

Annual Report 2009–2010

Being For Others

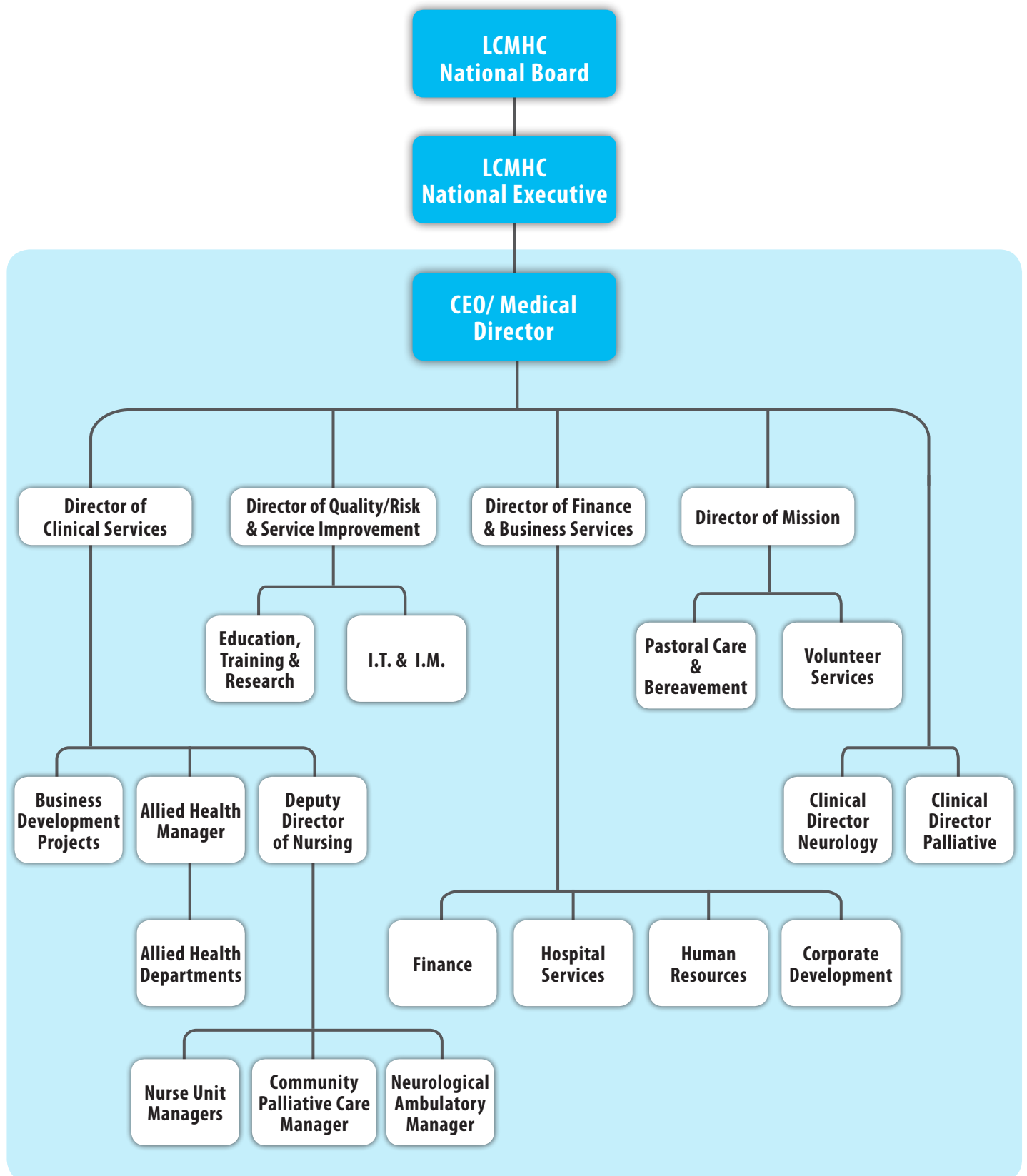


Calvary Health Care
Bethlehem strives to be
a continuing source of
healing, hope and nurturing
to the people
and communities we serve.



Organisation chart.....	4
Message from the LCM Province Leader.....	5
Message from the National Board Chair.....	6
Message from the CEO.....	7
SERVICE PROFILE.....	8
Neurological and palliative care.....	8
SERVICE PERFORMANCE.....	9
Statement of priorities.....	9
Financials.....	10
Performance priorities	11
QUALITY AND SAFETY.....	12
Continuum of Care Governance Committee.....	12
National Standards Assessment Program.....	12
Medication management.....	13
Falls management.....	14
Pressure ulcers and wound management.....	14
Feedback.....	15
Patient and family satisfaction.....	15
Safe Practice and Environment Governance Committee.....	16
Emergency management.....	16
Equipment and resources management.....	16
Occupational health and safety.....	17
Information Management Governance Committee.....	17
PEOPLE AND CULTURE.....	18
People and Culture Governance Committee.....	18
Human resources review.....	18
Wellness Group.....	18
Mary Potter Week.....	19
International Nurses' Day.....	19
Staff and volunteer milestones.....	19
RESEARCH, EDUCATION AND ETHICS.....	20
Centre for Education and Development.....	20
Motor Neurone Disease research.....	20
Scholarships.....	20
Research applications.....	21
SERVICE DEVELOPMENT.....	22
Model of Care.....	22
Neurological Ambulatory Service.....	22
Community Palliative Care Service.....	23
Care Planning.....	23
Electronic referrals.....	23
Government sponsored projects.....	23
Gippsland Region Palliative Care Consortium	24
Community Pharmacy Project.....	24
Ensuring People Have A Say.....	25
Redevelopment.....	25
COMMUNITY ENGAGEMENT.....	26
Community support.....	26
Fundraising and project support.....	26
Creative Connections.....	27
Volunteer services.....	27
Health promotion.....	28
The thoughtfulness of others.....	29
Outline organisation.....	30
Being For Others.....	31

■ Organisation chart



■ Message from the LCM Province Leader

Act justly, love tenderly and walk humbly with God. Micah 6:8

When I reflect on the year in review, it is natural to focus on the many challenges that are part and parcel of any health care system. There are multiple realities at play at any one time and we find ourselves in constant negotiation.

However, there are also ultimate truths that guide and nurture us, such as this beautiful verse from the prophet Micah. When I enter the services I constantly witness the transformative power contained in this gentle verse.

Act Justly:

The gift of life is sacred and people experience this when they are treated with dignity and compassion. Justice is very much about being seen and being heard. It is about feeling truly valued. When Mother Mary Potter founded the Little Company of Mary in 1877 she must have known this in a very deep way.

Through “being for others” she responded to people’s needs in ways that valued their dignity and confirmed their worth. Today the quality of this care is a hallmark of Little Company of Mary Health Care.

Love Tenderly:

People know that they are loved by the way they are treated and, essentially, by the way they feel. Mary Potter is known to have said that there are “many flowers in the garden of God’s Church”.

This speaks of acceptance of all people and celebrating the gift of diversity. Healing is about attending to the whole person; body, mind and spirit. It is beautiful to see people being cared for in ways that give expression to our connection to spirit.

Walk Humbly with God:

At Little Company of Mary Health Care our identity is given expression through service and being for others. It is when people are most vulnerable that they especially need to be supported and deeply cared for. As we are invited to enter people’s lives, our very presence is an expression of love. It is a privilege to engage in this tender work as we humbly journey along side them.

You have my assurance of continued gratitude, support and prayer in appreciation of your contribution to Little Company of Mary Health Care and the healing ministry of Jesus.



Sr Jennifer Barrow LCM

Province Leader,
Sisters of the Little Company
of Mary Australia

LCM PROVINCE COUNCIL *members as at 30 June 2010*

Province Leader

Sr Jennifer Barrow LCM

Province Councillors

Sr Juliana Coulson LCM

Sr Monica Whelan LCM

■ Message from the National Board Chair



Tom Brennan

National Board Chair,
Little Company of Mary Health Care

In accordance with the Financial Management Act 1994 I am pleased to present the Report of Operations for Calvary Health Care Bethlehem (CHCB) for the year ending 30 June 2010.

Last year the Board approved the development of a Master Plan for redevelopment of the existing CHCB site, as a matter of high priority for CHCB to continue the mission of the Sisters of the Little Company of Mary Australia. The ageing facility is now compromising CHCB's financial and operational sustainability, and its ability to further develop its model of care and expand

services consistent with its role as a specialist provider of palliative care and progressive neurology on a statewide basis.

The Board was pleased to appoint Mr Ian Stoney as Chair of the newly formed CHCB Community Advisory Board, which highlights the commitment of LCMHC to strengthening the role of CHCB and building relationships with the communities we serve.

I would like to commend all staff on the significant achievements over the last 12 months and the outstanding results at Organisation-Wide Survey.

LCM HEALTH CARE BOARD *members as at 30 June 2010*

Chair

Mr Tom Brennan

Deputy Chair

Mr David Penny

National Chief Executive Officer

Mr Mark Doran

Directors

Hon. Greg Crafter AO

Mr John Mackay AM

Mr Michael Roche

Ms Rebecca Davies

Ms Jane Tongs

Prof Katherine McGrath

Prof Peter Ravenscroft

Ms Brigid Tracey AM

Company Secretary

Ms Margaret McGowen

Attestation on Data Accuracy

I, Tom Brennan, certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that the Department of Health is provided with data that reflects actual performance. Calvary Health Care Bethlehem has critically reviewed these controls and processes during the year.

Tom Brennan

National Board Chair,
Little Company of Mary Health Care

■ Message from the CEO

As part of the Little Company of Mary Health Care, Calvary Health Care Bethlehem (CHCB) has focused this year on stewardship and developing national platforms in relation to occupational health and safety, risk management and information technology.

The appointment of a National Manager, Palliative Care demonstrates our commitment to becoming a leader in palliative care. Consistent with CHCB strategic objectives, our organisational structure was modified to reflect changes to the Model of Care in order to streamline reporting and management.

There have been various plans for the redevelopment of CHCB over the last decade due to the ageing facilities on the existing site. Since 2004 we have been working with Southern Health (SH) and the Department of Health (DoH) on plans to co-locate to the Kingston Centre site. However, due to the delay in proceeding with this proposal an alternative proposal to redevelop the existing site has been recommended to the Minister. Together with SH and DoH we aim to finalise a business case that reflects the best option for CHCB. A resolution to the redevelopment of CHCB is critical and urgent as the current facility significantly impacts our Model of Care, patient outcomes and staff morale.

CHCB underwent Organisation-Wide Survey in November 2009, achieving four-year accreditation, ten Extensive

Achievements and no major recommendations. A truly great result that reflects our commitment to listen, learn and continually improve our service.

Further to the DoH review of our neurological non-admitted services in early 2009, ambulatory services were restructured to ensure the Model of Care is consistent with that of a specialist provider. In forming the new Neurological Ambulatory Service, there was a significant restructure with staff redundancies, the creation of new staff roles, changes within the Community Palliative Care Service and a newly appointed access role. The office changes to accommodate the new model have been disruptive for staff but, ultimately, will provide a better working environment. Ongoing review with DoH will improve patient outcomes and develop our ambulatory services at the statewide tertiary level in both palliative care and progressive neurology.

Our staff and volunteers are the reason we have such a strong reputation for providing high quality compassionate care. The improved results from the Best Practice Australia staff survey indicate a positive work culture at CHCB and highlight the importance of our Director of Mission role. From this survey, we will continue to focus on good communication, staff development and staff wellbeing; and combined with the role of the newly appointed HR Manager, will



Dr Jane Fischer

MBBS, DCH (Lond), PGDPM, FACHPM

see further implementation of our workforce strategy.

In closing I would like to thank the National Leadership Team for their support, but particular thanks go to my Executive team, Department heads, staff, volunteers and our many supporters who have helped us achieve outstanding results in the last 12 months.

Every day I see people passionately living the Spirit of Calvary at CHCB. It is this dedication to our shared values that enables us to engage in the Mission and contribute to the Vision of the Little Company of Mary.

Attestation on compliance with Australian/New Zealand Risk Management Standard

I, Dr Jane Fischer, certify that Calvary Health Care Bethlehem has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard 4360 and an internal control system is in place that enables the Executives to understand, manage and satisfactorily control risk exposures. The Audit and Risk Committee verifies this assurance and that the risk profile of Calvary Health Care Bethlehem has been critically reviewed within the last 12 months.

A handwritten signature in black ink, appearing to read 'J Fischer', written over a light background.

Dr Jane Fischer

MBBS, DCH (Lond), PGDPM, FACHPM

Neurological and palliative care

Calvary Health Care Bethlehem is a recognised provider of specialist palliative care and a statewide provider of specialist care in progressive neurology.

Our dedicated interdisciplinary teams provide high quality, compassionate care across our hospital based and ambulatory services. Our model of care supports the integration of these services to ensure that patients and their families are supported according to their needs and can be transitioned seamlessly from one level of care to another.

Our 70-bed inpatient facility provides one 30-bed progressive neurology unit and two 20-bed palliative care units. Patients are admitted for pain and symptom management, restorative care, respite care and end-of-life care. The interdisciplinary inpatient team works in collaboration with our own ambulatory services, the patient's general practitioner, medical specialists and other health professionals or services to deliver optimal care and seamless discharge planning.

Our ambulatory services provide care to patients in their home and other community settings. These services cover two designated service streams, 'Community Palliative Care Services' and 'Neurological Ambulatory Services'. The Community Palliative Care Stream provides two types of service; the interdisciplinary specialist community based service and the Palliative Care Day Centre.

The Neurological Ambulatory Stream provides three areas of service; multidisciplinary outpatient clinics, specialist allied health and neurological nursing consultancy in the community setting and the Neurological Day Centre.

Both streams provide interdisciplinary support to patients at home or in residential care facilities by providing practical assistance, care coordination, advice on symptom management and psychosocial and bereavement support. The community based and outpatient services are complemented by the day centres, providing patients with social interaction, promoting wellbeing and providing day respite for carers. These services also provide support to other health and community service providers ensuring patients are able to remain at home and receive appropriate care in their local communities.



Our staff provide care that is given with love, compassion and respect.

Statement of priorities

	Strategic priority	Deliverables	Achievement
1	Workforce development	<ul style="list-style-type: none"> Research and education framework: two new external research projects, restructure Centre for Education and Development Best Practice Australia staff survey – action plan implemented, MA mission audit Workforce strategy implemented – Key Performance Indicator (KPI) staff turnover, maintain HR KPI 	<p>Partial</p> <p>✓</p> <p>Partial</p>
2	Develop Specialist Model of Care	<ul style="list-style-type: none"> Redesign outpatient service Reconfigure community and day centres Review GEM and inpatient services Nurse practitioner model implemented in community 	<p>✓</p> <p>✓</p> <p>In progress</p> <p>In progress</p>
3	Community engagement	<ul style="list-style-type: none"> Establish Community Advisory Board Implement corporate and community plan – KPI Increased donations Two health promotion activities 	<p>✓</p> <p>Partial</p> <p>✓</p>
4	Corporate governance	<ul style="list-style-type: none"> Business Continuity Plan implemented Audit compliance Legal compliance software implemented 	<p>✓</p> <p>✓</p> <p>✓</p>
5	Sustainability of model of care	<ul style="list-style-type: none"> Complete project with Department of Health (DoH) on service stream data collection Business case developed for tertiary level service as recommended by Motor Neurone Disease Collaborative Update Kingston redevelopment service planning with DoH and Southern Health 	<p>In progress</p> <p>–</p> <p>✓</p>
6	Service excellence	<ul style="list-style-type: none"> Care planning completed – improvement patient satisfaction Achieve accreditation Consumer participation – consumer advocate role outlined and established Information technology plan implemented Review of capital expenditure required for facility upgrade and service development 	<p>In progress</p> <p>✓</p> <p>Partial</p> <p>✓</p> <p>✓</p>

Financials

Summary of Financial Results (\$'000)

	2009/10	2008/09	2007/08	2006/07	2005/06
Total Revenue	25,504	24,205	23,560	21,496	19,272
Total Expenses	25,152	23,881	22,394	21,284	20,595
Operating Surplus / (Deficit)	352	324	1,166	212	(1,323)
Retained Surplus	9,477	9,095	8,111	7,635	7,423
Total Assets	15,323	14,463	14,185	12,918	13,582
Total Liabilities	5,846	5,338	5,384	5,283	6,159
Net Assets	9,477	9,125	8,801	7,635	7,423
Total Equity	9,477	9,125	8,801	7,635	7,423

Performance priorities

a. Financial performance

(i) Operating result

2009-10 actual (\$m)

Annual operating result \$0.799

(ii) Cash management/liquidity

2009-10 actual

Creditors	24
Debtors	60
Net movement in cash balance (\$m)	\$0.233

b. Service performance

Quality and safety

2009-10 actual

Health service accreditation	100%
Cleaning standards	85%
Hand Hygiene Program compliance	60%
Victorian Patient Satisfaction Monitor	73% Met benchmark

c. Activity and Funding

	2009-10 Activity Achievement
Sub Acute Inpatient	
GEM (non DVA)	10,273
Palliative Care - Inpatient	11,927
GEM - DVA	40
Palliative Care - DVA	578
NHT (non DVA)	127
	22,945

Ambulatory	
SACS (non DVA)	3,156

Revenue Indicators		
Average Collection Days	2010	2009
Private	63	44

Debtors Outstanding as at 30 June 2010	Under 30 days	31-60 days	Over 90 days	Total 30/6/10	Total 30/6/09
Private	40	9	-	49	74

Employees (by FTE)

Category	30 June 2010 FTE
Nursing	113.7
Administration and Clerical	17.2
Medical Support	7.4
Hotel and Allied Services	21.7
Medical Officers	4.5
Ancillary Staff (Allied Health)	33.7
	198.2

■ Continuum of Care Governance Committee

There are two subgroups of the Continuum of Care Governance Committee: Clinical Practice and Medication Advisory. The significant quality improvement and risk management work of these subgroups this year includes the review of:

- operational processes relating to clinical handovers, team meetings, patient goal setting, care planning, family meetings and discharge planning
- separation review meeting arrangements (i.e. morbidity and mortality) to improve case selection, problem identification and remediation strategies
- policies to ensure we meet standards, best clinical practice and legislative and regulatory requirements

It is very pleasing to report that during our November 2009 Organisation-Wide Survey for accreditation, the ACHS Surveyors endorsed our management of medications, falls and pressure ulcers and these three aspects of clinical governance were each awarded "Extensive Achievement" ratings.

■ National Standards Assessment Program (NSAP)

The Clinical Practice subgroup also carried out work related to NSAP; a quality improvement initiative funded by the Australian Government. Palliative Care Australia supports specialist palliative care services to identify opportunities for improvement via interdisciplinary self-assessment against 13 national standards.

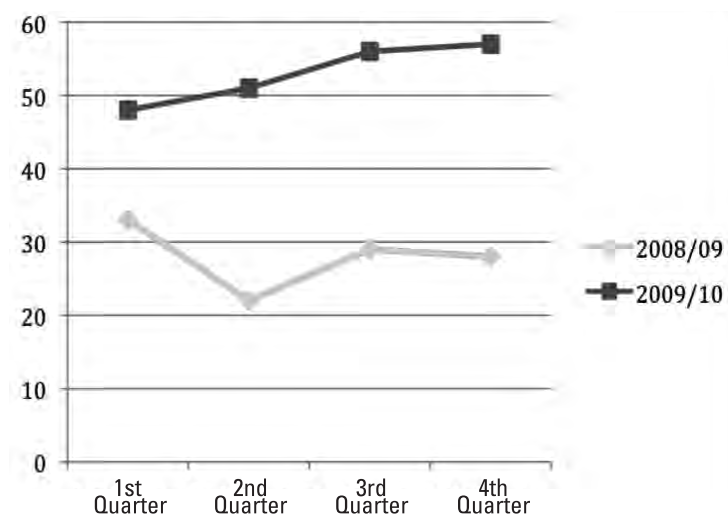
In March 2010, our clinical staff critiqued our systems, practices and policies against these 13 standards and identified the following quality improvement activities; a review of patient information brochures, methods to evaluate care plan implementation, and provision of information for non-English speaking patients and their families.

Medication management

In all hospitals, medication errors commonly cause adverse events for inpatients and are primarily related to the administration of medications by clinical staff.

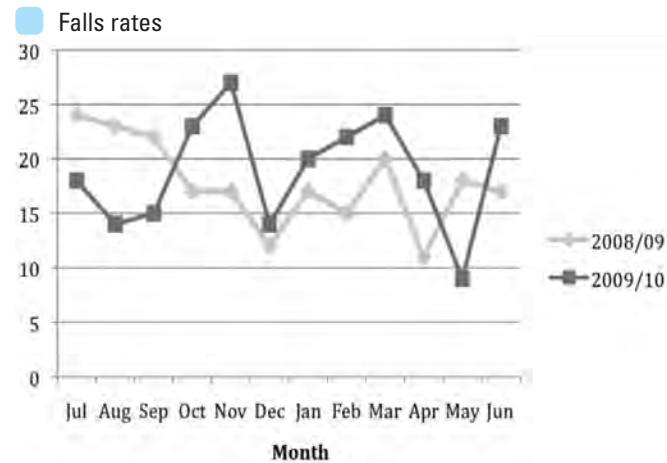
While the rate of medication related incidents at CHCB increased from last year, there were no adverse outcomes for our patients. Staff reporting of such incidents is to be encouraged and contributes to system and practice improvements. This year we increased medication chart audits to quarterly and changed the audit chart format to rapidly identify, communicate and manage errors in medication prescribing. A “reflective practice journal” was implemented to support staff in reviewing incidents and factors that contribute to medication errors.

Medication errors



Falls management

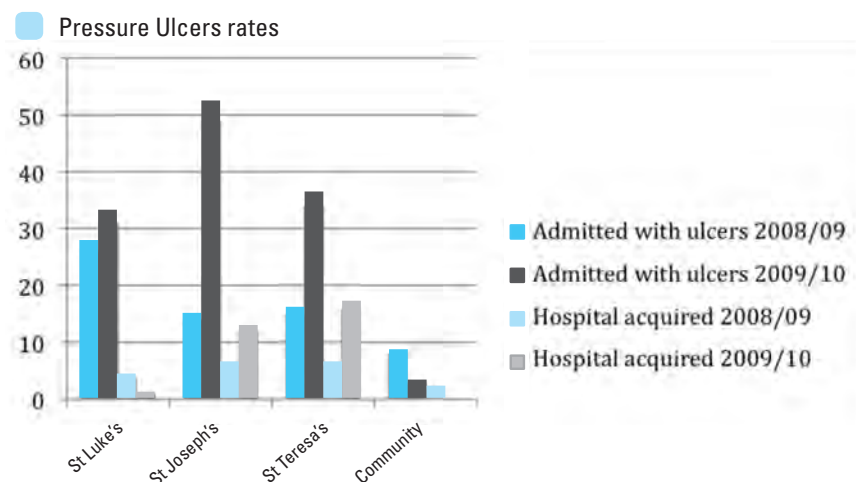
CHCB provides care to patients who, as a feature of their illness, are likely to fall. This year and previous year data demonstrate that the rate of patient falls continues to fluctuate and that we must be vigilant in identifying patients at risk and manage that risk accordingly. A retrospective audit, using falls incident data from 2007/08 and 2008/09, determined a profile of patients who fall, in order to develop risk reduction strategies. Significantly, the audit identified time of fall, location of fall, diagnosis and patients' mobility levels as contributing risk factors. Potential remediation strategies will be tested over the coming year.



Pressure ulcers and wound management

Our patients have a tendency to develop serious pressure ulcers as a direct consequence of their immobility and deconditioning. Pressure ulcer and wound management is complex and requires a high level of skill and expertise. Our Wound Management Advisory Group has worked to develop: a Wound Assessment Chart and Mobilisation & Repositioning Plan; monthly compliance audits of chart completion resulting in <96% compliance and improved documentation of wound management; an ongoing Pressure Care Management Plan for patients returning home to prevent recurring pressure problems; delivery of four wound education modules.

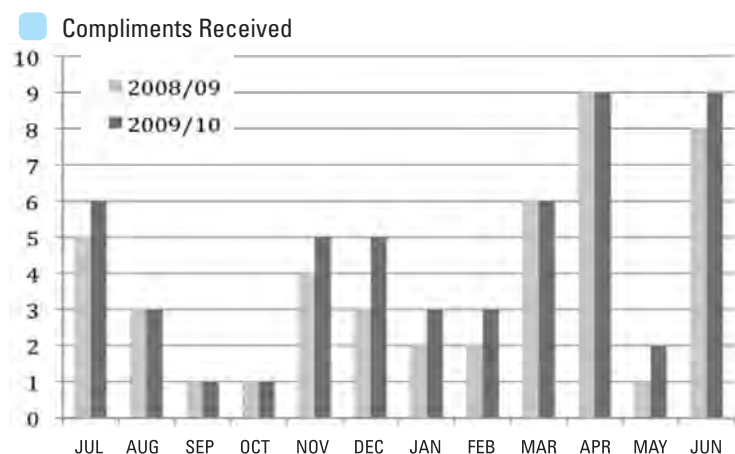
As in previous years, the majority of pressure ulcers exist in patients admitted for management of their ulcers, and our rate of hospital acquired pressure ulcers is extremely low.



Feedback

CHCB values feedback received from patients, their friends and families, staff and other service providers. Opportunities for feedback are provided through formal patient satisfaction surveys, suggestion boxes, written and verbal complaints and informal acknowledgement (e.g. letters of

appreciation and thank you cards). This year we received significant complimentary feedback and several useful suggestions to improve our food services and our built environment, which have all been addressed.



Negative feedback is always a valuable opportunity for us to hear first hand from our patients. This year, patients and/or their families lodged five written complaints. These complaints were addressed and resulted in improved key processes and improved professional development of our staff. The nature of these complaints involves one or more of the issues outlined in the following table:

Access	Treatment	Communication	Atmosphere	Rights
Discharge/Transfer Delay in admission	Inadequate nursing care Delay in treatment	Poor attendance/ discourteous Inadequate information	Noisy environment	Property loss

Patient and family satisfaction

This year, a short Patient Satisfaction Survey was piloted on St Joseph's and St Luke's wards. The survey was distributed by our Volunteer service and 26 patient responses were received. Overall care was rated as 'good' or 'excellent' by 76% of respondents on St Joseph's ward and 65% of respondents on St Luke's. This valuable survey assessed the patient/carer experience with our services and highlighted issues to be addressed relating to

clinical practice, hospitality and the involvement of patients and their families in decision making and care planning. This survey will eventually be implemented in all wards and the ambulatory service areas, and will complement other formal patient satisfaction surveys including the Department of Health 'Victorian Patient Satisfaction Monitor' and the 'Victorian Palliative Care Satisfaction Survey'.



Safe Practice and Environment Governance Committee

There are three subgroups of the Safe Practice and Environment Governance Committee: Emergency Management, Equipment Management and Occupational Health & Safety. The significant quality improvement and risk management work of these subgroups this year includes the following achievements:

Emergency management achievements

- Patient emergency evacuation mats installed and staff trained in their use.
- Emergency fire and evacuation procedures manual and 'e-learning' module have been reviewed and updated.
- A business continuity plan for patient services has been drafted.

Equipment & resources management achievements

- Upgrade of syringe drivers for administration of medication to patients.
- Ceiling hoists for lifting patients have been installed in the wards.
- Upgrade of hi/lo beds and mattresses.
- Modifications to our toilet flushing systems, heating and hot water services, as well as rainwater harvesting and recycling, have reduced gas and water consumption by approximately 50% and 10%, respectively.
- An enhanced management reporting system for the Engineering Department to ensure all legislative reporting is completed efficiently.

CHCB remains committed to reducing our environmental impact and to introduce sustainable practices wherever possible. Sustainable practices will be implemented in accordance with our environmental policy and environmental management plan.

Occupational health & safety achievements

- A 97% Food Safety rating from independent auditor, Australian Food Hygiene Services.
- A 97% attainment of minimum standards for our in-house cleaning program as assessed by our consultant for Infection Control.
- Increase in security cameras and deployment of duress alarms in CHCB gardens.
- Upgrade of slide sheets on patient beds to improve patient manual handling.
- Introduction of Bullying and Harassment Contact Officers to support staff.
- Review of our WorkCover systems, by external consultants, Ascentor, that led to the introduction of the 'Injury Master' software system, which has improved efficiency and reduced work injury costs.
- Commendation by WorkSafe Victoria for our manual handling systems.
- Implementation of a garden beautification program.



Rotarian Graham Sycamore gardening with working bee helpers.

Information Management Governance Committee

The Information Management Governance Committee incorporates Information Technology, Telecommunications and Medical Records. The significant quality improvement and risk management work that has been addressed this year includes:

- Audit of clinical policies and procedures to ensure all Medical Record Forms cited in these policies were current, have appropriate titles and medical record numbers and are consistent with the policies prescribing their use.
- Development of an operations manual for routine functions of the Information Technology and Communications Support Service, and the articulation of the CHCB/LCMHC Standard Operating Environment which is used to ensure new computers comply with the organisation's requirements.
- Specification of a new telephone system which is a major undertaking in response to failing infrastructure.

■ People and Culture Governance Committee

The significant quality and risk management work of this committee this year includes the following achievements:

Human resources review

Following last year's review of Human Resources (HR) policies, procedures and systems conducted by the Victorian Health Industry Association (VHIA), CHCB has implemented many of the recommendations. A HR Manager has been appointed and has initiated a range of activities. These include training and increased awareness

of workplace issues such as Bullying and Harassment, Equal Employment Opportunity, provision of support to managers, supervisors and staff in respect of employee and industrial relations issues. Consequently, this will strengthen CHCB's capacity to attract and retain exceptional staff.

Best Practice Australia (BPA) – Staff Satisfaction Survey

Every two years, CHCB participates in a review of our services to monitor our staff satisfaction. This review is conducted by an external agency, BPA, and provides us with information and strategies to assist us to improve our workplace. This year:

- A review of organisational communication revealed that people desired more information in a variety of styles. This has led to revitalised staff forums, the introduction of a formal communiqué to all staff and a recommitment to collaborative planning and consultation processes.
- Our Mission, Vision and Values are our guiding statements and we have now complemented them by adding our Values in Action statement. This statement expresses the behaviours that we desire as we engage in the work that we do.

Wellness Group – *staff living well and wise*

Wellness is a holistic approach to living well. It is the integration of the spirit, body and the mind; and the understanding that everything we do, feel, think and believe has a direct impact on our state of health. Research studies related to wellness indicate that staff who take good care of themselves and make healthy lifestyle choices are healthier, happier, more productive, are absent from work less, and have lower healthcare costs.

We highlight: healthy dietary choices with seasonal Wellness-sponsored lunches; health promotion with 'quit smoking' advice and resources; physical improvement by walking in the Global Corporate Challenge, participating in group training and yoga, and swimming in the MS MegaSwim.

Equally important is the psychological self care of our staff. We encourage using the Employee Assistance Program and other social activities.

We continue to acknowledge the efforts of CHCB staff by offering support for the 'Weight Watchers at Work' program, with a number of inspirational staff successfully achieving their weight loss and fitness goals. Hard-working nursing staff are also encouraged to have some 'time-out' during their breaks with Wellness-funded monthly magazine subscriptions.

In 2010, the Wellness committee funded a staff choir facilitated by an external choir leader. The staff choir ran for eight weeks with the choir performing a fabulous musical item at the staff forum. All choir members surveyed said singing in the choir had a positive impact on their feelings of wellbeing.

At CHCB, Wellness recognises that by 'living well and wise' we can continue to sustain our focus on 'being for others.'

Mary Potter Week

Every year CHCB recognises and celebrates the birthday of Sister Mary Potter, the foundress of the Little Company of Mary. Fr Pat Bourke celebrated Mass and Sr Pauline Pervan spoke of her vocation journey as a Sister of the Little Company of Mary. The liturgy included Missioning of the Executive. The event was attended by Sr Juliana Coulson, Sr Bernadette Fitzgerald and Walter Kmet representing National LCM Healthcare.



International Nurses' Day

On the 12th of May 2010, nurses at CHCB invited members of the multidisciplinary team to join them in celebrating International Nurses Day; a special day to recognise the important contributions nurses make to society. It was a multicultural event with nurses from many different countries coming together to chat and share food from their native countries with their colleagues. The wonderful work nurses at CHCB do, each and every day, was acknowledged and recognised. Notably, ten CHCB nurses received the Annual Coordinators' Award for Nursing Excellence in 2010.



Staff and volunteer milestones

Years of service	Name
5	Felix Bolanos, Akiko Bradshaw-Ikeuchi, Karen Bolger, Kim Boniwell, Andrew Churchyard, Amanda Cula, Emma Finch, Geom Fremouw, Michael Hartley, Lilita Hi, Geraldine McKellar, Michele Meachen, Josephine Milone, Janet Mostovoy, Sharon Sandvik, Mira Sapozhnikov, Judith Van Opstal, Patricia Walburgh, Susan Wilkins, Francesca Williamson, Elizabeth Albrecht, Eva Anthony, Rosa Costa, Janet Dimelow, Shirley Hyacinthe, Angela Laffan, Beverley Phillips, Judy Sime, Inge Truckenbrodt
10	Raymond Allen, Pauline Cheung, Elizabeth Cole, Edward Donald, Deborah Hanby, Joanne Harris, Christine Limmer, Sandra McConnell, Cathryn McMahon, Kathy Milutin, Anna Smith, Malini Somaiya, Qwee Teoh, Lynn Watson, Harald Farinski, Margot Travellyn
15	Roxanne Maule, Mary Wilsdon, Pat Mulcahy, Margaret O'Driscoll
20	Susan Alexander, Voula Dandoulas, Yvonne Hepponstall, Vladislava Kazda, Peter Quinlan, Leanne Vella
25	Teresa Krajewska, Judith Lawrence
35	Susan Needham



Mary Potter Week celebrations included a 'So You Think You Can Bake' competition, judged by our own chef, King (top) with a winning tiramisu baked by Cynthia Persi from the Pharmacy department (middle). Our 'Bethlehem's Got Talent' quest was hosted by the irresistible Esther Goldenbum (bottom).

Centre for Education and Development

The Centre for Education and Development strives to inspire success in clinical practice by supporting staff with customised education, training and opportunities in a wide range of curriculum areas.

At the November 2009 Organisation-Wide Survey, our Graduate Nurse Program, Return To Practice Program and three Palliative Care programs all received high praise from the ACHS Surveyors and resulted in an “Extensive Achievement” rating.

Motor Neurone Disease (MND) research findings



In December 2009, Dr Fiona Fisher (left), Neuropsychologist, gave two poster presentations at the 20th International Symposium on ALS/ MND in Berlin. Based on clinical research findings, Fiona presented work investigating the frequency of social communication, behaviour and thinking changes in MND, and how the presence of such changes impacted caregivers. Her research indicated that noticeable changes in thinking, behaviour and social communication abilities were present in over one third of participants. Anxiety was also identified as a significant issue for both patients and their families. For caregivers, changes in behaviour were most challenging,

over and above supporting loved ones with the physical changes of the disease. These findings highlight the need for increased awareness and support for persons with MND and their families about the ‘non-motor’ symptoms of MND. Fiona’s work was supported by the 2009 MND Victoria Research Grant from the Motor Neurone Disease Research Institute.

With additional funding obtained, Fiona and her team continue the research to better understand how emotions are perceived and interpreted in MND, and how communication impacts interpersonal relationships.

Scholarships

We are delighted to continue to support our staff with their professional development and this year the following staff were recipients of CHCB-funded scholarships:

Name	Department	Course of Study
Anna Haebets	Social Work	Master of Social Work
Lyn Watson	St Luke’s Ward	Anatomy & Physiology (pre Medication Endorsement)
Jennifer Ross	St Joseph’s Ward	R.N. Div 2 – Medication Endorsement
Yao Huang	St Luke’s Ward	Post Grad Diploma Nursing (Cancer & Palliative Care)

Research applications

The following research applications were approved by CHCB's Research Ethics and Ethics Committee and/or were in progress during 2009-10:

Principal investigator	Project
Ms Gerry McKellar	Effect of physiotherapy on palliative patients' ability to cope with breathlessness
Ms Anne Horne-Thompson	An investigation into music, music therapy and anxiety in MND
Dr Susan Mathers Ms Malini Somaiya	The Continuous Care Pilot
Dr Katrinia McFerran	Supporting families to support children with life-threatening illness
Assoc. Prof. Matthew Kiernan Dr Paul Talman	INSPIRATIOnAL (INSPIRAtory Training in Amyotrophic lateral Sclerosis)
Dr Michael Summers Mr Roy Batterham	Evaluation of the Continuous Care Pilot
Dr Louisa Ng Dr Fary Khan Dr Paul Talman	Effectiveness of a peer support intervention in MND and Multiple Sclerosis
Dr Fiona Fisher Dr James Howe Dr Susan Mathers Ms Maryanne McPhee Dr Alexia Pavlis Mr Mathew Staios	Cognitive and behavioural changes in MND: exploring the impact on caregivers
Dr Fiona Fisher	Emotion Recognition in progressive neurological conditions: Impact on communication, behaviour and caregiving
Dr James Gillespie	Descriptive Analysis of the Calvary Health Care Bethlehem Specialist Palliative Care Model
Dr Chong Meng Tay Dr Mina Borromeo Dr Jim Howe Dr Susan Mathers Dr Katrina Reardon	Oral health status and dental treatment needs of patients with Motor Neurone Disease in Victoria, Australia
Dr Louise Peters	Predictors of stress and coping in Palliative Care Nurses

CHCB gratefully acknowledges the significant contribution of the following Research Ethics and Ethics Committee members:

Mrs Rosalie Jones (Chairperson)
 Dr Jane Fischer
 Mr Tony Ryan
 Mr Des McCarthy
 Fr Norman Ford
 Ms Shannon Thompson
 Dr Susan Mathers
 Dr Jim Howe
 Cr Margaret Esakoff
 Mr Peter Lumley
 Mr John De Bono

■ Model of Care

Through integrating our hospital based and ambulatory services, the CHCB model of care ensures that patients and their families are supported according to their needs and are transitioned across services as required.

The ongoing process of developing our model of care aims to enhance the efficiency, safety, quality and value of our care and improve the outcomes of that care for our patients.



■ A friendly smile works wonders to lift the spirits.

■ Neurological Ambulatory Service

The Neurological Ambulatory Service incorporates outpatient clinics, a range of specialist physicians, community based consultancy and day centre care. Following the Department of Health review of our non-admitted services, there were a number of recommendations for changes to our model of care to better reflect our status as a statewide provider of services to patients with progressive neurological conditions.

Consequently, CHCB no longer provides primary care nursing to patients with progressive neurological conditions. Primary care nursing services had long been a part of what CHCB provided and in response to the review, this level of care was transferred to other nursing service providers. Subsequently, a new consultancy was formed and we now provide Neurological Nursing and Allied Health Consultation services, which aim to enhance patient care through improved coordination, collaboration and delivery of statewide secondary consultation to other agencies.

Highly skilled Registered Nurses work closely with specialist physicians and the outpatient service to improve staff awareness of a patient's condition, timely intervention and to facilitate efficient outpatient service use.

The Neurological Day Centre has reviewed the number of days of service to better meet demand and a Leisure and Lifestyle Coordinator has been appointed to develop and manage the programs delivered in this setting.

A Neurological Ambulatory Service (NAS) Manager has been appointed to coordinate the service. Access and Intake roles have also been implemented to coordinate and facilitate new referrals and admissions to the NAS.

Community Palliative Care Service

The Community Palliative team has been reorganised and a Community Palliative Manager has been appointed to coordinate this service. Intake nurses have also been appointed to coordinate and facilitate referrals and admissions to the service.

The Palliative Care Day Centre continues to operate two days per week and has moved to a new staffing structure, sharing the Leisure and Lifestyle Coordinator role to coordinate programs delivered to patients in the day centre setting.

Care Planning

A care planning tool has been trialled and introduced to the inpatient team meeting which then allows staff, patients and family/carers outside of the meeting to know and understand the current issues, interventions and plans. This tool will be implemented across both inpatient and outpatient settings and aims to involve the patient and their carer/s in goal setting and agreed management plans.



Patients, and their families, receive high quality, compassionate care.

Electronic referrals

As part of an update to the inpatient management software system (iPM), to enable collection of data for reports to the DoH, CHCB has moved to a paperless system of referral to internal staff and services within CHCB. This will be further augmented with a planned move to an electronic medical record in the next 12 months.

Government sponsored projects

CHCB has been part of several Government funded projects over the last year: The Palliative Care Pathway in MND, Collaborative Care in MND and the Continuous Care Pilot Project. These projects address the importance of service collaboration in order to focus on the client's priorities, plan realistic care options and anticipate future needs. Reports from the projects advocate health and disability service reform to allow services to be united and streamlined. Through this 'continuous care' model, ambulatory services can help a person or health professional struggling with such neurological conditions, anywhere in the community, and provide the right advice at the right time to better manage the situation.

Through the strength of these service partnerships we will continue to develop our outreach activities, particularly in the areas of Telehealth and satellite services, education, training and research.

■ Gippsland Region Palliative Care Consortium

To further develop CHCB as a statewide provider of tertiary neurological and palliative care services, the initial work of Southern Metropolitan Region Palliative Medical Specialists and the Gippsland Region Palliative Care Consortium, a strategic plan has been put in place. This plan will provide local consultancy services to improve patient access to specialist palliative care services and to provide education and support to local palliative care agencies and general practitioners in the Gippsland region.

After months of consultation and planning, a CHCB consultancy team, consisting of medical, nursing and social work personnel, visit the region monthly, augmented with weekly teleconferences and phone support between visits. Challenges do exist, but this is the start of an important collaborative partnership.

■ Community Pharmacy Project

The Palliative Care for People at Home Initiative funded the 'Pharmacy in Community Palliative Care Project' which concluded at the end of June 2010. The major activities and outcomes of the project were:

- Over 380 medication review screenings were undertaken.
- Over 52 home visits to undertake further medication management reviews.
- An audit of the provision of emergency (just in case) medications that will provide CHCB with directions for the future and potential cost savings.
- 100% of staff surveyed reported that their knowledge, understanding and management of palliative care medications had improved.
- 60% of staff surveyed have changed their palliative care medications practice.
- Submission of a final report to the Victorian Department of Health and Commonwealth Department of Health and Ageing.

The project finished on time and on budget, with the development of a toolkit available via the CHCB website. This toolkit includes:

- Patient medicine information leaflets (PILs) on nine medications that have been translated into seven languages.
- Mp3 audio files for people who are from culturally and linguistically diverse communities, are vision-impaired and/or who have poor or inadequate health literacy.
- Tools used throughout the project and an extensive resource listing.

Ensuring People Have A Say

Imagine not being able to say “my nose is itchy” or “I need a drink” or “I love you”. Imagine losing your ability to speak. This occurs with many patients at CHCB.

Our Speech Pathologists work with their interdisciplinary colleagues to ensure people have the means to express their needs and wishes and to access technology for life.

In addition to communicating with pen and paper, there are also other options available that help our patients. These include devices such as a Lightwriter, Tellus Smart, Allora or ‘eye gaze’ systems that use a computer and camera to track eye movements to activate an on-screen keyboard. With this innovative technology, patients can type a message that is then audibly verbalised by the computer.

In partnership with ComTEC Yooralla, CHCB runs a clinic every six weeks that offers a state-of-the-art technology and communication service for CHCB patients.



Staff and patients using communication technology.

Redevelopment

The relocation and redevelopment of CHCB has been part of our strategic plan for over 10 years. Now, however, the aging and deteriorating facility is compromising CHCB’s operational sustainability, in addition to our reputation as a specialist provider.

The configuration of the current site is no longer suited to the delivery of modern health services and hinders the development of our model of care and expansion of services. The poor physical fabric and infrastructure poses risks to patient safety and optimal outcomes, and with 60 beds in shared rooms, compromises the dignity and privacy of patients. The substandard site creates work inefficiencies and threatens to affect staff recruitment and retention.

Work on the plan to relocate to Kingston with Southern Health continues. However, the current Kingston Calvary plan involves staging with other components on the Kingston site and is occurring over an extended period.

Over the last 12 months, CHCB and DoH have also explored the option of rebuilding on our existing site. A plan for a new inpatient building and a feasibility study with costings to support the proposal has been completed. CHCB believe that redevelopment of the existing Caulfield site provides a more cost effective solution, in a shorter time frame, and allows us to deliver a more efficient model of care to meet community demand. CHCB is continuing to work with Southern Health and DoH to complete a business case that delivers the best options for CHCB.

Community support

We thank the Rotary Clubs of Glen Eira, Brighton Beach, Brighton North, Caulfield, Elsternwick, Brighton and Bentleigh Moorabbin Central; Monash University; Caulfield RSL club and Glen Eira City Council for their continued interest and significant contributions during the past year. Major highlights included:

- A 'Song-a-thon' of Shakespearean period songs, performed by classical singing students of Monash University's Arts department that linked the students with CHCB and raised funds for our Creative Connections program.
- A major garden working bee, involving support in cash and/or kind from Rotary clubs, Parks Victoria, the Sunshine Foundation, Chelsea Men's Shed and Penhalluriack's Hardware & Nursery, resulted in water reticulation to four garden areas, positioning of four new seats and planting of 250 new plants for the benefit of patients and their families.
- A quiz night, hosted by the Rotary Club of Glen Eira, raised funds for CHCB.

Fundraising and project support

Fundraising support from the community and the Department of Health for Motor Neurone Disease (MND) and MND associated communications projects has allowed four special patient rooms to be designed and developed. In these rooms, patients without speech or the use of limbs can now feel a sense of independence and self-reliance. Furthermore, staff and volunteers are able to leave patients who would otherwise need frequent attention.

Litewriter and Dynavox aid-to-communication equipment have been purchased through the generous support of the Marian & E.H. Flack Trust, Scobie and Claire MacKinnon Trust and Eric Norman Sweet Trust.

We are grateful to Dawn Nance and her committee for organising and hosting a Gala ball at Docklands as a fundraiser for MND. CHCB were the grateful recipients of \$10,000 from the event proceeds.



- Invited speaker and VFL legend Peter Hudson with devoted fan, Nic (left), and the winning CHCB quiz night team (right).

■ Creative Connections

With the generous support of the Williamson Foundation, the Barr Family Foundation, the Dame Elizabeth Murdoch Foundation and the Monash University Music Department, the Creative Connections program has continued to support families with children who have experienced, or are preparing for, the death of a loved one.

In response to the need for improved access to grief support for children within the community, a new program website has been developed and launched (www.bethlehem.org.au/creativeconnections). The website provides information about children and grief including links to support services both within and outside CHCB. The Creative Connections team has also strengthened relationships with international researchers in childhood grief to assist us in the ongoing evaluation of the program during 2010-2011.

■ Volunteer services

Volunteer Services are an important part of the holistic care team at CHCB and provide ongoing support to the wards, day centres and administrative support to various departments.

In the past year, ten CHCB volunteers completed formal volunteer training and receive an Accredited Certificate III for Delivering Care Services using a Palliative Approach. These volunteers also completed training in hand and foot massage to offer patients.

CHCB volunteers, and staff, including our Volunteering companion dogs, Pete and Toby, attended the Minister of Health Volunteer Awards at Parliament House in May 2010. Raising the profile of our Volunteering Palliative Visiting Pets Program, the dogs were the first visiting pets to be welcomed into Parliament House and attracted great attention and many pats!



■ Our Visiting Pet, Pete, drops in to see a patient (left) and visiting Parliament House (right) volunteers: Yvonne, Tracey (D.C. coordinator), Pat and Zoe (V.S. Manager), L to R.

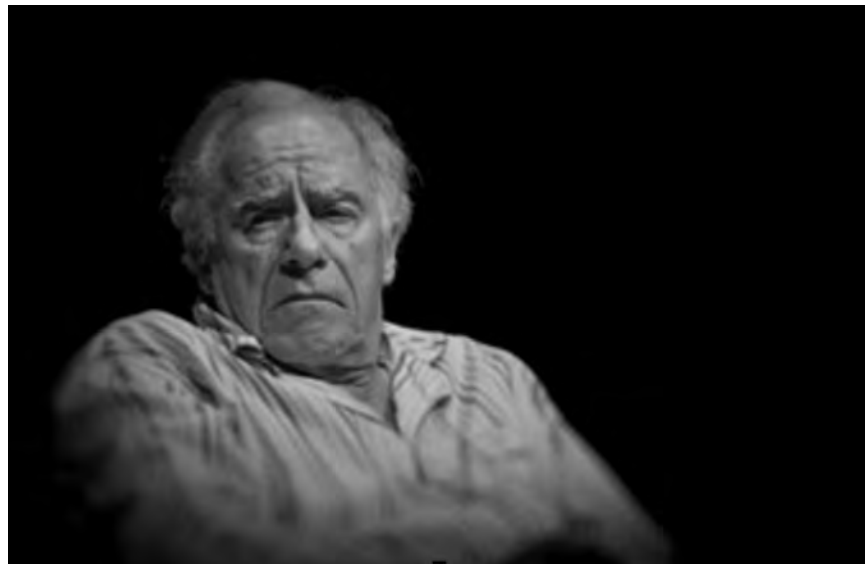
Health Promotion

CHCB has commenced a collaborative health promotion project with Our Lady of Sion, Box Hill using enquiry-based learning through engagement to explore health care issues. The project aims to:

- enhance community awareness of Palliative Care and Motor Neuron Disease
- strengthen community connections between two Catholic organisations
- provide students with the opportunity to further engage in social enterprise
- provide students with a forum to express their talents
- build community through collaborative engagement.

Our plan is to expand this initiative to include other schools, multi faith dimensions and collaborative interactions.

CHCB was pleased to join the Southern Metropolitan Region Palliative Care Consortium in sponsoring the play 'Four Funerals in One Day'. The play was written by Alan Hopgood (below), who also played the role of Clarrie. The play explores the power of story in people's lives and the human impact on patients and professional carers involved in palliative care. The play portrays a message of hope; that "every person leaves a footprint". 'Four Funerals in One Day' is able to succeed in its health promotion role by beautifully mingling humor and tenderness. The strength of this play is that it manages to present palliative care in a way that educates and also entertains.



Actor and playwright, Alan Hopgood.

The thoughtfulness of others

There are many ways in which people financially support CHCB. All donations are gratefully accepted as they help us to support others. Donations are made in the following ways:

- a single gift
- an annual gift
- a donation in memory of a loved one
- a bequest
- in response to an appeal.

All donations of \$2.00 and over are tax deductible and donors may specify the purpose for which the funds are to be used. However, gifts for unspecified purposes help us to flexibly respond to the most urgent needs.

All correspondence concerning financial support for CHCB should be directed to:

Chief Executive Officer
Calvary Health Care Bethlehem
476 Kooyong Road
Caulfield South, Victoria 3162

List of donors (\$500 and over) 1 July 2009 - 30 June 2010

Trust Company Ltd	\$50,000	The Rotary Club of Glen Eira	\$4,000	Mr & Mrs Michael Haesler	\$700
Collier Charitable Fund	\$34,136	Mr Bradley Roberts	\$3,000	All Souls Opportunity Shop	\$600
Estate of the late Margaret Alice Boston	\$32,466	Rotary Club of Pakenham Inc	\$3,000	Mr Iossif Podlabeniouk	\$600
Lord Mayor's Charitable Foundation	\$20,000	Betty & John Laidlaw	\$2,500	Mr John Sutton	\$600
Sidney Myer Fund	\$20,000	Estate of the late Bartolo Saltalacchia	\$2,000	M K Nolan	\$550
The Gandel Charitable Trust	\$20,000	Mrs Margaret Henry	\$2,000	Mr Pino Andronaco	\$500
The Hugh Williamson Foundation	\$20,000	Mrs Geraldene McDonald	\$2,000	Ms Yvonne Brakey	\$500
The Eric Norman Sweet Trust	\$15,000	The William Angliss (Victoria) Charitable Fund	\$2,000	Mr Jim Darby	\$500
The Marian & E.H. Flack Trust	\$14,249	Ms Mary Draycott	\$1,600	Ms Sandra Falla	\$500
The Scobie and Claire MacKinnon Trust	\$14,249	Mrs Stephanie Johnston	\$1,500	Mr John Gibson	\$500
Mr and Mrs Michael Tabak	\$11,000	Ms Jenny Rogers	\$1,500	Mr & Mrs G Huntley	\$500
MND - Ball (Balls At Night Charity)	\$10,000	Parade College	\$1,380	Mrs Jessie Jans	\$500
Baxter Percy Charitable Trust	\$10,000	Mr George Kyriakos	\$1,330	Mr Paul Jones	\$500
Dr Sharon Keeling	\$10,000	Sisters of Mercy Goulburn Congregation - Sr Angela Jordan	\$1,135	Ms Joyce Laurence	\$500
Dame Elisabeth Murdoch AC DBE	\$10,000	Ms Sophie Burns	\$1,105	Mr & Mrs Ken & Jean MacDonald	\$500
Mr Kevin Wareing	\$7,500	Mrs June Ziebell	\$1,050	Mr Brendan Madigan	\$500
Sally Hinson	\$6,052	Mr Ray & Mrs Merle Fox	\$1,000	Ms Noreen McCarthy	\$500
Sunshine Foundation	\$6,000	Norman Hill	\$1,000	Miss Roberta O'Carroll	\$500
Peter M Johns	\$5,000	Mr Neville Hinde	\$1,000	Mr Jacob Pushett	\$500
Dr Lindsay Jones	\$5,000	Ms Patricia Jones-Jowett	\$1,000	Mrs Maisie Rowland	\$500
Rotary Club of Bentleigh Moorabbin	\$5,000	Dr. Penelope A Martin	\$1,000	Mrs Ruth Soawyer	\$500
CHCB Card Ladies Auxiliary	\$4,200	Ms Malvina Miliauskas	\$1,000	Estate of the late Thelma Lavena Maxwell-Macleod	\$500
		Mrs Elizabeth Ridgway	\$900	Mr Russell Waters	\$500
		Ms Shirley Landy	\$800	Mr Peter Woodhouse	\$500
		Mr Leo Connolly	\$750		
		Ms Kay McKenzie	\$750		

Outline organisation

List of senior staff members as at 30 June 2010

CORPORATE STAFF

Chief Executive Officer

Dr Jane Fischer

FINANCE & BUSINESS SERVICES

Director of Finance & Business Services

Mr Andrew Hluchanic

Accountant

Mr Haja Mohideen

Hospital Services Manager

Mr Barry Daniels

Human Resources Manager

Mrs Joanne Sherlock

Corporate & Community Development Manager

Mr Bob Slater, AM

MISSION

Director of Mission

Mr John De Bono

Resident Chaplain (Catholic Church)

Rev Fr P Bourke OSA

Manager Volunteer Services

Ms Zoe Pelteki

Pastoral Care/ Bereavement Services Coordinator

Ms Christine Limmer

QUALITY/RISK & SERVICE IMPROVEMENT

Director of Quality/Risk & Service Improvement

Mr John Belfrage

IT Support Officer

Mr Damian Kho

Education Coordinator

Ms June Davis

Health Information Services Coordinator

Ms Elaine Elliott

MEDICAL STAFF

Medical Director

Dr Jane Fischer

Clinical Director Neurology

Dr Susan Mathers

Neurologists

Dr Jim Howe

Dr Andrew Churchyard

Dr Paul Talman

Dr Katrina Reardon

Dr Kate Kotschet

Neuro/Palliative Specialist

Dr Greg Stefanou

Palliative Specialists

Dr Alexandra Burke

Dr Scott King

Psychiatrists

Dr Melinda Kemp

Dr Brendan Spence

NURSING

Director of Clinical Services

Ms Shannon Thompson

Deputy Director of Nursing

Ms Judy Lawrence

Nurse Unit Manager St Joseph's Ward

Ms Charlotte Chidell
(until February 2010)

Mr Gary Cox
(from May 2010)

Nurse Unit Manager St Luke's Ward

Ms Bernadette Sheehy

Nurse Unit Manager St Teresa's Ward

Ms Fran Williamson

Neurological Ambulatory Service

Ms Rosemary Leech

Neurological & Palliative Day Centres

Ms Tracy Neave

Community Palliative Care Service

Ms Melinda Poon
(until September 2009)

Ms Caroline Edwards
(from September 2009)

ALLIED HEALTH PROFESSIONAL STAFF

Allied Health Manager

Ms Claire Duane
(Acting until October 2009)

Ms Millissa Fromer
(from October 2009)

Chief Music Therapist

Ms Karen Bolger

Chief Occupational Therapist

Ms Ruth Skene

Chief Pharmacist

Ms Ka-Yee Chen

Chief Physiotherapist

Ms Karol Connors

Chief Social Worker

Ms Claire Duane
Ms Malini Somaiya
(Acting until October 2009)

Chief Speech Pathologist

Ms Maryanne McPhee

PROFESSIONAL SERVICES

Solicitors

Middletons Lawyers

Auditors

Auditor General Victoria

Bankers

Commonwealth Banking Corporation

■ ■ Being For Others ■ ■

People have stories to tell.

This is one way we create meaning, make sense of life and get in touch with our inner world.

The Pastoral Care and Bereavement Team enables patients and families to be heard, to voice their thoughts and express their feelings.

This engagement happens through listening, through sharing and holding of the story.

Being for others is a gentle presence allowing people to be acknowledged and not alone in their journey. As we travel together we can experience healing and meaning and hope.

Participating in rituals is a powerful way that people connect to others and their inner world.

At CHCB the “Ceremony of Remembrance” and “Remembering Lives” ritualise this part of our human journey.





*Calvary
Health Care*
Bethlehem

Calvary Health Care Bethlehem

476 Kooyong Road

South Caulfield Vic 3162

Telephone: 03 9596 2853

Facsimile: 03 9596 3576

www.bethlehem.org.au

ABN 81 105 303 704

ACN 105 303 704

Edited by The Science of Copy

Printed by Valiant Press