



Health Care Bethlehem

# ANNUAL REPORT

2015-2016

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

## Our Mission

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

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

## Contents

CEO and Board Chair Message .....	1
Calvary Ministries Chair Message .....	2
Service Innovation.....	3
Stewardship.....	9
Excellence in Care .....	19
Our People, Our Culture.....	27
Our Community .....	33

## Acknowledgement of Land and Traditional Owners

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



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

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

## Our Vision

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

## Our Values

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

- Hospitality
- Healing
- Stewardship
- Respect

## About Bethlehem

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

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

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

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

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

## CEO and Board Chair Message

It is with great pleasure that we present the Calvary Health Care Bethlehem Annual Report for 2015-2016. Aligned with National strategic directions, this highlights significant work completed at Calvary Health Care Bethlehem this year.

The Mission we have inherited from the Sisters of the Little Company of Mary is core to the work at Calvary Health Care Bethlehem in our two areas of expertise as a Statewide provider of progressive neurology and as a Specialist palliative care service. Calvary Health Care Bethlehem services and the Sisters' presence within our local community over the last 75 years is one of significance that we will be celebrating over the next 12 months as Calvary Health Care Bethlehem continues to develop and innovate in response to the needs of the local community.

Responding to the needs of the most vulnerable in the community, the aged and those with complex, chronic disease, Calvary is expanding its commitment to health care in Victoria with the redevelopment of the current Calvary Health Care Bethlehem Public Hospital as part of an integrated health precinct on its current site in Caulfield to address its aging infrastructure and ensure a sustainable Model of Care.

We would like to acknowledge the support from the Department of Health and Human Services as we have worked together and agreed to the service changes that support the ongoing development of the Model of Care with a core of beds supported by a growth in ambulatory services; the expansion of Clinics and Community based services which will enable more people to receive the right care, in their residence, on site or closer to home.

The ongoing consolidation of our National systems which support the development of an integrated site are critical, with Calvary Health Care Bethlehem leading advances in the use of Integrated Computer Technology in the clinical setting including the development and adaption of assistive technologies



**Dr Jane Fischer**

Chief Executive Officer  
Calvary Health Care  
Bethlehem



**Hon John Watkins**

National Board Chair  
Little Company of Mary  
Health Care

that support people to maintain independence, communication and connection with their world.

At Calvary Health Care Bethlehem the provision of excellent clinical care and compassionate service of the highest quality is central to our mission as we partner in care to ensure that people live well and achieve their goals. This couldn't be achieved without the dedication of our staff as we continue to build a culture of continuous learning and innovation and develop a highly skilled and flexible workforce, essential to deliver our specialised care.

This year, was a challenge for CHCB as we managed staff through a major change process to support our future Model of Care as part of an integrated health precinct. Following extensive consultation which gave staff time to consider their best options as individuals, we farewelled a significant number of staff who have been part of the service for a number of years. Staff were treated with dignity and respect throughout this process and were honoured and acknowledged for their contribution to the Bethlehem story at a function in June.

To all our committed volunteers whether on committees, assisting with fundraising, engaging

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

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

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

**Dr Jane Fischer**  
Chief Executive Officer,  
Calvary Health Care  
Bethlehem

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

## Foreword from the Chair of Calvary Ministries

Our Mission is to bring the healing ministry of Jesus to those who are sick, dying and in need through "Being for Others."

2016 marks 75 years since the Sisters of the Little Company of Mary purchased a small private hospital on the current site in Caulfield, with the name "Bethlehem Hospital"

officially adopted the following year. It is thanks to the work of the Sisters and their ability to respond to the health needs of the local community that Calvary Health Care Bethlehem is recognized today as a specialist service making a difference within our community.

Like the Sisters, it is my belief that it is the people who make Calvary the thriving spiritual hub of quality care, healing and nurturing of life that it is today. The people with whom our staff and volunteers interact each and every day, our patients, their families and carers.

The Directors of Calvary Ministries are proud of the ongoing work and examples of "Being for Others" reported in this review. It gives us great pleasure to see the quality of work being achieved day to day and we are warmed by the stories of staff and volunteers who do a great job, but also go above and beyond to make life better for the communities we serve.

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

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



**Bill d'Apice**  
Chair  
Calvary Ministries

# Service Innovation



## Progressive Neurological Disease (PND) Education Days - building capacity across the state

The Statewide PND Service provides a range of education sessions to health professionals in a number of formats – videoconferencing, over the phone and face to face.

This year the service held two PND education days on site that took the format of presentations in the morning covering medical and cognitive issues and workshops in the afternoon. The workshops were interactive and focused on: Independence & Mobility, Technologies for Communication & Environmental Control, Swallowing, Nutrition Management and Psychosocial experience of PNDs for the client and family.

Approximately 50 health professionals attended each day including: dieticians, palliative care nurses, case managers, speech pathologists, physiotherapists, occupational therapists all were very appreciative of the passion and expertise of the CHCB therapists.

The PND Education Days have been positively received and CHCB is intending to continue holding these days into the future.

Participants reported that the best features of the program were the provision of:

- Specialist 90 minute sessions to allow drilling down into specific issues with specialist clinicians
- Multidisciplinary groups within sessions
- Networking opportunities
- Opportunity to meet the CHCB team face to face

The service is planning to implement these recommendations over the next 12 months.



Dr Fiona Fisher gives a presentation to health professionals at a PND workshop.



Telehealth enables better care coordination between services – ensuring Calvary Health Care Bethlehem communicates well with all service providers involved in the care of patients with a progressive neurological disease.

## Statewide Progressive Neurological Diseases Service

The Statewide PND service is actively managing around 1200 people with progressive neurological diseases including 350 people with Motor Neurone disease and approximately 400 people with Huntington's disease.

In April 2015 the operations of our clinics were reviewed by an external consultant.

The key findings from this review include:

- The multidisciplinary team communicate and work well together
- Nursing and medical joint sessions are effective and efficient
- Shared Care planning is valuable
- Clinic nurse role works well and assists with moving patients in a timely manner to all their appointments

### Opportunities to improve

- Broaden the neurological nursing role
- More joint appointments with two or three of the team eg nurse, speech pathologist, dietician.
- Missed billing opportunities
- More work in real time – “Don't delay what can be done today”

The service is planning to implement these recommendations over the next 12 months.

## Telehealth Pilot

Teleconferencing is an important part of the model of care and service delivery for the Statewide PND Service.

Telehealth offers the patient a consultation over video with any member of the team – including a neurologist, palliative care consultant, psychiatrist, nurse or allied health practitioner and provides the patient with timely access to support without the need to travel long distances.

Telehealth also enables better care coordination between services – ensuring Calvary Health Care Bethlehem communicates well with all service providers involved in the care of patients with PND.

Over May-June CHCB has been involved in piloting a new Telehealth system that works on a range of platforms including Internet explorer, Google chrome and Firefox. The audio and video quality is greatly enhanced and the system also enables CHCB to share the patient's care plan on screen with the patient and relevant service providers.

There has been considerable positive feedback and there will be a formal evaluation before making recommendations as to the potential broader application of Telehealth across CHCB as we expand this initiative to ensure that more patients can be cared for closer to home.



“Picture Power” equips participants with skills that enhance their ability to communicate and connect with family, friends and community.

## Assistive Technology Innovations

### New Communication program improves quality of life for progressive neurological patients

“Picture Power” is a Photo Voice communication program designed to improve the quality of life for people living with a communication disorder as a result of progressive neurological disease.

Social isolation as a result of communication impairment, is a common experience of patients with a progressive neurological disease and negatively impacts on the health and well-being of the affected individual, their families and carers. This program equips participants with skills that enhance their ability to communicate and connect with family, friends and community.

In 2015 and 2016, the speech pathology department conducted a small feasibility study to evaluate the effectiveness and feasibility of implementing

PhotoVoice methodology in a group program at CHCB. Four groups with 6-8 participants in each, attended for four weeks.

At the end of the program, participant surveys indicated the sessions had improved communication and social participation which impacted on quality of life by enhancing social interactions with families and friends for people with PND. We have organisational support to embark on a full scale pilot project over 2 years with a view to implementing this as a core, sustainable program supported by the organisation.

Funding is now being sought to develop, pilot and evaluate the Picture Power group intervention program over a 2 year period.





Implementation of the E-clinical patient record has eliminated the need to 'split' records between service streams and ensures continuity of patient information across the care continuum.

## E-Clinical Patient Record Evaluation

Following successful implementation of the Vitro e-clinical patient record in late 2014, 6 and 12 month post-implementation evaluations were undertaken and compared to the anticipated benefits documented prior to implementation.

The 12 month review demonstrated that staff at CHCB had engaged well with the introduction of an E-Clinical Record. When asked about their overall satisfaction with Vitro, 52% of respondents rated their satisfaction as good, while 6% rated it as excellent.

A number of areas were identified for improvement and work is underway to address these areas; however, staff see the potential of the application and remain engaged with making the system better for all.

Other significant findings of the 12 month review show:

- Access to the patient medical record has greatly improved
- Implementation of the record has resulted in closer integration of the patient record, eliminating the need to 'split' records between service streams and ensuring continuity of patient information across the care continuum.
- Significant improvement in reducing printing costs of approximately 75% year on year.
- Staff felt that the biggest benefit to come from the introduction of the E-Clinical Record was improved legibility of documentation in the record.
- Live clinical record auditing can be readily undertaken, providing in the moment feedback to staff regarding compliance.



The palliative care nurse led Clinic allows patients access to joint consultations.

## Palliative Care Nurse Led Clinic

In the last financial year the Palliative Care Nurse Led Clinic at CHCB has grown and now operates twice a week. Commencing in 2014, the clinic was designed to give patients a choice of venue for their consultations and complements our existing home based and centre based interdisciplinary Community Palliative Care Service (CPCS).

Although the clinic initially commenced with a medical and subsequent nursing focus, consumer evaluation of the clinic in 2015 provided evidence that the provision of a multidisciplinary clinic would ensure patient choice, reduce duplication of information sharing for consumers, and provide flexibility.

Referral to and consultation with allied health, nursing and medical staff can be arranged, ensuring an interdisciplinary approach, with joint consultations occurring regularly to facilitate clear communication between health providers and consumers. Further evaluation of the clinic will be undertaken this year.

## Carer Support benefits from Assessment Tool

Caregivers play a central role in providing care for relatives who wish to receive care or die at home, and extensive research has shown that caregivers require the knowledge, skills and resources to provide care and manage distressing symptoms. The Carer Support Needs Assessment Tool (CSNAT) is a validated tool for the direct measurement of carers' support needs.

CSNAT was implemented in the CHCB Community Palliative Care Service and used to identify and assess the support needs of patients' carers who frequently take on responsibilities for managing symptoms and general care.

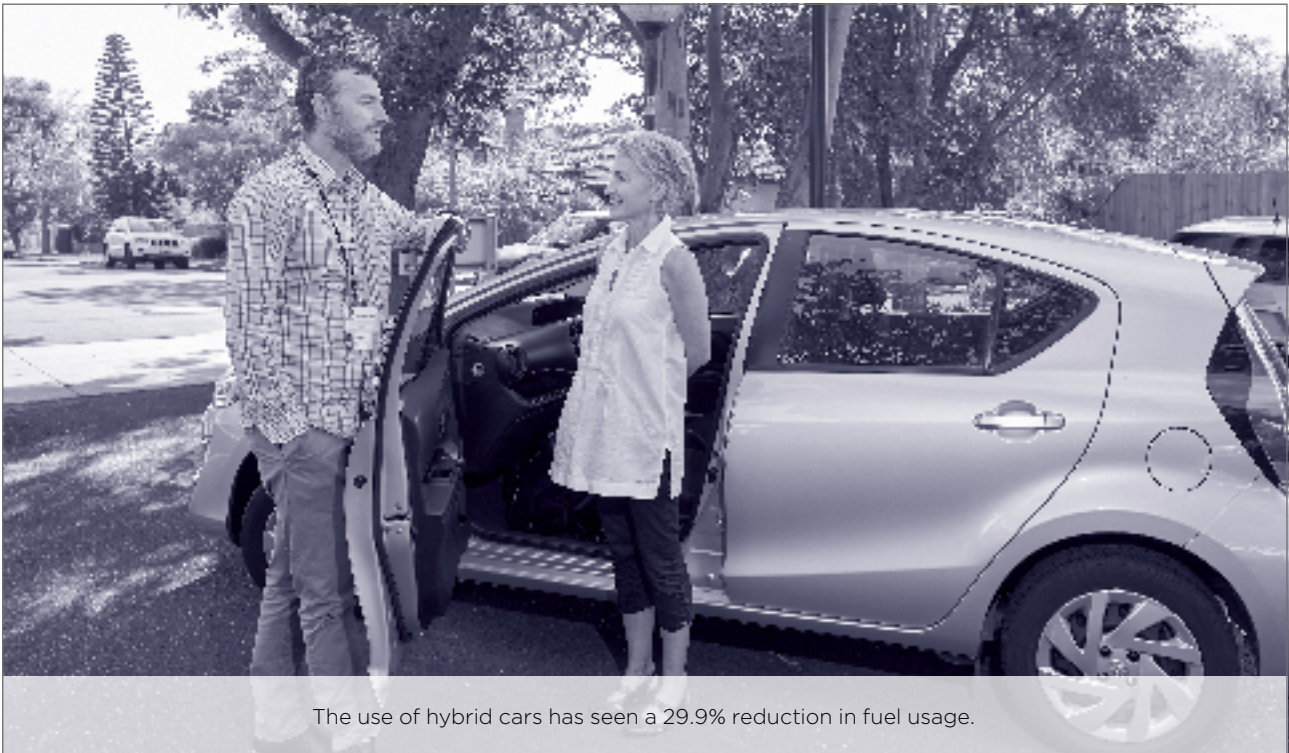
Feedback from carers using the tool has been positive and implementation of the tool has improved assessment and support to carers, promoting carer centred practice and providing a method to sensitively assist carers with discussion and decision making.



The CSNAT Tool helps better support carers by identifying their support needs.

# Stewardship





The use of hybrid cars has seen a 29.9% reduction in fuel usage.

## Environmental Sustainability

In 2015-2016, CHCB continued to develop our environmental management plan with a view to minimising our use of non-renewable resources and lessening our impact on the environment. This year for the first time CHCB used the Department of Health & Human Services (DHHS), Environmental Data Management System (EDMS) for all utility reporting. The system provides a common platform for the management of environmental and utility data. Standardised data from the system allows users to monitor and benchmark environmental performance and improve utility cost management. It also allows DHHS and CHCB to benchmark against hospitals of similar size.

In future the monitoring system will increase in scope to include the reporting of waste, paper, transport, medical gases and refrigerants.

The introduction of a staff-led Green Team in the last year has also seen greater buy-in from staff on the wards, with new ideas regularly proposed at bimonthly meetings. Considerable effort has been made to reduce

our carbon footprint and there is a good prospect for CHCB being a carbon neutral hospital in the near future.

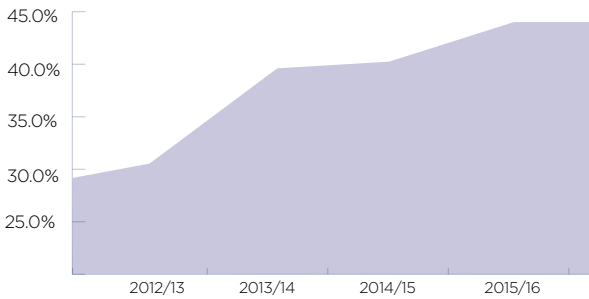
### Emission Reduction

After reviewing our car fleet in early 2015 and purchasing 12 new hybrid vehicles we reduced our fuel consumption by 21%. With the extension of the hybrid fleet to 15, fuel consumption has reduced a further 8.9 % from last year.

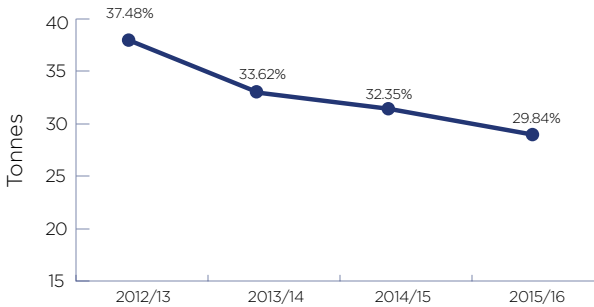
### Waste Reduction Initiatives

We have continued to reduce the amount of waste we have produced over the last financial year. Because of the reduction of waste we have also had less recycling. Our recycling initiatives though, saw a recycling increase of 0.9% as a percentage of total waste. Over the last year our waste has reduced by 7.76%. Currently CHCB collects and segregates all waste to ensure the correct recycling of green waste, cardboard, paper, Secure Paper, co-mingled (plastic and tin), batteries, fluorescent tubes, kitchen oil and toner cartridges.

### Recycling as a percentage of total waste



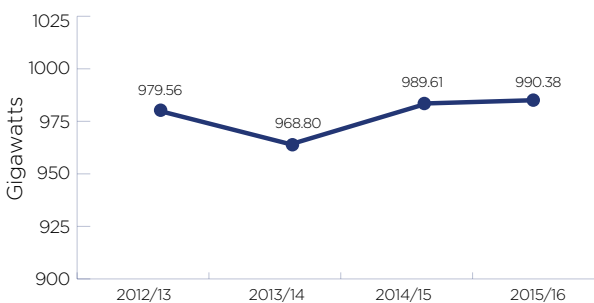
### Non-Recycleable Waste



### Electricity Usage

The continued use of the new e-clinical record system and the associated increase in the use of computers and tablets to maintain patient records which had such a bearing on our electricity usage last financial year has stabilised with our electricity consumption almost exactly the same this year, with an increase of just .07 % over last year's figures.

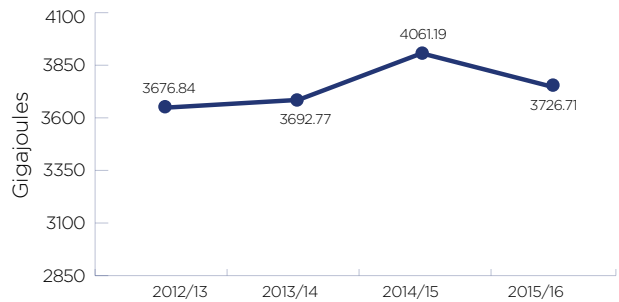
### Electricity Usage



### Gas Usage

After the increase in gas consumption brought about by the upgrade of our hydronic heating system last financial year, this year gas consumption has gone down by 8.23%. In late 2015 we conducted survey and service of our gas appliances to increase efficiencies.

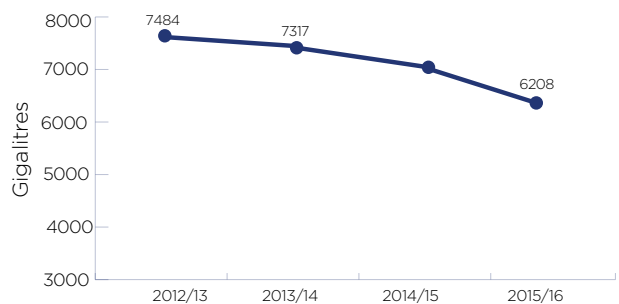
### Gas Usage



### Water Consumption

Water saving initiatives continue to yield positive savings with our overall water consumption reduced by 11.08% over last year's usage figures. Savings were due to the discovery of a significant water leak. Over the year we have continued to harvest rainwater from the roof space of our main Palliative building. We continue to use the collected water to maintain the watering of all garden and ground areas across the health service.

### Water Consumption



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

### Part A: Strategic priorities

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

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

#### Patient experience and outcomes

Action	Deliverable	Outcome
Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Develop and implement a compassionate caring model.	Achieved
	Conduct a pre and post implementation staff survey.	Partially Achieved
	Improve patient experience by shadowing patients to inform development of access and admission process.	Achieved
Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent; identify and respond appropriately to family violence at an individual and community level.	Review and update current assessment tools for both patients and carers to assist with identification of family violence.	Achieved
	Develop and implement protocol/guideline for staff to respond appropriately whether for a patient/carer or staff member.	In Progress - further training to be conducted through the year
Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.	Carer action plan- implement carer assessment tool across all settings, improved carer satisfaction, facilitate consumer focus groups.	In Progress -focus groups to be conducted this year
	With consumers input, implement a bereavement action plan including organisational policy, assessment tools and a staff education program.	Achieved
	At least 50% of all quality improvement activities undertaken will involve consumer input.	Achieved
	All new patient brochures will be informed and developed by consumer input	Achieved
	Increase the Consumer Bank to at least 15 people.	Achieved
	All department heads and at least 50% of clinical staff to be trained in working with consumers.	Achieved
	Evaluate and support initiatives to increase consumer participation on governance committees.	Achieved

## Governance, leadership and culture

Action	Deliverable	Outcome
Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Workforce plan to be implemented and finalised by December 2015.	Achieved
	An evaluation of workforce plan to be undertaken by June 2016.	Not commenced
	Implement 'injury connect' system.	Achieved
	All OHS workplace incidents to be reported and documented within 48 hours.	Achieved
	Finalise implementation of the staff recharge program.	Achieved
	Develop and implement a staff wellness plan.	In progress - to be implemented November 2016
Monitor and publically report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	Record and investigate any incidents of occupational violence and report these in the annual report.	Achieved
	Conduct a risk assessment, evaluate current strategies and develop an action plan to ensure protection of staff working in the community.	Achieved
	Evaluate Code Grey and Behaviours of Concern policies with a focus on staff training and staff satisfaction.	Achieved
	All department heads and clinical staff to be compliant with Work Health Safety e-learning modules.	Achieved
Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	At least 90% of department heads and clinical staff to be compliant with biannual online or face to face training in bullying and harassment.	Achieved
	With staff feedback, revise the contact officer program.	Achieved
	Conduct new and refresher training programs for contact officers.	In progress - Contact Officer role to be incorporated with that of WHS reps
	Monitor trends of bullying and harassment in complaints. Develop strategies to address organisational units exhibiting poor workplace culture and morale.	Ongoing
Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning.	Implement the Calvary leadership framework for department heads and executive team by February 2016.	Partially achieved
Build community awareness of end of life and palliative care	Expand the Community Advisory Council's membership to include representatives that reflect local community.	Achieved and ongoing
	School project: Engage with at least 10 schools and scope and develop an action plan for next stage of the school project.	Achieved and ongoing

## Safety and quality

Action	Deliverable	Outcome
Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	Achieve 100% screening compliance.	Achieved
	Implement notification process for management of positive cases.	Achieved
Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.	Ensure 100% of nursing and medical staff completes antimicrobial awareness training by February 2016.	Achieved
Hand Hygiene program	Conduct an additional internal and self-assessment against accreditation requirements by September 2015.	Achieved
	Increase monitoring of compliance and patient outcomes with implementation of model of care changes.	Ongoing
	With consumer input, implement a biannual awareness campaign.	Achieved
Falls and wound action plans revised and updated with consumer input	Implement a falls and wound hourly rounding program on wards.	Achieved
	Develop and implement strategies to decrease the incidence of patient falls by at least 50%.	Partial achievement -37%
	Develop and implement strategies to decrease the incidence of hospital acquired wounds and wound deterioration by at least 50%.	Achieved

## Financial sustainability

Action	Deliverable	Outcome
Improve cash management processes to ensure that financial obligations are met as they are due.	Implement a marketing and fundraising plan.	Achieved
Identify opportunities for efficiency and better value service delivery.	Conduct a post implementation review of the restructure of CHCB services including identification of further opportunities to improve efficiency.	In progress
Invest in revenue optimisation initiatives to ensure maximisation of revenue from both public and private sources.	Explore opportunities to increase private patient revenue	Achieved and ongoing
Undertake cost benchmarking and develop partnerships with peers to improve operating efficiency.	Develop partnership with peers and benchmark non-clinical support service activity and cost.	Achieved and ongoing



## Access

Action	Deliverable	Outcome
Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Further develop and expand centre based community palliative care services with an increase in clinic services on site and joint clinics with other providers.	Achieved
	Integrate CHCB E-Record with existing pathology and imaging providers to improve flow and timeliness of response to patient clinical information by June 2016.	Not achieved
Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to so, making the most efficient use of available resources across the system.	In partnerships with tertiary hospitals, increase patient access to chronic non-malignant ambulatory care services.	In progress - in planning stage
	Implement a liaison role to coordinate and support partnerships with other hospitals.	Achieved
Optimise alternatives to hospital admission.	Further develop the Statewide Provider Neurological Diseases Service: Implement collaborative model with the northern metropolitan region to improve capacity of services to support patients with progressive neurological disease	Ongoing
	Establish collaborative working group to inform implementation in the Hume and Loddon Mallee regions	Ongoing
	In collaboration with Eastern Palliative Care Consortium develop pathway for patients with Motor Neurone Disease to optimise service delivery in the home and avoid unnecessary hospital admissions	Progressed Internally
Develop Tele-health service models to facilitate the delivery of high quality and equitable specialist services to patients across regional Victoria.	Finalise protocol for Telehealth and secondary consultation.	Achieved and ongoing

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

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

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

30 June 2016 and the financial position of Calvary Health Care Bethlehem at 30 June 2016.

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

We authorise the attached financial statements for issue on 24 August 2016.

**Board Member**  **Dated: 24 August 2016**

**Chief Finance & Accounting Officer**  **Dated: 24 August 2016**

**Accountable Officer**  **Dated: 24 August 2016**

## Part B: Performance

### Analysis of Labour (by FTE)

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2016	2015	2016	2015
Nursing	73.0	91.6	95.1	100.4
Administration and Clerical	16.3	20	16.1	16.3
Medical Support	4.4	4.9	4.5	4.5
Hotel and Allied Services	12.8	21.4	20.7	21.4
Medical Officers	9.7	10.4	9.9	9.9
Ancillary Staff (Allied Health)	37.8	40.5	38.3	39.6
	<b>154</b>	<b>188.8</b>	<b>184.6</b>	<b>192.1</b>

16

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

	2016	2015	2014	2013	2012
Total Revenue	28,030	28,431	27,163	27,381	28,207
Total Expenses	29,114	28,313	27,227	27,729	28,407
Net Result for the Year (inc. Capital and Specific Items)	(1,084)	118	(64)	(348)	(200)
Retained Surplus	7,609	9,089	8,855	8,891	9,905
Total Assets	15,640	17,599	16,502	16,339	17,320
Total Liabilities	7,113	7,988	7,009	6,782	7,415
Net Assets	8,527	9,611	9,493	9,557	9,905
<b>Total Equity</b>	<b>8,527</b>	<b>9,611</b>	<b>9,493</b>	<b>9,557</b>	<b>9,905</b>

### Details of Individual Consultancies (\$000's)

In 2015-16 there were 10 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2015-16 in relation to these consultancies was \$29,373.

Consultant		Start date	End date	Total approved project fee	Expenditure 2015 - 16
Wendy Morison	Workforce planning services	1/7/2015	17/11/2015	51	51
Eriyan Pty Ltd	Site redevelopment options	15/5/2015	30/11/2015	68	40
WS & Associates	Diagnostic review of outpatient services	11/4/2016	22/4/2016	29	29
Davidson Trahaire Corpsych Pty Ltd	External provision of employee support	1/7/2015	30/6/2016	22	22
Workplace Legal Pty Ltd	HR services & employee relations	1/7/2015	30/6/2016	16	16
Mercury Group of Companies Pty Ltd	Provision of career transition support	5/5/2016	24/6/2016	12	12

### Details of Information and Communication Technology (ICT) Expenditure (\$000's)

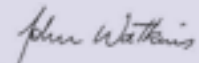
The total ICT expenditure incurred during 2015-2016 is \$823,002 (excluding GST) with the details shown below

Business As Usual (BAU) Expenditure (excluding GST)	Non Business As Usual (non-BAU) ICT Expenditure (excluding GST) (Total = Operational + Capital Expenditure)	Operational Expenditure (excluding GST)	Operational Expenditure (excluding GST)
Total <b>\$823,002</b>	Total <b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Attestations

### Attestation on Data Integrity

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



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

### Attestation for compliance with the Ministerial Standing Direction 4.5.5- Risk Management Framework and Processes

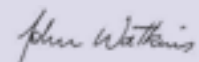
I, Dr Jane Fischer certify that Calvary Health Care Bethlehem has complied with Ministerial Direction 4.5.5 - Risk Management Framework and Processes. The Little Company of Mary Health Care Audit & Risk Committee has verified this.



**Dr Jane Fischer**  
Chief Executive Officer  
Calvary Health Care Bethlehem

### Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Calvary Health Care Bethlehem for the year ending 30 June 2016.



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

24 August 2016

### Merit and Equity Principles

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

### Freedom of information

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

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

### Building Act 1993

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

### Victorian Industry Participation Policy

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

## Financial Sustainability Performance

(a) Finance	Target	2015-16 actual
<b>(i) Operating result</b>		
Annual operating result (\$m)	-\$0.200	0.132
Trade Creditors	< 60 days	46 days
Patient free debtors	< 60 days	57 days
<b>(ii) Asset Management</b>		
Asset Management Plan	Full compliance	Compliant
Adjusted Current asset ratio	0.45	0.45
Days of available cash	14 days	5.1 days

<b>(b) Patient experience and outcome performance</b>		
Victorian Healthcare Experience Survey - data submission	Full compliance	Not achieved due to delayed system implementation
Victorian Healthcare Experience Survey - patient experience	95% positive experience	Not achieved due to delayed system implementation
SAB rate per occupied bed days	<2/10,000	Achieved

(c) Safety and quality performance	Target	2015-16 actual
Compliance with NSQHS Standards accreditation	Full compliance	Compliant
Compliance with the Hand Hygiene Australia program	80%	Achieved - 81.4%
Percentage of healthcare workers immunised for influenza	75%	Achieved - 77.9%

Cleaning standards measure	AQL Target	Outcome
Overall compliance with standards	Full compliance	Compliant
Very high risk (Category A)	90 points	Achieved
High risk (Category B)	85 points	Achieved
Moderate risk (Category C)	85 points	Achieved

### Part C: Activity and funding

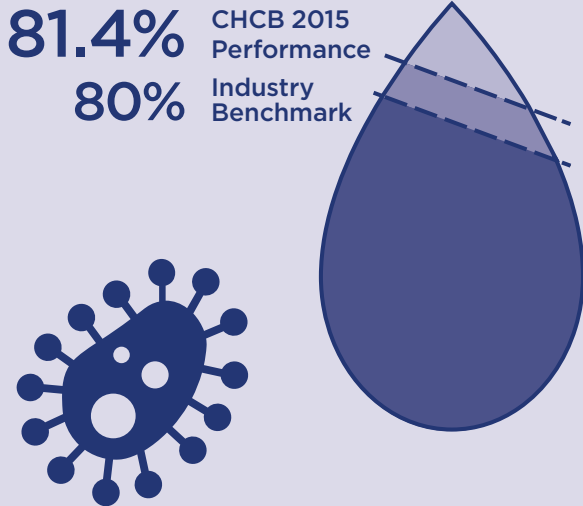
(i) Subacute Admitted:	2015-16 activity achievement
Rehab Public	8,534
Rehab Private	2,692
Rehab DVA	29
Palliative Care Public	8,498
Palliative Care Private	3,641
Palliative Care DVA	131
	<b>23,525</b>
<b>(i) Subacute Admitted:</b>	
Health Independence Program	12,038

# Excellence In Care



### Hand Hygiene

How clean are our hands?



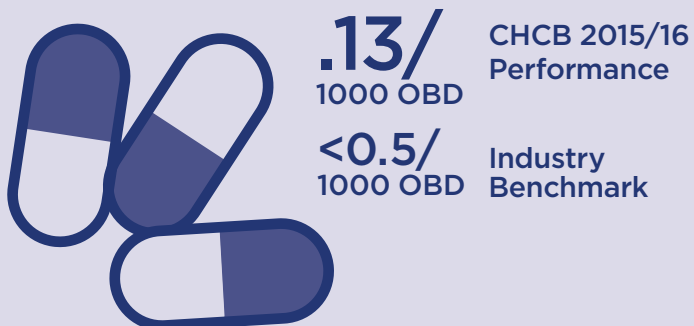
### Staph Aureus Bactermia

How robust are our infection controls?

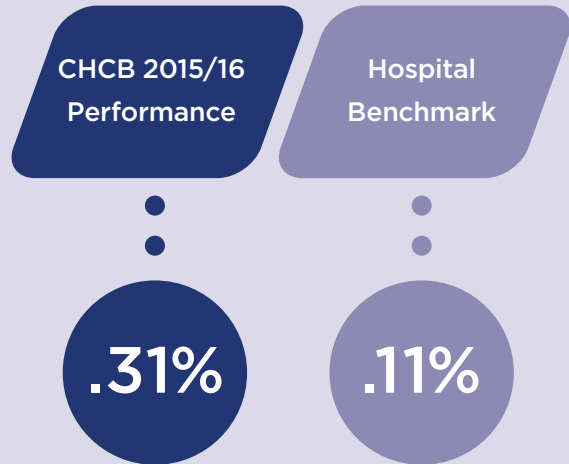


### Medication Errors Requiring Intervention

Medication errors requiring interventions



### Pressure Injuries



### Patient Falls

CHCB 2015/16 Performance

**4.85/**  
1000 OBD

Industry Benchmark

**3.5/**  
1000 OBD



### Staff

Flu Immunisation

**77.9%** CHCB 2015 Performance

**75%** Industry Benchmark



### Complaints

**16** 6 days average to resolution

\* OBD = Overnight Bed Stay



Calvary Health Care Bethlehem is committed to delivering excellence in clinical quality.

## Excellence In Care

Calvary Health Care Bethlehem is committed to delivering excellence in clinical quality and providing the highest possible levels of patient and client safety. We understand that working in partnership with our patients will ensure a positive experience for all people in our care.

Our commitment to clinical quality and safety is based on a foundation of systems and processes that:

- Ensures open and transparent processes are in place to support the identification and reporting of clinical safety risks and opportunities for improvement
- Fosters an organisational culture that seeks to learn from errors and to continuously improve the quality and safety of our care
- Ensures the ongoing development of systems to support our staff in delivering high-quality reliable care
- Incorporates processes for working in partnership with our clinicians, consumers and the wider communities we serve

## Continuing to build a culture of safety and accountability

In 2015 Calvary Health Care Bethlehem Work Health Safety (WHS) committee members won the national Calvary star award for the best WHS team with its “Safety starts with ME” safety initiative. The campaign has been running for over a year now and focusses on quarterly themes around occupational health and safety. Each Wednesday committee members promote the message of workplace safety in their highly visible T shirts. Staff, patients and visitors regularly stop and talk to the member about the importance of workplace safety and wellness.

This year CHCB adopted an online WHS action plan allowing the WHS Committee to record workplace health and safety related actions generated from audits, risk assessments and inspections. The system generates an email when an action is assigned and will also send a reminder. The new system has been a great success, creating greater accountability and visibility and allowing managers to monitor and track actions to completion.

Over the next 12 months the committee will concentrate on manual handling, electrical safety, the environment and behaviours of concern. The next reporting period will see all WHS representatives undergo continuation training from an outside provider to ensure that they are up to date with latest industry trends.



The Falls Advisory Group engaged consumers to help direct initiatives such as the ‘April Falls Day’ Campaign.

## Medication Safety

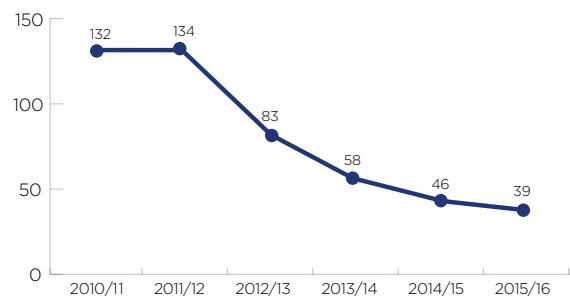
2016 marks the 5th anniversary of the use of an Electronic Medication Management System (EMMS) at Calvary Health Care Bethlehem which has enhanced the safe management of medications by enabling access to medication information to facilitate appropriate prescribing, medication admission documentation and medication review by the clinical pharmacist.

There is also dual checking prior to administration of high risk medications such as anticoagulants, insulin, opioid analgesics and injectable medication.

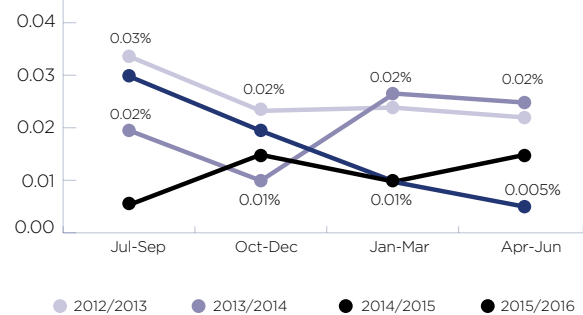
CHCB promotes a no-blame culture to encourage self-reporting so that others may learn and strategies can be devised to minimise the risk of repeat errors. Analysis of our reported error data (fig 1 & 2) confirm a continual downward trend in the number of medication errors reported and have identified staff education and clinical resource needs.

One such resource was the development of a switching table which helps guide all clinicians on the safe management of opioid analgesics when changing from one formulation to another. This table was presented at the 13th Australian Palliative Care Conference and generated interest from other palliative care clinicians. The concept of the switching table will be adopted in this next edition of the Palliative Care Therapeutic Guidelines

**Fig 1: Number of medication errors reported**



**Fig 2: Medication errors per medication doses prescribed for administration**



## Hand Hygiene

This year the hospital has consistently met our required Hand Hygiene benchmarks of 80%. The aim for the next reporting period is to move closer towards a 100% compliance for all healthcare workers.

The hospital has taken a concerted approach to improving our hand hygiene results since the previous reporting period. Five staff members attended a two day “Gold Standard” auditing course, run by Hand Hygiene Australia. All staff passed the course and used their new skills to assess,

audit and train fellow staff in safe and effective hand hygiene processes.

During the last year we have procured the most appropriate cleaning products for different environments and staff and clinicians across the hospital have tested a range of products. Now there a wider range of hand cleaning products available at each desk, workstation and work area.

A survey of patients and staff after the changes found that 95% were satisfied with the new initiative.





Physiotherapy and Occupational Therapy Manager Karol Connors (l) receives the National 'Calvary Star' award from CHCB CEO Dr Jane Fischer

## Falls Prevention

CHCB received a National Calvary 'Star' Award for its work in falls prevention in 2015. Following an audit of falls equipment, the \$1000 Award was spent on expanding our range of falls prevention equipment, with the purchase of four alarmed 'crash mats', which are used in conjunction with our low-low beds.

These mats eliminated the need for bed-rails at night, which can be dangerous for confused patients and ensure that patients get rapid assistance during the night if required.

Other new initiatives include 'Safety Promotion' panels outside each patient's room displaying patient safety messages relating to falls prevention, hand hygiene and pressure injury prevention. The panels are regularly changed to engage the attention of staff and family.

The 'Star' Award money enabled us to purchase 4 new mats that were both beneficial to patients and staff. The new mats are more compact than the previous mats and enable staff to get close to the patients without harming themselves.

Total Inpatient Falls

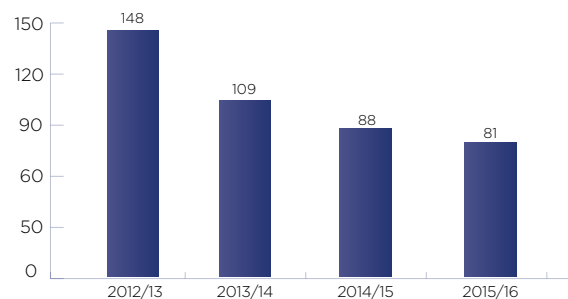
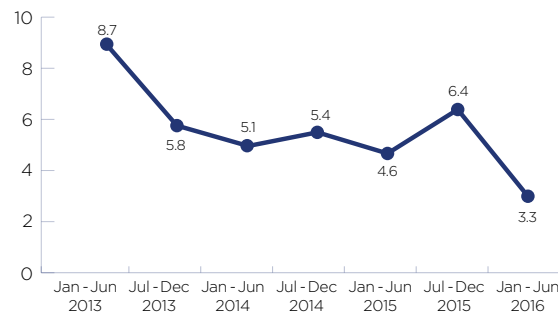


Fig 2: Fall Rates at CHCB (Falls per 1000 occupied bed days)



## Behaviours of Concern

Every year occupational violence toward hospital staff has increased across the Victorian Public health network. This is reflected at CHCB due to the nature of the work that we do, and the associated cognitive and behavioural changes caused by underlying conditions. During the last reporting period CHCB had 22 reported cases of violence toward staff, predominantly involving nurses. We have put a number of measures in place to help protect staff.

The safety controls have included:

- 34 key staff attending a full day’s workshop on conflict management. This training complements the code grey policy and procedure that has been rolled out across the organisation to protect staff from occupational violence. The trained staff now understand strategies to de-escalate aggressive and threatening behaviours. Further training initiatives will be rolled out in the next final year .
- Ongoing training is being provided by CHCB’s Neuropsychologists for all staff to equip them with the necessary technique’s to defuse potentially aggressive or threatening situations.

Occupational violence statistics Date	2015-16
Workcover accepted claims with an occupational violence cause per 100 FTE	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
Number of occupational violence incidents reported	22*
Number of occupational violence incidents reported per 100 FTE	14.28
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	18.18%

**\* 16 of these incidents related to one patient**

## CHCB Research Ethics & Ethics Committee

The Research Ethics and Ethics Committee (REEC) at Calvary Health Care Bethlehem (CHCB) is composed of staff, community members, volunteers and is properly constituted in accordance with the National Health and Medical Research Council (NHMRC) guidelines, relevant Commonwealth and State legislation and regulations and Catholic Health Australia’s Code of Ethical Standards for Catholic Health and Aged Care Services in Australia. As a Statewide provider for those with a Progressive Neurological Disease, CHCB is actively involved in a number of important research projects. In 2015/16 we have engaged in a number of sponsored drug trials and collaborative research projects with academic institutions. The number of research proposals put forward to our committee has increased significantly this year and we would like to thank the committee for the time that they spend assisting us in their review.



CHCB Research Ethics & Ethics Committee Members, I-r, Dr Alex Burke, Shannon Thompson, Des McCarthy, Dr Susan Mathers, Fr Kevin McGovern, Tony Ryan and Chris Limmer.  
\*Absent Dr Jane Fischer

## Research Projects

Date	Title	Chief Investigators
20/08/15	'Rapid Pharmacovigilance in palliative care - A prospective observational study, understanding the burden of adverse drug reactions and their impact on symptoms at the end of life'	Dr Scott King Dr Heidi Gregory Dr Fiona Runacres
15/10/15	'An extension study of the efficacy, safety and tolerability of BYM388(Bimagrumab) in patients with sporadic inclusion body myositis who previously participated in the core study CBYM338B2203'	Dr Katrina Reardon Dr Christina Liang
17/12/15	'Spatial and autobiographical memory in Huntington's Disease'	Dr Yifat Glikmann-Johnston Prof Julie Stout Anna Carmichael Dr Andrew Churchyard
18/02/16	'A Multi-Center, Open-Label Study Evaluating the Safety, Tolerability and Efficacy of Pridopidine in patients with Huntington's Disease (Open Pride-HD) (extension of current TEVA study)'	Dr Andrew Churchyard Dr Phyllis Chua Dr Yenni Lie
01/12/15	'Training residential care staff to respond more effectively to behavioural and psychological symptoms of progressive neurological diseases (PNDs)'	Laura Scott Dr Fiona Fisher Maryanne McPhee Dr Susan Mathers
21/04/16	'ASK-BPPND (Awareness, Skills and Knowledge - Behavioural and Psychological symptoms of Progressive Neurological Disorders)'	Dr Phyllis Chua Dr Susan Mathers Dr Fiona Fisher Ms Laura Scott
21/04/16	'A comparison of patients with non-malignant versus malignant disease referred to a palliative care program; a retrospective audit'	Dr Scott King Dr Naomi Katz Dr Heidi Gregory
16/06/16	'Sporadic ALS Australian Systems Genomics Consortium (SALSA SGC) Study'	Dr Susan Mathers Dr Jim Howe Dr Caron Chapman Dr Paul Talman Dr Yenni Lie Dr Sarah Lee

## Patient Experience helps us improve

The patient experience is central to our work at CHCB and we have put in place a number of mechanisms to capture this and provide feedback to staff to improve the quality of care that we provide.

These processes include:

- Patient Experience Trackers; hand held devices that are taken to patient, carers, relatives and staff on a weekly basis to survey them 'in the moment' on topics such as the food and the access to CHCB services
- Patient feedback and suggestions are collected weekly from various points in the hospital
- CHCB's internet feedback portal
- Written and telephone complaints that are received through the Quality & Safe Systems Department. We received a total of 16 last year with an average closure date of 6 days

26



Development of Advance Care Plans enables the health care wishes of patients to be better understood and respected.

## Advance Care Planning

CHCB supports the Victorian State Government initiative to improve the community's understanding and uptake of Advance Care Plans (ACPs).

In the last year CHCB has developed tools to assist patients and staff in understanding and optimising the ACP process. The Advance Care Planning model reflects our patient population as well as the values and mission of the organisation.

The model continues to be implemented on the wards and in the community, providing patients and their carers' information about ACPs, enabling them to develop personal plans that are regularly updated allowing us to better understand and respect their wishes.



CHCB Delegate Karol Connors (centre) pictured with delegates from the US and the UK at the MND Symposium in Florida in July.

## Results of MND Adaptive Equipment Research Project shared internationally

In 2015, representatives from a number of allied health disciplines at CHCB conducted a study on the use of adaptive equipment by ALS/MND patients. The research aimed to discover the relationship between types of equipment prescribed, length of time since onset of symptoms and phenotype differences in equipment used by people with ALS/MND.

The project gathered information on assistive equipment used by 273 people with MND who were seen by Allied Health at CHCB. The data was then analysed according to MND phenotype and mapped over time. The results demonstrated that patterns of equipment use varied between phenotypes and there were distinct times during the disease journey when different types of equipment were most needed.

The initial results were presented at the International ALS / MND Symposium in Florida in December 2015, generating much interest among therapists from several countries. The results are also helping to inform spending decisions, about what equipment is most needed, by fund raisers and service providers. More of the results will be shared at the Australian Rehabilitation and Assistive Technology Association conference in July 2016.

# Our People, Our Culture



## Our People, Our Culture

We couldn't achieve our mission without the dedication and commitment of staff and volunteers. As a values based organisation and aligned with Calvary strategic directions there is a focus on supporting the development and wellbeing of staff and volunteers demonstrated by some of the stories in this review. This year, was a challenge for CHCB as we managed staff through a major change process to support our future Model of Care as part of an integrated health precinct. Following extensive consultation which gave staff time to consider the best options for them as individuals, we farewelled a significant number of staff who have been part of the service for a number of years. Staff were treated with dignity and respect throughout this process and there were a number of supports put in place including a series of job transition workshops. These staff were honoured and acknowledged for their contribution to the Bethlehem story at a function in June.

## Leadership

Leadership in the health system affects the quality of patient care, and consequently the effectiveness of our health service's ability to achieve our strategic aims. CHCB sees leadership and management capabilities as a set of key skills, behaviours and attributes that will drive organisational progress and performance. We have continued to invest in the development of our leaders to reflect our values and continue the mission of the Sisters of the Little Company of Mary. These initiatives include:

- Raising leadership capability across the health service to meet current and future needs; embedding our Catholic philosophy, mission and values
- Providing pathways for career development and succession planning solutions
- Providing a professional development pipeline
- Providing tools to aid recruitment, retention and identification of outstanding talent

## Learning Initiatives Drive Continual Improvement

The Learning and Development Centre at CHCB continues to develop its profile as a leader in specialist palliative care and progressive neurological training, for staff and practitioners across the state. An increase in the number of training opportunities for staff was one of the key developments in 2015/2016. Other developments in the year included:

- Improved access to training through e-Learning
- Delivering high-quality clinical placements
- Building the capacity of Nursing across Victoria
- Internal Graduate Program supports student transition to interdisciplinary model
- Upskilling staff through the new Clinical Support Nurse Role

### Improved access to training through e-Learning

Over the last year CHCB has continued to promote e-learning as a core component of the learning and development plan for staff. Recently the formal induction program has been reviewed and in line with best practice the program will move to a tailored department-based induction. This will enable staff to undertake induction through Induction Modules on the e-learning platform accessible either at work or at home.

### Delivering High-Quality Clinical Placements

As part of the requirements for providing a quality learning environment for both undergraduate and postgraduate students including medicine, nursing and allied health, CHCB has continued with the implementation of the Best Practice Clinical Learning Environment (BPCLE) Framework. The framework identifies key elements and indicators that underpin high quality clinical learning environments and includes a range of resources for developing and implementing a quality improvement action plan tailored to the



The CHCB Inter-professional Graduate Program continues to support the transition of health care professionals from student to graduate practitioners.

organisation. Our success and experience with the BPCLE Framework resulted in an invitation to present at a Workforce Forum hosted by the Clinical Training Network. This year, we continued to host medical students from interstate universities, who are attracted by our specialized patient cohort.

### **Observational Placements help build capacity**

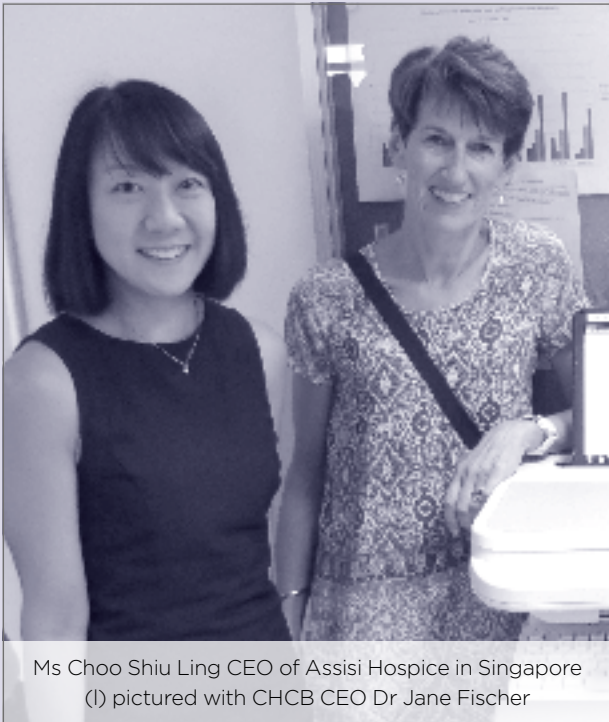
Over the last year, the Learning and Development Centre facilitated a range of observational placements, such as the Program for Experience in Motor Neurone Disease (PEM) in conjunction with the Statewide Progressive Neurological Diseases Service. The 5-year evaluation of the PEM program in 2015 highlighted the many benefits to health care workers from other organisations in understanding and learning the management of patients with Motor Neurone Disease. PEM participants have included nurses from other palliative care providers, a massage therapist and a social worker. The Learning and Development Centre has also supported a number of secondary school students to successfully undertake work experience programs at CHCB and the support of all staff – from reception, kitchen and hospital services, through to the Palliative Care Day Centre have resulted in positive feedback from both students and secondary schools.

### **Graduate Program supports student transition to interdisciplinary model**

The CHCB Interprofessional Graduate Program continues to support the transition of health care professionals from students to graduate practitioners, with the 2016 program including nurses, music therapists and an occupational therapist. The Program reflects the interdisciplinary mix that best serves palliative care patients and demonstrates CHCB's commitment to training the next generation of health care professionals. This program is based on the Department of Health and Human Services' statewide inter-professional Allied Health graduate program model.

### **Clinical Support Nurse role helps increase skills base**

The Clinical Support Nurse role continues to provide invaluable support to both staff, undergraduate and post graduate students and build nursing capacity. The role continues to be valued across the organization and was originally shared between two clinical nursing staff and now includes an Associate Nurse Manager. The Clinical Support Nurses also support the Graduate Nurses on a day-to-day basis in the acquisition of clinical skills and application of knowledge.



Ms Choo Shiu Ling CEO of Assisi Hospice in Singapore (l) pictured with CHCB CEO Dr Jane Fischer

## Bethlehem hosts visitors from Assisi Hospice in Singapore

In March CHCB hosted the Chief Executive Officer and Clinical Director from Assisi Hospice in Singapore, a health service, like Bethlehem that specialises in providing quality palliative care to those with a life limiting illness in Inpatient, Home and Day Care settings.

The visitors were very impressed by the presentations made to them by our Nurse Unit Managers and Department Heads.

The visitors found our Statewide Progressive Neurological Service very interesting and were particularly taken by the assistive technology devices and applications showcased in the Technology Room, as well as the e-patient and Medchart systems demonstrated by our Nurse Unit Managers on the wards.

On arrival, the visitors were shown a copy of the School Health Promotion film that Bethlehem is taking to schools and community groups to facilitate community discussion about death and dying. The visitors were very enthusiastic about showing the film resource to their colleagues in Singapore on their return.

## Volunteer Services

This year CHCB has continued to engage volunteers more directly with the organisation's departments and work teams in recognition of the diverse mix of skills they possess.

The services provided by volunteers are vital to the quality of care that CHCB is able to deliver. Services include: patient centred support, pet therapy, transport, patient stories, diversional therapy, quality and risk activities, and administration support.

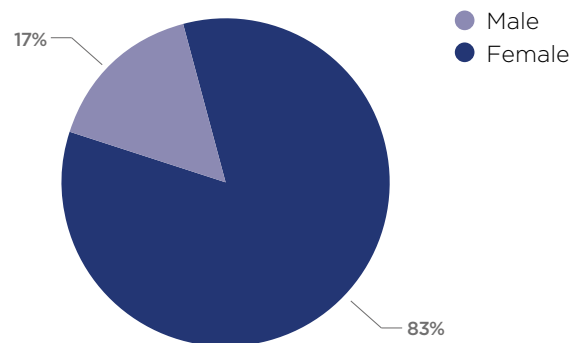
New initiatives established this year have included:

- Restructure of Volunteer Department aligned with the volunteer strategic plan
- Matching volunteer skill mix with appropriate allocation of tasks
- Involvement of volunteers in speech pathology, and Eucharistic Ministry on Sunday.

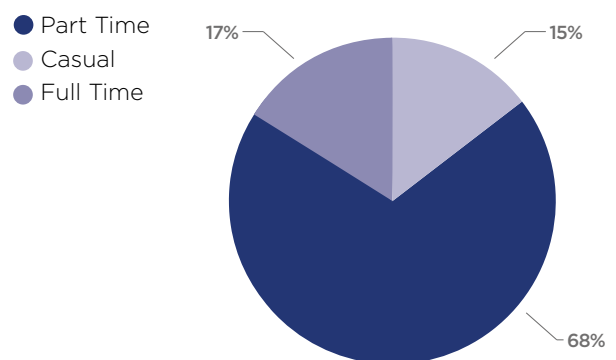
The formation of a National Calvary Volunteer Managers group will ensure that we build a strong Volunteer Focus across all of the Calvary sites.

The service continues to recruit new volunteers through an ongoing presence at volunteer expos, via local council websites, word of mouth and past family members of patients.

Breakdown of Staff by Gender



Breakdown of Employment Type





## Volunteer Recognition

The following volunteers were acknowledged at the Glen Eira City Council Volunteer Recognition Awards Night this year for achieving key milestones of service:

**Gisele Arlove - 1,000 hours**

**Elizabeth Secker - 2,000 hours**

**William Secker - 2,000 hours**

**Alf Marshall - 20 years**

Congratulations to Gisele, Elizabeth, William and Alf on their continued support, commitment and dedication to our patients, families and staff here at CHCB.

Thanks to each of our volunteers who have devoted their time and energy over the course of the year.

We greatly appreciate the contribution made by each of our volunteers and the enormous amount of time, energy and expertise they donate to support patients and their families.



Volunteers Gisele Arlove, Elizabeth Secker and William Secker with their Glen Eira recognition awards

## Years of Service

**30 Years** Alexandra Burke

**15 Years** Solomon Gidey

**10 Years** Savannah Borowitz, Sandra Capron  
Eva Demis, Dona Fernando, Marina Galgsdies  
James Howe, Jill Loveland, Anne Morris  
To Vo, David Young, Andrew Hluchanic



(L-R) Director of Finance Andrew Hluchanic, CEO and Medical Director Dr Jane Fischer and Director of Clinical Services Shannon Thompson

## Executive Team

### Dr Jane Fischer

Chief Executive Officer and Medical Director

- Employment duration 14 years
- Executive oversight of the entire health service and responsible to the Little Company of Mary Health Care.

### Shannon Thompson

Director of Clinical Services

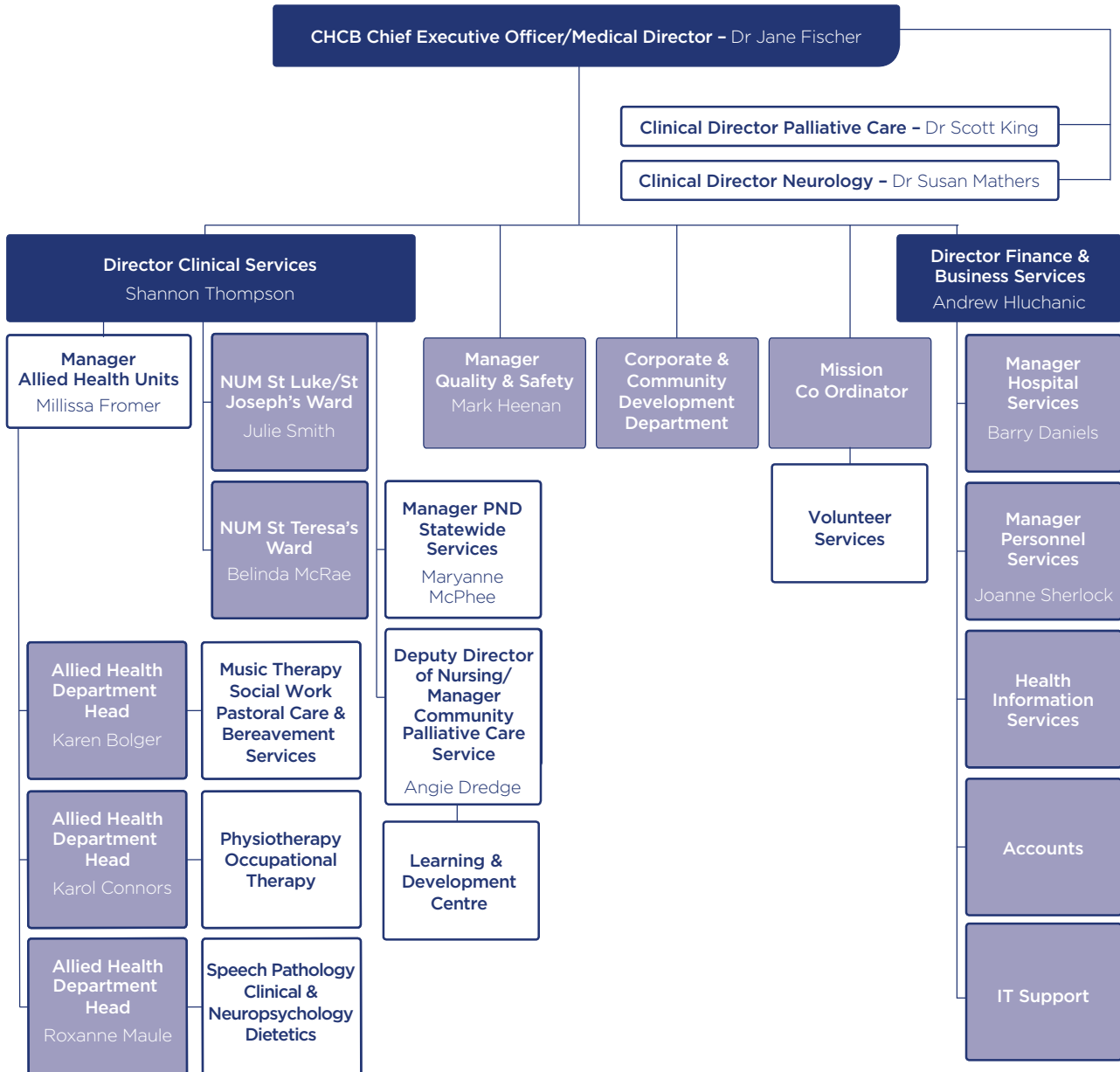
- Employment duration 12 years
- Executive oversight of all Clinical Services, including:
  - Strategic and operational direction
  - Achieving effective service delivery across inpatient and ambulatory settings.

### Andrew Hluchanic

Director of Finance

- Employment duration 10 years
- Executive oversight of service budgets and financial reporting.
- Management of operations including Human Resources, Hospital Services, and Information Technology

# Organisational Chart



# Our Community





Consumers have contributed to the development of CHCB Brochures and marketing material

## Partnering with Consumers

CHCB continued its strong connection with the local community last year, expanding the scope of our Community Advisory Council and engaging and developing contacts with local community groups. There have been a number of achievements this year:

- Consumer input to our Continuum of Care and Strategic Planning committees
- Involved consumers in our falls and pressure injury working parties to review and inform the content and structure of our patient focused publications
- Actively engaged consumers in the review of our quality framework
- Through partnerships and consultation with external groups, improved the environment and access and to our hospital services for different denominations
- Engaged consumers in the development and review of key brochures and marketing materials
- Regular communication with consumers through our Friends of Bethlehem newsletter
- Undertaken a culture sensitivity audit for patients who identify as Aboriginal or Torres Strait Islander.
- Forged strong links with Jewishcare, 'staff exchange' through CALD training

## Our Community

The city of Glen Eira has a total of 46,778 people aged between 70 and 84 years and 14,416 people aged 85 years and over, with an above-average percentage population of people aged over 70 years.

**27%** of our elderly population live alone.

**28%** of people were born overseas.

**29%** Speak a language other than English at home.

**14%** of the population are aged over 65 years. Of these 40% are from a culturally and linguistically diverse background.

## 1. Greek

is the second most common language to English spoken at home. This is reflected in the admission data to CHCB services, followed by:

2. Chinese
3. Russian

This data current as at 15 August 2016



The health promotion video has been shown to have had nearly as profound an effect on students as the first-hand experience they get when visiting the hospital

## Schools Health Promotion Project

### Engaging Schools to Raise Awareness about Palliative Care

After launching the palliative care video “Embracing Life” in February this year, thanks to a donation from the Sisters of the Little Company of Mary, CHCB engaged a Health Promotion Officer to continue to establish partnerships to develop community capacity and resilience in dealing with life-limiting illness, death, dying and bereavement.

CHCB created the video “Embracing Life” last year as a tool to encourage conversations about death and dying with students and community groups. It follows the experience of a group of students from Sacred Heart Girls’ College in Oakleigh who spent time at the hospital with patients and staff and examines how the project changed their view of palliative care, giving them a greater appreciation of life, and increasing their confidence to have conversations about death.

The video has already been trialled as a classroom resource, using volunteer facilitators as part of their well-being lesson. Discussions with education coordinators outside of Catholic education are under way, with the hope that more schools will be able to incorporate this resource into their curricula and have their own teachers use it as a catalyst for discussion with students. A classroom guide has also been produced to be used in conjunction with the video.



Students from Sacred Heart Girls’ College in Oakleigh spent time at CHCB with patients and staff



The CHCB Ladies Auxiliary devote their valuable time to hosting card luncheons each year

## Ladies Auxiliary

We would like to acknowledge the tremendous support and hard work by our Ladies Auxiliary Committee over the last year. The Auxiliary donate a huge amount of their time and own money to run the successful Card Day Luncheons that are growing in size. The Auxiliary members devote their valuable time to hosting 6 luncheons each year that are responsible for raising over \$5,000 a year. This money was used to purchase syringe drivers, a vital pain and symptom management tool for our patients.

## 3000 Hearts

Over the last five years working out of her lounge room in suburban Melbourne, Volunteer Joan Neave has created over 3000 velvet hearts to provide comfort to patients and their families at Calvary Health Care Bethlehem.

The little hearts bring comfort in a number of ways to patients with a life-limiting illness and have been sent all over the world. They are used by pastoral care during reflective practice with patients and the education sessions they conduct with external providers.

The little hearts fit into the palm of a hand or a child's pocket and come in a huge range of colours. Each family member is invited to choose a colour that resonates with them and the hearts serve as a small but potent symbol of the importance of their loved family member.

Every month or so Joan delivers over a hundred of the little hearts to Bethlehem pastoral carer Sue Loughnan. Over a coffee Joan hears from Sue about the work of the pastoral care and bereavement teams and the lives that have been touched since her last visit.

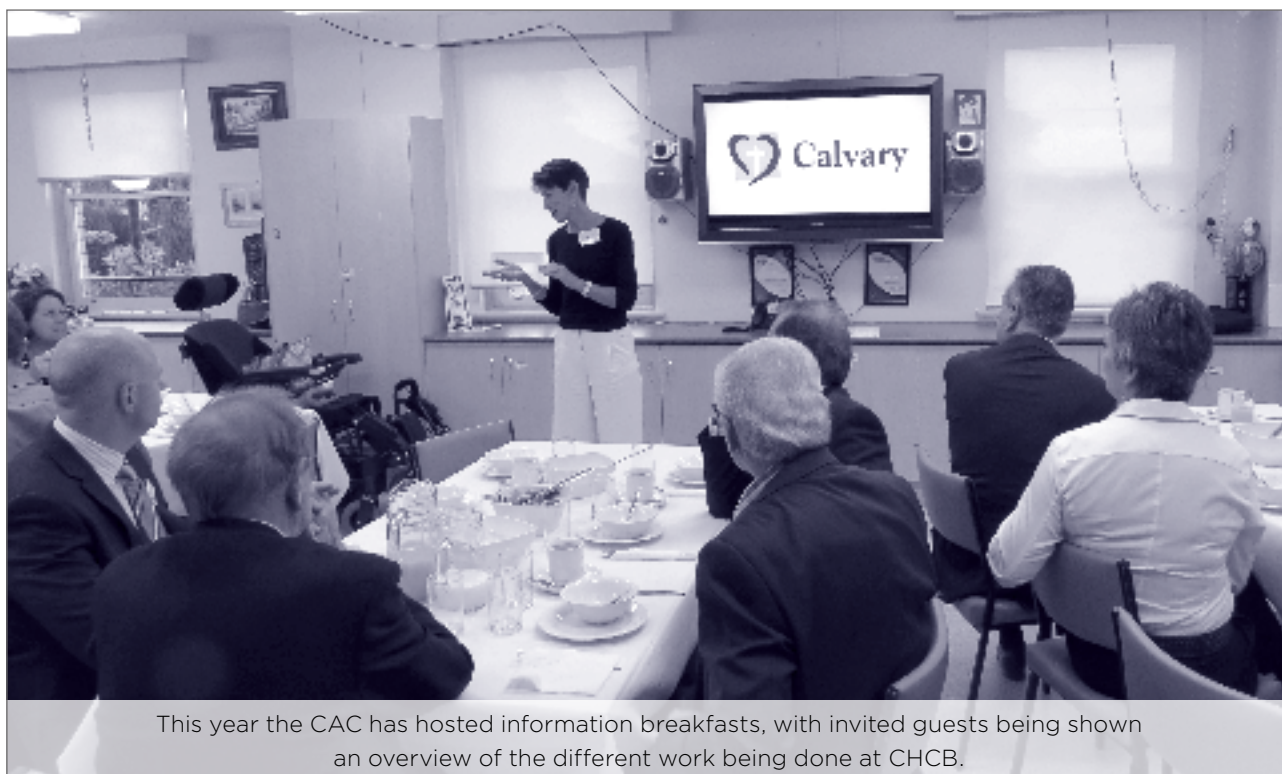
Bethlehem doctors often carry them on their rounds and children are encouraged to put them in their pocket so the heart is always close.



Over the last 5 years Joan Neave has made over 3000 hearts for patients and family at Calvary Health Care Bethlehem

One family from mainland China whose father had died at the health service requested hearts for absent family members in China. Thanks to the work of a dedicated Bethlehem Volunteer working in a lounge room in Mitcham, the family were able to access and post a dozen coloured velvet hearts across the Indian and South China Seas and provide comfort to the rest of their grieving family half a world away.

Though she is surrounded by hearts all year round, Joan says that she doesn't feel like the hearts are hers. "These hearts already belong to the family they are destined for," she says. "I am just their maker".



This year the CAC has hosted information breakfasts, with invited guests being shown an overview of the different work being done at CHCB.

## Community Advisory Council Report

The brief of CHCB's Community Advisory Council (CAC) is to strengthen the relationships between users of the service and the broader community in which we operate.

In the last year the focus of the CAC has been on enhancing networking opportunities through sharing the story of CHCB's services with visitors from both the local and the corporate community.

To do this the CAC has hosted information breakfasts, with invited guests being shown an overview of the different work being done at CHCB. The breakfast format has given us an opportunity to minimise the interruption to the guest's day while sharing the activities of the hospital and presenting ideas where further support and volunteering could help outcomes for patients. Another area in which the CAC provided much needed support was through a full review of the hospital's fundraising strategy. Working with an external consultant, and after reviewing the report outcomes with management, the CAC has extended their numbers with a view to establishing an Executive Committee to support the work of the Fundraising staff.

Into the future, the CAC will continue to support the Strategic Pillars previously established:

1. Health promotion and awareness
2. Fundraising support
3. Improving services through collaborations
4. Input into strategic direction of the service

In the next year the CAC looks to involve community members from diverse backgrounds to become active with the CAC and support the work that we do.

### CHCB Community Advisory Council

#### Consumer representatives

- Peter Kelly - Chair
- Colleen D'Offay
- John Coulson
- Colin Haycock
- Lindy Anderson

#### Calvary representatives

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

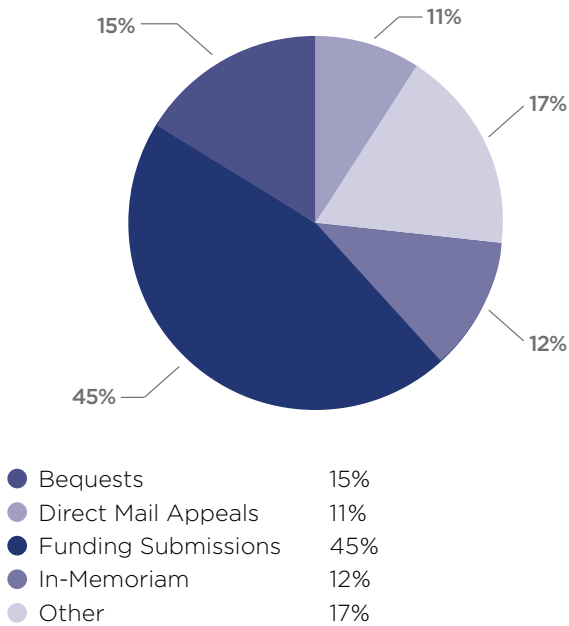
## Donations Report

### Fundraising Income

Fundraising Stream	YTD Total
Bequests	\$ 65,908.46
Direct Mail Appeals	\$ 46,559.78
Funding Submissions	\$ 199,428.30
In-Memoriam	\$ 52,851.12
Other	\$ 73,882.10
<b>TOTAL</b>	<b>\$ 438,629.76</b>

\*Other includes Ladies Auxiliary, Workplace Giving & General Donations

### Fundraising Breakdown



## Our Supporters

We express our sincere thanks and appreciation to the many supporters who contributed to our work this year, but who cannot all be mentioned by name. We also acknowledge our major donors, bequests, trust and foundation supporters who prefer to remain anonymous. Our work would not be possible without the generous support of, individual donors, trusts and foundations and corporate supporters. Thank you for helping support people living with a progressive incurable illness and their families this year.

The generous contribution of our supporters allows CHCB to make significant progress in achieving the best quality of life for patients and their families. We appreciate the support of everyone who makes our work possible, including:

### Major Givers

- Mr Eric Ludwick
- Mr & Mrs Michael and Rosemary Tabak
- Dr Lindsay Jones
- Mr & Mrs John & Betty Laidlaw

### Trusts and Foundations

- Perpetual Trustees
- Collier Charitable Fund
- Aged Person's Welfare Fund
- Jack Brockoff Foundation

### Bequests

- Joaquin Jimeno
- Andrew Jones
- Ivan Geoffrey Sarkies
- Frank William Peterson
- Noel Mary Evelyn Grabau
- Constance Gwenda Howells
- Margaret Presser



## Our Supporters (Continued)

### Corporate & Community Organisations:

Glen Eira Council

Pawn & Co

Calvary Health Care Bethlehem Ladies Auxiliary

Form 2000 Sheet Metal Pty Ltd

Skepasto Pty Ltd

All Souls Opportunity Shop

Lions Club Moorabbin

Newmerella Primary School

Rotary Club of Pakenham Inc.

St Stephen's Anglican Church

Rotary Club of Bentleigh Moorabbin

## Hospital Equipment Upgrades Through Grants and Donations

### 4 Specialised tilt and space commodes

CHCB purchased 4 new tilt and space commodes this year thanks to funding received from a current patient. These new commodes have improved patient quality of care by allowing nursing staff to easily attend to personal hygiene needs in a safer environment.

### Modified patient vehicle

This year we have upgraded our modified patient vehicle to a spacious new vehicle that allows staff greater capacity to deliver and collect patient equipment and transport patients to and from appointments. This enables CHCB to assist with the more timely delivery of equipment and makes OT home assessments and home equipment trials much easier.

39

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

### In FY 2015/16 CHCB purchased

- 4 specialised tilt and move commodes
- 4 Padded alarm mats
- 5 hybrid fleet cars
- Volkswagen Caddy modified patient vehicle
- 2 eye gaze computers
- 15K of eye gaze technology

## Additional information available on request

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

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

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

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



## Making a gift in your Will

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

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

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

### **Suggested wording to include a Gift in your Will:**

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

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

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

to Calvary Health Care Bethlehem

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

### **Our promise to you:**

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



Calvary

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Health Care Bethlehem