

*Healing* Hospitality  
Respect Stewardship

**'A Unique Service'**  
Annual Report 2011 - 2012



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*Calvary Health Care Bethlehem's*  
*'A Unique Service'*  
*Annual Report 2011-2012.*

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If you would like further information regarding this Annual Report please contact the Corporate and Community Development Department on 9595 3220.

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.

Front cover staff photo: Lucy Di Paolo, Fairfax Syndication.

The bronze emblem depicts the official emblem of the Sisters of Little Company of Mary - to care and pray for the sick and dying of the world, standing beside the suffering as Mary stood with compassion beside her son on Calvary.



# Chief Executive Officer Message



**Dr Jane Fischer**

Chief Executive Officer and Medical Director

I am pleased to present the 2011-2012 Annual Report. I would like to thank all staff for their contribution over the last 12 months. It is due to the passion and commitment of our staff and volunteers that we have been able to achieve all that is outlined in this report.

Even though Calvary Health Care Bethlehem is a small organisation we play a vital and unique role as a specialist provider within the Victorian health service system both at a sub-regional and statewide level and are known for our quality, compassionate care as inspired by the vision of the Venerable Mary Potter through 'being for others'.

Work has continued with the Department of Health defining our role both at a local level but also as a level five statewide provider. This important project is identifying the key partnerships, other services within the network and also agencies outside the health sector that are integral to our innovative model of care. The outcome from the Research Project with University of Sydney was also validation that Calvary Health Care Bethlehem's model improves quality of life for our patients and identified areas for further development, that will position us as a true leader within the field. These projects will contribute to the Model of Care Development Project to be undertaken in the first half of 2012-2013 which will inform future redevelopment options.

Review and update of our Strategic Plan 2010-2015 confirmed the achievements and the significant work that has been occurring throughout the organisation over the last 12 months. The implementation of an e-medication record and electronic payroll system, the care planning project and review of our research and education framework are just some of the achievements outlined in this report and all essential to support the ongoing development of our service.

The Venerable Mary Potter articulated the need for collaboration and support at all levels of society, which is still relevant today. Partnerships with other service providers are essential to our current model of care and engagement with the broader community is also vital if we are to fulfill the vision of the Sisters in being relevant to the needs of our community. There have been a wide range of activities and projects which have provided feedback and resulted in improvement to our services. One of the highlights was the Health Promotion Project with Our Lady of Sion College which resulted in the launch of the book 'This Time and Place' during National Palliative Care Week. This book will enable further collaboration and conversation with a wide range of groups within our community.

Finally, thanks to our donors and supporters of Calvary Health Care Bethlehem, members of our Community Advisory Board, the Little Company of Mary Health Care National Executive Team and all those agencies that we partner with to ensure the delivery of a model of care that meets the needs of our community. I would also like to acknowledge my Executive Team who are inspired by the spirit and vision of Mary Potter, to deal with challenges and who strive to achieve our vision as part of the Victorian health service system "to excel, to be a leader, and to meet needs of the people and communities we serve."

## Attestation on Compliance with 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 Australian/New Zealand Risk Management Standard 4360 and an internal control system is in place that enables the Executives to understand, manage and satisfactorily control risk exposures. The 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.

A handwritten signature in blue ink, appearing to read 'Jane Fischer'.

**Dr Jane Fischer**

MBBS, DCH (London), FChPM

## Message from Calvary Ministries



**Mr Bill d'Apice**  
Calvary Ministries Chair  
Calvary Ministries

*Moreover, it is required of stewards that they be found trustworthy – 1 Corinthians 4:2*

The Calvary value of Stewardship expresses a role of trust and responsibility with the gifts and resources given to us. Wise stewardship is not a static task but a dynamic and continuous mindfulness entrusted to all. Venerable Mary Potter reminds us of this awareness when she wrote “Love never thinks it has done enough; it is ever anxious, ever watchful”. This value of Stewardship must also be ever watchful and never complacent.

Wise Stewardship is best understood through its Greek origin. The Greek meaning of the word Wise comes from the term ‘sophia’, which means inner intuition or inner understanding and stewardship comes from the Greek: oikonomia, which means to administer what belongs to someone else.

Calvary Health Care Bethlehem is privileged to play its part in administering the healing ministry of Jesus in the tradition of the Sisters of the Little Company of Mary. Calvary does this by ensuring continual attention to inner intuition and understanding when discerning important decisions. Wise Stewardship calls Calvary to a spirit of questioning: Does our Mission call us to this decision?

The imperative Gospel call of the Wise Steward is to be reflective in the decision making processes and asks not that this decision fit our Mission but rather does our Mission call us to this decision.

On behalf of Calvary Ministries, I wish to thank all those at Calvary Health Care Bethlehem who by working with us enable the wise stewardship of our mission and ministry as we care and pray for the sick and dying. In this visionary challenge be assured of the prayers and support of the Directors of Calvary Ministries in continual appreciation of the important contribution and challenges of the wise steward embracing the heart of our tradition of ‘being for others’.

## Message from Little Company of Mary Health Care



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

Calvary Health Care Bethlehem is the only Little Company of Mary Health Care facility in Victoria, however this unique service which is recognised as a specialist palliative care service and statewide provider in progressive neurology, delivers mission that is core to that of the Sisters of the Little Company of Mary. Palliative Care continues to be a focus for Little Company of Mary Health Care as a National Catholic Health Care provider as we strive to be leaders in this field.

Ensuring high quality health care is a priority for the Board and we fully support Calvary Health Care Bethlehem in undertaking a review of its model of care in the next financial year. This work will allow Calvary Health Care Bethlehem to engage with government, and align strategically with government policy directions and position Calvary Health Care Bethlehem sustainably within the Victorian health care system.

I would like to commend all staff and volunteers at Calvary Health Care Bethlehem for their dedication to ensuring that we continue to care for those most in need within our community.

“Let us pray for those who have the greatest need, the dying of today, those for whom tomorrow will be too late. . . . Let us but throw ourselves heart and soul into this work of saving souls.”

### Attestation on Data Accuracy

I, Hon John Watkins, certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that the Department of Health is provided with data that 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

# About Us

We have been **taking care of the community**

for over **85 years**. We are a specialist provider of **Palliative Care** and a statewide service for people with **Progressive Neurological Diseases**. We are known for our **multidisciplinary specialist** model of care that provides **high quality, compassionate care** across our **inpatient, community services and programs**.



# About Us

## Our Mission

Many of the patients, families, carers and staff who come into this hospital will often comment on our unique model of care, both in the hospital and in the work we do in the community. We know intuitively that we provide something distinctive and special with the work we do here. But what does it really mean to be a unique service?

In Latin, the meaning of the word unique means 'associated or allied with'. To be associated or allied with means that our service reflects this through the special type of care we offer patients with our multidisciplinary team approach. We all work together to ensure the best outcomes for our patients, their families and the community. We do this in a number of different ways.

One of the key markers of our service is the way our dedicated teams work to ensure that the requirements of our patients and their family are met in a holistic way. The discussions amongst our multidisciplinary teams focus on the needs of the patient, never forgetting that to care for the person we must take into account the full range of their needs; their welfare, pastoral and clinical requirements. We also partner with other health services to determine what care might be required outside our service that will enhance the quality of life of our patients.

Many of the activities we have undertaken this year have highlighted our approach and service to the Victorian community, which can be observed as you peruse the pages of this year's Annual Report.

The following extract has been taken from a book that was produced as part of the Health Promotion Project, which captures how others view our care

"I have been living with Multiple Sclerosis for many years now. Once I started visiting Calvary Health Care Bethlehem I knew I would get excellent care – everyone is professional and they manage my illness very well. This gives me and my family peace of mind" – Patient.

Our care is also strongly linked to our founding story. The Venerable Mary Potter's service began in Australia in the late 1800's when six nursing nuns arrived in Circular Quay in Sydney to care for the most needy and destitute in the city. A particular priority was the significant care they provided to those at the end of their lives. From those humble beginnings, these nuns developed a service that today has four streams including public and private hospitals, aged and community care and employs over 8,000 staff Australia wide.

The Venerable Mary Potter and her Sisters have left us a considerable legacy with their establishment of the importance of providing high quality specialist care to all patients. Our staff come to work knowing the respected and unique reputation of our approach to care. A frequent comment by new staff members is that "I have been waiting to get a job at this hospital for so long". We have high retention rates of our staff as they know that what we do here is unlikely to be matched by other health providers.

The following is another excerpt from the book

"One of the most satisfying parts of this job is witnessing relief in my patients, that as an Occupational Therapist, I've been able to answer their question and provide them with what they need" – Staff Member.

It is empowering to witness and celebrate our contribution to the community we serve. We thank each and every staff member, volunteer, patient, their family and the community for making a special contribution to our service. The final thought goes to our Founder the Venerable Mary Potter, who certainly influenced history and our service in her own unique way with the approach she took to the mission "we are commencing a work in time that is to influence eternity".

## Our Values

Healing <sup>Hospitality</sup>  
<sup>Stewardship</sup>  
Respect

## Our Staff

As of June 2012 our hospital employed 349 staff. Of those, 87 staff are employed full time, 206 part time and 56 are casual employees. The average age of our staff is 44.7 years whilst the average number of years of service is 6.23 years.

Our staff culture can be observed in the staff reflections throughout the recently completed book 'This Time and Place'. This Health Promotion Project saw the keen participation of many staff members from all backgrounds, united in their optimism and passion for their work which is clearly reflected in their contributions in the book.

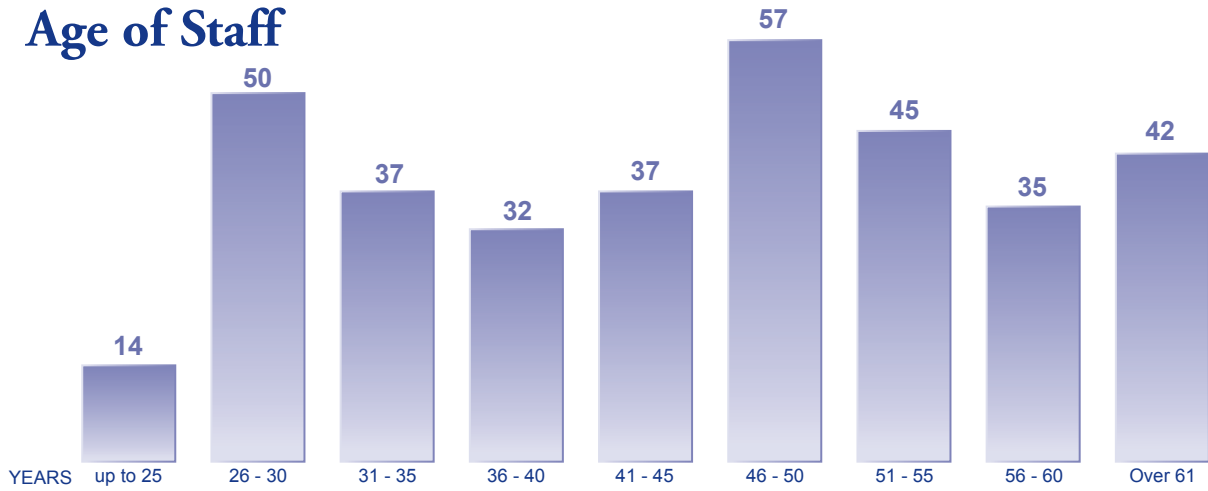
The book highlights how the work we do at the hospital affects so many people, in a wide variety of affirmative ways, often beyond what many of us can comprehend.

Our positive approach, even in the face of the greatest adversity a person can face, is apparent through our work, our care and our actions. That is a powerful staff culture!

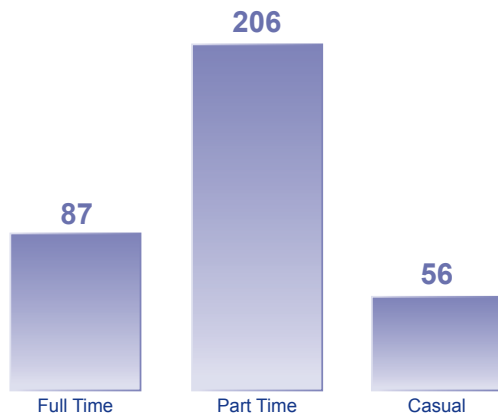
*"I have always admired the special family spirit clearly evident at Calvary Health Care Bethlehem (CHCB). It arises from the Holy Family, each person is seen as unique. I am impressed by the genuine spirit of service evident in all aspects of patient care, of the CHCB environment where each person makes their contribution to a harmonious whole. So many people work together to make a real difference to those who suffer and their families and friends. God bless!"*

**Denis R Hart**  
Archbishop of Melbourne

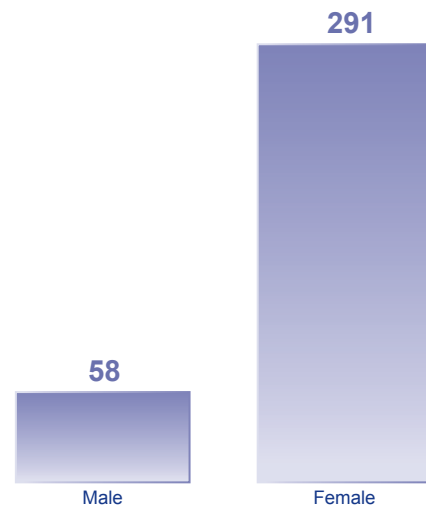
## Age of Staff



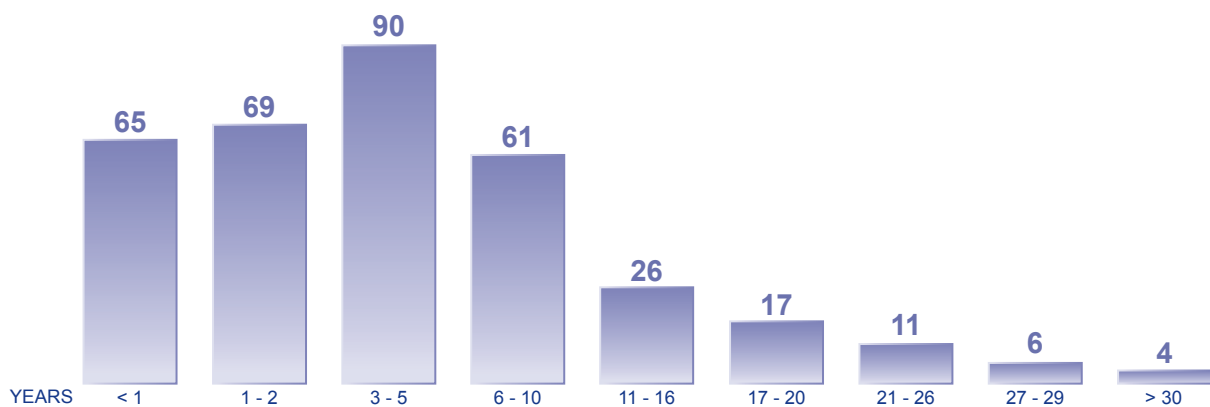
## Staff Numbers by Employment Category



## Gender of Staff

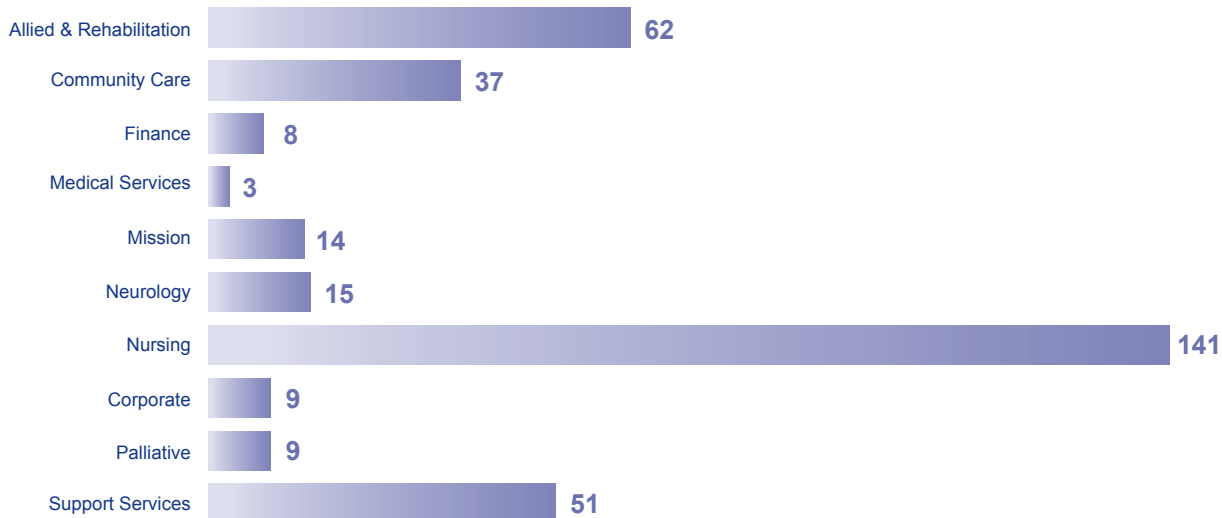


## Average Length of Service by Staff



# About Us

## Workforce Classification



## Years of Service for Staff

5 Years	10 Years	15 Years	20 Years
Sandra Capron Kim Hardy Pauline Collins Karol Connors Luca Lucchesi Maria D'Amico Wen Chen Ying Wang Tu Vo Neera Gautam-Sharma Marina Galgsdies Susan Young Justine Schaefer Valentina Itskovich Eva Demis Xiaoqing Xuan Elaine Folau Myra Enetama Angela Stathopoulos Anna Haebets	June Davis Dr Jim Howe Hong Hu Maralyn Karpathiou Lisa Mahon Lyle Oates	Michelle Bergbauer Solomon Gidey Catherine Green Joy Mason Lisa Pointon Barbara Pudo Barbara Swift	Kathryn Hewitt Marie Woonton
			Gillian Dawson Claire Duane Nicole Healey
			<b>25 Years</b>
			Alex Burke
			<b>30 Years</b>
			Glykeria Evgenias

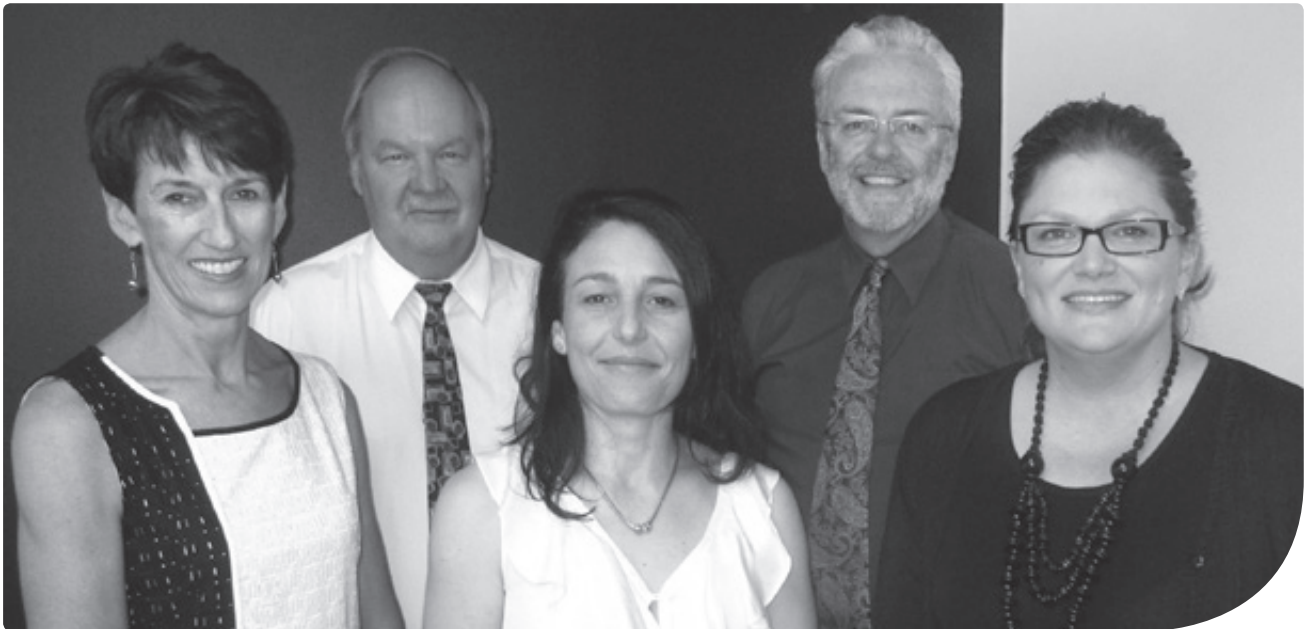


# Organisational Chart



# About Us

## The Executive Team



### **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 4.5 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 ACHS and ACQSHC.

### **Andrew Hluchanic**

#### **Director of Finance**

Employment duration 6.5 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.

### **Julia Trimboli**

#### **Director of Mission**

Employment duration 1.3 years

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 and Bereavement Services and Volunteers.

## Statement of Priorities

Strategic Priorities	Deliverables / Outcomes	Achievement
1 Develop a system that is responsive to people's needs	<ul style="list-style-type: none"> <li>• Fully implement the use of Palliative Care Outcome Collaboration and care pathways: benchmarking commenced</li> <li>• Develop Business Case for new MOC for CHCB Statewide Progressive Neurological services aligned with funding streams with Department of Health</li> <li>• Action plan implemented to progress the development of CHCB Progressive Neurological Services to Statewide (Level 5) service level</li> <li>• Expand Palliative Care consultancy model for Gippsland region</li> <li>• Develop Business Case for Specialist Palliative Outpatient Clinics.</li> </ul>	<p>Achieved</p> <p>In progress</p> <p>In progress</p> <p>Achieved</p> <p>Achieved</p>
2 Improve every Victorian's health status and experiences	<ul style="list-style-type: none"> <li>• Complete development of the Information and Resource Room for consumers</li> <li>• Plan implemented to address carer feedback</li> <li>• Expand school health promotion strategy</li> <li>• Develop and implement a Community Engagement Strategy with the Community Advisory Board</li> <li>• Develop and implement a Cultural Diversity Plan.</li> </ul>	<p>Achieved</p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p>In progress</p>
3 Expand service, workforce and system capacity	<ul style="list-style-type: none"> <li>• Implement program for emerging leaders and senior managers</li> <li>• Complete restructure of education department</li> <li>• Develop a staff reward and recognition program</li> <li>• Implement electronic payroll/HR systems aligned with National LCMHC and in compliance with Department of Health provision of minimum dataset.</li> </ul>	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p>
4 Increase accountability and transparency	<ul style="list-style-type: none"> <li>• Minimum one research project annually for each clinical stream</li> <li>• Uphold current accreditation status at ACHS periodic review</li> <li>• Fully implement new Riskman System.</li> </ul>	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p>
5 Utilise e-health and communications technology	<ul style="list-style-type: none"> <li>• Fully implement e-medication record</li> <li>• Business Case with National IT for full e-health record to implement in 2012/2013.</li> <li>• Purchase and fully implement use of video conference facilities as part of role as statewide provider.</li> </ul>	<p>Achieved</p> <p>In progress</p> <p>In progress</p>
6 Increase the system's financial sustainability and productivity	<ul style="list-style-type: none"> <li>• Action plan developed to implement environmental strategies including development of safety culture at CHCB</li> <li>• Implementation OH &amp; S plan</li> <li>• Achieve cash sustainability</li> <li>• Reduction of non-productive leave.</li> </ul>	<p>Achieved</p> <p>Achieved</p> <p>Ongoing</p> <p>Achieved</p>
7 Ensure health care is provided in the most clinically effective and cost effective environment	<ul style="list-style-type: none"> <li>• Work with Department of Health to develop options for funding and submit relevant development application in 2012</li> <li>• Progress business case for resubmission</li> <li>• Work with other service providers and peak bodies to maximise the benefit of the redevelopment</li> <li>• Capital appeal launched</li> <li>• Communication strategy developed and implemented.</li> </ul>	<p>Not progressed</p> <p>In progress</p> <p>In progress</p> <p>Not progressed</p> <p>In progress</p>

# About Us

## Personnel Services

The role of the Personnel Services Department is to aid in maintaining a sound and well adjusted workforce by supporting members of staff.

This year has been one of growth and development within the Personnel Services Department. To meet the demands of the hospital's growing workforce, the department's staffing resources have needed to increase. This addition has allowed us to review and update the forms staff use on a daily basis. We have also developed processes and policies that clearly articulate the various roles and responsibilities of managers, supervisors and staff at the hospital.

Training and support have been another key focus of the department this year.

The Best Practice Australia Survey conducted across Little Company of Mary Health Care has confirmed that the work we have been doing to raise awareness regarding bullying and harassment prevention is having a positive impact on the work culture of the hospital. Through the survey, staff reported significant improvements in the importance attached to the identification and addressing of bullying and harassment in the workplace, from the provision of training to the commitment of managers to eliminate bullying and harassment from their work environments.

One of the highlights and also a challenge has been the implementation of the new payroll system, Chris21 into the hospital. The implementation of the Chris21 system has been a positive step in progressing the payroll system toward a Little Company of Mary Health Care national linked system.

There has also been an appointment of our own onsite Return to Work Coordinator. The introduction of this position is an important development, as the Return to Work Coordinator plays a critical role in supporting injured workers return to work and improving outcomes for both the staff concerned and the organisation. Now that the role is onsite we are able to directly support both workers and managers with the return to work process.

## Our Work Environment

As per our Environmental Management Plan, effective environmental management and a reduction of our carbon footprint continued to be a key priority for the hospital throughout the year. These two goals have been achieved as a result of extensive monitoring and a deliberate reduction of our utility usage.

The hospital continues to be committed to ensuring that our impact on the environment is minimized. To achieve this a number of environmental controls were introduced this year to reduce both utilities and wastage wherever possible.

To this end there was a maintained reduction of all water usage by approximately 5% and a sustained reduction of 1.5% in gas usage from the previous year's levels.

Electricity usage did not decline due to the installation of additional air conditioning and heating units in both patient and staff areas. These new units were required to improve patient quality of care in both the ward and consulting areas.

The utility initiatives achieved this year are consistent with our Environmental Management Plan; in which we have made a commitment to reduce usage levels by a further 5% in upcoming years. Reduction in usage levels will be achieved by improved control of all utilities used by ward based monitoring. Each ward now has the capability to monitor the consumption of their own utilities via real time monitors. A pilot electricity meter was installed on St Joseph's Ward during the year. This real time meter monitor showed when and how much electricity was being consumed on the ward and at what times of the day. This meter also allowed us to record total consumptions over set periods and has given us the capability of comparing ward usage of utilities.

There has also been a review of all lighting across the hospital, with the view of changing to LED lighting. The proposed LED lights are both more efficient and better for the environment.

We continue to make a commitment to the principle of sound environmental practices by reducing our environmental impact and by increasing our sustainable practices through education. This has been enhanced by the production each quarter of a new Green Care newsletter for staff. This newsletter provides information and advice about how staff can support a sustainable future. The newsletter promotes active involvement in the reduction of waste through the recycling of old computers and mobile phones, supporting our cafeteria's introduction of reusable 'keep cups' for beverages, education on the benefits of moving to electronic payslips and information on appropriate recycling of waste products.

There has also been a review of our fleet of cars which is due for replacement in the next several months. As part of our research for the new fleet, consideration has been given to environmental emissions of suitable vehicles and the possibility of purchasing hybrid type vehicles, as these vehicles significantly reduce environmental emissions.

Improved patient facilities and departmental accommodation has also been a focus throughout the year, with almost every department receiving new patient equipment, including beds, syringe drivers, new furniture, flooring and internal fit outs, such as renovations to ward bathrooms and new equipment for offices and consulting areas.

**Calvary Health Care  
Bethlehem** *would like*

*to acknowledge the*

**Minister for Health,**

*The Hon.*

*David Davis*

## Best Practice Australia Survey

We are now in the second year of a two year review monitoring staff satisfaction within our services. The review is conducted by Best Practice Australia who provide us with the information and strategies to support us to improve our workplace.

The review has seen us achieve impressive overall results. We are now classified as an organisation that has moved into the 'consolidation phase' of development. This means that our staff are fully engaged with their workplace when compared to staff at other hospitals in Australia and New Zealand. The survey highlighted that over 70% of our staff commented that they "felt passionate about their work and that what they did made a difference".

This year we have continued to advance in areas that the survey highlighted and have been working on our action plan. Some of the progress made in our action plan includes

- An evaluation of the Bullying and Harassment Training Course to ensure staff feel equipped to deal with bullying and harassment issues should they arise
- The continuation of our Model of Care work that allows us discussions regarding better opportunities for staff education, training and research
- The development of workshops for staff to deal with working in intense and demanding environments
- A focus on our Strategic Plan taking into account the importance of resourcing and succession planning for change management
- The creation of open pathways to facilitate improved communication between management and executive levels.

As an organisation we continue to focus our attention on our action plan and look forward to the survey being conducted in 2013 to evaluate our progress.

## Volunteer Services

Currently we have 75 dynamic volunteers at Calvary Health Care Bethlehem who continue to be part of our multidisciplinary teams. These volunteers have contributed over 10,000 hours of volunteer support to the hospital services during the year.



The volunteers actively work on our three wards, the day centre and in community services. The main focus of our volunteers is to care for and support patients and their families. One of our most popular volunteer programs has been the Pet Therapy Program. This program consists of three dogs who visit the wards on a regular basis and two dogs that are a part of the day centre program. These volunteering pets provide patients and staff the opportunity to interact, reminisce and find a welcome distraction from the medical routine and environment.

When providing support in a palliative care setting, all of our volunteers are required to undergo specific training to meet the challenges of caring for patients who have a life-threatening illness. Our unique Volunteers Training Program includes delivery of the Certificate III Deliver Care Services Using a Palliative Approach which is mandatory for all of our volunteers. Topics covered include infection control, communication, assisting patients with their meals and techniques in massage.

To ensure the volunteer service reflects future community population trends and the increasing number of patients from Culturally and Linguistically Diverse (CALD) backgrounds, the Volunteer Service Department is committed to the recruitment of volunteers who match the culturally and linguistically diverse needs of the local community from which our patient's come. As a result the department has been focussing on volunteer recruitment and training Greek, Russian, Chinese, Indian and Italian speaking volunteers. This CALD initiative has been a major focus and new direction for the volunteer service.

National Volunteers Week occurred in May 2012 and provided the hospital with the opportunity to formally say "thank you" to our volunteers for their ongoing care, their never ending support and commitment to the hospital, patients and their families. Highlights of the week included a special lunch and for the first time an in-house professional development session entitled 'Reflective Practice for Volunteers' presented by a guest speaker from the Jesuit Social Service.

## Years of Service For Volunteers

5 Years	10 Years	15 Years	20 Years
Maria Bonso Virginia Boon Pat Geraghty Marie Maxwell Thomas Fong	Ruth Kelly Marion Shanahan	Janet Anderson Valerie Hall	Valda Smidt Enid Holland

# About Us

## EOWA



In March 2012 we were honoured by the Equal Opportunity for Women in the Workplace Agency with our citation as an Employer of Choice for Women for the second consecutive year. Due to changes at a federal government level and with the Equal Opportunity for Women Act, the citation was awarded for two years and applies until 2014.

We were one of 36 organisations cited across Victoria and 125 across Australia. The citation is important recognition of the efforts made by the hospital in pursuing equal opportunity for women across the organisation through addressing the issue of pay equity between female and male employees, the significant number of women that occupy senior management roles in the hospital, the provision of flexible work hours and the equity accorded females in succession planning.



## Wellness – Staff Living Well and Wise

The hospital continues to recognise the importance of our staff 'living well and wise' and understands that staff who take care of themselves by making healthy life style choices are more productive and engaged with their work.

The Wellness Committee is a staff led committee that continued to pursue wellness initiatives throughout the year. The Boot Camp Program is one of the most popular of the programs taken up by staff. Another favourite activity has been the provision of healthy lunches for staff. These lunches provide a social opportunity to promote healthy eating choices.

This year has seen the appointment of a new Chair of the committee. With this new leadership, the wellness program has been evaluated and the implementation of new programs and initiatives to encourage staff to live well and wise are being planned for the coming year.



“We are fortunate to have Calvary Health Care Bethlehem (CHCB) as part of our Glen Eira community, and I do mean as part of our community, because in addition to providing exemplary health services, the hospital makes a point of contributing to our community in ways which go beyond providing health care. This is exemplified by the way the hospital has adapted to the changing community needs – you were a maternity hospital (where I was born) when that was the need, but it now provides a range of specialist services particularly for the elderly now that this is what the community requires.”

CHCB is now renowned for providing a high standard of palliative care, as well as leading in the treatment of progressive neurological conditions such as Multiple Sclerosis, Motor Neurone Disease, Parkinson's Disease and especially Huntington's Disease, where you lead the state if not the country. These are all services that are, unfortunately, much in need, so we are fortunate to have them in Glen Eira. Calvary Health Care Bethlehem continues to distinguish itself with the empathy, kindness and care provided by both staff and volunteers not only for patients, but for their families as well. I congratulate you all on your work over the past year, and wish you well into the future.

Cr Jamie Hyams  
Mayor, City of Glen Eira

# Governance

Our commitment to providing the best quality of care  
to our *patients and their family  
members* drives us to continually improve our services and practices.

Our Vision to be the leading **palliative care service in Victoria** inspires us to continually  
develop and progress our services.



## Continuum of Care Governance Committee

The Continuum of Care Governance Committee has oversight of the Clinical Practice and Medication Advisory subgroups work to ensure that the

- consumers and patients are provided with high quality care throughout the care delivery process
- consumers, patients and communities have access to health services and care appropriate to their needs
- hospital provides care and services that achieve expected outcomes
- hospital provides safe care and services
- hospital provides care that is inclusive of and centred around the consumer.

## Clinical Practice Subgroup

The committee has achieved a number of outcomes this year in the following key areas

- Falls Prevention – under the governance of the Clinical Practice Subgroup, a working party was established focussing on the review of the hospital's Falls Prevention Program. The working party have worked hard to achieve a review and redesign of the Falls Risk Assessment Tool and associated processes in monitoring and reviewing clinical interventions, to ensure they are meeting patient needs and improving the safety of our patients. This work has been supported by the introduction of new equipment including beds which lower to floor level and the labelling of equipment supporting patient mobility with a new traffic light system that enables all staff to be aware of patients at risk
- Care planning – new care planning processes and documentation have been introduced across all clinical areas of the hospital including ambulatory and inpatient settings, which has improved the clinical team's ability to ensure the patient and their family are actively involved in goal setting and discharge planning
- Palliative Care Outcomes Collaborative (PCOC) – the use of the PCOC suite of tools has successfully been introduced across all clinical areas supporting palliative care patients. We have also commenced submitting data which allows us to benchmark against other services. This feedback will assist us to continually improve our services and outcomes for patients.

## Patient and Carer Satisfaction

An important aspect of our services is to offer patients and their families opportunities to provide feedback on the quality of the services we provide. There have been three opportunities this year to do so, the Victorian Patient Satisfaction Monitor, Victorian Palliative Care Satisfaction Survey and the hospital's short-item patient/carer satisfaction survey. The results of the first two of these surveys are outlined below.

- 1) Twice yearly, Victorian Patient Satisfaction Monitor (VPSM) which the Department of Health conducts on behalf of all publicly funded hospitals, with a focus on neurology patients discharged from St Teresa's Ward. The results for 2011 indicate that there has been an improvement in the Overall Care Index between the two reporting periods of 2011.

	VPSM – July to December 2011	VPSM – January to June 2011
<b>Overall Care Index</b>	77.7	73.1

The latest VPSM report notes that patients were 'very satisfied' with most aspects of their stay on St Teresa's Ward. The majority of patients reported that they were assisted a great deal by their stay in the hospital and felt that the length of their stay in the hospital was appropriate. Especially high performance scores were obtained for courtesy from nurses, arrangements for outpatient services, the helpfulness of hospital staff in general, being treated with respect and helpfulness of admission staff. The highest and lowest scoring items are outlined in the table below and will be the subject of a quality improvement plan to be developed by staff on St Teresa's Ward and other departments providing services to that ward.

Highest Scoring Items for July to December 2011	Mean Score
Courtesy of nurses	4.57
Arrangements for outpatient services	4.54
Helpfulness of hospital staff in general	4.48
Being treated with respect	4.38
Helpfulness of admissions staff	4.38

Lowest Scoring Items for July to December 2011	Mean Score
Explanation of side-effects of medicines	3.14
Length of time nursing staff took to respond	3.48
Quality of food	3.48
Temperature of hot meals	3.52
Privacy of room	3.52



2) The Victorian Palliative Care Satisfaction Survey (VPCSS) captures feedback from patients, carers and bereaved carers from both community and inpatient palliative care settings. Only adult patients and carers who have provided informed consent are eligible to participate. All patients and carers receive an information brochure about the survey and an opt-out card within their survey kit. Five survey versions are used to capture the unique experiences of

- Patients in inpatient settings
- Carers of patients in inpatient settings
- Patients in community settings
- Carers of patients in community settings
- Bereaved carers.

This year the results for our Community Palliative Care Service indicated that overall satisfaction with the standard of care was 4.51. The Inpatient Palliative Care Service indicated the overall satisfaction with the standard of care was 4.53. Responses are provided on a five point scale where one equates to very low and five refers to very high. The top five performing items and the top five priority areas for improvements are outlined below.

## Community Palliative Care Service

Top 5 Performing Items	Item	Mean Score
1	Satisfaction with the level of respect shown towards the patient as an individual	4.66
2	Satisfaction with response to needs from nurses	4.65
3	Satisfaction with the way the patient's cultural needs are supported	4.55
4	Satisfaction with the way the patient's physical needs are supported	4.54
5	Overall satisfaction with the care delivered by the patient's palliative care team	4.50

Priority to Improve Ranking	Item	Mean Score
1	Support for planning ahead for funeral arrangements (if applicable)	3.29
2	Opportunities to talk with other carers about your own situation (as a carer)	2.50
3	Wound care not covered by Medicare	3.73
4	Level of training provided to carry out specific care functions (for example massaging, moving or bathing the patient)	3.62
5	Treatments not covered by Medicare	3.75

## Inpatient Palliative Care Service

Top 5 Performing Items	Item	Mean Score
1	Satisfaction with the level of respect shown towards the patient as an individual	4.59
2	Satisfaction with the way the patient's religious and/or spiritual needs are supported	4.53
3	Overall satisfaction with the care delivered by the patient's palliative care team	4.52
4	Satisfaction with the level of expertise of people involved in the patient's care	4.49
5	Satisfaction with response to needs from nurses	4.49

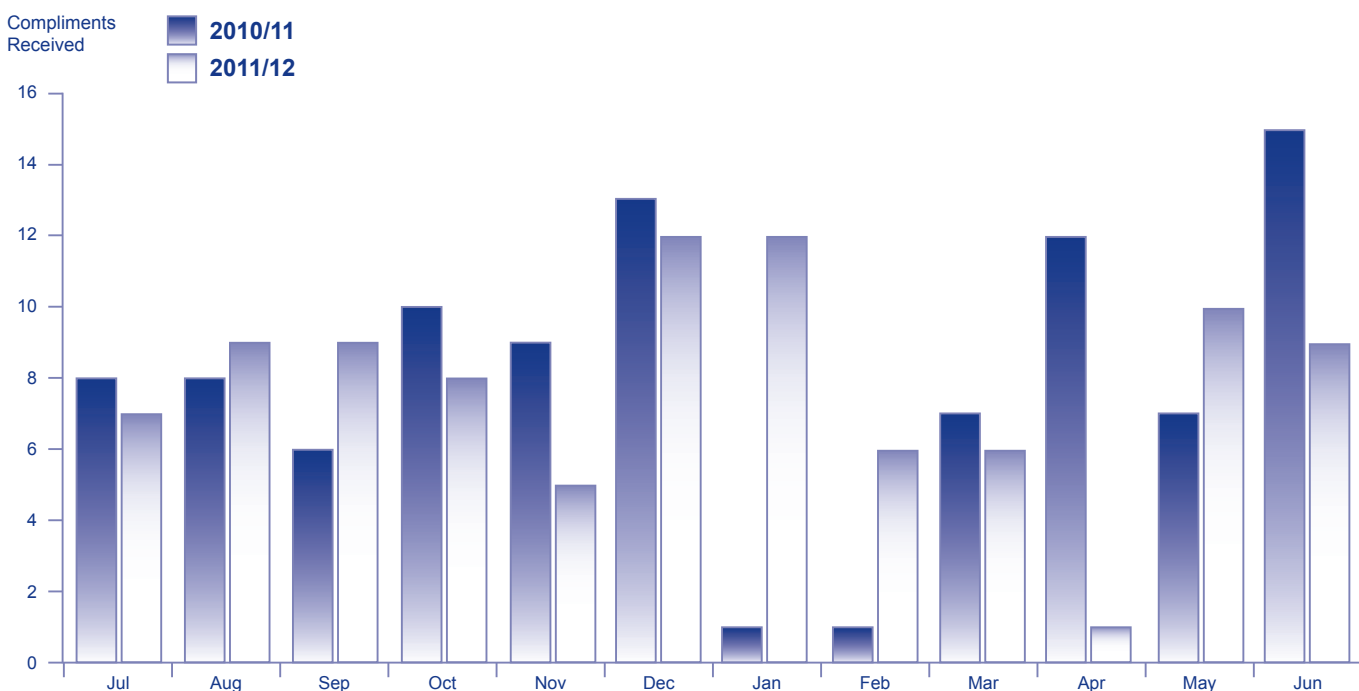
Priority to Improve Ranking	Item	Mean Score
1	Opportunities to talk with other carers about your own situation (as a carer)	2.69
2	Planning ahead for funeral arrangements (if applicable)	2.67
3	Medications not on the PBS (not subsidised by the government)	3.30
4	The information about alternative support if the patient did not want to receive palliative care	3.39
5	Support you received from volunteers	3.70

“Calvary Health Care Bethlehem (CHCB) is a small but unique ‘haven’ for members of the community at their most vulnerable. It offers compassion, joy, laughter, responsive communication and care on a very personal level. A patient’s individuality and background, regardless of religion, culture or age is respected. CHCB provides a warm, welcoming and safe home in which to live through challenging times. Regardless of how busy, staff always have time to listen, attend to emotional issues, provide pain management and also support family members. To offer our community such wonderful service in many ways restores a sense of faith in humanity at a time when it’s most needed.”

**Robin**  
Volunteer at CHCB

## Compliments

The following graph illustrates that we received a significant number of compliments on a range of aspects of service delivery. These compliments came in the form of small gifts, cards and letters of appreciation, emails and phone calls to Management. It is extremely affirming for our staff to receive this feedback and has a positive effect on staff morale.



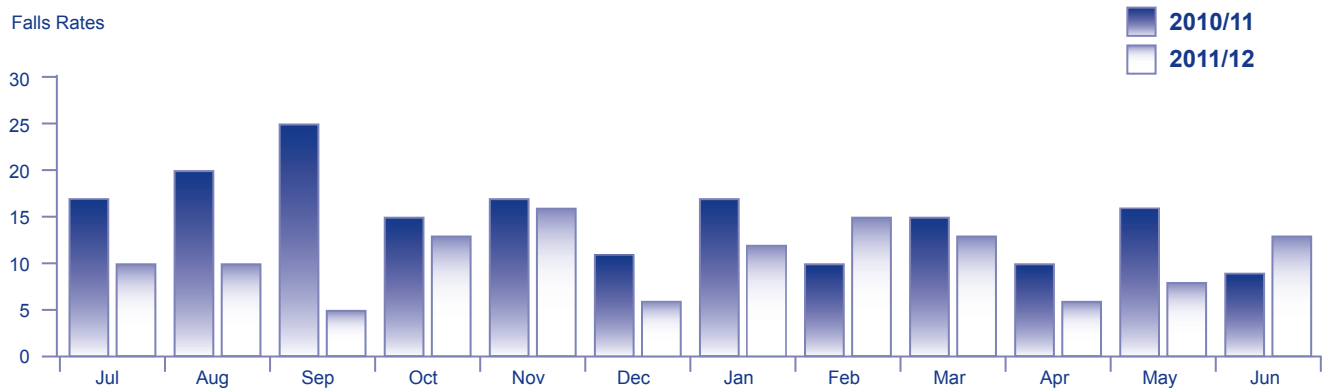
## Complaints

We are committed to improving the quality of our service and complaints are important opportunities for us to review our service. We received nine written patient or family complaints this year, three less than in the 2010-2011 year. Four of these complaints related to treatment and care, four were related to staff and/or patient communication and one was related to the hospital's environment. All of our complaints have been dealt with, within the time frames prescribed and no complaint has been escalated to the Health Services Commissioner. Several complaints have precipitated a review of our policies and procedures and a greater focus on ensuring our patients are involved in decision making regarding their treatment and care.

## Clinical Indicators – Falls

The rate of falls that have been recorded on the RISKMAN system has again reduced significantly this year,  $n = 127$ , when compared to last year's  $n = 182$ . These results may indicate that the remediation strategies that have been implemented are producing the desired effect. This year, in line with the new falls management standard from the Australian Commission for Safety and Quality in Health Care we reviewed our Falls Risk Assessment Tool. This has been trialled on all the wards, with staff reporting much greater satisfaction and ease of use with this amended tool. We intend to conduct a comprehensive evaluation of the new tool during the forthcoming year. We have also been fortunate to procure several pieces of falls risk management equipment including falls alarm mats, 'glow in the dark' toilet seats and infrared out of bed alarms which we believe will further reduce the number of falls experienced by our patients.

Falls Rates



## Clinical Indicators – Pressure Ulcers

Our patients, in particular patients with progressive neurological conditions, have a tendency to develop pressure ulcers as a direct consequence of their immobility and deterioration associated with their condition. Pressure ulcer and wound management in our patient groups is complex and requires a high level of skill and expertise. As in previous years, the majority of pressure ulcers exist in patients admitted for management of their ulcers. The rate of hospital acquired pressure ulcers is mostly related to deterioration in pre-existing pressure ulcers, rather than the emergence of new ones. The majority of hospital acquired ulcers are recorded as 'stage one' which is a reflection of the fact that our surveillance and subsequent management of ulcers has been effective. This year we have begun a major quality improvement project to produce an electronic wound management manual, inclusive of all disciplines' contributions to the best practice management of pressure ulcers.

## Medication Advisory Subgroup

The committee has achieved a great deal this year, in particular the successful implementation of MedChart the new electronic medication management system for prescribing, dispensing and administering medications across all inpatient units. The committee has also focussed on ensuring the accuracy and currency of all medication policies, achieving 97% review target within a four year accreditation cycle.

## Clinical Indicators - Medication Errors

Following introduction of the e-medication system the rate of medication errors has fallen by one third, n = 97, compared to the rate reported last year of n = 142. This system has a range of inbuilt safeguards to assist physicians when prescribing and alerts on a number of levels when pharmacists are dispensing or when nurses are administering medications. We have also introduced storage of patients' medications in bedside lockers on St Joseph's and St Luke's wards which has improved the efficiency of medication administration. The Medication Advisory Committee is exploring the auditing methodology which will be applied to this new system so that compliance and quality can be further improved in the forthcoming year.

Medication Errors



# Governance

## Safe Practice and Environment Governance Committee – Occupational Health and Safety Subgroup

Each Little Company of Mary Health Care site records and reports data to the national office on a range of occupational health and safety key performance indicators. This data is used to benchmark between other organisations and provides a clear overview of the extent of occupational health and safety incidents and the nature of injuries, which is very useful in identifying the focus of remediation efforts. This year we have achieved a 31% reduction in the Lost Time Injury Frequency Rate (LTIFR) which is testament to the time and effort that we have invested in addressing occupational risks for our staff.

This year the Executive Team commenced a series of Executive Safety Walks, an augmentation of the environmental inspections that have been very well received by our Occupational Health and Safety Representatives and Department Managers. The Executive Team have also found these walks around the buildings very informative, as they have highlighted the risks and challenges our staff face every day when working in our ageing facility.

We were also fortunate to receive funding to engage an Industrial Physiotherapist to assess 12 position descriptions for roles that have a large component of manual handling associated with them. The results of this review has identified several risks which we are in the process of addressing, and will include extra training for staff, changes to work practices, the provision of additional equipment or the adaptation of current equipment. We believe we can further reduce the LTIFR once all of these strategies are implemented.

Another important achievement has been the development of a Risk Screening Tool to identify 'Behaviours of Concern' that are commonly associated with some of our patient groups and present occupational risks for our staff and other patients. This tool is based on best practice and will be trialled in the forthcoming year.

A significant development this year was the establishment of a policy and procedure for the management of Bariatric patients, which has risks for both the patient and our staff. Due to funding submission opportunities we have been able to acquire funds for bariatric equipment.

An important occupational health service is our annual staff immunisation program, provided by HICMR Infection Control Pty Ltd and this year we have again increased the rate of staff taking up vaccinations for influenza and pertussis, as indicated in the table below.

2010	2011	2012
110 (29%)	129 (37.5%)	137 (38%)

## Hand Hygiene

As in previous years and as the table below identifies, we have consistently demonstrated a hand hygiene compliance rate at or above the required benchmark of 70% as per the Department of Health. We note the sub-standard compliance rate in the third period of 2011 arising from an audit conducted by an external surveyor which, inter alia, highlighted the need to have the hand rub solution closer to the point of care. This is only one strategy that we have implemented in an improvement plan which has resulted in us achieving above the required compliance rate. We will continue to implement the improvement strategy and ensure that we exceed the required benchmark.

Period 3/2010	Period 1/2011	Period 2/2011
71.8%	70.1%	77.2%

Period 3/2011	Period 1/2012	Period 2/2012
47.6%	79.1%	73.1%

## Safe Practice and Environment Governance Committee – Emergency Management Subgroup

Following the review of our Emergency Procedures Manual last year, we engaged a consultant to review the training content for both Chief Wardens and Area Wardens. This review has incorporated both desktop and real time mock evacuations, together with the integration of the use of a simulated fire extinguisher and the use of the 'Albac' emergency evacuation mats. We believe this new training program will facilitate staff responding to emergencies with greater confidence and effectiveness.



# Information Management Governance Committee

## Health Information Services

In order to comply with the new Public Records Office of Victoria (PROV) regulations, the hospital's Health Information Services staff began a major project to organise the patient and corporate records held in offsite storage. The project took four months and 664 archive boxes containing medical records were checked. Each medical record was individually tracked on iPM to ensure accurate record tracking and correct box number details. A database was created with each box's data including listing contents of the box, location of the box and scheduled date of destruction. Adhering to the new 2011 PROV Disposal Schedule, Health Information Services were able to destroy 116 boxes of medical records.

## Information Technology

In preparation for the move of our servers to the Little Company of Mary Health Care National Domain of [calvarycare.org.au](http://calvarycare.org.au), we began a review of the Active Directory. The Active Directory is the system that holds all the details about staff email addresses, security groups, drive and folder permissions. An external contractor was engaged to undertake this review and has worked in conjunction with our staff to create 'functional groups' resembling the hospital's organisational chart and to also create a new drive and folder structure resembling the functional groups. We will also establish business rules to provide guidelines for the storage and archiving of electronic records and introduce document control strategies for all electronic documents, assisting with tracking and archiving. Once this project is complete, we will be very well positioned to move into the new national domain and our information technology security will be much enhanced.

Another major improvement has been the review and rationalisation of printers and photocopiers which has resulted in significant cost reduction and the deployment of new, advanced printers and photocopiers. As an adjunct to this, we have also begun to implement a fax server which, over time will also provide cost savings as staff begin to use the fax server capabilities embedded in their computers.

In line with the move by the Little Company of Mary Health Care national office, we have begun the transfer of all our policies and procedures onto the policy management software Objectify. This has been a major undertaking with approximately 400 documents needing reformatting and reclassification to fit into the new template structure. Once this is complete, our staff will be able to search for both local and national policies using key terms.



# Governance

## Financial Report

### Analysis of Labour (by FTE)

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2011	2012	2011	2012
Nursing	111.6	114.1	110.4	110.1
Administration and Clerical	18.9	19.6	17.1	20.0
Medical Support	7.6	9.8	7.8	8.0
Hotel and Allied Services	20.7	22.7	21.6	22.7
Medical Officers	4.9	8.7	5.0	6.2
Ancillary Staff (Allied Health)	38.2	43.6	37.3	39.3
<b>TOTAL</b>	<b>201.9</b>	<b>218.5</b>	<b>199.2</b>	<b>206.3</b>

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

	2012	2011	2010	2009	2008
Total Revenue	28,207	26,152	25,504	24,205	23,560
Total Expenses	28,407	25,524	25,152	23,881	22,394
Net Result for the Year (inc. Capital Items)	(200)	628	352	324	1,166
Retained Surplus	9,905	9,955	9,477	9,095	8,111
Total Assets	17,320	16,178	15,323	14,463	14,185
Total Liabilities	7,415	6,073	5,846	5,338	5,384
Net Assets	9,905	10,105	9,477	9,125	8,801
Total Equity	9,905	10,105	9,477	9,125	8,801

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

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2011-12	Future expenditure
Aspex Consulting	Develop future Model of Care	1/06/12	31/10/12	60	51	9
Groupwise	Employee training, coaching and facilitation	1/07/11	30/06/12	47	47	-
Alison Boughey Consulting	Nursing practitioner project evaluation	1/04/12	18/06/12	27	27	-
Alfred Health	Implementation of Telehealth	1/09/11	28/05/12	25	25	-
Ascentor Pty Ltd	Monitoring of risk management performance	1/07/11	30/06/12	12	12	-
Chronic Illness Alliance Inc	Implementation of consumer participation strategy	1/04/12	29/05/12	10	10	-

During the year 12 consultancies were engaged where the total fees payable to the consultants were less than \$10,000, with a total expenditure of \$42,793.

Performance priorities	Target	2011-12 actuals
<b>(a) Financial performance</b>		
(i) Operating result		
Annual Operating result (\$m)	\$0.000	\$0.007
(ii) Cash management/liquidity		
Creditors	60 days	45 days
Debtors	60 days	36 days
<b>(b) Service performance</b>		
<b>Quality and safety</b>		
Health service accreditation	Full compliance	Full compliance
Cleaning standards	Achieved	Achieved
Submission of data to VICNISS (%)	Full compliance	Full compliance
VICNISS Infection Clinical Indicators	No outliers	No outliers
Hand Hygiene Program compliance (%)	65%	Achieved
SAB rate (OBDs)	2.0	Achieved
Victorian Patient Satisfaction Monitor (VPSM)	73	Achieved
<b>(c) Activity and Funding</b>		<b>2011-12</b>
<b>Sub Acute Inpatient</b>		<b>Activity Achievement</b>
GEM (non DVA)		9,847
Palliative Care - Inpatient		11,894
GEM - DVA		132
Palliative Care - DVA		647
		<b>22,520</b>
<b>Ambulatory</b>		
SACS (non DVA)		4,409

# Governance

## People and Culture Governance Committee

The People and Culture Governance Committee's role is to develop and maintain an organisational culture that clearly aligns with our Mission, Vision and Values. Each staff member is encouraged to fulfill their personal and professional potential, while contributing to best practice.

At an operational level we have embarked on a number of different initiatives. A highlight of the year has been the development of our Staff Reward and Recognition Protocol, which is significant in that it acknowledges both formally and informally the noteworthy contribution our staff make to the organisation.

There has also been strong progress made in revamping our Induction Program. The new Induction Program will ensure the program meets the requirements of new staff and reflects various learning styles.

A major focus has been the updating and ratifying of our policies. After considerable time and effort they are now current and are making a notable difference to the staff, who can easily track and find information that is current and accurate.

We pride ourselves on our continuous improvement in the areas of our workforce and work culture and are committed to continue to develop processes and programs that support our staff to be the best they can be.

“There is a certain spirit in the staff at Calvary Health Care Bethlehem (CHCB), a commitment to 'do that little bit more'. That 'little bit more' is founded on skill, expertise and knowledge and it is that combination which makes a difference for the people they serve. They build on a tradition of care and compassion, to 'be for others', the ethos of the founder of CHCB, the Sisters of the Little Company of Mary and carry it forward to meet the unique needs of each patient and their family.”

**Sr Bernadette Fitzgerald LCM**  
Province Leader  
The Little Company of Mary





# Our Services

Our services are *vital to the Victorian community*. We support over 4000 patients and their families each year.

Our work in palliative care and progressive neurological diseases means that we are regarded both **nationally and internationally** for our expertise.



# Our Services

## On Our Wards

On St Luke's, St Teresa's and St Joseph's wards it has been a busy and exciting year. With our commitment to providing high quality care which reflects best practice and enhances the quality of life of our patients, our dedicated staff continued to challenge themselves to innovate and consistently aim to deliver patient centred care which improves the experience of our patients, their families and visitors to the hospital.

St Teresa's Ward has a primary focus on delivering care to patients with complex progressive neurological diseases including Motor Neurone Disease, Huntington's Disease, Parkinson's Disease and Multiple Sclerosis. Over the year, St Teresa's Ward has supported over 360 patients and their families. The ward continues to be a world leader in the care of patients with Huntington's Disease.

St Luke's and St Joseph's ward have a primary focus on caring for patients requiring specialist palliative care and have supported over 520 patients and their families.

## St Luke's Ward

St Luke's Ward has been actively involved in improving the quality of care it delivers to our palliative care patients by taking a lead role in the implementation of the Palliative Care Outcomes Collaboration (PCOC). The program is the only national voluntary program utilising validated clinical assessment tools to benchmark and measure outcomes in palliative care. Collaboration in PCOC enables the hospital and service providers to establish better practices in palliative care and to meet national palliative care standards for providing quality palliative care for all Australians.

This year 15 staff members across all wards have participated in PCOC workshops and continued to lead the way in utilising the suite of PCOC tools to support clinical decision making, enhance clinical practice and improve communication across the team, through creating a common language to ensure that areas of concern as identified by the patient are addressed.

## St Teresa's Ward

St Teresa's Ward undertook a pilot Diversional Therapy Project made possible through the philanthropic community, that was completed in May 2012. Prior to the introduction of the diversional project, patients with Huntington's Disease had very limited opportunities for engagement which negatively affected their quality of life; particularly those patients requiring extended hospital stays.

One of the outstanding results from this project was the significant reduction in incidents and associated episodes on St Teresa's Ward with the Huntington's Disease patients. Similarly, this project also identified a 28% reduction in falls of these patients.

There was also improvement in patient behaviours and patients were noted to have improved sleep patterns, enhanced engagement with staff, family and visitors and were generally more relaxed and settled.

The project team presented findings on the benefit of Diversional Therapy at the Huntington's Disease World Congress in August 2011. Feedback from the conference was that our diversional program was a unique initiative with important significance.

As a specialist provider to patients with progressive neurological diseases, one of our primary areas of focus is supporting people living with Motor Neurone Disease (MND). Due to the level of disability and complexity of care associated with MND, patients require a high level of support, a level that may surpass available resources in an inpatient setting. Balancing patient need across progressive neurological disease groups is an ongoing challenge for staff seeking to provide best practice care across patient groups.

To address resource gaps for people with MND admitted to inpatient palliative care services, the Motor Neurone Disease Association of Victoria set up a funding initiative with the Department of Health to allow inpatient palliative services to access funding to improve care for MND patients, recognising the specific needs of this patient group.

One of our nurses presented a poster at the International Motor Neurone Disease Conference in Sydney in late November 2011 which focussed on this funding initiative and the outcomes in supporting best practice. The results of an audit of 12 months of data were presented including a summary of services provided with the funding, the benefits to patients and feedback from staff.

## St Joseph's Ward

St Joseph's Ward has had several significant developments this year, including the appointment of a new Nurse Unit Manager to the ward in March 2012. With this change of management and several developments in staffing, there has been a dedicated approach by all staff to build an efficient and effective team.

A major development for the ward this year has been the introduction of the electronic medication system, MedChart onto the ward. This implementation has been an advancement in medication delivery and resulted in a dramatic improvement in patient's quality of care and safety on St Joseph's Ward, evidenced by an observed reduction in the number of medication administration errors. Since the introduction, medication administration errors have fallen from 34 errors during the last calendar year to 4 errors this year.

To enable safe and efficient ordering and administration of medication, Computers on Wheels were deployed on the ward in September 2011 and have revolutionised the delivery of medications on the ward. As part of the implementation, patient's medication is now stored in the patient's individual bedside locker. The system enables medical staff to prescribe medications and the nurses

to dispense and administer medications at the patients' bedside. The system also encompasses a number of elements to improve safety in prescribing and administration and has eliminated the problem of illegible orders which can result from hand written orders. These initiatives make the administration of medication a more efficient process enabling staff to spend more time engaging with the patient.

## Community Palliative Care Service

The Community Palliative Care Service has continued to provide care for people living with a life-threatening illness in the cities of Bayside, Port Phillip, Glen Eira, Stonnington and part of Kingston. Our service is available twenty-four hours a day, seven days a week and includes holistic care, symptom relief, emotional support, consultation, management of symptoms and education. There have been a total of 724 referrals to the Community Palliative Care Service this past year.

Our multidisciplinary team provided nursing, medical, physiotherapy, occupational therapy, music therapy, social work, pastoral care and bereavement counselling in the homes of our patients. Staff worked effectively together to respect the patient's autonomy and their choice to be in the comfort of their own home for end of life care.

The department has been innovative and forward thinking this year with a major restructure of the Community Palliative Care Service. This restructure improved service delivery and continuity of care, and there has also been a shift to primary nursing, with each nurse allocated a designated caseload working within a larger team. Regular morning and afternoon team meetings, as well as twice weekly multidisciplinary meetings, ensured a cohesive and robust service with streamlined communication channels. The Community Palliative Care Service has also been working within a specialist palliative care framework with a strong emphasis on liaison and education.

Starting in May 2012, a project focussing on after hours services was conducted by the Southern Metropolitan Region Palliative Care Consortium. This project compared after hours contacts for the month of May and June 2012 with retrospective data of the last six months. The results revealed a significant reduction in the quantity of calls received during the five week period in comparison to the data collected during the prior six months. This indicated that the restructure of the Community Palliative Care Service and the change to a more primary focus model attributed to the reduction in after hours crisis calls.

The establishment of working groups to examine the process of emergency medication provision and carer education medication packages are two of the continuing quality improvement initiatives that staff have been collaborating on to ensure best practice within the community service.

January 2012 saw the introduction of the first nurse practitioner candidate to our service. This role is a senior nursing role working primarily within the community service but also linking across departments, specifically in the Neuro-Ambulatory Service area, as well as networking with external health providers, referrers and other key stakeholders.

In line with an initiative instigated by the Southern Metropolitan Region Palliative Care Consortium, an appointment of a Residential Care Link Nurse to work on the aged care project was also implemented. A customer satisfaction survey showed that there was a 'high degree of satisfaction' with service delivery. Ongoing education for the residential care sector is being undertaken in line with the project to further strengthen links with the aged care sector and empower facilities to effectively deal with the palliative care needs of patients.



# Our Services

## Neurological Ambulatory Service

Our Neurological Ambulatory Service is a statewide provider in Victoria. We offer continuous care to patients with progressive neurological diseases and complex needs. Patients receive a full range of clinical services from a dedicated multidisciplinary team comprising of specialists with extensive experience in their fields. The service is involved in leadership, liaison, research and support to other health care providers.

This year has seen a growth of 13.3% in services in the neuro-ambulatory setting. This demand has led to new staff positions being created to improve our model of care including a Clinical Nurse Consultant to assist people with Huntington's Disease in the coordination of their care. There have also been increases in physiotherapy, dietetics, neuropsychology and pastoral care to meet the increasing patient service demands. An appointment of a Clinical Psychologist to enhance our model of care has also occurred.

Clinicians working in the department present regularly at meetings and conferences. Graduate and post-graduate students from medical, nursing and allied health disciplines attend the unit throughout the year for training and professional experience.

We continue to work closely with the Victorian Respiratory Support Service, peak bodies such as Motor Neurone Disease Association of Victoria, Multiple Sclerosis Australia, Muscular Dystrophy Association, Huntington's Disease Association and Parkinson's Disease Victoria. These mutually beneficial relationships are fostered by regular networking, clinical case conferences and during professional development opportunities.

Further evolution of our Neuro-Ambulatory Services will occur in conjunction with the statewide Progressive Neurological Model of Care Project. This will allow opportunities to support the care of people closer to home. Telehealth and video-conferencing will enhance our ability to reach out to patients and other health professionals across Victoria and nationally.

## Pastoral Care and Bereavement Services

The Pastoral Care and Bereavement Services Department provides emotional and spiritual support to our patients and their families from the beginning of their journey with us. Over the past year we have offered 164 hours per week of pastoral care and 66 hours per week of bereavement counselling.

One of the major highlights has been the appointment of Columban Priest Father Ray Scanlon to say Mass monthly at the hospital. This has enabled patients and their family members, staff and the community to attend the Celebration of the Eucharist. Following Mass, Father Scanlon visits the

patients on the three wards offering the Sacrament of the Sick to the Catholic patients currently in our care.

The skills and expertise of our staff enable us to be recognised as leaders in our fields. Our unique and important pastoral care and bereavement services were evident by one of our staff member's presenting a poster titled 'Soul Soothing: Pastoral Presence a Proactive Practice in Progressive Neurology' at the 22nd International Symposium on ALS/MND and the Allied Professional Forum in Sydney in November 2011. The presentation was well received and generated ongoing interest from a Swiss delegate who visited the hospital shortly after the conference for further information. It was obvious that we were the only service which presented on the subject of attending to the spiritual and emotional aspects of care. Neither was there any other delegate in attendance whose primary role was spiritual and emotional health services, let alone one whose specific role was in pastoral care and bereavement.

Two staff members have also provided education sessions to external facilities this past year, one at Caulfield Hospital and the other at the Royal District Nursing Services. Areas of focus were pastoral care, bereavement, loss, grief and care of self.

From November 2011 Pastoral Care and Bereavement Services were extended to provide a one day per week pastoral presence in the Neuro-Ambulatory Service (NAS) area. A pastoral role in NAS allows for early interventions; particularly important when patients need support following recent diagnosis or concurrent crisis. A major strength of the arrangement is the interface between placement in the inpatient clinical team on St Teresa's Ward and the NAS area. This means that patients admitted to St Teresa's Ward are already known to the pastoral care team before their condition warrants inpatient admission. The development of the pastoral care role in NAS brings us closer to our goal of giving substantive attention to the spiritual and emotional dimension of our patients as we strive to provide holistic person centred care at the hospital.

## Creative Connections Program

The Creative Connections Program continues to operate with the generous support of the philanthropic community to help families with children who have experienced or are preparing for the death of a loved one. The program provides art and music therapy at home, school or at the hospital. Over the past year the program has supported over 30 clients from the age of three to fourteen.

We have been involved in several notable collaborative events this year including the 3rd Annual 'MS Zoo Day', a shared day with MS Australia held at the Werribee Zoo. This event aims to bring together children living with a parent with Multiple Sclerosis so that they can share their experiences and interact with other children in the same situation.

The Creative Connections Program continues to develop a working relationship with the Cancer Council of Victoria.

This collaboration aims to increase a long term mutually beneficial affiliation that will enable further development of the music and art therapy program by promoting it to a wider catchment area and to more children and their families. This is an important initiative that will provide the Creative Connections Program with additional sustainable funding opportunities.

## Music Therapy

The Music Therapy Department continues to provide services to inpatient, community and ambulatory patients and outreach programs. This year we supported patients across 16 programs.

The department is the largest and most well established Music Therapy Department in Australia. We continued to pioneer the way forward with the introduction of the new Graduate Program, providing a unique opportunity to graduate music therapists who are entering the workforce, enabling them to gain experience across a range of programs inclusive of inpatient and outpatient services and outreach programs.

In May 2012, several staff attended the Neurological Music Therapy Training Institute, with one staff member completing their Neurological Music Therapy Fellowship. This functional rehabilitative model, as facilitated by an internationally renowned music therapist has given our staff some inspiring new perspectives and techniques to integrate into our practices.

The last 12 months have continued to be a time of growth and development with a keen focus on research and development for the music department. Still in the beginning stages, staff have continued to flourish, identifying areas of opportunity for research, education and development. One staff member completed a research project titled 'Music Therapy and Quality of Life'. This project highlighted the relationship between music therapy and quality of life in a palliative care setting.

## Neurological and Palliative Care Day Centre

The Neurological and Palliative Care Day Centre has had a demanding year with a number of significant advancements in the centre that have improved the experience of patients who have participated in the program.

The number of patient visits to the day centre in the last year was 1,235. To keep up with the demand the centre acquired additional music therapy hours and expanded the cooking program. Both of these programs are popular and the additional resources have ensured that all patients interested in the programs have been able to participate in them.

A highlight for the day centre was the planting of the Sensory Garden last October. The garden was created

for the enjoyment of patients and their families, staff and volunteers. To achieve the garden was a community effort; with the philanthropic network donating the funds to make the garden possible and community organisations volunteering their time to plant it. Patients, their families and staff have been enjoying the benefits of the garden during the year by using the produce from the garden in the day centre's cooking program and enjoying lunches in the garden.

The day centre was commissioned to create a mural for the hospital's new Information and Resource Room. Fifteen patients were involved in the creative process over the week that it took to create the three panelled mural. Rollers, stamps, brushes and hands were all used in the design process. The mural was named 'Hanging in the Balance' by one of the patients. As a result of this experience, the day centre created and entered another triptych into the Royal Melbourne Show Art Exhibition which will be exhibited later in the year. This has been a rewarding experience for the day centre patients as it has allowed them to feel their artwork and talent has substance and meaning.

The day centre acquired a number of recliner chairs which has enabled the continuation of the Armchair Travel Program. Held once a month the program invites guest speakers to present their recent travels to other countries to patients. The program allowed patients to sit in comfortable armchairs, share travel experiences, relive their own journeys and travel somewhere new. Over 192 patients have attended the Armchair Travel Program this year.



# Our Services

## Dietetic Services

The Dietetic Service continues to be contracted from Alfred Health. This year has seen an increase in staff resources from 38 hours per week to 63.8 hours per week. This has resulted in the acquisition of three clinical dietitians and a food service dietitian across the week. The development of a Dietetic Allied Health Assistant role into the service has also enhanced the service, as they provide support to clinicians and assist patients at meal times.

The dietitians have continued to offer expert dietary advice to patients and their families in order to improve and manage a range of health conditions including progressive neurological diseases, cancers, end stage heart disease, food intolerances as well as obesity.

Ongoing resources and expertise have also been dedicated to the hospital's food management area, resulting in significant improvements to the computerized Chef Max system and regular food audits ensuring that the hospital maintains the standard stipulated by the Department of Health. Hospital services, dietitians and speech pathologists continue to work collaboratively ensuring that safe and nutritionally appropriate and appealing meals are provided to patients.

## Occupational Therapy

The Occupational Therapy Department has been in high demand with our occupational therapists reporting in excess of 12,000 clinical contacts over the year. Of these contacts 20% have been in Community Palliative Care Services, 27% in Neuro-Ambulatory Services and 53% in inpatient care.

There have been a number of major highlights for the department but the most noteworthy has been the redevelopment of the occupational therapy clinical space to create two new specialized environments.

The first area was converted into a Technology Laboratory, which provides an interdisciplinary clinical environment where mainstream and adaptive technology is available for trial and demonstration for patients who are experiencing difficulty communicating and interacting with their environment due to progressive neurological impairment. This laboratory has numerous workstations set up for patients to trial iPads, e-Readers, communication devices, Environmental Control Units and various alternate access options for computers. Staff have been enthusiastic to trial the new i-Portal system which has the potential to control electric wheelchairs, televisions and open doors via a single iPhone application.

The other area that has been redeveloped is a private clinical room which offers patients increased privacy and confidentiality. This room displays a suite of adapted electrical seating options for patient trial. This includes recently developed switch-adapted electric arm chairs; a joint development project between the hospital and health supply companies.

These environmental redevelopments have enhanced our capacity to provide care and develop specialist skills and knowledge in using advanced technology to promote patient independence and quality of life.

The department has also undergone a service review and internal position restructure. The purpose of the departmental restructure was to advance and develop broader skills, expertise and knowledge throughout the staff group to ensure that the occupational therapy service was flexible, efficient and responsive to the needs of our patients.

During the year the Occupational Therapy Department commenced a collaborative project with Motor Neurone Disease Association of Victoria to explore the potential suitability of commercially available e-Readers to provide and enhance leisure reading for patients with Motor Neurone Disease. This project was only able to proceed due to the generous funding from Motor Neurone Disease Association of Victoria.

Once again our occupational therapists were active throughout the year providing education and informing industry colleagues and stakeholders about occupational therapy practices and achievements at national conferences including the National Palliative Care Conference held in September 2011 and National Occupational Therapy Conference in July 2011. In November 2011, four staff attended the International Motor Neurone Disease Symposium in Sydney. When liaising with our interstate and international colleagues at the symposium we discovered that our service was fairly unique, due to our provision of both inpatient and outpatient care at the one facility. It was also apparent that the breadth of resources and equipment available for our patients was impressive in comparison to other services.

The Occupational Therapy Neurological Team were also successful in having their paper 'Bridging the Gap with AT in the Inpatient Environment' accepted at the 2012 ARATA Conference, whilst two of our staff received Nina Buscombe Awards to attend the International Motor Neurone Disease Symposium.

Significantly for the profession, occupational therapists within Australia joined other health professionals as a nationally registered profession on July 1st 2012. Our occupational therapists are now registered with the Australian Health Practitioner Regulation Agency. They have also undertaken a credentialing process with the Victorian Statewide Equipment Program. This ensures that our therapists are recognized for their expertise and experience in the provision of adaptive equipment for our patient population.

## Pharmacy

With significant support from the Pharmacy Department, this year marked the beginning of a new era with the successful implementation of an Electronic Medication Management System (eMMS), MedChart across the hospital.

The journey of moving from paper medication charts to an eMMS has resulted in many positive outcomes for all staff involved in medication management. Medical staff are now able to have quick access to medication information and can save time by not having to rewrite paper medication charts. The computer reminds nursing staff when medications are due to be administered, which means that they do not need to physically check paper medication charts several times a day, and pharmacists are notified every time a medication is prescribed or changed. Early data gathered by the deployment of this new system, has confirmed that the implementation of MedChart minimised the risk associated with medications prescribed and administered in hospitals

To follow on from the operation of the new system, one of our staff members presented at the Management Conference in Melbourne in June 2012 and was well received by other users of eMMS. The presentation highlighted how medication safety practices can be improved with the use of the online system.



Another highlight was the publication of an article by one of our pharmacists on the 'Management of Opioid Transdermal Patches in Hospital Patients' in the *Journal of Pharmacy Practice and Research*. The article described how the hospital managed to minimise the risks involved in the administration of Opioid Transdermal Patches by advocating a patch checking and documentation system.

## Physiotherapy

The Physiotherapy Department continued to support patients' mobility, maximize their physical potential and provide equipment to optimise each patient's quality of life.

This year a new physiotherapy position was created in the Neuro-Ambulatory Service area. This added resource meant that the department was better able to meet the needs of patients with progressive neurological diseases who required support with their mobility. As well as increasing the number of patients seen at the hospital, the Physiotherapy Department expanded its role as clinical advisors to therapists and patients across Victoria. This was achieved by developing working relationships with therapists in Victorian regional areas and through the

commencement of Skype conference consultations with country patients and their therapists.

As a result of various philanthropic opportunities, several new wheelchairs were purchased, which enabled us to update and expand our 15 year old fleet of wheelchairs. We are now able to demonstrate and trial the latest models and technology in wheelchairs for our patients when they are at the stage of wheelchair dependency.

The Physiotherapy Department completed a study on the identification and management of Lymphoedema in palliative patients and presented the results at the Australian Palliative Care Conference in August 2011. Our study found that most patients with Lymphoedema were not actively managing the problem once they were receiving palliative care services, even though it was a source of discomfort and impacting on patient's quality of life.

Due to the issues faced transporting patients from the palliative care wards down to the physiotherapy area, we established a physiotherapy gym on the balcony of St Luke's Ward. This has given patients easier access to walking rails for mobility practice and a stationary bicycle for exercise.

One of the highlights of this year was the participation of some of our physiotherapists at the World Congress for Huntington's Disease. The Physiotherapy Department contributed four posters to the Congress which was held in Melbourne in September 2011. Physiotherapists who attended the Congress found it inspired them in their work with Huntington's Disease patients. Staff also learnt how the impact of this hereditary disease spreads through each generation of a family and therefore how important it is to include the whole family in patient care planning.

The Physiotherapy Department has been motivated by the ongoing work being done developing a statewide service for people with progressive neurological diseases. We have been working with the multidisciplinary teams within the hospital and liaising with external organisations to share our expertise and care with as many patients and clinicians as possible. We have been exploring new technologies, such as Skype and iPads, to enable us to communicate more effectively with patients and therapists offsite. There has also been investigation into how we can use technology to transform our current wheelchair and seating clinic into a service that benefits patients with progressive neurological diseases who are living in Victorian rural areas and cannot attend the hospital.



# Our Services

## Social Work

The Social Work Department continued to provide support, counselling and advocacy to patients and families across both the neurological and palliative care services.

A major focus for the Social Work Department has been the work entailed in the successful certification of the disability funded social work position. This certification was finally achieved in June 2012. The certification process ensures that the service provided by the Neuro-Ambulatory Social Worker is compliant with the standards for Disability Services in Victoria. This process also guarantees that there is a culture of continuous improvement within disability funded services. Consumer input was sought and provided throughout the auditing process.

The department also continued to work on monitoring the Residential Care Placement process using improved prognostication assessments. The use of the prognostication tool (completed by medical staff) ensures a clear and consistent decision making pathway for patients undergoing the residential care placement process. The increased use of our social work assessment tool in clinical practice has also led to further clarity around the role of social work in patient care planning.

This year saw the Social Work Department continue to provide an external consultancy service to Cabrini Brighton Day Oncology Unit. The revenue from this service has supported various projects, including the reviewing and updating of our resource information, as well as the funding of staff backfill.

In addition to the Cabrini service, the department has also been involved with the hospital's weekly teleconferences and monthly visits to the Gippsland Regional Palliative Care Consortium. This consultancy continues to provide support, education and mentoring to staff in the Gippsland palliative care services.

Non clinical projects included the provision of a series of training days to staff across the organisation as part of the Victorian Cancer Clinicians Communication Program. This program is run in partnership with the hospital's education department and the sessions are aimed at skilling staff in the area of 'Eliciting and Responding to Emotional Cues'. Feedback from these training days has been positive with participants reporting that the information was relevant, well presented and provided an opportunity to enhance communication skills.

## Speech Pathology and Psychology

It has been a dynamic year for the Speech Pathology and Psychology Department. The department has faced some significant staff changes with several key staff members deployed to special projects and external positions, with other staff stepping up to fill these positions and a number of new staff recruited. An increase in funding for psychology services has also led to the recruitment of a new Neuropsychologist and two Clinical Psychologists into the department. The addition of the clinical psychologist positions represents a significant accomplishment for our service as clinical psychology has long been recognized as a gap in our services.

The department continued to demonstrate leadership in their field in various ways. Staff members presented at a number of conferences including the International Huntington's Disease Congress in Melbourne, the International MND Congress in Sydney and at the National Conference of the Australian Society for the Study of Brain Impairment held in New Zealand.

The purchase of new equipment for the Specialist Videofluoroscopy Clinic conducted at Cabrini Private has also been an important development. The equipment is more compact and offers streamlined opportunities for storing and editing the images produced, thereby increasing accessibility of the outcomes of the assessments for both clinicians and patients.

One of the most significant highlights of the year has been the progress of a research collaboration with the University of Melbourne's Department of Audiology and Speech Pathology. Although in its infancy stage, this partnership has resulted in poster presentations of collaborative research at the international Huntington's Disease Congress and the National Speech Pathology Australia Conference and has seen our speech pathologists providing course presentations to the University of Melbourne Speech Pathology Masters students. As a result of this association, a research proposal will be developed that will involve several speech pathology post graduate students conducting a retrospective audit on the development of speech, swallowing and cognitive change in a range of progressive neurological conditions.

*We rely on Calvary Health Care Bethlehem to be receptive, responsive, caring, knowledgeable and professional when dealing with people with Motor Neurone Disease, their carers and families, MND Victoria staff and staff of other health and community care - we are never disappointed.*

**Rodney Harris**  
Chief Executive Officer  
Motor Neurone Disease Victoria



# Unique Collaborations and Projects

We are committed to advancing our health care services.

This leads us to constantly develop *partnerships with other organisations* and implement projects to advance the future sustainability of our leading and unique service.



# Unique Collaborations and Projects

## Redevelopment of Calvary Health Care Bethlehem

Whilst the current State Government budget context is constrained, Little Company of Mary Health Care has committed to working with the government to establish ways of progressing the redevelopment of the hospital. This is an urgent priority and a major focus not only for the hospital but also for Little Company of Mary Health Care, as the state of our current ageing and deteriorating building facilities is compromising our patient experiences, operational sustainability and reputation as a leading specialist provider of health care in Victoria.

We have evaluated a range of redevelopment options, which continues to support our position that redeveloping on our present Caulfield site provides the most cost effective solution, in a shorter time frame and allows us to deliver a more efficient model of care to meet community demand. We have continued to develop our business case for the redevelopment focussing on the vital role and the unique services we offer the Victorian health system; focussing on the demand for service both locally and as a statewide provider, as well as our model of care, financial sustainability and our unique skills and expertise in the health sector.

Aspex Consulting has been engaged to work with Calvary Health Care Bethlehem, its staff and community to develop an innovative and sustainable model of care that integrates both our role as a statewide provider of specialist services as well as its more localised provider roles. It is intended to define and clarify our model of care and also to support the later development of an implementation plan and service plan that will inform future redevelopment and facilities options.

## Progressive Neurological Diseases Statewide Implementation

We have commenced further project work with the Department of Health to develop a statewide model of care for people with complex needs due to progressive neurological diseases.

This work occurs in conjunction with many other stakeholders, including patient groups, peak bodies and other health and disability service providers. The primary aim of the model of care will be to support people with increasing neurological disability within their homes and local communities. The project will also look at the development of our role in supporting other health professionals and service providers in their care of people living with progressive neurological disability, and in driving education and research in this important field.

The new model of care will help people navigate the health and community service systems. It will provide better access to the information and specialist advice people need to make important decisions. Through the improved use of technology we hope to reduce the amount of time and effort people spend attending clinics and appointments, especially when disability makes travelling increasingly difficult.

## Cabrini Health

This year observed the consolidation of the service contract between Calvary Health Care Bethlehem and Alfred Health to provide palliative medical consultancy services to Cabrini Health. The six sessions a week have seen our medical staff provide clinical consult services to the palliative care unit at Cabrini Prahran and the Cabrini acute hospital at Malvern in addition to administrative duties to support and improve the service.

This important partnership offers our staff a different experience working in a private health setting, with the opportunity to interact and develop relationships with a variety of specialists. It also strengthens palliative care services in the southern metropolitan region of Victoria which ultimately improves the outcome for patients with a life-threatening illness.

This partnership was established to respond to a statewide shortage of palliative care specialists and we are committed to continuing the collaborative partnership with Alfred Health to further advance this service over the next 12 months.

## Cultural and Linguistic Diversity

The southern metropolitan region of Victoria has one of the most culturally diverse populations in the state, with one third of Victorian settlements occurring in our region. This includes a high proportion of people settling for humanitarian reasons, with more than 4,000 of these living in the Dandenong area during the last five years. With over 30% of our patients recognized as Culturally and Linguistically Diverse (CALD), we have made a commitment to meet the needs of our CALD patients.

Therefore during the year a Cultural Diversity Committee was established as a sub-committee of the People and Culture Governance Committee. The committee's focus has been the

- analysis and understanding of the breakdown of backgrounds of the patients currently accessing our services
- establishment of the most efficient and effective use of interpreters for our CALD patients
- development of policies and other documentation that will assist the hospital to systematically ensure the needs of CALD patients are assessed and met

- rollout of staff education across all departments within the hospital to ensure staff proficiency in negotiating health belief systems, the establishment of cultural competence in palliative care, cross cultural communication and inclusive research, quality projects and consumer participation.

As part of our Consumer Engagement Strategy the next stage of the project will entail engagement with our top five CALD groups in order to learn about their past experiences and the barriers they face in accessing our services.

## Gippsland Palliative Consultancy Service

The Palliative Consultancy Service to the Gippsland region has expanded its scope this year, with the medical and nursing consult team spending two days a month in the Morwell and Sale area as well as one day a month visiting East Gippsland.

In addition, we have continued the weekly multidisciplinary team meetings via teleconference, provided phone support for secondary consultation to health professionals and have been involved in ongoing health professional education. There is always a full agenda when visiting the Gippsland region, with joint clinics being held at the William Buckland Centre at La Trobe Regional Hospital in Traralgon, various team meetings, patient consultations in a range of settings and delivery of education to different health professionals.

There has been a notable increase in the number of patients either receiving a face to face consult or secondary consult which has resulted in improved patient outcomes and overall patient and staff satisfaction in the Gippsland region. The implementation of video-conferencing at the

hospital in the next 12 months will allow us to provide a more comprehensive service from both a clinical and educational perspective and better support to the local services in the Gippsland region. We would like to acknowledge all those in the Gippsland region for their continued enthusiasm and commitment to this collaboration.

## Information and Resource Room Opens

April 2012 saw the opening of an important new initiative at the hospital with the official inauguration of the new Information and Resource Room. This room provides information and resources for patients and their families, arming them with support as they confront an unknown future and attempt to find quality of life after discovering that they have a life-threatening illness. The room provides users with a library of reference books, an array of pamphlets in a range of languages, access to the internet and a DVD library. There are also specific resources about life-threatening illnesses for children.



The room was created in order to improve our service to patients and their families, carers and the community. It also answers the significant need for people to have access to information about the impact a life-threatening illness might have on their family and day to day lifestyle. The Information and Resource Room enables patients and families to access a range of information on their illness and the associated symptoms, not just physical symptoms but the psychological and social ramifications, the issues of dealing with grief and loss and what support networks are available to them.

The Information and Resource Room is accessible twenty-four hours a day, seven days a week and will be completely manned by specially trained volunteers. The room was only made possible through the philanthropic community.

*In our recent evaluation of the Calvary Health Care Bethlehem model of palliative care we found comprehensive, flexible and well-coordinated community and hospital services that provide excellent twenty-four hour support for patients and carers. The breadth of the multidisciplinary teams is a particular strength including nurses, doctors, occupational therapists, physiotherapists, social workers, pharmacists, music therapists and pastoral care workers. They are able to respond to complex physical, medical, emotional, practical and spiritual needs for palliative care patients and their carers.*

**Associate Professor  
James Gillespie**  
Deputy Director Menzies Centre  
for Health Policy and Director  
Master of Health Policy  
Sydney Medical School,  
University of Sydney

# Unique Collaborations and Projects

## MedChart

Progress towards the implementation of a completely paperless record system has seen a significant improvement of the quality of care and a streamlining of the delivery of services at the hospital. The implementation of the electronic medication administration system; iSOFT Medication Management's, MedChart is the primary step in this process. The hospital is the first Little Company of Mary Health Care site to go live with this new system.

MedChart is a web based technology that supports a full electronic medication management, including prescribing, dispensing, administration, monitoring and review. MedChart also contains generic drug monographs and class information from the Australian Medicines Handbook and brand prescribing information sourced from MIMS.

This new technology has resulted in fewer medication errors. This has been clearly noted by medication errors dropping by 84% at the hospital since the implementation of the new system. The implementation of MedChart has also resulted in more effective and supported decision making due to better access to clinical information and improved work efficiency because of the immediate access to the medication chart from any computer. Staff have also been able to access the system remotely, as well as at the patient's bedside. We have purchased 20 computer stations on wheels to bring the system right to the patient's bedside.

MedChart has now been fully implemented within the hospital wards and documentation and gathering of evidence on the benefits of an electronic medication management system is in progress. This data will help Little Company of Mary Health Care in the rollout of this system to other sites. This has been the first stage of our full electronic medical implementation. A business case is being developed to progress the next phase in the coming year.



## New Centre Based Service Opens

Further development of our model of care has seen the commencement of a centre based palliative care service being established at the end of last year which operates once a week as part of our range of ambulatory services.

With increasing demand on our Community Palliative Care Service, this service has provided a more efficient delivery of care to patients with a range of palliative issues. Currently staffed by a doctor and nurse, with plans to involve other disciplines in the near future, this service is for patients who are ambulatory and require assessment for complex palliative issues.

Plans are underway to promote the service more widely with general practitioners and health services in our region, to particularly assist patients with complex issues who are in the process of transitioning to palliative care services, but not currently requiring palliative care services in the home.

## Patient Centred Care

The Patient Centred Care Project continues to be developed and implemented across the hospital. This project reflects our respect for and observance of, patient's decisions and preferences whilst in our care. It also takes into account the individual's cultural diversity. We have a number of tools that support the advancements of our patient centred care model.

### 1) Care Plan

The care plan document is a patient record, a tool to improve the quality of care we offer our patients.

As a communication tool it is a reference point available to all staff to enable them to understand the plan of care and know what to do in the treatment sessions of a patient. The care plan is used from the first point of contact with the patient or clinicians.

The care plan is reviewed at a weekly meeting by all clinicians and then discussed with the patient and their family. This project is supported by federal and state government as part of the person centred care practice, which exists to ensure that care is developed in a collaborative partnership with the patient, evidenced in daily health care practices and the incorporation of the patient's goals and preferences.

This year the care plan document implementation has been completed across our Community Palliative Care Service and the Neuro-Ambulatory Service following its deployment on our three wards the previous year.

## 2) Palliative Care Outcomes Collaboration

For the second year, we continued to participate in the national Palliative Care Outcomes Collaboration (PCOC).

This collaboration, involving more than 80% of palliative care services across Australia, helps drive improved patient care by using standardised bedside palliative care observations and applying these to benchmark the care we provide against other like organisations.

The inpatient service continued to make improvements in patient care with the PCOC assessment used at the patient's bedside guiding quicker, more consistent decision making and intervention. This year also marks the first time we have used and submitted data from the previous six months in the Community Palliative Care Service, as we begin the same process of improving patient care and benchmarking against other community palliative care settings.

## 3) Liverpool Care Pathway

The hospital has completed the initial requirements for the implementation of the Liverpool Care Pathway (LCP), a process developed at Liverpool Hospital in England and used across the world to assist the provision of the highest standard of care for the palliative care patient in the last hours and days of life, for all patients and their families.

The LCP provides an explicit statement of goals and key elements of care based on evidence and best practice. The LCP facilitates communication among team members and with patients and their families. It also enables the coordination of the care process, and the documentation, monitoring and evaluation of variances and outcomes.

Having successfully completed the application and audit process, we have now commenced the execution of the program on one of our wards.

## Southern Metropolitan Region Palliative Care Consortium

The Southern Metropolitan Region Palliative Care Consortium (SMRPCC) is an alliance of palliative care service providers that aims to support improvements in the integration and coordination of palliative care services.

We have been a member of the consortium since it was established and continue to benefit from an active role in consortia activities. Through our involvement with the consortium this year, we have contributed to a number of SMRPCC projects including

1) The Aged Care Project which aims to develop sustainable strategies for specialist palliative care services to support Residential Aged Care Facilities in the region

- 2) The After Hours Project aimed at improving access to after hours service provision in the community through building more consistent models
- 3) The PEM (Palliative Experience in MND) Program whereby palliative care clinicians from all disciplines are offered opportunities for short placements with our Neuro-Ambulatory Service and time with Motor Neurone Disease Association of Victoria to enhance their knowledge regarding the disease and enable them to better support patients with Motor Neurone Disease in the community.

## Video-conferencing

With the installation of the infrastructure to be able to provide video-conferencing for clinicians and patients from our hospital now completed, the Australian Centre for Health Innovation has been working with us to begin the activation of the video-conferencing system.

A major positive in acquiring this video-conferencing capability will be the ability for staff and patients to have more timely contact without the need of travelling long distances to appointments. It will also allow us to better support care providers in the local community, with the benefit to visually assess patients or to demonstrate to care providers new techniques, resulting in increased skill and confidence in caring for patients.

*Calvary Health Care Bethlehem (CHCB) is proudly continuing the Catholic tradition of caring for people who are in need, including the vital role of caring for those nearing the end of their life. The medical expertise of the staff at CHCB, coupled with the invaluable provision of pastoral care to those they serve, makes a major contribution to the Victorian community by following the example of Jesus healing ministry.*

**Martin Laverty**  
Chief Executive Officer  
Catholic Health Australia

# Specialist Research

Our constant *involvement* in Research has resulted in staff being invited to present at *national* and *international* conferences. These requests recognise that our staff are leaders in their specialist fields.



# Specialist Research

## Research Ethics and Ethics Committee

As a specialist provider of palliative care and progressive neurology, and consistent with the Little Company of Mary Health Care National Palliative Care Strategy, the constant advances in our research culture enables us to evaluate the care we provide, and confirms that we are leaders in our respective fields.

### The Research Ethics and Ethics Committee consists of

Mrs Rosalie Jones, Chair

Dr Jane Fischer

Mr Tony Ryan

Mr Des McCarthy

Fr Kevin McGovern – October 2011 to December 2011

Ms Shannon Thompson

Dr Susan Mathers

Dr Jim Howe

Cr Margaret Esakoff

Ms Julia Trimboli.

We would like to thank Rosalie Jones the Chair of our Research Ethics and Ethics Committee and all members of the committee, who so willingly volunteer their time and are truly committed to our Mission.



*I am impressed by Calvary Health Care Bethlehem's deep commitment and connection to the community it serves.*

*Its empowering and healing ethos is reflected in its holistic approach to maximizing the quality of life of people with life-limiting and neurological conditions and their families. The Bethlehem Project, the new Information and Resources Room and research on its service model are recent examples of the hospital's innovative and visionary approach to providing optimal care and services.*



**Odette Waanders**

Chief Executive Officer  
Palliative Care Victoria

## Research Applications

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

Principal Investigator	Project
Dr Fiona Fisher	Identification of risk factors for family and accommodation breakdown in Huntington's Disease
Dr Heidi Gregory Dr Fiona Runacres	Clinical audit of palliative patients referred to CHCB for restorative care
Dr A Vogel Dr A Churchyard Ms R Maule Ms L Pointin Ms S Brown	Retrospective analysis of speech, swallowing and cognition in individuals with neurodegenerative disease
Dr K Kotschet Prof M Horne Dr A Churchyard Ms S Osborn Dr C Fernando	Using the PKG to measure movement abnormalities in patients with Huntington's Disease
Dr A Churchyard Prof J Stout	Cognitive Assessment Battery – New Test Development Study

# Specialist Research

## Education, Training and Research Governance Committee

The Education, Training and Research Governance Committee's role is to oversee the development and implementation of an organisation wide plan to facilitate education, training and research for all staff, that aligns with our Mission, Vision and Values.

In line with our Strategic Plan, an external review of our education, training and research infrastructure was undertaken by UltraFeedback this year. A number of recommendations were made and are in the process of being implemented. With these recommendations, it was determined that a restructure of the Centre for Education and Development (CED) was required so that the major strategic objectives in the plan could be fully realized. As a result of this restructure, two new positions were created, Business Manager and a Coordinator – Interdisciplinary Palliative Care Education Program. It was also decided that a name change was needed to reflect the new focus and so the former CED is now the Centre for Collaborative Learning and Research.

During the financial year, staff attended a range of internal and external education sessions, including mandatory training and core competency training. We funded approximately \$35,000 for participation in conferences, external education and training over the year. Over 300 journal articles were sourced from the Monash University Library Service at a cost of over \$9,800.

Health Workforce Australia (HWA) is a Commonwealth statutory authority enacted in 2009 to plan, fund, research and deliver programs for the enhancement and development of Australia's health workforce. In Victoria, in conjunction with the HWA, the Department of Health has established the Clinical Placement Networks.

These networks bring together representatives from health services, education providers and government to explore issues, initiatives and opportunities associated with clinical placements for professional-entry students across all health professions in Victoria. We are a partner agency in the Southern Metropolitan Region's Clinical Placement Network and our staff have already benefited by participating in two sessions provided by Monash University aimed at increasing clinical supervisions skills for staff who have responsibility for supervising students and junior staff. We look forward to working with our local network to further streamline and integrate our clinical programs with the infrastructure being developed across the state.



Activity Funded for the Financial Year 2011-2012		Clinical Staff	Non-Clinical Staff
Conferences		32	2
Education and Training		20	13
Conference Locations	Local	Interstate	International
	13	19	2
Palliative Care Education	PEPA	Internal Staff	External Staff
	1	13	14



## Leading the Way in Palliative Care

In November 2011, Calvary Health Care Bethlehem along with the Menzies Centre for Health Policy, a collaborative enterprise between Australian National University and the University of Sydney, launched a joint study into palliative care titled 'Travelling Alongside – Patients', Carers' and Health Care Professionals' Experiences of the Calvary Health Care Bethlehem Model of Specialist Palliative Care'.

The study was commissioned to evaluate our model of specialist palliative care from different perspectives including those of the patients and their carers, as well as adding to the policy debate around palliative care, broached last year in the Productivity Commission report into Health and Ageing. The study was also commissioned to identify potential issues and solutions arising out of a growing palliative care need in Australia, with the population of the 'very aged' in the country projected to increase fivefold to over two million by 2050. The study adds a vital voice to the debate over the model of palliative care that needs to be developed to best meet the needs of a dramatically increasing population.

The study observed that our comprehensive model of care is significantly different from others in the country, in the manner in which the hospital inpatient and community care teams addressed the broader challenges faced in delivering palliative care services. The model supports early referral with a holistic approach to care that aims to address social, psychological as well as spiritual and emotional needs and actively operates in the community, particularly to support family carers.

The study also noted the significance of the twenty-four hour a day, seven day a week availability of rapid pain and symptom management which we provide for our community patients.

This is the first comprehensive study of palliative care models in Australia and it comes at a time of increasing need. With a lot of discussion in regards to the necessity to adapt the health system to the challenge of chronic illness there has been little recognition that this must include our management at the end of life. This study adds a voice to that discussion and aims to improve the quality of care that is delivered to millions of older Australians in decades to come.

*“As a specialist service that both caters for progressive neurological diseases and palliative care, Calvary Health Care Bethlehem has provided unique training opportunities for specialist palliative care staff through the Motor Neurone Disease placement program. The hospital demonstrates a culture of saying “yes” and making things happen. The program, that was available initially to staff of other services in the region has now been rolled out statewide and has enhanced the skills of palliative care workers to provide better care for people with Motor Neurone Disease.*”

**Tanja Bahro**  
Consortium Manager  
Southern Metropolitan Region  
Palliative Care Consortium

## Therapeutic Trial in Neuro-Ambulatory Service

This is the first time a multinational research trial of a therapeutic agent for use in Motor Neurone Disease has come to Australia. Throughout the year a number of our patients with Motor Neurone Disease have been participating in the EMPOWER study, a multi-centre, randomised, double-blind, placebo controlled Phase III study of Dexampramipexole in Amyotrophic Lateral Sclerosis.

We are currently preparing for the open label extension phase of this study. The staff involved in this research would like to acknowledge the tremendous commitment that our patients and their families have shown to this study. Their generous spirit has made it a very positive experience for all involved.



# Engaging with Our Community

We *engage actively* with our community to  
*raise awareness* of the issues facing people at the end of life.

CALVARY HEALTH CARE BETHLEHEM PROUDLY PRESENTS

## *Fly Butterfly Fly*

Reflections On The Experience Of Grief  
ART EXHIBITION

THURSDAY 21 JULY 6pm – 8pm and FRIDAY 22 JULY 10am – 4pm

THE AUDITORIUM  
Glen Eira Town Hall  
Cnr Hawthorn Road & Glen Eira Road  
Caulfield, Victoria

OPENING NIGHT FUNCTION  
THURSDAY 21 JULY 6pm  
REFRESHMENTS PROVIDED FAMILIES WELCOME

RSVPs to Ruby Dalosh on 9595 3220 or [ruby@bethlehem.org.au](mailto:ruby@bethlehem.org.au) by Friday 15 July

Grief is a universal experience that we never expect to happen to us. It can be associated with pain, sadness and heartache that may also include the loss of someone you have loved. 'Fly Butterfly Fly' explores the experience of grief. We will look through the eyes of children and young people as part of the Creative Connections Program.

If you or someone you know needs grief support please contact:

**GRIEVE CONNECTIONS PROGRAM**  
Supporting families with children who are grieving  
Calvary Health Care Bethlehem  
[www.bethlehem.org.au](http://www.bethlehem.org.au)

Thanks to our sponsors: The Star City Council



# Engaging with Our Community

## Community Advisory Board

The Community Advisory Board has continued to develop its role of strengthening the links between Calvary Health Care Bethlehem and its stakeholders. It seeks to assist and advise the Chief Executive Officer (CEO) on matters relating to community and stakeholder engagement, to work with the CEO to ensure the Mission of the Little Company of Mary Health Care is reflected in the hospital's activities and to raise the profile of the hospital in the community.

Its major focus this year has been assisting management and the Little Company of Mary Health Care's National Board with the hospital redevelopment plans and articulating the appropriate model of care for future service delivery. The latter is critical to the process of providing the Government with a clear, long term strategy and model for the vital role the hospital plays in the provision of palliative care and progressive neurological disease services in the Victorian community.

Additionally, the Community Advisory Board continues investigating ways to advance community engagement activities and to raise the public profile of the hospital. Considerable progress has been made in all areas of Public Relations and Fundraising. The Corporate and Community Development Department is now well established, achieving improvements in the results of applications to Trusts, Foundations and Government Grants, growing the list of generous contributors to our fundraising efforts and increasing the awareness of the hospital in the broader media.

We acknowledge the support and generous assistance and commitment of the CEO, her office and senior staff. We were sad to lose one of our founding members, Walter Kmet, the National Director, Public Hospitals. Walter's drive, wisdom, vision and enthusiasm were significant in ensuring that the Community Advisory Board was quickly established and making worthwhile contributions. We welcome the new National Director, Public Hospitals, Brenda Ainsworth, who has provided valuable insights to the Board's deliberations and provided wise counsel during the hospital's challenging redevelopment period.

All members of the Community Advisory Board are grateful for the opportunity to be part of the evolution of Calvary Health Care Bethlehem, an extremely important hospital in the Victorian Health Service delivery system and also proud to be a part of the Little Company of Mary Health Care Ministry.

## Corporate and Community Development

The rich diversity of our community continued to inform and support our efforts to provide a vital leading specialist palliative care and progressive neurological disease service to our patients, their families and the Victorian community.

In 2011 a three year Community Engagement Strategy was developed to advance the hospital in the areas of Fundraising and Public Relations. The purpose of

this strategy was to provide a framework for increased engagement with our community, while directing the hospital's objectives in terms of networking, awareness and fundraising.

This year has seen the first year of the strategy deployed.

## Public Relations

As part of the strategy to introduce Public Relations into the hospital, there has been a strong focus on establishing foundations in the areas of marketing, communication and media into the hospital setting.

With the development of a new Media and Communications Coordinator role into the Corporate and Community Development Department, media opportunities for the hospital have increased extensively over the past year. Important networks have been established and there have been 20 media releases distributed to local and major metropolitan media outlets in newspaper, radio and television since 1st July 2011. These approaches have resulted in at least 23 appearances in the media, predominantly in local and state print media, with two radio opportunities prevailing as well. The hospital has also been featured in various health and Catholic publications including Palliative Care Victoria newsletters, Catholic Health Australia's 'Health Matters' and Kairos.

Marketing has also progressed this year. Re-branding with the Little Company of Mary Health Care's new brand has been rolled out across the hospital, including the implementation of a user friendly style guide for staff, marketing collateral being reviewed and updated and the development of procedures to ensure the department is supporting staff in the most efficient and streamlined manner possible.

Internal and external communication at the hospital has also been assessed. This has resulted in new online and print communication channels established internally, while externally, databases have been created to ensure that we are communicating with all of our key stakeholders on a regular basis. This streamlined and consistent approach will ensure that our messages are reaching the appropriate stakeholders at the right time whenever necessary.

The increased media exposure and our concentrated effort on marketing and communications give us a strong platform from which to continue to raise community awareness of the hospital's work and achievements.

Implementing appropriate policies and procedures in the area of Public Relations has also been a focus for the department, to ensure that stable and sustainable marketing, communication and media foundations have been established. This will guarantee that we are well positioned to progress further in these areas.

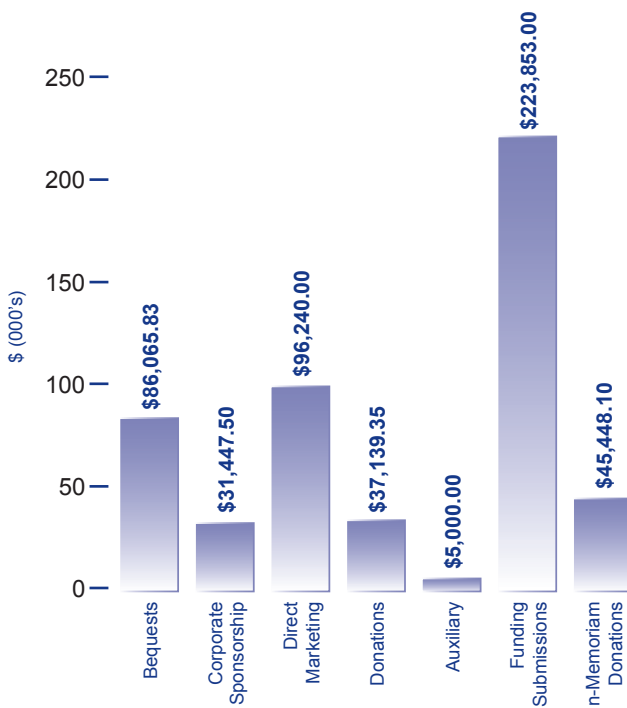
# Engaging with Our Community

## Fundraising

A year after the implementation of the strategy, fundraising has begun to shift to a more formalised and sustainable program for the hospital. We have established the major fundraising streams and implemented fundamental strategies with which to address them. The main fundraising streams that have been incorporated into the program are Bequests, Donations, Corporate Sponsorship, Auxiliaries, Funding Submissions, Direct Marketing and In-Memoriam Donations.

Between 1st July 2011 and 30th June 2012, we received \$524,193.78 in fundraising revenue. This represents a 10% increase over the previous year and is a tribute to the community's generosity. This revenue was raised from our very supportive community groups, government, the philanthropic network, our generous donors and corporate sponsors.

## Fundraising Revenue



Fundraising Streams

## Thank You For Your Support

We would like to take this opportunity to thank our community who have supported us in achieving these fundraising results. It is this support from all of our donors that allows us to give our patients the best quality of care, enabling us to continue to be a statewide specialist leader in palliative care and progressive neurological disease services in Victoria.

We would like to thank Glen Eira City Council for their never ending commitment and significant contributions during the past year.

## Our Ladies Auxiliary

The Calvary Health Care Bethlehem Ladies Auxiliary has been an important component of the hospitals fundraising initiative this year and continued to raise funds; as it has done so for many decades. This year the Auxiliary recruited more volunteers to assist their fundraising efforts with an emphasis on promoting their event more widely than in the past. This allowed the Auxiliary to raise a significant amount again for the hospital.

The dedicated group of ladies organise card luncheons on a bi-monthly basis for members of the local community. The ladies do an inspiring job organising the entire function from the provision of refreshments and lunch, to presentations, sponsorship and raffle prizes.

Over the years the Ladies Auxiliary has raised funds for much needed equipment in the hospital and we sincerely thank the Ladies Auxiliary for all their hard work and support of the hospital.



*The association of Temple Beth Israel with Calvary Health Care Bethlehem (CHCB) goes back several years. Many members of the Jewish community have passed through CHCB hospital's doors. They have received both respite and palliative care at the hospital. Invariably they have been treated with loving attention and respect. Our community would undoubtedly be much poorer without CHCB; in our experience, the quality of care at CHCB is second to none. Long may we benefit from the work of CHCB.*

**Rabbi Fred Morgan**  
Temple Beth Israel

## How Can You Make A Difference?

As a public hospital, we are reliant on the support of the community to help bridge the gap between the cost of patient service provision and government funding.

There are many ways in which you can support Calvary Health Care Bethlehem including

- Donations
- Leaving a Bequest in your Will
- Supporting our Ladies Auxiliary or attending special events
- Regular or workplace giving
- Corporate sponsorship including cause-related marketing, gifts in-kind, pro bono services and gift matching.

If you would like to make a difference to the quality of life of our patients and their families please support us by

- calling our Fundraising Department on 03 9595 3220 to donate over the phone
- going online to [www.bethlehem.org.au](http://www.bethlehem.org.au) and download our donation form and mail to the Fundraising Department 476 Kooyong Road, South Caulfield, Victoria 3162.

## Health Promotion - The Bethlehem Book

Our Strategic Plan identifies health promotion as an important part of our responsibilities and service to the community. This led in 2010 to the hospital entering a two year joint health promotion project with the Catholic girls' school Our Lady of Sion, that was concluded this year with the production of a book.

The project saw nine year 11 students and two teachers engage with patients and their family members, staff and volunteers at the hospital. The conclusion of the project resulted in the launch of the book during Palliative Care Week in May 2012 titled 'This Time and Place', which contains testimonials from students, staff and patients from both the hospital and the school.

We instigated the health promotion project in an attempt to open up dialogue in the community about the issues for people at the end of life in order to address the stigma attached to death and dying. The book establishes that palliative care is about quality of life, living well at the end of life and the importance for those involved, to say the things that need to be said in order that their emotional, spiritual and physical needs are met.

For the students it was a life altering project as they learnt about palliative care and patient experiences. Here is an excerpt from the book in which a student reflects on her experiences "I could use the clichéd phrase 'it changed my life', but in all reality, it did so much more than that. I learnt that hospitals do not have to be places that are starch-white

and unfriendly nor do doctors and nurses have to be people to fear. I learnt that courage is an intangible, amazing force that comes from the most unlikely people and places. I learnt that death does not have to be feared; especially not when it could be embraced. I learnt that it is possible for death, the end of someone's life, to be a celebration; a celebration of the life that has occurred rather than the death itself. I learnt the importance of having faith because life is a rollercoaster and therefore far too full of vicissitudes to ride alone. I have learnt to always see the positive side of things even if the news is all-bad. Finally, I learnt to see past the physical or intellectual disabilities and see the person who is inside. The courageous, friendly, funny, intelligent, remarkable person that they truly are. I have to thank the people who have been involved in this project because these experiences truly and deeply, pardon the cliché, changed my life."

Since the book launch there have been several interesting developments to the project, including two of the students being invited to present their reflections and experiences on a major Melbourne radio station.

Another development has been the interest La Trobe University has taken in the project, partnering with us to further develop and promote the use of the book within the tertiary education sector. This development is a collaborative project between the hospital and the health promotion division within the University. One of the La Trobe University's post graduate honour students has decided to complete his research study on the impact of the book within the Victorian community.

To further enhance and promote the health promotion aspect of the project, we are currently seeking to train and educate a group of volunteers who will be able to facilitate discussion groups within the community. Having the book as a tool to do this will provide a rich resource for those taking part in these discussions to fully understand the work that takes place at this hospital. It represents an innovative new chapter in the development of our health promotion work.



# Engaging with Our Community

## Archbishop Visit

In November 2011, the Archbishop of Melbourne Denis Hart visited the hospital to meet with staff and tour the wards to meet patients. Each year the hospital has a visit with the Melbourne Archdioceses' Head Representative, and this year we extended an invitation to the Head Representative to join us at the hospital and observe us in action.

Whilst he was at the hospital, Archbishop Hart spoke with many patients, listened to their stories and gave them a blessing. Meeting with staff, the Archbishop of Melbourne expressed his appreciation for the work they do and more broadly congratulated the hospital on the range and quality of service that we deliver.



## New Gallery Opens

A new Gallery was opened this year to showcase the artwork produced by patients as part of their therapy. The space features pieces created by patients from the Neurological and Palliative Day Centre, the Diversional Therapy Program and clients of our Creative Connections Program, as well as inpatients on the palliative care wards.

The new space, situated in the walkway between the main wing of the hospital and St Teresa's Ward gives patients an opportunity to exhibit their work so that they can share their experiences.

## Opening of the Mortuary

Our hospital Mortuary has undergone a major renovation this year, thanks to the generous support of John Allison Monkhouse Funeral Directors. We have created an environment where families can spend time with loved ones, privately in comfortable surroundings.

Our staff have commented on how important this renovation has been to the families of patients, as they feel that their loved ones dignity and life is honored by providing such a caring environment. The renovation of the Mortuary is an important development, for the Mission of the hospital.

## Fly Butterfly Fly

In July 2011 we presented an art exhibition titled 'Fly Butterfly Fly'. Held at Glen Eira Town Hall over two days, the event showcased the art and music work created by children participating in our Creative Connections Program.

The purpose of the art exhibition was to raise awareness of the Creative Connections Program within the wider community, government and philanthropic network and to adopt a health promotion approach to improve the community's knowledge and ability to respond to issues surrounding children who are grieving.

The exhibition was a great success with over one hundred people attending the opening night. The exhibition explored the experience of grief and bereavement, love and life through the eyes of children. The art exhibition also encouraged the community to engage in discussion about life-threatening illnesses and the end of life.

The exhibition comprised of more than one hundred artworks and lyrical compositions completed during the year by children ranging in age from pre-school to eighteen.

*Our Lady of Sion College has experienced first hand the unique and vital part Calvary Health Care Bethlehem (CHCB) plays within the Victorian Community. Our students had the opportunity to work in partnership on a community project with CHCB called 'Life is a Journey'. The welcome, shared values and openness of CHCB to such a project with teenage girls has been incredible. The richness of the project has been captured in a published book called 'This Time And Place'.*

*Our students experienced the richness of what this wonderfully caring and supportive community of health care offers its patients. Not only did our students learn much from this project, CHCB were open to the contribution of our students hence it was a partnership in the true sense. It was a genuine blessing for everyone involved and a unique experience for both communities.*

**Karen Jebb**  
Principal  
Our Lady Of Sion

Healing <sup>Hospitality</sup>  
<sup>Stewardship</sup>  
Respect



**MAIN ENTRY**  
Gate 6

 **Bethlehem** Health Care

- Main Entry, Gate 6
- Day Centre & Neurology Unit, Gate 2
- ALL Deliveries, Gate 7
- Visitor Parking, Gates 9 & 10
- Gate 1  Parking Gate 6

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**Calvary**

*Health Care  
Bethlehem*

**Calvary Health Care Bethlehem**

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