

*Healing* Hospitality  
Stewardship  
Respect



Annual Report  
2012 - 2013



**Calvary**  
Health Care  
Bethlehem

A photograph of a woman with short blonde hair and glasses sitting in a wheelchair. She is wearing a light green turtleneck sweater under a grey patterned vest. A woman with long blonde hair stands behind her, looking on. The scene is set in a brightly lit hospital hallway with white walls and doors.

# Calvary Health Care Bethlehem Annual Report 2012-2013

## Contents

What We Do	3
Our People	13
Quality of Care	17
Our Community	25

If you would like further information regarding the Annual Report please contact the Corporate and Community Development Department on 9595 3225.

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

*Responding* to the  
*needs* of our *community*

# 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

## “Responding *to the needs of our community*”

We would like to present the 2012-13 Annual Report which outlines the achievements of Calvary Health Care Bethlehem (CHCB) over the last 12 months as we responded to the needs of our community and continued to improve on the care that is delivered to patients and their families.

CHCB is recognised for its specialist expertise in palliative care and state-wide role in caring for those with a progressive neurological disease and now supports over 4000 patients and their families each year. Palliative care is core to the Little Company of Mary Health Care and our Mission of caring for the sick and dying by “being for others” is as relevant now as it was when the order was founded by the Venerable Mary Potter LCM and it is our value of stewardship that is so critical as we continue to deliver a sustainable but high quality Model of Care.

Patients and their families, staff and members of the broader community have all contributed to the design of the future Model of Care – one which meets the needs of our community and has the patient at the centre of care. The Government and the national Board both support this new model and work with staff, patients and families and partners in the community will continue over the next 12 months to progress implementation of the model. At the same time, the Board will continue to work with the Government to determine the best option for future redevelopment to ensure that our facilities meet community expectations.

Partnerships are a key component of the model, as they help us to deliver care in the place of patient choice and we would like to acknowledge all of the specialist health services, primary health providers and peak bodies who have collaborated with us over the last 12 months. Equally important are our relationships with a number of universities as we continue to focus on education, training and research and the development of a highly skilled workforce that supports the future Model of Care.

Thanks to all those who continue to support us in a variety of ways – our donors, community organisations, members of the ladies auxiliary and the Community Advisory Council. Your contribution assists us to provide additional resources that assist people to live well as they approach the end of their life and some of these innovations are outlined in this report.

As we work towards accreditation in August 2013, we would like to acknowledge all staff for their contribution in ensuring that CHCB meets the new national clinical standards, in addition to the Palliative Care Australia National Palliative Care Standards. It is the dedication of staff and volunteers that enable us to deliver the best quality, compassionate care to those in need within our community.

Finally, thanks to the executive team for their commitment to the vision of Mary Potter as we strive to excel in the spirit of “being for others”.

# Message from Calvary Ministries



## Bill d'Apice

Calvary Ministries Chair  
Calvary Ministries

From the beginnings of the Little Company of Mary, the emphasis has always been on service to the sick and dying and those marginalised in our society whatever their background.

Over time the initial work commenced by the Foundress, the Venerable Mary Potter, has adapted, changed and often broken new ground in an endeavour to be responsive to the communities we live in and this has subsequently influenced changes within our health care facilities.

At Calvary Health Care Bethlehem, there is evidence of ongoing changes and developments, from the initial transition as a private hospital to a public health care facility with a focus on palliative care and progressive neurology to what it is today. From being initially inpatient focused, the service has expanded to provide care in centre based clinics or in people's homes and provides a Model of Care that respects patient values and choices and is responsive and flexible to accommodate their needs. In all changes that have occurred in our services, they are guided by our values of Hospitality, Healing, Stewardship and Respect.

In providing holistic quality compassionate care for patients, families and friends, our vision identifies what we continually strive to become: a catholic health facility, recognised as a continuing source of healing, hope and nurturing to the people and communities we serve.

## 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.

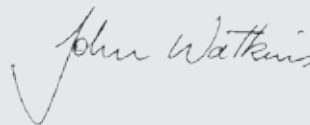


**Dr Jane Fischer**

Chief Executive Officer  
Calvary Health Care Bethlehem  
8 August 2013

## 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  
1 August 2013

## 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.



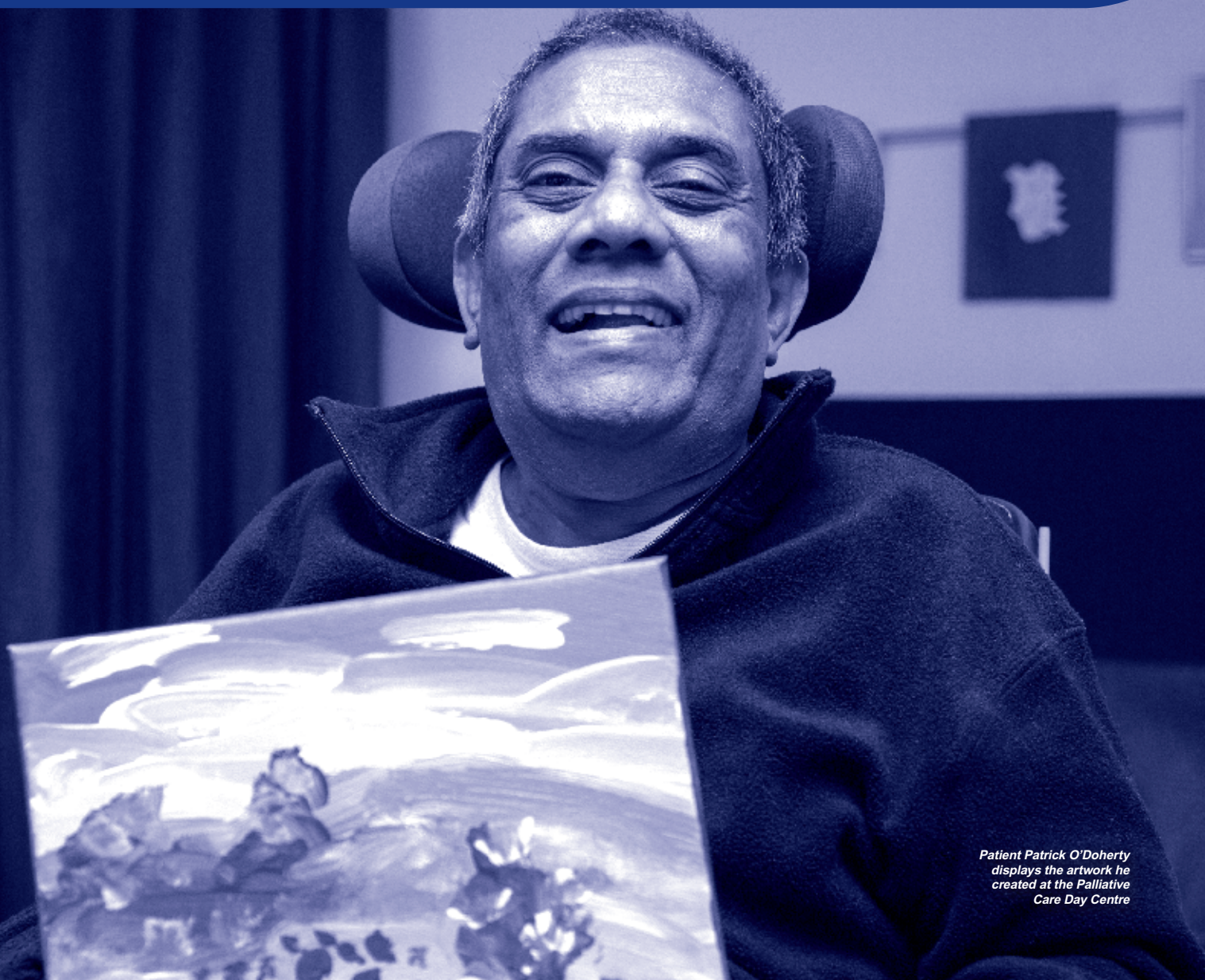
**Dr Jane Fischer**

Chief Executive Officer  
Calvary Health Care Bethlehem  
8 August 2013

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

# What We Do

We are a *leading* Victorian specialist *palliative care service* with a *statewide role* in caring for those with a *progressive* neurological disease. Our interdisciplinary approach to care *enables us* to address the *complex needs of patients* and their families.



Patient Patrick O'Doherty displays the artwork he created at the Palliative Care Day Centre

# What We Do

## Model of Care

In 2012, Calvary Health Care Bethlehem (CHCB) commenced work on an exciting initiative to develop our future Model of Care. During the year, Aspex Consulting engaged with our executive team, staff and community to develop an innovative and sustainable Model of Care that would solidify our role as a statewide provider of specialist services. In the last 12 months our role as a specialist service has been evidenced through our active leadership in the following areas:

- Gippsland Palliative Care Collaboration
- Building Capacity in Residential Aged Care
- Statewide Progressive Neurological Disease Project
- Telehealth
- Palliative Day Centre
- New Technologies

## Building Capacity in Residential Aged Care

In 2011 the Executive of the Southern Metropolitan Region Palliative Care Consortium (SMRPCC) commenced work on the residential aged care project that has continued this year. The aim of the project is to develop sustainable strategies that support aged care facilities to meet the needs of residents in a palliative approach to care. Our Community Palliative Care Service has played an integral role in the roll out of this model by employing a Registered Nurse (RN) within the service. Our RN has substantial residential aged care experience that enables her to educate and empower staff within aged care facilities to provide effective palliative care and so maintain residents within their facility.



# Gippsland Palliative Care Collaboration *Patient Story*

Raymond Island is a small island community in the Gippsland Lakes area of Eastern Victoria. The only access to this island is by ferry. CHCB's collaboration with community based palliative care services is having a positive impact on patient care and health service capacity in the Gippsland region. This collaborative effort has improved quality of life outcomes for palliative patients across the Gippsland region. Jane\*, a patient from remote Raymond Island had her quality of life significantly improved after receiving a consultation by one of our specialist palliative physicians. The palliative doctor was able to make practical recommendations during the consultation with the patient. These recommendations had a dramatic effect on the patient's symptoms and quality of life. Jane is now no longer bed-bound by her pain, her spirit is lifted, she needs less medication and is now able to make the most of each and every day with her husband.

*Jane\* is not the patient's real name*

*Raymond Island Ferry*

**“CHCB’s *collaboration with community based palliative care services is having a positive impact on patient care and health service capacity in the Gippsland region.*”**

Highlights of this project include:

- The increased capacity of residential aged care facilities to deliver a palliative approach to care
- Enabling aged care facilities to provide efficient and effective support for residents with high level needs with support provided by our Community Palliative Care Service
- The realisation of the palliative care tool kit as a simple and successful way to deliver education in residential age care facilities
- Improved work practices for residential aged care nurses stemming from our formal education sessions
- The use of a Train-the-Trainer approach was used to secure the long-term, sustainable benefits of the program

## Statewide Progressive Neurological Disease Project

During this financial year, CHCB played a central role in an exciting new initiative aimed at developing a statewide Model of Care for people with a progressive neurological disease (PND). The Department of Health has provided funding for a 2 year period that includes the implementation of the Model of Care.

The vision of the project is: *“For all Victorians with a progressive neurological disease, their families and carers, to receive the care and support services they need, when they need it and in the most appropriate location”.*

The project has been developed in accordance with our role in the sub acute Capability Framework in which we function as a Level 5, statewide sub acute service provider.

The aim is to support people with a progressive neurological disease across the state and work with the patient’s local health services to deliver services closer to home based on principles of best practice.

This project focuses on:

- Implementing the Model of Care across Victoria – starting in the Barwon and South West Region.
- Evaluating the Model of Care in the Barwon region in partnership with Monash University’s School of Preventative and Public Health. Ethics approval for the evaluation of this project has been granted.
- Developing and enhancing Calvary Health Care Bethlehem’s role as a level 5 statewide provider of sub acute services
- Building stronger relationships with the key associations – MND Victoria, Parkinson’s Victoria, MS Australia, Huntington’s Victoria and the Muscular Dystrophy Association.
- Surveying people living with a progressive neurological disease and their carers on what is important for them and their experiences with service providers. Over 500 responses have been received and the results will be provided to the associations and the department of health.

People with a progressive neurological disease in the Barwon region are attending the new service in Barwon – that is supported by CHCB staff. We are providing: training and education, secondary consultation and videoconferencing support to the Barwon Service. The experience and knowledge gained from this project is being shared to benefit other service providers. Work on enhancing CHCB’s provision of secondary consultation, videoconferencing and Telehealth is ongoing.



*A family member in consultation with Neurological Ambulatory Nurse Megan Scott*

# What We Do

## Telehealth

In 2012, Calvary Health Care Bethlehem engaged the Australian Centre for Health Innovation to implement telehealth technology to improve access to our service for patients in rural and regional Victoria.

Over the last year, telehealth technology has been introduced to a number of service areas within the organisation. Our Neurological Ambulatory Service (NAS) is at the forefront of utilising this technology to bridge the geographical divide with patients in remote and rural settings. In NAS, those patients who would benefit the most from video consultation were identified by nursing staff. These patients live some distance from CHCB, and the aim was to reduce the stress they experienced travelling from across country Victoria.

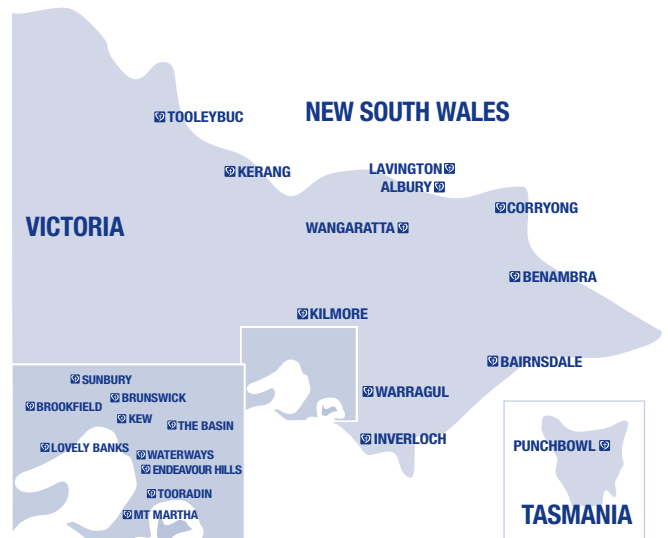
**“Our Neurological Ambulatory Service (NAS) is at the forefront of utilising this technology to bridge the geographical divide with patients in remote and rural settings”**

After establishing the suitability of a patient our administrative team ensured the necessary technology required for video consultation was set up in the patient's home or their local health service. A preliminary evaluation of NAS patients utilising telehealth indicated that 40% of potential patients did not have the equipment for an effective video conference. A survey evaluating the effectiveness of the technology found that 75% of those that used telehealth found it to be as effective as a face to face consultation. All participants involved reported that they were satisfied with the process. We are continuing to expand the use of this technology to encourage clinician to clinician meetings, education, training and secondary consultative support.

Our NAS Nurse Megan says: “Telehealth video conferencing has been a revolutionary addition to the way we operate. The benefits can be seen each time a wheelchair bound patient comes online at home when ordinarily they would be negotiating trains and taxis to get to the hospital for the consultation they need”.

**“Telehealth video conferencing has been a revolutionary addition to the way we operate.”**

## Location of patients who received Telehealth consultations



## Palliative Care Day Centre

The Palliative Care Day Centre continues to play an important role in the care provided to community palliative patients across Melbourne. The Day Centre's social model focuses on therapies that enhance patient quality of life. We do this by providing opportunities for social interaction to those who would otherwise be isolated and also provide respite for family caregivers.

In 2012/2013 a range of new group outings and activity programs were organised to optimise patient wellbeing. The programs are designed to be accessible to patients with a variety of different needs.

One of the more popular activities provided by the Day Centre is the art therapy program. Over the last year community palliative patients attending the program have collaborated on artworks that have been shown at both the Royal Melbourne Show and the Art For Kids Sake show in Ballarat. Coordinator Tracy Neave describes these projects as particularly rewarding.

*“These projects give patients a positive purpose as they get to express their own journeys and share them with others through their collaboration on the work”* said Tracy. The Day Centre is currently working on a piece that is a collage of material that is themed ‘the Tree of Life’.

The most significant event in 2012 was the inaugural Christmas Fair. The effort and time put into the event and the fun experienced by those who attended produced a palpable “buzz” in the Day Centre that was felt for weeks before and after the event. The 2013 Christmas fair is already being planned with much anticipation and excitement.



# Day Centre

## *Patient Story*

Prema has been coming to our Palliative Care Day Centre for the last 2 years and loves it. Diagnosed with a progressive incurable illness she says that she loves everything about the centre but particularly the atmosphere of good will and the large number of activities it offers.

Her favourite activity at the centre is painting. Prema states enthusiastically that the Day Centre has changed her life for the better and she would be very unhappy if she were unable to visit the centre on a regular basis.

*“Thanks to the Day Centre I have discovered that I have a talent for painting that I wouldn’t have known about otherwise!”* she said.

*“I would recommend the Day Centre to others as a place that can make you happy with the simplest things; being productive in a positive environment with other people who are experiencing similar things to you.”*



Patient Prema Perera displays the artwork she created at the Palliative Care Day Care Centre

## New Technologies

Mainstream technology is developing and changing at a rapid rate, providing those with physical impairments increased opportunities to benefit from new technologies. As providers of a specialist service it is critical that Calvary Health Care Bethlehem remains up to date with the latest advances in technology.

In 2012/2013 CHCB’s pursuit of a number of projects, namely the Assistive Technologies, iPad and eReader projects has firmly established the health service as a level 5, statewide and national consultation service.

The innovative projects are having, and will continue to have, a profoundly positive impact on providing the best quality of care for our patients. They enable us to stay abreast of cutting edge technologies, and provide for the education and up-skilling of clinicians across departments.

Therapists across the globe are all striving to keep up with technology and the developments this health service has made in the last year have put us on an even footing with best practice across the world.

### Marty Andrews

Two new Eyegaze communication systems were trialled this year with Marty Andrews, a 41 year old man with Motor Neurone Disease. Trialling this new technology was extremely timely as Marty was having increasing difficulty communicating and accessing his computer due to the deterioration of his condition. This technology now enables Marty to communicate effectively with his 2 young children.



CHCB Patient Marty Andrews with Senior Occupational Therapist Sarah Solomon

# What We Do

## Integrated Technologies Project

This project was a collaborative effort between our speech therapy, physiotherapy and occupational therapy departments, working to enhance our training and expertise in the use of assistive technologies for people living with a progressive neurological disease.

Technology Room to increase knowledge across departments, and enhance interdisciplinary and inter-organisational practice. Through this project we were able to create an Integrated Technologies Coordinator position to educate our allied health interdisciplinary team about current and emerging assistive technologies. Our allied health clinicians can now advise individuals with

**“These technologies *allow us to give people back some of the independence they have lost – it feels great to be able to have such a positive impact on someone’s quality of life!*”**

Assistive technologies are a range of products that improve functioning, enabling a person to live at home and in the community, and enhance their independence and quality of life.

As part of our ongoing commitment to learning and innovation, we have established an Allied Health Assistive

technology room to increase knowledge across departments, and enhance interdisciplinary and inter-organisational practice. Through this project we were able to create an Integrated Technologies Coordinator position to educate our allied health interdisciplinary team about current and emerging assistive technologies. Our allied health clinicians can now advise individuals with progressive neurological diseases which technology would best suit their individual requirements. With assistance from our clinicians, patients are able to trial the suitability of new assistive technologies, such as the Page Bot and Eyegaze, on eReaders and iPads to determine what works best. The advice that clinicians have given has markedly improved patient quality of life by enhancing their ability to communicate and control their environment.

Assistive technology is now a core component of our Model of Care. We are now equipped to provide patients with education and training on how assistive technologies can improve their quality of life.

An abstract of this project was submitted and accepted at the 10th National Allied Health Conference. We look forward to sharing our work and achievements with other organisations in October 2013.

### Theresa Taylor

Theresa Taylor is thrilled by the difference the program has made to her life. Her access to new technologies has *“given me back my independence”* she stated enthusiastically. Theresa is now able to stay in touch with friends and even do a bit of shopping online. The creation of the integrated technology room has enabled her to use her laptop without her hands. This is achieved by installing Theresa’s laptop with a tracker-pro head mouse control. She also has access to a communication support system that will make communication easier for her when it becomes harder for her to speak.

*“With this technology I can still have a chat in the evenings with friends and family – this has made such a difference to me, thank you”.*



## iPad Project

Over the last year thanks to the generous financial support of Colliers Charitable Trust and Dame Elisabeth Murdoch, CHCB has pursued the purchase of 15 iPads for the purpose of investigating the benefits and limitations of this exciting new technology in providing improved patient quality of life through enhanced communication, environmental control and computer access.

Funding for this project was provided in early 2013 to assist with the purchase of 15 iPads, a Bretford PowerSync cart and an iMac App Configurator Program. A number of other options were also purchased to enhance patient accessibility to the technology. These devices included iPad mounts, stylus, Bluetooth devices and other aids.

Introducing new and mainstream technology into a therapeutic environment is a challenging and exciting initiative. The iPad project has shown encouraging signs in the early implementation stage. Further education and training provided by technology advisers Bit Street will further develop the knowledge and skills of our interdisciplinary team to assist patients and their families to utilise this technology.

## Sue Albon

Motor Neurone Disease patient Sue Albon was ecstatic with the difference text to speech software made on her ability to communicate. With the technology Sue can chat easily with staff via her iPad. The text to speech software speaks aloud whatever Sue types. A special mount was installed on Sue's powered chair that enables her to use the software wherever she goes.



Nurse Brenda Chan assists Sue Albon with her iPad

## eReader Project

The eReader project was developed in response to a request from the peak body for Motor Neurone Disease in the state, MND Victoria, to explore the benefits of eReaders for individuals with Motor Neurone Disease. The project saw our Occupational Therapy Department review mainstream eReaders and accessories to determine the suitability of each product for patients with Motor Neurone Disease.

**“The innovative projects are having, and will continue to have, a profoundly positive impact on patient care.”**

The most commonly available eReaders were identified and analysed in order to discover the strengths/weaknesses,

benefits/limitations and access options of each device. The results of our assessments have informed MND Victoria on which eReaders would be suitable to loan out to their members.

From the data received, a quick reference table was developed with information to help inform therapists, MND Vic members and their families on the devices that would best suit individual requirements.

Through this project our staff were able to build their knowledge and expertise in the use of, and prescription of, mainstream technology. From this understanding our Occupational Therapy team were able to adapt mainstream technology and tailor it to suit individuals with physical disabilities. The use of these specialised devices and equipment has improved patients' quality of life and assists them in maintaining their independence.

## Melissa Gordon

Melissa is 29 years old and had always loved to read. She came to her first Occupational Therapy assessment with many goals – one of which was to be able to read again. Unfortunately, due to her progressive neurological condition she is unable to hold a book or turn a page.

As a result of the eReader Project, during her clinic appointment Melissa was able to trial a number of eReaders and the Page Bot device. With the support of our Occupational Therapy team, Melissa was able to determine that the Page Bot device best suited her needs and with the new technology she is now able to read independently.

(A Page Bot is a specialised device from the USA, that allows a Kindle to be controlled by the use of a switch.)



Melissa is using a Kindle Generation 3 in a Page Bot mount that is controlled with a buddy button switch to turn the page.

# Service Performance

## Strategic Priorities

Priority	Deliverables/Outcomes	Achievement
Developing a system that is responsive to people's needs	<ul style="list-style-type: none"> <li>Implement consumer participation project and ensure compliance with National Quality Standards</li> </ul>	Achieved
	<ul style="list-style-type: none"> <li>Engage with service providers in Southern Metropolitan Region (SMR) to inform Calvary Health Care Bethlehem (CHCB) Model of Care (MOC) development project</li> </ul>	
	<ul style="list-style-type: none"> <li>With SMR Palliative Care Consortium develop plan for palliative education to residential aged care facilities in the region</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Develop health promotion activity with schools and community organisations</li> </ul>	
	<ul style="list-style-type: none"> <li>Develop consumer engagement strategies specific to top 2 culturally and linguistically diverse (CALD) groups accessing CHCB services</li> </ul>	
Improving every Victorian's health status and experiences	<ul style="list-style-type: none"> <li>Through the Statewide Progressive Neurological Disease (PND) project, implement model with a level 4 provider with preliminary evaluation completed</li> </ul>	Achieved
	<ul style="list-style-type: none"> <li>Fully implement the Little Company of Mary Health Care (LCMHC) End of Life pathway on all wards</li> </ul>	
	<ul style="list-style-type: none"> <li>Implement changes as result of benchmarking Palliative Care Outcomes Collaboration</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Implement action plan against top 3 themes from patient/carer feedback surveys</li> </ul>	
	<ul style="list-style-type: none"> <li>Progress action plans against falls, wounds and hand hygiene with improvement in clinical indicators</li> </ul>	
Expanding service, workforce and system capacity	<ul style="list-style-type: none"> <li>Develop "red flags" to inform referral pathways for other service providers to CHCB as a level 5 provider</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Implement recommendations from education review completed in 2011-12</li> </ul>	
	<ul style="list-style-type: none"> <li>Evaluate and conduct further programs for emerging leaders</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Implement electronic human resource systems (rostering and timekeeping)</li> </ul>	
	<ul style="list-style-type: none"> <li>Demonstrate improvement in staff satisfaction as measured by Best Practice Australia survey</li> </ul>	
Increasing the system's financial sustainability and productivity	<ul style="list-style-type: none"> <li>Review staffing structure and roles post completion of CHCB MOC project</li> </ul>	Achieved
	<ul style="list-style-type: none"> <li>Develop action plan as result of gap analysis against LCMHC OH &amp; S strategy</li> </ul>	
	<ul style="list-style-type: none"> <li>Complete CHCB MOC development project by Dec 12</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Develop a safety culture at CHCB demonstrated by reduction in lost time injury frequency rates (LTIFR), occupational health and safety (OH &amp; S) audits 100% completion of actions, plan for repeat LCMHC safety survey</li> </ul>	
	<ul style="list-style-type: none"> <li>As result of CHCB MOC project identify efficiency savings and service restructure to improve sustainability</li> </ul>	
Implementing continuous improvements and innovation	<ul style="list-style-type: none"> <li>Reduce levels of non-productive leave</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Implement environmental strategies with introduction of hybrid car fleet; 5% reduction gas, water and electricity</li> </ul>	
	<ul style="list-style-type: none"> <li>As result of CHCB MOC project define service configuration and role of CHCB in broader health system</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Implement plan for proposed changes within current infrastructure</li> </ul>	
	<ul style="list-style-type: none"> <li>Further develop and expand centre based community palliative care services</li> </ul>	
Increasing accountability & transparency	<ul style="list-style-type: none"> <li>Upon completion of both CHCB MOC project and Statewide PND project work with Department of Health to inform future redevelopment options</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Complete cost modelling with Department of Health to better understand costs associated with delivery of Sub-acute Ambulatory Care Services to clients with progressive neurological diseases</li> </ul>	
	<ul style="list-style-type: none"> <li>Continue focus on comprehensive reporting of ambulatory data to inform shift to Activity Based Funding in 13/14</li> </ul>	Not achieved
Improving utilisation of e-health and communications technology	<ul style="list-style-type: none"> <li>Report Victorian Integrated Non-Admitted Health (VINAH) and Functional Independence Measure (FIM) to Department of Health by Nov 12</li> </ul>	In progress
	<ul style="list-style-type: none"> <li>Complete business case for full implementation of e-health record in 13/14</li> </ul>	
	<ul style="list-style-type: none"> <li>Fully implement and evaluate telehealth initiatives with other service providers</li> </ul>	

## Analysis of Labour (by FTE)

Labour Category	JUNE		JUNE	
	Current Month FTE		YTD FTE	
	2012	2013	2012	2013
Nursing	114.1	114.9	110.1	112.2
Administration and Clerical	19.6	17.1	20.0	18.0
Medical Support	9.8	7.1	8.0	4.7
Hotel and Allied Services	22.7	22.1	22.7	20.6
Medical Officers	8.7	8.5	6.2	9.6
Ancillary Staff (Allied Health)	43.6	40.2	39.3	39.6
	<b>218.5</b>	<b>209.9</b>	<b>206.3</b>	<b>204.7</b>

## Summary of Financial Results (\$000's)

	2013	2012	2011	2010	2009
Total Revenue	27,381	28,207	26,152	25,504	24,205
Total Expenses	27,729	28,407	25,524	25,152	23,881
Net Result for the Year (inc. Capital and Specific Items)	(348)	(200)	628	352	324
Retained Surplus	8,891	9,905	9,955	9,477	9,095
Total Assets	16,339	17,320	16,178	15,323	14,463
Total Liabilities	6,782	7,415	6,073	5,846	5,338
Net Assets	9,557	9,905	10,105	9,477	9,125
Total Equity	9,557	9,905	10,105	9,477	9,125

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

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2012-13	Future commitment
Aspex Consulting	Develop future Model of Care	1/06/12	31/10/12	60	9	-
Health Projects International	Fabric audit	25/03/13	14/05/13	31	31	-
Monash University	Evaluation of progressive neurological diseases model	8/04/13	21/06/13	18	18	-
Davidson Trahaire Corpsych Pty Ltd	Provision of external employee support	1/07/12	30/06/13	14	14	-
Groupwise	Employee training, coaching and facilitation	1/07/12	30/06/13	14	14	-
Partnering with Patients	Evaluating patient experience on admission to service	10/05/13	17/05/13	11	11	-
Ascentor Pty Ltd	Monitoring of risk management performance	1/07/12	31/05/13	11	11	-
Workplace Legal Pty Ltd	HR services & employee relations	1/07/12	30/06/13	10	10	-

During the year 7 consultancies were engaged where the total fees payable to the consultants were less than \$10,000, with a total expenditure of \$22,665.

# Service Performance

## Service

	Target	2012-13 actuals
<b>(a) Financial performance</b>		
<b>(i) Operating result</b>		
Annual Operating result (\$m)	\$0.000	\$0.054
<b>(ii) Cash management</b>		
Creditors	< 60 days	48 days
Debtors	< 60 days	49 days
<b>(b) Service performance</b>		
<b>Quality and safety</b>		
Health service accreditation	Full compliance	Achieved
Cleaning standards	Full compliance	Achieved
Submission of data to VICNISS	Full compliance	Achieved
Hand Hygiene (rate)	70%	Achieved
SAB rate per occupied bed days	2/10,000	Achieved
Victorian Patient Satisfaction Monitor (OCI)	73	Achieved
Consumer Participation Indicator	75	Achieved
<b>(c) Activity and Funding</b>		
	2012-13 Activity Achievement	
<b>Subacute Admitted</b>		
GEM Public	9,285	
GEM Private	991	
GEM DVA	257	
Palliative Care Public	9,042	
Palliative Care Private	1,697	
Palliative Care DVA	455	
	<b>21,727</b>	

Admitted patient data is not final and is subject to consolidation.

# Our People

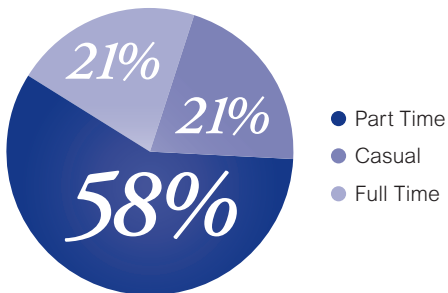
Our professional, *interdisciplinary teams* work with other health and *community based* providers, both locally and across the state, to provide a *well coordinated* Model of Care for our patients. This *innovative model* ensures the best possible *quality of life* for our patients and their families.



# Our People

Our staff continue to be an inspiration with their commitment to improving quality of life for patients and their families. We express our sincere thanks and appreciation to each and every one of our staff for their exemplary work throughout the year.

## Breakdown of Employment Type (%)



## EOWA

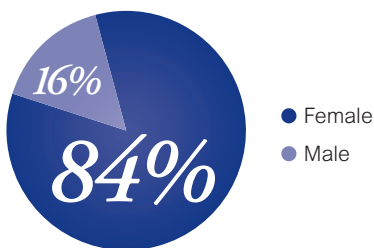


The workplace initiatives that resulted in the 2012 -2014 citation of our health service as an Employer of Choice for Women by the Equal Opportunity for Women in the Workplace Agency is reflected by the EFT figures for 2012/2013. The predominance of part time positions reflected in the figures illustrates that this financial year the

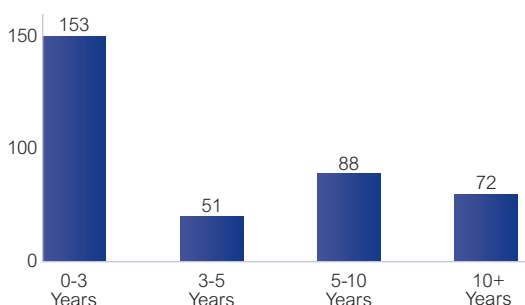
organization continued to provide flexible work hours to our female staff and assist with work life balance.

The health service continues to pursue equal opportunity for women across the organization through addressing the issue of pay equity between female and male employees, reflected in the significant number of women that occupy senior management roles in the health service and the equity accorded females in succession planning.

## Gender of Staff



## Staff Length of Service



## 50 Years and still going strong

During the year our longest serving staff member Sue Braybon reached a remarkable milestone with the celebration in July of 50 years working at Calvary Health Care Bethlehem.

Sue's time at the health service represents a lifetime's work, having started here as a sixteen year old in 1962. Sue is a very popular member of staff and we congratulate her on this achievement!



## Years of Service

### 50 Years of Service

Sue Braybon

### 30 Years of Service

Norma Geronimo  
Elana Shlakht

### 25 Years of Service

Sandy Dawson

### 20 Years of Service

Lisa Fraser  
Linda Dingwall  
Melinda Kemp  
Miranda Rodriquez  
Ann Weir

### 15 Years of Service

Shannon Gellatly  
Jolanta Tomasiuk  
Greg Stefanou

### 10 Years of Service

Andrew Fitzgerald  
Loretta Simkus  
Jacqueline Noonan  
Eucharía Anyadoro  
Rhonda Kurzel  
Diana Hone  
Joanne Dominiewski  
Richard Oldroyd  
Anne Overton  
Julianne Prasser  
Lubaba Aliyi  
Lydia Kemish  
Theodora Souvlis

### 5 Years of Service

Elizabeth Bastian  
Piera Cantelmi  
Jenny Carless  
Brenda Chan  
Ka-Yee Chen  
Barry Daniels  
Stewart Duncum  
Fiona Fisher  
Rosanne Gibb  
Julie Gray  
Jana Kalebic  
Vivian Li  
Deidre Mutch  
Chi Qi Chi  
Jose Rodriguez  
Elizabeth Ryan  
Paul Salmon  
Marie Shenker  
Ruth Skene  
Sarah Solomon  
Alison Stewart  
Kar Tan  
Lee Wee Hee  
Valen Xie  
Linda Boughey  
Delia Dsouza  
Maria Edmonds  
Grace Huang  
Toni Jowsey  
Dariel Marsh  
Gillian Newham  
Julia Oreopoulos  
Bernadette Pennant  
Angela Williams  
Janine Kekich  
Cynthia Persi  
Katrina Reardon



## The Executive Team



From left to right, Andrew Hluchanic, Shannon Thompson, Dr Jane Fischer and John Belfrage

### Dr. Jane Fischer

Chief Executive Officer and Medical Director

- Employment duration 11 years.
- Executive oversight of the entire hospital and responsible to the Little Company of Mary Health Care.

### John Belfrage

Director of Quality, Risk Management and Service Improvement

- Employment duration 5 years.
- Executive oversight of quality improvement, risk management, information management and education and training. Facilitation of quality improvement planning, implementation and evaluation and accreditation with the Australian Council on Healthcare Standards and Australian Commission on Safety and Quality in Health Care.

### Andrew Hluchanic

Director of Finance

- Employment duration 7 years.
- Executive oversight of preparation of service budgets, monthly and annual financial reporting and reporting to government. Management of Finance operations including Human Resources and Payroll, Hospital Service Operations encompassing Food Services, Environmental Services, Patient Services and Engineering and Corporate and Community Development.

### Shannon Thompson

Director of Clinical Services

- Employment duration 9 years.
- Executive oversight of all Clinical Services, including clinical strategic and operational direction and achieving effective service delivery across both the inpatient and ambulatory settings. Management of Allied Health, Nursing Divisions, Community Palliative Care Service and Neurological Ambulatory Service.

## Best Practice Australia (BPA) Survey results

Our most recent results from the BPA survey showed our organisational culture to be in the consolidation phase. Over two thirds of our employees completed the BPA survey and 65% of respondents think we are a *“Truly Great Place to Work”*. Listed below are some of the highest ranking scores in the survey:

The Spirit of Calvary exists within my Service, that is: We are always striving to excel in the spirit of ‘being for others’. **94%**

We provide quality compassionate care for the whole person. **84%**

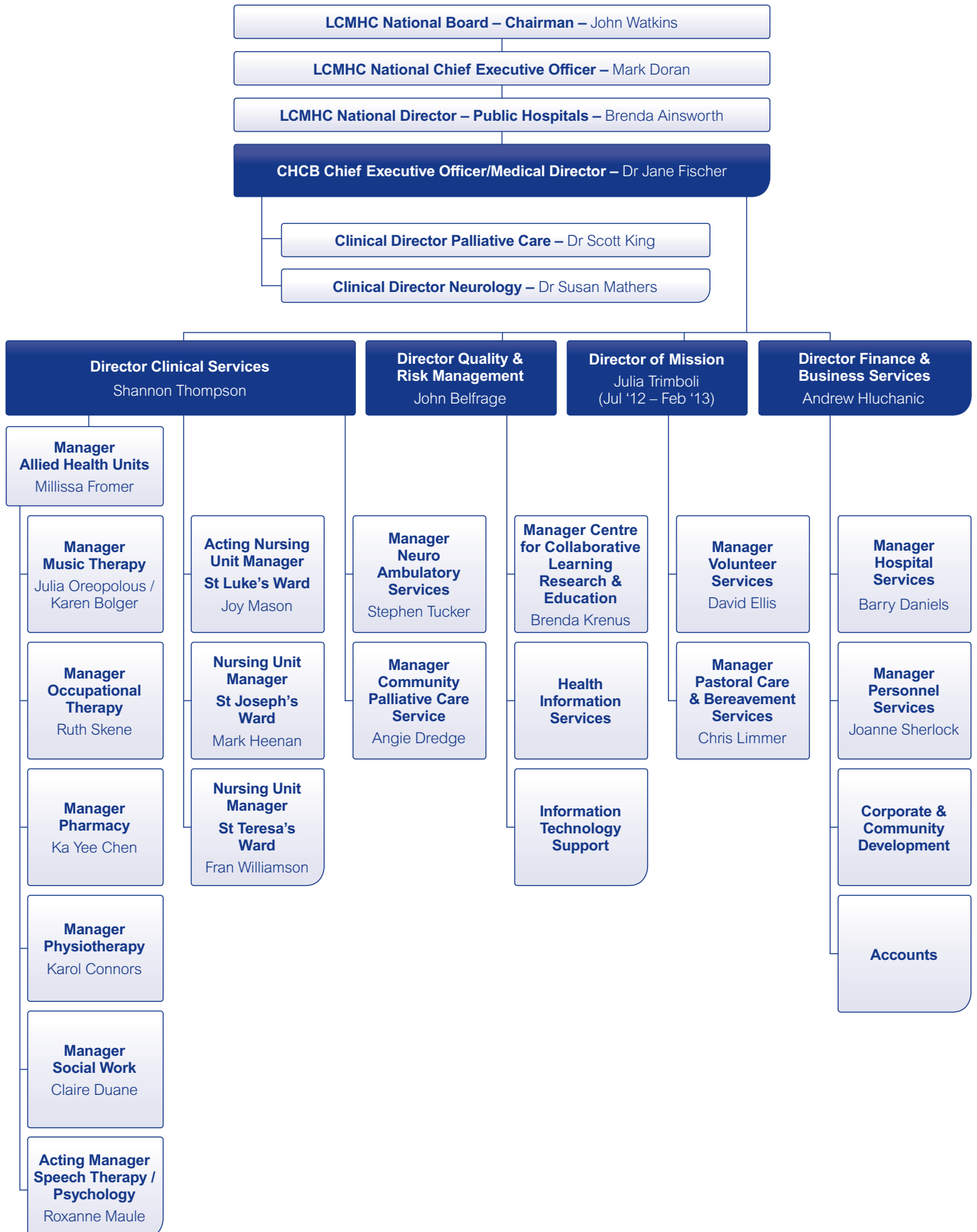
The Service provides ... Adequate flexibility in the hours/shifts I work. **77%**

We go out of our way to support each other and help the people we serve. **76%**

People feel passionate that they are making a difference. **70%**

# Our People

## Organisational Chart



# Quality of Care

Our *patient centred* approach to care focuses on the whole individual – their physical, *emotional*, spiritual and social needs. We are *committed* to providing the *best quality of care* to patients and families which drives us to continually develop and *improve* our service.



Volunteer Care is an important component of the patient care we provide

# Quality of Care

The Calvary Health Care Bethlehem Strategic Plan (2010-2015) identified five key result areas which incorporate factors critical to the future success of our health service. Excellence in Care is one of the key result areas underpinned by our Mission, Vision and Values. This is achieved through the delivery of the highest possible standard of care to meet the needs of individuals and the communities we serve.

Our evidence based care is benchmarked against other providers to ensure we continue to deliver best practice patient care. The priority areas of our quality of care are:

- Palliative Care Outcomes Collaboration (PCOC)
- Medication Safety
- Falls Prevention
- Bariatric Equipment
- Hand Hygiene
- Wound Management
- Service Feedback

## Palliative Care Outcomes Collaboration (PCOC)

We have been an active participant in the Palliative Care Outcomes Collaboration (PCOC) program for the last 4 years.

The primary aim of PCOC is to enhance the delivery of palliative care across Australia. This year for the first time, our Community Palliative Care Service (CPCS) also participated in a full reporting cycle to the program.

PCOC is the only national voluntary program utilising standardised clinical assessment tools to benchmark and measure outcomes in palliative care. Participation in PCOC enables palliative care service providers to improve patient outcomes by enabling clinicians to accurately assess the quality of care they provide.

Since participating in the program, a number of our staff have completed training workshops facilitated by PCOC. Our reports demonstrate that we are rapidly approaching the benchmarks set by the program. Another important outcome achieved through our participation in the program has been the development of a common language between clinical staff across various service streams, which results in clear and consistent messages to patients and their families.

St Joseph's Assistant Nurse Unit Manager Niro Wijeyeratne is a fan of the program:

*“Using PCOC gives the clinical handover a common language that is instantly recognizable. It allows staff to have a clear picture of the condition of each patient before they meet them.”* he said.



## PCOC *Helping families at a difficult time*

Family meetings that discuss the condition of a patient are often difficult. The PCOC tool can help overcome this problem by allowing information about a patient's condition to be communicated simply in conjunction with other complex medical data.

PCOC was a beneficial tool for Lisa\* and her family. Lisa showed some positive signs during the overall slow deterioration in her condition. Despite presenting a positive outward appearance, she became unstable on a regular basis which was distressing for her family who visited her daily. To address this, our staff convened a number of family meetings to better communicate with the family the status of Lisa's condition via the language of PCOC. This allowed the family to be diagrammatically shown the patient's slow deterioration. This approach enabled the family to understand the status of Lisa's condition and determine that her quality of life was best served if she continued her stay at the hospital rather than return home.

Lisa\* is not the patient's real name

St Joe's patient Yew Long How has a PCOC consultation with Nurse Dora Souvlis.

## Medication Safety

July 2013 will mark the second year since the commencement of MedChart – our electronic Medication Management System. This financial year a number of audits were performed to evaluate the effectiveness of the system in managing our medication administration. Without an electronic medication management system, the audit reports below would not have been possible.



Pharmacist Li Hua Zhang consults Medchart with Graduate Nurse Arna McGrattan

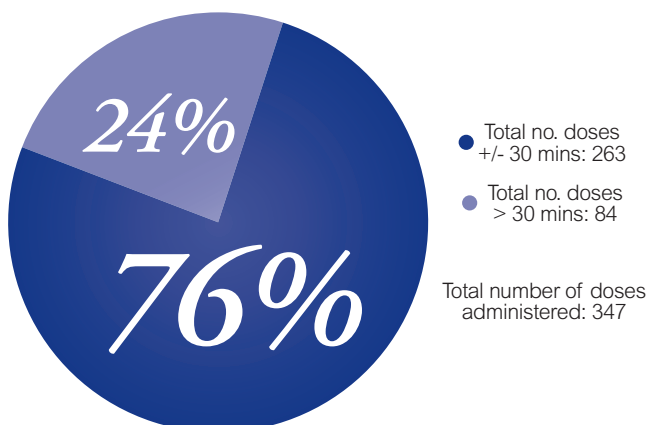
### Medication Reconciliation

Researchers have found that up to 2 out of 3 medication histories have at least one medication error and patients with one or more medicines missing from their discharge prescriptions are 2.3 times more likely to be readmitted to hospital. MedChart reduces these risks by automatically transferring patients' medications straight onto their discharge prescription ensuring patients receive all their required medication upon departure. This intuitive electronic system also copies the medication information posted by a pharmacist from the patient's electronic medication profile onto the patient's medication chart.

### Timeliness of Medication Administration

A snap audit was performed during the year to ascertain the actual time medications were administered in the morning. It was found that 76% of medications were administered within 30 minutes of the due time.

#### Time deviation from dose due time



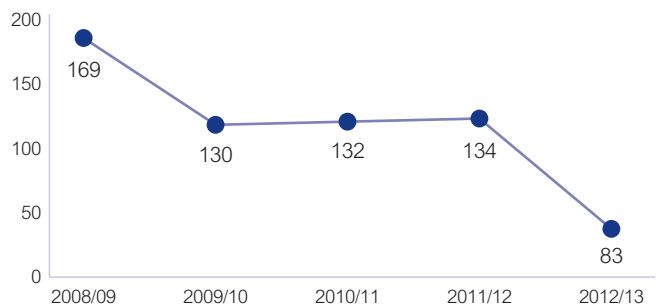
## Nurse Initiated Medications

Nurse initiated medications are those medications that a registered nurse may administer without a written medical order. By improving accessibility to this list, MedChart has contributed to an increase in the number of nurse initiated medications being administered. This approach ensures patients receive their pain and symptom medication in a timely manner.

### Reported Medication Errors

Our reporting system shows the number of medication errors continuing to decline. This is attributed to our culture of continuous improvement and the successful integration of new technologies.

#### Medication errors reported



● Medication Recorded



Nurse Dora Souvlis checks a patient's medication observed by St Joseph's Nurse Unit Manager Mark Heenan

# Quality of Care



Balance retraining can help in falls prevention

**“CHCB treats falls prevention as a matter of priority as we work to ensure patients’ safety during their admission.”**

beds and falls alarm mats were used effectively. Through these audits we identified room for improvement in our education of patients and staff about falls prevention. To address this, Falls Prevention information has been included in the new Patient Handbook and physiotherapists are educating patients about minimising falls risk. Regular audits will continue to be conducted to ensure our high standards of falls prevention are maintained.

## Bariatric Equipment

Obesity is increasingly prevalent in Australia, challenging health service providers to provide solutions that ensure the safety of patients and staff. In the last year, through improved processes and the purchase of bariatric equipment, we have continued to provide dignified, quality patient care.

With funding support from the Department of Health and Ageing and the Grosvenor Foundation, we were able to purchase bariatric equipment for our Palliative Care Wards.

The waiting times for admitting bariatric patients into our palliative care wards has significantly reduced. This funding now provides us with the ability to accommodate a bariatric person for end of life care without undue delays, and manage their care needs safely.

## Falls Prevention

Patient falls are a significant concern due to their potential to cause serious injury. Patients at Calvary Health Care Bethlehem are at high risk of falls due to their frailty, the types of medications they take and the movement disorders experienced by our neurological patients. Because of these risk factors, falls prevention is a matter of priority.

As part of our ongoing falls prevention work, we conduct regular audits to determine if our falls prevention strategies meet Government National Safety and Quality Health Service Standards. The latest audit examined both written documentation on the Falls Risk Screening Tool and observation at the patients’ bedside to determine if recommended falls prevention strategies were in place.

The audit found that in 2012/2013 all patients were screened for falls risk on admission and the Falls Risk Screening Tool had been reviewed within the recommended timelines. It also revealed falls prevention equipment such as low-low



Bariatric beds like this one on St Joseph’s ward improve quality of life for our bariatric patients

# Hand Hygiene

Our hand hygiene program is part of the National Hand Hygiene Initiative (NHHI) aimed at developing a national approach to improving hand hygiene and monitoring its effectiveness. This initiative is based on the World Health Organisation (WHO) World Alliance for Patient Safety campaign – “Clean Care is Safer Care.”

Our program includes education, support and compliance monitoring to achieve the best outcome for patients, staff and the community. Compliance monitoring is completed three times a year. As a result of our focus and commitment to hand hygiene we have recorded increased compliance in 2013. This improvement in compliance has in part resulted from the availability of alcohol based hand rub at the point of care, and easy to use hand hygiene product dispensers in non-clinical areas.

*“The new hand hygiene stations at the hospital entrances have been well received by the community. The Community visitors seem to be more aware of the importance because they are using it regularly.”*

– Judy Lawrence Nursing Co-ordinator.

## CHCB Hand Hygiene compliance results



# Prevention of Pressure Injuries

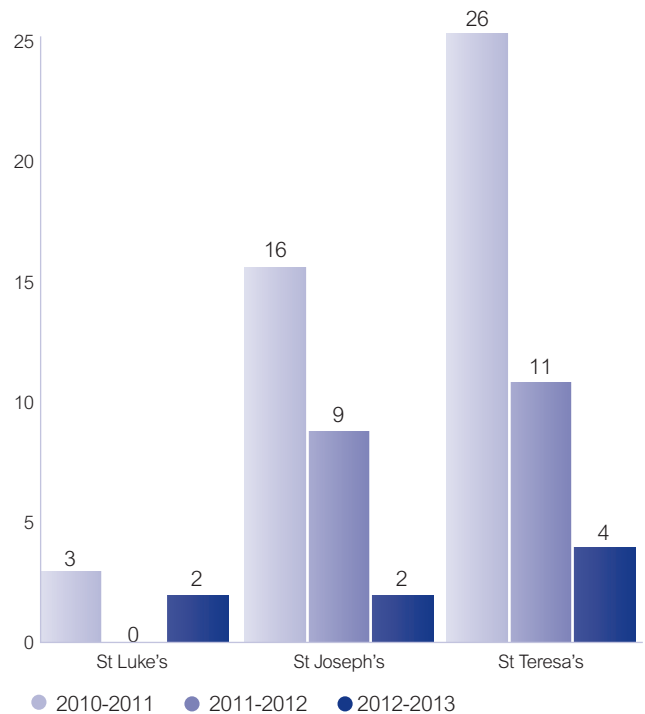
Wound management continues to be an important part of the work we perform. Our multifaceted approach to wound care includes a comprehensive assessment of the patient when planning and evaluating their treatment.

In 2012-2013, the focus for the Wound Advisory Group (WAG) has been the improvement of wound care including the management of pressure related injuries across the organisation. In the last year, the WAG created an important online wound care resource that is easily accessible to all staff from the Intranet Homepage. This resource provides consistent, evidence based information to staff involved in the management of wounds. The resource has improved our approach to wound management ensuring that best possible patient outcomes are achieved.

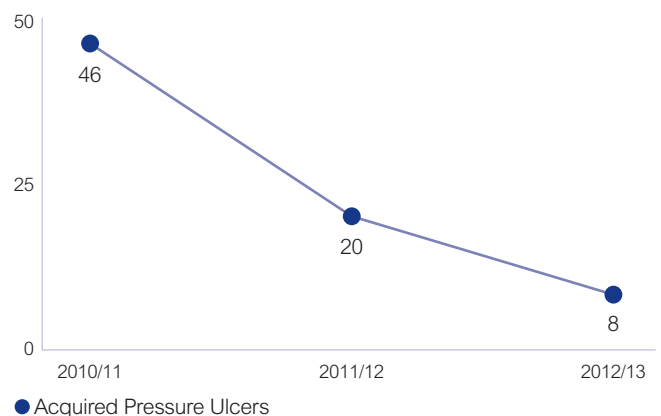
The results of monthly wound audits demonstrate a high level of compliance with wound management policy and procedure.

The number of chronic wounds witnessed at CHCB has reduced significantly over the last year due to our focus on prevention. The increased availability of improved pressure relieving devices is also attributed to a decline in the number of chronic wounds experienced by our patients. These outcomes have been further supported by a demonstrated commitment to wound education by the Wound Advisory Group members who continue to enhance their knowledge through active attendance at Wound Care workshops.

## Hospital Acquired Pressure Ulcers



## Total Health Service Acquired Pressure Ulcers



# Quality of Care

## Patient and Carer Satisfaction

Calvary Health Care Bethlehem recognises the value of both positive and negative feedback as an opportunity to improve the care, services and facilities we provide to patients and families. Feedback has been captured through the Victorian Patient Satisfaction Monitor, Victorian Palliative Care Satisfaction Survey and our internal short-item patient/carer satisfaction survey.

### Victorian Patient Satisfaction Monitor Report:

Twice yearly, the Department of Health conducts the Victorian Patient Satisfaction Monitor (VPSM) for all publicly funded hospitals. The report that is produced from the VPSM focuses on neurology patients discharged from St Teresa's Ward. The summary results for the 2012 survey are shown in the table below:

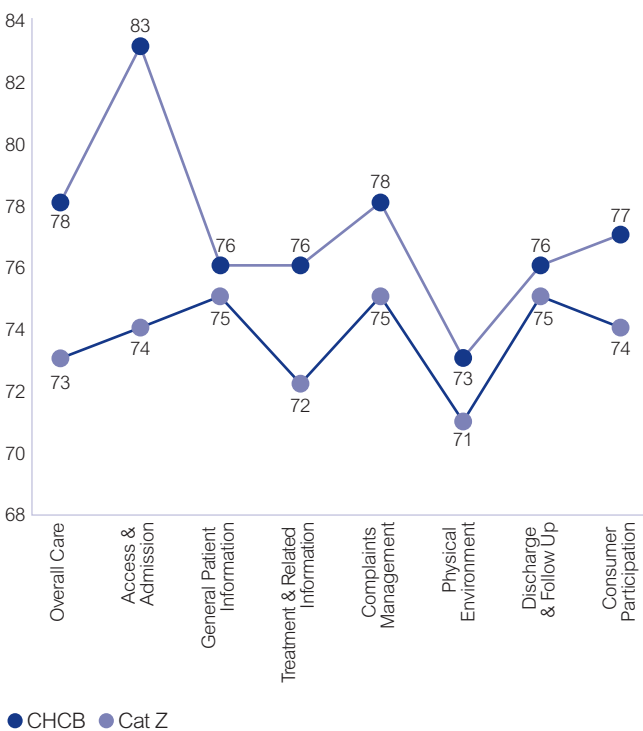
#### Overall Satisfaction with Care:

Dates:	CHCB Score	Cat Z* Score
Jan-Jun 2012	76.1	75
Jul-Dec 2012	77.7	73

\*Cat Z Hospitals: Sub-acute hospitals providing inpatient rehabilitation and geriatric evaluation and management (GEM) services. CHCB is compared with category Z hospitals.

St Teresa's Ward outperformed Category Z hospitals in each of the measurements recorded by the VPSM during the period of July-December 2012. The detailed results are outlined below:

### Comparing Calvary Health Care Bethlehem Benchmarks with Category Z Hospitals (Jul-Dec 2012)

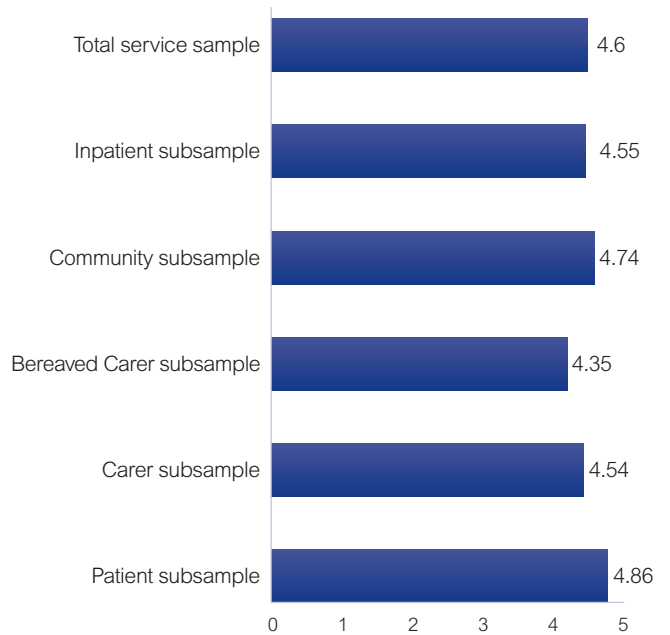


### Victorian Palliative Care Satisfaction Survey:

The Victorian Palliative Care Satisfaction Survey (VPCSS) is mandated by the Victorian Department of Health and is administered once per year by Ultrafeedback Pty Ltd. It captures feedback from patients, carers and bereaved carers from both community and inpatient palliative care settings.

The rating system uses the scale: 1=Very Low to 5=Very High

### Satisfaction with overall standard of care



### Overall satisfaction for total Calvary Health Care Bethlehem Palliative sample

Item	2012 mean	2013 mean
Satisfaction with overall standard of care provided by this service	4.52	4.6

Item	CHCB mean	Region mean	Statewide mean
Satisfaction with overall standard of care	4.6	4.6	4.62

These results indicate that patients and carers who use our services consistently rate the quality and satisfaction with our services "very highly".



## Compliments

49 compliments were received during the year through the form of small gifts, cards, letters of appreciation, emails and phone calls. This feedback is warmly received by our staff.

## Complaints

We are committed to improving the quality of our service and complaints are important opportunities for us to review the services we deliver. We received 10 written patient or family complaints this year, six less than the previous year. The categories of the complaints relate to 3 areas – behaviour, clinical care, and facilities and environment.

All of our complaints have been addressed within the time frames prescribed and one complaint was escalated to the Health Services Commissioner and subsequently resolved. The reduction in written complaints may in part be attributable to the ongoing implementation of patient centred care planning and a greater focus on patient goals.

## Total number of complaints



# Research, Education and Training

As a leader in palliative care, our focus on education and research fosters an environment of learning and innovation that informs the delivery of best practice care for our patients and their families. Our capacity to do this is strengthened by our partnerships with universities, peak bodies and other health providers and assists us to promote best practice.

## Research Ethics and Ethics Committee

Calvary Health Care Bethlehem's research culture drives us to continuously evaluate our service to improve the quality of care we provide. Our Research Ethics & Ethics Committee acts as a forum to consider research proposals from an ethics perspective to ensure that the methodology, approach and the aims of research are consistent with those of Calvary Health Care Bethlehem.

The Research Ethics and Ethics Committee consists of:

- Mrs Rosalie Jones, Chair
- Mrs Shannon Thompson
- Dr Jane Fischer
- Dr Susan Mathers
- Mr Tony Ryan
- Dr Alex Burke
- Mr Des McCarthy
- Cr Margaret Esakoff
- Fr Kevin McGovern
- Director of Mission

## Research Applications: 1 July 2012 – 30 June 2013

There were seven significant research projects approved over the last 12 months.

Project	Principal Investigators
'Clinical Drug Trial: Efficacy of PBT2 on patients with early to mid stage Huntington's Disease'	<ul style="list-style-type: none"> <li>• Dr A Churchyard</li> <li>• Prof J Stout</li> <li>• Merima Murathodzic</li> <li>• Marcell Favilla</li> </ul>
Motor Neurone Disease Drug Trial: An open-label multi centre extension study to evaluate the long term safety and efficacy of Dexamipexole in subjects with Amyotrophic Lateral Sclerosis' – Protocol 223AS304'	<ul style="list-style-type: none"> <li>• Dr Susan Mathers</li> <li>• Dr Robert Henderson</li> <li>• A/Prof Steve Vucic</li> <li>• Prof M Kiernan</li> <li>• Prof P Talman</li> <li>• Dr K Reardon</li> <li>• Dr J Howe</li> </ul>
'Refinement & Revalidation of the Demoralisation Scale'	<ul style="list-style-type: none"> <li>• Prof David Kissane</li> </ul>
'Factors influencing length of stay in a palliative inpatient setting'	<ul style="list-style-type: none"> <li>• Dr Heidi Gregory</li> </ul>
'Enroll-HD: A Prospective Registry Study in a Global Huntington's Disease Cohort'	<ul style="list-style-type: none"> <li>• Dr Andrew Churchyard</li> </ul>
'Speech & Swallowing function in neurodegenerative diseases'	<ul style="list-style-type: none"> <li>• Dr Adam Vogel</li> <li>• Dr Andrew Churchyard</li> </ul>
'Telehealth Technology'	<ul style="list-style-type: none"> <li>• Peter O'Neill</li> <li>• Joanne Egan</li> </ul>

## Motor Neurone Disease Drug Trial

Over the last 18 months, 12 Motor Neurone Disease patients from Calvary Health Care Bethlehem participated in a multinational, double blind, placebo-controlled phase 3 trial of the drug Dexamipexole. The study recruited over 800 people at 80 sites worldwide and was followed by a short extension phase when all patients received the drug. It was the first time that an international drug trial in Motor Neurone Disease had included Australian participants with our health service performing a central role in the program.

In January 2013, the Dexamipexole studies were terminated when analysis of the data showed no benefit to patients. The study team wish to acknowledge the dedication and effort our participating patients and families showed towards this research trial. Although the outcome of the trial was unsuccessful, the study will provide insightful information towards better drug development. Despite the outcome, patients and staff generally felt the trial had been a positive experience. Participation in the trial also helped build our capacity to be involved in future studies.

In a recent survey, 80 % of those living with a progressive neurological condition indicated their desire to be involved in research. As a statewide provider for those with a progressive neurological disease, our health service is in an ideal position to undertake further research as we try to find effective treatments for these diseases and a better quality of life for our patients.

# Quality of Care

## Hong Kong Nurses Observational Visit

In March this year four Palliative Care nurses from Hong Kong came to Calvary Health Care Bethlehem to undertake a month-long observational visit of the health service's palliative and neurological services. At the end of their visit the nurses made a presentation to hospital staff, reflecting on their experiences here and the differences that exist between our practices here and those in Hong Kong.



*Hong Kong Palliative Care Nurses pictured outside our Centre for Collaborative Learning and Research*

## Centre for Collaborative Learning and Research

In 2012/2013 the Centre for Collaborative Learning and Research (CCLR) at Calvary Health Care Bethlehem continued to advance interdisciplinary education, training and research across the health service and beyond.

The centre has actively responded to the educational learning and training needs of the broader community – including those of staff, students, volunteers, patients and other health care providers. As a leader in palliative and neuro-palliative care, our focus on interdisciplinary education, training and research continues to foster an environment of learning and innovation. Our approach to education, training and research supports the delivery of best practice palliative care and neurological services at Calvary Health Care Bethlehem and beyond.

As part of our global reach, Calvary Health Care Bethlehem coordinated observational placements for international medical and nursing staff. Nurses from New Zealand visited during 2012 to gain experience in working with Motor Neurone Disease patients using an interdisciplinary model. In early 2013 four nurses from Hong Kong undertook a month-long observational visit to our health service to study both palliative and neurological services. These observational placements were a resounding success providing opportunities for clinicians from different countries to share their knowledge, skills and experience.

In 2013, the centre's commitment to creating a culture of learning and research has seen the implementation of ongoing education and professional development opportunities, as well as the delivery of mandatory training requirements for staff. Consistently high attendance numbers were recorded during our monthly interdisciplinary education sessions. The sessions aim to support and reinforce the specialist interdisciplinary Model of Care for which our health service is known. The program continues to receive positive feedback from participants about the benefits of shared learning between the health disciplines and the benefits for our patients and families.

# Our Community

We are *actively engaged* with *our community* to raise awareness of the issues for people dealing with an incurable illness. By facilitating this *discussion* we are able to promote *health and wellbeing* for those at the end of life and ensure that people get the support they need from within their *community*. Our relationships with the community ensure we have their continual input into the *improvement* of our services.



LCM Sister Mercia  
with volunteers Mary  
Ayen and Cathy Kim

# Our Community

Every year thousands of individuals, community groups, trusts, foundations and corporations give generously to support the work of Calvary Health Care Bethlehem. Their support has contributed to an overall enhancement in the quality of care provided to patients and their families. On behalf of our grateful patients and families we say a sincere 'thanks'.

## Volunteers

This financial year, Calvary Health Care Bethlehem with the appointment of a new Volunteer Manager has focused on growing the service with the induction of a number of new volunteers from diverse cultural backgrounds. They join a caring and dedicated group of volunteers at the health service providing extra care and services to improve the quality of life for patients and their families.

The focus this year has been on the building and development of a flexible and capable volunteer team representing diverse age groups, from a wide variety of cultural and professional backgrounds working together in the delivery of patient focused care.

**“Being a volunteer creates meaning and purpose”**

Volunteers contributed to raising community awareness about palliative care this year through their involvement in “Telling our Stories”, a National Palliative Care week morning tea attended by over 150 from the local and Bethlehem communities.

From a lifetime of experience working in other parts of the world to the knowledge and fresh enthusiasm of a newly graduated student, our volunteers blend a wide range of capabilities and experience with the common thread of 'being there for others' at Calvary Health Care Bethlehem. This theme is expressed in a recent letter from the family of a patient who wrote: *“[You] should be proud of your doctors, nurses and volunteers who make such difficult times a little easier through their kindness and compassion. They all went beyond what anyone could ever ask”.*

## Volunteers Years of Service

### 20 Years of Service

Alfred Marshall  
Margaret Prest

### 15 Years of Service

Lorraine Hince

### 10 Years of Service

Jennifer Bernoth  
Steve Smith

### 5 Years of Service

Giselle Arlove  
Pat Brown  
San Curtis  
Noela McKenzie  
John Riches  
Elizabeth Secker  
William Secker  
Jim Sevastos  
Rids Van Der Zee

## Ladies Auxiliary

The successful handover between the previous organisers of the ladies auxiliary to the new team occurred during the year. Headed by Loretta Gillespie, the Calvary Health Care Bethlehem Ladies Auxiliary has continued to be an important component of the hospitals fundraising initiative.

The dedicated group of ladies continues to organize card luncheons on a bi-monthly basis for members of the local community. The ladies do an inspiring job to ensure the card luncheons are a huge success.

The work performed by the Auxiliary has seen \$5,000 raised for the purchase of much needed equipment and we sincerely thank them for all of their hard work and support over the year.

We would like to take this opportunity to acknowledge former President Pat Larman and her team for the wonderful contribution they've made to the success of the Ladies Auxiliary.



Current Ladies Auxiliary President Loretta Gillespie with former President Pat Larman

## Community Advisory Council

The Community Advisory Council provides advice, support and insight into the local community to inform the strategic direction of Calvary Health Care Bethlehem. The members of the Calvary Health Care Bethlehem Advisory Council are:

- Ian Stoney – Chair
- John Coulson
- Anne Murphy
- Colleen D'Offay
- Brenda Ainsworth
- Jane Fischer
- Director of Mission

We thank the Community Advisory Council for their invaluable contribution throughout the year.

## The St Teresa's Family Room

Inspired by feedback from a young wife and mother whose husband died in St Teresa's ward in 2011, the ward's Nurse Unit Manager realised the need for a purpose-built room that would allow young children and parents to be together as a family. Funds for the creation of the Family Room were sourced from past family donations and a fundraising fun run involving families and Calvary Health Care Bethlehem staff.

A single room with natural light was selected for the project and the patient's bereaved family, working together with nursing and allied health staff, selected appropriate specialist equipment. To enhance the experience of visiting families the new room was furnished with a companion bed, an interactive white board, specialist electric lift recliner chairs, ceiling hoist and environmental control unit. The new room allows families the flexibility to come and go when they wish and for both parents to carry out their parenting roles and not be separated in the final weeks of life.

St Teresa's Nurse Unit manager Fran Williamson said, *"The creation of this room means that young families can be together, reducing the emotional and physical turmoil that can arise around conflicting family needs."*

## Southern Metropolitan Region Palliative Care Consortium

The Southern Metropolitan Region Palliative Care Consortium (SMRPCC) is an alliance of palliative care service providers working in collaboration to enhance service delivery and improvements in the integration and coordination of palliative care services. Calvary Health Care Bethlehem has been a member of the consortium since it was established and continues to take an active role in consortia activities. Through our involvement with the SMRPCC this year we have progressed a number of projects which further enhanced our service delivery to meet the needs of the communities we serve; these include:

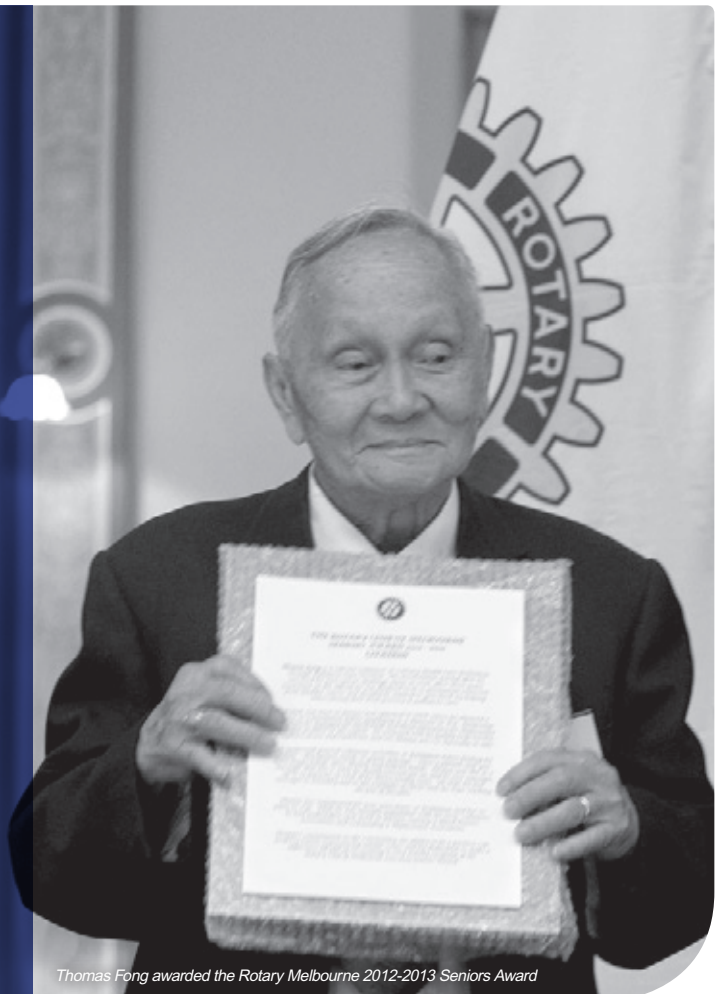
- Building Capacity in Residential Aged Care: Support and education provided by Community Palliative Care Service.
- After Hours Project: Standardised triage tools across the region to improve access and consistency of approach by after-hours community palliative care service providers.
- The Palliative Experience in MND (funded by MND Victoria): Support patients with MND in the community by providing opportunities for palliative care clinicians to take part in short placements with our Neurological Ambulatory Service.

## Rotary Award Volunteer Story

In February 2013, Calvary Health Care Bethlehem volunteer Thomas Fong was awarded the Rotary Melbourne 2012-2013 Seniors Award for his work as a volunteer with our health service. Thomas received the award for his commitment to the community, his ability to be a positive role model to Carers and his dedication to make a difference.

Thomas has been a valued member of the Volunteer Program at the health service for the last 6 years over which time he volunteered for over 3,000 hours. In 2006, after three years' of treatment he was declared to be in permanent remission from cancer. After surviving his own cancer challenge, he wanted to give back by helping others face their final journey in palliative care. Thomas undertook general volunteer activities at our health service before finding his forte in therapeutic touch, or gentle massage. He provided gentle massage for up to 14 patients on each of his three times a week visits. *"I am deeply and emotionally rewarded by the response of the patients to my touch,"* he said. *"They show this by their sweet, contented, grateful and graceful smiling faces, even though they are suffering from pain or other discomfort. Those who can thank me with words also, but some who can't smile through their tears or touch me back."*

In March, Thomas retired to return to Borneo where he is working again as a volunteer to run a youth focused obesity prevention program. Calvary Health Care Bethlehem wishes Thomas every success in this new endeavour.



Thomas Fong awarded the Rotary Melbourne 2012-2013 Seniors Award

# Our Community



## Palliative Care Week

To mark National Palliative Care Week at the end of May this year, Calvary Health Care Bethlehem staged a special Palliative Care Forum with the local community, patients, staff and volunteers from across the health service in attendance.

The forum consisted of a panel discussion about palliative care involving a community doctor, a Nurse Unit Manager, an LCM Sister and a Volunteer, all of whom discussed their perspectives on the work that they do and what palliative care means to them.

CHCB is actively involved with the local community raising awareness of the issues for people dealing with an incurable illness. By facilitating discussion through events like the Palliative Care Week panel discussion, we seek to promote health and well-being for those at end of life and ensure that people get the support they need.

*CHCB Palliative Care Week Forum: Helping make Palliative Care "everyone's business"*

## Our Supporters

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

We are grateful to the many philanthropic **trusts** and **foundations** that share our commitment to the provision of holistic care to patients and their families. Their generous support has resulted in the purchase of over \$200,000 of new equipment and initiatives that positively impact our patient care.

Every year many generous families make **in memory** donations for loved ones cared for by Calvary Health Care Bethlehem.

Our **direct mail** program helps us to keep in touch with our supporters including our bi-annual fundraising appeal. These mailings keep the community in touch with the needs and positive stories of Calvary Health Care Bethlehem.

If you support the values and work of our health service, 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.

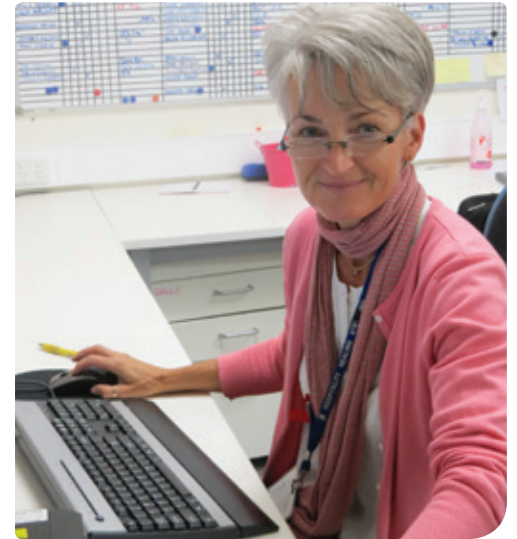
We are happy to answer your questions about our fundraising program. You can make financial donations over the phone or through the post:

Phone: (03) 9595 3225

Email: [Community.Relations@calvarycare.org.au](mailto:Community.Relations@calvarycare.org.au)

Mail: Corporate and Community Development  
476 Kooyong Road, Caulfield VIC 3162

*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**

*Health Care  
Bethlehem*

**Calvary Health  
Care Bethlehem**

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