



Health Care Bethlehem

ANNUAL REPORT

2018-2019

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

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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

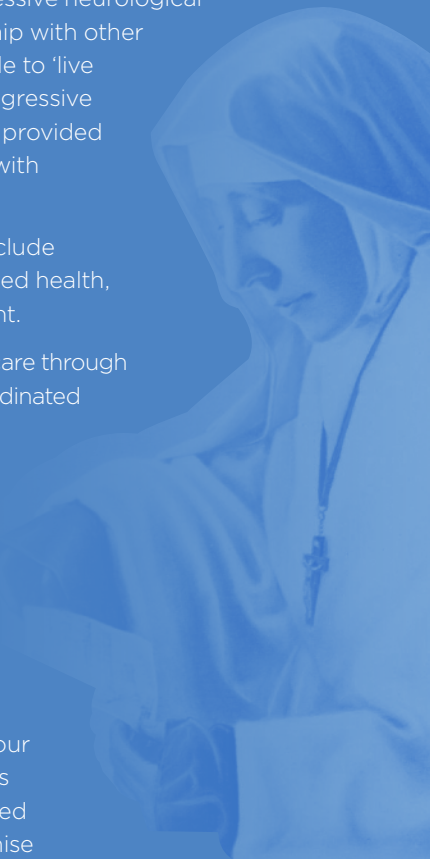
Opened in 1941 as a private hospital offering maternity, medical and surgical services Calvary Health Care Bethlehem (CHCB) is part of a national charitable Catholic not-for-profit organisation with more than 10,000 staff and volunteers.

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.



Message from the Chair and General Manager

The mission of Venerable Mary Potter, and the work of the Sisters of the Little Company of Mary in Australia for over 133 years, inspires each of our services, the staff and volunteers to provide high quality, compassionate health, aged and home care to thousands of Australians in need.

The Board is focused on creating a culture of accountability and transparency, of clear messaging about Mission and expectations for organisational behaviour. We remain committed to prioritise services for the poor and vulnerable. We appreciate members of our organisation who respond to the pain felt by other members, as well as the positive impact of compassionate leadership, both on employees and those with whom they interact. The Board reinforces the organisation's zero tolerance for bullying behaviours and harassment.

We have inherited a sacred duty from the Sisters of the Little Company of Mary to do all we can to ensure the highest quality of care is provided to those who are frail, aged and dying which strongly aligns with the work that continues at Calvary Health Care Bethlehem today in our two areas of expertise, specialist palliative care and progressive neurological disease.

In preparation for the building of the Bethlehem Health and Retirement Precinct on the Caulfield site, Calvary Health Care Bethlehem (CHCB) temporarily relocated services to Parkdale during the year, enabling us to continue services within our local community whilst building occurs and provide better amenity for our patients, staff and the local community. There have been a number of delays; we are, however, another step closer to the Bethlehem Health and Retirement precinct becoming a reality with demolition and clearing of the Caulfield site to proceed in preparation for the build.

As we plan for the future, staff have continued to focus on delivering compassionate, high quality care. Aligned with the new Strategic Intent approved by the Board, and in conjunction with the CHCB Consumer Engagement Framework, CHCB has been focusing on the safety and quality of our services, strengthening clinical governance and prioritising improvements in clinical safety as we prepare for accreditation against the new standards.

Achievements against each of our key strategic areas are outlined in this report.

Over the last 12 months, Calvary has worked in collaboration with other Catholic health and aged care services in Victoria to develop our position and prepare the organisation for the introduction



Dr Jane Fischer

General Manager and Medical Director, Calvary Health Care Bethlehem



The Hon John Watkins AM

Chair, LCMHC Board

of voluntary assisted dying in Victoria. We have also ensured that at CHCB we continue to develop initiatives and programmes that nurture and sustain staff, particularly whilst we are operating in transition.

CHCB, like other Calvary services, is very fortunate to have excellent assistance from a committed volunteer community which includes members of our Community Advisory Council, Consumer Reference Group, the Research Ethics 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 and you are a visible part of the communities which we serve.

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 provide leading edge care in instances where funds are otherwise not available.

Our sincere admiration and appreciation goes to our staff at Calvary Health Care Bethlehem.

Their work each day brings a human face to the mission of Calvary and they are our greatest ambassadors. Their positive contribution is evidenced by donations, bequests, letters of praise and ongoing highly complimentary feedback that filters to our board with regularity. I commend everyone at Calvary for the service we have been privileged to offer this year.

Foreword from the Chair of Trustees, Calvary Ministries

"All we do is for God, and if no one sees what we do but God, so much the better." - Writings of Venerable, Mary Potter.

This is my first message to you as the newly appointed Chair of Calvary Ministries.



Hon Michael Lee
Chair
Calvary Ministries

Calvary Ministries is a church body established by the Sisters so that their ministries and the charism of Venerable Mary Potter could live on and thrive in Australia, even though the Sisters are aging and decreasing in number. We all owe a huge debt of gratitude to the Sisters for their foresight, hard work and commitment. We stand on their shoulders.

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 who share this journey of spirit and service across the Calvary organisation in retirement communities, hospitals and community care.

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

When we succeed in sharing the Calvary spirit with those whom we serve, lives are touched for the better. Over the course of the year, people touched by Calvary have reflected on what this means to them.

I am grateful for the enormous contribution that Bill d'Apice the former Calvary Ministries Chairman and Garry Richardson, his former deputy, have made over the past decade.

I thank the Little Company of Mary Health Care Board of Directors, ably led by the Hon. John Watkins, AM, the National Leadership Team led by Mr Martin Bowles 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 the Little Company of Mary.

Hon Michael Lee
Chair, Calvary Ministries

"Talking to a lovely lady who came to massage and oil my arms and hands, not only felt great but she was also an adept conversationalist.

I sat contemplating a while and thanked God, as well as commended the kind hearted staff and volunteers; people that not only serve, but give of themselves.

One touch, one remark, one expression of empathy would be more beneficial than medicine, to build up a patient's will to fight his malaise.

It works; I have been through it.

I leave Calvary with a heavy heart to my lonely existence at home, but I will always remember the peaceful and happy time I was given.

Thank you and God bless you." - a patient

Service innovation





SPNDS research initiatives

Over the last financial year, the State-wide Progressive Neurological Disease Service (SPNDS) has engaged in a growing number of research activities. The service is very grateful to our patients, families and carers for all of the effort and commitment they have shown in supporting these research projects at CHCB.

Research collaborations

Motor neurone disease (MND)

As part of a National Health and Medical Research Council (NHMRC) funded partnership project, “Motor neurone disease: patient centred care for a progressive neurological disease – evidence driving policy”, we are collaborating with other state-based MND care and research sites to develop a multidimensional database to support MND research and health service development. This ‘big data’ approach will also have a portal for patients and carers to access information and contribute directly to research and development wherever they live in Australia.

Clinical trials in MND continue to be an important part of research at CHCB. We are currently involved in phase 1, 2 and 3 trials in Australia, with strong future prospects for more growth in MND research and drug development.

Huntington’s disease

SPNDS is part of a consortium of Melbourne, Sydney and Perth clinical research sites bringing international clinical trials of experimental therapies for Huntington’s disease to Australia. This consortium is coordinated through Monash University and presents new opportunities and hope for families living with this disease.



Enroll HD at Calvary Health Care Bethlehem

Over the last five years, Calvary Health Care Bethlehem (CHCB) has established itself as the lead site for the world-wide Enroll HD study which is a world-wide prospective, observational study for Huntington’s disease families. To date, CHCB has recruited close to 300 participants including gene positive, gene negative, gene unknown and family controls participants. The study monitors people annually with the aim of collecting data to track the disease. This is a joint venture between Monash University and CHCB with Professor Julie Stout as the Principle investigator.

Huntington's Disease Service continues to grow

The Huntington's Disease (HD) Service at CHCB's State-wide Progressive Neurological Disease Service (SPNDS) is considered unique globally. Its broad range of team members, its care for people from pre-symptomatic to late-stage HD, its links to the CHCB inpatient unit and its history of consultancy work with residential care services allows us the opportunity to provide high-level, efficient care for large numbers of people living with HD.

This year, the HD Service has continued to provide multidisciplinary assessment and management services to just under 400 adults living with, or at risk of, Huntington's disease across Victoria and some neighbouring states. The service also supports people living with HD and their carers to participate in international research studies, including the Enroll-HD study.

A service review and re-development of the HD Service's care pathway in 2017-18 resulted in several recommendations to adjust key functions and roles within the service in order to provide more

evidence-based, efficient care for HD patients. The HD Service team has spent the last 12 months refining and embedding those new functions and roles which include:

- Three clinical care liaisons who act as a single point of contact for patients and their carers, as well as supporting the broader team at CHCB to understand the main issues and priorities for patients and their carers;
- HD Clinicians who complete interdisciplinary clinical assessments with patients and their carers in order to maximize our opportunities to provide timely support for their complex, changing needs over time.

We will be looking to refine the changes to the HD Service care pathway by producing journal articles and presentations at international forums over the next 12-18 months.

Financial fact sheets

It is common for patients affected by progressive neurological diseases (PND) to be concerned about the impact of their disease on their financial affairs. This is often a discussion that takes place between families of Huntington's disease patients and Calvary staff, as patients are concerned about the cost of care and their ability to be financially self-sustaining after diagnosis.

In order to meet this need, the State-wide PND Service has developed a number of financial planning fact sheets for patients and their families. The fact sheets cover a range of topics, including:

- a financial checklist that lists recommended considerations for those diagnosed with a chronic or terminal neurological medical condition;

- recommendations on income protection, and permanent disability and terminal illness insurances
- information about superannuation benefits payable in the case of a terminal illness and how these can be optimised; and
- the benefits that may be available for patients and carers through Centrelink, and what steps can be taken to access these.

The financial support for this important initiative has come from funds bequeathed by a patient and her family after she died as a result of Huntington's disease in 2018. As the patient's career was in the financial services industry, her family felt that funding this initiative was a fitting way to provide support to the PND community.



Work with residential aged care facilities

In 2019, the CHCB Community Palliative Care Service (CPCS) introduced a palliative care needs round (PCNR) at a number of residential aged care facilities (RACF) with the use of a specialist community palliative care registered nurse, supported by a community palliative care medical registrar and a medical specialist. Residential aged care facilities were progressively recruited to the model with the aim of recruiting a total of 20 facilities by January 2020. Currently, 17 facilities have signed the memorandum of understanding to participate in the project.

The needs rounds were modelled on those first developed by Clare Holland House at Calvary Health Care Canberra. The PCNR consists of monthly, specialist palliative care nurse-led case conferences with the staff of residential aged care facilities (RACF), individual resident reviews and coordination of family meetings. The specialist nurse provides improved resident care by increasing palliative care skills and confidence in the aged care facility setting; improving advance care planning and providing continued access to

specialist palliative care for residents and health professionals.

The new model has been implemented in addition to the usual community-based palliative care provided to facilities in the CPCS service area.

The CPCS team anticipates that the program will improve the delivery of specialist palliative care to people living in residential aged care facilities. The program is being evaluated as a new model for providing specialist community palliative care to people living within residential aged care facilities and aims to demonstrate:

- improved CPCS capacity to deliver a proactive specialist palliative care model of service delivery by delivering an effective sustainable model of care
- improved capacity of staff working in RACF to recognise and respond to residents who would benefit from a palliative approach to care and document effective advance care plans in partnership with residents and their families, and
- improved outcomes for people living in RACF

The Enrich Choir

The Enrich Choir for people with Huntington's disease (HD) commenced at CHCB in October 2017. Since then the group, which meets weekly for ninety minutes, has gone from strength to strength. The choir participants range in age from their 20s to their 80s, and some of them travel long distances to attend the group. Eighteen months on, the group has performed at numerous CHCB events and continues to develop its varied repertoire incorporating percussion and other instruments into some of the songs as well as diversifying to include two traditional Maori waiata or songs.

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.



CPCS Ambulatory Clinic

The Community Palliative Care Service continues to provide a clinic-based service at our Parkdale site to provide choice and flexibility for patients and at the same time acknowledge the importance of consumer choice and patient centred care.

The ambulatory clinic, originally with a nursing and medical focus, has evolved to include a range of support services, advice and advocacy, resulting in improved access to specialist multidisciplinary palliative care.

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Mindfulness for MND

The psychology team at CHCB is continuing research on an exciting new intervention for people with motor neurone disease (MND) and their family members. People with MND and their family members are more likely to experience psychological illness and a lowered quality of life, so there is an urgent need for appropriate and effective psychological interventions for these patients.

Mindfulness-based stress reduction has been demonstrated to improve wellbeing in a range of health conditions, and a recent Italian study has shown it to be useful both for people with MND and their support persons.

The program developed at CHCB is the first Australian group mindfulness program for people with MND and their support persons. The first group of participants have completed the course and feedback about the program has been overwhelmingly positive in relation to the benefit for patients of sharing their experiences and the extent to which it helped them to cope with the challenges of this disease. Psychology staff are now recruiting for a second group of patients and support people.



Promoting physical activity for healthy living

The benefits of physical activity are now well-known and documented, but many of our patients struggle to maintain an optimal level of physical activity due to the impact of their illnesses.

Physiotherapists at CHCB have been involved in three separate projects; all aim to optimise physical activity in our specialist palliative and neurology patient groups.

The 'Active Palliative' exercise group is now in its second year and is going from strength to strength (along with the participants!), with four groups taking place each week. Despite the health limitations experienced by the participants, there is always lots of fun and laughter as they stretch to music to warm up, then have a gentle workout using the gym equipment. Participants enjoy the social aspects of exercising together, as well as the health benefits of maintaining muscle strength and cardiovascular fitness.

In addition to the exercise benefits for patients,

physiotherapists working in the State-wide Progressive Neurological Diseases Service have collected information on the types of physical activities undertaken by 100 people living with motor neurone disease who attended the clinic. They also collected data on the respiratory function and disease progression of these people, and are aiming to publish their findings in a research journal.

There appear to be benefits for people with Huntington's disease maintaining a high level of physical activity, even early on in the disease's progress, when the symptoms are barely apparent. The physiotherapists are collaborating with researchers at Cardiff and Monash Universities to undertake an intervention to increase the amount of physical activity that people with HD are participating in early after diagnosis, and to monitor the outcomes. CHCB staff have been collaborating with the universities during 2018-19, in preparation for the study to take place in 2019-20.



Progressive neurological diseases workshops

Capacity building for community clinicians

Calvary Health Care Bethlehem (CHCB) 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 do this, the multidisciplinary team has been running workshops for community clinicians, to supplement our well-established telephone consultancy and tele-health services.

In March 2019, the clinicians working in the State-Wide Progressive Neurological Diseases Program

presented a workshop titled “Enabling people with motor neurone disease to live well.” It was attended by 50 participants from across Victoria, and a few from interstate, as well as 20 CHCB staff. In the evaluation of the workshop 100% of participants reported that their knowledge had increased and that they were satisfied with the program. Comments included: “Fantastic day all around. Could not fault it / great learning / knowledge of resources and engaging presenters”; “Enjoyed the day. Came away with so much learning”; “Loved it”; and “The entire morning for me captured what patient-centred holistic care looks like”.

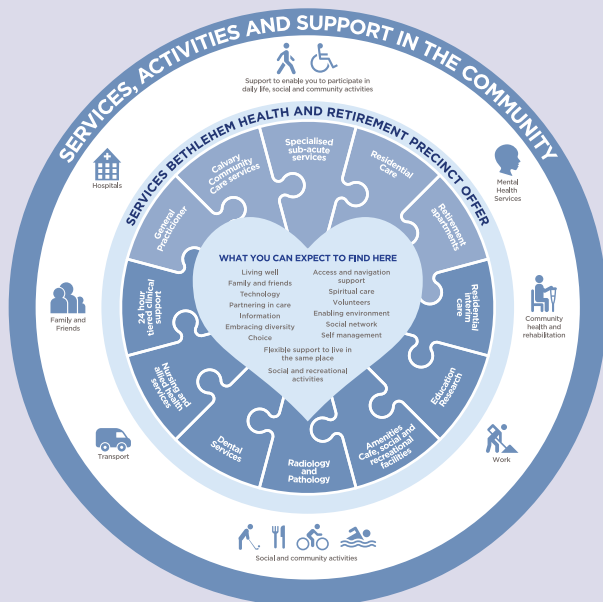


Development of an NDIS service

CHCB has established an NDIS service to support people living with progressive neurological diseases. The service was piloted in 2018, and a decision was made to further expand the service from January 2019. We have now provided NDIS allied health therapeutic supports to over 70 NDIS participants, to help them live as well as possible despite their disability. Occupational therapy has been in high demand, followed by speech pathology and physiotherapy. There has been a steady number of requests for dietitians, for assistance with management of nutritional requirements, especially for those unable to swallow who are receiving their nutrition via a feeding tube, and also

for neuropsychology services to help with behavioural support for people living in community residential housing. Music therapy has also been included in some NDIS participant's plans, and we are pleased that participants can also benefit from this form of support.

The feedback from our participants has been very positive, as they have appreciated being able to benefit from the specialist knowledge of CHCB clinicians. The service is integrating well with the existing inpatient, clinic and community services. We expect the service to continue to grow as all eligible people living with a disability aged under 65 years become engaged with the NDIS and access its services.



Building a model of care for the future

In support of the redevelopment of the new Bethlehem Health and Retirement Precinct, CHCB has continued to develop a model of care for our future services. Work undertaken in 2017-18 culminated in the publication of our proposed model of care for the new site. This document has been well received by stakeholders and CHCB has undertaken to continue to engage with a variety of interested groups to ensure that as we move into the next steps of detailed design, we continue to ensure our ultimate model will meet the needs of the communities we serve.

Further work on an evaluation framework has continued this year to ensure that the proposed model achieves its stated objectives. CHCB has been consulting with a university partner to refine the measures we will use to monitor and evaluate these outcomes.

Work in the coming year will focus on detailed workspace and patient/resident accommodation design, workforce planning, development, testing and implementing new models of service delivery and commencing data collection as part of the evaluation.

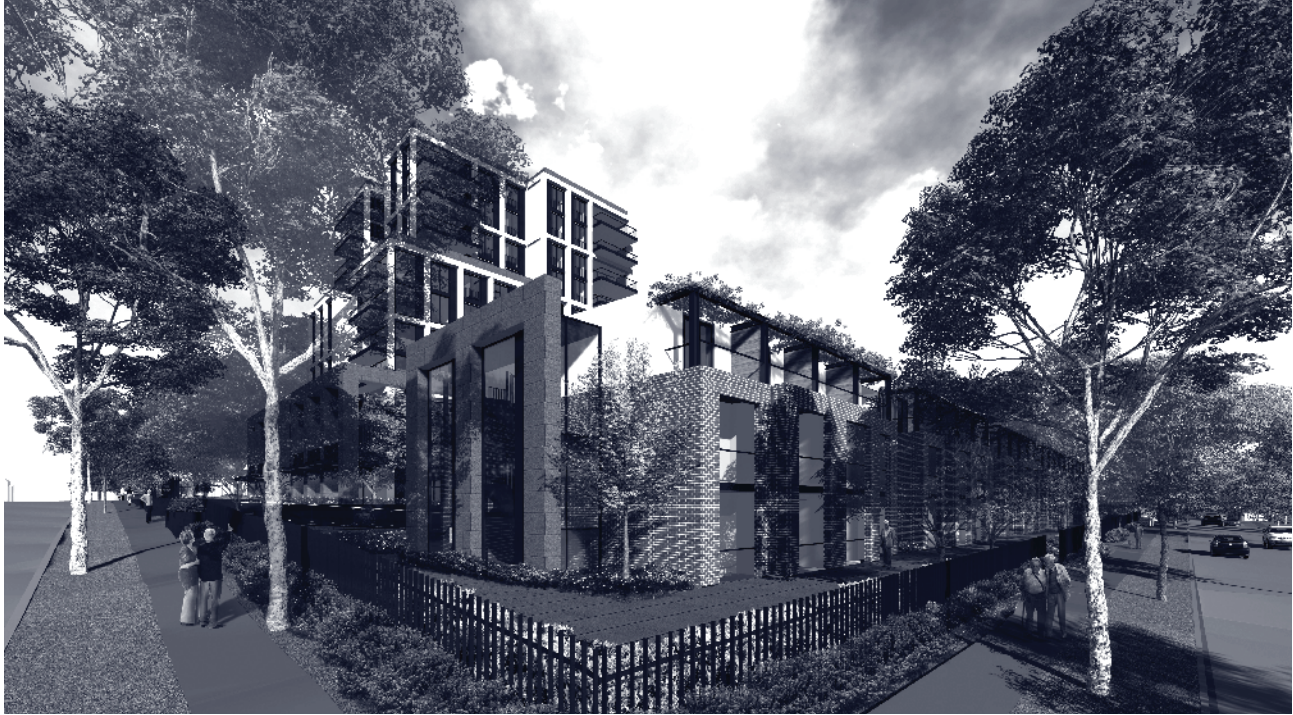
Partnering with consumers - Consumer Reference Group

CHCB continues to develop a culture that places value on patient-centred care and consumer participation and believes that by developing effective partnerships with patients and consumers we will improve the design, quality and safety of services that are responsive to patient, carer and consumer needs and ultimately results in better outcomes for patients and their families.

The Consumer Reference Group assists the CHCB General Manager by providing advice on, the planning, design and delivery of our facilities and services that will help to achieve better outcomes for patients and their families. The initial focus of this group was ensuring that consumer feedback was incorporated into the final Model of Care for the Bethlehem Health and Retirement Precinct. Following finalisation of this document, they continue to meet and provide advice re consumer engagement and provide input to additional model of care projects that further our role as a specialist provider and support the redevelopment. We would like to thank all external members for their time and significant contribution which ensures that as a service, we continue to achieve the objectives relevant to our community.

External members:

- Mr Alan Ward
- Mr Michael Brett Young
- Mr Bill Appleby
- Ms Colleen d'Offay
- Ms Alicia Herlihy



Health and retirement precinct development

Patients, residents, staff, neighbours and the wider community will benefit from a substantial redevelopment of the current 1960s Calvary Health Care Bethlehem public hospital in Caulfield South, after the Victorian Civil and Administrative Appeals Tribunal approved revised plans for the proposed precinct in May 2018.

The design, revised in response to community sentiment, will see the existing hospital replaced by a health and retirement precinct comprising a new hospital, retirement village, residential aged care facility, medical centre and cafe.

The Calvary Bethlehem Health and Retirement Precinct is a significant project for Calvary. For the first time, Calvary is combining all Calvary services, including hospitals, retirement and aged care, in one residential location to allow ageing-in-place:

- a place where people can live a healthy and fulfilled life;
- a place to build friendships and stay connected to the local community;
- a place to feel safe and enabled in an accessible environment for all;
- a place that embraces diversity and empowers people to make their own decisions and lifestyle choices;
- an option for people to age in their local community, and to be supported so they can live in the same location as their care needs change;
- access to appropriate and timely interventions and supports to maintain independence; and
- a place that enables people to die in their chosen location with the level of support they require.

Strategic intent





Environmental sustainability

Continued monitoring of our utility usage and waste streams provides a frequent reminder to be mindful of opportunities to introduce further changes to reduce our environmental impact during the transition to a new site.

Throughout the year we issue a quarterly newsletter to staff that provides helpful hints on reducing waste and reducing our day-to-day impact on the environment. This is distributed electronically as a reminder that we can all do small things with a positive impact on the environment.

The relocation of the health service to the Parkdale site has seen CHCB introduce source separation stations throughout the hospital which provide staff with a more efficient way of separating general waste

from recyclables.

A new initiative at the Parkdale site has been the introduction of food and organics waste collection bins. Along with the reduction in the use of disposable items, this will be a driving factor in reducing our environmental impact.

The change to Lexmark as our copier/printer supplier has also led to a reduction in paper usage by installing a default for double sided black and white printing. We will also continue to purchase carbon-neutral paper for all of our printers and copiers.

For the 2019–20 period, CHCB will continue to embrace and follow sound environment principles and practices with a view to minimize our operational impact on the environment.

Waste reduction initiatives

We have continued to monitor the amount of waste that we have produced over the last year.

The relocation to the Parkdale site and decanting the Caulfield South site ready for demolition has undoubtedly led to an increase in the amount of waste generated. We continued to adhere to our recycling programs that segregate waste to ensure that the waste that went to landfill was minimized. CHCB has been mindful to repair, reuse or recycle as many items as possible with a conscious effort to

minimize impact on the environment.

Our recycling programs include cardboard and paper, green waste, co-mingled (plastic and tin), batteries, fluorescent tubes and printer toner cartridges.

This year we engaged some community groups and donated excess and repairable items to Foster Community Health and Shannon's Bridge, not-for-profit groups that provide support in rural communities in Victoria



Environmental performance data

Due to the changes in the operations of the Parkdale site, new benchmark figures will be established for the Parkdale site once a 12-month occupation has been achieved.

As a result of the relocation waste and fuel usage have clearly increased. The Parkdale location is 12km from the Caulfield site. This means that from a Community Palliative Care Services perspective, CHCB is now close to the edge of our patient catchment area, whereas Caulfield South was central to it. The use of fleet vehicles to service this area means that all vehicles have further to travel to our clients.

This will contribute to higher fuel usage as each

vehicle travels an average of around 25km extra per day.

Figures for gas and water for the last quarter are estimates only, because of data not being available at time of compilation.

The following environmental performance figures display the significant changes that CHCB has experienced with the closing down of the Caulfield South site and the relocation to Parkdale. The figures provided are indicative of the time periods that patients were cared for in each site. They show that we still adhered to our environmental practices and maintained our commitment to environmental sustainability.

Environmental performance

Consumption by type

Period	Baseline	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19*	2018 - 19*
Energy and water consumption by type							*JUL - 31 AUG	*1 SEP - 30 JUN
Electricity (kW)	995,000	968,804	989,614	990,381	782,506	779,800	113,706	364,527
Natural gas and LPG (MJ)	4,666,000	3,692,777	4,065,171	3,683,134	3,566,505	3,160,948	880,601	1,162,031
Petrol (L)	17,500	13,329	12,905	10,022	7,629	7,055		*9,084
Water (kL)	9,350	7,317	6,982	6,208	3,502	3,452	451	1,991

Environmental performance

Consumption by area

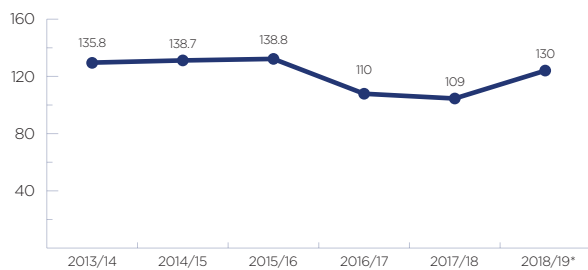
Period	Baseline	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19*	2018 - 19*
Energy and water consumption per unit of floor space (7133 m2)								
Electricity (kW/m2)	139.4	135.8	138.7	138.8	110	109	16	114
Gas (MJ/m2)	654.1	517.7	569.9	516.35	500	443	123	363
Water (kL/m2)	1.3	1.0	0.97	0.87	0.49	0.48	0.06	0.6

Waste

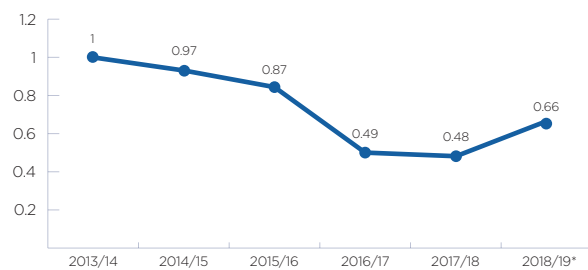
Waste generation	Baseline	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19
Total waste consumption by type							
Clinical waste (kg)	714	N/A	548	352	360	N/A	509
General waste (tonnes)	33.32	33.62	32.35	29.84	19.95	21.44	67.59
Recycled waste (tonnes)	21.75	22.76	24.52	23.15	16.88	17.56	24.38

Consumption by area

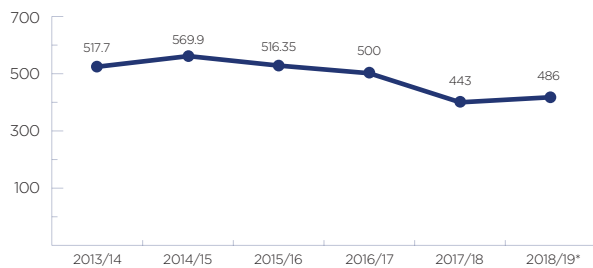
Electricity Usage (kW/m2)



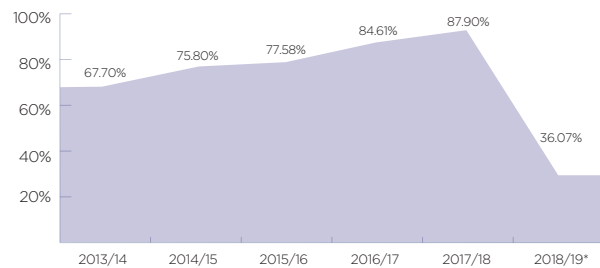
Water Usage (kL/m2)



Gas Usage (MJ/m2)



Recycling as a percentage of total waste



“CHCB would like to acknowledge the Honourable Jill Hennessy, Minister for Health and Minister for Ambulance Services (01/07/2018 - 29/11/2018) and also Jenny Mikakos, Minister for Health and Minister for Ambulance Services (29/11/2018 - 30/06/2019)”

Part A: Strategic priorities

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

In 2018-19 Calvary Health Care Bethlehem contributed to the achievement of the Government's commitments by:

Better health

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Goals	Strategies	Health Services Deliverables	Progress
Better health	Better health		
A system geared to prevention as much as treatment	Reduce Statewide risks	Implement a Community Development Action plan that will address:	Achieved
Everyone understands their own health and risks	Build healthy neighbourhoods	<ul style="list-style-type: none"> • Delivery of minimum 2 education sessions in community development principles for department heads and staff 	-delivered staff education
Illness is detected and managed early	Help people to stay healthy	<ul style="list-style-type: none"> • A minimum of 2 health promotion activities in the community to raise awareness of issues for people living with life limiting disease 	-3 community events
Healthy neighbourhoods and communities encourage healthy lifestyles	Target health gaps	<ul style="list-style-type: none"> • Recruitment of a volunteer as a Community Ambassador 	
		Implement a Calvary action plan to ensure readiness for Voluntary Assisted Dying (VAD) legislation that includes:	
		<ul style="list-style-type: none"> • Revised and updated policies • Staff education and support structures • Community awareness 	Achieved all deliverables
		Finalise and implement a single admission process to the organisation with improved patient experience and reduced duplication.	Achieved -improved patient experience
		Finalise and implement a psychosocial assessment of carer needs that is utilised across all CHCB service settings.	Achieved for complex patients across settings

Better access

Goals	Strategies	Health services deliverables	Progress
Better access	Better access	Continuation of the Redevelopment Project that includes:	
Care is always there when people need it	Plan and invest	<ul style="list-style-type: none"> The implementation of a transition plan to ensure optimal outcomes that includes: improved patient outcomes, incident reports, complaints, safety measures and targets met 	Achieved with optimal outcomes
More access to care in the home and community	Unlock innovation		In progress
People are connected to the full range of care and support they need	Provide easier access	<ul style="list-style-type: none"> Develop and implement the third phase of the Model of Care 	-draft evaluation framework with work to proceed with commencement of redevelopment
There is equal access to care	Ensure fair access	<ul style="list-style-type: none"> Staff, patients and consumer input into the detailed design phase and incorporation into the internal facility design 	Not commenced due to delay in redevelopment
		Progress implementation of the integrated model of care for palliative ambulatory patients that includes:	
		<ul style="list-style-type: none"> Development of one new centre-based program 	Achieved - neuropalliative clinics established
		<ul style="list-style-type: none"> A new in-reach model for residential care, implemented in five facilities 	Achieved with implementation in over 20 facilities
		<ul style="list-style-type: none"> Evaluation 	Delayed until Dec 19

Better care

Goals	Strategies	Health services deliverables	Progress
Better Care	Better Care	Develop a workforce plan that includes:	
Target zero avoidable harm	Put Quality First	<ul style="list-style-type: none"> Succession planning 	
Healthcare that focuses on outcomes	Join up care	<ul style="list-style-type: none"> Role development: scope and identification of common interdisciplinary tasks 	Achieved
Patients and carers are active partners in care	Partner with patients	<ul style="list-style-type: none"> Roles and responsibilities clearly articulated 	-all deliverables articulated in plan
Care fits together around people's needs	Strengthen the workforce	<ul style="list-style-type: none"> Recruitment plan 	
	Embed evidence	<ul style="list-style-type: none"> Workforce education/training development plan 	
	Ensure equal care		
		Implement an updated Consumer Engagement Action plan that includes:	
		<ul style="list-style-type: none"> CALD inclusivity plan 	Achieved - ATSI and CALD included in Consumer action plan
		<ul style="list-style-type: none"> ATSI Reconciliation Action plan 	
		<ul style="list-style-type: none"> Implementation of the Calvary patient experience survey in an inpatient setting 	Achieved

Specific 2018-19 priorities (mandatory)

Strategies	Health Services Deliverables	Progress
<p>Disability action plans</p> <p>Preparation for implementation of Disability Action Plans is completed in 2018-19</p>	<p>Submit a draft disability action plan to the department by 30 June 2019. The draft plan needs to outline the approach to full implementation within three years of publication.</p>	<p>In Progress- submission October 19</p>
<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers</p>	<p>Revise and update the volunteer strategy to include:</p> <ul style="list-style-type: none"> • Implementation of training modules to support all volunteers in communication, grief and loss • An increase in volunteer recruitment in both the clinical and corporate areas 	<p>Achieved -delivery of training modules, increase in volunteer recruitment</p>
<p>Bullying and harassment</p> <p>Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p>	<p>Implement a training program delivered for Wellness Ambassadors that includes:</p> <ul style="list-style-type: none"> • Implementation of a Safety and Wellbeing plan • Resilience training for 90% of the permanent staff 	<p>-Achieved training program for Wellness Ambassadors</p> <p>-In progress. Training delivered to 47% of permanent staff</p>
<p>Occupational violence</p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>	<ul style="list-style-type: none"> • Deliver two Train the Trainer Sessions • Deliver Code Grey training to all staff that includes a Mock Code Grey in October 2018 	<p>Achieved deliverables</p>
<p>Environmental sustainability</p> <p>Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.</p>	<p>Implement a CHCB Environmental plan that includes:</p> <ul style="list-style-type: none"> • Three staff newsletters annually • A 3% Reduction in electricity • A 2% reduction in general waste • A 5% reduction in water usage 	<p>Implemented plan with revised baseline figures due to relocation</p>
<p>LGBTI</p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions. Note: deliverables should be in accordance with the DHHS Rainbow eQuality Guide (see at www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality) and the Rainbow Tick Accreditation Guide (see at www.glhv.org.au)</p>	<ul style="list-style-type: none"> • Audit against standards aligned with the Rainbow Tick Accreditation Guide • Develop and implement an action plan • Revise and update the service level policies 	<p>Achieved - completed audit and implemented action plan</p>

Analysis of labour (by FTE)

Hospitals labour category	JUNE Current monthly FTE		JUNE Average monthly FTE	
	2018	2019	2018	2019
Nursing	73.0	74.3	71.7	73.2
Administration and clerical	14.0	15.7	15.3	15.2
Medical support	3.8	3.9	3.4	3.4
Hotel and allied services	6.7	5.8	6.5	6.1
Medical officers	4.8	4.8	4.9	5.1
Sessional clinicians	4.9	4.7	4.8	4.9
Ancillary staff (allied health)	31.5	37.4	30.9	34.0
Total FTE staff:	138.7	146.6	137.5	141.9

Summary of financial results (\$'000's)

	2019	2018	2017	2016	2015
Total revenue	24,646	23,437	22,442	28,030	28,332
Total expenses	26,227	24,476	22,913	29,114	28,214
Net result	(1,581)	(1,039)	(471)	(1,084)	118
Operating result	(468)	286	14	132	569
Total assets	12,389	14,210	15,084	15,640	17,599
Total liabilities	6,953	7,193	7,028	7,113	7,988
Net assets	5,436	7,017	8,056	8,527	9,611
Total equity	5,436	7,017	8,056	8,527	9,611

Net results (\$'000's)

Reconciliation between the net result from transactions reported in the model to the operating result as agreed in the Statement of Priorities

	2019	2018	2017	2016	2015
Net Operating Result *	- 1189	307	159	424	797
Capital and specific items					
Capital purpose income	0	0	42	267	14
Specific income	0	0	800	0	0
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	0	0	0	0	0
Expenditure for capital purpose	-528	-169	-124	-293	-705
Depreciation and amortisation	-391	-1,346	-1,445	-1,508	-679
Impairment of non financial assets	0	0	0	0	0
Finance costs (other)	0	0	0	0	0
Net result from transactions	-2,108	-1,208	-568	-1,110	-573

* The net operating result is the result which the health service is monitored against in its Statement of Priorities

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

In 2018-19 there were seven consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2018-19 in relation to these consultancies is \$11,773.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2018-19	Future expenditure
Deloitte	Capital Appeal Feasibility	10/08/18	9/09/18	43	43	-

Part B: Performance priorities

High quality and safe care

Key performance indicator	Target	2018-19 result
Accreditation		
Accreditation against the National Safety and Quality Health Service Standards	Accredited	Achieved ¹
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	80%	91.3%
Percentage of healthcare workers immunised for influenza	80%	85%
Patient experience		
Victorian Healthcare Experience Survey - patient experience Q1 ²	95% positive experience	95%
Victorian Healthcare Experience Survey - discharge care Q1	75% very positive response	61%
Victorian Healthcare Experience Survey - discharge care Q2	75% very positive response	56%
Victorian Healthcare Experience Survey - discharge care Q3	75% very positive response	62%
Victorian Healthcare Experience Survey - patients perception of cleanliness	70%	39%
Healthcare associated infections (HAI's)		
Rate of patients with SAB per occupied bed days	<1/10,000	0
Adverse events		
Number of sentinel events	Nil	Nil
Mortality - number of deaths in low mortality DRGs	Nil	Nil
Cleaning standards		
Compliance with cleaning standards	Full compliance	Compliant

¹ NSQHS Accreditation Standards audit to be conducted mid-September 2019

² Figures for Q2 and Q3 not applicable as less than 15 surveys were received

Details of information and communication technology (ITC) expenditure

The total ICT expenditure incurred during 201-2019 is \$1,010,532

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: \$1,010,532	Total \$0	\$0	\$0

Effective financial management

Key performance indicator	Target	2018-19 Result
Finance		
Operating result (\$m)	0.0	0.014
Average number of days to paying trade creditors	60 days	37 days
Average number of days to receiving patient fee debtors	60 days	65 days
Adjusted current asset ratio	0.7 or 3% improvement from base target	0.55
Number of days of available cash	14 days	14.1 days
Number of days possible with unrestricted available cash	14 days	18.8 days

Part C: Activity and funding

Funding Type	2018-19 activity achievement
(a) Subacute WIES admitted:	
Rehabilitation public	242
Rehabilitation private	98
Palliative Care public	225
Palliative Care private	64
Department of Veterans' Affairs (DVA)	6
	635
(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 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
30 August 2019

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 2019.



Hon John Watkins
Board Member
30 August 2019

Attestation on Data Integrity

I, Dr Jane Fischer 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.



Dr Jane Fischer
General Manager
Calvary Health Care Bethlehem
6 August 2019

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
General Manager
Calvary Health Care Bethlehem
6 August 2019

Integrity, fraud and corruption

I, Dr Jane Fischer certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Calvary Health Care Bethlehem during the year.



Dr Jane Fischer
General Manager
Calvary Health Care Bethlehem
6 August 2019

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

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
General Manager
Calvary Health Care Bethlehem
6 August 2019

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.

Local Jobs First Act FRD 25D

In 2018-2019 there were no contracts requiring disclosure under the Local Jobs First Policy.

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. The 1 application made to CHCB was 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 2019. 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

Competitive neutrality

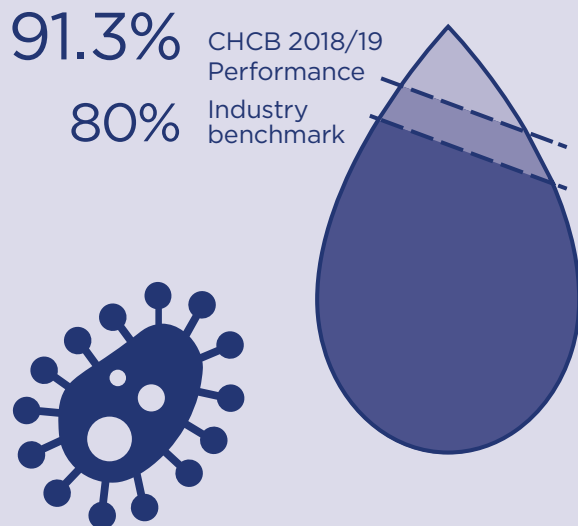
Calvary Health Care Bethlehem continues to comply with government policy on competitive neutrality.

Quality and safety



Hand hygiene

How clean are our hands?



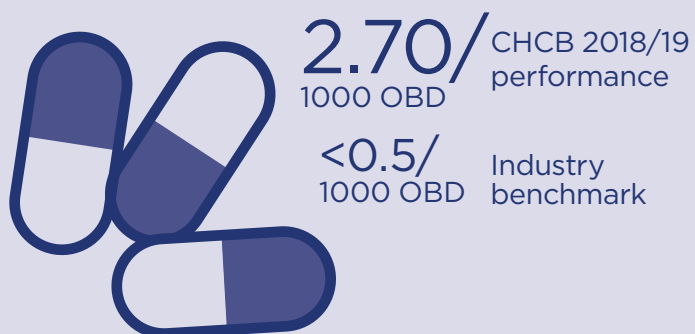
Staph Aureus Bacteraemia

How robust are our infection controls?

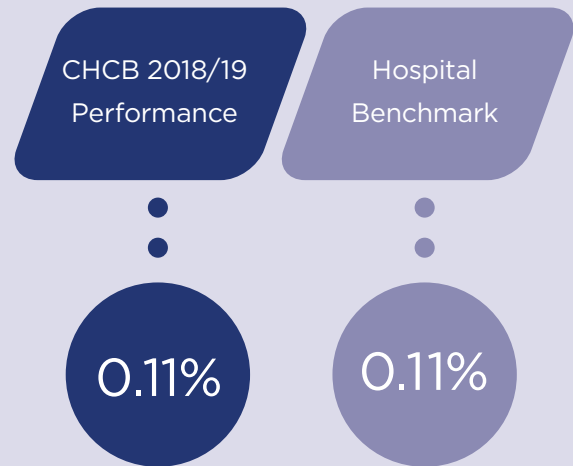


Medication

Medication errors requiring interventions



Pressure injuries

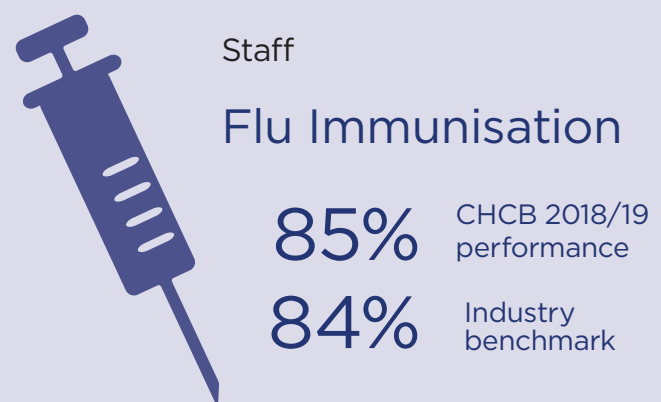


Patient falls



Staff

Flu Immunisation



Complaints



* OBD = Overnight Bed Stay



High reliability care

Reliability, quality and safety

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

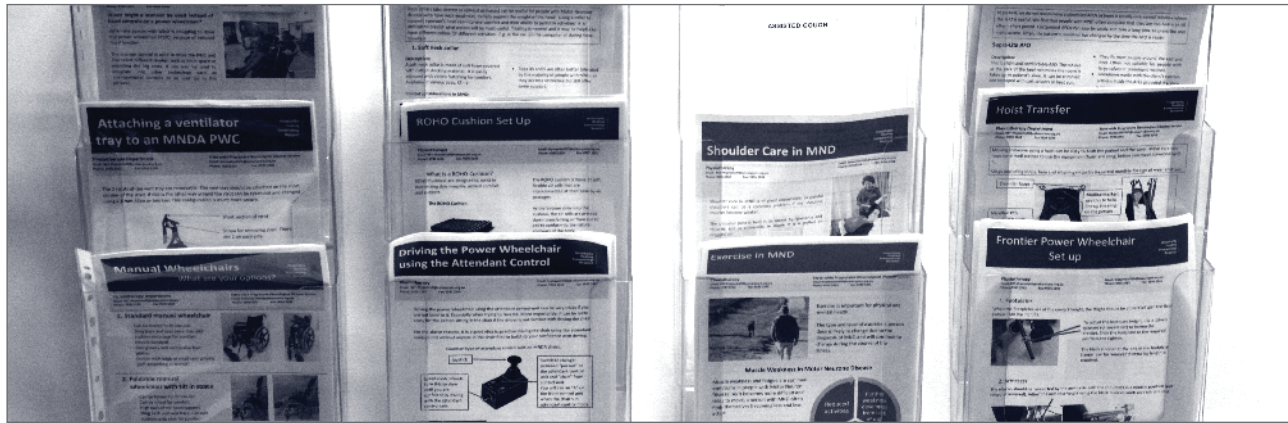
- developed a project to increase the comfort of our patients with continence issues
- sent staff to quality and safety training with the Institute of Healthcare Improvement to learn the science of quality improvement
- undertaken a study to investigate the end of life wishes and concerns of people with Huntington's disease and their caregivers; and
- investigated the processes, reasons and quality improvement opportunities in relation to falls prevention and reducing the harm from falls.

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 their experience of all of our services.

The following have been implemented:

- A suite of mental health assessment and screening procedures to identify and manage patients who may be experiencing psychological distress as inpatients. The implementation involved hospital wide education of staff and the introduction of the 4AT, a delirium screening tool which each patient is screened against when admitted to the inpatient ward. This sets the benchmark for further assessment if the patient's cognitive health declines.
- The introduction of a validated tool to screen all our inpatients for signs of malnutrition and dehydration. The assessment of each patient's nutritional state on admission and at clinic appointments is now formalised with the use of this internationally recognised tool. Staff have been taught to use this tool and the score that is derived helps to facilitate onward referral to the dietician, who will individually assess the patient's dietary requirements. Initial evaluation of the tool has indicated that the dietician time is being used more efficiently.
- Mandating that all clinical staff undertake open disclosure training.
- Communication boards have been installed in all patient rooms to improve the multi-disciplinary team member communication between patient, their families and staff. Following evaluation, this in conjunction with the patient journey board, has improved the shared decision making and communication between patients and their care teams. Further work with the Neuropsychology department is looking to add an individual clock alongside the communication board to help with our patients' orientation to time and place.



Partnering with consumers

During 2018, CHCB published its Consumer Engagement Framework 2018 - 2021, which is aligned with the CHCB strategic quality plan and sets out eight core messages for our engagement with consumers:

- all voices matter;
- human encounters matter;
- listening matters;
- wellbeing matters
- information matters;
- being involved matters;
- systems matter; and
- environment matters.

The Consumer Engagement Working Party, chaired by a consumer is responsible for overseeing the implementation of the framework to ensure that we are partnering with our consumers in all aspects of patient safety and quality of care. CHCB has consumer representatives on key governance committees which includes the Executive Quality, Safety Risk Committee and the Clinical Practice Governance Committee, in addition to key working parties.

Over the last 12 months, consumer involvement has been vital. Consumers have:

- identified risk elements to patient safety in the prevention of infection working party, which in turn has been added to that working party's risk log;

- analysed the results of our anti-microbial stewardship program and suggested improvements in the processes of prescribing high risk antibiotics;
- undertaken a project to improve our handling of drugs of dependency. This resulted in a report being drafted and presented to the National Quality and Safety committee. This has changed practice, with the outcome of less discrepancies in the dispensing of drugs of dependency
- contributed to the audit of the hospital signage, which has resulted in changes to some of the signage to make it easier for visitors to navigate their way to the inpatient ward
- introduced a "you said we did" system of putting into action consumer feedback. A good example of this was the Valet service that was put in place in response to visitor comments;
- contributed to the Advance care plan brochure to make it more health literate; and
- been involved in revising and updating our business continuity plan.



Patient experience

Monitoring the experience of our patients is very important to us and is something that we do in a variety of ways as we use the collected information to continually improve our patients' journey and their experience at CHCB.

One of the first patient experience surveys undertaken since moving to Parkdale was collected feedback from patients and their families about the new environment. A paper-based survey of patients, carers and families was conducted two, three and four months after the move to Parkdale to understand what issues were important to them and to respond to them. One hundred and forty-one surveys were completed over that period in the three main areas of the hospital—the inpatient unit, the clinics and the day centre. Families and carers in all three areas were also invited to give their views. The results were as follows:

- Overall satisfaction:
 - o November 2018 **85%**
 - o December 2018 **89%**
 - o January 2019 **93%**
- Satisfaction rates with car parking provisions, in particular disabled spaces
 - o November 2018 **24%**
 - o December 2018 **34%**
 - o January 2019 **67%**
- Day Centre patients on average rated the

Parkdale site in the 90 to 95% range of satisfaction for all questions that they were asked.

- A total of 33% of respondents to the survey rated the environment as noisy in comparison to the Caulfield site.
- The survey indicated that between 85% and 92% thought that the hospital was quite clean and extremely or very hygienic.

This is the fourth year of data collection using the Patient Experience Tracker (PET) tablet device, which uses a simple five question set, covering a number of inpatient related activities. We continue to receive high patient satisfaction ratings in a number of patient interest areas, in particular relating to the food and the communication of information.

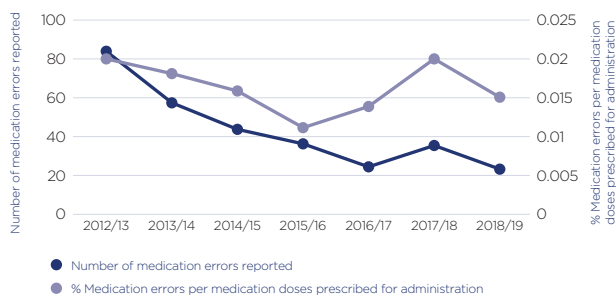
This year in line with the new National Safety and Quality Commission standards, we have been sending out a short questionnaire via email, for those inpatients who are discharged, providing us with close to real-time feedback once patients are discharged from the ward.

The Victorian Health Experience Survey (VHES) is also sent to all our discharged patients and bereaved carers. Despite a low response rate of 40% (20 questionnaires sent, eight received) the responses showed that our services are greatly appreciated and highly regarded. In particular Q 33, 99% of respondents felt that all staff explained things in a way that could be understood.

Medication safety

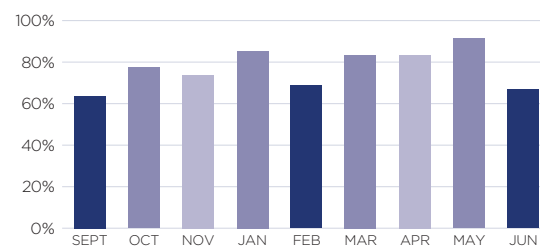
The Medication Safety and Blood Management Working Party has continued to encourage the reporting of all medication errors, including 'near-miss' incidents so that any shifts in practices which might result in potential error can be evaluated and systems put in place to deter or minimise the likelihood of the error recurring. The number of medication errors reported have remained consistent in comparison to previous years (shown below)

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



Timely prescribing and administration of medications are essential in ensuring quality care. This year, the Medication Safety and Blood Management Working Party endorsed the ongoing auditing of time taken for medications to be prescribed at admission. Analysis of the audit (see chart below) shows that the time to prescribe at admission is prolonged during periods of the year when medical staff commence their new rotation. Work will be undertaken over the next 12 months to minimise the delay in prescribing medications at admission.

% Patients prescribed medications within 3 hours of admission



Hand hygiene

Hand hygiene results from the three audits conducted this year have given the hospital an overall compliance rate of 91%, which ranks CHCB in the top three Victorian public hospitals. With the move to Parkdale, work was needed to bring the facility up to standard in relation to hand hygiene product positioning and appropriate signage. Other audits within this area, such as the bare below the elbow requirement, have identified areas for improvement. This year also saw the formation of the Preventing and Controlling Healthcare Associated Infection Working Party with consumer input from a retired microbiologist. This consumer's contribution brought a different perspective to the working party which will benefit both patient and staff safety.



LGBTIQ+ audit

In March 2019 we undertook an organisation-wide audit of our inclusive practice standards for lesbian, gay, bisexual, transsexual and intersex (LGBTIQ+) people. The audit covered the six Rainbow Tick Standards for LGBTIQ+-inclusive practice:

- organisational capability;
- workforce development;
- consumer participation;
- a welcoming and accessible organisation;
- disclosure and documentation; and
- culturally safe and acceptable services.

Overall, the audit was encouraging and indicated that the organisation is inclusive of the LGBTIQ+ community. However, it did highlight a small number of areas for improvement.

The audit found that CHCB needs to develop a system for monitoring our compliance with the standards. The development and implementation of this system has been included in the scope of work of the consumer engagement working party to action. The working party will also consult with LGBTIQ+ groups to identify gaps in current documentation and processes.

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 in early 2018 have led to an even greater focus on advance care planning.



Falls prevention

Staff and patients work together to prevent falls. Despite the high incidence of falls mainly due to our patient group, we have a low rate of harm from falls.

The move to the new facility in Parkdale has provided extra challenges, with an increase in the number of single rooms making it challenging to maintain close visual observations of patients. A patient's desire to get up on their own to go to the toilet is one of our biggest falls risk, so we have worked hard to pre-empt patients trying to go to the toilet on their own by doing regular 'rounding' and proactive toileting regimes.

Our new individual patient communication boards keep patients informed about who are their primary carers and also improve communication between patients, families and staff about each patient's individualised care plan for mobility and transfers. Very few of our patients on the ward are able to walk independently, so it is vitally important for everyone to know which gait aids, wheelchairs and hoists are needed to ensure safe mobility.



Pressure injuries

Age, malnourishment, drug therapies and reduced movement due to medical conditions increase the risk of pressure injuries, so protecting the skin integrity of our patients is of paramount importance. When patients are admitted to the in-patient ward they are all assessed from a multidisciplinary perspective for risk of developing a pressure injury, led by the ward occupational therapist with the nursing staff. It should be noted that CHCB also treats a large number of patients who are admitted with pre-existing pressure injuries from the community or other hospitals.

When assessed, the occupational therapist will prescribe appropriate pressure injury prevention equipment. Despite the best care, sometimes the fragility of a patient's skin and their lack of mobility can make pressure injury care difficult.

This year on the inpatient ward, the occupational therapist has played a significant role in pressure injury management. During the year she conducted a number of education sessions for the nursing staff, assessed all patients from admission to the ward instead of on referral and trialed a number of



different pressure relieving mattresses. Screening and assessment is also undertaken in the home on each visit from the Community Palliative Care nursing staff. If needed, the community occupational therapist will undertake a specialist assessment and prescribe equipment appropriate for that person.

This year the Wound Management Working Party also commenced work on a quality improvement project to reduce the instances of pressure injury at CHCB. This project will be looking to trial a new type of pressure relieving mattress, along with 'rounding' to increase the nurses' patient interactions and the frequency of repositioning patients.

Clinical handover—communicating for safety

Communicating for safety is the new standard and term for clinical handover. This standard encompasses all forms of communication between clinicians and support staff involved in a patient's care and the transference of that care.

The standard applies from admission to discharge and includes all points along the patient journey at which critical information needs to be exchanged and where quality and safety implications exist for the patient's care.

CHCB has identified numerous points in which these communication points arise and their risk is assessed. During the year, we have introduced a standardised system of communicating across all points of high-risk communication within CHCB, namely shift-

to-shift handover between nursing, allied health, medical staff and outside agencies. This information will be conveyed using an internationally recognised acronym ISOBAR, which stands for

- identify;
- situation;
- observations;
- background;
- agreed plan; and
- read back.

Next year will see the standard rolled out across all points of high-risk transference of information.

Behaviours of concern, occupational violence and family violence

Over the year, there has been a 20% increase in reported incidents of occupational violence and aggression toward our staff. The majority of the 39 incidents were directed toward the nursing staff caring for some of our most vulnerable patients. Two relatives from different families accounted for 10 of the 39 incidents.

In the last 12 months, key staff have undergone extensive de-escalation training in addition to the many staff who have already received this training.

A whole-of-organisation risk assessment has recently

been carried out to further examine different design alterations that can be undertaken in consultation with our consumers to protect our staff and keep our patients safe from these incidents.

CHCB has also strengthened its collaboration with Monash Health in the last 12 months, training our staff to identify and respond to any manifestation of family violence they may encounter. Heads of department and key managers received specific training over this time to respond appropriately when a staff member approaches them with a family violence issue.

Occupational violence statistics	2018 - 19
Workcover-accepted claims with an occupational violence cause (per 100 FTE staff)	0
Number of accepted Workcover claims with lost time injury with an occupational violence cause (per 1,000,000 hours worked)	0
Number of occupational violence incidents reported	39
Number of occupational violence incidents reported (per 100 FT)	25.32
Percentage of occupational violence incidents resulting in a staff, illness or condition	0%



L-R: Fr Kevin McGovern, Mr Des McCarthy, Mr Patrick Monahan (Committee Chair), Dr Jane Fischer, Dr Susan Mathers, Mr Paul Davidson and Ms Kayla Bowcher (absent Ms Shannon Thompson, Cr Margaret Esakoff, Mr Philip Rowell, Dr Alex Burke)

CHCB Research Ethics and Ethics Committee

The Research Ethics and 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 state-wide provider for those with a progressive neurological disease, CHCB is actively involved in a number of collaborative research projects with academic institutions.

We would like to acknowledge the Calvary Palliative and End of Life Care Research Institute. Virtual in nature, 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 and Calvary Mater Newcastle and Calvary Health Care Kogarah in NSW. With the support of the Institute, collaborations and highly experienced CHCB neurology researchers, CHCB is developing the skills of early researchers, beginning to undertake larger palliative research projects and moving towards fulfilling one of the key objectives of all research teams that of improving patient outcomes by translating research into practice.

We would like to thank all of the Committee, particularly those who are external to our organisation, for the time they spend assisting us in the review of applications and for their ongoing commitment to CHCB.

External committee members

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

Calvary representatives

Dr Susan Mathers
Dr Alex Burke
Ms Shannon Thompson
Dr Jane Fischer
Ms Julie Gray (until 24 May 2019)
Ms Kayla Bowcher (commenced 27 May 2019)

Research projects

Date	Title	Chief Investigators
18/10/18	'A reliability assessment of a standardised typing test using eye-tracking technology'	Dr C M S Lee Dr T Oxley Dr P Yoo C Bird K Connors M Dzenko
18/10/18	'Transcranial alternating current stimulation for apathy in Huntington's Disease'	A/Prof K Hoy M Claire-Davis
20/12/18	'SWITCH - Stentrodne with Thought Controlled Digital Switch'	Dr C M S Lee
20/12/18	'MindfulMND Group Intervention'	C Gluyas Dr F Fisher S Velissaris
16/01/19	'Delineating the cognitive, affective and socio-cognitive phenotype of adult-onset neuromuscular disorders (NMDs) and Spinocerebellar ataxias (SCAs)'	Dr Nicholas Ryan Dr Fiona Fisher
21/02/19	'End of Life wishes and concerns of people with Huntington's Disease and their caregivers'	Nicholas Jackson
21/02/19	'A Multi-Centred, Randomised, Double Blind, Placebo Controlled Phase 1b/2a study of WVE-120101 Administered Intrathecally in Patients with Huntington's Disease WVE-HDSNP1-001'	Dr Susan Mathers Dr Katya Kotschet Dr Andrew Gleason Dr Yenni Lie Dr Christine Wools

Research projects cont.

Date	Title	Chief Investigators
21/02/19	'A Multi-Centred, Randomised, Double Blind, Placebo Controlled Phase 1b/2a study of WVE-120102 Administered Intrathecally in Patients with Huntington's Disease'	Dr Susan Mathers Dr Katya Kotschet Dr Andrew Gleason Dr Yenni Lie Dr Christine Wools
21/02/19	'Pre-Symptomatic HD Forum'	Lisa Mottram Cathy Gluyas Rosanne Gibb
18/04/19	'Effects of Oral Levosimendan (ODM-109) on Respiratory Function in patients with ALS: Open Label Extension for Patients completing study 3119002'	Dr Susan Mathers Dr Sarah Lee Dr Caron Chapman Dr Christine Wools Dr James Howe
20/06/19	Using Photovoice to increase communication and social participation for improved quality of life in Motor Neurone Disease'	Nicki Jackson Dr Bruce Rumbold Dr Peter Higgs Nicholas Jackson
20/06/19	A randomized, multicentre, double-blind, placebo controlled phase III clinical study to evaluate the efficacy and safety of intrathecally administered RO7234292 (RG6042) in patients with manifest Huntington's Disease'	Dr Susan Mathers Dr Christine Wools Dr Yenni Lie Dr Katya Kotschet Dr Andrew Gleason

Our people, our culture

Our people, our culture





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.

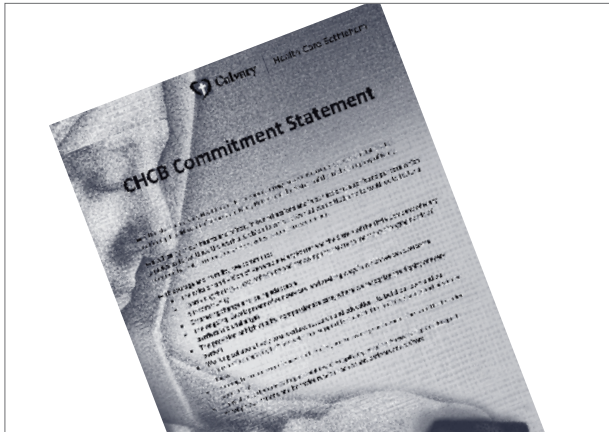
Calvary has embraced technology by using e-learning as a key delivery mode for mandatory and other skills training. Our learning and development strategy also includes on-the-job, facilitator-led training, but e-learning is key to the training of staff.

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

In February 2018 Calvary was awarded an Employer of Choice for Gender Equality (EOCGE) citation for the fourth consecutive year. Calvary is a major employer of women with over 10,000 employees, 8000 of whom are female, with 53% female representation at executive level.

"Valuing difference can benefit all organisations. Gender equality is incorporated into Calvary business strategy as we believe that from creating a positive, diverse and fair workplace, the performance benefits will flow."

Martin Bowles, National CEO



Our transition to Parkdale - defining the Spirit of Bethlehem

As we prepared ourselves for a move away from our Caulfield campus in August 2018, from what had been our home for 77 years, we explored with staff the ways in which we could support them in the transition. Our staff and volunteers identified not only the practical elements of undertaking such an important move for them, but also that that we were at risk of losing the very essence of who we were as a local service—our spirit. Following these conversations, a discussion paper was written and shared with our staff for their consideration and response.

As a result of staff feedback, we defined the ‘Spirit of Bethlehem’ and created a ‘commitment statement’ that articulated for us all our commitment to sustaining this Spirit as we made the transition to the Parkdale site.

Shortly before our move, we held a commitment ceremony at the Caulfield South site, with all welcome to attend. Our department managers read the statement on behalf of all CHCB staff and volunteers.

In addition to our farewell to Caulfield South, a welcome ritual and blessing was held very shortly after the move to Parkdale, with all staff and volunteers invited to take part with a procession held across the entire site, with live music and blessings undertaken by some of our local LCM Sisters.

Wellness initiatives include appointment of ambassadors

2018-19 has seen a large focus on the safety and wellness of our staff. With the move to Parkdale, the Safety and Wellbeing Committee undertook a multi-dimensional approach to assisting our staff in the many facets of wellness. The hospital offered communication and resilience training to all staff, which was facilitated by an outside consultant. Evaluation of the training demonstrated that it was well received, with staff reporting a much more positive approach to dealing with change.

Other activities provided by the Safety and Wellbeing Committee included:

- quarterly massage sessions for all staff;
- lunchtime mindfulness sessions;
- a physical activity month in June; and
- a staff sausage sizzle to celebrate Grand Final Day.

Organised by one of our physiotherapists, a large number of staff participated in the physical activity month of June, keeping physically active in a variety of ways, including the participation of a number of staff in the Run Melbourne event. In addition to a range of activities, Calvary has introduced a “Calvary Pulse” newsletter in collaboration with our Employee Assistance Program (EAP) provider Lifeworks and launched a mobile app to provide staff with information, advice and telephone support.

A “wellness ambassador” role has been created to replace the role of the voluntary contact officers and to better support our staff in a holistic way. Eight staff members volunteered to undertake two days training in order to provide the proper support for staff. The issues that will be targeted by the new ambassadors include work-life balance, potential bullying and harassment and managing the stresses and strains of modern life. The efficacy of the new role will be evaluated in early 2020.



Learning initiatives driving continual improvement

Our Learning and Development Centre (LDC) continues to be a state-wide leader in specialist palliative care and progressive neurological training for health professional staff, practitioners and, most importantly, our community: patients, families and other health care providers.

This year, the LDC has focused on supporting the organisation's research initiatives, delivering

evidence-based training packages and innovations in clinical education.

The primary focus of our services is to provide a quality and consumer-driven practice that helps us develop and deliver timely and authentic training that enhances staff professional development and motivation.

Undergraduate clinical placement

The Nursing Undergraduate Program has continued to evolve. Through 2018 the LDC increased the number of student placements, however the relocation to Parkdale required us to restructure the intake into our Community Palliative Care Service to ensure the program continued to be beneficial to patients, students and clinicians. The LDC initiated meetings with university partners inviting them to visit our new site to further explore and strengthen our partnership for mutual benefit.

The introduction of first-year nursing students to palliative care continues to be well received and we continue to gain positive feedback from both students and our university partners. A new structured debrief program is being drafted using evidence-based and best practice to streamline

our approach, and to assist in the facilitation of both theoretical and practical skills and knowledge. Our clinical support nurse offers continued support to both students and staff preceptors, ensuring that clinical undergraduate placements remain a positive and enriching experience for all.





Nurse Graduate and Preceptor Programs

The CHCB Nurse Graduate Program in 2019 continues to support nurses in their transition to professional practice. The program supports four graduate nurses over two intakes in February and August, up-skilling new nurses via the Preceptor Program, which offers excellence in supporting graduate nurses.

Each year the Graduate Program improves support for our graduates in creative and innovative ways. This year, new activities have been developed and adopted into the study days to instil mindful and reflective practice. These activities have been well-received by participants who now look forward to finding out what each new study day activity might be.

The Graduate Nurse Coordinator and Clinical Support Nurse provide support to both the graduate and the 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 as well as their fortnightly debrief sessions, which include support, additional education or academic journal reviews, all in an encouraging and supportive learning environment.

Preceptor workshops

Preceptor workshops are reviewed annually and the content updated to address any learning gaps identified from the previous year. In collaboration with the nurse unit manager, the LDC identified and put in place a plan for providing the annual workshop as well as a refresher workshop in the middle of the year. The aim is to further up-skill our nursing preceptors in support of both the new graduate and undergraduate programs. As we did last year, this year the focus was on effective open and supportive communication as well as the provision of feedback to any underperforming graduate or student. The workshop provides unique opportunities for preceptors to further their knowledge and professional development, supporting them in their career progression.

Short and sharp education

In 2018 a new education initiative was developed to support and motivate clinical staff to refresh and update their skills at the same time as enabling them to share their knowledge and experience.

Designated CHCB champions collaborated with clinical services to empower clinicians to conduct "Short and Sharp" education training for their own departments. The resources were developed and the processes streamlined for departments to use. Weekly education sessions are now provided in a short targeted education session at handover on the ward. This is done as part of monthly in-service sessions with the Community Palliative Care Service and as part of departmental allied health meetings.

Better Backs at Bethlehem

The Better Backs at Bethlehem program continues to provide staff with insight and education into basic work health and safety principles, the hierarchy of control, risk assessment process and incident reporting. Clinical nursing staff are presented with an annually-updated clinical risk scenario. These scenarios are informed by incidents that have occurred through the hospital, and help to inform the content of ongoing education in problem-solving and practical outcomes.



Volunteer services

Over the past year the scope of the volunteer service has been expanded with a range of new roles now represented across the service. Patient care continues to be the focus of most people who choose to volunteer at CHCB, but in the past 12 months we have seen our community bring different skills to their volunteer roles at CHCB. These developments have come despite the service experiencing a time of transition with the retirement of the Acting Manager and the Administration Assistant in 2019. Despite these changes, our volunteers continue to do a fantastic job in a variety of settings and we continue to receive new enquiries regarding volunteering from people from different backgrounds and of all ages.

The number of volunteers continues to grow, despite some attrition due to changes of location, employment, health and family circumstances. Volunteers assist patients by providing companionship, feeding assistance, pet therapy, hand and foot massages, helping with day centre activities such as Tai Chi, and as volunteer drivers. Volunteers also assist staff in providing support in a variety of administrative areas across the hospital.

Ongoing training is provided for all volunteers, with further development of additional specialised training modules being a focus for 2019-2020.

Volunteer recognition

CHCB would like to thank all of our volunteers who help us to make a difference and would particularly like to recognise Renee Mascurine with 25 years and Janet Anderson with 23 years of service at CHCB.

25 years

Renee Mascurine

23 years

Janet Anderson

10 years

Giselle Arlove, Pat Brown, Maree Bons, Robin Downs, Nola McKenzie, Elizabeth Secker & William Secker



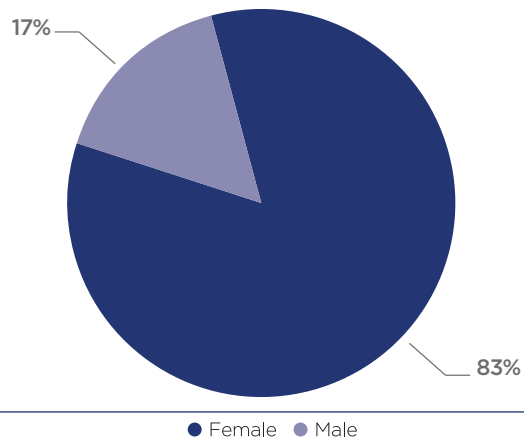
Renee Mascurine was recognised for her 25 years of service this year



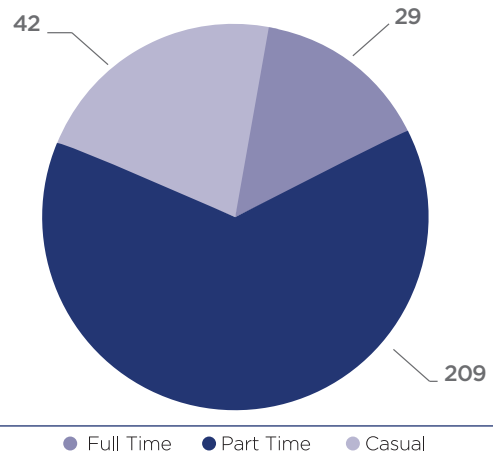
Janet Anderson who celebrated her 90th birthday this year was recognised for her 23 years of service

Staff profile

Breakdown of staff by gender



Breakdown of employment status



Staff years of service

30 years of service	
Dr Susan Mathers	Mr Peter Quinlan
Mrs Leanne Vella	
25 years of service	
Dr Melinda Kemp	Mrs Maryanne McPhee
Mrs Roxanne Maule	Ms Mary Wilsdon
20 years of service	
Mrs Deborah Hanby	Ms Cathryn McMahon
Ms Anna Alexis Smith	
15 years of service	
Mrs Shannon Thompson	Ms Janet Benalcazar
Ms Karen Bolger	Ms Judith Van Opstal
10 years of service	
Mrs Monica Britto	Miss Liqing Chua
Mrs Glenda Colgrave	Mrs Ester O'Sullivan
Ms Maeve Powell	Mrs Rosina Rosenquist
Miss Juho Song	



(L-R) Director of Finance Carlie Kilikas, GM and Medical Director Dr Jane Fischer and Director of Clinical Services Shannon Thompson

Executive Team

Dr Jane Fischer

General Manager and Medical Director

- Employment duration 17 years
- Executive oversight of the entire health service and responsible to the Little Company of Mary Health Care

Shannon Thompson

Director of Clinical Services

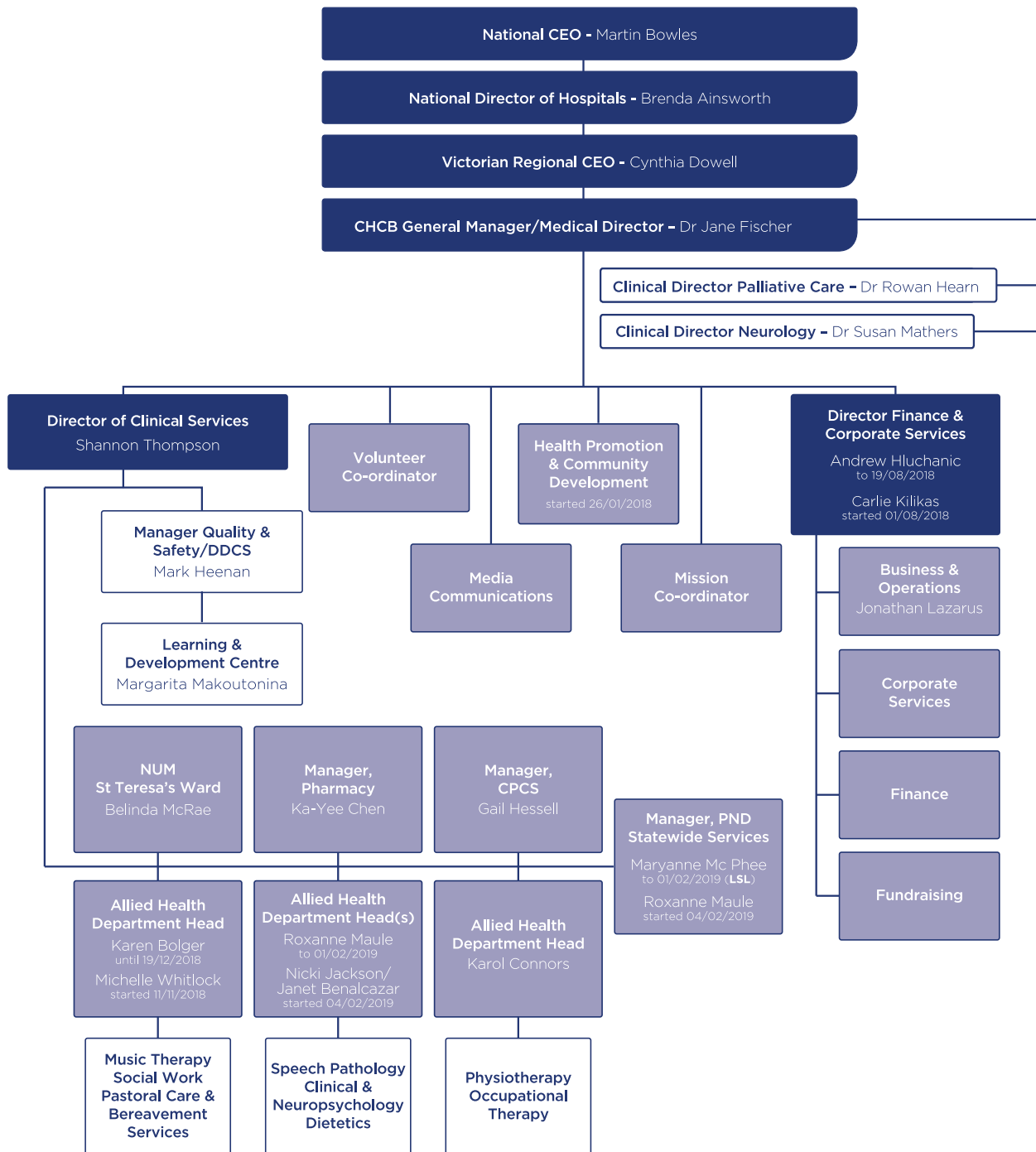
- Employment duration 15 years
- Executive oversight of all Clinical Services, including, strategic and operational direction and achieving effective service delivery across in-patient and ambulatory settings

Carlie Kilikas

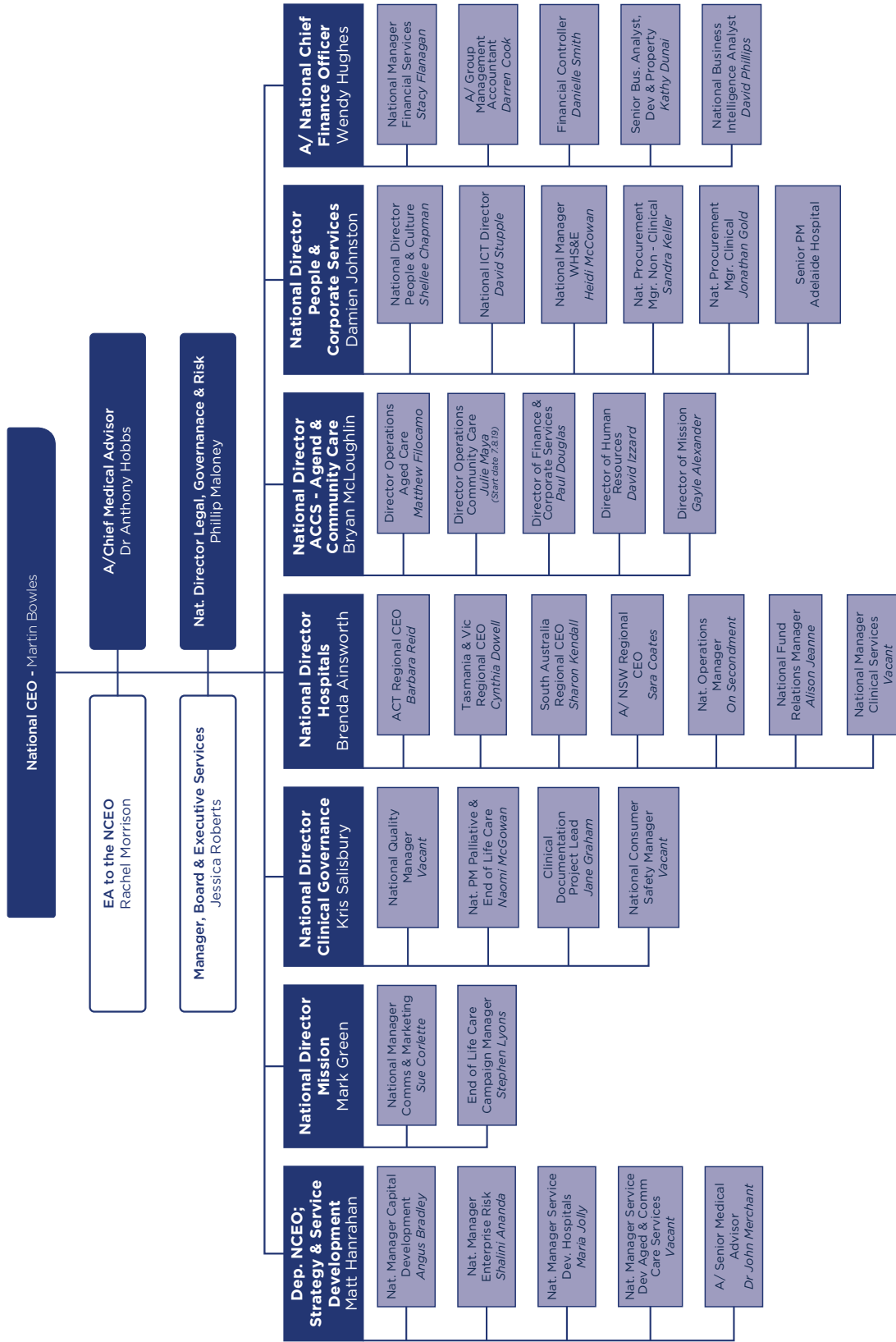
Director of Finance and Corporate Services

- Employment duration 12 Months
- Executive oversight of service budgets and financial reporting.
- Management of operations including Human Resources, Hospital Services, and Information Technology

Organisational chart



LCM Health Care organisational chart



Serving our community



Serving our community

Our community

According to the 2016 ABS Census, the five municipalities we serve have a total of 647,772 people, with 45,784 aged between 70 and 79 years and 19,591 people aged 80 years and over, with an above average proportion of the population aged over 70 years. Specifically,

- 27% of our elderly population live alone;
- 32% of people were born overseas;
- 14% of the population are aged 65 years. Of these 40% are from a culturally and linguistically diverse background; and
- after English a Russian is now the second most common language spoken at home

68% of admitted patients in 2018-19 were in the 70-89 age group, compared to 63% of such patients in 2016-17. The majority of our palliative care patients reside in the areas immediately surrounding CHCB, with 54% of patients living in Kingston or other adjacent local government areas.

The local community is ageing and is from diverse ethnic and cultural backgrounds. There is a significant Greek and Jewish community in our council areas with Italian, Russian and Asian cultures also well represented.

The top 10 countries in terms of place of birth recorded at admission in 2018-19:

Birthplace	Admissions	Proportion (%)
Australia	359	71
England	27	5
Greece	23	5
Italy	11	2
New Zealand	11	2
Germany	9	2
Russian Federation	9	2
China	6	1
Cyprus	5	1
Egypt	5	1
Other Birthplaces	42	8
Total	507	100

In terms of patients' religious beliefs, the religions indicated on patient registrations include: Catholic; Christian; Church of England; Lutheran; Muslim; Greek Orthodox; Protestant and Uniting Church.

Our community

The catchment area for our palliative care service includes Port Phillip, Stonnington, Glen Eira, Kingston and Bayside local government areas. The estimated resident population of these communities in 2018 was 647,772 people, with 19,591 of those over the age of 80.

1. Russian

Russian is now the most common language spoken at home behind English. Last year it was Greek.

2. Greek

3. Mandarin

32%

of people were born overseas.

27%

of our elderly population live alone.

14%

of the population are aged over 65



Health promotion

Activating communities of support for end of life

Building on the success of our Embracing Life High School Immersion Project, we launched our Community Development and Engagement Framework 2018 -2021, which outlines our commitment to working with and educating our community so that we all have the capacity to support someone who is dying, caring or grieving.

To assist us in this, we have established a Community Development Working Party, which brings together representatives from CHCB, a local primary health service, a university and a local council. Together, the working party has undertaken the following initiatives:



- recruited two volunteers to assist with community development activities;
- National Palliative Care Week events;
- ideas for Action, which provided information, resources and ideas to enable staff, patients and volunteers to take action regarding their end of life wishes;
- library displays in Parkdale and Cheltenham Library;
- Elsternwick Plaza Pop Up Event, supported by 20 members of the People's Choir, we provided information, music and conversation about palliative care to the Glen Eira community, and with the support of local coffee shops, we handed out 90 free or discounted coffee vouchers with an invitation to 'continue the conversation over coffee' with ideas for action; and
- commenced the development at CHCB of a browsing library of children books, practical guides, autobiographies/memoirs relating to serious illness, dying and grief as another way of inviting conversation about end of life issues.



Community Advisory Council

The Community Advisory Council is a small group of volunteers that supports the work of CHCB and engages with community and business networks to extend community awareness of our work.

This involves public presentations that reinforce our continuation of the mission of the Sisters of the Little Company of Mary in the service of our community.

The Council's strategic plan focuses on:

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

A measure of success over the past year has been the following activities of the Council:

- hosting quarterly breakfast seminars presenting the activities of the health service to the broader business and social community;
- increasing membership of the Friends of Bethlehem to enable continued communication;
- hosting an annual dinner dance, with the aim of fundraising for special equipment;
- recruiting volunteers in various areas of the service;
- engaging CHCB leaders to speak to external community groups; and
- joining with CHCB staff at community activities to promote the service with the message that patients are “living well” and to encourage discussions about death and dying in our community.

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



Calvary Health Care Bethlehem Ladies Auxiliary

Every year, the CHCB Ladies Auxiliary members work together to coordinate card luncheon days at the Elsternwick Club. The members all generously donate their time and their personal funds in order to make these fundraising events extremely popular and successful. Last year, funds raised were used to purchase two iPads with pencils and predictive software that support a wide range of people with communication and/or swallowing difficulties. These communication devices convert typed messages into speech. We would like to thank these incredible ladies for their commitment and hard work that has resulted in raising funds that directly support our patients.

Enrich Choir

Donor support enables a dream to thrive

The weekly Enrich Choir for people with Huntington's disease (HD) has gone from strength to strength since 2017 thanks to the support from generous donors to our Tax appeal.

In the last year the group has performed at a number of CHCB events and continues to develop its repertoire.

Donor contributions have had a positive impact on the lives of participating patients. The opportunities provided by the choir go far beyond what the music alone offers. 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.



Friends of Bethlehem donors help drive innovative Photovoice program for MND and HD patients

Contributions from donors and our supportive Friends of Bethlehem community has helped develop the CHCB Photovoice program targeting communication and social participation for patients and families living with progressive neurological disease such as motor neurone disease or Huntington's disease.

Following on from a successful two-year pilot phase involving 46 participants, over the past year the program has grown with additional sessions, program resources developed and ancillary staff trained. In November 2018, CHCB presented the outcomes of the pilot project at the 10th International Arts and Health Conference in Port Macquarie and the CHCB project lead was also interviewed about the program on ABC Radio National, identifying the positive impact it has for people to live well with a progressive neurological disease at CHCB.

Currently CHCB is developing the "Picture Power Image Library," which involved planning and developing a range of health promotion resources and deliverables to bring to life patient stories and messages for positive change. Sharing these stories will both help ensure the sustainability of the program and reach the broader community, to change public perceptions and attitudes around communication impairment and social inclusion.

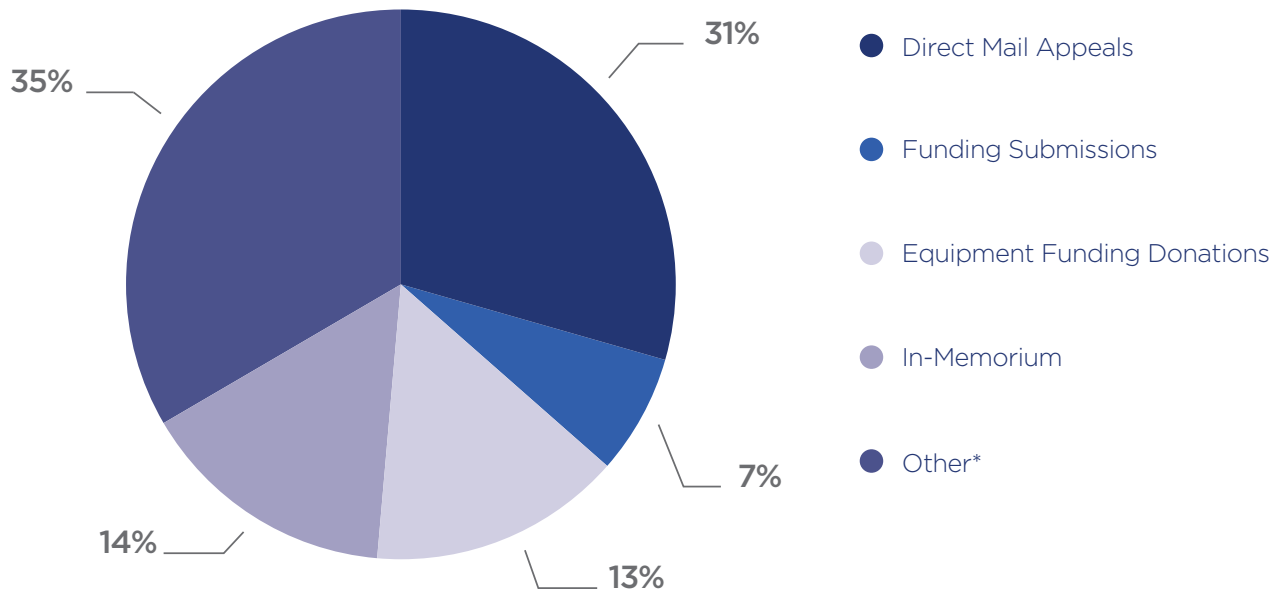
Donations

Fundraising income

Fundraising Stream	YTD Total	% of Total
Direct mail appeals	\$ 27,495.00	31%
Funding submissions	\$ 6,514.00	7%
Equipment funding donations	\$ 12,040.00	13%
In-memoriam	\$ 12,265.00	14%
Other*	\$ 31,689.09	35%
TOTAL	\$ 90,003.09	100%

* Other includes general and online donations and workplace giving

Fundraising Breakdown



Thank you to our generous supporters

We would like to extend our deepest appreciation and thanks to all our supporters for their generosity and commitment in assisting Calvary Health Care Bethlehem. This dedicated support by donors has contributed positively to the provision of exceptional care given to patients and their families at CHCB.

Philanthropy has enabled the purchase of vital equipment and the coordination of programs and activities that directly impact on the lives of patients living with a progressive incurable illness, their families and the community. Thank you to all our valued donors and supporters.

Corporate and community organisations

- ____ All Souls Opportunity Shop
- ____ Bayside Companion Dog Training School
- ____ Calvary Health Care Bethlehem Ladies Auxiliary
- ____ Glen Eira City Council
- ____ Rotary Club of Bentleigh Moorabbin Central
- ____ The Honda Foundation
- ____ The Elsternwick Club

Donors

- ____ Stephen Alomes
- ____ Glenice Campbell
- ____ Mary Chan
- ____ Jenny Dexter
- ____ Barbara Douglas
- ____ Theo and Irene Eversteyn
- ____ Roberta Ewart
- ____ Michael and Lois Haesler

Donors continued

- ____ Stephanie Johnston
- ____ Patrick and Theodora Kinnaird
- ____ Shirley Landy
- ____ Andrew Madigan
- ____ Brendan Madigan
- ____ Dawn McFarlane
- ____ Ted McGowan
- ____ Richard McKemmish
- ____ Neil Murray
- ____ Greg Noonan
- ____ Tony and Leonie Ryan
- ____ Patricia Salisbury
- ____ Sean Stroud
- ____ Mike and Wendy Wheatley
- ____ Peter Woodhouse
- ____ Anita Ziemer

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

There are many ways you can help CHCB

CHCB has several fundraising programs that members of our community can support. You can become a regular monthly donor, leave a gift in your will, memorial giving, participate in the CHCB Ladies Auxiliary card days, direct mail appeals and special events. The team works collaboratively with donors to ensure that their wishes are achieved and funds are directed to their specific area of interest. All donations make a positive difference in assisting patients to live well.

If you would like to receive further information about these programs and more in the course of the year or you would like to receive our twice yearly and become a Friend of Bethlehem please contact our friendly team at:

community.relations@calvarycare.org.au

or visit our website at: **<https://www.calvarycare.org.au/public-hospital-bethlehem/friends-of-bethlehem/>**



“On behalf of all staff, patients and families at CHCB, I would like to extend my deepest thanks to every donor who has generously supported our organization. Your contribution has helped us achieve our vision of continuing to be a source of healing, hope and nurturing to the people and communities we serve. We thank you all very much”.

Dr Jane Fischer, General Manager and Medical Director

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 report to the Minister for Health and Ambulance Services Jenny Mikako. 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.



Calvary

Health Care
Bethlehem

No emergency department
at this facility.
The nearest emergency is
The Sandringham Hospital
Bluff Road, Sandringham



Calvary

Health Care Bethlehem