



Calvary

Kooyong Precinct
Health Care Bethlehem

ANNUAL REPORT

2022-23

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

Contents

GM and Board Chair message.....	1
Calvary Ministries Chair message.....	2
Calvary Strategic Intent 2021-2026.....	3
Partnering & planning for our future.....	4
Our strategy & year in review.....	9
Excellence in care.....	19
Caring for our people & working environments.....	29
Serving our communities.....	38

Acknowledgement of land and traditional owners

Calvary Health Care Bethlehem acknowledges the traditional owners of this land, the Bunurong Peoples of the Kulin Nation. We pay our respects to their Elders, past, present and emerging.



Calvary is pleased to be recognised as a leader in gender equality by the Champions of Change Coalition.

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

Design by the lovely folks at



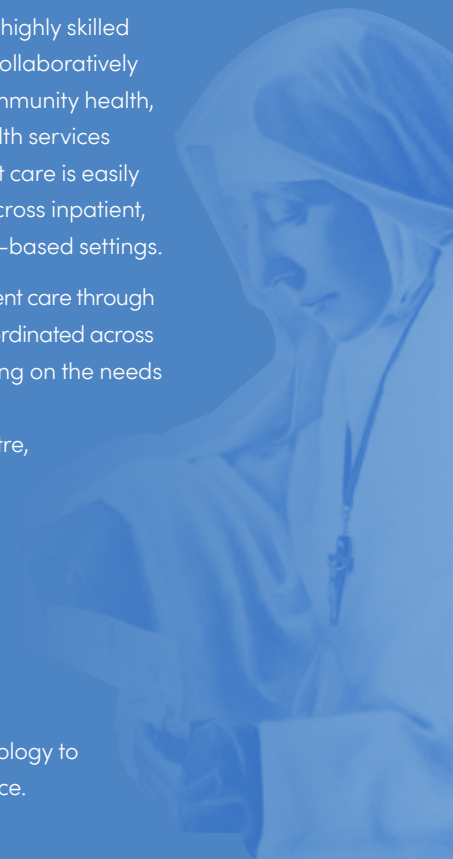
About Bethlehem

Opened in 1941 as a private hospital offering maternity, medical and surgical services, Calvary Health Care Bethlehem (Bethlehem) is part of a national charitable Catholic not-for-profit organisation with more than 18,000 staff and volunteers.

Today Bethlehem is a publicly funded health service, recognised as a specialist palliative care service and a state-wide provider of services for progressive neurological diseases. With a focus on wellness and active engagement in life, our highly skilled multidisciplinary teams work collaboratively with patients and their GP, community health, aged, disability and other health services across the State, to ensure that care is easily accessible and coordinated across inpatient, centre-based and community-based settings.

Bethlehem provides direct patient care through one point of access which 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 sub-acute 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

Over the past year, a period of transition and change has unfolded. As we navigated the shift from preparing to relocate to new facilities at Calvary Kooyong, our dedicated staff embraced each challenge and opportunity with a resolute and open mindset. They prioritised the wellbeing of our patients and their families throughout, ensuring unwavering, high-quality care across all stages.

Achieving practical completion of the redeveloped Caulfield South site in early December, Bethlehem services relocated back to the site in January, following an extensive program that worked to ensure the site was ready to commence operations.

In addition to the emphasis on patient wellbeing and maintaining safe and high-quality clinical outcomes; work health and safety played a pivotal role in shaping the new precinct and underpinning the integrated model of care as it has been operationalised.

Supported by a robust Project Governance Framework, and the direction and dedicated leadership of the Calvary Kooyong Operational Readiness Committee, the entire Bethlehem team – staff and volunteers – adopted a collaborative approach involving everyone for both the preparation and execution of the site transition. Thanks to the high degree of collaboration and collective endeavour, we not only accomplished a seamless transition but also facilitated our staff, volunteers, patients, and their families to swiftly adjust to the new site. This approach ensured the uninterrupted continuation of our services throughout the transition period.

We extend our sincere appreciation and thanks to our Executive, Managers, and all our staff at Bethlehem. Your support and the work you do each day, your dedication, compassion and determination to provide the best care possible, as well as “being for others” in the Spirit of Calvary, ensures we continue the mission of the Sisters of the Little Company of Mary as Venerable Mary Potter intended.

Delivering our services and developing innovative models of care would not be possible without our supporters, volunteers, and partners.

As always, we are very fortunate to have a committed volunteer community, including members of our



Shannon Thompson

General Manager,
Calvary Kooyong



Jim Birch, AM

Chair,
LCMHC Board

Community Advisory Council; our Human Research Ethics and Ethics committees; those who bring a consumer focus to key governance committees and working parties; and those who assist in a wide range of clinical and corporate areas of our service. We also acknowledge all those who partner with us in different ways: other health service providers, community organisations, universities and the philanthropic community.

Thanks to each one of you. Your contribution helps us to make a difference to the lives of those for whom we care. You are visible representatives of the communities we serve and vital to our mission.

Jim Birch, AM
Chair, LCMHC Board

Shannon Thompson
General Manager
Calvary Kooyong

Foreword from the Chair Calvary Ministries Trustee Board

*"With fresh vigour
we go out to our
next work, no
matter what, filled
with faith in what we
do, charity towards
those we assist, and
hope in God for
whom we labour."*

Venerable Mary Potter.



Hon Michael Lee

Chair
Calvary Ministries

This year marked a significant milestone for Calvary Health Care Bethlehem (CHCB) and a remarkable achievement for Calvary as the new Calvary Kooyong precinct became a reality.

While diligently preparing for and executing the return to the Caulfield South site after years of planning, our staff remained steadfast in prioritising 'what we do' and ensuring the foremost concern was the safety and quality of care for those we serve. It is through their work, whatever that may be or is required, that Calvary Bethlehem as part of the new precinct continues to be a source of healing and hope.

Since opening in January, the staff at Calvary Bethlehem have demonstrated a strong and enduring commitment to ensuring the wellbeing of those we serve. Through their work, further energised by the new purpose-built facilities, the staff provide personalised support specific to the unique needs of each person and their support networks.

Our vocation is to heal the sick, to care for the dying, to care for each other and, in all these ways, to be for others. This is our purpose and our mission – to serve by being for others.

Since moving to the new precinct, we have been blessed and privileged to have many of those we serve generously share their stories and experiences of our services with us. One such person is Graham Archer.

When Graham became one of the first aged care residents in Huntly Suites aged care home, he brought with him a poignant reminder of Calvary's incredible history, and, in particular, the rich legacy of the founding Sisters, or 'the Blue Nuns' as they were known. It is a legacy that lives on in our mission and the compassionate care of our staff; and for Graham a source of comfort.

Graham now lives at Huntly Suites while receiving the specialist care he needs for his progressive neurological condition from the team at Calvary Bethlehem, both located on the same site. Graham writes,

"You just can't imagine how I feel. I've been blown away by the care and people at Bethlehem and here at the new precinct site. Everyone is so focused on doing the best for me. The whole philosophy is geared towards maximising the care and what independence I can achieve within the limits of my condition and ability."

I thank the Little Company of Mary Health Care Board of Directors, ably led by Jim Birch, AM, the National Executive Leadership Team led by Martin Bowles, AO, PSM and the staff and Executive team at Calvary Bethlehem led by Shannon Thompson, for their dedication, commitment and stewardship of our mission.

Thank you for your actions, whether great or small, that every day make a difference in the lives of the communities we serve.

Hon Michael Lee

Chair, Calvary Ministries Trustee Board



Strategic Intent 2023-2028

You matter. We care about you.

Our Mission

We bring 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; and
- in celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

Our Values



Hospitality



Healing



Stewardship



Respect



Our Vision

As a Catholic Health, Community and Aged Care provider, to excel, and to be recognised as a continuing source of **healing, hope and nurturing** to the people and communities we serve.

Our Behaviours

- We will be present, attentive and listen to each other.
- We will recognise the achievements of others.
- We will actively involve each other in decision making.
- We will be transparent.
- We will be accountable for our actions.
- We will not look to shift blame.

3

Priority: A focus on quality and safety

All staff understand and are supported to perform their roles and responsibilities with maximum effectiveness.

Create respectful, collaborative relationships with patients, residents, clients, families, Visiting Medical Officers and community partners from which to grow compassionate, person-centered models of care

Commit to zero preventable harm and reduce the unplanned variation that leads to such harm, prioritizing safety and continuous improvement.

Priority: Care of our people and our working environments

Provide safe, equitable workplaces that are welcoming and respectful of all.

Attract and encourage people who value making a difference and are willing to contribute a range of complementary skills, motivated by the spirit of 'being for others'.

Entrust, support and equip people to make their best and most effective contribution to Calvary's mission to provide 'healing, hope and nurturing to the people and communities we serve.'

Priority: Partnering and planning for the present and the future

Anticipate and respond to opportunities that will impact upon the communities that Calvary serves.

Partner to design and deliver new models that meet the emerging health and social needs of our communities.

Continue the integration of technology enabled care into our services and models of care.

Advocate for, and address, unmet needs and people experiencing disadvantage in the communities we serve.

Priority: Caring for our resources

Upgrade and maintain our facilities, ICT assets, infrastructure, and work environments and pursue innovative enterprise for the benefit of our people and our environment.

Sustain and develop new sources of funding to serve people now and in the future.

Demonstrate our accountability to utilise our resources more effectively in the service of others.

Promote environmental stewardship and reduce our carbon footprint.



Intent

Calvary will be the health, community and aged care provider of choice, delivering with equity and compassion integrated, seamless, safe and quality care appropriate to the individual and the community's needs.

Partnering & planning for the present and the future

4





Settling into the new campus

After more than seven years in the planning, and over two years in construction, staff and patients moved into the landmark Calvary Kooyong integrated retirement living, health and residential aged care precinct in January 2023. In a staged return, Calvary Bethlehem's patients and staff were the first to relocate back to the site from Parkdale, followed by retirement apartment residents moving into the Hyson Apartments and then aged care residents moving into the Huntly Residential Aged Care home in February. The new precinct is the product of years of work with a new model of care assembled after extensive consultation with staff and consumer reference groups.

The return marked a homecoming for the specialist 32-bed sub-acute hospital and health service and was a milestone moment for Bethlehem after years of consultation and planning. After four years operating from the site of the former Como Private Hospital in Parkdale while the Caulfield South site was demolished and then developed, the difference to staff when they moved into the purpose built space was striking.

With wider hallways and facilities, a welcoming foyer and a bustling café, the new facility is light and airy and offers improved and contemporary amenity for patients, their families, and staff. The new building also features well-appointed outpatient clinic areas, large education and training spaces, a comfortable lounge and gardens for patients and their families to enjoy, as well as a purpose-built day centre, and a designated area for clinical trials.

In the process of settling in to the new space, we continue to discover new ways of operating and integrating with new relationships formed and implementation of new ways of working.

Not long after the move the first example of the benefits of having an integrated precinct occurred when a long-term Community Palliative patient, Tony, was accepted as a resident into Huntly suites when it became apparent that his care needs were such that he would not be able to remain at home. Tony's experience represents the vision of Calvary Kooyong as an integrated precinct to support and enable people to live well by meeting their changing health and lifestyle needs.

Other examples of integration that have emerged since January can be seen in the powerful effect of our volunteer pet therapy dogs providing comfort to both patients on the wards as well as residents in the Aged Care Suites.

A social knitting program in the retirement apartments that recognised the benefit of gathering around a purpose also emerged, tapping into a rug-making project already being run by the Volunteer Service.

A conversation between the volunteer coordinator and the Hyson Apartments manager resulted in the two projects coming together in "knit and natter" a knitting for a purpose exercise. Every week, residents gather at the retirement apartments, crocheting, knitting and packing the finished rugs, which are then shared with Community Palliative patients and Aged Care residents in need.

We look forward to the exciting opportunities for Bethlehem as part of the integrated precinct, as our model of care continues to emerge and the vision for the precinct is realised.



My NP Care – an integrated approach for people living with a progressive neurological disease

The 'My Neuro-Palliative Care' project conducted over the last twelve months was designed to gather information on the lived-experience of patients and carers who were receiving care from both Calvary Bethlehem's Statewide Progressive Neurological Disease Service (SPNDS) and local care providers. It involved a literature review, patient and carer interviews, a state-wide survey of palliative care clinicians and focus groups with a number of palliative care services. This identified clear stakeholder priorities for a new model of care and informed the collaborative design of a series of interventions encompassing three essential principles of care:

Principle 1: Keeping the patient's and carer's needs and preferences at the centre of care;

Principle 2: Developing the core competencies of the 'team' to deliver interprofessional, integrated care to meet these needs;

Principle 3: Developing infrastructure to improve the flow of information and knowledge between patients, carers and service providers.

At the end of the twelve months, the study team made the following recommendations to develop systems and structures to:

- evaluate and measure the effectiveness of interventions and evaluate on an ongoing basis to ensure care models continue to meet the needs of patients;
- identify and respond to opportunities for innovation and quality improvement through a structured service improvement plan.; and
- Explore governance, funding and resource requirements to enhance future model of care development.

The new model of care continues to be rolled out and evaluated by Calvary Bethlehem with teamwork and care delivery to follow the tenets of compassionate care and be supported by Telehealth. A special interest group for education and research in neuro-palliative care will be formed to guide and drive future work.



The NP Care Project has been managed by lead Allied Health Researcher, Maryanne McPhee



Volunteer Service grows through collaboration and training relationships with multiple agencies



Through collaboration with several agencies, our Volunteer Service has grown over this last year. With the transition back to our original site and our partnership with the Order of Malta, Palliative Care Victoria, other palliative care organisations and our local community; we have seen our volunteer numbers, programs and quality of service increase.

The Order of Malta, a lay religious Catholic organisation, has supported our Volunteer Service since 2022. Their contribution has enabled us to appoint an additional volunteer support role and develop new programs. Some of their members have also gifted their time to our existing and new programs, enhancing the delivery of our innovative care.

Since our return to Caulfield South, support from members of our local community has been an invaluable addition to our volunteer team. Their enthusiasm for our new precinct and their commitment



to being for others, has enhanced the development of quality volunteer programs.

Specific training in palliative care is invaluable to maintain our high standards. We are fortunate to be supported by Palliative Care Victoria in the authoring of our training, the Southern Metropolitan Region Palliative Care Consortium in their participation, and Melbourne City Mission, with whom we share reciprocal training.





PEPA participant Dr Leanne Sheehy (r) speaks with Calvary Bethlehem Community Palliative Nurse Tori about palliative nursing in the community

PEPA placements - helping build palliative care capacity in the community

The Program of Experience in the Palliative Approach (PEPA) program is part of the Palliative Care Education and Training Collaborative and helps health professionals to deliver palliative care by providing training in clinical placements in specialist palliative care services and interactive workshops.

The program is funded by the Commonwealth Department of Health as part of their remit to enhance the quality of palliative care service delivery and increase support for people who are living with life-limiting illness, who require end-of-life care, their families and carers.

In collaboration with PEPA, Calvary Bethlehem delivers workshops (online and in person) to General Practitioners (GPs) and a range of community health care professionals, including nurses and pharmacists, to improve knowledge and skills regarding end of life and palliative care provision in the community. Topics include symptom management at the end of life, pain management in palliative care, palliative care in general practice and ethics in end-of-life care.

We have also provided placements for doctors and pharmacists seeking further exposure to palliative care, with a specific focus on aged care and neuro-palliative care. These workshops and placements improve capacity to provide high quality end of life and palliative care from our community colleagues and are attended by participants from across Australia.

Calvary Health Care Bethlehem 2022 – 23 Annual Report

PEPA appreciation

The comments below are from two PEPA clinical placements over the last year.

"I would like to thank you all so much for your generosity with your time and knowledge during my recent PEPA observational clinical placement.

As a GP working solely in aged care, I deal with end of life on a very regular basis. The opportunity to be involved in the PEPA education and clinical placement has been an invaluable experience for me. The aged care facilities I work at are in the Calvary Kooyong catchment area so it was particularly beneficial for me to be placed here.

One of the facilities I attend had been involved in the Bethlehem 'Palliative Care Needs Rounds' pilot and I had often utilised the help of the Bethlehem palliative care team. It was great to have the opportunity to meet in person many of the people I have spoken to over the phone.

The whole team were very welcoming and helped to plan an excellent program based on the learning needs I had outlined.

The PEPA placement was well worth the wait and I will definitely be recommending it to my colleagues."

Our strategy and year in review

9



Our research programs have been a particular area of strategic growth at Bethlehem

Environmental sustainability

The 2022–23 financial year saw numerous adjustments in the operations of Calvary Bethlehem realised, as the service transitioned from the temporary Parkdale location to the new Calvary Kooyong integrated precinct. Detailed design of the new precinct incorporated features to reduce the overall carbon footprint of day-to-day operations.

Features include:

- irrigation tanks with programmable auto-watering for the purpose of garden maintenance. The system also includes rain sensors so that the gardens are not over watered;
- dual flushing toilets throughout the precinct that help minimise the volume used for waste disposal;
- solar panel installation;
- air conditioning programs that automatically shut off out-of-business areas in areas that are not occupied by 24-hour operation;
- individually controlled air conditioning in patient rooms providing patients with individualised control over their comfort reducing the amount of energy used to temper patient areas;
- tinted, double glazed windows in the entire precinct that are furnished with screens as well as full block-out blinds to conserve energy at the same time as providing control to the individual patient;
- sensors that turn off lights in areas that are inactive or unoccupied; and
- the introduction of E-water for the main kitchen to minimise chemicals required in food preparation and sanitization.

The transition from Parkdale to Caulfield South saw an

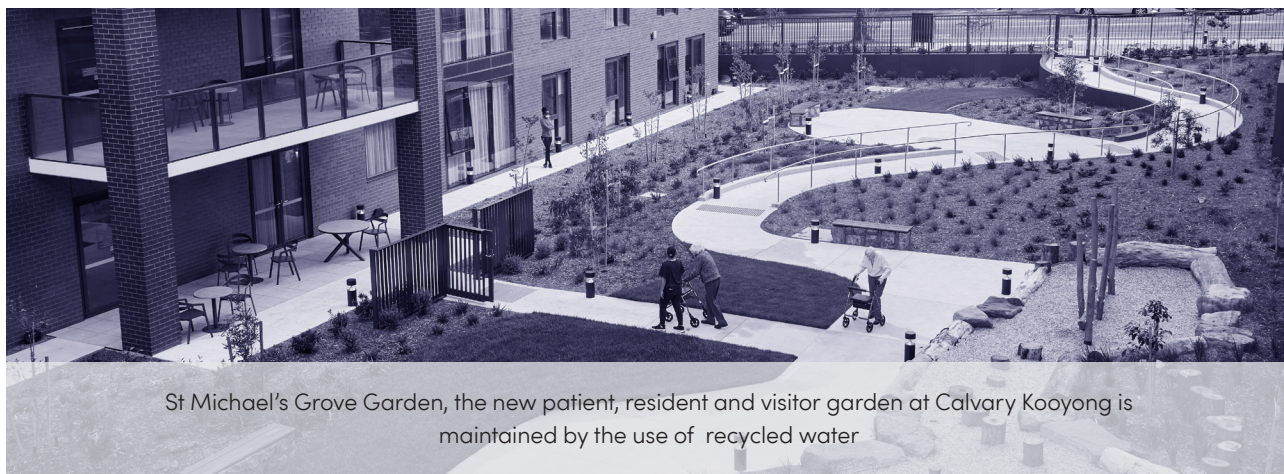
increase in the amount of waste from the Parkdale site in preparation for the relocation. However, all source separation and recycling programs were followed as the clean-up was performed.

Part of operational planning for the new site included source separation bins for general and comingled recyclable waste, as well as the inclusion of organic waste bins to counteract waste generated by food. The waste collected in the organic bins is processed and turned into fertilizer at an offsite facility. This is an efficient method to reduce our carbon footprint during day-to-day operations.

Green waste bins form part of the source separation plan, so that any garden waste can be recycled and prevented from becoming part of general rubbish. In addition, the change to Lexmark as our copier/printer supplier has led to a reduction in paper usage by installing a default for double sided black and white printing. The purchase of carbon-neutral paper for all of our printers and copiers and ongoing reductions in the use of disposable items are also driving factors in reducing our environmental impact.

For the 2023–24 period, we will continue to embrace and follow sound environment principles and practices with a view to further minimising our operational impact on the environment.

As we establish our operations at the new site, data is being compiled so that, following a full year of data, baseline figures can be established and new reduction targets can be created. We will continue to monitor usage as a frequent reminder of our environmental impact while being mindful of the opportunity to introduce further changes that support our efforts and commitment to caring for our environment responsibly and sustainably.



St Michael's Grove Garden, the new patient, resident and visitor garden at Calvary Kooyong is maintained by the use of recycled water



Each year Bethlehem continues to increase the number of hybrid vehicles in its fleet

11

Environmental performance figures

Due to the changes in the operational activities of the Caulfield South site, new benchmark figures will be established once a full year of occupation has been achieved.

Figures for fuel usage decreased which is a direct result of the relocation. The Caulfield South location is 12km from Parkdale. The Community Palliative Care Services base is now more central to the service catchment area, with the previous Parkdale location closer to the southern edge of the catchment. The use of fleet vehicles to service community patients attributes an approximate daily reduction of 25km per day.

Figures for gas and water for the last quarter are estimates as a result of data not being available at time of compilation.

	Baseline Parkdale	2020-21	2021-22	2022-23*
Electricity				
Consumption (kW)	434 995	417 399	425,605	388,870
Consumption by area (kW/m ²)	149.4	130.40	133.0	38.6
Natural Gas and LPG				
Consumption (MJ)	2 189 571	2 021 854	1 670 214	1,509,537
Consumption by area (MJ/m ²)	684.2	631.80	521.9	281.53
Petrol				
Consumption (L)	9084	7171	5450	9,084
Water				
Consumption (kL)	2 445	2 637	2 545	2,795
Consumption by area (kL/m ²)	0.76	0.82	0.79	0.52
Waste				
Clinical waste (kg)	509	1003.00	N/A	1,922.50
General waste (tonnes)	67.59	29.00	25	24.66
Recycled waste (tonnes)	24.38	16.79	13.18	10.86

* Data shift reflects the move in January 2023 to a larger scale campus in the new Calvary Kooyong precinct

Calvary Health Care Bethlehem would like to acknowledge the Honourable Mary-Anne Thomas, Minister for Health and the Minister for Ambulance Services from 1 July to 5 December 2022 as well as the Honourable Gabrielle Williams, Minister for Mental Health and the Minister for Ambulance Services from 5 December 2022.

Strategic priorities

Aligned to the allowances in the Health Services Act 1988, an abbreviated Annual Statement of Priorities process was adopted for 2022-23 due to the ongoing effect of the COVID-19 pandemic. Bethlehem contributed to the achievement of the Government's priorities through the following initiatives:

12

Specific priorities	Health services deliverables	Progress
Maintain Bethlehem's robust COVID-19 readiness and response, working with the department, Health Service Partnership and Local Public Health Unit (LPHU) to ensure effective responses to changes in demand and community pandemic orders. This includes, but is not limited to, participation in the COVID-19 Streaming Model, the Health Service Winter Response framework and continued support of the COVID-19 vaccine immunisation program and community testing.	Maintain a current COVID-19 Safe and Outbreak Management Plan aligned to the South East Public Health Unit (SEPHU) reporting requirements, streaming model and Winter Response Framework.	Achieved
Increase the provision of home-based or virtual care, where appropriate and preferred, by the patient, including via the Better at Home program.	Telehealth service provision >5% of total contacts	Achieved
Develop a plan to implement nutrition and quality of food standards in 2022-23, implemented by December of 2023.	Plan developed and implemented as part of new cook fresh food services model for Calvary Kooyong	Plan developed, on-track for full implementation December 2023
Participate in the Occupational Violence and Aggression (OVA) training that will be implemented across the sector in 2022-23.	Training attended by 80% staff	Delayed
Support the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative deliverables including health service alignment to the Family Violence Multi-Agency Risk Assessment and Management framework (MARAM).	Key deliverables outlined in CHCB plan achieved – All Social Work staff attended face-to-face training, Community Palliative Care Service (CPCS) staff training session delivered, workforce mapping for ongoing training completed.	Achieved
Improve patient identification of Aboriginal people presenting for health care, and to address variances in health care and provide equitable access to culturally safe care pathways and environments.	Improve mechanisms for identification of Aboriginal patients accessing CHCB services and develop mechanisms to create a culturally safe environment at new site.	Achieved
Contribute to enhancing health system resilience by improving the environmental sustainability, including identifying and implementing projects and/or processes that will contribute to committed emissions reduction targets through reducing or avoiding carbon emissions and/or implementing initiatives that will help the health system to adapt to the impacts of climate change	Delivery of infrastructure to support environmental sustainability in new built environment, including rain water storage, efficient gardening watering systems, purchase of hybrid replacement fleet vehicles, solar panels.	Achieved

Analysis of workforce (by full-time equivalent positions (FTE))

Hospitals labour category	JUNE Current monthly FTE		JUNE Average monthly FTE	
	2022	2023	2022	2023
Nursing	86	85	78	82
Administration and clerical	17.0	17.0	18	17
Medical support	4.0	4.0	3.0	4.0
Hotel and allied services	3.0	3.0	2.0	3.0
Medical officers	11	12	10.0	11.0
Ancillary staff (allied health)	47.0	51.0	41.0	41.0
	168.0	172.0	152.0	161.0

Financial commentary

In 2022-23, Calvary Health Care Bethlehem was required to respond to the COVID-19 pandemic, and in doing so was unable to achieve some of the deliverables as per the targets expressed in the Statement of Priorities. The Calvary Health Care Bethlehem operating result was achieved with support from the Department of Health. There were no subsequent events to balance date. The future impact of the pandemic or other events on the operations of Calvary Health Care Bethlehem is unknown.

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

	2023	2022	2021	2020	2019
Operating result*	18	751	573	(388)	(824)
Total revenue	32,886	29,546	28,121	27,564	24,646
Total expenses	32,543	29,005	28,362	27,310	26,502
Net result from transactions	343	541	(241)	254	(1,856)
Total other economic flows	52	500	70	147	275
Net result	395	1,041	(171)	401	(1,581)
Total assets	40,013	14,984	15,288	14,860	12,389
Total liabilities	32,944	8,309	9,621	9,022	6,953
Net assets	7,069	6,675	5,667	5,838	5,436
Total equity	7,069	6,675	5,667	5,838	5,436

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

Information and Communication Technology (ICT) expenditure
excluding GST

Business as usual (BAU) expenditure (excluding GST)	Non business as usual (non-BAU) expenditure (excluding GST) (\$ million)		
	Total=Operational expenditure and Capital Expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
Total (excluding GST)			
\$1,066,988	\$48,848	\$0	\$48,848

Net results (\$000s)

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

	2023	2022	2021	2020	2019
Net operating result *	18	751	573	(388)	(824)
Capital and specific items					
Capital purpose income	0	549	0	0	0
Specific income	1157	41	62	1,542	0
COVID-19 State Supply Arrangements – Assets received free of charge or for nil consideration under the State Supply Arrangements	0	0	19	0	0
State supply items consumed up to 30 June 2022	0	139	79	0	0
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	0	0	4	0	0
Expenditure for capital purpose	0	(101)	(125)	(92)	(528)
Depreciation and amortisation	-832	(838)	(852)	(808)	(386)
Impairment of non-financial assets	0	0	0	0	0
Finance costs (other)	0	0	0	-118	-118
Net results from transactions	343	541	(241)	254	(1,856)

Details of individual consultancies less than \$10,000

In 2022-23, there were 2 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2022-23 in relation to these consultancies is \$10,495.

Details of individual consultancies more than \$10,000

In 2022-23, there were no consultancies where the total fees payable to the consultants was more than \$10,000.

Occupational health and safety data

Occupational Health and Safety Statistics	2022-23	2021-22	2020-21
The number of reported hazards/incidents for the year per 100 FTE	42*	16	22
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	0.62	0.61	Nil
The average cost per WorkCover claim for the year	\$6,071	\$50,272	Nil

* This figure reflects the organisation's prioritisation of same shift reporting of incidents and hazards over the last 12 months as we have transitioned and settled into the new precinct in Caulfield South

Part B: Performance priorities

High quality and safe care

Key performance indicator	Target	2022-23 Result
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	80%	82.5%
Percentage of healthcare workers immunised for influenza	92%	96%
Patient experience		
Victorian Healthcare Experience Survey – patient experience	95% positive experience	*Full Compliance
Healthcare associated infections (HAI)		
Rate of patients with Staphylococcus Aureus Bacteraemia (SAB) per occupied bed days	<1/10,000	Achieved
Continuing Care		
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	> 0.645	-1

*Insufficient data

Effective financial management

Key performance indicator	Target	2022-23 result
Finance		
Operating result (\$m)	0.0	0.01
Average number of days to paying trade creditors	60 days	28 days
Average number of days to receiving patient fee debtors	60 days	35 days
Adjusted current asset ratio	0.7 or 3% improvement from base target	0.77
Current days available cash	9 days	28 days
Variance between forecast and actual net result from transactions (NRFT) for the current financial year ending 30 June	+/- \$250,000	not achieved

Part C: Activity and funding

Funding type	2022-23 Activity achievement
Consolidated Activity Funding	
Acute admitted, subacute admitted, emergency services, non-admitted National Weighted Activity Unit (NWAU)	2,947
Acute non-admitted:	
Home enteral nutrition NWAU	18

Attestations

Financial Management Compliance attestation - SD 5.1.4

I, Jim Birch, on behalf of the Responsible Body, certify that Calvary Health Care Bethlehem has no Material Compliance Deficiency with respect to the applicable Standing Directions of the Minister under the Financial Management Act 1994 and Instructions.



Jim Birch
Chair
Little Company of Mary Health Care
22 September 2023

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 2022.



Jim Birch
Chair
Little Company of Mary Health Care
22 September 2023

Data Integrity Declaration

I, Shannon Thompson, 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.



Shannon Thompson
General Manager
Calvary Health Care Bethlehem
28 July 2023

Conflict of interest Declaration

I, Shannon Thompson, certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year. 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.



Shannon Thompson
General Manager
Calvary Health Care Bethlehem
28 July 2023

Compliance with Health Share Victoria (HSV) Purchasing Policies

I, Shannon Thompson, certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that it has materially complied with all requirements set out in the HSV Purchasing Policies including mandatory HSV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.



Shannon Thompson
General Manager
Calvary Health Care Bethlehem
28 July 2023

Integrity, Fraud and Corruption Declaration

I, Shannon Thompson, 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.



Shannon Thompson
General Manager
Calvary Health Care Bethlehem
28 July 2023

Merit and equity principles

Merit and equity principles are encompassed in all employment and diversity management activities throughout Calvary Health Care Bethlehem. Calvary Health Care Bethlehem 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. Bethlehem's employees are committed to our values and behaviours as the principles of employment and conduct. Calvary Health Care Bethlehem promotes cultural diversity and awareness in the workplace.

Local Jobs First Act FRD 25D

In 2022-23 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 three applications made to Calvary Health Care Bethlehem were processed in accordance with the Freedom of Information Act 2012. Bethlehem provides a report on these requests to the Freedom of Information Commissioner. Applications, and requests for information about making applications, under the Act can be made to:

Freedom of Information Officer, Health Information Services, 476 Kooyong Road, Caulfield South VIC 3162.

At the time of writing, applications cost approximately \$30.

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.

Gender Equity Act 2020

Calvary Health Care Bethlehem is guided by the Victorian Gender Equality Act 2020 to promote, encourage and facilitate the achievement of gender equality in our workplace.

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 Calvary Health Care Bethlehem, 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 new building projects have been undertaken in the financial year ending 30 June 2023. In order to maintain buildings in a safe and serviceable condition, routine inspections were undertaken. Where required, Calvary Health Care Bethlehem proceeded to implement the highest priority recommendations arising out of those inspections through planned maintenance works. Calvary Health Care Bethlehem has also complied with Department of Health Fire Risk Management Guidelines.

National Competition Policy

Calvary Health Care Bethlehem continues to take all practicable measures to ensure compliance with the National Competition Policy and Competitive Neutrality Policy Victoria including:

Requirement for staff to declare conflicts of interest;

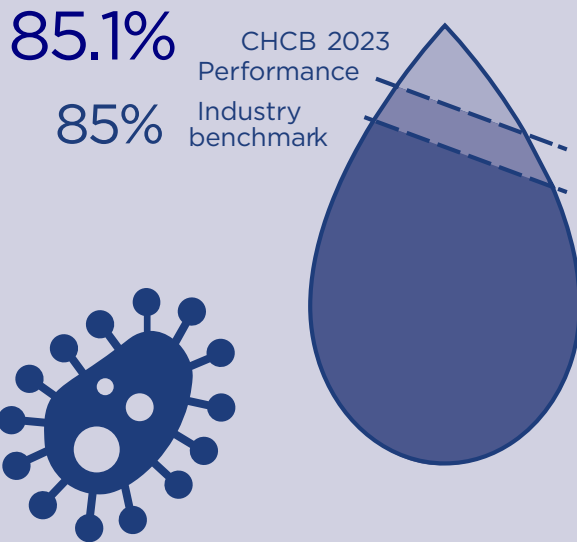
- compliance with Health Purchasing Victoria/ HealthShare Victoria probity policies; and
- probity principles embedded in procurement.

Excellence in care

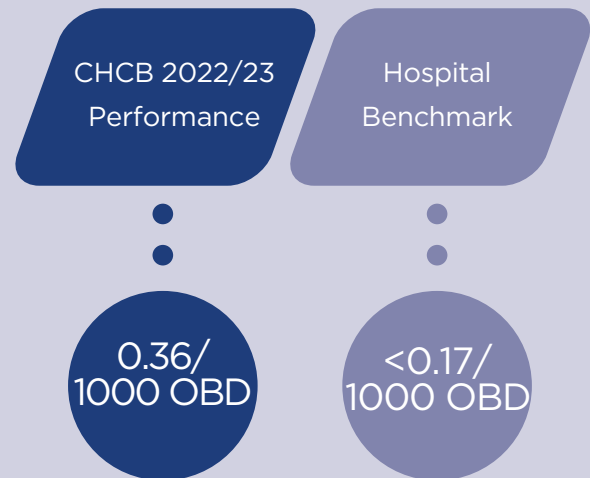


Hand Hygiene

How clean are our hands?



Hospital Acquired Pressure Injuries



Patient falls

CHCB 2022/23 performance

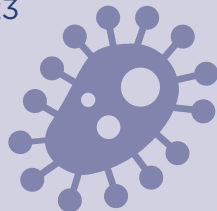
12.38/
1000 OBD



Healthcare-associated staphylococcus aureus bacteraemia infections

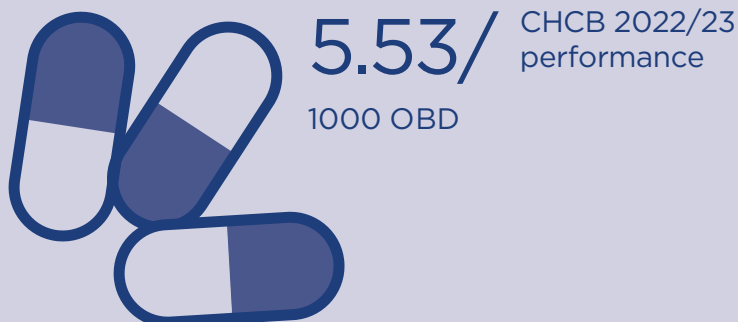
0.00/
10,000 OBD CHCB 2022/23 performance

0.7/
10,000 OBD Industry benchmark



Medication

Medication errors



Staff

Flu Immunisation



98%

92%

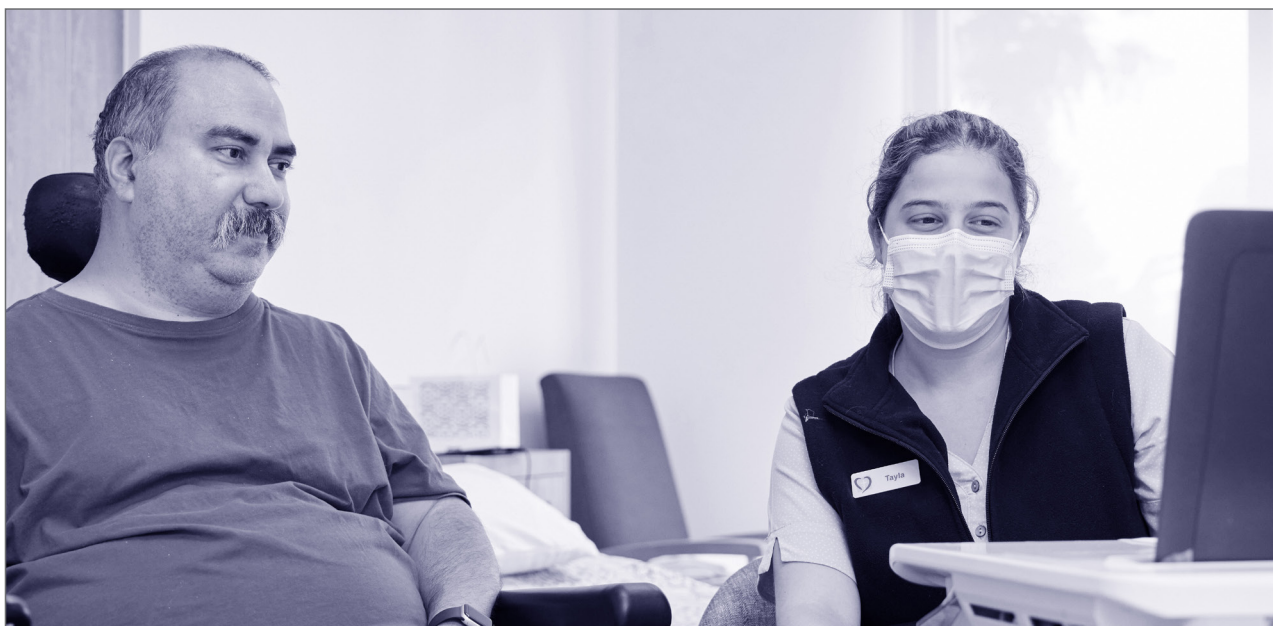
CHCB 2022/23 performance

Industry benchmark

Complaints

7

<5 days average to respond



Clinical governance framework

Delivering reliable, safe and effective care

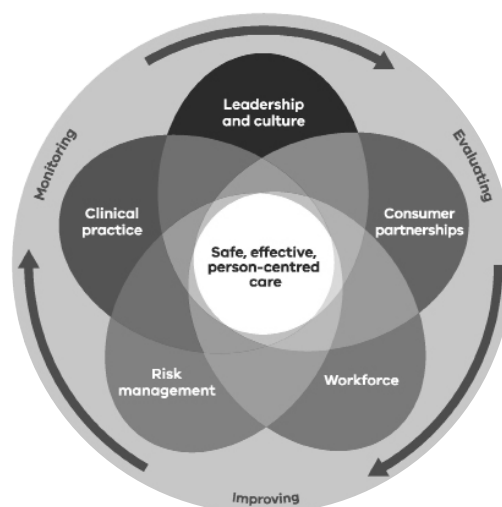
The Calvary Clinical Governance Framework sets out the key policies, systems and processes that enable organisation-wide accountability for the delivery of quality care.

The framework comprises the following elements:

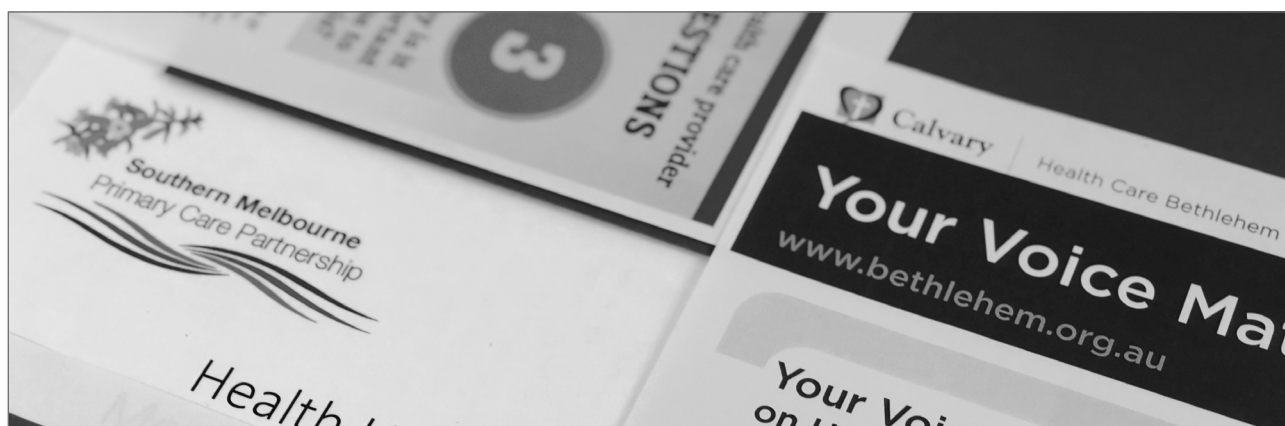
- robust local and national processes that manage risk, safety and quality;
- systems that support the identification, notification and investigation of all clinical incidents, risks and near misses;
- policies and procedures that support a culture of open disclosure;
- continuous improvement committees and forums to drive quality improvement and improve clinical effectiveness;
- workforce capability building strategies that support quality care, including competency based education and training for all staff;
- routine measurement and review of safety and quality indicators and transparency of information for consumers; and
- consumer complaints and feedback management that ensures transparency and respect.

The Clinical Governance Framework underpinned all planning and preparations for Calvary Bethlehem's transition back to our new Caulfield South site. Strong governance and a focus on ensuring the highest quality care delivery and maintaining quality and the safety during our transition, saw the Calvary Bethlehem team achieve:

- all criteria for the occupation and safe operation of the building;
- 90% staff orientated and trained prior to transition, with remainder trained post transition; and
- all clinical services transitioned and operational with zero incidents.



Source: Safer Care Victoria, Delivering High Quality Health Care; Victorian Clinical Governance Framework, June 2017



Publications Subcommittee

22

The Calvary Bethlehem Publications Subcommittee has strong consumer representation and reports to the Executive Leadership and Management (L&M) Governance Committee. Following its formation early in the year the first Subcommittee meeting was held in March 2023.

Building on work of the former Editorial Working Party, the Subcommittee has oversight of the quality of both internal and external publications; ensuring all publications, whether hardcopy or electronic, produced by Calvary Bethlehem for marketing, information or education purposes comply with the Calvary style guide, regulatory and legal requirements and support the development of health literacy in consumers and the wider community.

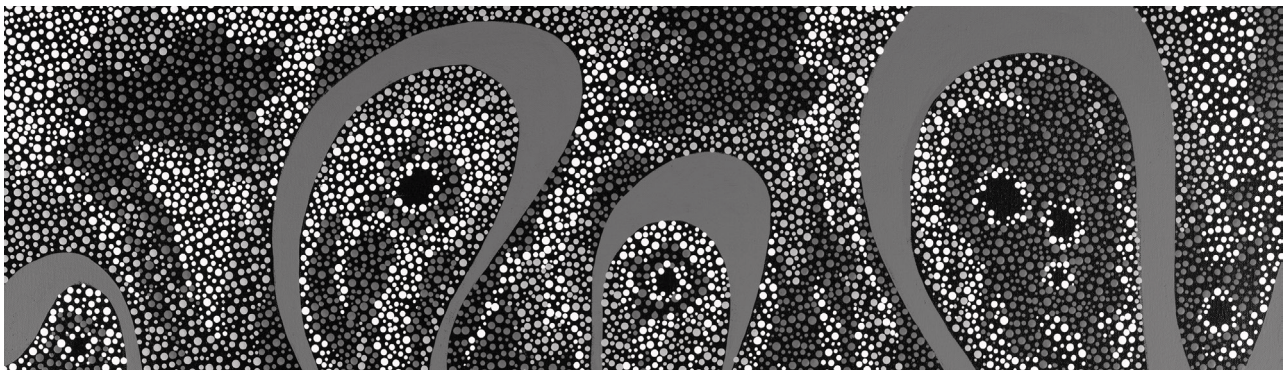
The Subcommittee includes two consumer representative members who support the Subcommittee in its consideration of the need, accessibility and effectiveness of communications; ensuring all publications, in various formats, cater to the requirements of our service users. Promoting regular departmental engagement with consumer representatives from the newly established Calvary Bethlehem Consumer Register, the Subcommittee meets a key goal of consumer inclusion in the development and review of all draft publications prior to their consideration by the Subcommittee.

Initial outcomes of the Subcommittee in 2023 include:

- Adoption of a unique identifier for each publication on the register to facilitate easy identification by consumers and staff and better version control;
- Development and approval of publication templates, including a standard Calvary Bethlehem fact sheet which can be used as a basis for modification by authors;
- Revision and expansion of the Producing and Revising CHCB Publications Procedure into the Calvary Kooyong Publications Procedure (draft) to accommodate both clinical and non-clinical publications; and
- Improved consumer participation in the CHCB publications life cycle from the concept and design stage through to review and discontinuation.



Significant quality and governance outcomes for 2022-2023 include the formation of the Publications Subcommittee and development of an online consumer register



National Reconciliation Action Plan (RAP) developed and implemented



In 2022–2023 Calvary published its 2022–2023 Reconciliation Action Plan Reflect RAP, which provides the organisation with a framework and action plan that allows us to make a significant contribution to the Australian reconciliation process.

Our Reflect RAP outlines our commitment to building a culture where First Nations patients, residents, clients, local communities and staff are respected, valued and culturally safe. The purpose of the RAP is to provide the organisation with a framework to encourage and enhance reconciliation through identified activities and practices that can be implemented locally.

These actions aim to foster positive and respectful relationships with First Nations communities and more broadly, the wider Australian community. Consistent with Calvary's values of hospitality, healing, stewardship and respect, the Reflect RAP supports Calvary in contributing to the reconciliation journey of Australia. Calvary's RAP journey started with the creation of our National RAP Working Group. Recently Calvary has engaged with the following peak health bodies: Congress of Aboriginal and Torres Strait Islander Nurses and Midwives; Indigenous Allied Health Australia; National Aboriginal and Torres Strait Islander Health Worker Association and the National Aboriginal Community Controlled Health Organisation.

In addition, Calvary has a close relationship with the National Aboriginal and Torres Strait Islander Catholic Council and the Chair of the Council, John Lochowiak. The Working Group comprises employees from across all regions, streams and corporate offices.

Calvary's Reflect RAP has been developed in consultation with our RAP Working Group. The plan will be monitored and maintained by the members of this Working Group, who report to the People, Values and Culture Committee.

Locally Calvary Bethlehem completed the following actions underpinned by the RAP framework:

- NAIDOC Week event and display;
- engagement and collaboration with the Bunurong Land Council in the planning and undertaking of Official Opening proceedings;
- implemented in collaboration with the Bunurong Land Council, ongoing inclusion of Acknowledgment of Country in all Calvary Bethlehem email signatures;
- review of Aboriginal and Torres Strait Islander population accessing Calvary Bethlehem Services or working within our services and implemented ongoing system to monitor same to inform ongoing actions; and
- undertook consultation in relation to achieving a culturally safe and welcoming environment across main entry points and Reflective Space, including naming of the Gathering Place Courtyard.



A Smoking Ceremony was the highlight of the Opening of the Calvary Kooyong Precinct in May

Falls prevention and management



With 90% of our patients identified at high risk of falling, falls prevention and minimising the harm from falls remains a key area of focus. Reporting to the Comprehensive Care Steering Group, the Falls Working Party actively reviews incidents, monitors falls prevention strategies and works to proactively ensure staff are supported by robust policies, procedures and training, as well as having access to tools and equipment that support falls prevention.

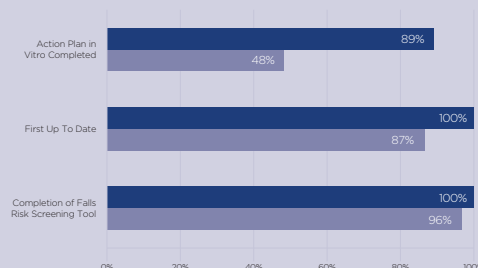
Over the last year, the Working Party has undertaken a number of projects supporting Calvary Bethlehem's ongoing efforts to reduce falls, utilising current evidence on best practice and data analysis. Driven by an increasing emphasis on outpatient and community service settings and the need to increase incident reporting for falls-related events; in line with the Falls Working Party Annual Plan 2023, the group undertook a gap analysis to review current incident reporting trends and current falls management practices of the Community Palliative Care Service (CPCS).

With 98% of reported falls over the last few years occurring in the inpatient unit, there has been a concerted focus on falls prevention in the unit, resulting in the creation of a robust inpatient falls management system with demonstrated compliance through regular auditing. In contrast, CPCS falls incident reporting was found to be historically inconsistent and the identified gaps were prioritised to be addressed. CHCB ensures that the falls prevention strategies employed in both settings are delivered in line with the goals and wishes of the consumer.

The Working Party reviewed several assessment tools for

Average falls incident rate (per 1000 Bed-days, comparison 2019-2022)

Falls Prevention Audit **July 2022**
compared to April 2019



suitability for use in the community setting. The FROP-Com (Falls Risk for Older People in the Community) was selected to trial as it is specific to older people in the community and it covers a thorough range of important risk areas. The group tested the suitability of the FROP-Com to the CPCS setting through piloting with a selection of patients requiring Physiotherapy assessment of falls risk and management.

A standardised tool is expected to improve assessment consistency and help to identify key areas of risk in a methodical repeatable manner. The FROP-Com has been found to have elements of information already gathered in existing assessment tools, and therefore, elements of the assessment missing in existing tools have been incorporated along with the action plan template which will be further evaluated in 6 months.

In addition to the above work, the Working Party continues to monitor the effectiveness and compliance with existing falls prevention policies and procedures. An audit of falls prevention strategies was conducted on all inpatients on 25 January 2023, with the audit divided into two parts – an observational audit and virtual documentation review completed 24hrs prior to observing the practices in place on the ward.

Findings:

- The average Falls Risk Screening Tool (FRST) score was 11.3, almost the same as the previous audits (10.9 and 10.6);
- 85% of patients who scored 9 and above (i.e. high falls risk) had a Falls Risk Management Plan (FRMP) completed;
- 100% of patients had the Falls Prevention/ Mobility section of their board completed, compared to 70% last audit; and
- 100% of patients who were identified as needing a Physiotherapy (PT) assessment had PT review documented in the clinical record, and all patients recommended for Occupational Therapy (OT) review had been reviewed by OT.

Behaviours of concern, occupational violence and family violence

Over the last year, there were ten reports of occupational aggression and violence, four less than 2021-22. As part of our ongoing work to support staff in managing occupational aggression and violence, and to reduce the occurrence of such incidents, Bethlehem has continued to deliver e-learning education for all staff. To complement this, and in recognition of our specialist clinical work, we have embedded case reviews of patients with known behavioural concerns prior to admission as part of our practice to support care planning and the proactive implementation of preventative strategies.

Our collaboration with Monash Health has strengthened further over the last year as we also work to improve our response and management addressing the devastating effects of family violence. In addition to providing a suite of face-to-face training packages for staff at all levels, Calvary Bethlehem received funding for implementing the Multi-Agency Risk Assessment and Management (MARAM) Framework.

This year, Calvary Bethlehem has implemented a number of actions including:

- all social workers will complete two key external training modules: Brief and Intermediate Family Violence (full day) and Information Sharing (1.5hrs);
- clinical psychologists will complete Brief and Intermediate Family Violence training;
- provision of education sessions to staff of our Community Palliative Care Service and as part of the broader Bethlehem Wide Education Program for all staff;
- completion of workforce mapping and aligned training requirements; and
- review of the Risk Screening Tool by adding Family Violence Risk Indicators.

Occupational violence statistics	2022-23
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	10
Number of occupational violence incidents reported (per 100 FT)	7.6
Percentage of occupational violence incidents resulting in a staff, illness or condition	0%

Definitions

For the purposes of the statistics the following definitions apply.

Occupational violence - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident - an event or circumstance that could have resulted in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted WorkCover claims - accepted WorkCover claims that were lodged in 2022-23.

Lost time - is defined as greater than one day.

Injury, illness or condition - this includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.



The Bethlehem Research Ethics and Ethics Committee features Industry professionals, lay people and Bethlehem members of staff. Pictured above, Committee members meet at the new facility in May.

Bethlehem Research Ethics and Ethics Committee

26

As a statewide provider for those with a progressive neurological disease, and specialist palliative care provider, Bethlehem has a well-established and active program of research in the palliative and neurological patient population. Studies range from locally governed site-specific clinical audits and quality activities, to large multi-site national and international clinical trials and studies.

Our research activity contributes to improving patient outcomes with a strong focus on the translation of research into practice. Key to these activities are many partnerships and collaborations, which provide opportunities for investigators to build skills, apply different approaches from complementary disciplines and lend to the credibility and validity of the research being conducted.

The Research Ethics & Ethics Committee (REEC) at Bethlehem is comprised 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.

The REEC is responsible for research governance and acting as a forum for consideration of research proposals from an ethics perspective. This year, the REEC brought to fruition ongoing work in succession planning and bid farewell to Paul Davidson and Jenny Rundle our outgoing lay representatives. Both Paul and Jenny were exceptional contributors to the REEC and brought valuable perspectives to the committee's consideration of research proposals. We thank them for their time and commitment to REEC.

The breadth of knowledge and experience of all members of the REEC ensures all research undertaken at Calvary Bethlehem is conducted responsibly, ethically and with integrity. Over the last 12 months, the REEC has considered and approved 13 study proposals.

We would like to thank all members of the REEC, with particular acknowledgement of our external members who generously contribute their time and expertise assisting us in the review of applications, and their ongoing commitment to Bethlehem.

External committee members

Mr Patrick Monahan, Chair
Fr Kevin McGovern
Mr Philip Rowell
Ms Mary-Anne Lane
Mr Garry McDavitt

Calvary representatives

Ms Shannon Thompson
Dr Susan Mathers
Dr Chris Grossman
Dr Fiona Fisher
Dr Alice Parkhill

Research projects

Approval Date	Title	Chief investigators
18/08/22	The Impact of Voluntary Assisted Dying (VAD) on the Quality of Palliative Care Delivered by Palliative Care Services with a Conscientious Objection	Associate Professor Natasha Michael; David Kissane
20/10/22	MAGNET - A Multi-arm, Adaptive, Group-sequential trial NETwork to evaluate drug efficacy in patients with Amyotrophic Lateral Sclerosis (ALS) (MAGNET)	Dr Laura Perju-Dumbrava
20/10/22	Voice banking for people with MND: developing a co-designed framework for speech pathology department processes	Nicki Jackson
15/12/22	SLS-005: a 24-week open-label, Basket study of sls-005 (Trehalose injection 90.5 mg/ml for intravenous infusion) in the treatment of adults with neurodegenerative diseases	Dr Yenni Lie
15/12/22	AMBALS: AMBroxol therapy for ALS (AMBALS) trial: a double-blind, randomised, placebo-controlled Phase 2 clinical trial of ambroxol for ALS	Associate Professor Susan Mathers
16/02/23	HD Carer Groups Project: Huntington's disease carer psychoeducation and support groups- evaluation of a two-tier model in a multidisciplinary specialist service	Dr Sarah Velissaris
16/02/23	Evaluating collaborative NPC for patients with PND	Dharshini Kunahlan

Research projects (continued)

Approval Date	Title	Chief investigators
12.05/23	CLBZ945: An open-label, adaptive design study in patients with amyotrophic lateral sclerosis (ALS) to characterize safety, tolerability and brain microglia response, as measured by TSPO binding, following multiple doses of BLZ945 using positron emission tomography (PET) with the radioligand [11C]-PBR28	Associate Professor Susan Mathers
15/06/23	The neuroprotective potential of exercise in individuals with Motor Neuron Disease.	Dr Christine Wools, Dr Laura Perju-Dumbrava
15/06/23	A Phase 2, Randomized, Double-Blind, Placebo-Controlled, Parallel Study to Assess the Efficacy, Safety, Tolerability, PK, and Biomarker Effects of PTC857 in Adult Subjects with Amyotrophic Lateral Sclerosis CARDINALS	Dr Yenni Lie
15/06/23	Development, implementation and evaluation of interventions to overcome barriers to implementing genomics within Victorian hospitals	Associate Professor Susan Mathers
15/06/23	Quality of care in long-term enteral access procedures	Elly Zandi
15/06/23	Using Music Therapy to Target Neural Networks and Improve Working Memory in Dementia	Joseph Ciorciari

Caring for our people and working environments

29





30

New working environment enhances work health and safety

Work health and safety played a pivotal role in shaping the new Caulfield South precinct, underpinning the development of policies, procedures, work instructions, and workflows to establish a safe work environment and enhance the wellbeing of our workforce.

Supported by a project governance framework and working under the direction of the Operational Readiness Committee, working groups were established to address the following areas that contributed to work health and safety:

- **Furniture, fittings and equipment (FFE)**

Deliverables: FFE Management Plan, FFE Schedule, Procurement, ensuring all required equipment was delivered, tested, tagged, Relocation Plan for Transfer Items

- **Information and communication technologies (ICT)**

Deliverables: ICT Mapping, Procurement, Installation, Relocation of Transfer Items, Testing, ICT Training and Support, establish new incident and risk management system (RiskMan)

- **Workforce**

Deliverables: Change Management, Work, Health and Safety, Workforce Consultation and Engagement, Workforce Planning and Profile, Recruitment, On-boarding, Orientation and Training Plan

- **Transition**

Deliverables: Service Delivery Plans, Operational Models of Care, Emergency Preparedness Plan and

Training, Facility Wide Operational Procedures, Space Mapping, Relocation Plan, Volunteer Plan, Stocking pre-occupation

- **Finance and corporate**

Deliverables: Asset Management Plan, Capital & Recurrent Budget Development, Tenancy Management, Business Continuity Plan, Legislative & Legal, Car Park Management Plan Security Plan, Legionella Management Plan

The design specification for Calvary Kooyong and the realignment of clinical activity within the integrated precinct required inherent changes to the way people work. These changes result from a brand new state-of-the-art building designed around a patient-centred model of care, a resident-centric focus within a home-like environment and co-location of Calvary Bethlehem's specialist sub-acute health services and retirement, residential aged care services.





Work, Health and Safety Committee established

As a key element of moving to our ongoing operations, a new Work, Health and Safety (WHS) Committee was established. The purpose of the Calvary Kooyong Work Health Safety Committee is to:

- promote the health, safety and welfare of people in the workplace;
- facilitate the development and monitoring of work instructions, procedures and systems;
- identify, assess and agree on appropriate risk control measures;
- promote a safety aware culture amongst the workforce;
- set an example of safe working practices;
- resolve issues that affect the health, safety and welfare of all workers;
- monitor WHS performance and actions;
- where relevant, actively participate in risk assessments, workplace inspections and incident investigations; and
- form the basis of workplace consultation regarding health and safety matters.

The WHS Committee established new Designated Work Groups and, following a successful call for nominations for Health and Safety Representatives, all positions were filled and the Committee has successfully implemented key activities that will ensure Calvary Bethlehem and other integrated services will continue to deliver a safe work environment for all.



During the year, the Committee;

- conducted a pre-occupation WHS audit – with 100% compliance;
- established and implemented a workplace environment inspection timetable;
- established pro-active hazard reporting culture; and
- reviewed all Safe Work Method Statements.



Embodying the Spirit of Calvary – the Bethlehem Research Team

The Bethlehem Research Team of 7 research nurses was awarded the 2022 Spirit of Calvary Award in recognition of the valuable work they do.

The team received the award for their inspiring approach to their work. Team members were recognised for going above and beyond for their patients, families, the service overall and their preparedness to help others and offer support.

The team has been actively engaged in research for the last 8 years and in that time has grown and developed into an integral part of the health service. Its research is highly regarded, and it is seen in the progressive neurological world as a research unit that can deliver high standard, robust research.

The team is actively involved in running international drug trials and smaller investigator-initiated studies, as well as assisting the service with in-house projects to improve service delivery. The team is also always looking at ways to broaden its reach and to involve patients and families to contribute to research design and implementation. The team also has strong relationships with outside contractors, such as international drug companies, universities from around the country and other research service providers.

Other activities include protocol design, ethics applications, the study of start-up activities, as well as the day-to-day management of clinical trials, including patient recruitment and patient management.

The team values the openness of communication that is enabled by working in a small service and the team spirit

and support that comes from that.

When asked about their experience of working at Bethlehem, one research nurse responded; "the thing we most enjoy working at Bethlehem is being able to build relationships with team members, patients and their families, and the positive responses we get from patients' families. Families often comment to us that the care we offer is palpable and genuine, which is really important to us."

**CHAMPIONS
OF CHANGE
COALITION**



Calvary is proud to be recognised as a member of the Champions of Change Coalition (CCC) initiative since early January 2019. The Coalition is a not-for-profit organisation that works with influential leaders to redefine men's roles in taking action on gender inequality.

Members of the CCC Health Group, including Calvary's National CEO, Martin Bowles AO PSM, have committed to using their power and influence to step up beside women to challenge the status quo, and adopt actions to cultivate inclusive cultures towards gender equality, increase female representation in leadership roles and enhance workplace flexibility across private and government sectors. Martin has spoken at numerous CCC seminars to discuss key issues around gender inequality and workplace flexibility.



Bethlehem Wellness Committee initiatives assisting staff through transition and change

The staff support provided by the Bethlehem Wellness Ambassador Program continued throughout 2022 and 2023 as the health service prepared for and completed the transition back to the new precinct in Caulfield South and navigated another wave of COVID-19.

The Wellness Committee comprises five staff members who have volunteered their time to do this valuable work, and the results have had an impact on staff across the hospital.

The Wellness Ambassador Program aims to promote care of staff by staff; providing wellbeing by:

- providing confidential peer support to any member of staff who requests it;
- promoting staff wellbeing through targeted activities and information; and
- identifying common themes impacting on staff wellbeing and developing strategies to address them.

The Committee meets regularly, and Ambassadors have provided physical and psychological support with initiatives that have included:

- 10 massage sessions provided by an outside masseur;
- periodic “jolly trolley” visits, delivering healthy treats to departments across the site and free fruit boxes for breakout staff areas;
- weekly performances by the music therapy department; and
- a staff art competition.

As well as those tangible benefits provided for the staff, the

Wellness Ambassadors also ran and promoted a number of practical monthly themes to get staff out and about, such as:

- lunchtime springtime walking sessions to spot local landmarks;
- in December a “31 days of kindness calendar” which presented a daily act to show kindness and happiness to all who participated; and
- mindful moments, including staff yoga, meditation and tai chi.

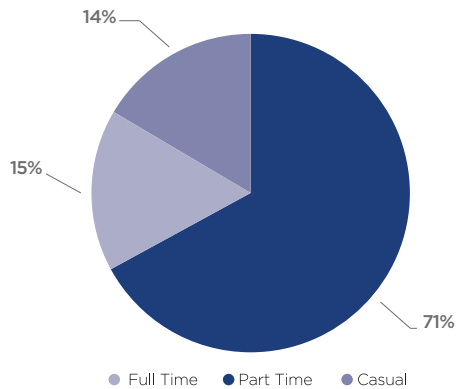
The Wellness Ambassadors continue to raise staff morale, energising the staff during the transition to Calvary Kooyong and being a positive physical presence across the site.

The team continue to explore new ways to engage staff.



Staff profile

Breakdown of staff by employment status

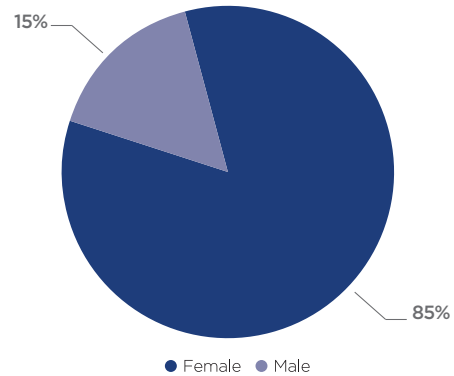


38 Full-time employees

46 Casual employees

198 Part-time employees

Breakdown of staff by gender



46 Male

236 Female

34

Staff milestones

35 years of service

Peter Quinlan

Susan Mathers

30 years of service

Maryanne McPhee

Mr Andrew Fitzgerald

20 years of service

Lydia Kemish

Shannon Thompson

15 years of service

Joanne Colak

Michael Brooks

Mary-Anne Vass

Linda Maas

Deidre Mutch

Fiona Fisher

Jana Kalebic

Mengke Xie

10 years of service

Katie Fitzgerald

Lackanary Sieng

Fiona Walsh

Nicole Jackson

Deanna Cordner

Portia Jamu

Stephanie Symes

Rachael Russell

Trinh Sia

Executive management team

**Shannon
Thompson**

General Manager -
Calvary Kooyong



Commenced 01/03/2021

- Employment duration 20 years
- Executive oversight of all operational management and strategic direction of the service; leading the Executive Management Team in ensuring high quality and innovative service delivery that meets all quality, service and financial targets
- Executive oversight of all clinical services, including, strategic and operational direction and achieving effective service delivery across inpatient and ambulatory settings

Rowan Hearn
Director of Medical
Services and
Palliative Medicine



Commenced 01/03/2021

- Employment duration 7 years
- Management of medical team

Linda Maas
Director of
Property and
Shared Services



Commenced as Corporate Services Manager 01/03/2021.

- Employment duration 16 years
- Management of hospital services, engineering and environment and support services

Commenced role as Director of Property and Shared Services, Calvary Kooyong 31/01/2023

Management of hospitality services, maintenance, environment and support services for Calvary Kooyong Precinct

**Tammy
Campbell**
Director of Finance



Commenced 01/06/2022

- Employment duration 4 years
- Management of Human Resources, Health Information Services, Finance Information Technology and Fundraising
- Executive oversight of service budgets and financial reporting

Karen Bolger
Mission Integration/
Allied Health
Manager



Commenced 14/02/2022

- Employment duration 19 years
- Executive oversight of the formation and education of staff, to further develop their understanding of the distinctiveness of their role in a Catholic health care facility. Management of the Pastoral Care & Bereavement, Social Work and Music Therapy Departments.

Janine Stockley
Director of Clinical
Services and Quality
Systems



Commenced 07/11/2022

Employment duration 7 months

- Management of quality, safety, risk, compliance, clinical services and Learning and Development

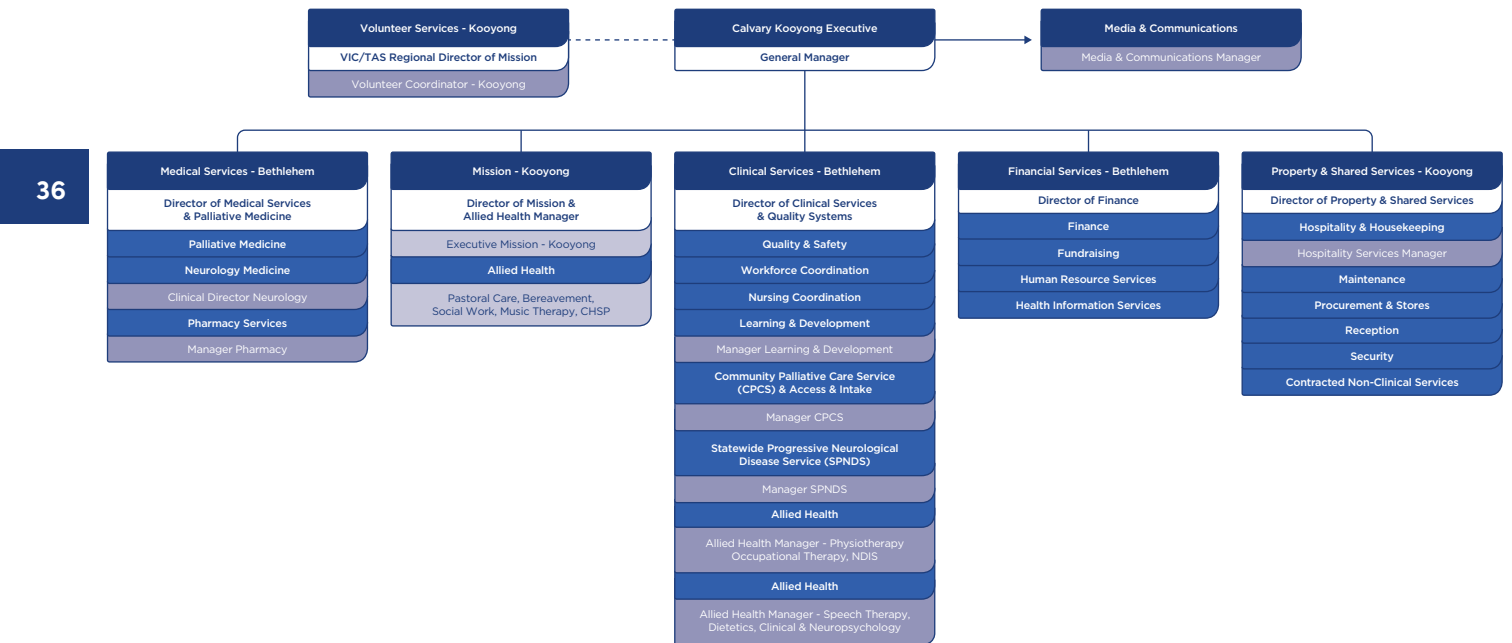
Luisa Garzon
Acting Corporate
Services Manager



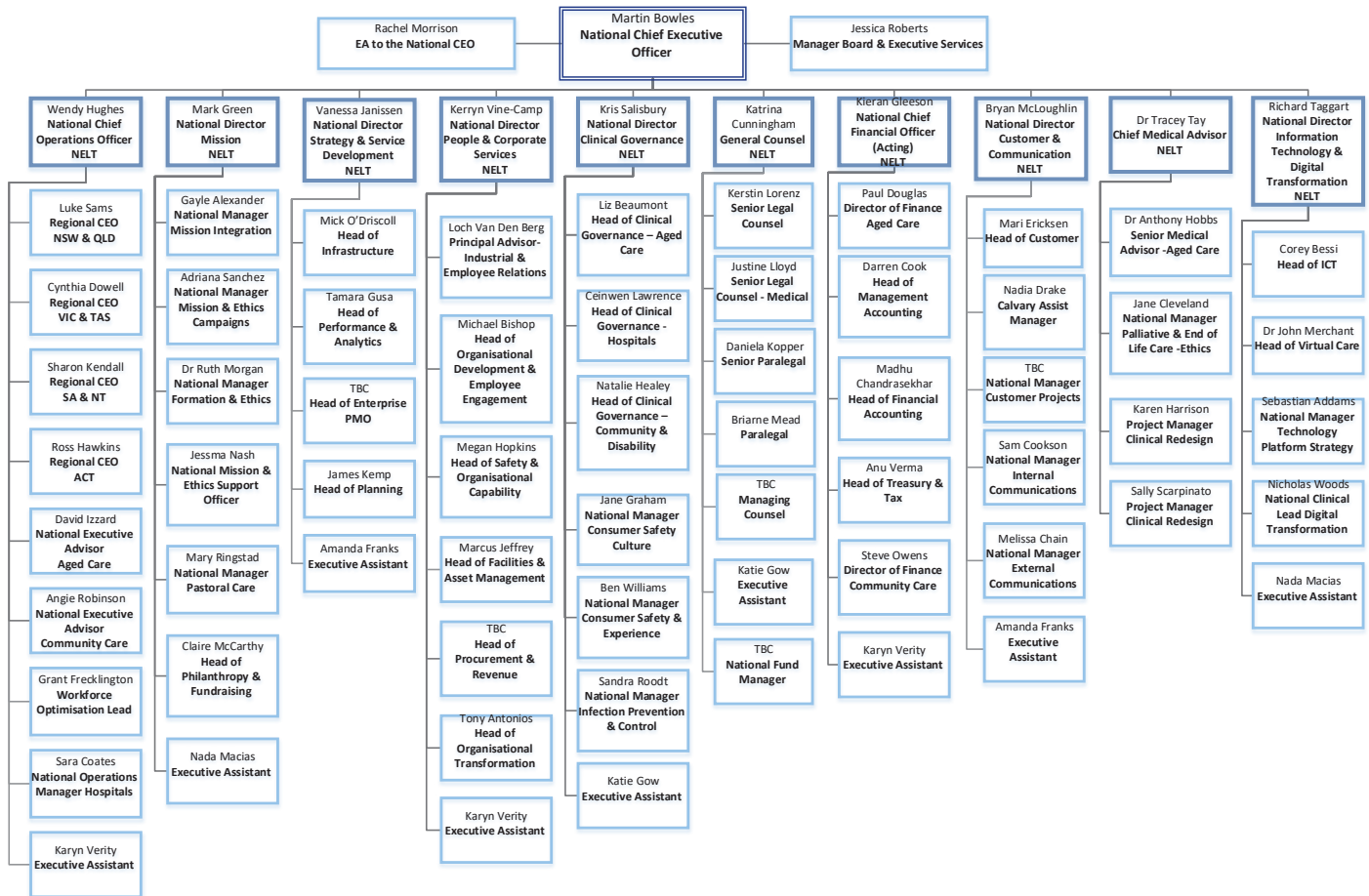
Commenced 09/05/2022 - 29/01/2023

- Employment duration 8 years
- Management of hospital services, engineering and environment and support services

Bethlehem Organisational chart - 30 June 2023



LCM Health Care Organisational chart



Serving our communities

38



Serving our communities

Our community profile

Calvary Bethlehem supports a diverse community, and while our inpatient unit and Statewide Progressive Neurological Service support patients and their families from across Victoria, our community Palliative Care Service has a defined catchment across five local government areas (LGA's) and reflects the predominant population accessing our services.

In 2022, the estimated resident population for the five local government areas that we serve was 699,231. As reflected in the 2021 Census data, within our catchment population:

- 15.9% are aged over 65
- 2.4% are aged over 85
- 36.7% were born overseas
- 21.1% speak languages other than English at home
- 0.3% Aboriginal and Torres Strait Islander population
- the top 3 main non-English languages spoken are Mandarin, Greek and Cantonese

In 2022-23, 63.7 % of our admitted patients identified as Australian, 4.4% as Greek, 3.6% English and 2.7% were New Zealanders. The majority of our palliative care patients reside in the areas immediately surrounding Bethlehem, almost 40% of them 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, Chinese and Russian cultures also well represented. In 2022-23 after English, Mandarin, Greek and Cantonese are the second most common languages spoken at home.

The top 12 countries in terms of place of birth recorded at admission in 2022-23:

Country	Admissions	Proportions (%)
Australia	262	63.7%
Greece	18	4.4%
England	15	3.6%
New Zealand	11	2.7%
Sri Lanka	9	2.2%
Italy	7	1.7%
Russian Federation	7	1.7%
China	6	1.5%
Scotland	5	1.2%
South Africa	5	1.2%
Wales	5	1.2%
Croatia	4	1%
India	4	1%
Other birthplaces	53	12.9%
Total	411	100



Our community in brief

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 2022 was 699,231. 15.9% of those are over the age of 65.

Most common languages spoken at home after English:

1. Mandarin
2. Greek
3. Cantonese

36.7% of people were born overseas.

0.3% of our population are Aboriginal and Torres Strait Islander

15.9% of the population are aged over 65.



Everyone is welcome – inclusive spiritual care

Heritage is a strong feature throughout the Calvary Kooyong Precinct, with many areas containing significant items that tell the story of our rich heritage and serve to remind us of the long history of Calvary and the service provided by the Sisters of the Little Company of Mary to the Glen Eira and broader Victorian community. A number of rooms and areas are also named to reflect this history.

The Chapel was a significant space in the original Calvary Bethlehem site and staff, patients and residents were excited to see the return of the Chapel to the new integrated Calvary Kooyong precinct. A Catholic mass and Anglican mass are held monthly in the space as well as other significant services in the Chapel and adjoining Mary Potter Courtyard. A sacred space for everyone in the heart of the Calvary Kooyong Precinct, the Chapel is accessible for anyone seeking quiet reflection, prayer and spiritual solace.

For those who come from other faith traditions or are seeking a sacred space to reflect, meditate, connect and participate in spiritual activities; the Reflective Space and adjoining Gathering Place courtyard is opposite the Chapel. The space was designed through consultation with a number of faith and cultural groups. The Calvary Kooyong Precinct stands on the lands of the Bunurong people of the Kulin Nation who are the traditional owners of the Glen Eira area; and Calvary Bethlehem engaged in meaningful discussions with local Elders in considering the design of the internal and external courtyard space. Monthly Shabbat services and meditation sessions are now held in the Reflective Space, and we look forward to broadening these offerings as we continue to consult with our communities and work to address their needs.

Bethlehem's Day Centre opens the door to a more integrated model



The Calvary Bethlehem Day Centre program is supported by Janine Kekich (L) and Em Jamieson.

For the first half of 2022–23, Day Centre activities were carried out at the Shirley Burke Theatre in Parkdale. Face-to-face contact was interrupted several times due to the COVID-19 pandemic, requiring a shift to online activities. Following on from the previous two years, the remote facility and COVID-19 interruptions reduced the range of experiences and participant numbers.

In January 2023, the Day Centre moved into a new purpose-built space in the Calvary Kooyong precinct. The move has seen participation return to pre-pandemic levels, with 16 participants and a waiting list of five people. There is also increasing interest from residents in the Hyson Apartments and residents attending the Huntly Aged Care Suites.

The on-site facility has enabled the expansion of hours each day, a broader range of experiences, the provision of hot meals and improved access to art and music resources and materials. The quality of experience has been enhanced by the donation of a coffee machine and microwave oven by the Bayside Companion Dog Training School.



Community Advisory Council

In the last financial year, the Bethlehem Community Advisory Council (CAC) helped to organise a number of community breakfasts to help us to raise community awareness about the work we do and to raise much needed funds to really make a difference to the quality of care delivered to patients and their families.

CAC members donated their time in December to walk the streets of Caulfield South delivering letters to the local community to announce the return of Calvary Health Care Bethlehem and the new Calvary Koooying precinct to the health services' original home on Kooyong Road.

Community Council members, led by CAC Chair Kevin Halpin, have been assisting our fundraising department in the organisation of Bethlehem's third Charity Golf Day. The event has grown in size every year it has been held, and will be held this year at the Victoria Golf Club in Cheltenham.

Through community events such as these, our CAC helps us build our Friends of Bethlehem network. Together, we extend community awareness of the work at Bethlehem and build a community that supports those people with life-limiting disease.

CAC member networks and experience have been vital in promoting our work to a wide audience, and the Council continues to host community breakfasts throughout the year for this purpose.

We are keen to hear from anybody who would like to either join the Council or learn more about how they can support its work. For all enquiries, please contact:

community.relations@calvarycare.org.au

Friends of Bethlehem

A community of support

Friends of Bethlehem has been operating since 2014. Conceived by the Bethlehem Community Advisory Council, Friends of Bethlehem are community members who know Bethlehem through different connections, appreciate the work we do, want to hear more about the organisation and engage with us in different capacities.

Members receive:

- 4–6 newsletters and electronic newsflashes each year, with updates on our activities, events, research and resources;
- invitations to our events and activities such as workshops, webinars and Open Days; and
- opportunities to get involved in volunteering, sharing their experience to help us tailor our services to community needs.

Once they are members, many of our supporters want to become more involved in the organisation. When they do, they contribute in a number of ways:

- volunteering;
- becoming a consumer representative;
- sharing a patient experience story;
- attending a workshop;
- spreading the word about palliative care and how to live well with incurable illness;
- joining our Community Advisory Council;
- becoming a financial supporter; and
- linking us to other relevant community groups.

Donations

Fundraising income

Fundraising source	FY 2022/23
Bequests	\$ 1,137,913
Philanthropic grants	\$ 59,320
General donations	\$ 15,548
In memoriam	\$ 16,383
Direct mail appeals	\$ 16,260
Regular giving	\$ 3,140
TOTAL	\$ 1,248,564

Community support for Calvary Bethlehem



Bethlehem operates as a Victorian Public Hospital funded by the State Government with generous philanthropic support from the community. We extend our deepest thanks and appreciation to all of our generous supporters who have donated funds, products and services during the year. Given the challenge posed to everyone by a third year of the pandemic, these donations have great significance and meaning.

The generosity of our supporters has enabled us to purchase vital equipment, such as cuddle beds that allow patients to “live well” and enable families to be close to and connected with their loved ones at a most vulnerable time of their life. Funds raised also contributed to the purchase of an additional fleet car, increasing the team’s capacity to service patients in their homes, delivering both vital equipment and nursing care.

Significant supporters

We would especially like to thank the following people and organizations for their significant philanthropic support during the year:

- Mr Andrew Madigan
- Ms Jenny Rogers
- Mr Chris Zagoudis
- Bayside Companion Dog Training School
- Fight MND
- Rotary Club of Benthleigh Moorabbin Central
- Urquhart Charitable Fund



Helping Bethlehem in your own way

"We extend our heartfelt gratitude to all our supporters who have given generously throughout another challenging year marked by the COVID-19 pandemic and subsequent economic challenges this has presented for many people.

On behalf of our patients, their families and the dedicated Calvary Bethlehem staff and volunteers, I extend our deepest appreciation and sincere thanks to our incredible donors. Through your support, our service is able to offer programs, equipment, and crisis assistance that truly have a positive impact on the communities we serve."

Shannon Thompson, General Manager Calvary Kooyong

There are many ways that you can help Bethlehem. You can make a regular donation on a monthly basis, leave a gift in your will, contribute in-memoriam donations when a loved one has died, receive our direct mail appeals, or attend an event such as the Bethlehem Annual Golf Day.

Our fundraising team works closely with donors to ensure their wishes are fulfilled, directing their donation to their area of interest. However, gifts for unspecified purposes help us to respond with flexibility to the most urgent needs. All donations of \$2 and over are tax deductible.

If you would like to receive further information about these programs or would like to receive our Friends of Bethlehem newsletter, please contact our team at: community.relations@calvarycare.org.au

Additional information available on request

Consistent with FRD 22 (Section 5.19 (d)/5.20) 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; and
- (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 presiding Ministers for Health and Ambulance Services during the financial year 2022-23. 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.



Leaving a legacy that will help our patients to live well

Every year at Bethlehem, we receive in memoriam donations and bequests of various sizes from family members and patients who have been moved by the care that they have received whilst with us.

If you feel inspired to bequeath, please consider updating your Will to support Bethlehem. Here are some simple steps to assist you.

When updating your Will, you can ask your solicitor to insert a few simple words into your new Will. Our suggested wording:

"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 476 Kooyong Road, Caulfield South 3162 for its general purposes. The official receipt of the organisation shall be a full and sufficient discharge to my executor".

Organisational priorities can change over time, so the most valuable gift you can make is an unrestricted gift, as it enables us to direct the funds to the area of greatest need at the time when the gift is received. It is also

possible to support a specified area, and we suggest speaking confidentially with our Fundraising Manager to confirm that it is an enduring area of work.

Including a gift in your Will can make a positive difference for thousands of future patients and their loved ones.

We promise that we will use your gift wisely to assist our patients to live well all the days of their lives.

If you would like further information about leaving a gift in your Will, or have already included Bethlehem and would like us to know, please contact our Fundraising Department at:

friendsofbethlehem@calvarycare.org.au

Fulfilment of legislative requirements

The annual report of Calvary Health Care Bethlehem is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of Calvary Health Care Bethlehem's compliance with statutory disclosure requirements.

Legislation	Requirement	Page reference
-------------	-------------	----------------

Ministerial directions

Report of operations

Charter and purpose

FRD 22	Manner of establishment and the relevant Ministers	Inside cover, p 12
FRD 22	Purpose, functions, powers and duties	p 1
FRD 22	Nature and range of services provided	Inside cover
FRD 22	Activities, programs and achievements for the reporting period	pp 12-16
FRD 22	Significant changes in key initiatives and expectations for the future	pp 13-15

Management and structure

FRD 22	Organisational structure	pp 36-37
FRD 22	Workforce data/ employment and conduct principles	p 35
FRD 22	Occupational Health and Safety	p 15 & p 25

Financial information

FRD 22	Summary of the financial results for the year	p 13
FRD 22	Significant changes in financial position during the year	p 13
FRD 22	Operational and budgetary objectives and performance against objectives	p 14
FRD 22	Subsequent events	p 16
FRD 22	Details of consultancies under \$10,000	p 14
FRD 22	Details of consultancies over \$10,000	p 14
FRD 22	Disclosure of ICT expenditure	p 13

Legislation

FRD 22	Application and operation of Freedom of Information Act 1982	p 18
FRD 22	Compliance with building and maintenance provisions of Building Act 1993	p 18
FRD 22	Application and operation of Protected Disclosure 2012	p 18
FRD 22	Statement on National Competition Policy	p 18
FRD 22	Application and operation of Carers Recognition Act 2012	p 18



Calvary

Kooyong Precinct
Health Care Bethlehem