the same time identify the best option for future capital development, so that we ensure CHCB continues to provide services to our local community of which we have been part of for over 85 years.

We wouldn't have achieved all outlined in this report without the support of a number of individuals and organisations who contribute in a variety of ways whether on committees, assisting with fundraising, partnering in care or raising awareness within the community about the issues for people as they approach the end of life.

Finally, we would like to acknowledge our employees, the department heads, staff and volunteers for their contribution over the last 12 months. Particular thanks to the Executive team for their stewardship, commitment and passion which ensures that we bequeath a future that continues the work of the Sisters of the Little Company of Mary.

Message from Calvary Ministries



Bill d'Apice

Calvary Ministries Chair
Calvary Ministries

In reflecting on the year that has been, and the achievements of CHCB it is evident that each year brings new challenges for each one of us.

Responses to these challenges in a complex and changing environment which has a faster pace, continual technological advances, and an ever changing health care sector, poses the question how do we respond to these challenges, in a dynamic and challenging environment.

One of the major responses by CHCB, has been the transition to a new Model of Care for our patients, enhancing skills of our staff, increasing organisational collaborative networks and alliances, and steps to ensure greater sustainability.

Any change and initiative within our Health Care System, is governed by the Mission of Calvary Health Care, effective and strong leadership, and the commitment of our people, who make up the fabric and culture of all Services.

"Being for Others" is very much part of our Mission and Value based Services, following in the tradition of the Sisters of The Little Company of Mary, who left us a rich heritage and we as Trustees of Calvary Ministries are responsible for ensuring that the Sisters Mission and philosophy continues within our health services into the future.

As we now move into another phase of development of services, and explore possibilities within Calvary Health Care, the inspirational words of the Founder Venerable Mary Potter "Go forth, the whole world is your domain", is a reminder to continually review and plan for the future, what are the challenges facing us in the future, where are they today?

Our Mission and culture will create the framework for response, and linked with our values of Hospitality, Respect, Healing and Stewardship our services will continue to focus on quality provision of care and remain a relevant and vital part of our Healing Ministry.

Attestation for Compliance with the Australian/ New Zealand Risk Management Standard

I, Dr Jane Fischer certify that Calvary Health Care Bethlehem has risk management processes in place consistent with the AS/NZS ISO 31000:2009 and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The Little Company of Mary Health Care Audit and Risk Committee verifies this assurance and that the risk profile of Calvary Health Care Bethlehem has been critically reviewed within the last 12 months.

Dr Jane Fischer

Chief Executive Officer
Calvary Health Care Bethlehem
7 August 2014

Attestation on Data Integrity

I, Hon John Watkins certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Calvary Health Care Bethlehem has critically reviewed these controls and processes during the year.

Hon John Watkins

National Board Chair
Little Company of Mary Health Care
20 August 2014

Attestation for compliance with the Ministerial Standing Direction 4.5.5.1 - Insurance

I, Dr Jane Fischer certify that Calvary Health Care Bethlehem has complied with Ministerial Direction 4.5.5.1 - Insurance.

Dr Jane Fischer

Chief Executive Officer
Calvary Health Care Bethlehem
7 August 2014

On behalf of the Trustees of Calvary Ministries I wish to acknowledge and thank all those who continue to ensure that the needs of those who come to CHCB receive quality holistic care, focused on their needs and the needs of their families and carers. This is truly Mission in action, and Mission alive.

Thank you for being part of Calvary. Continuing your commitment to the provision of quality care, enables the stewardship of the heritage of the Little Company of Mary to continue in many and diverse ways.

“CHCB would like to acknowledge the Minister for Health,
The Hon David Davis”

Our Work



Our Work

Our health service is focused on improving patient quality of life and enabling people to live well knowing they have a progressive incurable illness, supporting both individuals and their families through the dying process.

Accreditation

In February, CHCB received its accreditation from the Australian Council of Health Care Standards for our performance against the new EQulP National standards (15 standards in total).

The emphasis with the new standards has been on the reinstatement of the patient at the centre of the care process, with health care quality and safety a priority. CHCB was very proud of our achievement at accreditation in which we exceeded requirements in 82 areas.



Nurses pictured with the electronic medication management system

Surveyors were particularly impressed by the work being done on the model of care and the engagement of staff. Highlights included:

- Our Medication Management System (Medchart)
- Our excellent cleaning program
- Our hand hygiene initiatives
- Our falls prevention strategies
- Our management of pressure injuries

The results of accreditation demonstrate that CHCB is putting patients firmly in the centre of care planning, putting processes in place to monitor clinical safety and continuing to strive for quality outcomes for our patients.

“CHCB is putting patients firmly in the centre of care planning, putting processes in place to monitor clinical safety and continuing to strive for quality outcomes for our patients.”

Our New Model of Care

Work continued this year on developing our innovative model of care, one that allows us to deliver a sustainable model that identifies key partnerships, strengthens existing relationships and engages with other services across our network. This model delivers core services that reflect our role as a level 5 statewide service with our more localised provider roles and with a shift from inpatient beds to a greater investment in ambulatory and consultation services to better meet patient needs and future service demand. We are striving for a single integrated model of care for the organisation across the different settings with consistent protocols, systems and pathways, supported by a workforce that is skilled and can work flexibly across settings and delivers quality compassionate care.

Work has continued on developing our Statewide Progressive Neurological Service, there have been changes to both our Neurological Ambulatory Service and Community Palliative Care Service and our wards have been restructured in order to meet patient demand and to deliver more responsive and timely care to improve patient quality of life. The restructure of our wards has enabled us to create more suitable environments to cater for different patient needs supported by the development of care pathways and staff education and training.

- St Luke's ward supports patients who are approaching the end of their life
- St Joseph's ward assists patients in maintaining function and their independence
- St Teresa's ward provides a holistic assessment of patients current care needs, in order to implement an ongoing care plan

Apart from ongoing quality improvement activities, there have been a significant number of concurrent projects that support our Model of Care in improving patient outcomes. These include:

- Access and intake project
- Development of an e-clinical record
- Telehealth
- Neurological Ambulatory Service (NAS) waitlist project
- Allied health technology room
- Residential aged care project

Access and Intake Project

This year CHCB has been working towards improving patient access and intake processes as part of our model of care redesign project. Currently CHCB has three distinct points of access which reflect our current service streams; Inpatient Services, Community Palliative Care Service and the Neurological Ambulatory Service.

A patient satisfaction survey undertaken within CHCB revealed the need to streamline access to services, provide clear communication and continuity across all three access points to improve the patient experience and achieve optimum patient care. As part of the Department of Health Redesign initiative, the Access and Intake project identified and developed a number of tools to enable the establishment of a cohesive intake process at CHCB.

The formation of one intake team for CHCB is nearing completion comprising both inpatient and ambulatory patient streams. The one clear process will ensure ease of patient referral and improvement in the timely delivery of health services.

Roll out of the project is expected to be completed by the end of July 2014, with a midterm report already submitted to the Department of Health.

Statewide Progressive Neurological Diseases Service

For the past three years, CHCB has received funding from the Department of Health to develop a statewide model of care for people with a Progressive Neurological Disease (PND).

This project aims to:

- Work closely with people with a progressive neurological disease
- Enable patients to remain in their community
- Develop and enhance CHCB's role and responsibilities as a statewide service provider
- Implement the Model of Care across Victoria.

- Evaluate the implementation in the Barwon South Western region.
- Build stronger relationships with the key neurological associations: MND Victoria, MS Australia, Parkinson's Victoria, Huntington's Victoria and the Muscular Dystrophy Association.

Outcomes Achieved

- The PND Service commenced in the Barwon South Western region at Belmont Community Rehabilitation Centre (BCRC) in June 2013. Since that time the service has seen more than 80 people who have a progressive neurological disease. CHCB is continuing to support the BCRC through video consultations, education sessions and secondary consultations.
- The implementation in Barwon is being independently evaluated by Monash University. Currently 100 CHCB patients and 47 patients from Barwon have been enrolled. The evaluation seeks to determine whether an integrated model of care is beneficial for patients and families and can be delivered equitably across Victoria using this statewide approach.
- The CHCB Outreach Service at Northern Health has been in operation for ten years. We are currently working with Northern Health to develop and support a level 4 PND service.
- We are currently working with other health providers in other regions to assist them to enhance their services for people living with a progressive neurological disease
- Developing our shared care planning, video conferencing capabilities and provision of secondary consultations to support patient care closer to home.

Shared Care Planning

In response to the Carers Recognition Act 2012 we have invited patients and carers to participate in a shared care planning process. A Shared Care Plan is a document developed in partnership with patients, families and their treating team at CHCB. The shared care plan identifies and tracks the person's health concerns, treatment recommendations, and other information that can help people manage their condition more effectively. Shared Care Plans also assist people to share information with other health providers or community organisations involved in their care.

The shared care planning process commenced in March, 2014 and has been rolled out across the majority of our specialist clinics. To date, over 200 patients have been engaged in shared care planning and feedback from patients and families has been overwhelmingly positive. We will be completing a formal consumer evaluation in the coming months.

Our Work

“Our vision is for all Victorians with a progressive neurological disease to receive the care and support services they need, when they need it and in the most appropriate location”

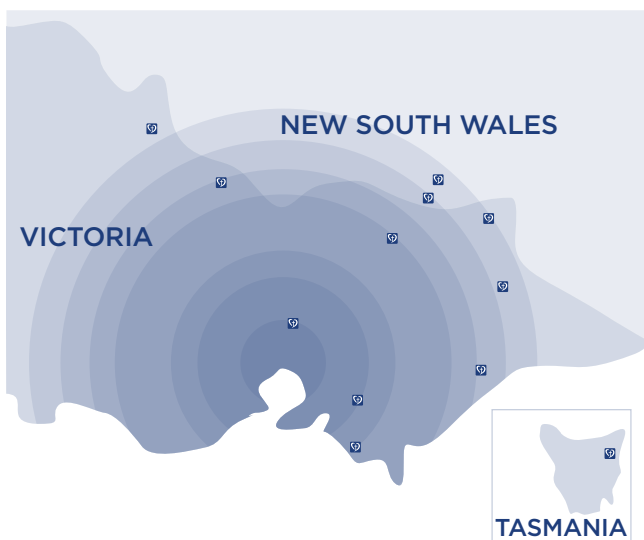


Telehealth

The CHCB Statewide PND service is committed to providing the best possible care to families as close to home as possible. To achieve this, CHCB has been working collaboratively with Attend Anywhere, a video conferencing technology company, to incorporate a web-based video conferencing service into everyday clinical practice. Since April 2013, nearly 100 video consultations have been conducted with patients & families, either at home or with their GP, or other local healthcare professionals.

Video conferences enable patients in remote areas to avoid travelling to Melbourne yet still have access to services. This technology also has the potential to support our partnerships with regional health and community service providers through consultation and the provision of education.

Location of patients who received Telehealth consultations



Secondary Consultation

This service is designed to support healthcare professionals from across Victoria to deliver best-practice care. Secondary consultations are delivered by experienced members of our interdisciplinary team providing their expertise to external health professionals. The consultations may be conducted face to face, over the telephone, via video conferencing, via email or fax.

During secondary consultations, information may be provided about:

- Treatment and management of a person's life limiting condition, based on principles of evidenced based best practice
- Information about referral pathways across Victoria
- Assistance in negotiating referral pathways, which traverse the health, disability, aged care and palliative care sectors
- Shared care planning
- Clinical decision making, and
- Research trials and eligibility

To date, hundreds of secondary consultations have been conducted with health professionals from across the state. It is anticipated that this service will continue to expand over time, building capacity within local services to provide quality health care services to those living with a progressive neurological disease.



NAS Waitlist Project



In 2013, CHCB received funding from the Department of Health to reduce the current waiting list for patients attending the Neurological Ambulatory Clinic. Secondary objectives were to reduce waiting times for review appointments with Allied Health and develop a sustainable waitlist management strategy.

As part of the project this year we:

- Appointed additional positions for 6 months to address the immediate Allied Health waitlist and provide flexibility for trialling an alternative service delivery model.
- Added additional appointment times which improved administrative efficiency and offered flexibility for booking linked appointments to improve the patient experience in clinic.
- Developed guidelines to ensure sustainable waitlist management and to support consistent and efficient work practices by all staff.
- Commenced a monthly Integrated Technologies Clinic (Physiotherapy, Occupational Therapy and Speech Pathology) and joint symptom based appointments.

Results:

Overall, the results reflect an integrated patient centred approach. On average, 25 joint symptom based appointments were conducted per month with a 62% increase in joint appointments in the first month.

The two hour Integrated Technologies Clinic was beneficial in avoiding the need for multiple individual appointments and/or an inpatient admission.

Our continued commitment to streamlining access to Allied Health Services in NAS will result in reducing wait times further.

Allied Health Technology Room

2014 has seen continued development in assistive technology resources at CHCB including the introduction of updated eye gaze communication systems, with wheelchair mounting, communication and environmental control options. New scanning devices have been purchased creating further capacity to drive wheelchairs and control other devices by hitting a single switch, when hand movements are impaired. Switch control options have been purchased leading to improved ability to use mainstream technology such as iPads, smart phones and Android tablets. CHCB management and therapists have been committed to the ongoing training and skill development in assistive technology, creating expertise and collaborations with external agencies to enhance our allied health service delivery.



The Allied Health Technology Room launch in October 2013 created a comprehensive resource area where therapists have multiple technology options to trial with patients. The room has provided an important focal point for the trialling and adaption of different technologies. Each year technological advances provide new possibilities for patients to interact and engage with their surroundings.

Access to these devices allow our patients greater choices and control over how they **communicate, move, work and relax.**

The Integrated Technology Clinics maximize patient independence by integrating multiple technology devices into streamlined systems. CHCB is further enhancing our patient experience by building a 'pool' of adapted technology loan items which can be hired by CHCB patients for use within their own homes. This is proving to be invaluable for patients as there are often delays in receiving funding for assistive equipment through government schemes such as the State Wide Equipment Service (SWEP).

Easy access to digital music, via the Allied Health Technology Room has allowed CHCB's music therapists to create personalized music playlists to address specific needs, including music for relaxation, emotional support, motivation or physical activity. iPads have also enabled music therapists to produce high-quality recordings and arrangements of patient's self composed songs. These songs capture significant messages or memories that patients want to share with their families, friends and the community.

Our Work



CEO Dr Jane Fischer (l) is presented with the laptops by Peter O'Brien from Bentleigh Moorabbin Rotary

Allied Health Technology Room Opening

The official launch of the Allied Health Technology Room took place on 10th October.

Donations to our 2013 Tax Appeal and a grant from Colliers Charitable Trust enabled Calvary Health Care Bethlehem to purchase innovative equipment for patients to trial new technologies to enable them to interact more effectively with their family, friends and wider community. This Technology Room is reflective of our ongoing commitment to optimising the patient experience and remaining at the forefront of applying new technologies to improve patient quality of life.



CEO Dr Jane Fischer officially opened the Integrated & Adaptive Technologies Room in October

Community Palliative Care Service Laptops

Late last year, funding received from the John Saville Eastwood Estate, administered by ANZ Trustees and the Rotary Club of Bentleigh Moorabbin equipped our Community Palliative Care Service with laptops for the collection and storage of patient data.

The laptops were configured to allow remote access to our electronic patient management system and were trialled by two of our specialist community palliative care nurses. The feedback received by these participants was incorporated prior to the full implementation of the project.

The project is having a profound impact on patient quality of care, allowing the Community Palliative Care Service to access patient information remotely as well as input patient information during their home visits. Consumer evaluation of the project is in progress and will further inform care delivery within the community setting.

eClinical Record

CHCB was selected by Calvary as the pilot site for the implementation and evaluation of the Vitro e-clinical record prior to a wider rollout to other Calvary facilities and health services.

CHCB was chosen because we offer inpatient and ambulatory care services and patients commonly access services which span these care settings simultaneously. We have also successfully deployed electronic medication management to our inpatient beds and were considered to be "IT ready" to take on a project of this complexity.

Scoping for the project at CHCB commenced in October 2013, with the approved project commencing in February this year. This project entails the transition of all paper-based clinical forms to "forms under glass" which will be completed using a variety of technological devices. The project team has ensured that patients and staff have been involved in mapping the patient journey, staff work flow and the use of forms.



Integrated Technology Clinics enable health professionals across disciplines to keep up with the latest changes in technology

“ CHCB has provided excellent palliative care for my mother and continues to support her although she has moved to an aged care facility ”



Clinical Psychologist Kat Prowd trials a new tablet

We have already been able to significantly reduce the number of forms we need and this will improve the patient journey across the care continuum and ultimately enable us to improve patient safety and outcomes. There will also be gains for our clinicians by being able to access standardized forms in a central location with reduced duplication of patient information which will allow them more time for direct patient care. We are currently finalizing the forms prior to detailed testing of the system before proceeding with staff training and planned implementation in October 2014.



The eClinical record system will see the end of paper records

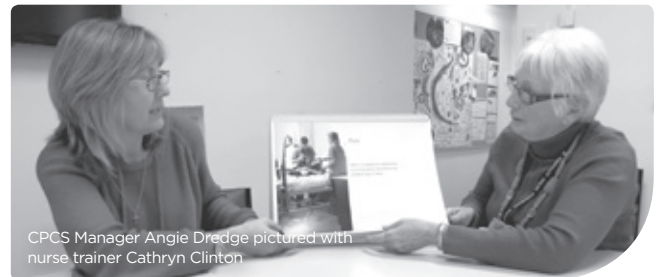
Residential Aged Care Project

This year, our Community Palliative Care Service continued to educate and empower carers within residential aged care facilities throughout CHCB's southern catchment area.

The project has seen the deployment of a registered nurse to train aged care staff to provide effective palliative care for their residents allowing them to remain within the facility.

The project has gone from strength to strength this year and has seen:

- The delivery of 43 informal and formal education sessions given in low level and high care facilities
- The deployment of 47 link nurses in low and high care facilities in the CPCS geographical area
- The improved capacity of Residential Aged Care facilities so they are now capable of using syringe drivers for important pain management for palliative residents, enabling them to stay in their place of residency.



CPCS Manager Angie Dredge pictured with nurse trainer Cathryn Clinton

After Hours Project

This year, CHCB continued to work with South Eastern Palliative Care and Peninsula Home Hospice Services to improve access to after-hours palliative care services for patients in the region. Recurrent funding from the Department of Health has enabled the Southern Metropolitan Regional Palliative Care Consortium (SMRPCC) to develop, implement and evaluate an agreed after hours Model of Care across the three participating community palliative care services. The after hours project was established to improve current processes by developing triage tools and protocols, and formulating an appropriate implementation plan.

This year, the CHCB Community Palliative Care Service developed triage tools as part of our contribution to the project. Our Community Palliative Care Service developed a formula to help support and guide other services in after hours triage and also piloted an education program in support of the service. Another external district nursing provider has supplied after hours support for the other two specialist community palliative care services in the consortium and is now piloting the tools developed by CHCB.

Our Work



The Community Palliative Care Service developed triage tools in support of the After Hours Project

Rachael's Story

"Receiving an email from a grateful patient after they have just been set up with alternate technology access is the best feeling. Seeing the joy that comes from being able to email or use social media and be in control is incredibly rewarding. These are such little things for most people but for our patients these things can be life changing."



Occupational Therapist
Rachael Russell



Patient Robin Prem enjoys something a bit different at the Palliative Care Day Centre

Palliative Day Centre

The Palliative Care Day Centre is an important component of our Community Palliative Care Service providing respite for carers and diversional therapy for palliative patients in the community.

The Centre offers patients with a wide choice of activities, including tai chi, art, music and pet therapy; outings to places of interest and participation in events such as the Melbourne Show at which the patients have exhibited collaborative artworks for the last few years.

A recent discussion with patients and carers aimed at identifying areas of improvement found overwhelmingly that the kindness and support they were shown was the thing they valued most about the day centre as well as the sense of camaraderie and support they received from others going through the same experience as themselves. All said that the centre improved their spirit and sense of well-being.

Michael's Story

Patient Michael Larcombe with Speech Pathology Manager Roxanne Maule (l) and Senior Occupational Therapist Sarah Solomon.

Michael Larcombe, has Motor Neurone Disease.

"The therapists have set me up with the Tobii eye gaze system on a windows tablet which mounts on my chair. This is what I use when out and about and it does exactly what I need. It allows me to control my windows desktop with pin point accuracy. The mouse control exceeded my wildest expectations"



Sarah and Roxanne with patient Michael Larcombe

Service Performance

Part A: Strategic Priorities

Priority	Deliverable	Outcome
Developing a system that is responsive to people's needs	<ul style="list-style-type: none"> Fully implement Advance Care Plan aligned with LCMHC Palliative and End of Life strategy 	Implement September 2014
	<ul style="list-style-type: none"> Develop partnership with selected Residential Aged Care facilities in the region to care for longer stay patients with specialised needs 	Stage 1 project completed
	<ul style="list-style-type: none"> Work with local tertiary health care providers on End of Life strategy and pilot model for restorative care for two clinical streams 	Pilot Commences September
Improving every Victorian's health status and experiences	<ul style="list-style-type: none"> Through the Statewide PND project, implement model in a further two regions. Complete initial evaluation with a level 4 provider. 	Scoping in 4 regions. Evaluation commenced
	<ul style="list-style-type: none"> Initiate two new service improvements as a result of CALD engagement activities 	In planning phase
	<ul style="list-style-type: none"> From Consumer Engagement Plan, complete six consumer feedback activities including patient experience as part of Model of Care project. 	Achieved
	<ul style="list-style-type: none"> Review and update internet site as result of consumer feedback 	Achieved
	<ul style="list-style-type: none"> Complete Phase 1 of "Bethlehem Schools project" with Palliative Care Victoria 	Achieved
	<ul style="list-style-type: none"> Implement action plan against top three themes from patient/carer feedback surveys, particularly targeting carers 	Achieved
	<ul style="list-style-type: none"> Develop 'red flags' to inform referral pathways for other service providers to CHCB as a Level 5 provider 	Flags are being developed and tested through evaluation
Expanding service, workforce and system capacity	<ul style="list-style-type: none"> Optimise staff and patient safety and develop policy, procedure and triage processes that address 'behaviours of concern' including but not limited to verbal and physical aggression experienced by certain CHCB patient cohorts 	Achieved
	<ul style="list-style-type: none"> Develop and implement Workforce Plan and new inpatient nursing staff model 	Nursing model complete. Plan in draft format.
	<ul style="list-style-type: none"> Implement interdisciplinary student program – June 14 	Achieved
	<ul style="list-style-type: none"> Implement electronic HR system (rostering and timekeeping) 	Achieved
Increasing the system's financial sustainability and productivity	<ul style="list-style-type: none"> Continue to work with Department of Health (DoH) to inform future redevelopment options 	Ongoing
	<ul style="list-style-type: none"> Reduce duplication and create efficiencies as part of MOC, including Service Redesign project 	Ongoing
	<ul style="list-style-type: none"> Continue to implement environmental strategies with 5% reduction in utilities 	Achieved
	<ul style="list-style-type: none"> With DoH, complete modelling in relation to funding models to support new Model of Care (MOC) aligned with activity based funding (ABF) 	Ongoing
	<ul style="list-style-type: none"> As a result of CHCB MOC project identify efficiency savings with service restructure to improve sustainability 	Achieved

Service Performance

Part A: Strategic Priorities

Priority	Deliverable	Outcome
Implementing continuous improvements and innovation	<ul style="list-style-type: none"> Achieve all high priority actions as result of audit undertaken against LCMHC Health Safety and Environment Strategy 	Achieved
	<ul style="list-style-type: none"> Implement non-smoking site at CHCB 	Implement December 14
	<ul style="list-style-type: none"> With sign-off from DoH and National Board, implement plan for new bed configuration 	Achieved
	<ul style="list-style-type: none"> Further develop and expand centre-based community palliative care services 	Achieved and ongoing
	<ul style="list-style-type: none"> Complete Service Redesign Project for provision of single point of access for all CHCB services 	Completed September 2014
Increasing accountability & transparency	<ul style="list-style-type: none"> Undertake organisation-wide accreditation survey against Equip National; and achieve all mandatory standards 	Achieved
	<ul style="list-style-type: none"> Continue to focus on comprehensive reporting of ambulatory data to inform funding of statewide model 	Achieved
	<ul style="list-style-type: none"> Implement Riskman Q 	Change of Calvary priority. No date for implementation.
	<ul style="list-style-type: none"> Clean up of VINAH reports by end August 2013 	Expected completion July 14.
	<ul style="list-style-type: none"> Implement Fixed Asset Management policy 	Achieved
Improving utilisation of e-health and communications technology.	<ul style="list-style-type: none"> Implement corporate IT archive system consistent with PROV regulations 	In progress
	<ul style="list-style-type: none"> Complete scoping study and business case for e-health record in 2014-15. 	Achieved
	<ul style="list-style-type: none"> Complete evaluation of telehealth pilot 	Achieved
	<ul style="list-style-type: none"> Develop and implement telehealth strategy in Gippsland for palliative care and regions aligned with PND project. 	In progress, project role to be appointed August 2014

“We recognise and promote the value of high performance”

Part B: Performance Priorities

Analysis of Labour (by FTE)

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2013	2014	2013	2014
Nursing	114.9	105.5	112.2	103.8
Administration and Clerical	17.1	16.8	18.0	15.7
Medical Support	7.1	5.1	4.7	4.6
Hotel and Allied Services	22.1	20.8	20.6	21.9
Medical Officers	8.5	10.1	9.6	9.6
Ancillary Staff (Allied Health)	40.2	40.9	39.6	38.9
	209.9	199.2	204.7	194.5

Summary of Financial Results (\$000's)

	2014	2013	2012	2011	2010
Total Revenue	27,163	27,381	28,207	26,152	25,504
Total Expenses	27,227	27,729	28,407	25,524	25,152
Net Result for the Year (inc. Capital and Specific Items)	(64)	(348)	(200)	628	352
Retained Surplus	8,855	8,891	9,905	9,955	9,477
Total Assets	16,502	16,339	17,320	16,178	15,323
Total Liabilities	7,009	6,782	7,415	6,073	5,846
Net Assets	9,493	9,557	9,905	10,105	9,477
Total Equity	9,493	9,557	9,905	10,105	9,477

Details of individual consultancies (\$000's) *excluding GST*

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2013-14	Future commitment
Groupwise	Employee training, coaching and facilitation	1/07/13	30/06/14	25	25	-
PricewaterhouseCoopers	eClinical Record project management support	20/01/14	27/06/14	23	23	-
Workplace Legal Pty Ltd	HR services & employee relations	1/07/13	30/06/14	13	13	-
Partnering with Patients	Evaluating patient experience	9/06/14	21/06/14	12	12	-
Ascentor Pty Ltd	Monitoring of workers compensation performance	1/07/13	30/06/14	12	12	-
Resolve Pty Ltd	HR investigation	1/01/14	3/06/14	12	12	-

During the year 10 consultancies were engaged where the total fees payable to the consultants were less than \$10,000, with a total expenditure of \$36,565

Service Performance

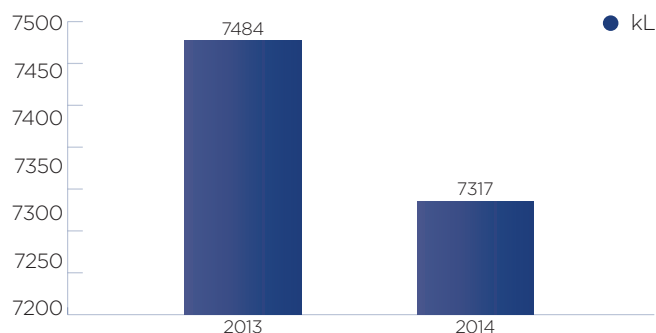
Service

	Target	2013-14 actuals
(a) Financial performance		
(i) Operating result		
Annual Operating result (\$m)	\$0.000	\$0.155
(ii) Cash management		
Creditors	< 60 days	56 days
Debtors	< 60 days	38 days
(b) Service performance		
Quality and safety		
Health service accreditation	Full compliance	Achieved
Cleaning standards (Overall)	Full compliance	Achieved
Cleaning standards (AQL-B)	85	97
Cleaning standards (AQL-C)	85	97
Health care worker immunisation - influenza	60	81
Submission of data to VICNISS	Full compliance	Achieved
Hand Hygiene (rate)	70	Achieved
SAB rate per occupied bed days	<2/10,000	0
(c) Activity and Funding		
		2013-14 Activity Achievement
Subacute Admitted		
GEM Public		9,217
GEM Private		1,832
GEM DVA		150
Palliative Care Public		9,094
Palliative Care Private		2,788
Palliative Care DVA		551
		23,632

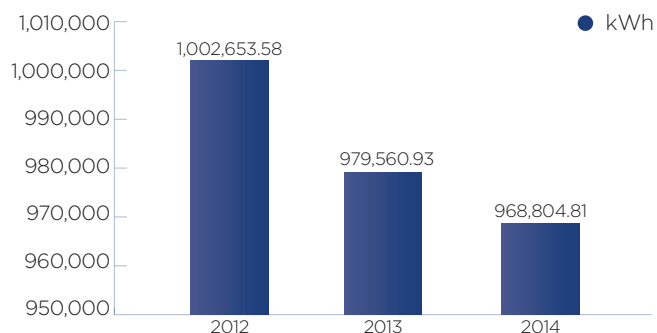
* Data is not final and is subject to consolidation.

Utilities Usage 2013 - 2014

Financial Year Electricity Consumption



Financial Year Water Consumption



Quality of Care



Quality of Care

“ We provide quality compassionate care ”

Quality and Safety Report

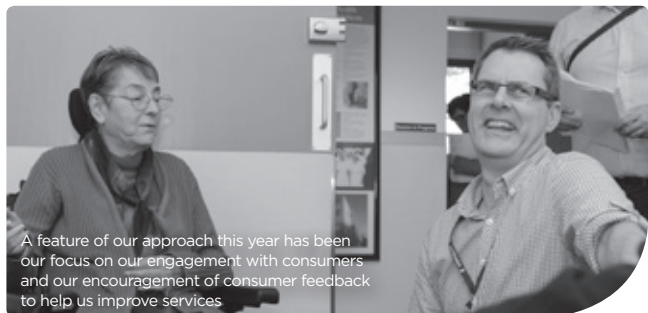
This year as part of our ongoing focus on developing our safety culture, we have driven an improvement in quality and safety standards across the service as well as implementing successful risk mitigation strategies.

A feature of our approach this year has been our focus on engagement with consumers. Their feedback has helped us to improve services and provide the best standard of care possible to our patients and their families.

Earlier in the year, we participated in the transition to the new National Standards. Our successful accreditation against these standards was highlighted by the auditors' remarks on the quality of our patient centred care.

Notable improvements in clinical practice were:

- The streamlining of our Clinical Handover process (Standard 6) and our improved response to a patient in deteriorating health (Standard 9). These were enabled by the simplification of communication tools reducing the possibility of miscommunication and enabling the more timely and precise delivery of important information.



A feature of our approach this year has been our focus on our engagement with consumers and our encouragement of consumer feedback to help us improve services

- As part of raising awareness about falls prevention across the service we conducted a falls campaign in April that focussed on falls prevention initiatives.
- Our attention to falls prevention has seen a significant drop in falls for the year.
- Hand Hygiene continued to be an area of attention and improvement across wards with the health service earning an 80% score in our last audit.

We have continued to prioritise wound management resourcing to provide best practice management for pressure ulcers and all other wound types.

Medication errors continued to drop this year as staff perfected their use of our intuitive electronic medication administrations system.

We are mindful of our responsibility to provide all employees with the most current and appropriate education and training to ensure that they are safe from injury or risk to their health and minimise harm to patients. This year we developed our OH&S practices and maintained personnel immunisation/screening records in accordance with Department of Health requirements. In response to a particularly virulent flu strain this year, a targeted and heavily advertised immunisation campaign saw 80% of staff immunised with the help of both external and internal nursing and medical staff. An initiative to protect both staff and patients.

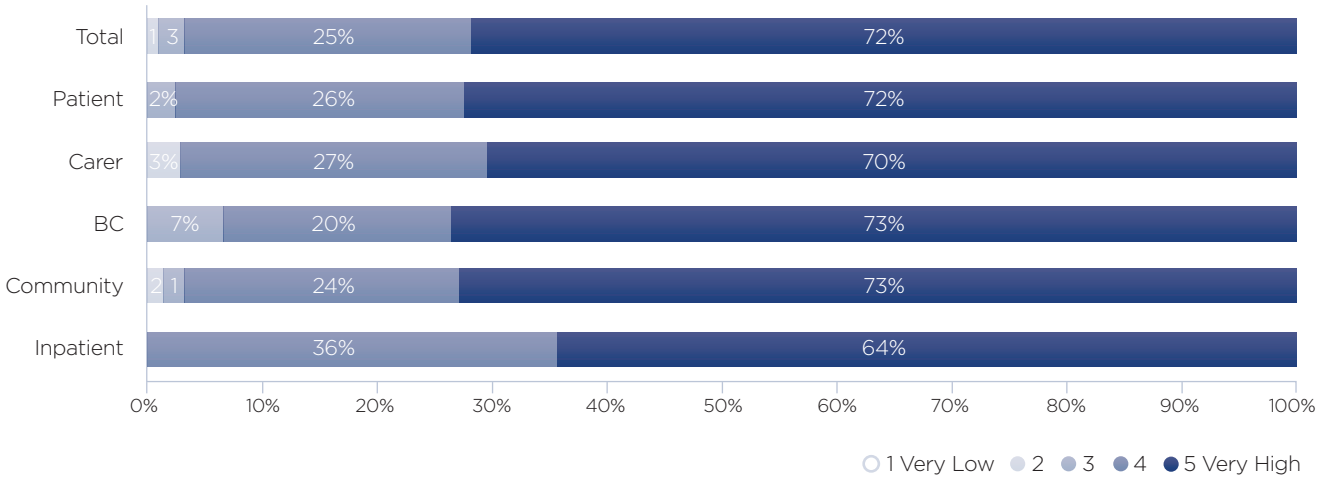
Victorian Palliative Care Satisfaction Survey Results

This year saw CHCB participating for the fifth time in the Victorian Palliative Care Satisfaction Survey (VPCSS). The annual survey captures a snapshot of how patients, carers and bereaved carers from both the community and in-patient palliative care settings perceive our service. This year saw our highest response rate with an overall response of 30% and an improvement on last year's result.

Key takeaways from the survey were:

- Increased efficiencies in CHCB's access and intake processes have resulted in a reduction from the time of referral to admission.
- There has been a dramatic improvement in our after hours support and we continue to provide quality care in line with our values and core beliefs.
- Respondents felt that we display a great deal of respect towards all of our patients, mirroring the values of the organisation.
- CHCB exceeded expectation with the standard of equipment we were able to deliver patients. Particular mention was made of the Occupational Therapy Department.
- The Social Work Department was also highlighted for the work it does assisting with personal matters that need attending to at the end of life. Our expertise in ensuring legal, financial and medical powers of attorney are in order is an example of the highly regarded services provided by our Social Work Department. Social workers were commended for their efficiency in carrying out their work to alleviate the stress of non-physical problems at end at life.

Figure 1: Distribution of responses for the question, “How satisfied were you with the overall standard of care provided by the palliative care service?”



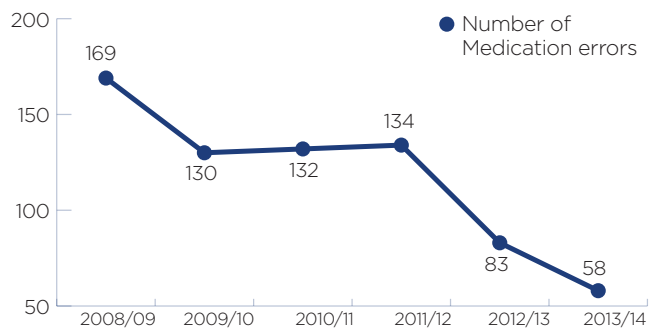
Medication Safety

During an organisation wide survey in August 2013, quality surveyors commended CHCB on our effective use of the Electronic Medication Management System (EMMS). The deployment of our EMMS has had a positive impact on the safe management of medications at our health service from prescription to administration. The tools used in the system such as medication information libraries, the audit and alert systems, and visual prompting that occurs when medication doses are due, or dosages or medications changed have resulted in the continual downward trend in the number of medication errors reported (fig 1).

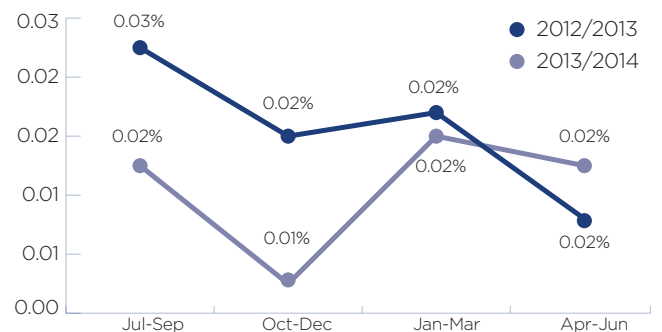
A comparison of the number of medication errors since July 2012 against the number of medication doses prescribed for administration show that the incidences of medication error per medication dose prescribed for administration is approximately 0.01- 0.03% (fig 2). Analysis of the causes of these very few medication errors during this period show that the errors were not due to procedural or system deficiencies, but were of a human nature.



Fig 1: Number of medication errors reported



Medication errors per medication doses prescribed for administration



Quality of Care

“CHCB is a pioneer from a manual handling perspective in regards to the recently installed ceiling hoists and bariatric equipment.”

Hospital Equipment Upgrades

In 2013-2014, donations from our supporters, as well as grants from the Department of Health, trusts and foundations continued to enable CHCB to improve the quality of our health services through the purchase of equipment that meets the needs of patients in different settings. Upgrades to our equipment this year have included:

- Ceiling Hoists
- Bariatric Equipment
- Syringe Drivers and
- Integrated & Adaptive technologies

Ceiling Hoists

Donations to our 2013 Christmas Appeal and the Department of Health Subacute Equipment Grant enabled CHCB to install ceiling hoists above every inpatient bed this year.

Our patient population often requires hoisting for transfers as they are unable to manoeuvre themselves independently. Ceiling hoists provide a safe and comfortable option in the ward environment enabling patients to be transitioned in a comfortable and dignified way, reducing manual handling and Occupational Health and Safety risks for both staff and patients.

Bariatric Equipment



Bariatric beds like the one pictured provide greater comfort for our bariatric patients

During 2014 CHCB recorded an increase in the number of bariatric patients admitted with complex care needs. These patients presented an increased challenge due to the limited equipment available. To meet the changing needs of our community, CHCB has equipped two wards with the appropriate bariatric equipment.

This year the health service has continued its installation of ceiling hoists, the purchase of reclining chairs and a

positioning and transfer system which have equipped our dedicated palliative care ward to provide for the current need in our community. This equipment allows wards to accommodate a bariatric person for end of life care without undue delays, stress and uncertainty enabling them to be transferred in a comfortable and dignified way.

Maintaining independence is important for dignity, self esteem and recovery for our bariatric patients. The ability to tilt, recline and adjust softness/padding of a chair to an individual's requirements is vital for achieving adequate pain relief and independence.

Syringe Drivers

In 2013/2014, funding received from the Angior Foundation enabled CHCB to purchase a sufficient number of syringe drivers for patients to achieve the best quality of life. Having access to an adequate supply of syringe drivers ensure patients receive effective pain and symptom management in a timely manner.

Proper pain and symptom management is critical in delivering high quality care to our patient population.

Hand Hygiene

This year as part of the Hand Hygiene program at CHCB, we have continued to emphasize the importance of hand hygiene by promoting good practices. In May 2014, CHCB celebrated 'World Hand Hygiene Day' by promoting the World Health Organisations 'Save Lives: Clean Your Hands' campaign which focused on preventing the spread of antimicrobial resistant germs.

Compliance monitoring occurs three times a year and presented at relevant staff meeting and committees. This program assists with providing relevant feedback to our staff and community about how well we are performing in regards to Hand Hygiene practices.

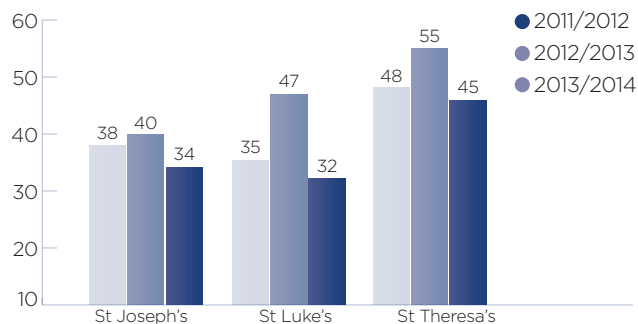
Falls Prevention

Falls prevention remains a high priority at CHCB as we continue to focus on ensuring patients' safety during their admission. Regular audits have been conducted across the health service to ensure that our falls prevention strategies meet Government National Safety and Quality Health Service Standards.

It is notable that 98% of the falls that occurred at the health service did not result in injury. This year we initiated a successful campaign to raise falls prevention awareness

across the hospital. Called 'April NO FALLS month', the campaign involved education sessions and audits of falls prevention strategies by staff on the wards.

Number of Falls Recorded



Also this year, there was an increased use of our 'NEMO' falls devices that alert nursing staff to provide assistance to those who are unsteady on their feet.

We have also embedded the Falls Risk Screening Tool and Falls Prevention Action Plan as interactive documents within the new electronic patient record to be launched during the year.

The Falls Prevention work we have done at CHCB was recognised in the hospital Accreditation process as being of high standard, and the accreditors congratulated us on our efforts.

We are in the process of interviewing each patient who falls to gain more understanding about the circumstances leading up to a fall to make our preventative efforts in the future even more effective. Our goal is to prevent all falls.



Pressure Injuries

Wound Management remains a key priority of the care that we deliver at CHCB. Our interdisciplinary and holistic approach to wound care aims to provide best practice management for pressure ulcers and all other types of wound, from abrasions to skin tears to burns.

In 2013-2014, the focus of the Wound Advisory Group (WAG) has been to meet or exceed the requirements set by the Australian Council on Healthcare Standards. In the last twelve months, WAG has undertaken monthly wound documentation audits, and a new regular survey of clinical patient records, transfer and discharge documentation to identify at-risk patients with documented skin assessments. The outcomes of this survey have highlighted a need for:

- Further education of staff in the scoring of pressure ulcers (to achieve improved inter-operator reliability) using the Braden assessment tool.
- Increased RISKMAN reporting of all pressure injuries, whether pre-existing or hospital acquired
- Improvement of the nursing discharge summary with explicit provision for ongoing wound management at point of discharge/transfer
- Regular hospital-wide wound auditing in line with the CHCB Clinical Auditing Framework.

The results of monthly wound auditing continue to demonstrate a high level of compliance with wound management policy and procedure.

Early identification of 'at risk' patients has enabled patients to receive the most appropriate preventative measures and treatments within an appropriate timescale. This has resulted in positive outcomes for these patients.



CHCB Research Ethics & Ethics Committee

- Mrs Rosalie Jones – Chair
- Fr Kevin McGovern
- Mr Des McCarthy
- Mr Tony Ryan
- Cr Margaret Esakoff
- Sr Jennifer Barrow LCM
- Dr Alex Burke
- Dr Jane Fischer
- Dr Susan Mathers
- Mrs Shannon Thompson

Quality of Care

Research Projects

Date	Title	Chief Investigators
111013	'Smell & Taste Sensation in MND'	Dr Susan Mathers
131213	'Assistive Technology: Individuals with MND and their caregivers'	S Solomon A Jensen
131213	'Relationship between equipment use, phenotype and ALSFRS-R score in people with MND'	K Connors
200314	'The impact of progressive neurological disease on family life'	Dr P Chua Dr Susan Mathers Prof David Kissane
200314	'Exploring the bereavement assessment & referral practices of health professionals in a metropolitan multidisciplinary community palliative care service in Victoria'	Karen Bolger
150514	'Developing an intervention for family carers of people with motor neurone disease'	Dr Anna Ugalde Prof Peter Hudson Dr Susan Mathers Ms Cathy Gluyas Ms Nicole Hennessy-Anderson
150514	'An investigation into family functioning in Huntington's Disease'	Prof Julie Stout Dr Izelle Labuschagne Dr Sophie Andrews
190614	'A randomized, double blind, placebo controlled, parallel groupdose finding, pivotal, phase IIb/III study to evaluate the efficacy, safety and tolerability of intravenous BYM338 at 52 weeks on physical function, muscle strength and mobility and additional long term safety up to 2 years in patients with sporadic inclusion body myositis'.	Dr Katrina Reardon

Environmental and Sustainability Initiatives

Consistent with our value of stewardship, we protect our resources and the environment. CHCB continues to improve the environmental management objectives and practices of the service in a responsible and sustainable manner. In 2013-2014, CHCB has focused on reducing its energy consumption and environmental footprint wherever possible. Using a whole of organisation approach to environmental sustainability encourages our workforce to seek opportunities to reduce consumption across the entire health service. Tracking and monitoring all utility consumption ensures that we operate within the specifications of our Environmental Management Plan.

The introduction of a new computerised Building Management System that allows Nursing Staff to remotely control all patient rooms and ward areas from any hospital computer was a significant development for the service this year.

A number of new energy saving initiatives have been identified and implemented with the installation of new

energy efficient LED light fittings implemented across the wards. Extensive tendering for Electricity Supply was completed with a new two year contract effective July 1st 2013 that has delivered savings of approximately 20% off previous supply pricing. The initiatives we have taken demonstrate our ongoing recognition of our responsibility to ensure the hospital's impact on the environment is minimized and managed correctly on a daily basis whilst maintaining the best level of care for our patients.

Equipment Recycling

Where appropriate the health service endeavours to recycle beds and equipment that has been eclipsed by equipment that is better suited to our patients needs. If the equipment is helpful to other health services who would otherwise go without CHCB organises for the equipment to be transported where it can be of use to others. On Wednesday 4th June 2014, Calvary Health Care Bethlehem donated 16 beds and walking frames to the Marsh Foundation. The equipment will be shipped to Fiji and will be used for one of their health projects there.

Our People



Our People

“Going out of our way to support each other and the people we serve”

Our staff continue to be an inspiration with their commitment to our mission of “being for others”.

We value our people and acknowledge the unique contributions that their diverse backgrounds, experiences and perspectives bring to the delivery of exceptional care to patients, their families and the wider community.

We continue to strive to be an employer of choice by assisting staff with educational opportunities both inside and outside the health service. Our provision of flexible work roles supports our model of care and enables greater work/life balance for our staff.

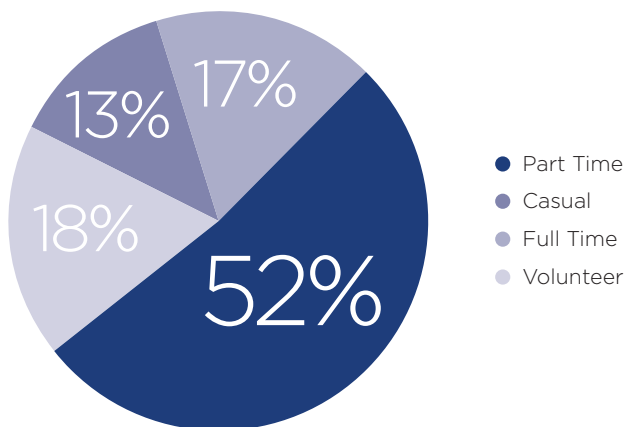
We express our sincere thanks and appreciation to each and every one of our staff for their exemplary work throughout the year.

EOWA

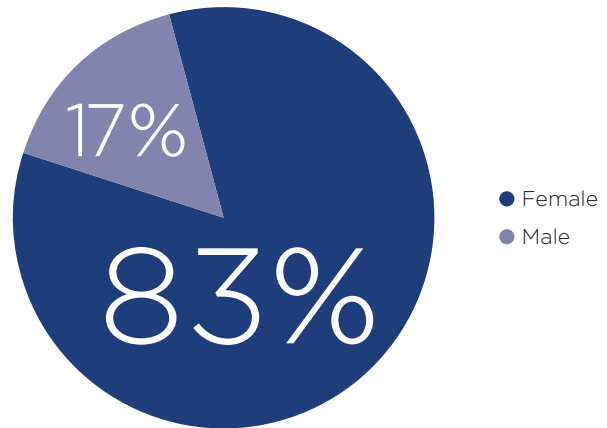


We have a strong representation of women in leadership positions and support individuals by providing flexible work arrangements as part of our ongoing commitment to create an inclusive, supportive and productive workplace.

Breakdown of Employment Type (%)



Gender of Staff



Years of Service

35 Years of Service

Rowena Franklyn

25 Years of Service

Susan Alexander

Voula Dandoulas

Yvonne Hepponstall

Susan Mathers

Peter Quinlan

Leanne Vella

20 Years of Service

Elizabeth Jackson

Maryanne McPhee

15 Years of Service

Susan Loughnan

Lynn McIntosh

Cathryn McMahon

Anna Alexis Smith

Malini Somaiya

Vikki Vanzella

10 Years of Service

Karen Bolger

Andrew Churchyard

Lisa Cummins

Emma Finch

Geom Fremou

Lilita Hi

Sharon Sandvik

Patricia Walburgh

Shannon Thompson

Best Practice Australia (BPA) Survey results

In 2013 CHCB in conjunction with Best Practice Australia (BPA) conducted our bi-annual employee satisfaction survey. The survey statistical results were reported in last year's annual report and during the year we have focused on responding to the themes arising from the survey. These themes were aggregated and feedback sessions were hosted by Heads of Department and Divisional Directors. Each department or work cohort then identified priority areas to address over the coming 18 months in response to the feedback provided. The responses include reviewing content of induction to make it more specific and relevant for particular groups, and targeted training programs.

Executive Team



From left to right: Sister Jennifer Barrow, Mrs Shannon Thompson, Dr Jane Fischer and Andrew Hluchanic

Sr. Jennifer Barrow LCM

Director of Mission

- Employment duration 1 year.
- Executive oversight of the formation and education of staff, to further develop their understanding of the distinctiveness of their role in a Catholic health care facility.
- Management of Pastoral Care, Bereavement Services and Volunteers.

Shannon Thompson

Director of Clinical Services

- Employment duration 10 years.
- Executive oversight of all Clinical Services, including
 - clinical, strategic and operational direction
 - achieving effective service delivery across both the inpatient and ambulatory settings.

Dr. Jane Fischer

Chief Executive Officer and Medical Director

- Employment duration 12 years.
- Executive oversight of the entire health service and responsible to the Little Company of Mary Health Care.

Andrew Hluchanic

Director of Finance

- Employment duration 8 years.
- Executive oversight of service budgets and financial reporting to government.
- Management of Finance operations including Human Resources and Payroll, Hospital Service Operations encompassing Food Services, Environmental Services, Patient Services and Engineering.

“ We listen and learn so we get better at what we do ”

Education, Training and Development

During the year, CHCB continued to develop resources for interdisciplinary education, training and research by working collaboratively with educational providers and other health services. The development of a comprehensive Interdisciplinary Education Program (IEP) with an associated review of available educational resources was one of the many projects undertaken by CHCB. 15 interdisciplinary education sessions have been provided by our own expert clinicians or invited speakers, with a total of 429 staff attending these well-regarded sessions. The IEP continues to receive positive feedback from participants regarding the many benefits of shared learning between health disciplines.

While focusing on high-quality and effective education and training, CHCB also facilitated observational placements for health professionals from other health services, such as the Program for Experience in Motor Neurone Disease (PEM). PEM is funded by the Southern Metropolitan Region Palliative Care Consortium and provides palliative care staff in Victoria the opportunity to develop skills in palliative care for patients with Motor Neurone Disease (MND). Neurological Ambulatory Services (NAS) provided five PEM placements this

Our People



Being for Others *staff story*

Earlier this year a young woman who had been a patient at CHCB passed away peacefully after a long illness. After Veronique's death her mother contacted us wanting to donate her daughter's equipment to the health service. When equipment coordinator Leanne Vella, visited Veronique's Parkdale unit to pick up the equipment she saw in the middle of the room a sewing machine and an unfinished quilt. A keen quilter herself Leanne asked about the unfinished piece. Veronique's mother explained that her daughter had been making the quilt for her and had wanted to finish it before she died. Moved by the story, Leanne offered to finish the quilt and armed with Veronique's design and fabric set about finishing Veronique's final gift to her mother. In June the quilt was completed and delivered to Veronique's very appreciative mother.

Leanne Vella (R) with Narcisse Lotter pose with the completed quilt and a photograph of Narcisse's daughter Veronique

year as well as a number of undergraduate nursing and medical students. Our support has led to an improved workforce capability in other health services for the care of patients with MND.

We have also facilitated placements for undergraduate and post graduate programs for a range of health professions liaising with key education providers such as the University of Notre Dame, Australian Catholic University and the University of Melbourne. Medical students, including 24 from the University of Notre Dame continue to undertake clinical placements at CHCB, gaining an understanding of contemporary palliative care and neuro-palliative rehabilitation.

In September 2013, CHCB hosted a Japanese Study Day Group. The group consisted of 23 health care professionals and was led by Professor Deeken, a Professor Emeritus at Sophia University in Tokyo and a leading supporter of palliative care education in Japan.

In October 2013, a medical student travelled from Scotland specifically to undertake a month-long clinical elective within the Neurological Services at Bethlehem, highlighting the high level of clinical expertise and specialist knowledge at CHCB.



CHCB CEO Dr Jane Fischer presents on Palliative Care in Australia to Japanese health professionals

Graduate Nurse Program

CHCB continues to provide a comprehensive Graduate Year Program for nurses. Our program has been recognised by the University of Tasmania with graduates having the opportunity to undertake a fully-funded Clinical Honours program whilst completing their graduate year. Over the last two years, the majority of graduates have successfully completed the Clinical Honours program, focusing on areas such as clinical governance, leadership and clinical practice improvement. In recognition of the need for new graduates to have support during their transition from student to health care professional, the Graduate Program has been restructured this year in line with Department of Health Allied Health Graduate Program guidelines to facilitate attendance by other health professionals. As a pilot, a music therapy graduate is participating in the new Graduate Program for 2014.

Wellness

The Wellness Committee is a staff-led committee that is made up of representatives from across CHCB for the purpose of encouraging staff and volunteers to “live well and wise”. The Wellness Committee understands that staff who take care of themselves by making healthy lifestyle choices are more productive and engaged with their work.

During the year, the Wellness Committee provided staff with a number of positive initiatives, providing healthy lunches and “Free Fresh Fruit at work” days. Other initiatives have included table tennis lunches for staff and volunteers; Casual Dress Days, the CHCB Dog Club; and the ongoing awareness promotion of mental health issues and where to get help. A trivia night and a seminar on “Maintaining motivation & morale during change” were all well attended.



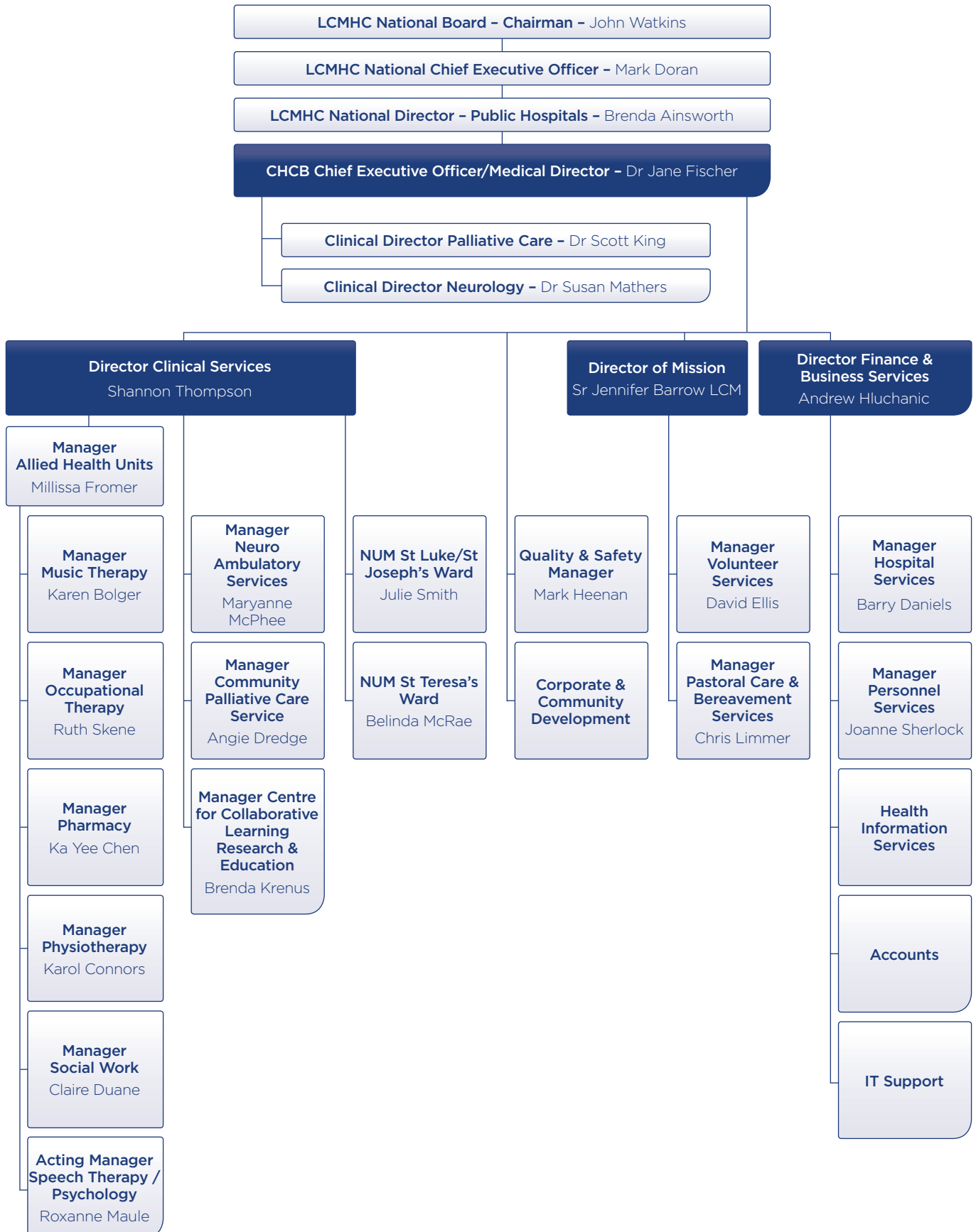
Staff prepare to enjoy a healthy lunch provided by the CHCB Wellness Committee



Fresh, seasonal fruit is provided free to staff and volunteers during the year

Our People

Organisational Chart



Our Community



Our Community

Patient Story

I was taught in my youth by very wise parents that “A little thing is a little thing – but a little thing well done is a very big thing”.

This Service has a large variety of volunteers, each one an expert in their field. One particular day I was feeling at a very low ebb and my loneliness increased my sense of anxiety.

I was unexpectedly visited by a young lady who immediately sensed the situation. Without speaking she drew up a chair and took my hand in hers and gently held it. It was a most comforting act of kindness and I felt the calm it gave and a gift of promise that my anxiety would lift.

Shortly a friend who is important to me arrived. Silently the girl offered her chair and when he was seated she transferred my hand to his without comment and left the room.

I will never forget the comfort of that silent act, or her confidence in dealing with my stress which she had immediately perceived.



Every year thousands of individuals, community groups, trusts, foundations and corporations give generously to support the work of Calvary Health Care Bethlehem. Their support continues to contribute to the quality of care provided to patients and their families. On behalf of our grateful patients and families we say a sincere ‘thank you’ to these important supporters.

Newspaper Series focuses on CHCB’s patient-centred Palliative Care



Earlier this year, The Sunday Age interviewed patients, their families and the staff members who looked after them in an attempt to uncover the stories behind those living with a terminal illness. Facilitated by the health service and with the blessing of those involved, some interviews with patients took place in their final weeks and days of life.

Written by the newspaper’s social affairs reporter, the resulting 5 part series titled “Letting Go” succeeded in revealing the patient and carer experience at end of life from a wide range of perspectives and examined the motivation and rewards for those offering support to both at this time. The response to the series was very supportive, with many Victorians grateful that it tackled

the misconception of palliative care only being about death and dying. This series also gave the public an insight into the skills and techniques involved in caring for those at the end of their life. For others, it brought back their own experience of saying goodbye to someone they love.

The health service has been warmly congratulated by palliative care educators across the country who are using the series as an educational resource. The articles and videos produced in support of the series are accessible from our website at www.bethlehem.org.au.

Volunteer Services

Our team of 75 volunteers represent a diverse mix of cultural backgrounds and ages. Each one of our volunteers serves patients and their families in a broad range of roles. The services that our volunteers provide are mainly patient centred in the areas of social support, gentle massage, assistance with feeding, patient biography writing, pet therapy, transport to and from appointments, support in the day centre and diversional therapy. Other volunteer support roles in the hospital include administrative support in the areas of volunteer management, ward support, community development and hospital records.

New volunteer initiatives for this year have included:

- Engaging speech therapy students with our Speech Pathology Department
- Involvement with art therapy sessions in the Palliative Care Day Centre
- Day Spa and Relaxation Station – beauty treatments to help patients feel better about themselves.
- Community Palliative Care Service patient support and respite for carers.

At CHCB we greatly appreciate all our volunteers who generously donate their time, energies and expertise in supporting our patients and their families.



CHCB Volunteer Sarie assists the health service with much appreciated administrative support

Volunteer Years of Service

20+ Years of Service

Enid Holland	Renee Mascurine
Margaret Prest	Valda Smidt
Alfred Marshall	

15+ Years of service

Lorraine Hince	Margaret O'Driscoll
Janet Anderson	Valerie Hall

10+ Years of Service

Marion Shanahan	Jennifer Bernoth
Inge Truckenbrodt	Steve Smith

Southern Metropolitan Palliative Care Consortium (SMRPCC)

The Southern Metropolitan Region Palliative Care Consortium (SMRPCC) is an alliance of palliative care service providers working in collaboration to enhance service delivery and support integration and coordination of palliative care services. CHCB has been a member of the consortium since it was established and continues to take an active role in consortia activities.



The Power of Music *Staff Story*

Music therapist Isabel Chua has been at CHCB for the last four years. Isabel's work with palliative patients was featured in the Palliative Care Series in The Sunday Age last year which described her giving comfort to a terminally ill patient and his family by singing them their favourite country and western songs. In the course of her working week, Isabel might sing to patients in a variety of languages and traditions from Yiddish to Greek, and Italian to Chinese. Isabel loves her work and finds great reward witnessing the therapeutic power of music.

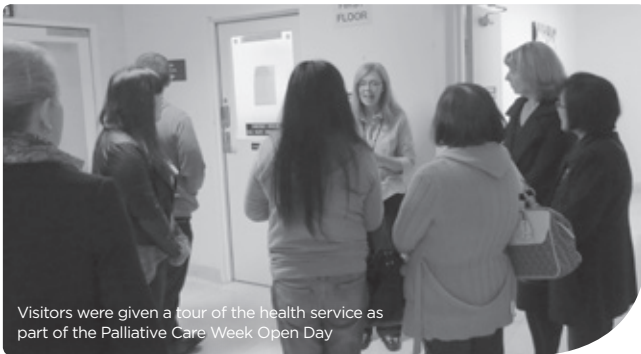
Music Therapist Isabel Chua

Our Community

Palliative Care Week Open Day

In June we celebrated Palliative Care Week and Volunteer Week by opening our doors to the local community. Guests were guided around the hospital in five separate groups as department heads explained the interdisciplinary work performed across the health service each day to improve the Quality of Life of our palliative patients.

CHCB is actively involved in raising awareness with the local community of the issues for people dealing with an incurable illness. By facilitating community events like this year's Open Day, we seek to promote health and wellbeing for those at end of life and ensure that people get the support they need.



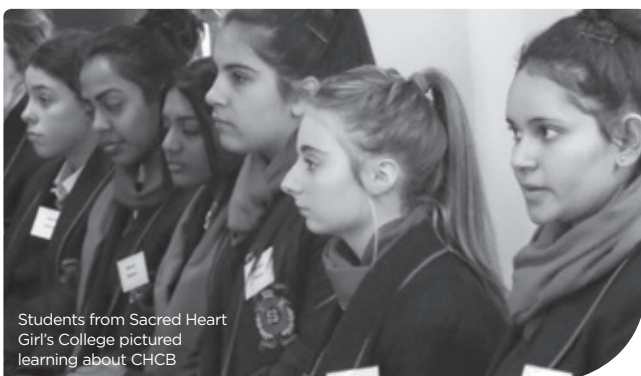
Visitors were given a tour of the health service as part of the Palliative Care Week Open Day

The Schools Health Promotion Project

Over the past year, CHCB has been engaged with Palliative Care Victoria and La Trobe University in a Volunteer Community Capacity Building Project with Sacred Heart Girl's College, a local school in Oakleigh.

The aim of the project is to increase the awareness, resilience and capacity of communities to deal with issues of dying, death and bereavement. We are pleased to be collaborating with Sacred Heart in this exciting project which invites community dialogue with the important issue of end of life care.

35 year 10 students are involved in the project and



Students from Sacred Heart Girl's College pictured learning about CHCB

Volunteer Story

A young volunteer finds reward in caring for patients at end of life

Cordelia Prowd has been a valued member of the volunteer team at Calvary Health Care Bethlehem since she arrived over a year ago. In her early 20s, Cordelia is younger than most volunteers at the health service but loves the experience of working with other volunteers helping to improve the quality of life of palliative patients.

"Staff here are friendly and compassionate. They have a lot of respect for patients and are committed to making sure that their dignity is maintained"

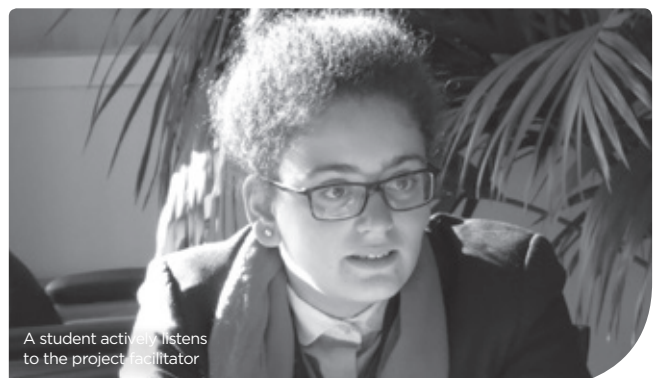
"I feel fortunate to be able to spend time with the patients. The time we spend together, particularly in the Day Centre allows them to forget about being a patient and be themselves for a little while". Volunteers like Cordelia are integral to the delivery of holistic care at CHCB.



Volunteer Cordelia Prowd loves her work at CHCB

they have been actively engaging with staff, volunteers and patients. The students are creating art inspired by this unique experience and later this year their artistic creations will be launched in conjunction with World Hospice and Palliative Care Day.

The students and their parents have already expressed their appreciation for the opportunity to have real and candid conversations about this stage of life. As the community continues to embrace Advanced Care Planning, the students involved in this project are



A student actively listens to the project facilitator

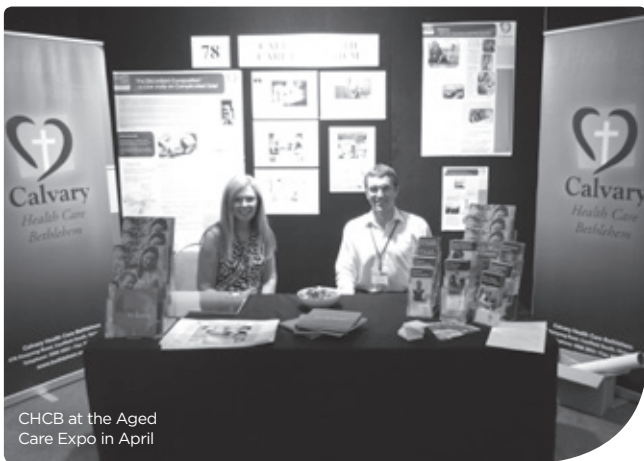
“Awareness, appreciation, gratitude, fullness of life, compassion, resilience, strength, meaning, empathy and love are some of the words students have used to describe their experience at CHCB.”

engaged in a journey of discovery and self awareness. The young volunteers engaged in this project will take this important conversation into the wider community.

Awareness, appreciation, gratitude, fullness of life, compassion, resilience, strength, meaning, empathy and love are some of the words students have used to describe their experience at CHCB.

Raising Awareness in the Community

During the course of the year, CHCB took a number of opportunities to speak to the community about Palliative Care and the work performed at our health service by attending industry expos and presenting to community organisations at seminars and conferences across Australia. Some of the events included the CAREX (Aged Care Expo), Port Philip Volunteers Expo and Graduate Nurses Expo.



CHCB at the Aged Care Expo in April



CHCB Volunteer Robin Downs speaks to an interested attendee at the Volunteer Expo



Assistant Nurse Unit manager Mary Conway spoke to students about our Graduate Nurse program at the Nurses Expo in May

CHCB Community Advisory Council

Our Community Advisory Council continues to assist us in strengthening our relationships with consumers and the broader communities that we serve.

Each year CHCB Community Advisory Council increases in size and scope in alignment with our broader strategy of engaging with the community. This year we welcomed Peter Kelly whose background in health complements the skill set of the Council's existing members. The council continues to seek to engage members who will bring valuable insights into the community that CHCB serves.

The Community Advisory Council actively participated in the accreditation survey and were commended by the surveyors for the work we did on developing and

Our Community

endorsing the Consumer and Community Engagement Framework which forms a platform to assist the Executive to achieve against the National Standards.

Apart from providing support at official functions and external events to raise awareness in the community about the issues for people at the end of life, the Council has provided input and advice into the development of both the CHCB Strategic plan and Model of Care. In addition, the Community Advisory Council has assisted both the Volunteer and Corporate and Community Development Departments with the development of work plans to assist the organisation achieve some of its strategic goals.

Finally, we would like to acknowledge the Inaugural Chair of the Committee, Mr Ian Stoney who retired this year. We would like to particularly thank Ian for his experience, commitment and recruitment of members aligned with the vision and mission of the Sisters. As chair Ian was driven to ensure the relevance of CHCB in the community and making sure that the work CHCB provides always "makes a difference".

Mr Ian Stoney - Chair
Mr John Coulson
Ms Anne Murphy OAM
Ms Colleen d'Offay

Sr Jennifer Barrow LCM
Dr Jane Fischer
Mrs Brenda Ainsworth
Mr Peter Kelly -
(commenced May 14)



Ladies Auxiliary

We would like to acknowledge the tremendous support and hard work by our Ladies Auxiliary Committee who give their time and energy so generously to run the Card Day Luncheons. The Ladies Auxiliary devote their valuable time to hosting 6 luncheons each year that are responsible for raising over \$5,000 a year, money that was used to purchase syringe drivers, a vital pain and symptom management tool for our patients.



CHCB Ladies Auxiliary members
pictured at the Elsternwick Bowls Club

Donations and Fundraising

In 2013-2014, a large number of individuals, families, charitable trusts, foundations, and corporations made donations to Calvary Health Care Bethlehem. We are humbled by their generosity and, in return, ensure that their contributions are allocated appropriately. Donor support has contributed to an overall enhancement in the quality of care provided to patients and their families at CHCB and on behalf of our grateful patients and families we say a sincere 'thank you'.

The support we receive from the community ensures we continue to provide quality healthcare services today and into the future by investing in the development of new initiatives, purchasing specialised equipment and funding research.

We are grateful to the many philanthropic trusts and foundations that share our commitment to provide holistic care to patients and their families. Their generous support has resulted in the purchase of new equipment and the implementation of new initiatives that positively impact our patient care.

Every year many generous families make in memory donations on behalf of their loved ones who have been cared for by Calvary Health Care Bethlehem. Our direct mail program helps us to keep in touch with our supporters including the Quarterly 'Friends of Bethlehem'. These mailings keep our supporters and the wider community in touch with the needs of our patients and their families and their positive stories.

If you admire the values and work of Calvary Health Care Bethlehem, we encourage you to consider including a bequest to Calvary Health Care Bethlehem in your will. To discuss how to leave a lasting legacy contact our Fundraising Manager on (03) 9595 3225

We are happy to answer your questions about our fundraising and the manner in which potential donations may be utilised. Financial donations can be made over the phone or through the post to: Corporate and Community Development, 476 Kooyong Road, Caulfield, Victoria 3162.

Freedom of Information

The Victorian Freedom of Information (FOI) Act 1982 provides a legally enforceable right of access to information held by government agencies.

All FOI applications received by CHCB were processed in accordance with the provisions of the FOI Act.

CHCB provides an annual report on FOI applications to the Department of Justice.





Health Care Bethlehem

**Calvary Health
Care Bethlehem**

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