Health Care Bethlehem

ANNUAL REPORT
2017-2018

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

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.

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CEO and Board Chair Message

In presenting the Calvary Health Care Bethlehem Annual Report 2017-18, we would firstly like to acknowledge that in July 2017, the Sisters of the Little Company of Mary celebrated 140 years since their first community was established by the Venerable Mary Potter in Hyson Green Nottingham, England in 1877. We express our thanks and admiration for the work they have done in Australia for over 130 years.

The Mission of the Sisters of the Little Company of Mary inspires all of us, staff and volunteers, at CHCB as we continue to provide high quality, compassionate specialist services in our two areas of expertise, palliative care and progressive neurological disease.

Continuing the mission of the Sisters, Calvary is expanding its commitment to health services in Victoria. In April, we received planning approval to proceed with the redevelopment of the existing CHCB site in Caulfield. The Calvary Project Team and members of the National Leadership Team are currently developing the final business case for the Board to consider in August 2018.

In anticipation of building commencing and due to Executive concern about continuing operations on site for both patients and staff, Calvary has finalised arrangements to lease an alternative facility in Parkdale for a minimum of two years as an interim measure and plan to move all current CHCB services In September 2018. This will enable us to continue services within our local community whilst building occurs and provides for a better amenity for our patients, staff and the local community.

Over the past 12 months, staff, patients, families, key stakeholders and members of our community have contributed to the ongoing development of our Model of Care that will meet the future needs of the community. Both our Statewide Progressive Neurological Disease Service and our Specialist Palliative Care Service have continued to collaborate with other key health providers and residential care facilities to progress the development of our ambulatory models that enable people to live well and be cared for closer to home.

Despite the planning for the future, staff have continued to focus on delivering compassionate,

Dr Jane Fischer

Chief Executive Officer
Calvary Health Care
Bethlehem

Hon John Watkins

National Board Chair
Little Company of Mary
Health Care

high quality care and introduced a number of quality improvement activities that ensure we continually focus on improving the patient experience. We have introduced a number of initiatives that help to sustain our staff, in addition to delivery of education programs, as together we build a learning culture that assists us to develop and retain staff.

We are very fortunate to have a committed volunteer community which includes members of our Community Advisory Council, Consumer Reference Group, the Research and Ethics Committee, the ladies auxiliary, volunteers on committees or working parties, and those who assist in either clinical or corporate areas of the service. Thanks to each one of you, your contribution helps us to make a difference to the lives of those we care for.

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

Last, but by no means least, our sincere appreciation and thanks goes to Executive, department heads and all our staff at CHCB. The work that you do each day in "Being for others" ensures we continue the mission of the Sisters. You are our greatest ambassadors and your positive contribution is evidenced by donations, bequests, letters of praise and ongoing highly complementary feedback. We commend everyone at CHCB for the service we have been privileged to offer this year.

Foreword from the Chair of Trustees, Calvary Ministries

Venerable Mary Potter had a vision for the Calvary spirit to live through the Sisters of the Little Company of Mary and through what she called the Greater Company of Mary, which includes all of us who share this journey of spirit and service across the Calvary organisation in retirement communities, hospitals, and community care.

Bill d'Apice
Chair
Calvary Ministries

The work and sacrifice to God and humanity of the Sisters of the Little Company of Mary in Australia since 4 November 1885 has set the foundations for what Calvary is today.

One of the Sisters recently reflected:

"The Calvary Spirit ... Where one stops what one is doing, no matter how important it seems, to tend to, and more importantly, stay with another."

This is what we seek to do. And when we succeed in sharing The Spirit of Calvary with those whom we serve, lives are touched for the better. Over the course of the year, some of the people touched by The Spirit of Calvary have reflected on what this means to them:

"Never before would I have said that a hospital could provide such an all-encompassing, even spiritual experience. I felt cherished."

"I have become more strong, more like my old self. The last nine weeks have been a difficult time for me; here I have flourished and felt of some value again."

"It truly is the people that make a workplace amazing and each and every one of you have brought something unique and special to my life. I have learned more about nursing and about myself from you all than I ever thought possible."

It is people, as their diverse lives and stories intersect, one with another, who make Calvary services the thriving spiritual hubs of quality care, healing and nurturing of life that they are today. The service of Calvary today, continues the work the Sisters of the Little Company of Mary commenced in Australia in 1885.

I thank the Board of Directors ably led by the Hon. John Watkins, AM, the National Leadership Team and the Executive team at Calvary Health Care Bethlehem for their dedication, attention to detail and their stewardship of our mission.

We offer our continued support and assure all that you are in our thoughts, hopes and prayers. On behalf of the Board of Trustees 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

Service innovation

State-wide progressive neurological diseases Service update

The State-wide Progressive Neurological dieseases service service (SPNDS) is actively managing around 1100 people with progressive neurological diseases including: 350 people with motor neurone disease(MND), 420 people with Huntington's disease (HD), 70 people with Parkinsonian syndromes and 65 with muscular dystrophy.

As the level 5 statewide provider for people with progressive neurological diseases, the service provides specialist equipment, advice and resources to support other health and community services that we work closely with. The SPND service also has responsibilities to show leadership in education and research at a national and international level and there are a number of articles in this year's annual report that highlight this work.

SPNDS works collaboratively with other health and community services and the neurological associations. CHCB and the Victorian Respiratory Support service, (VRSS) Austin Health have run joint clinics for neurological patients requiring ventilator support at CHCB Caulfield since 1999 and at Northern Health since 2005 and Belmont/Barwon since 2013.

For the past 13 years, CHCB has supported the PND clinic at Northern Health by providing a neurologist and nurse to support the local allied health team to see MND patients closer to their home. In 2018, Northern Health took over the operations of this clinic and it has recently increased to a fortnightly clinic. This level 4 health service is also beginning to see patients with other progressive neurological conditions. This ensures that people are receiving these specialist services closer to home. SPNDS also works closely with the PND service at Barwon Health

The long term vision for the Statewide PND Service is to have a patient-centred, flexible model of integrated PND service delivery in regional and metropolitan Victoria.

Pictured from left with Neale is the Manager of the Statewide Progressive Neurological Disease Service Maryanne McPhee and Clinical Research Nurse Emma Windebank

World-first MND screening program kicked off at Bethlehem

Leading motor neurone disease advocate and patient Neale Daniher and 24 other MND patients attended clinic at CHCB in early December to donate skin samples in a world-first drug screening program. FIGHTMND is helping fund the program which is being run by the Florey Institute in collaboration with the Centre for Eye Research Australia, The University of Melbourne, the Australian MND Registry with help from Calvary Heath Care Bethlehem.

The program will collect samples from the forearm of as many Victorians with MND as possible to begin a large-scale search for potential treatments for MND. The aim of the program is to rapidly find potential treatments for MND, and make them available for Australians living with MND.

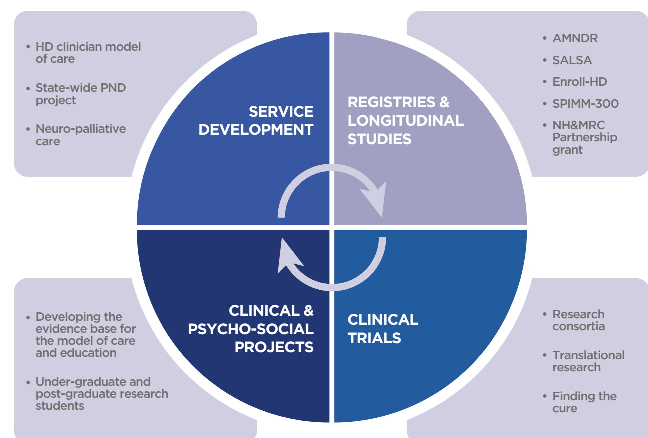
It will involve 185 MND patients donating their skin cells over the next few months. In the laboratory, the donated cells will then be reprogrammed from adult cells back into stem cells, which can then be developed into any cell type in the body—in this case motor neurones.

Millions of motor neurones—the cells that MND sufferers lose—can be generated from one skin sample. These cells have the identical DNA as the individual MND patient.

The extra quantity of cells allows a robotic platform to screen multiple drugs simultaneously, increasing the testing rate by 160-fold.

The program is a world-first for MND and reinforces Australia as a leader in MND research.

Bethlehem SPNDS clinicians leading the way in international research projects



Research Projects: 2017-2018

Patients, families and staff continue to show strong interest in research. Our current research activities cover 4 main areas:

1. Service development

Working with our different patient groups, staff are investigating and evaluating new ways to deliver care that best meets the needs and preferences of people using our services.

2. Registries and longitudinal studies

Longitudinal, observational studies in motor neurone disease and Huntington's disease (HD) continue at CHCB ontributing to national and international databases. These large resources collect demographic and clinical data from patients across Australia. Increasingly, we now have opportunities to link this information with genetic and environmental data to enhance our understanding of the causes and pathology of these diseases.

Linkage to international research groups working with patients in Europe and the US will enable a 'big data' approach to analysis. By studying large numbers of patients in this way, patterns of disease and causal associations are more likely to be found.

3. Clinical trials

The Statewide PND Service is currently participating in 3 clinical trials in collaboration with other trial sites in Australia. A further three trials in MND and HD are being planned or mid-2018. It is pleasing that Australia is now involved in international multi-centre trials in progressive neurological diseases and our patients have the opportunity to participate in early and late phase studies.

4. Clinical and psycho-social research

These projects are developed by staff to answer particular questions or to explore areas of special need. These research questions are often triggered by patients or carers. They allow us to develop and to up-date the evidence base for our model of care and for our role as educators. This year, an Honours student and two PhD candidates are leading three of these projects.

New roles and initiatives see CHCB Huntington's Disease Service grow

The Huntington's Disease Service in CHCB's Statewide Progressive Neurological Diseases Service (SPNDS) offers a range of multidisciplinary assessment and management services for adults who have, or are at risk of having, the disease. Patients attend our service from across Victoria (SPNDS provides care for the majority of people in Victoria who have HD), as well as from New South Wales, South Australia, Queensland and Tasmania.

In March 2017, 35% of patients supported by the SPNDS service, or 360 people, either had HD or were at risk of having it. Of these, 214 are participating in the international Enroll-HD research study sited at CHCB. This includes a number of HD Service patients as well as family control subjects and individuals who are gene-negative and not at risk.

Looking to grow the service in 2016 and responding to clinical observations from experienced staff and feedback from patients and their carers, CHCB made the decision to review the care pathway. As a result, CHCB investigated the potential for spreading responsibilities and sharing knowledge and expertise across the team, to promote the sustainability of the service.

Evidence derived from a literature review, knowledge gathered from similar services and our own clinical experience supported two main changes to the care pathway: establishing three care coordinator roles, each role aligned with different stages of HD; as well as introducing the HD clinician role.

The new role provides:

- a single point of contact in the HD service for patients and their carers;
- provides timely, specialist knowledge that supports patients and their carers across the three main stages of HD;
- provides regular monitoring of patients' clinical symptoms and social well-being; and
- supports the HD Service team in understanding the main issues and priorities for patients and their families, to ensure the team is providing the best person-centred care.

Service changes were implemented and evaluated throughout 2017. Based on feedback from patients, carers and staff, an evaluation provided positive support for the changes that have been implemented. Further feedback from patients has indicated future directions for service development initiatives, including informational handouts about the service and more group-based interventions for people living with HD. Staff in the service have already implemented these suggestions.

Huntington's Men's Carer Group

In response to regular phone requests seeking assistance from the husbands and male carers of women with mid to late stage Huntington's disease, a carer group was established to provide additional education and support and address unmet needs.

The first two group sessions were held in May and June 2017 attended by 5-6 men who are caring for their wives with HD. Prior to attending their first group session, participants were assessed through psychological questionnaires for their levels of distress, carer burden, and carer support needs. During the sessions, the men spoke openly about a range of needs and difficulties related to their caring role. They were provided with concrete information about the symptoms and stages of HD, which they all found extremely beneficial.

The group continues to meet every 2-3 months, with each session focussing on an aspect of care or the caring role. Recent discussions have included planning for residential care placement and strategies to manage patient motivation.

Huntington's Transition to Retirement Group

Transition to retirement can be a testing milestone for anybody, bringing challenges and also opportunities. Having a life-limiting condition, or supporting a partner with a life-limiting condition, often means that this transition occurs earlier than anticipated.

Some patients attending our state-wide clinic have been considering retirement or accepting redundancy offers. Aged in their 40s and 50s, this transition acknowledges the increased strain in maintaining their current work roles as their symptoms progress.

Until now, the advice and support provided by the SPNDS team has not been formalised, tested or evaluated to determine if it meets the needs of this group and their families. A qualitative research project based around three focus groups was established to improve and guide future clinical practice. As a result, clinicians are more aware of the challenges associated with early transition to retirement and how to assist someone through this process.

Participants requested the group be extended as an ongoing support group with an educational focus and suggested a range of topics they would like to have addressed. The first of these sessions was planned for July 2018. Other couples at a similar stage of HD will also be invited to participate.

Enrich Choir at their inaugural performance December 2017

Enrich Choir launched

The enrich choir for people with HD commenced at CHCB in October 2017. Since then the group, which meets weekly for an hour and a half, has gone from strength to strength. With varying levels of singing experience, the choir members have been taught breath control, singing technique, body percussion and a variety of songs. Eight months on, the group is singing three to four-part rounds and has learnt a song in the Indigenous Yorta Yorta language from memory.

Whilst the music supports cognitive function, coordination, sense of mastery and refined aural skills, the opportunities provided by Enrich go far beyond what the music alone can offer. The social and inclusive nature of the group means participants share resources, support each other through the lived experience of HD and have many opportunities to contribute their ideas to help shape the choir. Additionally, participants pre-existing skills are incorporated into the group to empower and acknowledge people's talents and skills.

A huge milestone for the group was their inaugural performance at the Bethlehem Festive Season celebration in December 2017. The choir demonstrated poise, artistry and skill in their enjoyable delivery of classic songs. After the performance, one choir participant commented that it "made me feel like a rock star", whilst a partner of another choir member remarked "this is the first time in ages, I've seen them (the choristers) excited about something, telling their friends and having something to share."

Planning a workforce for the future

In 2018 The Workforce Development Working Party commenced planning a process to shape and structure the CHCB workforce, ensuring sufficient and sustainable capability, skills and capacity to deliver CHCB services now and into the future.

Aligned to the organisation's strategic objectives, the working party has worked with the Executive to:

- identify why a workforce plan is needed and for whom it is intended: purpose, scope and ownership
- gain an understanding of the current workforce profile: demographics, professional qualifications, skills, HR characteristics, and gaps; and
- develop a future workforce profile and plan

An audit of the current workforce – staff levels, professions, qualifications, experience and skills (areas of expertise) has been completed. The data has been summarised – with gaps, strengths, weaknesses, opportunities and risks all identified.

A list of current staff who are receiving a post graduate allowance and also a list of those with other post graduate qualifications but who are not eligible for the allowance was compiled.

The Service Integration Project Manager worked with the group to provide an understanding of the integrated model of care and to develop a future workforce profile.

Workforce and culture enablers were identified through a consultation process and a literature review.

The working party will continue to work on developing a future workforce profile for all CHCB services in the new "integrated health precinct".

The scope of work will include:

- workforce strategy – including succession planning for key roles
- confirmation of workforce roles and functions
- competencies and accreditation
- training and education requirements
- recruitment and retention strategies
- communication with industrial organisations
- development of a communication and change management plan

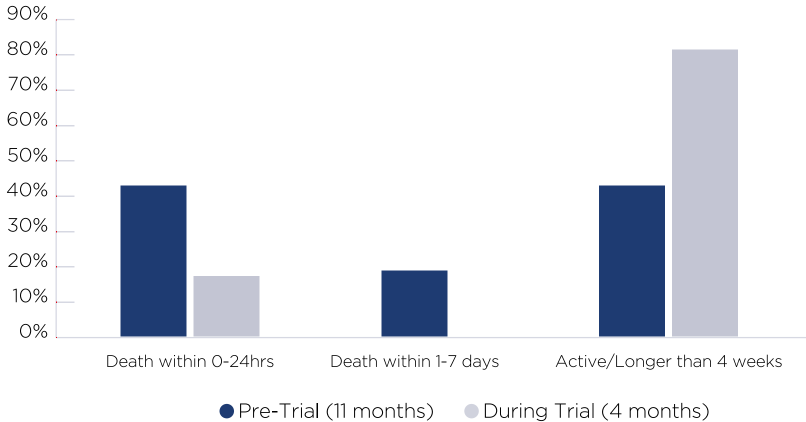
Building palliative nursing capacity through collaborations with residential care facilities

A review of referrals into Calvary Health Care Bethlehem (CHCB) from residential care homes showed that 50% of those referred to our service died either before the Community Palliative Care Service (CPCS) assessment process had commenced or within 48 hours after admission. In order to build the capacity of referring facilities to identify palliative care residents earlier and in keeping with our role as a specialist palliative care service, we approached two residential aged care facilities at the end of 2017 to discuss the possibility of becoming trial sites for an in-reach program. In January 2018, our staff began by gathering information about methodology, staffing ratios, and palliative care process, which informed the beginning of the trial.

As a result of the research, the in-reach program was developed to provide the aged care facilities with the skills and knowledge to better identify residents who are on the palliative pathway so that they can engage with palliative services earlier.

The Palliative In-Reach Program has proactively identified palliative patients. Based on work already published by Calvary in Canberra and the Australian Catholic University, guidelines/triggers have been identified and given to the trial sites to help them identify residents that could be considered for palliative care at newly-formed needs identification meetings, held monthly at each aged care facility.

Comparing Effect of Trial on Stage of Referral into CPCS



Active palliative exercise program

This innovative exercise program began in late 2017, to enable people with life-limiting illnesses to come together for some gentle exercise. It's part of the CHCB Palliative Living Well program, which supports people to live as well as possible, despite increasing disease burden.

The pilot program was the focus of the CHCB 2017 Christmas Appeal, which has allowed the program to increase from once weekly sessions in 2017 to twice weekly during 2018.

Participants have enjoyed the opportunity to socialise with others who are undergoing similar challenges, as well as maintaining their fitness as much as possible. For people who have a progressive disease, loss of function and independence is a common experience and a significant contributor to a diminished quality of life. Having an exercise program specifically tailored to their needs, even in the advanced phases of an illness, can help a patient to maintain or restore function, and assist in the retention of mobility, independence and quality of life for the patient and their families.

Future plans include evaluation of the program and also working collaboratively with other organisations to encourage more of these ground-breaking programs.

Community Palliative Care Service - ambulatory clinics

For the last three years, the Community Palliative Care Service has been providing a clinic-based service at CHCB aimed at providing greater choice and flexibility for patients who have been able to access the service. Initially with a nursing and medical focus, the ambulatory clinic has evolved to include a range of support services, offering therapies, advice, and advocacy. The results of this expansion have seen:

- improved access to multidisciplinary palliative care;
- improved access to specialist palliative care for those who may not need the support of a community service;
- improved integration of palliative care with other health care services; and
- improved transition to palliative care.

Integrated ward model of care

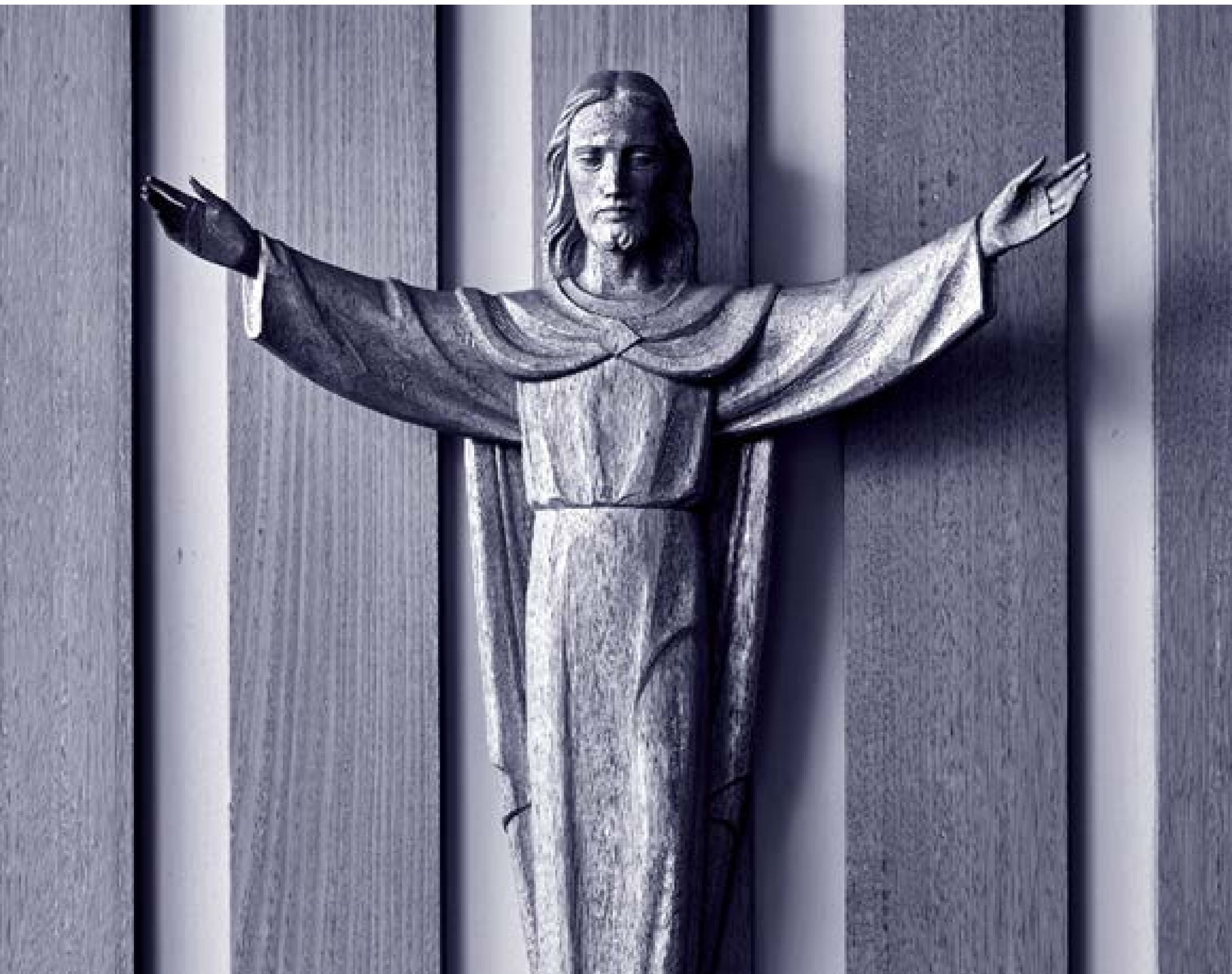
Over the last 12 months, a number of activities have been trialled and implemented to improve the integrated ward model of care on St Teresa's Ward. A senior multidisciplinary team met on a regular basis to discuss potential improvements to the current model resulting in the improvement of several activities.

The team oversaw the development of a document that defines and guides roles of medical staff on the ward. The clarification of the responsibilities of interns, registrar, residents, and consultants, and how they interact with one another is ensuring the best possible care for patients.

The team also reconvened multidisciplinary ward team meetings on Monday afternoons, freeing clinical staff up in the morning to better prepare. Being more fully prepared to discuss their patients has led to better health outcomes for the patient and a better learning experience for those involved in the meetings.

In an effort to improve the sharing of ideas and to improve inter-disciplinary teamwork on the ward, two multidisciplinary ward rounds were reintroduced. Ward rounds are well-attended and have resulted in a better learning environment.

Stewardship



Environmental sustainability

In 2017-2018, CHCB continues to follow the Environmental Management Plan that was updated in 2017 in order to minimize our environmental impact.

We are continuing with our commitment to sound environmental practices and environmental responsibility. We continue to monitor our utility usage and waste streams while being mindful of the opportunity to introduce further changes that reduce our environmental impact with the transition to a new site.

The staff-led green team continues to develop a quarterly newsletter which provides helpful hints on reducing waste and reducing our day-to-day impact on the environment. One such initiative was the "Switch Off and Save" program which encouraged all staff, volunteers and visitors to switch off the light as they exited a room. Washable face washers have also been introduced in lieu of single-use disposable wipes for patients.

In an attempt to further reduce our carbon footprint, recycled carbon neutral paper was introduced throughout the site for all of our printers and copiers.

Waste Reduction Initiatives

We have continued to monitor the amount of waste that we have produced over the last year and send out a regular green newsletter to all staff to help promote our initiatives and increase awareness.

With the decanting of the Caulfield site in readiness for relocation and redevelopment, our waste reduction initiatives have been tested over the last year. Nevertheless, we have continued to follow our recycling programs that segregate waste to ensure that as much waste as possible is recycled. Whilst undertaking the decanting process, we were mindful to repair, reuse or recycle as many items as we could in an effort to minimize impact on the environment.

Our recycling programs include cardboard and paper, green waste, comingled (plastic and tin), batteries, fluorescent tubes and printer toner cartridges. The recycling of printer toner cartridges alone in the last year has diverted approximately 66kg from landfill.

While the process of decanting has seen a slight increase in the amount of total waste produced, we have still managed to maintain a recycling figure of greater than 80% of our total waste.

We donated left over food products from the closure of our kitchen to OzHarvest, a leading food rescue organization that helps fight against food waste and delivers left over food to more than 1000 charities supporting people in need across the country.

We also donated expired medical consumables to the Highlands Foundation, a not-for-profit organisation that provides equipment and training for hospitals and health care centres in the Highlands of Papua New Guinea.

The following environmental performance figures reflect the continued success of the Environmental Plan that was put into place in 2017 and displays that while we were decanting, we maintained our dedication to environmental sustainability.

Environmental performance

Consumption

Energy consumption	Baseline	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total consumption by energy type						
Electricity consumption (kWh)	995,000	968,804	989,614	990,381	782,506	779,800
Natural gas and LPG (MJ)	4,666,000	3,692,777	4,065,171	3,683,134	3,566,505	3,160,948
Petrol (L)	17,500	13,329	12,905	10,022	7,629	7,055

Water Consumption						
Total water consumption						
Water (kL)	9,350	7,317	6,982	6208	3,502	3,452

Consumption by Area

Electricity Consumption per Floor Space 7133m2	Baseline	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total electricity consumption						
Electricity (kW) consumed	995,000	968,804	989,614	990,381	782,506	779,800
Measure per kW/m2	139.4	135.8	138.7	138.8	110	109

Gas consumption per floor space 7133m2						
Total gas consumption						
Gas (MJ) consumed	4,666,000	3,692,777	4,065,171	3,683,134	3,566,505	3,160,948
Measure per MJ/m2	654.1	517.7	569.9	516.35	500	443

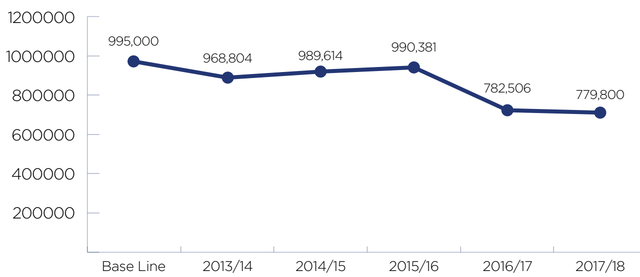
Water consumption per floor space 7133m2						
Total water consumption						
Water (KL) consumed	9,350	7,317	6,982	6,208	3,502	3,452
Measure per kL/m2	1.3	1.0	0.97	0.87	0.49	0.48

Environmental performance cont.

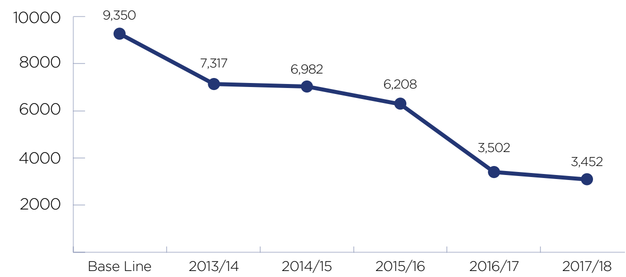
Waste

Waste generation	Baseline	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total waste consumption by type						
Clinical waste	714	N/A	548	352	360	N/A
General waste	33.32	33.62	32.35	29.84	19.95	21.44
Recycled waste	21.75	22.76	24.52	23.15	16.88	17.56

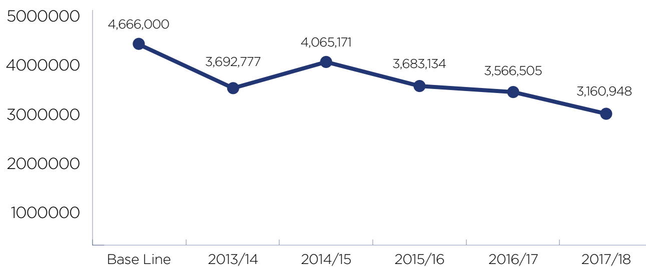
Electrical Usage



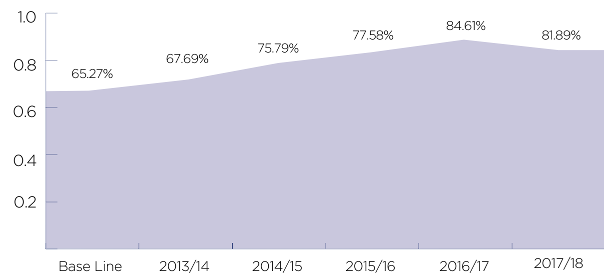
Water Usage



Gas Usage



Recycling as a percentage of total waste



"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 2017-18 Calvary Health Care Bethlehem will contribute to the achievement of the Victorian Government's commitments by:

Better health

Goals	Strategies	Health Services Deliverables	Progress
Better health A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighborhoods and communities encourage healthy lifestyles	Better health Reduce statewide risks Build healthy neighborhoods Help people to stay healthy Target health gaps	Expand the psychosocial assessment of patient and carer needs early in the admission process across CHCB inpatient and clinic settings that identifies existing patient and families networks to improve support and build community capacity.	In progress Achieved in inpatient
		Develop and implement a new consumer-driven bereavement care policy and bereavement care consumer information brochure, to improve access to and delivery of bereavement care services.	Achieved
		Fully implement volunteer program to support Community Palliative Care Service home based services and improve the patient and family experience	Achieved
		Develop and implement Community Development strategy that includes: • culturally diverse groups within our local community • education of staff in community development principles • system for the collection and utilisation of patient stories; • minimum of one health promotion project	Achieved
		Further to implementation of organisational approach to family violence, in collaboration with Monash Health increase awareness, provide staff education and evaluate the initiative.	In progress
		Develop and implement a Workforce Wellness and Safety Plan including the identification of Key Performance Indicators.	Achieved

Better access

Goals	Strategies	Health services deliverables	Progress
Better access Care is always there when people need it More access to care in the home and community People are connected to the full range of care and support they need There is equal access to care	Plan and invest Unlock innovation Provide easier access Ensure fair access	Proposed redevelopment:	
		• Develop and implement plan to engage current CHCB staff and other Calvary staff in the development of the detailed model of care design.	Achieved
		• With the Consumer Reference Group engage consumers in the detailed model of care design to ensure better access and health outcomes.	Achieved
		• Engage with a research partner to develop evaluation framework to measure range of health and social outcomes related to the new model of care.	In progress
		• Detailed design phase incorporated into internal facility design informed by the Model of Care.	Delayed
		Develop and implement a 2 year plan to increase Telehealth across all CHCB settings. In Year 1 identify and pilot system to support people at risk in the community 24/7 and deliver staff training and education.	Delayed
		Develop and implement an integrated model of care for palliative ambulatory patients including: • model for patients requiring early intervention; • proactive model for patients living in residential care; • escalation and de-escalation of care; and • evaluation	Achieved
		Operationalise and evaluate CHCB National Disability Insurance Scheme recipient planning and service agreement processes as per phase 1 of project plan: • Develop workforce plan for CHCB National Disability Insurance Scheme service delivery. • Develop and implement marketing strategy.	Achieved

Better Care

Goals	Strategies	Health Services Deliverables	Progress
Better Care Target zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs	Establish agreements to involve with external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review) In partnership with consumers, identify 3 priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every 6 months to reflect new areas for improvement in patient experience. **Better care** Put quality first Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care	With consumers, review and implement changes to discharge planning process including clear goals for transition between service settings through communication and handover pathways.	Completed
		With consumers, revise pre-admission patient registration and admission process to CHCB services. Improve patient needs identification, develop a single admission to all CHCB services and ensure care is provided in the right setting.	In progress
		With consumers on relevant committees, identify gaps and unacceptable variation in practice; undertaking actions to create system improvements through audit and monitoring of compliance in high risk areas including falls, pressure injuries, clinical deterioration, clinical handover, food and nutrition and medication safety.	Ongoing
		Implement action plan to address occupational violence and aggression.	Completed
		Undertake root cause analysis investigation for all Incident Severity Ratings 1 or 2 and develop and implement action plan to achieve system improvements.	Achieved
		Review incident reporting compliance, identify gaps/barriers and develop action plan to improve reporting culture and opportunities for organisational learning.	In progress
		Develop and implement workforce plan to improve staff capability and support the new model of care including: • succession planning for key clinical roles; • role development: scope and identify common; interdisciplinary tasks • recruitment plan; and • workforce education/training development plan	In progress

Analysis of Labour (by FTE)

Hospitals Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2017	**2018**	**2017**	**2018**
Nursing	68.1	73.0	67.0	71.7
Administration and clerical	15.6	14.0	14.7	15.3
Medical support	3.6	3.8	3.3	3.4
Hotel and allied services	7.1	6.7	5.8	6.4
Medical officers	6.3	4.8	6.0	4.9
Sessional clinicians	4.8	4.9	4.6	4.9
Ancillary staff (allied health)	35.1	31.5	33.3	30.9
	140.6	**138.7**	**134.7**	**137.5**

Summary of financial results ($000's)

	2018	**2017**	**2016**	**2015**	**2014**
Total revenue	23,437	22,442	28,030	28,332	27,120
Total expenses	24,476	22,913	29,114	28,214	27,184
Net result	(1,039)	(471)	(1,084)	118	(64)
Operating result	286	14	132	569	155
Total assets	14,210	15,084	15,640	17,599	16,502
Total liabilities	7,193	7,028	7,113	7,988	7,009
Net assets	7,017	8,056	8,527	9,611	9,493
Total equity	7,017	8,056	8,527	9,611	9,493

Details of individual consultancies ($000's) (valued at $10,000 or greater) *excluding GST*

In 2017-18 there were 5 consultancies where the total fees payable to the consultants were less than $10,000.
The total expenditure incurred during 2017-18 in relation to these consultancies is $11,085.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2017-18	Future expenditure
Erilyan Pty Ltd	Service relocation options	1/7/17	31/8/18	29	29	-

Business as Usual (BAU) Expenditure (excluding GST)	Non Business as Usual (non-BAU) Expenditure (excluding GST)	Operational Expenditure (excluding GST)	Operational Expenditure (excluding GST)
Total: $832,002	Total $0	$0	$0

Part B: Performance priorities

High quality and safe care

Key performance indicator	Target	2017-18 Result
Accreditation		
Accreditation against the National Safety and Quality Health Service Standards	Full compliance	Compliant
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	91%	Achieved
Percentage of healthcare workers immunised for influenza	77%	Achieved
Patient experience		
Victorian Healthcare Experience Survey - patient experience Q1	93% positive experience	Achieved*
Victorian Healthcare Experience Survey - patient experience Q2	95% positive experience	Achieved*
Victorian Healthcare Experience Survey - patient experience Q3	95% positive experience	Achieved*
Victorian Healthcare Experience Survey - discharge care Q1	75%very positive response	Achieved*
Victorian Healthcare Experience Survey - discharge care Q2	75%very positive response	Achieved*
Victorian Healthcare Experience Survey - discharge care Q3	75%very positive response	Achieved*
Victorian Healthcare Experience Survey - patients perception of cleanliness	70%	Achieved*
Healthcare associated infections (HAI's)		
Rate of patients with SAB per occupied bed days	<1/10,000	Achieved
Adverse events		
Number of sentinel events	Nil	Nil
Mortality - number of deaths in low mortality DRGs +	Nil	N/A
Cleaning standards		
Compliance with cleaning standards	Full compliance	Compliant

*Less than 42 responses were received for the period due to the relative size of the health service.

+This indicator was withdrawn during 2017-18 and is currently under review by the Victorian Agency for Health Information

Occupational Health and Safety	2018	2017	2016
Number of reported hazards/incidents for the year per 100 full-time equivalent staff members	106.91	34.89	45.5
Number of 'lost time' standard claims for the year per 100 full-time equivalent staff members	2.91	1.48	3.74
	$91,195.75	**$48,103**	**$76,532**

CHCB in 2015/16 went through a restructuring and down-sized considerably. Claims therefore went down. CHCB has over the last 2 years promoted its safety culture. One aspect of this culture is the reporting of incidents so that systems and processes can be put into place to reduce the harm to both patients and staff.

Effective financial management

Key performance indicator	Target	2017-18 Result
Finance		
Operating result ($m)	0.0	0.29m
Average number of days to paying trade creditors	60 days	39 days
Average number of days to receiving patient fee debtors	60 days	67 days
Adjusted current asset ratio	0.7 or 3% improvement from base target	0.55
Number of days of available cash	14 days	24.5 days

Part C: Activity and funding

Funding Type	2017-18 Activity Achievement
(a) Subacute WIES Admitted:	
Rehabilitation public	292
Rehabilitation private	93
Palliative care public	253
	713
(b) Subacute non-admitted:	
Health Independence Program - public	14,826
(c) Acute non-admitted:	
Home Enteral Nutrition	622
(d) Other:	
Health Workforce	18

Attestations

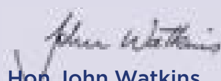
Attestation on Data Integrity

I, Hon John Watkins certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that reported data accurately 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
28 August 2018

Attestation for compliance with the Ministerial Standing Direction 5.1.4 – Financial management compliance

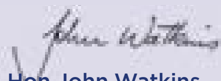
I, Hon John Watkins on behalf of the Responsible Body, certify that Calvary Health Care Bethlehem has complied with the applicable Standing Directions of the Minister for Finance under the Financial Management Act 1994 and Instructions.



Hon John Watkins
Chair
Little Company of Mary Health Care
28 August 2018

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 2018.



Hon John Watkins
Board Member
28 August 2018

Attestation on conflict of interest

I, Dr Jane Fischer certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Calvary Health Care Bethlehem and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive board meeting.

Dr Jane Fischer
Chief Executive Officer
Calvary Health Care Bethlehem

Attestation on compliance with Health Purchasing Victoria (HPV) health purchasing policies

Where a service is compliant:
I, Dr Jane Fischer certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HPV Health Purchasing Policies including mandatory HPV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.

Dr Jane Fischer
Chief Executive Officer
Calvary Health Care Bethlehem

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.

Victorian Industry Participation Policy Act 2003

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.

Freedom of Information Act 2012

The Freedom of Information Act 2012 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 2012. 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, 152 Como Parade West, Parkdale VIC 3195.

Protected Disclosure Act 2012

Calvary Health Care Bethlehem is committed to extend the protections under the Protected Disclosure Act 2012 (Vic) to individuals who make protected disclosures under that Act or who cooperate with investigations into protected disclosures. The procedure and brochure are available to all staff on the Calvary Connect intranet site and to the public via our Quality and safe systems manager.

Carers Recognition Act 2012

At CHCB we understand that our patients and clients, their families and carers need to play an active part 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.

Building Act 1993

No building projects have been undertaken in the financial year ending 30 June 2018. 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.

Safe Patient Care Act 2015

The hospital has no matters to report in relation to its obligations under section 40 of the Safe Patient Care Act 2015

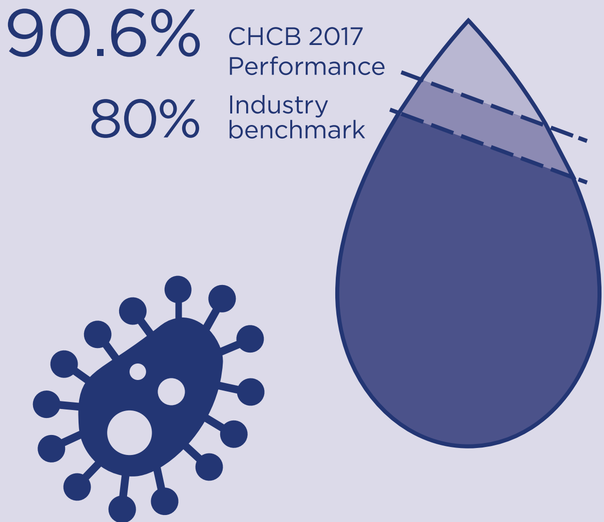
Excellence in care

Hand hygiene

How clean are our hands?

90.6% CHCB 2017 Performance

80% Industry benchmark



Staph Aureus Bactermia

How robust are our infection controls?

0.0/ 10,000 OBD CHCB 2017/18 performance

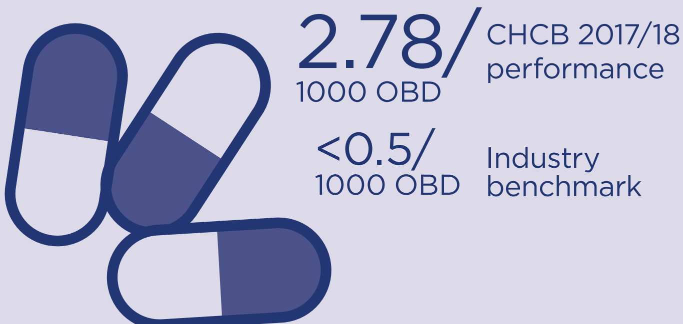
0.87/ 10,000 OBD Industry benchmark

Medication

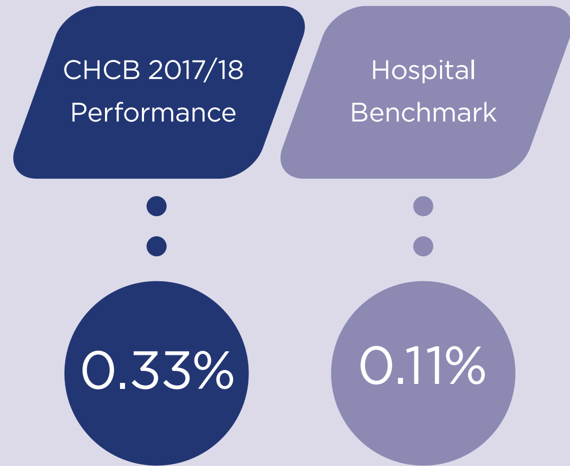
Medication errors requiring interventions

2.78/ 1000 OBD CHCB 2017/18 performance

<0.5/ 1000 OBD Industry benchmark



Pressure injuries



Patient falls

CHCB 2017/18 performance

8.67/ 1000 OBD

Industry Benchmark

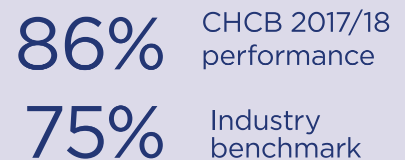
5.0/ 1000 OBD

Staff

Flu Immunisation

86% CHCB 2017/18 performance

75% Industry benchmark



Complaints

18 3.5 days average to resolution

* OBD = Overnight Bed Stay

High reliability care

Reliability, quality & safety

At Calvary Health Care Bethlehem, we believe in the importance of providing consistently high-quality, safe care for every patient. We are committed to seeking out and optimising every opportunity to improve the experiences and clinical outcomes of our patients.

Over the past year, we have initiated or delivered a range of projects that have reinforced and strengthened our solid foundation in clinical safety and quality.

Our leadership has intensified our shared commitment to zero-harm goals, establishing a positive safety culture, and instituting a robust process improvement culture.

Over the past year, we have reduced the number of hospital-acquired infections and medication errors. Most importantly, we have ensured that our patients, residents and clients, as well as their families and the wider communities we serve, are able to work with us to develop solutions, understand emerging problems and provide support.

Service improvement – Integrated care planning

Over the past 12 months, CHCB has undertaken a number of service improvement activities dedicated to improving how patients (and their information) flow throughout the hospital and the experience they have from all of the Bethlehem services.

A new process was created to ensure that patients had signed consent before services are provided and that a new consent is completed every 12 months. The results of a trial of the new process showed compliance of 94%.

A review of the current ward discharge processes found that a new policy and procedure was needed, along with detailed communication pathways to ensure better communication and an understanding of discharge processes amongst staff. Included in the new procedures are clear outcome measures at each step for easy auditing.

To counter a lack of communication about a patients' discharge from the ward to other services offered by Bethlehem, a key contact role was created to assist patients and their family to better understand how a patient's condition is progressing and to feed back to the treating team if the family has any concerns.

By standardising the information that is gathered across all services that the patient is being admitted to, they then have all of the information necessary for their proper care. By using the same information, CHCB has eliminated the need for a full triage when the patient transfers.

Calvary Health Care Bethlehem's proposed Health and Retirement Precinct

Calvary has been successful in its design application for redevelopment of it's site in Caulfield. In anticipation of building commencing, the entire Calvary Health Care Bethlehem services and operations are relocating to a hospital in Parkdale to improve the patient amenity and avoid discomfort due to the noise, dust and restricted access that is associated with remaining on a building site. This will provide an opportunity to test new workflows for the specialist health services to facilitate the model of care and further inform enablers including the detailed design of the facility.

Calvary Health Care Bethlehem (CHCB) has been engaged with Calvary Retirement Communities and Calvary Community Care in developing a detailed integrated model of care for the Bethlehem Health and Retirement Precinct in the past 12 months, with guidance from an independent Consumer Reference Group.

The development of the detailed model of care included:

• a review of CHCB, Calvary Community Care (Southern Melbourne regions and Calvary Retirement Communities (Haydon)) to identify gaps between current services and the model of care objectives and principles;

• literature review, benchmarking, information from new quality standards, industry experts including Calvary staff informed the requirements for each component of the model of care; and

• focus groups and individual sessions with staff and consumers to identify and test enablers key to the model of care across services and care settings:

  o workforce and culture

  o environment/building

  o technology

  o clinical governance

The detailed model of care builds on the initial conceptual model which was developed previously in response to service gaps identified in CHCB's Service Plan, the local ageing population and ageing infrastructure built in the 1960's that is no longer conducive to enabling either the delivery of contemporary, best practice care or an increasingly ambulatory model of care.

The initial concepts were confirmed with testing of the vision, objectives and model of care principles with a literature review, key stakeholders including consumer advocacy groups, the Glen Eira Council, a Consumer Reference Group, CHCB's Community Advisory Council and key internal stakeholders in the previous financial year.

The redevelopment of the CHCB site will also increase the scale of services provided and provide opportunities for shared services and the introduction of primary care and retail services to ensure sustainability of the site.

Supporting transition to the NDIS

The National Disability Insurance Scheme (NDIS) is a program initiated by the Australian Government for Australians under the age of 65 who have a permanent and significant disability to provide them with the reasonable and necessary supports they need.

As a Level 5 specialist health service provider, CHCB's Statewide Progressive Neurological Service (SPNDS) provides services to approximately 1000 Victorians.

Approximately 60% of patients accessing SPND Services at CHCB are under 65 with many eligible to access supports through the NDIS due to their significant disability.

The SPNDS team has supported over 150 patients to transition to the NDIS in the rollout regions in the past financial year.

Of the areas rolled out, comprehensive recommendations have been provided to approximately 35% of patients. Remaining patients have been supported through secondary consultation and support of their other providers or did not require Calvary's support.

Feedback from those receiving transitional support has demonstrated high levels of satisfaction with:

- support developing goals;
- the provision and recommendations of supports required in the next 12 months; and
- the SPNDS team's collaboration with their other services to facilitate their transition

'The Calvary team offered input and support comprehensively'

Accreditation and recommendations

The Australian Council on Healthcare Standards (ACHS) accredited the health service in September 2016, with eight recommendations made. Those recommendations have since been completed, and will be signed off by the surveyors when they return in September 2019. During the year SAI global has audited the organisation in relation to the National Standards for Disability Service, the Department of Health and Human Service Standards and the National Disability Insurance Scheme (NDIS). The organisation has been accredited for all three standards with no recommendations. A further periodic audit will be undertaken in 12 months' time. Further to these standards, the Aged Care Quality Standards Agency also visited the health service and conducted a thorough inspection of the work that we undertake in relation to the aged care services we provide, both as a case management service and as an onward provider to Calvary Community Care of respite services to our clients who use the clinic social worker services.

PND Workshops

Capacity building community clinicians

Designated by the Department of Health and Human Services, Calvary Health Care Bethlehem is a Level 5 state-wide provider of services to people living with progressive neurological disease (PND). This role carries several responsibilities, one of which is building the capacity of community-based services to support and manage people living with PND closer to home. To this end, the multidisciplinary team has been running workshops for community clinicians, to supplement our well-established telephone consultancy and telehealth services.

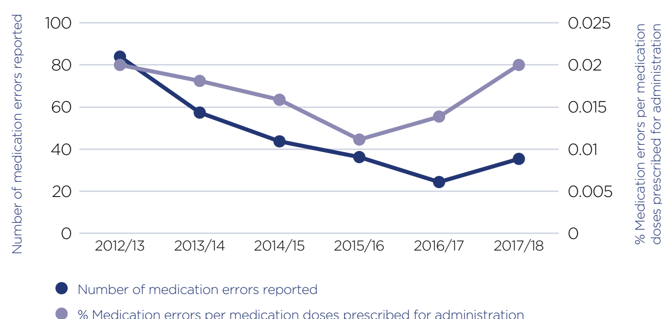
Late last year a survey was circulated to community services, seeking information regarding areas of interest for future workshops. Over 130 responses were received and through this process it was identified that people wanted to know more about the identification and management of cognitive and behavioural strategies. As a result the multidisciplinary team ran a workshop titled "The myth of non-compliance: multidisciplinary care for people with cognitive and behaviour changes living with progressive neurological disease (PND)" for over 50 participants (with more than 20 names added to a waitlist for the next one). Participants included a variety of clinicians, including allied health nursing and case managers from throughout Victoria and interstate.

Responses to workshop evaluation forms circulated on the day were overwhelmingly positive and plans are already underway to run a further workshop later this year in response to community interest and need.

Medication safety

The number of medication errors reported in the last financial year have remained consistent in comparison to previous years (fig 1) and the Medication Advisory Committee has continued to encourage the reporting of all medication errors, including 'near-miss' incidents so that any shifts in practices which might result in error or potential error can be evaluated and systems put in place to deter or minimise the likelihood of the error from recurring. The reporting of the administration of an immediate release analgesic medication instead of a slow release medication resulted in an in-depth enquiry into why this error happened, any causative or contributing factors which may have been involved and what systems could be introduced to prevent this error from recurring. Strategies introduced following the investigation included separating the storage of immediate release and slow release analgesic medication, use of separate administration record registers, alert labelling of high risk medication and staff education.

Medication errors reported & % medication errors per doses prescribed for administration



With the use of an electronic medication management system there is an endless availability of data which previously could not be captured with paper based medication charts. An example of how data has been used to improve patient care has been the analysis of patient admission times compared to the time at which medications are charted for the patient. A retrospective audit done in December 2017 showed that too many patients did not have their medications charted within 3 hours of admission. With improved communication between nursing, medical and pharmacy staff and the recognition that timely prescription of medications at admission is important for good patient care, the percentages of medication charts prescribed within 3 hours of admission has risen from 43% (November 2017) to over 80% (May 2018).

Picture Power Program

supports the ongoing social participation of families living with a progressive neurological disease.

Research has proven that communication and connectedness to others is vital for health and wellbeing. For those families living with progressive neurological diseases such as MND or HD, communication impairment or complete loss of speech is a huge challenge, not only because of the obvious impact on daily life and independence, but because of the profound effect that communication impairment has on connecting with others.

People living with a PND often have difficulty in communicating in ways we otherwise take for granted, such as describe, converse, engage, reminisce, express, joke, chat, banter, gossip, sweet-talk, prattle, gab, tell, confess, inform, divulge, debate, advocate and persuade. The Picture Power group program expands the range of possibilities by using the internationally recognised and validated "photovoice" method of photo-sharing to elicit engaging discussions on a range of themes beginning with ourselves and extending outwards to family, friends and community circles.

Since completing the successful two-year pilot program in 2017, ongoing funding from Friends of Bethlehem has allowed further development of the program, including implementing further groups, conducting staff training and developing a program manual.

Run by the Speech Pathology Department at CHCB, the group program is a capacity-building program for patients and their carers, addressing a big service gap. Program evaluation from the initial two-year pilot program has illustrated this unique program is highly desirable, engaging and effective for both the MND and HD populations.

Participants reported improved quality of life and better communication with family and friends. They felt that the program provided a sense of wellbeing and happiness, increased their confidence communicating with others and increased their social participation and sense of inclusion.

Ongoing funding is being sought to develop the capacity of the Speech Pathology Department to run more regular groups and to develop a travelling photographic image library for a range of events and displays providing patient and carer insights—raising public awareness and providing a "voice" for families living with MND and HD.

Hand hygiene

Our compliance rates have remained consistently high throughout the year, so much so that, according to Safer Care Victoria, we have been the best performing Victorian public hospital this year. Rates have averaged 90.6%, with our nursing and medical staff the most compliant. The importance of correct and timely hand hygiene cannot be over stated, 'it only takes 30 seconds to save a life' has been the hand hygiene campaign slogan.

This year also saw the expansion of the clinical areas that we monitor to include the state-wide PND clinics. Monitoring has also been more thorough with auditors dropping in unannounced and acting as 'secret shoppers' to check compliance. Indeed, this approach has shown consistently that our staff are using the World Health Organisations (WHO) '5 moments of hand hygiene' to a high level of compliance.

Falls prevention

The prevention of falls has remained a high priority at CHCB, due to the high falls-risk population in our inpatient ward. We have continued our regular activities such as falls prevention audits, examination of falls data for modifiable risks, ongoing staff education, multidisciplinary falls-prevention meetings and implementation of environmental measures (such as falls alarm mats and floor line beds).

An additional activity we focussed on this year was April NO Falls month. To highlight falls prevention during April we produced a banner which greeted patients and families on arrival. We also carried out several 'short and sharp' education sessions for nursing staff on topics such as completing the Falls Risk Action Plan, appropriate use of falls alarms and procedures to follow after a fall. A service-wide education session included a talk by a pharmacist on medications that increase falls risk, a physio talking about falls prevention measures, another physio talking about falls risk and management for people with Huntington's Disease and a doctor using a case study to illustrate management of falls risks.

Despite the challenges of preventing falls in a patient population who commonly have impaired mobility, as well as cognitive impairments and high medication use, we remain committed to ensuring our patients are as safe as possible during their inpatient stay.

Behaviours of concern, occupational violence and family violence

Ongoing work throughout the health service continues in relation to patients and relatives who display behaviours of concern toward other patients and staff. This reporting period saw two serious incidents which resulted in the police having to attend the hospital when patients became aggressive toward staff. No staff were physically injured. With both incidents, a root cause analysis was undertaken, resulting in the development and implementation of an action plan to achieve system improvements.

In recent years in the modern health care system there has been an increasing occurrence of violence and aggression toward hospital staff from relatives and the general public, from which Bethlehem staff are not exempt. In the last reporting period, nine incidents of both physical, verbal and psychological aggression were reported toward hospital staff, predominately the nursing staff. Thankfully, no staff member was seriously injured. The hospital takes these incidents very seriously and has a number of measures in place to de-escalate such incidents. Throughout the year, an action plan has been implemented and our policy and procedure refined with further education of key staff, in particular the after-hours coordinators undertaken. This work is continually evolving and with the move to a new site in Parkdale in September, mock code grey practices testing our response to these incidents will become a regular occurrence.

This year saw the Victorian state government significantly fund public hospitals to address family violence in our communities. This funding has seen Bethlehem form a collaboration with Monash Health to develop an organisational approach toward family violence. Our approach will be to raise awareness through a staff education program to enable participants to recognise family violence in our patient population and also the staff of Bethlehem. The emphasis will be to respond appropriately to any instance of family violence that is disclosed to a staff member, listened to and then referred onto an appropriate specialist service. The ongoing plan is for all the heads of departments and managers to undertake biannual training and then roll out a staff session on a two yearly basis. Work has already commenced with the establishment of three "champions" to train the staff using the Strengthening Hospital Responses to Family Violence (SHRFV) Tool Kit, developed by the Women's hospital and in use throughout Victoria.

Occupational violence statistics	2017 - 18
Workcover accepted claims with an occupational violence cause per 100 FTE	**1.37**
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	**.73**
Number of occupational violence incidents reported	**32**
Number of occupational violence incidents reported per 100 FTE	**23.36**
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	**3.13 %**

Research Ethics and Ethics Committee members from Back Row L to R – Philip Rowell, Shannon Thompson, Dr Susan Mathers, Chris Limmer, Des McCarthy, Paul Davidson and Julie Gray. Front Row L to R – Fr Kevin McGovern, Rosalie Jones – (Chair), Dr Jane Fischer, Margaret Esakoff, Dr Alex Burke

CHCB Research Ethics and Ethics Committee

The Research Ethics & Ethics Committee (REEC) at Calvary Health Care Bethlehem (CHCB) is composed of staff and members of our community and is properly constituted in accordance with the National Health and Medical Research Council (NHMRC) guidelines 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 collaborative research projects with academic institutions. In 2017-18, the number of research proposals considered by our Committee has continued to increase and we would like to thank all of the Committee but particularly those who are external to our organisation for the time they spend assisting us in the review of applications and their ongoing commitment to CHCB.

External Committee Members

- Rosalie Jones – Chair
- Fr Kevin McGovern
- Des McCarthy
- Cr Margaret Esakoff
- Paul Davidson
- Philip Rowell
- Patrick Monahan

Calvary Representatives

- Dr Susan Mathers
- Dr Alex Burke
- Shannon Thompson
- Dr Jane Fischer

Palliative and end of life care research

Palliative and end of life care research at CHCB received a boost late last year with the launch of the Calvary Palliative and End of Life Care Research Institute. The Institute was formed to connect researchers across the four specialist palliative care services at Calvary's public hospitals: CHCB, Calvary Public Hospital Bruce, ACT, Calvary Mater Newcastle and Calvary Health Care Kogarah in NSW.

The small but enthusiastic Palliative Care Research team at CHCB is comprised of a handful of specialist palliative care clinicians, so the department has been able to benefit significantly from building relationships and forming collaborations with the other research teams within the Institute. The team is also benefiting from being co-located with the highly experienced neurology researchers at CHCB, with some of this research into end-of-life care also being promoted by the Institute.

Institute support has had an impact on palliative patient experience at CHCB with collaboration in recent palliative research in community palliative care.

With the support of the Institute collaborations, CHCB looks forward to developing the skills of early researchers, undertaking larger projects and moving towards fulfilling one of the key objectives of all research teams, that of improving patient outcomes by translating research into practice.

Research Projects

Date	Title	Chief Investigators
17/08/17	'A longitudinal study of involvement in health care decision-making in MND'	**Ms Camille Paynter** **A/Prof Adam Vogel** **A/Prof Madeline Cruice** **Dr Susan Mathers** **Dr Heidi Gregory**
11/09/17	'A treatment continuation study for patients with ALS/MND who have successfully completed study 16121505 CMD-2016-001-Copper Study'	**Dr Susan Mathers** **Dr Jim Howe** **Dr Yenni Lie** **Dr Sarah lee** **Dr Paul Talman** **Dr Caron Chapman**
26/10/17	'Smell Perception in MND'	**Dr Susan Mathers** **Dr Phyllis Chua** **Prof THanh Phan** **Ms Chi Hsuan Hu**
26/10/17	'Generation & screening of human induced pluripotent stem cells (iPS) to identify therapeutic candidates for MND'	**Dr Chris Bye** **Dr Susan Mathers**
26/10/17	'A pilot psycho-education and support group for male caregivers of women with HD'	**Ms Cathy Gluyas** **Dr Sarah Velissaris** **Ms Ruth Hosken**

Research Projects cont.

Date	Title	Chief Investigators
21/12/17	‘The interplay between Speech and Cognition in Premanifest and Manifest HD’	**Jess Cheuk Sze Chan** **A/Prof Adam Vogel** **Prof Julie Stout** **Prof Ramesh Rajan** **Dr Yenni Lie** **Ms Branislava Godic**
21/12/17	‘TEALS – Phase 2 Randomised Placebo Controlled Double Blind study to assess the efficacy and safety of Tecfidera in patients with ALS’	**Dr Susan Mathers** **Dr James Howe** **Dr Yenni Lie** **Dr Sarah Lee** **Dr Caron Chapman** **A/Prof Paul Talman**
21/12/17	‘Australian Motor Neurone Disease Registry’	**A/Prof Paul Talman**
19/02/18	‘Prevalence and predictors of aspiration in PND’	**Nicole Jackson**
22/02/18	‘The experience of transitioning to early retirement in couples where one partner has HD’	**Ruth Hosken** **Cathy Gluyas** **Malini Somaiya**
12/04/18	‘Physical activities undertaken by people with MND. What & how much are they doing?	**Trinh Nguyen**
21/06/18	‘Special Needs Dentistry Service Use in a Multidisciplinary Model of Care for Progressive Neurological Diseases’	**Dr Nikki Liew** **Dr Hajer Derbi**

Patient experience

This financial year there has been a major focus on analysing the different forms and types of feedback that we get as a health service from patients and carers. A small time-limited working party led by the Director of Clinical Services developed a feedback strategy for patients and families which included a mapping exercise of all types of feedback that staff at Bethlehem receive, both positive, negative, formal and informal. Further work is required during the next year to implement this strategy, which will see much more responsive mechanisms to report feedback to appropriate staff, and improving the patient experience.

In tandem with the work being done by the feedback working party has been the continual collection of patient experience data using the Patient Experience Tracker (PET) tablet devices. Throughout the year the Quality and Safety department with the aid of the volunteers have been collecting 'in the moment' information from patients and carers on a range of topics. This is the third year of data collection that the average patient experience ranked in the high eightieth percentile range. Results from the PET information, similar to the previous years have seen further improvements in patient meals, especially in relation to patients who need textile modified meals. The question sets will be reviewed once we move to the Parkdale site, as a different built environment will require other areas of the patient experience to be explored.

Advance Care Planning

CHCB continues to actively support patients and their families to discuss their future care wishes and to nominate someone to speak on their behalf if they become too unwell to do so for themselves. Our efforts have been directed towards updating our policies, procedures and documents that support advance care planning and ensuring that patients and families are informed of the legislative changes affecting medical treatment decision making. Changes to the Medical Treatment Decision Maker Act that took effect on 12 March 2018 have led to an even greater focus on advance care planning.

Bereavement care responsive to carer needs

Bereavement care is an essential component of the care offered to family and friends of our patients. This year we undertook a review of our bereavement services that was designed to bring the consumer voice to the forefront in the design and implementation of bereavement care within CHCB. A random sample of 25 bereaved family members and friends provided feedback through telephone surveys and a focus group. Key findings included overwhelming positive regard for the services provided by CHCB including bereavement care, high satisfaction with the current bereavement follow-up process, and the positive response to proposed changes including routine provision of the Calvary "Healing after Loss" booklet, a new consenting process and creation of bereavement support groups. Outcomes from this review included a new bereavement care policy and procedure, revision of bereavement letters to reflect resilience models and the development of an auditing system.

The SPNDS Collaborative Dental Service

A collaborative project by Calvary Health Care Bethlehem, Link Health and Community, and the University of Melbourne continues to help people living with PND access to timely dental care. This year, building on work undertaken in 2016–17, the outreach dental clinic at CHCB saw 276 patients. Patients come from all over Melbourne and the other PND services in Barwon and Bundoora.

By embedding dentists within the multidisciplinary team model, we are developing integrated treatment plans and breaking down the silos between educational and healthcare agencies. The service is multidisciplinary. Physicians, nurses or speech-pathologists liaise with the dental team to improve treatment outcomes. The dentist works with the Bethlehem health professionals to develop integrated treatment plans for comprehensive care.

Our people, our culture

Pictured from left are: Striving for Excellence Award Winner: Fiona Fisher, 'Spirit Of Calvary' Award Winner Linda Maas, CHCB CEO Dr Jane Fischer, Care for All Award Winner: Portia Jamu and Healing Award Winner: Ruth Taylor. Not pictured is Hospitality Award Winner: Liz Bastian.

Our people, our culture

As a values-based organisation aligned with Calvary's strategic directions, we are focused on supporting the development and wellbeing of staff and volunteers. This year was a challenge for CHCB as we prepared for two major changes: developing our future model of care, and preparing to relocate the health service to a new site to allow the development of a new integrated health precinct in Kooyong Road.

Calvary launched two new recognition programs over the last few years to highlight some of the special efforts in critical focus areas of clinical care—the Star Awards and awards for workplace health and safety. Winners were announced at the national annual leadership conference and perpetual plaques are hung at the national offices of Calvary to remember the good works done across all Calvary services.

Leadership capability is critical to our ongoing success and Calvary is committed to playing its role in developing leaders in the sector. Likewise, Calvary is committed to workplace gender equality and has again been recognised as a leader in this area by Workplace Gender Equality Agency.

Training, education and investing in the new generation of the health workforce is important to Calvary and the community. Our hospitals offer graduates transition to professional practice, post graduate and scholarship programs.

Calvary has embraced technology by using e-learning as a key delivery mode for mandatory and other skills training. Our learning and development strategy also includes on-the-job, facilitator-led training, but e-learning is clearly now a key platform. In 2017/18 Calvary staff completed over 70,000 online learning modules.

We continue to develop and embed appropriate governance structures and systems to monitor our activities. The Speak Out program launched 2 years ago continues to keep us abreast of risks and issues in our services and ensure that staff feel they have a voice.

Learning initiatives drive continual improvement

Our Learning and Development Centre (LDC) continues to develop its profile as a leader in specialist palliative care and progressive neurological training for staff and practitioners across the state.

Undergraduate clinical placement

Over the last year, the Nursing Undergraduate Program has been reviewed, and from January 2018 the LDC doubled the number of student placements throughout the year and extended the availability for experience across afternoon shifts and weekends. This change in rostering has providing a more realistic experience of nursing patients in our facility. The introduction of first-year student nurses has had a positive impact on both the ward staff as well as the students. Introducing palliative and holistic care to students at the commencement of their nursing journey has been well received and students reflect on the unique experience gained from this experience. The clinical support nurse helps the student and staff preceptors through their placement experience.

Nurse Graduate and Preceptor Programs

The CHCB Nurse Graduate Program in 2018 continues to support new nurses entering the workplace and their transition to professional practice. The program, has expanded to two graduate nurse intakes (February and August) providing new nurses with more support and decreasing the burden on junior staff on the ward. In addition to the ward environment, graduates are able to experience our specialist services in CPCS and SPNDS, with a day spent observing in each area to assist understanding and further develop assessment skills. Graduate nurses are also required to participate in fortnightly debrief sessions. During these sessions, support, additional education or academic journal reviews take place in an encouraging learning environment. The Clinical Support Nurse provides support both to the graduate and preceptor in their roles in the early months of the graduate year. Graduates are provided with four study days and three days of orientation, education and clinical assessment.

Preceptor workshops

Preceptor workshops are reviewed annually and content updated to address any concerns or learning gaps identified from the previous year. The provision of the annual workshop aims to further develop our nursing preceptors in support of the new graduate and undergraduate programs. This year the focus was on effective communication and providing feedback to an underperforming graduate or student. The workshop provides opportunities for preceptors to further their knowledge, professional development and career progression.

Short and sharp education

A new education initiative has been developed by LDC to help clinical staff to refresh and update skills. Weekly education session are provided prior to handover in a short 15-minute targeted education session. Topics range from mandatory training topics, clinical assessment, condition-specific education or new initiatives. These education sessions provide staff with access to ongoing, up-to-date education, encourage staff to participate in education delivery as well as assist in continuing professional development.

Better Backs at Bethlehem

The Better Backs at Bethlehem (BBB) program provides staff with insight and education to basic work health and safety (WHS) principles, the hierarchy of control, the risk assessment process and incident reporting. Staff are presented with an annually-updated clinical risk scenario that is appropriate for their working area and expertise. As the session unfolds, group discussion and identification of risks and control measures are acknowledged and staff work through the scenario to decide upon the best control for the risk. The session concludes with troubleshooting of manual handling risks in the work place for individual staff. Feedback from staff who have attended the new sessions has been overwhelmingly positive.

Observational placements help build capacity

The LDC continues to support a number of observational placements throughout the year. The Program of Experience in Motor Neuron Disease (PEM) partners with us to facilitate five participants in 2018 observing the assessment and care of clients with MND and watching expert staff, spending a day observing on the ward and two days observing the SPNDS team.

The Program of Experience in the Palliative Approach (PEPA) also facilitates participants through CHCB and the LDC liaises with the participants and appropriate departments to ensure that observational placements have access to appropriate clinicians, sharing their expertise over five days.

Work experience students from local high schools are also facilitated across five days to introduce them to the multitude of careers inside our specialist service.

Volunteer Services

2017-2018 has been a time of renewal for our volunteer services with a number of our volunteer roles being revised to reflect recent structural changes at the organisation. In the last 12 months we have focussed on making our training more relevant and accessible to our volunteers and we are continuing to seek volunteer feedback so that we can improve their volunteering experience and enhance the benefits they bring to CHCB.

Patient stories

This year we recruited a volunteer to assist those patients wanting to share their stories with others. The stories our volunteer has captured have shone a light on the patient experience at Bethlehem and helped to build awareness in the community and convey to those with a life-limiting illness that palliative care can foster a rich appreciation of life and a quality of life at end of life.

Growing the service - administrative volunteering

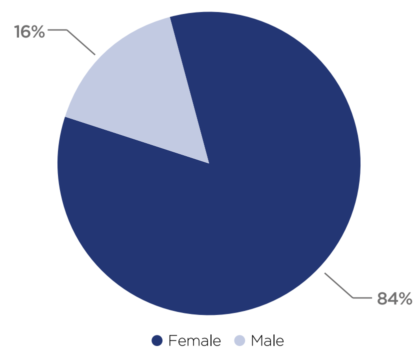
Our volunteering services continue to expand into areas that are not directly related to direct patient care. New volunteers this year at Bethlehem have brought their expertise to help with the administration of the health service. This year we were fortunate to have volunteers contributing on committees as community representatives, as quality co-ordinators, and as vital administrative support in our fund-raising department.

Community Palliative Care volunteering

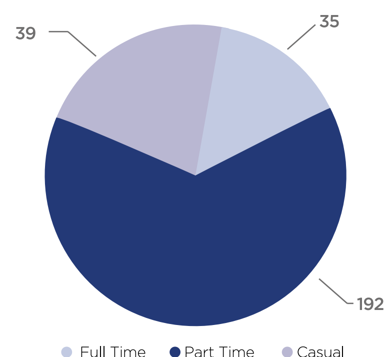
We have completed our first year of including volunteers in our community palliative care program ith volunteers providing support to a number of patients and their families hroughout the year. After reviewing our first year we will be expanding this important service in 2018-2019.

Staff Profile

Breakdown of staff by gender



Breakdown of employment status



Community volunteer talks about his experience volunteering with community palliative patients

What is it that you enjoy about your experience volunteering with community pallitive patients?

I find this particular volunteering opportunity very personable, making it all the more enjoyable; chatting with my patient and the family always feels very heart-warming. The palliative care community is also an incredible community.

What is it that drew you to volunteer at Bethlehem?

Personally, I envisioned providing support to an individual towards the end of life as being meaningful and fulfilling. I also hope to pursue medicine, and palliative care is something which I wanted to learn more about and contribute towards. Hopefully these experiences will also help me grow into a better person and health practitioner in the future.

What is your most memorable experience since starting here?

The most memorable experience was baking a cake together with my patient, enjoying it with the family and simply chatting over the cake and tea.

What would you say to someone who might be contemplating volunteering here at Bethlehem?

It can definitely be challenging at times but it is an incredible experience to be fortunate enough to support someone at home and at the end of life and to contribute to the field of palliative care out in the community.

Volunteer recognition

As part of volunteer week in May this year, Glen Eira Council hosted a volunteer recognition evening at which a number of our volunteers received awards. We would like to congratulate them and acknowledge their ongoing commitment and dedication to our patients, their families and our staff. The service provided by that single group of volunteers alone reflects a total of 40 years and 9,500 hours.

10 years

Robin Downs, Nola McKenzie, Elizabeth Secker, William Secker

2000 hours

Renee Mascurine, Steven Smith, Jeremy Wood

1000 hours

Marie Nailon

500 hours

Barbara Hutson, Maureen Knight, Val Smidt

Staff years of service

20 Years of Sevice	
Hospital Services	Shannon Gellatly
15 Years of Sevice	
Loretta Simkus	Andrew Fitzgerald
Eucharia Anyadoro	
10 Years of Sevice	
Toni McCann	Zhe Li
Alison Stewart	Janine Kekich
Dariel Marsh	Piera Cantelmi
Brenda Chan	Jenni Carless
Bernadette Pennant	Barry Daniels
Clare Schaefer	Maria Edmonds
Sarah Solomon	

Executive Team

Dr Jane Fischer
Chief Executive Officer and Medical Director

• Employment duration 16 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 14 years

• Executive oversight of all Clinical Services, including, strategic and operational direction and achieving effective service delivery across in-patient and ambulatory settings.

Andrew Hluchanic
Director of Finance

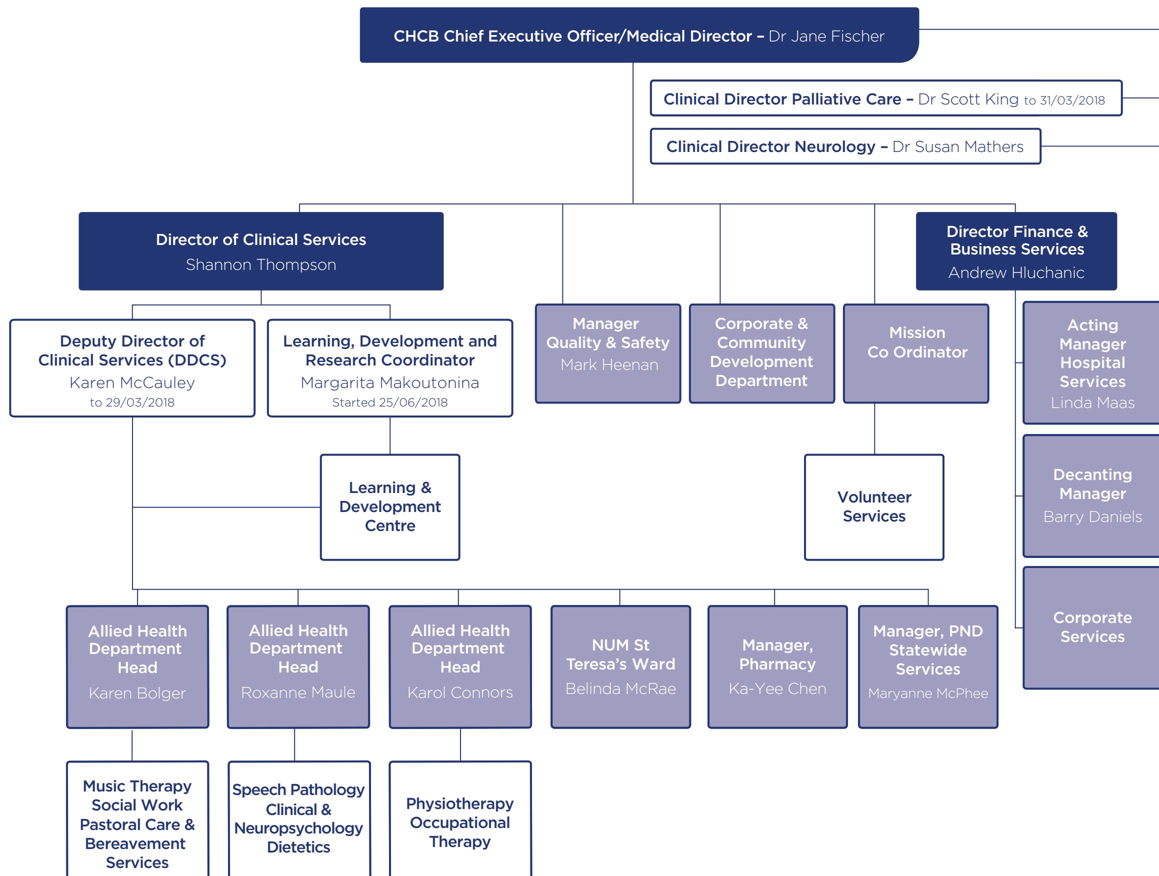
• Employment duration 12 years

• Executive oversight of service budgets and financial reporting.

• Management of operations including Human Resources, Hospital Services, and Information Technology

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

Organisational Chart



Serving our community

Partnering with Consumers

Calvary Health Care Bethlehem (CHCB) continued its commitment to meaningful and effective engagement with our consumers and the community this year to support responsive, high quality services that reflect the individual and collective needs of our diverse community.

During the year, the Quality and Safe Systems team undertook a gap analysis of all consumer activities and involvement with CHCB, which in turn shaped the 'Consumer Engagement Framework 2018 – 2021", which we published at the end of the financial year. This framework underpins and builds upon the continuing efforts of consumer engagement at CHCB. It provides a structure which embeds continuous and meaningful engagement with our consumers into the work we do with the ultimate objective of improving the patient experience.

The priorities and actions in this framework have been driven by our consumers, those who are vulnerable and disadvantaged: "what matters to you?", "what can we do better?", "whose voices are going unheard?". The framework has also taken into account compliments, complaints, suggestions and survey results.

The consumer engagement framework is aligned with the CHCB Service Plan 2016, the CHCB Strategic Action plan 2018, the CHCB Community Engagement and Development Framework, the Calvary Mission Accountability Framework and the second edition of National Safety and Quality Health Service Standards.

The CHCB Community Engagement and Development Framework uses similar principles of engagement as outlined in this consumer framework, however it focuses on building the capacity of our local community to "live well" and support those with life limiting disease.

Community Development in the CHCB context is a process where community members come together to take collective action and generate solutions to common problems to improve their community's ability to care for each other during advanced illness, dying and bereavement.

Our Community

The estimated resident population of the City of Glen Eira for 2017 was 151,746. 4% or 4,930 of those are over the age of 85.

36% of people were born overseas.

31% speak a language other than English at home.

19% The forecast increase in population of retirement age from 2011 to 2021

1. Mandarin

With 5.5% of the population speaking it at home Mandarin is now the most common language spoken at home after English. Last year it was Greek.

2. Greek

3. Russian

Community Health Promotion Project

Raising awareness about palliative care with schools and community groups

In 2017–18 the high school immersion programs, in which the health service engaged in 2010 and 2014, continued to inspire and raise community awareness about palliative care.

- In 2017 the project inspired a similar immersion program to evolve in Sydney in collaboration with Sydney University
- 2017–2018 saw the project documentary "Embracing life: a conversation about palliative care, death and dying" continuing to be used as a high school resource within Wellbeing, Social Justice and Ethics curricula- as well as being an ongoing induction resource for new staff and students at CHCB.
- In August 2017 the film was screened at Federation Square, Melbourne, as part of "Dying to Know Day" presentations and saw the reunion of some of the original students involved in the first project, volunteering their time 7 years on (a testament to the enduring and profound nature of these projects).
- The film continues to be screened at CHCB Community Advisory Council stakeholder's breakfasts, as well as at various community meetings (Rotary and SMCT community forums).
- In August 2017 the project was nominated for Catholic Health Australia's 'Arts in Health' Award at the CHA National Conference in Hobart.

- In Sept 2017 a workshop was presented at the 5th International Public Health and Palliative Care Conference in Ottawa Canada– as an example of "a pre-emptive activity that supports the community prior to illness—on the basis of a universal mortality" (http://www.iphpc2017.com/program/).
- In Feb 2018 the 'Embracing Life' workshop abstract was published in The Annals of Palliative Medicine (http://apm.amegroups.com/article/view/18125/18418)
- In April 2018 the project was recommended as a case study for an Australian Department of Health investigation into good practice examples of community and public health approaches to palliative care, with the aim of understanding how communities, health professionals and governments can employ a public health approach to better support people at end of life.

Dying to Know Day (DTKD)

In August 2017, CHCB hosted a presentation entitled "Embracing Death, Embracing Life" held at Federation Square, which included:

- a 30-minute stage presentation of end-of-life narratives and a "flash mob" song which was led by CHCB music therapists and inspired by the Bethlehem Seedling Project; and
- a CHCB stall with information and free end-of-life related resources.

The day generated:

- 70 conversations with the public; and
- 21 people registering their interest in getting involved or in receiving more information.

Bethlehem Seedling Project

2017–18 saw the Bethlehem Seedling Project spread both nationally and internationally.

- In 2017 the project featured in an article published in "Palliative Matters" (http://palliativecare.org.au/palliative-matters/little-things-big-things-grow-moving-stories-sprouted-salvaged-seedlings/).
- In 2017 this project was shared at the Compassionate Communities Symposium in Sydney as part of the presentation "Towards a Compassionate Australia."
- 2017 it appeared as the "Reflection" in "CHA Health Matters" Autumn edition (http://www.cha.org.au/health-matters-magazine-365187).
- In August 2017 in Federation Square, Melbourne, it inspired the "flash mob" introductory song (Joni Mitchell's "Big Yellow Taxi") and end-of-life wellbeing narrative for the D2KD presentation by CHCB (http://fedsquare.com/events/dying-to-know-day)

- In September 2017 it was presented as a poster at The 5th International Public Health and Palliative Care Conference in Ottawa Canada as an example of a grass-roots health promoting palliative care project.

National Palliative Care Week 2018

National Palliative Care Week in May 2018 saw a spin-off presentation similar to that of DTKD. On the day, CHCB staff, patients and volunteers were joined by the People's Choir for an hour of sunshine, song and conversation in Elsternwick Plaza. Local businesses, choirs and passers-by were invited to join in song, take home free seedlings and end-of-life resources and to consider the theme "what matters most".

Community Advisory Council Report

The Community Advisory Council works with the management of Calvary Bethlehem to strengthen community and stakeholder engagement to ensure the organisation continues the mission of the Sisters of the Little Company of Mary and achieves objectives relevant to the community it serves.

A key area of the work done by the Council is to assist CHCB with community engagement initiatives and build the Friends of Bethlehem network of support.

We have done this during 20017–18 through the following activities:

- sponsorship of the 75th Anniversary Dinner for Bethlehem;
- fundraising support, including raising funds for specific equipment projects;
- represented CHCB at the Calvary National Council Retreat;
- introduced CHCB management to speak at various external groups;
- hosted breakfasts within the hospital to build the Friends of Bethlehem database;
- recruited volunteers to join the hospital in many facets of the work done at the hospital; and
- joined with CHCB staff at community programs promoting the service within broader healthcare initiatives with the message that patients are "living well" and on topics of death and dying.

The Council has prepared a strategic plan of enhanced networking to share the story of what goes on at CHCB, including visitors from the local community, the business community and other clinical support organisations.

Into the future, the Council will continue to support CHCB in the fields of:

- health promotion and awareness;
- fundraising support;
- improving services through collaborations; and
- contributing to the strategic direction of the service

In the year ahead, our focus will be continued support the future rebuilding of the hospital with a new capital appeal and continued interaction with the community to introduce the future expanded services that will be offered under the new model of care at CHCB.

The Council welcomes potential new members from the community and we invite you to contact us to support the future work of CHCB.

CHCB Community Advisory Council

Consumer representatives

- Peter Kelly – Chair
- Colleen D'Offay
- Colin Haycock
- Phil Lovel
- Anthony Fighera
- Kevin Halpin
- Lauren Todorovic

Calvary representatives

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

Ladies Auxiliary

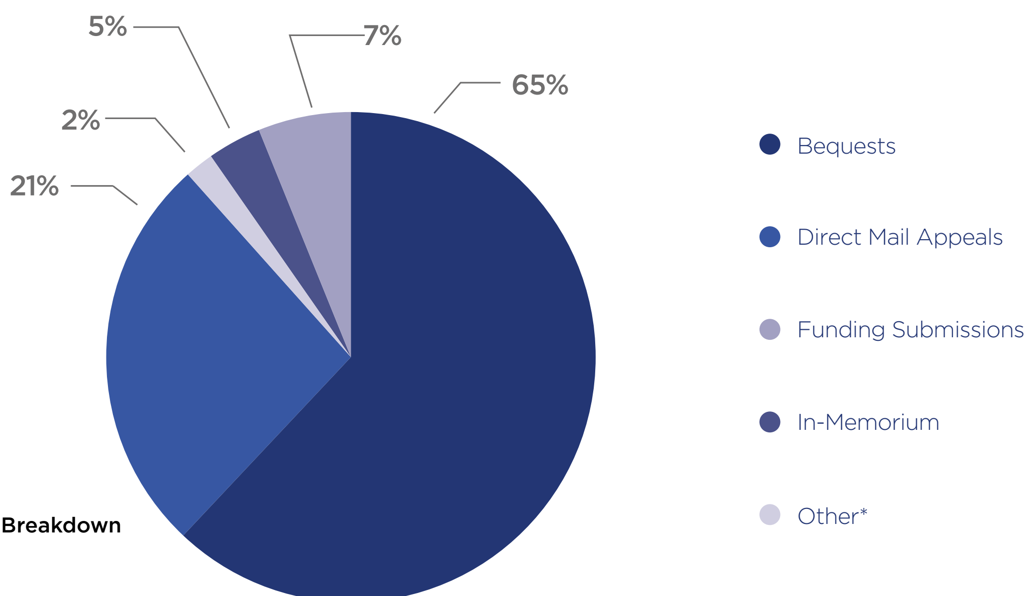
We would like to acknowledge the tremendous support and hard work put in by our Ladies Auxiliary Committee whose contirbuition continues to grow each year. The Auxiliary donate a huge amount of their time and own money to run the successful Card Day Luncheons that are growing in size. The Auxiliary members devote their valuable time to hosting six luncheons each year that are responsible for raising over $5,000 a year and last year raised over $6,500 for the health service. The money raised this year was used to purchase eye gaze communication technology which is a vital communication tool for our patients with Motor Neurone Disease.

Donations

Fundraising income

Fundraising Stream		YTD Total	% of Total
Bequests	$	247,123.04	65%
Direct mail appeals	$	79,025.5	21%
Funding submissions	$	6,210	1%
In-memoriam	$	21,150.3	6%
Other	$	6,926.64	7%
TOTAL	**$**	**26926.64**	**100%**

*Other includes Ladies Auxiliary, workplace giving & general donations



Fundraising Breakdown

To all our Donors and Supporters - Thank you

On behalf of the patients at Calvary Health Care Bethlehem our sincere thanks to all our Donors, supporters, trusts and foundations, bequestors and the families of those whose bequests have been received. Your generous support has contributed to the exceptional care given at CHCB and has a positive impact on the lives of patients living with a progressive incurable illness and their families every day. Thank you.

Calvary Health Care Bethlehem executive and staff express their sincere appreciation for the charitable bequests received from the following:

The Estate of Paula Noelle Barry

The Estate of Cecilia Lowson

The Estate of Lilly Allgood

The Estate of the Late Nancy Kathleen Stretton

Corporate & Community Organisations

Glen Eira Council

All Souls Opportunity Shop

Calvary Health Care Bethlehem Ladies Auxiliary

St Stephens Anglican Church

The Victorian Golf Club

Donors

Rebecca Batties

Jenn Clark

Jenny Dexter

Barbara Douglas

Merle Fox

Michael & Lois Haesler

Neville Hinde

John How

Malcolm Hutson

Stephanie Johnston

Dr Lindsay Jones

Susan Krongold

Joyce Laurence

Thea Linley

Sharon Little

Patricia Mackenzie

Andrew Madigan

Brendan Madigan

R Patkin

Jenny Rogers

Our sincere thanks and appreciation to all donors llisted and to all those who choose to remain anonymous.

How you can help CHCB?

Donations to CHCB help improve patient care and assist with funding our research team to continue to find better ways to diagnose, treat and assist people with progressive neurological diseases.

- Become an annual donor
- Become a regular monthly donor
- Leave CHCB a Gift in your Will

A gift in your will help CHCB provide exceptional care into the future
All donations make a positive impact

“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”

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 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);

to Calvary Health Care Bethlehem (ABN 81 105 303 704) of 152 Como Parade West, Parkdale VIC 3195 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.

Health Care Bethlehem