



Health Care Bethlehem

ANNUAL REPORT

2014-2015

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

Our Mission

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

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

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Acknowledgement of Land and Traditional Owners

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



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

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

Bethlehem is a leading Victorian specialist palliative care service with a state wide role in caring for those with a progressive neurological disease. Our health service provides inpatient care as well as care in the home. The health service supports over 4,000 patients and their families each year across Victoria.

Opened in 1926 as a public hospital offering maternity, medical and surgical services Calvary Health Care Bethlehem is part of a national charitable Catholic not-for-profit organisation with more than 10,000 staff and volunteers.

Established in Sydney in 1885 after the arrival of the Sisters of the Little Company of Mary in Australia, the mission of all Calvary services, is to provide health care to the most vulnerable, including those reaching the end of their life.

CEO and Board Chair Message

We are pleased to present the 2014-2015 Annual Report outlining a number of achievements and highlights for the year. Calvary Health Care Bethlehem (CHCB) is a specialist palliative care organisation with a statewide role in caring for people with a Progressive Neurological Disease. Calvary plays an integral role caring for the marginalized in our society.

This year the full implementation of our new Model of Care resulted in a shift in some of our services from inpatient to ambulatory care. This shift enabled CHCB to better meet the growing demand for our range of specialist services, particularly with the ageing of our population and an increase in chronic disease. Collaboration with other health service providers is critical to our model which enables us to care for patients with complex needs who often do not have access to appropriate services within their local communities.

Our inpatient service is critical to the provision of care for those unable to be cared for at home. Our inpatient beds are important for the training and development of clinicians from undergraduates to post graduates as well as supporting CHCB to undertake research. CHCB builds workforce capacity across the state by providing support to other services, encouraging best-practice and delivering care closer to the patient's home.

There are always challenges as a small specialist service particularly with changes in the funding environment, however, aligned with our value of stewardship, we continue to deliver quality services, to improve the lives of our patients and families. There have been a number of service improvements, in particular the implementation of the e-clinical record. CHCB was chosen to pilot the new technology for the Calvary Health Care group. Preliminary results showed a number of efficiency gains but the most



Dr Jane Fischer

Chief Executive Officer
Calvary Health Care
Bethlehem



Hon John Watkins

National Board Chair
Little Company of Mary
Health Care

important outcome of the integration of the clinical record across all settings was the creation of more time for patient care.

This year the health service introduced the CHCB safe initiative, focussing on the safety and wellbeing of staff, patients, families and visitors. The initiative has included the implementation of a smoke-free environment, in addition to the development of a range of policies and education programs that support staff to work with difficult behaviours that are often exhibited by our patient groups.

Calvary has introduced a number of national platforms that have been implemented here at CHCB such as an electronic people system, e-learning and Calvary Connect. These initiatives build on our strong learning environment and culture of continuous improvement.

The BPA staff survey highlighted the commitment of our people to the goals of the organisation, with a high level of engagement with the values and behaviours associated with the Spirit of Calvary.

CHCB has been an integral part of the local community for nearly 75 years. We would like to

acknowledge the support of the Department of Health and Human Services as we work with our National Board to explore the best option for future capital development.

Thanks to all of our many supporters: the health service providers that we work with, universities, schools, service organisations, the philanthropic community and community groups that assist with raising funds. Your support enables us to innovate and continue to focus on improving patients' quality of life.

To Executive members, staff and volunteers who support the delivery of our services, thank you all for your dedication, your passion and commitment to delivering care that meets the individual needs of our patients and families. You exhibit the mission of the Sisters and continue to make a difference to the lives of others.

“The managers and the staff possess and communicate a clear sense of who they are and why they are there. Calvary is not a name but a daily reality as our people accompany those in some of the toughest places the human spirit can venture. They are adaptable and innovative. They believe in themselves and they live the talk.”

Mark Green, National Director of Mission



Bill d'Apice
Chair
Calvary Ministries

Calvary Ministries Chair Message

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

Calvary Ministries, through its services, seeks to create organisations that are life giving and are filled with hope for the future. In its daily work, the sacredness of the gift of life and the value and dignity of all people must be respected.

As was the case when the Sisters of the Little Company of Mary were responsible for the services we now conduct, the care and compassion is always motivated by our concern for others to inspire hope, nurture people who are vulnerable and provide a source of strength and reach out to those who are sick and dying.

The Directors of Calvary Ministries are again delighted with the successes achieved by Calvary Health Care Bethlehem this year. I wish to thank each and every person for the contribution they have made to the commitment of our mission and the compassionate care we have provided to all those we serve.

We know that in your work you have the assurance of the prayers and support from the Directors of Calvary Ministries in appreciation for the important contribution you make in carrying on the rich mission and tradition of the Sisters of the Little Company of Mary.

Service Innovation



Statewide Progressive Neurological Disease Service

Over the past three years CHCB has worked with the Department of Health and Human Services to implement a statewide model of care for people with progressive neurological diseases. In support of the implementation CHCB conducted a successful pilot with health services in the South Western Barwon region.

Approximately 30% of people living with a PND in the state reside in regional and rural Victoria. These patients face problems accessing specialist services close to home. They also face difficulties with integrated care delivery between their local service providers and specialists based in metropolitan Melbourne.

The CHCB Statewide Progressive Neurological Diseases Service (SPNDS) provides a range of interdisciplinary assessment and management services for people with a diagnosed progressive neurological disease. One of the goals of the service is to provide support and information to regional and rural health services to build their capacity to manage people with PNDs.

To inform the project design the health service surveyed 660 patients with a PND and their families. The results from this survey provided project staff with the necessary information to ensure the project would improve health outcomes.

The SPNDS model of care was developed to improve service coordination for people living with a PND. It aims to align the person's changing health needs and level of disability with access to care and support from local health and community services.

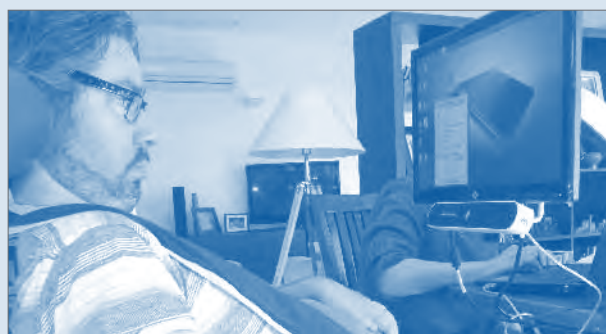
Shared Care Plans, developed with the patient, are circulated to other services providing support to the patient, to ensure a coordinated approach to care is achieved. This approach recognises the

importance of working with other services involved in patients' care including General Practitioners, local health care professionals and community services.

The use of teleconferencing as part of our SPNDS model of care also enabled greater care coordination between services allowing patients to receive best practice care in their preferred location. 180 Video Teleconferences have been completed over the last 6 months as part of the SPNDS. The sessions have taken place in a range of settings, from hospitals to GP surgeries, nursing homes, health centres and patient's homes.

Assistive Technology Innovations

This year we continue to develop our assistive technology resources to improve patient quality of life. Significant updates include mounting updated eye gaze systems, communication options and environmental control units to patients' wheelchairs. New scanning devices have also been purchased



Improved communication through assisted technology

"My eyegaze system lets me communicate clearly with carers, joke with friends and contribute to MND/AV board meetings. It's indispensable. Rachael and the OT team at Bethlehem listened carefully to my requirements, hunted for the right equipment, chased grants to reduce the cost and linked me into local support. It made the whole process a breeze"

- Duncan Bayley

to enable patients to drive wheelchairs and control other devices by hitting a single switch when hand movements are impaired. Switch control options have improved patients ability to use mainstream technology such as iPads, smart phones and android tablets. Access to these devices on wheelchairs allows patients greater choices and control over how they communicate, move, work and relax.

Management and therapists undertake on-going training and skill development in assistive technology. Collaborations with external agencies enhance our allied health service delivery. CHCB is conducting Integrated Technology Clinics which allow therapists from different specialities to work together with the patient to maximize their independence by integrating multiple technology devices into streamlined systems.

We are further enhancing our patient experience by building a 'pool' of adapted technology loan items which can be hired by CHCB patients for use within their homes. This initiative is proving to be invaluable for patients as there are often significant delays between applying for and receiving funding for assistive equipment through government schemes.

Access Redesign

CHCB has consolidated the systems and processes introduced through the 'Centralised Access and Intake Redesign Project' this year with a strong focus on transitioning from structured project work to business as usual to ensure an improved experience for referrers and patients.

The Access and Intake unit receives referrals for all CHCB service streams including our Inpatient Services, Community Palliative Care Service and the SPNDS. The team continues to ensure the information regarding individual patient clinical needs and goals of care inform the timely delivery of appropriate health services.

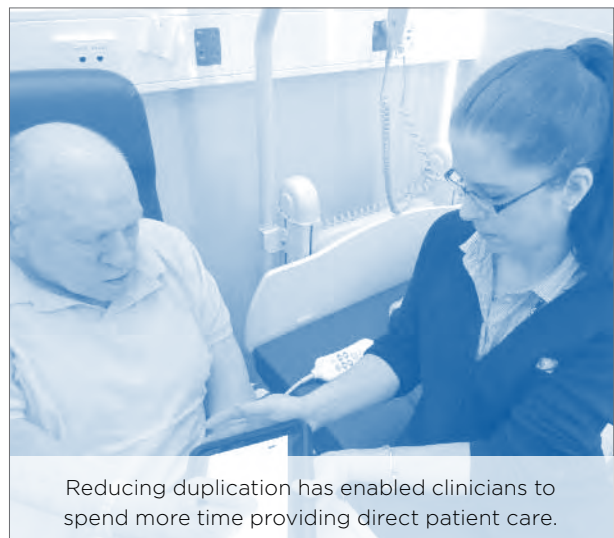
New eClinical Patient Record increases time spent with patients

With funding support from the Rowe Family Foundation, CHCB was able to transition from paper-based clinical forms to "forms under glass" using a variety of electronic devices.

To deliver the eClinical record, CHCB undertook key tasks including rationalising medical record documentation, reviewing processes for the collection and storage of patient information, staff training, evaluation of device connectivity and access to the system, evaluating patient and staff expectations and experience and finally implementation of the system.

In October 2014 CHCB went 'live' with Vitro (the eClinical Patient Record System) through a staged implementation over an 8 week period. A 6 month post implementation review was recently undertaken, with a final evaluation planned for later in 2015.

Through this project CHCB has significantly reduced the amount of forms used resulting in increased efficiency and improved patient safety.



Reducing duplication has enabled clinicians to spend more time providing direct patient care.

Palliative Care Nurse Led Clinic

CHCB introduced a Palliative Care Nurse Led Clinic in 2014. The clinic has been designed to give consumers a choice of venue for their consultations and complements our existing home based and centre based interdisciplinary Community Palliative Care Service (CPCS).

Our specialist CPCS nurses undertake patient assessments, monitoring symptoms and concerns on a regular basis in the clinic setting, enabling CHCB to provide choice to patients and families who may prefer to have their care needs met in the clinic environment rather than be seen at home. Referral and consultation can be arranged with allied health and medical staff ensuring a streamlined, interdisciplinary approach. Feedback and evaluation has been very positive with ongoing evaluation planned over the coming year.

Day Centre provides valuable support

Over the last year, the Palliative Care Day Centre continued to establish itself as an important component of our Model of Care, providing support and a range of therapies for palliative patients in the community. The Day Centre offers patients tai chi, art, diversional, music and pet therapy.



Day Centre patients visit Ripponlea on a beautiful summer's day to paint and draw in the gardens

Each year the Day Centre also conducts a number of excursions. In the last few months Day Centre patients visited Ripponlea Estate to paint and draw in the gardens and enjoy a beautiful day out with friends.

Day Centre patients won first prize at this year's Royal Melbourne Show for their "Yarn Bombed" Chair and also submitted entries into an Apron Art competition in Ballarat. Patients are currently working together on their latest collaborative effort, an ambitious sculpture of a mermaid.

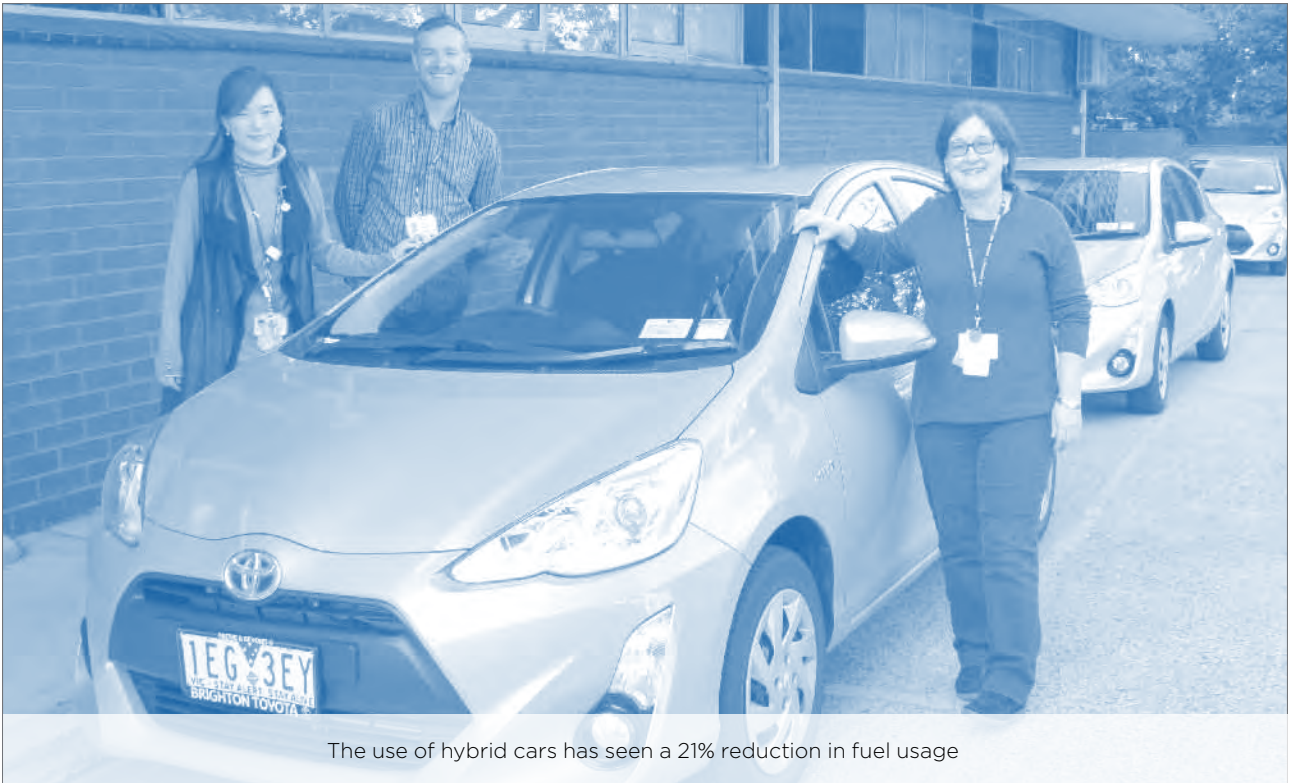


This mermaid is an art collaboration involving all patients from the Palliative Care Day Centre

The camaraderie and support that patients receive from those going through the same experience is a vital part of their care. Patients have expressed that the Day Centre is something they look forward to and has an important role in improving their spirits and sense of wellbeing.

Stewardship





The use of hybrid cars has seen a 21% reduction in fuel usage

Environmental Sustainability

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.

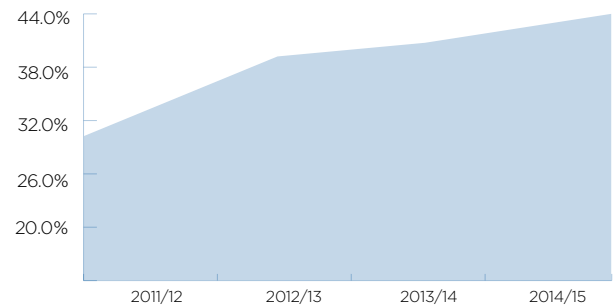
Emission Reduction

In March 2015, after a review of our car fleet and months of testing with our Community Palliative Care Service, CHCB took delivery of 12 new hybrid vehicles. The new hybrid vehicles have resulted in the reduction of fuel consumption by 21%.

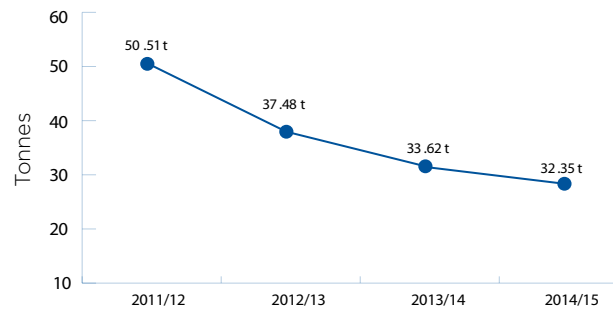
Waste Reduction Initiatives

Our waste reduction initiatives over the last year have resulted in a reduction in the amount of waste produced and a commensurate increase in recycling as a percentage of total waste. Over the last year our waste has reduced by 1.27% from previous levels and items recycled have increased by 7.73%.

Recycling as a percentage of total waste



Non-Recycleable Waste

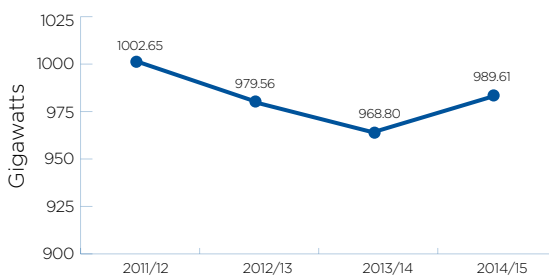


Electricity Consumption

The implementation of the new eclinical record system and the associated increase in the use of computers and tablets to maintain patient records has had a bearing on our electricity usage this year with our electricity consumption increasing by 2.14% over last year's figures.

The installation of a number of new split system air conditioners to supplement our old heating and ventilation infrastructure to ensure greater comfort for patients and staff has also contributed to the increased usage.

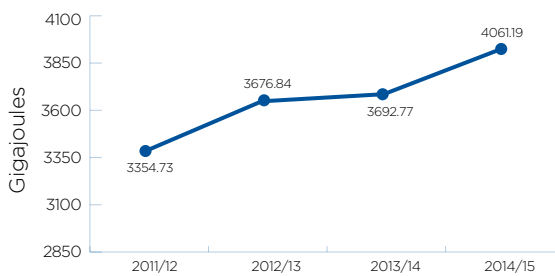
Electricity Usage



Gas Usage

The upgrade of our hydronic heating system this year has seen gas consumption increased by 9.97% over the last year. The Quality of Care initiative means that patient ward areas across the health service are now all kept at a constant temperature throughout the year.

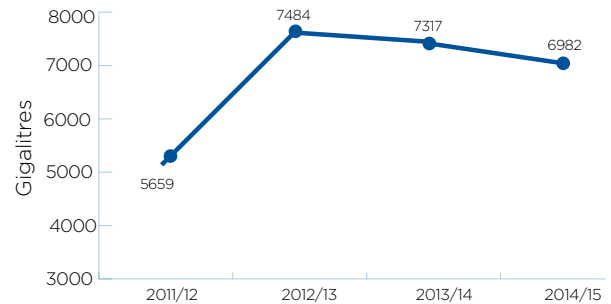
Gas Usage



Water Savings

Water saving initiatives continue to yield positive savings with our overall water consumption reduced by 4.6% over last year's usage figures. Over the year we have continued to harvest rainwater from the roof space of our main Palliative building. The collected water is sufficient for us 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 Hon Jill Hennessy and the previous Minister for Health Hon David Davis”

Part A: Strategic priorities

The Victorian Government’s priorities and policy directions are outlined in the Victorian Health Priorities Framework 2012–2022. In 2014–15 Calvary Health Care Bethlehem contributed to the achievement of these priorities by:

Priority: Developing a system that is responsive to people’s needs

Action	Deliverable	Achievement
Develop an organisational policy for the provision of safe, high quality end of life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care	Implement and undertake an evaluation of a new organisational Access to Specialist Care policy	Achieved
Implement an organisation-wide Policy for responding to clinical and non-clinical violence and aggression by patients, staff and visitors (including code grey) that aligns with department guidance (2014)	Implement a Code Grey policy in line with DHHS standards by December 2014	Implemented May
	Implement and train staff in the use of a Behavioural Risk Tool by December 2014	Achieved
Implement formal advance care planning structures and processes, including putting into place a system for preparing and/or receiving, and documenting advance care plans in partnership with patients, carers and substitute decision makers	Implement an Advance Care Planning (ACP) policy by September 2014	Implemented June
	Incorporate consumer feedback into the development of the ACP plan and supporting documents	In progress
	Complete an evaluation of the ACP policy by June 2015	To be completed August 15
Progress partnerships with other services to improve outcomes for regional and rural patients	Complete an evaluation of the PND project with Barwon Health by December 2014	Achieved
	As part of PND project, complete the Metropolitan plan and scoping activity for two regions by June 2015	Achieved

Privacy

CHCB is committed to protecting the privacy of its patients and clients. The organisation is required by law to protect personal and confidential information such as information about an individual’s health and other personal details. CHCB complies with all applicable legislation relating to confidentiality and privacy. CHCB’s Privacy Policy is available at:

<https://www.bethlehem.org.au/assets/docs/common/2014/lcmhc-privacy-policy.pdf>

Carers Recognition Act 2012

At CHCB we understand that our patients and clients, their families and carers need to play an active role in their healthcare. They want to make meaningful decisions about their treatment, feel empowered to question and work with us to improve the quality and safety of our services. We take all practicable measures to ensure our employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

Priority: Improving every Victorian's health status and experiences

Action	Deliverable	Achievement
	Incorporate consumer input into patient safety and quality initiatives	Achieved
Use consumer feedback to improve person and family centred care, health service practice and patient experience	Implement an action plan for the top three themes identified through patient/carer feedback surveys and patient experience trackers	Achieved
	Repeat the patient experience survey to evaluate Model of Care Project by March 2015	Achieved May 15
Identify service users who are marginalised or vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups, for example, Aboriginal people, people affected by mental illness, people at risk of elder abuse, people with a disability, homeless people, refugees and asylum seekers	Achieve Department of Human Services' accreditation for funded disability services	Achieved
	Evaluate Aboriginal and Torres Strait Islander services by April 2015 and develop an action plan to improve patient outcomes	Achieved
	Develop partnerships with residential aged care facilities to improve outcomes for longer stay patients with specialised needs	In progress
Improve health literacy and support informed choice and shared decision-making by responding to the health information needs of service users	Implement two service improvement initiatives as identified though targeted cultural and linguistically diverse engagement activities	In progress
	Complete phase two of Bethlehem Schools Health Promotion project with Palliative Care Victoria	Achieved
	Deliver at least 10 presentations in secondary schools to increase the awareness, resilience and capacity of communities to deal with issues of dying, death and bereavement	Achieved

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

Priority: Expanding service, workforce and system capacity

Action	Deliverable	Achievement
Develop and implement a workforce immunisation plan that includes pre-employment screening and immunization assessment for existing staff that work in high risk areas in order to align with Australian infection control and immunisation guidelines	Develop a workforce plan for implementation in December 2014. Plan to include immunisation and recruitment processes aligned with national guidelines	In progress - Finalise October
Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning	Introduce a postgraduate interdisciplinary programme by June 2015	Achieved
	Achieve a 90% compliance rate with CHCB's mandatory training framework for employees, students and volunteers	Achieved
Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility	Implement a plan to develop staff culture, reduce the number of workcover claims	Achieved
	Achieve at least 90% current staff performance appraisals	85.72% staff appraisals
	To train at least 80% of staff in managing difficult conversations	90% of HoDs/ Snr Staff trained in Having Difficult Conversations. Training to be rolled out to other staff.
	Implement Calvary Connect, a new national intranet portal	Achieved
	Achieve a five per cent improvement in reported Best Practice Australia staff satisfaction survey, compared with previous survey	Result consistent with previous survey

Building Act 1993

No building projects have been undertaken in the financial year ending 30 June 2015. 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.

Priority: Increasing the system's financial sustainability and productivity

Action	Deliverable	Achievement
	Review and update CHCB's fixed asset policy aligned with current best practice standards	Achieved
Identify and Implement practice change to enhance asset management	Implement a fixed asset plan	Achieved
	Achieve no recommendations at audit	Ongoing
Work collaboratively with the department on service and capital planning to develop service and system capacity	Work with DHHS to explore future capital planning, service and system capacity redevelopment options	Achieved

Priority: Implementing continuous improvements and innovation

Action	Deliverable	Achievement
Develop a focus on 'systems thinking' to drive improved integration and networking across health care settings	In collaboration with major health service providers, pilot two new models of care with development of new pathways to access CHCB services, on site clinic services and joint clinics with other providers	In Progress
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	Further develop and expand on centre based community palliative care initiatives.	In Progress

Attestation for Compliance with Standing Direction 4.5.5 - Risk Management Framework and Processes

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



Dr Jane Fischer
Chief Executive Officer
Calvary Health Care Bethlehem

Priority: Increasing accountability & transparency

Action	Deliverable	Achievement
Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities	Complete a Board assessment to identify opportunities to build capability and act on recommendations	Achieved
	Undertake a self-assessment against the Australian Council on Healthcare Standards by December 2014	Achieved
Implement systems that support streamlined approaches to clinical governance at all levels of the organisation	Implement a clinical and nonclinical audit framework that supports the national standards and the CHCB Quality framework	Achieved
	Continue focus on comprehensive reporting of ambulatory data to inform funding of statewide model	Ongoing

Priority: Improving utilisation of e-health and communications technology

Action	Deliverable	Achievement
	Implement a CHCB electronic health record by October 2014	Achieved
Trial, implement and evaluate strategies that use e- health as an enabler of better patient care	Complete an evaluation of the electronic health record implementation by June 2015	Achieved
	Finalise protocol for Telehealth and secondary consultation.	In Progress

Attestation on Data Integrity

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



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

Part B: Performance

Analysis of Labour (by FTE)

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2015	2014	2015	2014
Nursing	91.6	105.5	100.4	103.8
Administration and Clerical	20	16.8	16.3	15.7
Medical Support	4.9	5.1	4.5	4.6
Hotel and Allied Services	21.4	20.8	21.4	21.9
Medical Officers	10.4	10.1	9.9	9.6
Ancillary Staff (Allied Health)	40.5	40.9	39.6	38.9
	188.8	199.2	192.1	194.5

Summary of Financial Results (\$000's)

	2015	2014	2013	2012	2011
Total Revenue	28,431	27,163	27,381	28,207	26,152
Total Expenses	28,313	27,227	27,729	28,407	25,524
Net Result for the Year (inc. Capital and Specific Items)	118	(64)	(348)	(200)	628
Retained Surplus	9,089	8,855	8,891	9,905	9,955
Total Assets	17,599	16,502	16,339	17,320	16,178
Total Liabilities	7,988	7,009	6,782	7,415	6,073
Net Assets	9,611	9,493	9,557	9,905	10,105
Total Equity	9,611	9,493	9,557	9,905	10,105

Details of Individual Consultancies (\$000's)

Consultant	Start date	End date	Total approved project fee	Expenditure 2014-15
Eriylan Pty Ltd	5/15/2015	6/30/2015	30	30
O'Keefe & Partners Pty Ltd	6/3/2015	6/30/2015	28	28
Monash University	4/8/2013	6/30/2015	47	23
Aspex Consulting	6/1/2015	6/30/2015	18	18
Davidson Trahaire Corpsych Pty Ltd	7/1/2014	6/30/2015	11	11
Workplace Legal Pty Ltd	7/1/2014	6/30/2015	10	10

In 2014-15 there were 13 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2014-15 in relation to these consultancies was \$33,486

	2015
Ex-Gratia Expenses	0

Financial Sustainability Performance

(a) Finance	Target	2014-15 actual
(i) Operating result		
Annual operating result (\$m)	\$0.000	\$0.569
(ii) Cash management		
Creditors	< 60 days	54 days
Debtors	< 60 days	51 days
(iii) Asset management		
Basic asset management plan	Full compliance	Achieved
(b) Safety and quality performance		
	Target	2014-15 actual
Victorian Healthcare Experience Survey	Full compliance	Achieved
SAB rate per occupied bed days	<2/10,000	0.0
Health service accreditation	Full compliance	Achieved
Cleaning standards (Overall)	Full compliance	Achieved
Cleaning standards (AQL-A)	90	Achieved
Cleaning standards (AQL-B)	85	Achieved
Cleaning standards (AQL-C)	85	Achieved
Hand Hygiene (rate) - quarter 2	75	90
Hand Hygiene (rate) - quarter 3	77	82
Hand Hygiene (rate) - quarter 4	80	47
Healthcare worker immunisation - influenza	75	78
(c) Activity and Funding		
	2014-15 Activity Achievement	
Subacute Admitted		
Rehab Public		8,050
Rehab Private		2,037
Rehab DVA		222
Palliative Care Public		9,325
Palliative Care Private		4,566
Palliative Care DVA		317
		24,517
Subacute Non-Admitted		
Health Independence Program		11,034

Excellence In Care



Quality Framework

In support of the strategic objectives of the health service, CHCB developed a Quality Framework to outline a vision for achieving safe and high quality care for all.

The Framework recognises that everyone who works at CHCB has a part to play in creating a safe and reliable health service.

The four core principles of the Framework specify that safe and high quality care is; **Person-centred, Safe & Effective, Integrated and Appropriate.**

The Quality Framework was developed with the input of patient, carer and staff focus groups.

This Framework will be used;

- As the basis for strategic, operational safety and quality plans.
- As a guide for reviewing our investments in research into safety and quality.
- To promote the benefit of partnerships between consumers, clinicians, and managers.

Implementation of the Quality Framework is envisaged for the second half of 2015.

Bethlehem’s commitment to improving independence and Quality of Life

CHCB’s continued dedication to implementing new technologies radically improves the quality of life for patients suffering progressive neurological diseases, like Motor Neurone Disease (MND).

David Westaman was diagnosed with MND at Calvary Health Care Bethlehem (CHCB) 5 years ago. At the time of his diagnosis he was an avid bushwalker and nature photographer and feared that these interests would be lost to him forever.

The availability of the iPad and the emergence of a number of different applications since his diagnosis, have allowed David to retain his quality of life and explore new things. Unable to make or take phone calls, the technology enables him to remain in constant communication with family and friends, to follow the news and to indulge his passion of watching films.

In the last few months a pilot group program run by the Speech Pathology Department at CHCB called “PhotoVoice” has re-ignited David’s passion for photography. Inspired by the experience of creating his own photographic pieces, David has



David Westaman (left) and his wife Cathy review edited photographs on his iPad with CHCB clinicians

started a Facebook group for the benefit of others in wheelchairs, featuring photos of wheelchair friendly cafes in his local community.

“I can’t imagine what life with MND would be like without the range of communication technology now available” David said.



CHCB staff wear their 'Safety starts with Me' Tshirts at the launch of the campaign

Building a culture of safety and accountability

In support of the Quality Framework, the Workplace Health and Safety Committee at Bethlehem kicked off a rolling health and safety campaign this year that targets key areas of concern each quarter.

The committee conducted training sessions and produced and distributed educational material to improve awareness about issues that can compromise health and safety amongst staff, patients and carers.

The aim of the campaign is to heighten risk awareness and build a strong culture of safety and

accountability across the health service, one in which everybody has a role to play.

Bethlehem's promotion of its no-smoking policy across the campus is the current focus of the campaign as we work to educate staff and patients about the risks associated with smoking and assist with counselling for those that wish to give up the habit.

The organisation will continue to engage staff on different workplace safety issues on a quarterly basis.



ANUM Joy Mason using one of the Electronic Management Systems

Medication Safety

The use of Electronic Medication Management Systems (EMMS) continues to have a positive impact on the safe management of medications at our health service.

Medication safety, from prescription to administration, is enhanced by the tools provided by EMMS and have resulted in the continual downward trend in the number of medication errors reported (fig 1). These tools include medication information libraries, alert support systems, visual prompting that occurs when medication doses are due or changed, audit reports and reconciliation screens.

A comparison of the number of medication errors since July 2013 against the number of medication doses prescribed for administration show that the incidences of medication error per medication dose prescribed for administration is approximately 0.005%- 0.01% (fig 2).

Analysis of the causes of these very few medication errors during this period show that the errors were not due to procedural or system deficiencies, but were of a human nature.

Fig 1: Number of medication errors reported

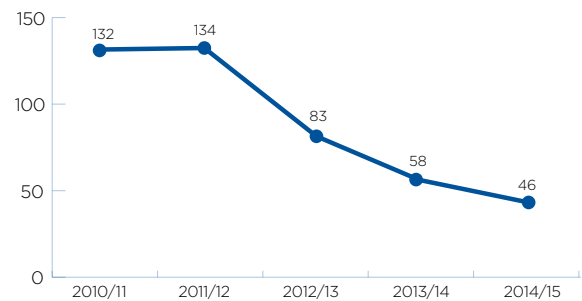
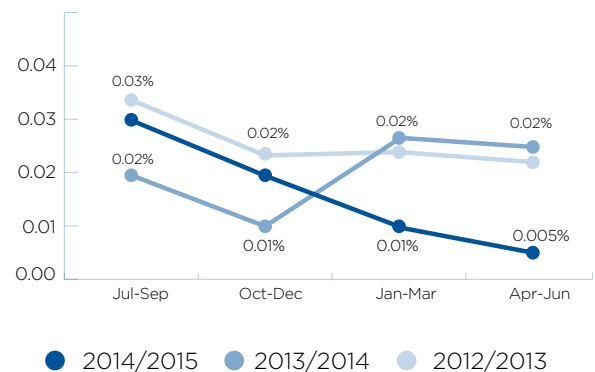


Fig 2: Medication errors per medication doses prescribed for administration



Hand Hygiene

This year our Health Service recorded a variation in our reportable hand hygiene compliance results. The benchmark for hospitals is 80% compliance. Our results for the year were Audit 1: 90%, Audit 2: 82% and Audit 3: 47%.

We are addressing the inconsistency of this last result by putting in place strategies to ensure that our compliance rates continue to exceed the benchmark.

Two staff members have successfully completed the Hand Hygiene “Gold Standard” two day auditing course to facilitate best practice auditing of all our staff. Staff are also using mini iPads to audit hygiene practices across all wards.

CHCB also publishes Hand Hygiene audit results at the entrance to each of the wards. For the purposes of transparency, the results are also displayed outside every single patient room and staff have been encouraged through the WHS committee to actively promote best hand hygiene practice with their colleagues.

Falls Prevention

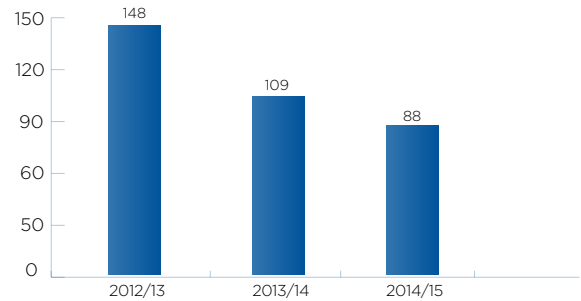
CHCB’s focus on falls prevention this year has resulted in a significant reduction in the number of falls recorded across the health service. There were 38 falls in the first six months of 2015 – the lowest number ever recorded. The falls rate has been reduced to a low of 4.6 falls per 1000 occupied bed days (the benchmark for subacute health services like CHCB is 5 falls per 1000 OBDs).

These positive results are a product of a targeted awareness raising campaign that has equipped staff and patients with a better understanding of the risks that contribute to falls.

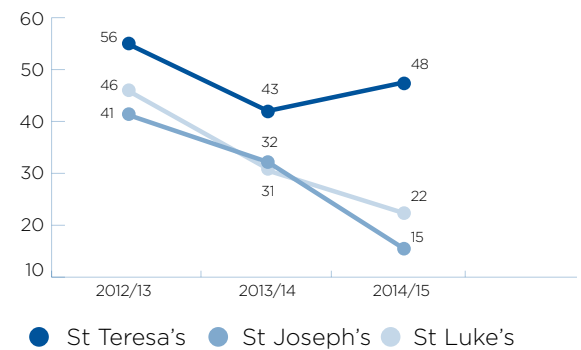
CHCB’s active Falls Prevention Working Party has been promoting falls prevention awareness amongst staff and patients and will continue to work on strategies to decrease the falls rate further. This is

being supported by the purchase of equipment such as falls alarm mats and low-low beds to minimise falls and harm from falls.

Total Inpatient Falls



Number of Inpatient Ward Falls



Pressure Injuries

Wound management remains a key priority for CHCB. Our holistic approach to wound care aims to provide best practice management for pressure ulcers and all other types of wound.

In 2014-2015, the Wound Advisory Group (WAG) focused on exceeding the requirements set by the Australian Council on Healthcare Standards. In the last twelve months, WAG developed a wound care information resource that is available on the hospital intranet to all staff. The committee continues to undertake monthly wound documentation audits.

The electronic 'Vitro' record system now permits photographic documentation, which can be performed on initial assessment and this assists in tracking wound progress over time, enabling a more objective assessment of wound progression. Electronic reporting has also resulted in better documentation compliance, as all mandatory fields must be completed before the form can be submitted.

The results of monthly wound auditing continue to demonstrate a high level of compliance with wound management policy and procedure. Early identification of 'at risk' patients has enabled patients to receive the most appropriate preventative measures and treatments in a timely manner. The interdisciplinary discharge process now has explicit provision for ongoing wound management at point of discharge/transfer, with information from all areas of clinical care.

Addressing Behaviours of Concern (BoC)

CHCB cares for a number of patient groups whose conditions can manifest in unpredictable and confronting behaviour. Calvary is committed to minimising the risk posed to patients, staff and visitors by these behaviours of concern. In response to this issue, CHCB has initiated a range of strategies to lessen the risk.

Code Grey Policy Development

- A code grey policy and procedure has been developed to protect staff from occupational violence. The code grey response aims to de-escalate aggressive and threatening behaviours to both staff and patients. CHCB has adopted a modified code grey procedure with no physical restraint due to our limited onsite security presence.
- CHCB's Neuropsychologist has conducted intensive training sessions with staff to equip them with the necessary techniques to defuse potentially aggressive or threatening situations.

Suicide Risk Identification

- Suicide risk identification is another aspect of the BoC policy and procedure package. Developed by the Psychology and Psychiatry Departments, education and awareness training will commence in the second half of 2015.

Smoke-free Hospital Environment

CHCB introduced a smoke-free hospital policy on 1 January. This initiative goes beyond Victorian legislation that bans smoking within 4 metres of public hospital entrances. The purpose of the policy is to protect our community from exposure to second hand smoke, to de-normalise smoking, and to support people who have quit or who are trying to quit.

The health service offers Nicotine Replacement Therapy (NRT) to patients and staff to help them stop smoking. A number of staff have already successfully done so.

CHCB has become a member of the Victorian Smoke-free Hospital Network (VSHN). This membership has led to the hospital being used as a model for other palliative care settings throughout Victoria.



CHCB Research Ethics & Ethics Committee Members, Left to right from top CHCB CEO Dr Jane Fischer, Dr Alex Burke, Dr Susan Mathers, Shannon Thompson, Rosalie Jones, Fr Kevin McGovern, and Tony Ryan

CHCB Research Ethics & Ethics Committee

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

Research Projects

Date	Title	Chief Investigators
22/07/14	'Palliative Rehabilitation: a qualitative analysis of Australian practices and attitudes'	Dr Fiona Runacres
18/09/14	'Factors Influencing Place of Death for Community Palliative Care Patients'	Lyle Oates, Angie Dredge
18/09/14	'TV820-CNS-20002 – A Phase 2, Dose-Finding, Randomized, Parallel-Group, Double-Blind, Placebo-Controlled Study Evaluating the Safety and Efficacy of Pridopidine 45mg, 67.5mg, 90mg and 112.5mg Twice Daily versus Placebo for Symptomatic Treatment in Patients with Huntington's Disease'	Dr Andrew Churchyard
20/11/14	'Family-focused Grief Therapy in Motor Neurone Disease'	Prof David Kissane, Courtney Hempton
20/11/14	'A longitudinal neuroimaging study of MND Phenotypes'	Dr Phyllis Chua, A/Prof Paul Talman, Dr Susan Mathers, Prof Gary Egan, Dr Luke Smith, Dr Fiona Fisher
19/02/15	'Supporting Informal Caregivers of People with Motor Neurone Disease: A pilot intervention'	Anna Ugalde
18/06/15	'Lung Volume Recruitment in Neuromuscular Disease: Can 'breath-stacking' improve lung function, respiratory symptoms and quality of life for people with neuromuscular disease?'	Dr David Berlowitz, Dr Jim Howe, Dr Susan Mathers, Ms Nicole Sheers, Dr Katrina Reardon, Dr Mark Howard,

Patient Experience Informs Admissions Process

In 2015, Calvary Health Care Bethlehem engaged an independent observer to shadow the admission process for patients. This exercise was undertaken to evaluate the improvements made in the admissions process since the Model of Care changes.

Shadowing requires an observer to see the care process through the eyes of the patient and their family. Recording what they knew prior to meeting with the patient and what they then learnt through listening to patient/staff interactions, the observer is able to provide feedback to staff to help them improve the patient experience.

Over the course of the exercise, a number of suggestions were made that could help improve the patient experience. In the coming months CHCB will work with our patients and their families to improve some of our processes.

Advance Care Planning

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

The Advance Care Planning project, that CHCB ran in response to the initiative, involved an extensive review of the existent literature as well as of the practices and policies of other health care services. From these reviews CHCB has developed a model that reflects our patient population as well as the values and mission of the organisation.

Over the past 18 months we have developed a clear framework around ACP which has been supported by the development of a policy and clear guidelines. This process has involved audits of records; surveys of staff and discussion with stakeholders.

CHCB has developed tools to assist patients and staff in understanding and optimising the ACP process.

The model has so far been implemented on the wards and in the community setting. It aims to provide patients and their carers information about ACPs and help facilitate the process of developing a personal plan, should this be requested. This will in turn allow for CHCB to better understand and respect the wishes of our patients.

Bereavement Research Project

In 2014, CHCB conducted a research project exploring the bereavement assessment and referral practices of CHCB's Community Palliative Care Service.

The project sought to produce a rich description of the bereavement assessment and referral practices within community palliative care. Using qualitative case study methodology to review the bereavement assessment and referral practices within CPCS, data was collected from:

- De-identified routinely collected government data
- National and local organisational policies relating to bereavement care
- Two focus groups with a total of nine health professionals within the community palliative care service

This study resulted in a number of key findings and the recommendations from this research project will serve to further enhance the provision of bereavement care within the organisation.



A patient trials controls and new eyegaze technology on his modified wheelchair

MND Adaptive Equipment Research Project

Over the last year representatives from a number of allied health disciplines at CHCB conducted a study on the use of Adaptive Equipment by its ALS/MND patients. The research was part of a national project aimed at discovering 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 study was conducted by the treating Occupational Therapist, Physiotherapist and/or Speech Therapist at each clinic visit, or on inpatient admission. Information was collected on the use of 56 items of equipment, grouped into eight categories: speech

devices; transfer devices; mobility devices; power wheelchairs; orthoses; ADL equipment; assisted technology and home modification equipment.

Data was collected on 273 people with MND. The average length of time since symptom onset was 24 months. Over the course of the study patients required as many as twenty pieces of equipment.

The information gathered from this Project will assist therapists to forecast when people with ALS/MND need certain items of equipment. It will also help service providers estimate types and amount of equipment needed to support people with ALS/MND.



Consumer feedback has seen quality improvements to the production of texture modified foods

Consumer feedback Improves meals

In response to feedback received earlier in the year in relation to the quality of texture modified meals for patients, the Quality and Safe Systems manager surveyed all ward patients receiving texture modified meals over a 3 week period.

After taste-testing the puréed lunchtime meals for a week, the nutrient and food services committee identified improvements that could be made to the flavour and texture of the meals.

The final outcome of this work has been a number of changes to the meals we serve. The kitchen is now using simple solutions to enhance the flavours of the meals. The kitchen has also purchased a number of different products to vary the existing menu which include a selection of cook chill options and a variety of the pre-moulded products that look like real food on the plate.

CHCB Continuous Improvement Program

The National Standards Assessment Program (NSAP) is a quality improvement program available for all specialist palliative care services across Australia. It is a resource that enables services to engage in continuous quality improvement through self-assessment against the national palliative care standards. The core objective of NSAP is the improvement of quality in palliative care experiences and outcomes for patients, carers and families.

This year, CHCB completed an organisation-wide NSAP self-assessment. This assessment showed CHCB meeting all 13 National Standards, as well as assisting the health service develop quality improvement action plans. CHCB has developed actionable improvement plans and provided an online summary of their self assessment submission.

Palliative Care Outcomes Collaboration

The Palliative Care Outcomes Collaboration (PCOC) is a national program that enables a range of service performance and clinical outcome measures to be benchmarked against other specialist palliative care services in Australia. Each year the University of Wollongong in New South Wales produces a report on the collaboration.

CHCB is continuously looking to improve the quality of care we provide to our patients and PCOC gives us the data and the tools to identify further areas for improvement.

PCOC data has shown that CHCB has streamlined the daily handover of information between interdisciplinary team members. Each ward now conducts a daily handover involving all the key clinicians on their respective wards. The efficacy of the PCOC phase information enables patient care to be prioritised so that the sickest patients are reviewed first and managed appropriately.

Our People, Our Culture



“Health care depends on people. Good mission delivery depends on engagement.”

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

Our People, Our Culture

Every day our staff exhibit Calvary’s mission, vision and values through their work.

Our heartfelt concern is expressed through our depth of caring and the respect we have for each individual we encounter, whatever their circumstances, no matter how marginalised or vulnerable.

We have a rich and diverse workforce that share a common passion and desire to see patients achieve their goals and receive the best quality of care.

We continue to focus on making Calvary a truly great place to work. Whilst we have made significant advancements in establishing safety management systems and improving injury management, there is still more to do. Improving employee engagement and unlocking the talent across our health service is a priority.

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
- Provide pathways for career development and succession planning solutions
- Provision of a professional development pipeline
- 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. During the year CHCB has delivered a total of 17 education sessions to over 450 people.

An increase in the number of training opportunities for staff was one of the key developments in 2014/2015.

Other developments in the year included:

- Improved access to training through eLearning
- 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 eLearning

Students are able to access the eLearning platform from any computer with an internet connection. This allows students to adequately prepare for their placement prior to commencing at our health service. The eLearning platform provides staff with flexibility and mobility on when and where they access learning materials.

Delivering High-Quality Clinical Placements

This year our health service supported a range of Clinical Placements for visiting undergraduate and postgraduate students. The Best Practice Clinical Learning Environment (BPCLE) Framework was deployed by CHCB to coordinate and deliver high-quality clinical placements for our students.

The BPCLE Framework identifies six key elements that underpin high quality clinical learning environments as well as resources for developing and implementing a quality improvement action plan. Ensuring consistently high quality clinical education opportunities at our health service supports the development of a skilled and competent Victorian health workforce.

Building the capacity of Nursing across Victoria

This year CHCB has continued to facilitate observational placements for a number of Gippsland Palliative Care Services, including the Program for Experience in Motor Neurone Disease (PEM). The PEM program was an initiative of the Southern Metropolitan Palliative Care Consortium (SMRPCC) and through funding support from the SMRPCC. PEM provides health care professionals throughout Victoria access to our health services' expertise on the management and care of MND clients through placements at CHCB. A recent 5-year evaluation of the program indicated that both participants and their managers identified the placements were overwhelmingly beneficial for MND patients. Recipients fed back that their knowledge and skills of caring for MND clients had significantly improved as a result of their placement at CHCB.

Internal Graduate Program supports student transition to interdisciplinary model

The Interdisciplinary Graduate Education Program at CHCB continues to support the transition of health care professionals from student to graduate practitioners in palliative care settings. In 2015, the program includes graduate 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.



University Partnerships

CHCB provides clinical placements to medical students from Notre Dame University NSW in their final year of their post graduate qualification.

This year CHCB hosted 2 medical students providing them with experience in Neurology and Palliative Care specialities. Rebecca and Deanne both commented on the health services' "dedication to excellence".

Working with specialists, involvement in outpatient clinics and participation with interdisciplinary teams were named as particular highlights of their placement.

Upskilling Staff through the New Clinical Support Nurse role

This year CHCB successfully piloted the new role of Clinical Support Nurse. Throughout the year, Clinical Support Nurses were particularly helpful in assisting the health service transition to the new eClinical patient record and helped build nurse capacity.

As part of the initiative, two highly qualified and experienced registered nurses were seconded to the role for six months. Interdisciplinary staff and new learners fed back on the pilot program indicating that they were able to increase their knowledge and skills base. As a result of the successful pilot, the role has expanded to three Clinical Support Nurses.

“The flexible working arrangements we provide for our staff here at Bethlehem reflects the needs of the contemporary workforce and contributes to staff morale and staff retention”

Jane Fischer CEO Calvary Health Care Bethlehem



Bethlehem recognised as leader in Gender Equality

CHCB was recognised with a 2014 Employer of Choice for Gender Equality citation after an extensive audit process by Workplace Gender and Equality Agency (WGEA). The citation recognises CHCB as a leader in gender equality.

Some of the workplace initiatives that contributed to our success included our provision of Equitable Pay - set using wage classification/grading systems that is benchmarked regularly by industry. We were also recognised for the proportionate representation of males and females in leadership positions and the availability of paid parental leave for all permanent employees.

Volunteer Services

This year CHCB adopted a new strategy to engage volunteers more directly with the organisation’s departments and work teams and recognise their diverse mix of skills.

This year, the service has grown to over 80 volunteers who assist staff, patients and their families in a diverse range of roles. 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.

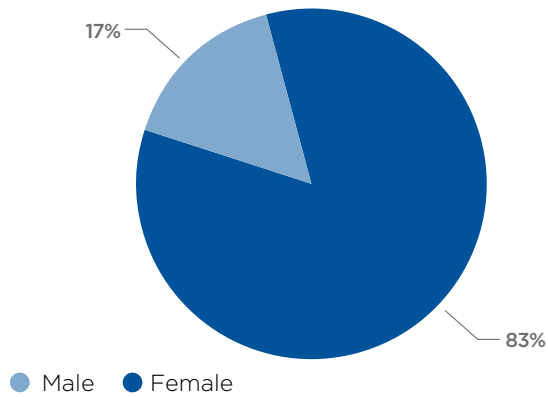
New initiatives established this year have included:

- Restructure of Volunteer Department aligned with the volunteer strategic plan

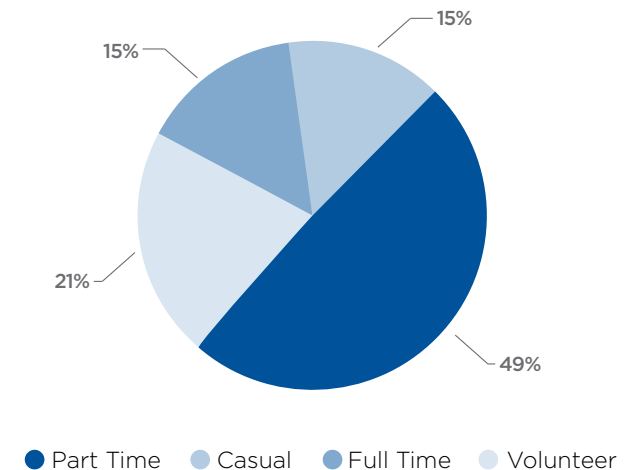
- Matching volunteer skill mix with appropriate allocation of tasks
- Involvement of volunteers with the Music Therapy Department and its outreach programs

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-run “Relaxation Stations” are another example of the holistic care we provide for our patients

Beauty Therapy

Our Volunteer Service has recently commenced a new initiative for patients called the “Relaxation Station”. This initiative offers free beauty treatments to improve the morale of patients.

Run by a team of volunteer beauticians this initiative has proven to be very popular amongst our patients. The “Relaxation Station” is another example of our ongoing commitment to providing holistic care for patients.

Volunteer Recognition

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

- Ms Pat Brown** 500 hrs
- Ms Shirleyå Hyacinthe** 10 years
- Mr Terry Lack** 500 hrs
- Ms Renee Mascurine** 500 hrs
- Ms Noela McKenzie** 500 hrs
- Mr Steven Smith** 2000 hrs

Thanks to each of our 88 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.

Best Practice Australia (BPA) Survey results

Our most recent BPA survey results reflected some very positive results and showed our organisational culture to be in the consolidation phase.

There were a number of key themes to come out of the survey. The sense that the Spirit of Calvary of “being for others” is a strong feature of the service continues to resonate with staff. Staff also felt strongly that the Leadership and Management Team met their expectations and a large majority of staff indicated the pride they had in their work. A significant result was the substantial increase in staff awareness of our prioritisation of Workplace safety.

Over two thirds of our employees completed the BPA survey and we’ve listed some of the highest ranking scores in the survey:

Best Practice Australia Numbers

92%

We are always striving to excel in the spirit of ‘being for others’

86%

Workplace safety is a priority for management

85%

We provide quality compassionate care for the whole person

79%

Proud to work in this Service

76%

The Service provides adequate flexibility in the hours/shifts I work

76%

We welcome you and care about your experience at Calvary

76%

My manager consistently meets my most important expectations

Years of Service

40 years

Susan Needham

30 Years

Denzyl Hein

25 Years

Christina Kuddithamby

Arto Sandvik

20 years

Linda Andrews

Roxanne Maule

Jennifer McUtchen

Mary Wilsdon

15 Years

Deborah Hanby

Christine Limmer

Sandra McConnell

Qwee Teoh

Jeffrey Thomson

10 Years

Eleanor Bajo

Phuong Duong

Debbie Hardy

Belinda McRae

Anne Morris

Janet Mostovoy

Suzanne Pedersen

Paul Talman

Judith Van Opstal

Mira Varon

Niroshan Wijeyeratne



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

Executive Team

Dr Jane Fischer

Chief Executive Officer and Medical Director

- Employment duration 13 years
- Executive oversight of the entire health service and responsible to the Little Company of Mary Health Care.

Shannon Thompson

Director of Clinical Services

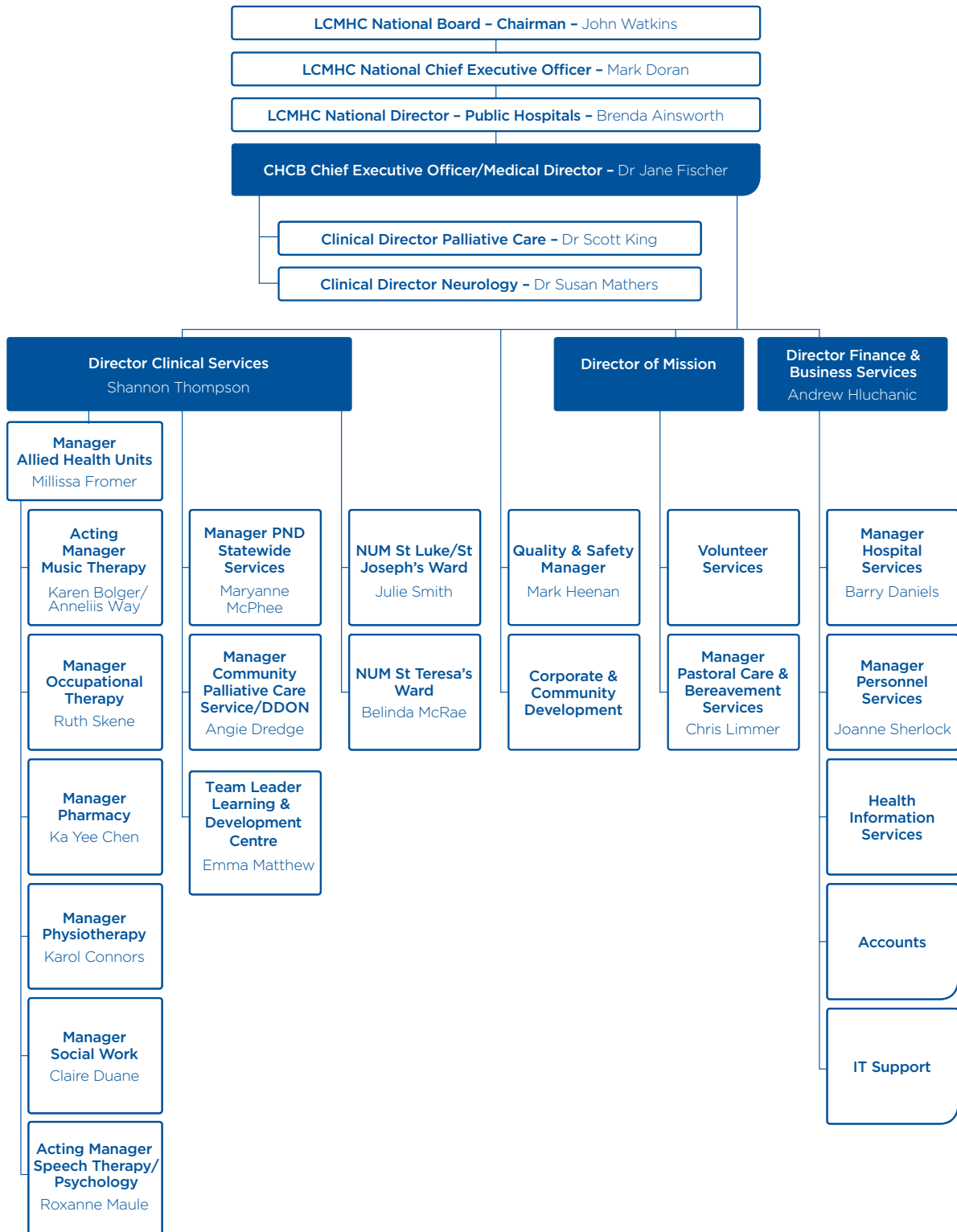
- Employment duration 11 years
- Executive oversight of all Clinical Services, including
 - strategic and operational direction
 - achieving effective service delivery across inpatient and ambulatory settings.

Andrew Hluchanic

Director of Finance

- Employment duration 9 years
- Executive oversight of service budgets and financial reporting.
- Management of operations including Human Resources, Hospital Services, and Information Technology

Organisational Chart



Our Community



Partnering with Consumers

CHCB continued its strong connection with the local community over the 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:

- Recruited consumers onto our Continuum of Care and Strategic Planning committees
- Provided education sessions for staff and consumers to develop their capacity to work with communities and conduct focus groups with people from different backgrounds
- Developed a number of policies and procedures to support the process of engaging consumers in our quality framework
- An audit of our hospital environment and access to our services was conducted in partnership with Jewishcare. Staff also attended an immersion day and a local Rabbi also conducted sessions for staff
- Finalised process to involve consumers in the development and review of key brochures and marketing materials
- Completed audits of Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities
- Regular communication with consumers through our Friends of Bethlehem newsletter



Consumer feedback has contributed to CHCB continuous quality improvement



Pastoral Care Manager Chris Limmer with Rabbi Kohn at one of the CHCB sessions

Next year we will develop a strategy to recruit consumers from our key culturally and linguistically diverse groups to identify service improvements.

Our Community

Our region 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.

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

29% Speak a language other than English at home in Glen Eira.

Greek

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

The Schools Health Promotion Project

In 2014, with funding support from Palliative Care Victoria and the Lord Mayor's Charitable Foundation, CHCB collaborated with Sacred Heart Girls' College in Oakleigh to raise awareness about Palliative Care. Over the year 35 Year 10 students undertook an immersion experience at CHCB which allowed them to actively engage with our service.

The project is the latest example of the commitment that CHCB has shown to engage with schools in projects aimed at opening up discussion about palliative care. CHCB's school and community engagement work aims to remove some of the stigma attached to death and dying and to build resilience in the community to better enable conversations at end of life that ultimately enables improved quality of life.

The students created artworks from their unique experience that reflected their heightened awareness about palliative care and the notion of "living until you die."

The artworks they created, in a variety of media, were exhibited at Carbon Black Gallery in Prahran in November and then toured 5 libraries across the south eastern and bayside suburbs until March 2015.



CHCB CEO Dr Jane Fischer opens the School Art Exhibition at Carbon Black Gallery in Prahran



(L-R) Sisters Meghna and Mansi Aggarwal with Renee Kaka from Sacred Heart Girls' College display their artwork at Brighton Library



Student Catherine Beltran and her family pictured with her work 'Death is in Life, Life is in Death' at the Exhibition opening

Key elements of the project were recorded and in May 2015 a film was produced that features the observations of students, CHCB patients and staff and their perspectives on palliative care.

The completed film has been shown to visiting Victorian parliamentary secretaries and Calvary Community Advisory Committees from across the country. Presentations to secondary schools across Melbourne by volunteers have also commenced. The volunteers will use the resource to engage other students on this important issue.

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

The Virtual Exhibition can be visited on the CHCB website at:
<https://www.bethlehem.org.au/reflections-on-palliative-care-shgc-with-chcb-virtual-exhibition.html>



Council Chair Peter Kelly, CHCB CEO Dr Jane Fischer, John Coulson, Lindy Anderson, Anne Murphy and Colleen D'Offay.

CHCB Community Advisory Council

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

Following the retirement last year of the founding Chair, Ian Stoney, we are pleased to advise that Peter Kelly has now taken on the role.

With Peter at the helm, the Council conducted several workshops with CHCB Management to seek alignment with the current strategic priorities of the service. Out of these consultations, the Council has developed four pillars of future support.

The Strategic Pillars recognised are:

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

During the year, the Council actively supported many of the Public events for the Service, including

- Support for Day Centre events
- The Schools Palliative Care awareness Exhibition
- Mary Potter Day
- The Palliative Care Week Breakfast
- Volunteer Appreciation celebration

This combined with business activities such as networking introductions for departmental managers in the areas of Fundraising and Communications, as well as forming new linkages with local community groups including Mecwacare, Jewish Care and The Smith Family kept the Council busy.

In May, Bethlehem hosted the National Calvary Community Council Retreat for all Calvary Public Hospitals with an interactive program that focused on how we can work more strategically to support the work of the hospitals.

For the coming year, the Council are looking to attract several new members to support the Strategy and Direction of the organisation.

Carer Story

I discovered Palliative Care when my father was diagnosed with stage 4 terminal cancer in 2013 and given 6-9 months to live.

The family was initially resistant to being referred to palliative care. We are Greek and in Greek the word pallia means "old" so we automatically took the term palliative to mean old people - ready to die.

When I finally rang Bethlehem I realised that I needn't have worried.

CHCB allowed us to keep dad at home by fitting out his bathroom and toilet. They also helped us with accessing carers allowance for mum and assisted my father in putting his financial affairs in order.

When a final fall required my father to come into hospital he came to realise that the family could not possibly offer him the high quality of care the hospital was providing and even feared that he might be sent home.

The Staff were amazing. The time spent with my father at the hospital was priceless. I will never forget and will always cherish those memories.

All of dad's elderly Greek visitors were so impressed with what they saw, that they told their children that they wanted to come to this hospital when it was their time.

To have been able to comfort him, laugh with him, care for him, and reassure him during the final moments of his life was my greatest gift of all.



Volunteers Pat Brown and Andrea Anderson with Acting Volunteer Manager Millissa Fromer (centre) at the Expo

CHCB Volunteers sharing with the community

Bethlehem Volunteers converged on St Kilda Town Hall in May as part of the Port Phillip Volunteer Expo 2015 to help promote volunteerism at CHCB.

In 2015 CHCB continues to diversify volunteer roles within the organisation to develop volunteer skills and supplement the capacity of the organisation.

Local events like the Port Phillip Expo enable CHCB to engage regularly with community members and other community organisations; to meet, share ideas and promote the work that we do.

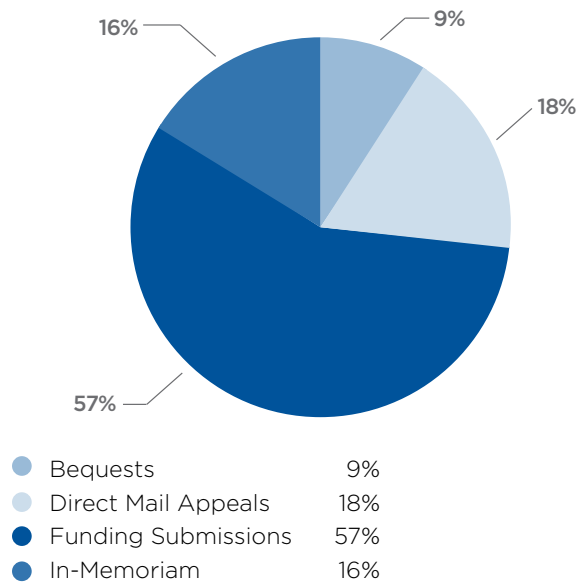
Donations Report

Fundraising Income

Fundraising Stream	YTD Total
Bequests	\$38,675.04
Direct Mail Appeals	\$73,124.28
Funding Submissions	\$238,634.00
In-Memoriam	\$66,466.00
Other	\$16,229.80
TOTAL	\$433,129.12

*Other includes Ladies Auxiliary, Workplace Giving & General Donations

Fundraising Breakdown



Our Supporters

We express our sincere thanks and appreciation to the 804 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 the Department of Health and Ageing, 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 Calvary Health Care Bethlehem 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

Rebecca & Jessica Batties
 David Claydon
 Leo Connolly
 Anne Craker
 Jenny Dexter
 Gladys Faragher
 Merle Fox
 Thu Yen Hui
 Malcolm Hutson
 Stephanie Johnston
 John and Betty Laidlaw
 Joyce Laurence
 Brendan Madigan
 Vanessa Nakamura
 Betty Ridgway
 Peter Shepherd-Smith
 Michael and Rosemary Tabak
 Leo Tyrrell

Trusts and Foundations

Collier Charitable Fund
 Ian Rollo Currie Estate Foundation
 IOOF Foundation
 John and Mary McAlister Howden Charitable Trust
 Anna White Trust

Bequests

Estate of Noel Mary Evelyn Grabau
 Estate of Frank William Peterson
 Estate of Margaret Ann Rodda
 Estate of Leonard John Snowden

Gifts in Memory of

Stella Gavriel
 Eileen Keatley
 David Matthews
 Beverley McGowan
 Kyriacos Toumbourou
 Eustathia Panagiotopoulos
 Cecil Woosnam
 Steve Zambelis
 Dodie Ziemer

Corporate & Community Organisations:

All Souls Opportunity Shop
 Boronia Community Church of Christ
 Calvary Health Care Bethlehem Ladies Auxiliary
 John Allison Monkhouse
 Rotary Club of Bentleigh Moorabbin
 Rotary Club of Camberwell
 St Stephen's Anglican Church
 The Victoria Golf Club

“The low-low beds are used for the high falls risk patients, especially those who are confused. These beds have been found to be very effective in reducing the number of falls and injuries from falls”

Karol Connors, Falls Prevention Committee Chair

Hospital Equipment Upgrades Through Grants and Donations

New beds reduce risk to patients

15 specialised palliative care beds were purchased this year thanks to the generous support of the Danks Trust and Collier Charitable Fund. Using the latest developments in health technology, these beds provide patients with the best quality of care by upholding their dignity, comfort, and safety.

These beds reduce the risk of patients developing pressure ulcers as they are designed to contour to the patients' body shape, distributing their body weight evenly.

The beds support our efforts in preventing bed-fall injuries amongst our patients. When lowered to floor level, patients are able to be assisted in and out of bed without risk of injury to themselves or to staff members.

New vital signs improve monitoring of patients' health and wellbeing

Vital signs machines are an essential part of assessing health and wellbeing. CHCB purchased 7 new vital signs monitors this year thanks to funding received from the Grosvenor Foundation, Ian Rollo Currie Estate Foundation, the Victoria Golf Club and CHCB's Ladies Auxiliary. The new vital signs technology improves patient quality of care by allowing clinicians to capture patients' vital signs faster, easier and more reliably.

Improved quality of care through bladder scanning device

Donations received through the 2014 Christmas Appeal and a grant through Ian Rollo Currie Estate Foundation enabled CHCB to purchase a bladder scanner.

This device provides many benefits to both patients suffering from bladder problems, and clinicians including:

- Non-invasive,
- Easy to use,
- Provides instantaneous results
- High degree of accuracy
- Reusable and cost effective over time
- Portability

In FY 2014/15 CHCB had purchased:

- 15 specialised beds
- 1 AED with patient simulator
- CPR training device
- 7 Vital signs monitors
- 1 ECG
- 1 Bladder scanner
- 1 Bed mover
- 3 Patient recliner chairs
- 2 New height adjustable mortuary trolleys

Improved symptom management and pain relief through new syringe drivers

In 2014 CHCB purchased 10 syringe drivers for patients thanks to a generous grant received from the Angior Family Foundation (National Australia Trustees). The new syringe drivers allows CHCB to provide patients with appropriate symptom management and pain relief in a timely manner, improving patient quality of life.



Making a gift in your Will

If you're 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 below:

"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.

