



Calvary

Health Care Bethlehem

ANNUAL REPORT

2019-2020

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

Our Mission

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

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

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Acknowledgement of land and traditional owners

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



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

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

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Our Vision

Our vision identifies what we are striving to become. As a Catholic health, community and aged care provider, to excel and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

Our Values

Our Values are visible in how we act and treat each other. We are stewards of the rich heritage of care and compassion of the Little Company of Mary.

We are guided by these values:

- Hospitality
- Healing
- Stewardship
- Respect

About Bethlehem

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

Today CHCB is publicly funded and recognised as a specialist palliative care service and a statewide provider for those with progressive neurological disease. We work in partnership with other health providers to help people to ‘live well’, knowing they have a progressive incurable illness. Care can be provided early in the illness for people with complex needs.

Our interdisciplinary teams include specialist medical, nursing, allied health, pastoral care and bereavement.

CHCB provides direct patient care through one point of access and is coordinated across the following settings depending on the needs of the patient and their family: centre based clinics, Day Centre, home based care and inpatient subacute beds,

We also provide: secondary consultation, telehealth consultations, 24 hour telephone support, after hours in-home support and integrated assistive technology to maximise patient independence.

Message from the Chair and General Manager

We would like to acknowledge the Hon John Watkins who retired as Chair of the LCMHC Board in November 2019, having joined the Board in November 2010. During this nine year period, there have been many changes. Calvary has grown as a national service providing health, aged and retirement and community care. What hasn't changed, however, is the commitment to the mission commenced by the Sisters of the Little Company of Mary 135 years ago. We have inherited their spirit and accepted the responsibility to nurture the mission and ensure it continues into the future.

The health, aged care and disability sectors in which we operate are constantly changing. In the course of this year we have had to contend with the COVID-19 pandemic. At CHCB, this involved working in partnership with The Department of Health and Human Services, and other Victorian health and community services to ensure that the Victorian system was prepared to manage an outbreak. The measures implemented as a result of the State of Emergency, meant that our staff have had to be flexible and creative to ensure that we continued to deliver high quality, compassionate care for our vulnerable patients. We have been able to review and evaluate the different ways of delivering services and will continue to refine our service delivery models into the future, particularly as we focus on the redevelopment of the Caulfield site to provide an integrated health and retirement precinct.

With the focus on COVID-19 over the last 6 months, it is easy to forget all that had occurred prior to this. There was consolidation of the move to Parkdale which only occurred in late 2018 and despite the challenges of operating in transition, CHCB continued to focus on the safety and quality of our services, strengthening clinical governance and prioritising improvements in clinical safety in preparation for accreditation against the new Safety and Quality Commission Standards in late 2019. Staff were commended by the assessors for our family-centred model and the compassionate high quality care aligned with our mission. We thank everyone who contributed to the outstanding result, particularly given the temporary nature of the facilities from which we are providing services.

We continue to focus on improvement in our systems and investment in our staff with a range of different programs to support their development and wellbeing, particularly whilst working in this different environment. Our Wellness Ambassadors,



Dr Jane Fischer

General Manager,
CHCB



Jim Birch, AM

Chair,
LCMHC Board

Mission Coordinator and department heads have worked with our Executive to provide a flexible work environment for staff, including learning platforms and a range of wellbeing initiatives supported by a comprehensive internal communication strategy.

In terms of the redevelopment, the Caulfield site has been cleared, which was a significant milestone for the project. This was marked by a special site blessing in February attended by a range of dignitaries, Sisters of the Little Company of Mary, Trustees, Board members, National Directors and key CHCB staff and members of our community. There has been a minor delay to commencement of the next phase due to COVID 19, however the project is now underway and it is anticipated that it will be completed in 2022.

We would like to acknowledge our volunteer community who assist us in many ways: those who are members of our Community Advisory Council or Research Ethics and Ethics committee, those who bring a consumer focus to key governance committees or working parties or volunteers that assist in a wide range of clinical or corporate areas of the service. Thanks to each one of you, your contribution helps us to make a difference to the lives of those we care for and you are a visible part of the communities which we serve.

Partnerships are so important to assist us in the development of innovative models of care that support the most vulnerable and those approaching the end of life. We would like to acknowledge all those who partner with us in different ways; other health service providers, community organisations, universities and the philanthropic community.

Finally, thanks to all staff and volunteers for their dedication, compassion and helping us to continue the Calvary journey, providing the best care in the Spirit of Calvary and "Being there for others" as Venerable Mary Potter intended.

Foreword from the Chair

Calvary Ministries Trustee Board

"Calvary was to carry the spirit of that little company at the foot of the cross into our daily lives." - Writings of venerable, Mary Potter.

In the last few months of 2019 and as 2020 began, we experienced what are now called the black summer fires which burnt an estimated 18.6 million hectares, destroyed over 5,900 buildings (including 2,779 homes) and killed at least 34 people. An estimated one billion animals were also killed.

Many of our staff were at the forefront as volunteers doing all that could be done to accompany those who lost everything. Others were dealing with the health impacts in our hospitals, aged care homes, and in the homes of people who entrust us with their community care.

As I write, we find ourselves in the midst of the COVID-19 pandemic which continues to engulf the entire world.

In July 2019, when we began the financial year, none of us expected to see a virus of this magnitude ravage our world, our communities and our lives on such a scale in such a short period of time. None of us envisaged the deaths, compatriots without a job, industries and enterprises shut down and lives disrupted.

This may be the first time that we have felt such little control over our own destiny and the destinies of those whom we love.



Hon Michael Lee
Chair
Calvary Ministries

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 in more normal times and in such times as these.

In doing this we draw on 135 years' experience. The Sisters and their companions left us a rich heritage to guide and console us.

In about 1917, when the Spanish Flu epidemic was at its height, the Sisters built a cottage behind Lewisham Hospital in Sydney, which was used to isolate patients. The Sisters named the Cottage after St Roch, the thirteenth century patron saint for protection against plague. It is sobering to recall that the Spanish Flu killed more people than had died in World War One.

As the Sisters served then, so each one working at Calvary Health Care Bethlehem serves now.

The staff at Calvary Health Care Bethlehem fashion heritage for another time – when people may look to us as a guiding light in their time of trouble.

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

We offer our continued support and assure all that you are in our thoughts, hopes and prayers.

Thank you for all you are enduring and for all you are doing.

Hon Michael Lee
Chair, Calvary Ministries

Partnering & planning for our future





Calvary Bethlehem Health and Retirement Precinct

Total project value: \$154 million
(construction cost \$130 million)

Target completion date: late 2022

Construction of the \$130 million integrated health and retirement precinct is set to commence in late 2020, after an initial delay in construction due to the COVID pandemic, with a two-year construction phase.

Patients, residents, staff and the wider community will benefit from a substantial redevelopment of the current 1960s Calvary Health Care Bethlehem public hospital in Caulfield, after VCAT approved revised plans for the proposed health and retirement precinct.

The design, revised to reflect community responses, will see the existing hospital replaced by a health and retirement precinct comprising a new sub-acute health service, primary care services, community care, independent living units, residential care facility, recreational facilities and cafe.

The redevelopment will allow us to vastly improve the quality and the availability of health and aged care services in Glen Eira, meaning better outcomes for people, their families and the wider community.

The precinct will enable a new Model of Care and will be:

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

We invite you to join Calvary's community of donors and help us to lead the way in caring for those with life-limiting conditions. Become part of the Bethlehem story and help us to deliver a state-of-the-art health facility and build a caring compassionate community.

Together we can build a community that is connected, inclusive, embraces diversity and achieves better outcomes for people.

My Neuro-Palliative Care Project

The My Neuro-Palliative Care Project commenced in February 2020. The project received funding from the Victorian Department of Health and Human Services through a palliative care service innovation and development grant.

- The aims of this project are: To understand what patients and carers living with a progressive neurological disease (PND) and other stakeholders believe are the key elements of effective neuro-palliative care to help people live and die in their chosen community.
- To develop, pilot and evaluate a model of neuro-palliative care, based on the learnings from the first project phase, in two metropolitan and two regional settings.

CHCB, with its co-located neurological and palliative care specialties and its considerable experience

is a state-wide service provider to people with a PND is well placed to model, test and evaluate neuro-palliative care in hospital, ambulatory and community settings.

The project is gathering evidence around what patients and families need; what patients think is important in their care; the current gaps in the system and the barriers to providing a more integrated model of care. The project team will explore options for improvement, drawing also on published evidence to design a new model of neuro-palliative care.

The next steps involve completing a literature review, designing and developing the new model, peer review and trial of the model at CHCB. The new model will then be trialled in partnership with two metro and two regional palliative care services.

NDIS Service grows

In 2019-20 Calvary Health Care Bethlehem's National Disability Insurance Scheme (NDIS) Provider Service supported over 100 NDIS participants with progressive neurological diseases, living in the community and in residential care.

A range of supports were provided to help participants work towards or attain their goals, including:

- specialist behavioural support;
- occupational therapy;
- physiotherapy;
- speech pathology;
- dietetics; and
- music therapy.

An audit of the NDIS Provider service was undertaken by Price Waterhouse Coopers as part of the re-registration process run by the NDIS Commission. Participants and carers were



interviewed and it was noted that clinicians were proactive, inclusive, welcoming, progressive and went above and beyond what participants and carers expected of them. They had made a significant impact on the quality of the lives of both carers and participants. The auditors also commented that, in their assessment, the Calvary values of hospitality, healing, stewardship and respect shone through in all aspects of care.



Mindfulness for MND

The psychology team at CHCB is continuing research into mindfulness-based stress reduction for people with motor neuron disease (MND) and their key support persons. Research and clinical practice have shown us that people with MND and their key supports are at risk of psychological difficulties and a lowered quality of life, so there is a strong need for appropriate and effective psychological interventions. Mindfulness programs have excellent potential to strengthen psychological resilience, as well as providing a unique and meaningful opportunity for families living with MND to connect with each other.

We have commenced the first Australian group mindfulness program for people with MND and their support persons, and we are researching how

such a program can help them. Three mindfulness groups have already been completed, and we are preparing for our fourth and fifth groups later in 2020. So far in 2020, we have been able to continue with the mindfulness group, despite COVID-19, by transitioning to a web-based format. Feedback from participants has been extremely positive and many participants have reported improvements in how they feel and how they manage stresses.

This research has important implications for the provision of psychological interventions for people with MND and their family members, both in Australia and around the world. We look forward to continuing this exciting work and sharing our findings both locally and internationally.



The Enrich Choir

The Enrich Choir for people with Huntington's disease has been running for approximately two years at CHCB, facilitated by the Music Therapy Department and supported by community volunteers and philanthropic funds.

In 2019, the Enrich Choir performed at a number of hospital events including the Community Open Day and the Christmas carols concert. The group continued to develop their music skills, including multi-part singing, body percussion and use of harmonies. The group focussed their energy on learning an exciting new repertoire, including songs in Indigenous language and the "four-chord song", which involved piecing together parts of different contemporary songs to fit within the same chord pattern.

In 2020, despite COVID-19 causing a temporary halt on in-person sessions, the group has continued to thrive. It has held weekly online rehearsals and focused on exploring the members' own individual music histories and identities through song sharing and song writing. The choir remains enthusiastic about the return to face-to-face rehearsals when appropriate, and is exploring different options for recording music together in the interim whilst they remain physically separated.



Consolidating a model of care for the future

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

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

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



Work with residential aged care facilities

Our Community Palliative Care Service (CPCS) undertook a new project in 2019 inviting residential aged care facilities to participate in a new initiative for Victoria. The project aims to build upon and enhance the capacity of those facilities to provide quality palliative care, through collaboration with our designated nursing team, allied health services, specialist palliative care services and with general practitioners.

CPCS specialist nurses initiated Palliative Care Needs Round (PCNR) meetings with participating residential care facilities in January 2019. The PCNR involves monthly proactive, meetings at the facility. Residents who could benefit from a palliative approach are identified and a plan of care is developed for each. Through active participation in case reviews, facility staff have been educated in advance care planning, recognition of deterioration, developing goals of care, palliative care symptom management, psychosocial needs, family conferences, end-of-life care and grief and bereavement.

The CPCS nurses work closely with local stakeholders, hospitals, in-reach, palliative care, geriatric services and GP services to ensure collaboration throughout. The PCNR has become the means to comprehensively assess and fulfil residents' needs, and offers a model of care

to provide sustainable capacity building. Most importantly, it has resulted in improvements in the palliative approach and the end-of-life experience of the residents and families in facilities served by this project.

A year on, the PCNR has achieved the anticipated increases in:

- access to palliative care, especially earlier in their disease trajectory;
- access to specialist palliative care expertise for facility staff;
- the number of family case conferences;
- the number of family meetings held;
- access to advance care planning;
- staff knowledge and ability to identify deteriorating patients; and
- staff confidence in managing symptoms for people requiring palliative care.

The CPCS team has integrated this way of supporting residents and residential care facilities as part of their services and will continue to explore the effectiveness of this model of service delivery.



Promoting physical activity for healthy living

The Active Palliative Exercise Group began in 2017 to enable people within our Community Palliative Care Service to come together for supervised group exercise.

Participants have enjoyed the opportunity to socialise with others who are undergoing similar challenges, while they maintain their strength and fitness. Since its inception, there have been over 80 participants who have benefited from a tailored exercise program that helps them maintain physical independence and maximise their health and wellbeing, despite the progressive nature of their disease condition.

The group had to adapt after being forced to stay at home because of the lockdown put in place because of the Covid pandemic. Though it wasn't as good as the real thing, patients relished the opportunity to exercise and socialise together again even if was online.



Our strategy and year in review





Environmental sustainability

The 2019-20 year has seen some unprecedented challenges to our environmental sustainability. Regardless of these challenges, CHCB has continued to embrace sound environment principles and practices with a view to minimizing our operational impact on the environment. Unfortunately, due to the COVID-19 Pandemic, some planned improvements had to be postponed to maintain staff, patient, visitor and community safety.

We have continued to monitor our utility usage against the baseline usage figure that was established for the Parkdale site from the 2018-2019 year. We have also continued to monitor our waste streams being mindful of the opportunity to introduce changes that reduce our environmental footprint.

The introduction of source separation stations and organic food waste bins throughout the hospital towards the end of 2018 has provided a more efficient and streamlined way of separating general waste from recyclables and is evident in our total waste stream figures.

The procurement of an additional four fleet vehicles was necessitated by work changes brought about by COVID-19. In keeping with our Environmental Management Plan, the vehicles we purchased use hybrid power.

We also installed photoelectric cells to operate external lighting to complement natural sources and to reduce electricity usage.

Waste Reduction Initiatives

We have continued to monitor the amount of waste that we produce. Upon the relocation to Parkdale, we abolished disposable cups and cutlery in staff kitchens and waiting areas. This had a positive effect on our general waste figures. The impact of the COVID-19 pandemic however, has required a change to disposable kitchen items for use in common spaces. In attempting to keep this impact to a minimum, staff have been encouraged to bring and manage their own items. While some disposable items are being purchased, we are attempting to buy recyclable or recycled items where possible

to minimize any environmental impact. The use of disposables has undoubtedly led to an increase in the amount of waste, although we continue to adhere to our recycling programs so that landfill waste is minimized.

Our recycling programs include cardboard and paper, green waste, comingled (plastic and tin), batteries, fluorescent tubes and printer toner cartridges. Organic food waste is also collected and converted into high grade compost through an in-vessel composting process.



Environmental performance data

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New benchmark figures have been established based on the first 12-month occupation of the Parkdale site.

The establishment of efficient operational procedures for the Parkdale site has seen a notable reduction in the 2019–20 figures for waste, electricity and gas usage. Water usage increased slightly during the year, due to several incidents of burst pipes that have now been rectified.

Total fuel usage for the last 12 months has increased slightly by 0.24% on 2018–19 due to the addition of four new vehicles, although the usage per vehicle has reduced.

The following environmental performance figures display the baseline figures established for the Parkdale site and the corresponding figures for the 2019–20 year. They reflect our continuing commitment to sustainable environmental practices.

Environmental performance

Resource consumption and waste generation

	Parkdale baseline (2018 - 2019)	2019 - 2020	Change (%)
Electricity			
Consumption (kW)	478 233	434 995.	-9.0
Consumption by area (kW/m2)	149.40	135.90	-9.0
Natural Gas and LPG			
Consumption (MJ)	2 189 571	1 790 528	-18.2
Consumption by area (MJ/m2)	684.20	559.50	-18.2
Petrol			
Consumption (L)	9 084	9 136	0.6
Water			
Consumption (kL)	2 178	2 639	21.2
Consumption by area (kL/m2)	0.76	0.82	7.9
Waste			
Clinical waste (kg)	509.00	964.00	89.4
General waste (tonnes)	67.59	27.55	-59.2
Recycled waste (tonnes)	24.38	17.59	-27.9

“CHCB would like to acknowledge the Honourable Jenny Mikakos, Minister for Health and Minister for Ambulance Services”

Part A: Strategic priorities

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

In 2019-20 Calvary Health Care Bethlehem will contribute to the achievement of the Government's commitments by:

Better health

Goals	Strategies	Health Services Deliverables	Progress
Better health	Better health		
A system geared to prevention as much as treatment	Reduce State-wide Risks	A minimum of two health promotion activities in the community to raise awareness of issues for people living with life limiting disease	Achieved included Open Day, Halloween event and community forums for Dying to Know day
Everyone understands their own health and risks	Build Healthy Neighbourhoods		
Illness is detected and managed early	Help people to stay healthy		
Healthy neighbourhoods and communities encourage healthy lifestyles	Target health gaps	Develop a health literacy action plan and implement	Achieved. Training of champions and action plan implemented

Better access

Goals	Strategies	Health services deliverables	Progress
Care is always being there when people need it	Plan and invest Unlock innovation	Complete the detailed design for Caulfield redevelopment.	Not achieved. Delay due to COVID-19
Better access to care in the home and community	Provide easier access		Achieved. Showed positive outcomes for staff and residents in RCF.
People are connected to the full range of care and support they need	Ensure fair access	Evaluate the Palliative Care Needs Round Model in Residential Care	
Equal access to care		Implement the Responding to Urgency of Need in Palliative Care (RUN-PC) triage tool for both inpatient specialist palliative care and community palliative care referrals	Achieved.

Better care

Goals	Strategies	Health services deliverables	Progress
Targeting zero avoidable harm	Put quality first	Implementation of Clinical Safety Dashboard with defined KPIs aligned to clinical audit timetable	Achieved.
Health care that focusses on outcomes	Join up care		
Patients and carers are active partners in care	Partner with patients	Develop mechanisms & implement processes for the Consumer Engagement Working Party to review patient experience data and patient stories to inform future staff training programs	Achieved. Patient experience data and stories used for staff training.
Care fits together around people's needs	Strengthen the workforce		
	Embed evidence		
	Ensure equal care		

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Specific 2019-20 priorities (mandatory)

Strategies	Health Services Deliverables	Progress
Supporting the mental health system		
Improve service access to mental health treatment to address the physical and mental health needs of consumers.	Implement consistent screening for altered cognition and delirium across all CHCB service streams through completion of 4AT assessment tool linked to appropriate escalation pathways	Achieved. 4AT implemented as screening tool
Addressing occupational violence		
Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation. Implement the Department's security training principles to address identified security risks	Increase uptake of online Maybo (occupational violence) training for frontline clinical staff – to achieve >80% completion rate by June 2020	Achieved
Addressing bullying and harassment		
Actively promote positive workplace behaviours, encourage reporting and action on all reports. Implement the department's framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination and workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services.	Finalise gap analysis against Department's framework and develop action plan to commence implementation by November 2019	Achieved. Following audit, 7 items added to action plan for Safety and Wellbeing Governance Committee.
	Complete communication and resilience training for staff by September 2019	Achieved 38% communication training, 30% resilience training.
	Through the Safety and Wellbeing Governance Committee, promote staff wellbeing and deliver minimum 3 wellbeing events and increase Wellness Ambassador contacts	Achieved. Increase in contacts, monthly newsletter and activity in 2020 particularly to support staff wellbeing with COVID-19.

Specific 2019-20 priorities (mandatory) cont.

Strategies	Health Services Deliverables	Progress
Supporting Vulnerable Patients		
Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.	Implement processes to identify those who are from diverse backgrounds and develop Cultural Support Plan specific to their individual needs.	Achieved. Included in Patient care plan.
	Deliver quarterly cultural sensitivity training that includes Aboriginal and Torres Strait Islander considerations. Key staff across CHCB service streams to attend VACCHO & PEPA Aboriginal Cultural Safety in Palliative Care training.	Achieved. 45 staff attended cross cultural training. some delay with COVID 19.
Supporting Aboriginal cultural safety		
Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.	Develop reporting mechanism for monitoring the proportion of people who identify as Aboriginal and Torres Strait Islander and undertake a clinical record audit to ensure consistency between Aboriginal and Torres Strait Islander identification across data systems.	Achieved. Quarterly report.
	End of life needs of Aboriginal and Torres Strait Islander people supported through culturally appropriate mechanisms.	Achieved. Included in revised policy.
Addressing family violence		
Strengthen responses to family violence in line with the Multiagency Risk Assessment and Risk Management Framework (MARAF) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.	In partnership with Monash Health undertake further staff awareness training and implement strategies to support those experiencing family violence	Achieved. 6 sessions with 63 staff.
Implementing disability action plans		
Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.	Implement disability action plan with clear goals over three-year period - with year 1 actions implemented 2019/20.	Partially achieved. Delays in achieving some actions due to COVID.
Supporting environmental sustainability		
Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.	New baseline for utilities usage at Parkdale site established and usage maintained at target levels. Reductions achieved where usage has exceeded target.	Electricity achieved 9% decrease. Gas achieved 19% decrease Water not achieved - 7.9% increase. General waste achieved 59% decrease. Recycling achieved 27% decrease.

Analysis of workforce (by FTE)

Hospitals Labour Category	JUNE Current Month FTE		JUNE Average Monthly FTE	
	2019	2020	2019	2020
Nursing	74.3	77.2	73.2	76.7
Administration and clerical	15.7	17.1	15.2	15.9
Medical support	3.9	3.5	3.4	3.4
Hotel and allied services	5.8	6.1	6.1	6.2
Medical officers	4.8	6.6	5.1	6.2
Sessional clinicians	4.7	4.4	4.9	4.1
Ancillary staff (allied health)	37.4	36.0	34.0	34.8
	146.6	150.9	141.9	147.3

Financial commentary

In 2019-20, Calvary Health Care Bethlehem were required to respond to the COVID-19 pandemic, and in doing so were unable to achieve some of their as per the statement of priorities targets. The Calvary Health Care Bethlehem operating result was achieved with support from the Department of Health and Human Services. 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)

	2020	2019	2018	2017	2016
Operating result*	(388)	(824)	286	14	132
Total revenue	27,564	24,646	23,437	22,442	28,030
Total expenses	27,310	26,502	24,651	23,037	29,407
Net result from transactions	254	(1,856)	(1,214)	(595)	(1,377)
Total other economic flows	147	275	175	124	293
Net result	401	(1,581)	(1,039)	(471)	(1,084)
Total assets	14,860	12,389	14,210	15,084	15,640
Total liabilities	9,022	6,953	7,193	7,028	7,113
Net assets	5,838	5,436	7,017	8,056	8,527
Total equity	5,838	5,436	7,017	8,056	8,527

Details of information and communication technology (ICT) expenditure excluding GST

Business as usual (BAU) expenditure (excluding GST)	Non business as usual (non-BAU) expenditure (excluding GST)		
	Total=Operational expenditure and Capital Expenditure (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
\$ million	\$ million	\$ million	\$ million
\$1.1474	\$0	\$0	\$0

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.

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

	2020	2019	2018	2017	2016
Net Operating Result *	(388)	(824)	286	14	132
Capital and Specific Items					
Capital Purpose Income	0	0	0	42	267
Specific Income	1,542	0	150	821	65
COVID 19 State Supply Arrangements - Assets received free of charge or for nil consideration under the State Supply	0	0	0	0	0
State supply items consumed up to 30 June 2020	0	0	0	0	0
Assets provided free of charge	0	0	0	0	0
Assets received free of charge	0	0	0	0	0
Expenditure for capital purpose	(92)	(528)	(169)	(124)	(293)
Depreciation and amortisation	(808)	(386)	(1,346)	(1,445)	(1,508)
Impairment of non-financial assets	0	0	0	0	0
Finance costs (other)	0	-118	-135	97	-40
Net results from transactions	254	(1,856)	(1,214)	(595)	(1,377)

Details of individual consultancies (\$000's)

In 2019-20 there were 3 consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2019-20 in relation to these consultancies is \$7,100.

In 2019-20 there were 3 consultancies where the total fees payable to the consultants was more than \$10,000. The total expenditure incurred during 2019-20 in relation to these consultancies is \$100,000.

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee	Expenditure 2019-20	Future expenditure
Governance Plus	Review of governance	1/7/19	7/10/19	30	30	-
Paxton Partners	Review of end of month accounting processes	1/12/19	19/12/19	32	32	-
Paxton Partners	2020-21 budget model creation and process assistance	1/2/20	1/6/20	38	38	-

Occupational Health and Safety Data

Occupational Health and Safety Statistics	2019-2020	2018-2019	2017-2018
The number of reported hazards/incidents for the year per 100 FTE	16	25.32	34.89
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	1,357	Nil	1,454
The average cost per WorkCover claim for the year ('000)	130,842.24	Nil	3,195.24

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Part B: Performance priorities

High quality and safe care

Key performance indicator	Target	2019-20 Result
Accreditation		
Accreditation against the National Safety and Quality Health Service Standards	Full compliance	Compliant
Infection prevention and control		
Compliance with the Hand Hygiene Australia program	83%	94%
Percentage of healthcare workers immunised for influenza	84%	84%
Patient experience		
Victorian Healthcare Experience Survey - patient experience	95% positive experience	Achieved
Victorian Healthcare Experience Survey - discharge care	75% very positive response	Achieved
Victorian Healthcare Experience Survey - patients perception of cleanliness	70%	Achieved
Healthcare associated infections (HAI)		
Rate of patients with SAB per occupied bed days	<1/10,000	Achieved
Adverse events		
Sentinel events - root cause analysis reporting	All root cause analysis reports submitted within 30 business days.	Achieved

Effective financial management

Key performance indicator	Target	2019-20 Result
Finance		
Operating result (\$m)	0.0	-0.37
Public and Private WIES activity performance target	100%	92%
Average number of days to paying trade creditors	60 days	27 days
Average number of days to receiving patient fee debtors	60 days	30 days
Adjusted current asset ratio	0.7 or 3% improvement from base target	0.42
Forecast number of days available cash (based on end of year forecast)	14 days	2.6 days
Actual number of days available cash, measure on the last day of each month	14 days	Not met
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance < \$250,000	\$350,000

Part C: Activity and funding

Funding Type	2019-20 Activity Achievement
(a) Subacute WIES Admitted:	
Rehabilitation public	130
Rehabilitation private	93
Palliative care public	243
Palliative care private	65
	531
(b) Subacute non-admitted:	
Health Independence Program - public	14,875
(c) Acute non-admitted:	
Home enteral nutrition	730

*Subacute Non-Admitted Other (this line carried an activity target of 1 in the signed SOP), no change made as immaterial

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
26 October 2020

Responsible Bodies Declaration

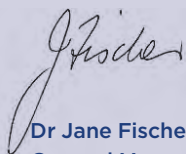
In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Calvary Health Care Bethlehem for the year ending 30 June 2020.



Jim Birch
Board Member
26 October 2020

Data Integrity Declaration

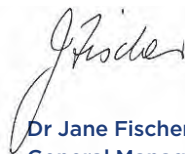
I, Jane Fischer certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Calvary Health Care Bethlehem has critically reviewed these controls and processes during the year.



Dr Jane Fischer
General Manager
Calvary Health Care Bethlehem

Conflict of interest Declaration

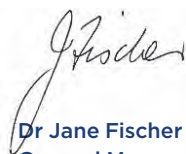
I, Dr Jane Fischer certify that Calvary Health Care Bethlehem has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance Reporting in Health Portfolio Entities (Revised) and has implemented a 'Conflict of Interest'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



Dr Jane Fischer
General Manager
Calvary Health Care Bethlehem

Integrity, Fraud and Corruption Declaration

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



Dr Jane Fischer
General Manager
Calvary Health Care Bethlehem

Merit and Equity Principles

Merit and equity principles are encompassed in all employment and diversity management activities throughout CHCB. CHCB is an equal opportunity employer and is committed to providing for its employees a work environment which is free of harassment or discrimination, together with an environment that is safe and without risk to health. CHCB's employees are committed to our values and behaviours as the principles of employment and conduct. CHCB promotes cultural diversity and awareness in the workplace.

Local Jobs First Act FRD 25D

In 2019-2020 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 one application made to CHCB was processed in accordance with the Freedom of Information Act 2012. CHCB provides a report on these requests to the Freedom of Information Commissioner. Applications, and requests for information about making applications, under the Act can be made to:

Freedom of Information Officer, Health Information Services, 152 Como Parade West, Parkdale VIC 3195.

At the time of writing applications cost about \$29.

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

Protected Disclosure Act 2012

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

Carers Recognition Act 2012

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

Building Act 1993

No building projects have been undertaken in the financial year ending 30 June 2020. In order to maintain buildings in a safe and serviceable condition, routine inspections were undertaken. Where required, CHCB proceeded to implement the highest priority recommendations arising out of those inspections through planned maintenance works. CHCB as aslo complied with Department of Health and Human Services Fire Risk Management Guidelines.

Competitive neutrality

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

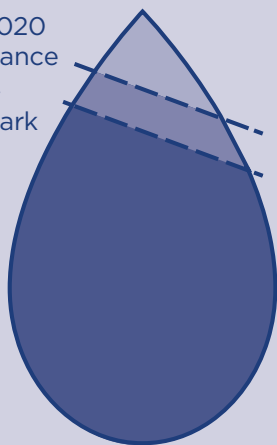
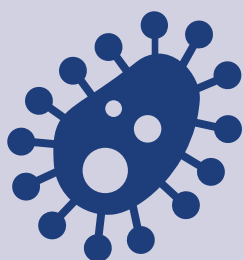
Excellence in care



Hand hygiene

How clean are our hands?

94% CHCB 2020 Performance
80% Industry benchmark



Staph Aureus Bacteraemia

How robust are our infection controls?

0.0/10,000 OBD CHCB 2019/20 performance
0.87/10,000 OBD Industry benchmark



Medication

Medication errors requiring interventions

2.78/1000 OBD CHCB 2019/20 performance
<0.5/1000 OBD Industry benchmark



Pressure injuries

CHCB 2019/20 Performance

Hospital Benchmark

1.71%

0.11%

Patient falls

CHCB 2019/20 performance
17.8/1000 OBD

Industry Benchmark
5.0/1000 OBD



Staff

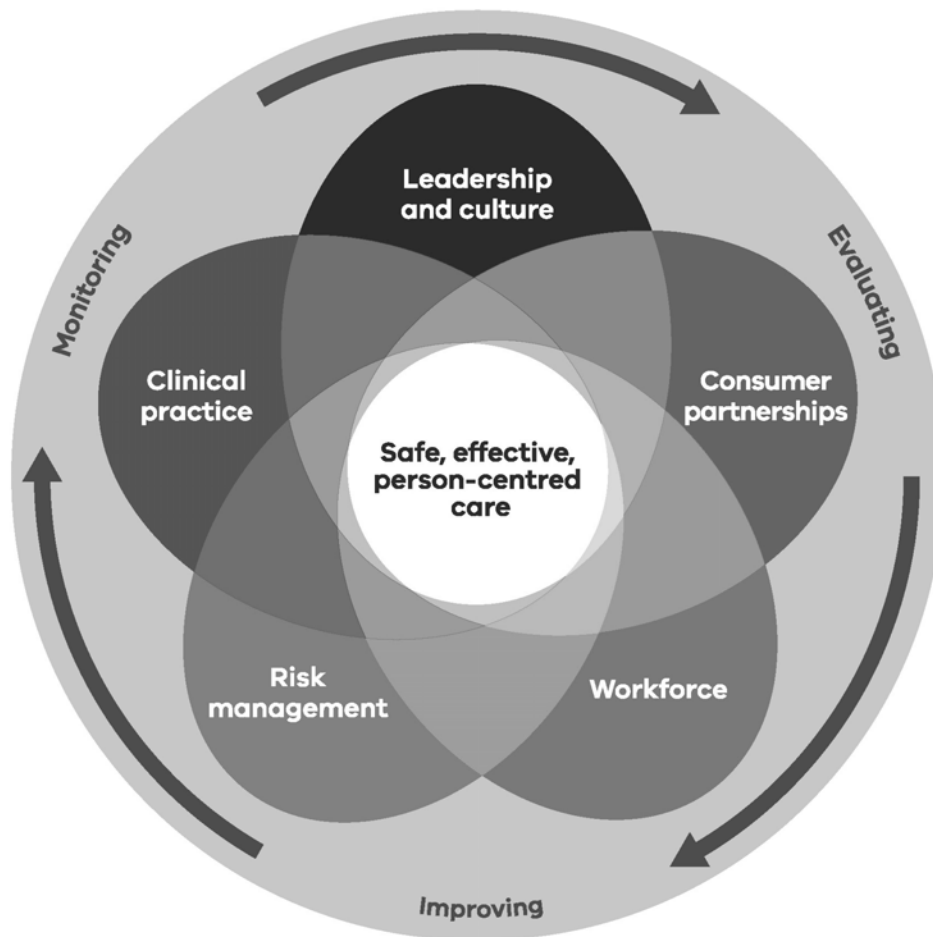
Flu Immunisation

84% CHCB 2019/20 performance
90% Industry benchmark



Complaints

16 5.0 days average to resolution



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

High reliability care

Clinical Governance Framework - delivering safe and effective care

Calvary is committed to delivering excellence in care and providing the highest possible levels of patient, resident and client safety outcomes.

The Clinical Governance Framework, approved by the Calvary Board in May 2019, provides guiding principles for staff and partners in the provision of care. This structure sets the expectation and encourages all to participate proactively in the improvement process and in sustaining a safety-orientated culture.

The framework sets out the key structures, systems and processes that enable organisation-wide accountability for the delivery of high quality, safe care.

The framework is comprised of five major domains:

1. leadership and culture;
2. consumer partnership;
3. workforce;
4. risk management; and
5. clinical practice.

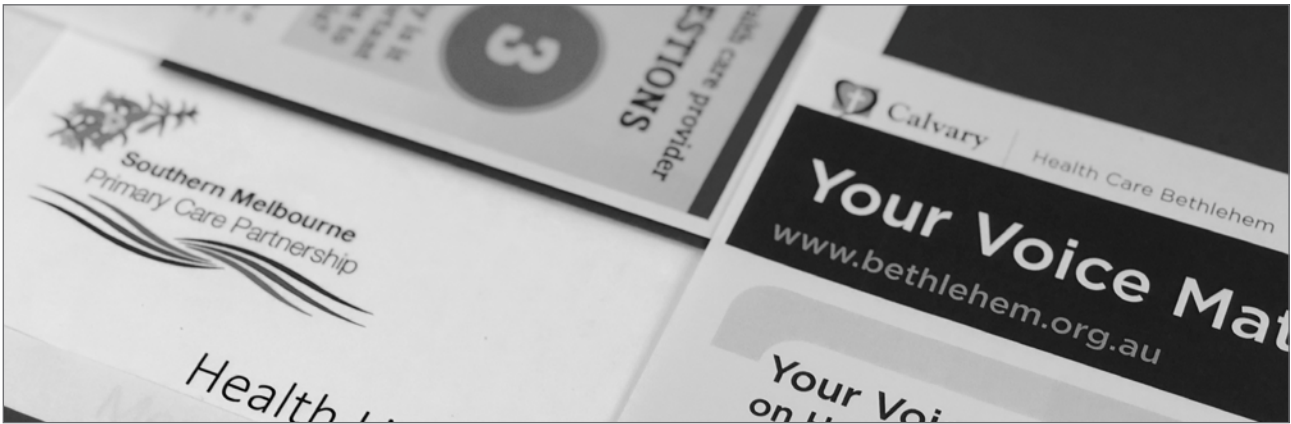
STRATEGIC INTENT

Priority: a focus on quality and safety

Build workforce capability to ensure that all staff understand and are supported to perform their roles and responsibilities with maximum effectiveness.

Create respectful, collaborative relationships with patients, residents, clients, families and community partners from which to grow compassionate, person-centred models of care.

Commit to zero preventable harm and reduce the unplanned variation that leads to such harm, within a 'high reliability' framework that prioritises safety and continuous improvement.



Partnering with consumers

Bethlehem's Consumer Engagement Framework 2018 - 2021 is aligned with the CHCB Strategic Quality Action Plan and sets out eight core principles for engagement with our consumers:

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

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

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

- identified risks to patient safety in the prevention of infection working party, which in turn has been added to their risk log;
- analysed the results of our anti-microbial stewardship program and suggested improvements in the processes of prescribing high risk antibiotics;



- undertaken a project to improve handling of drugs of dependency. This resulted in a report being drafted and presented to the National quality and safety committee. This has changed practice, with the outcome of less discrepancies in the dispensing of drugs of dependency;
- contributed to the audit of the hospital signage, which has resulted in changes to make it easier for visitors to navigate their way to the inpatient ward;
- introduced a "you said we did" system of putting into action consumer feedback;
- contributed to the development of the advance care plan brochure; and
- supported the development of the CHCB business continuity plan.



PND Education Day

Living well with MND – Education to build the skills of community clinicians and service providers.

A key role of CHCB's State-wide Progressive Neurological Disease Service (SPNDS), in collaboration with community organisations like MND Victoria, is to build the capacity of health services and health professionals to better manage the needs of people living with MND.

Our multi-disciplinary SPNDS team continues to excel in providing high quality, team-based education for health and disability sector clinicians working with MND. With a focus on practical management, the popular annual education event, "Enabling People Living with Motor Neurone Disease to Live Well", was held on 5 March 2020. The event was fully subscribed, with approximately 100 attendees, including allied health professionals, NDIS community clinicians, palliative care clinicians, nurses, MND advisors, case managers, CHCB volunteers and a variety of undergraduate students.

The education sessions and practical workshops included:

- living with MND, the patient's journey;
- respiratory and secretion management;
- independence and mobility;
- technology and communication;
- swallowing and nutrition management; and
- the psychosocial experience of MND for the patient and family.

78% of attendees responded to an evaluation of the event. The high response rate and the detailed feedback reinforce the importance of this specialist education, as well as informing CHCB of consumer needs for future capacity-building education events.



Accreditation Assessment

In September 2019, our hospital was recognised for the high quality and safety of its care after we were assessed for accreditation by the Australian Council on Healthcare Standards (ACHS). The rigorous accreditation processes assess health care providers across a broad range of criteria: consumer focus, effective leadership, continuous improvement, demonstrable evidence of outcomes, and striving for best practice.

Bethlehem was one of the first Victorian specialist hospitals to be assessed against the new standards, and we were very pleased to be awarded full accreditation by ACHS. The fact that Bethlehem achieved ACHS accreditation is a strong recognition of the hard work and dedication of all our staff across the organisation.

Cultural support plans

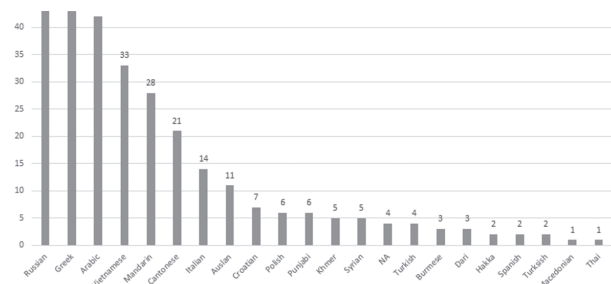
We take a person-centred approach to caring for all patients admitted to our services in accordance with our values of hospitality, healing, stewardship and respect. However, when a patient indicates that they are from a diverse background, we provide additional support and develop an individualised cultural support plan to help with their journey through our services. These additional supports can include, but are not limited to, dietary and spiritual needs. Translation services are provided either in person or over the phone, with the involvement of cultural support groups.

In one example a patient indicated he belonged to a small religious faith and spoke a language for which it was hard to source interpreters. In response to this information, our pastoral care team arranged for his religious leader to visit him in hospital, as well as setting up videoconference sessions using the patient's iPad, due to the COVID 19 visiting restrictions. The Nurse Unit Manager sourced the only interpreter in Victoria for his particular language needs. For his treatment plan, we also used video conferencing in conjunction with the medical team and the interpreter. As this patient died whilst COVID 19 restrictions were in place, our pastoral carers organised a special ceremony using online media to

honour his life so that his whole family could attend. This patient's story is one of many that highlight how we work with our patients and families to meet their individual needs and give them a respectful and positive experience.

Our Consumer Engagement Working Party organised for 37 clinical staff to attend culturally sensitive training facilitated by the South Metropolitan Palliative Care Consortium to better understand and support our patients from diverse backgrounds. We continue to work with all our diverse communities and evaluate our programs to ensure we meet their needs.

Translation services used



The Aboriginal and Torres Strait Islander community

Since moving to Parkdale, we have undertaken a considerable amount of work to connect with our local Aboriginal and Torres Strait Islander communities. We engaged with representatives of the Boon Wurrung Foundation to discuss the first phase of our reconciliation action plan which has informed the revision of our Culturally Responsive Health Care Policy, leading to a new Welcome to Country and Acknowledgement of Country Policy. We are committed to ongoing staff education related to first Australians, and to support this have made available a series of online training modules for all staff to complete to further their knowledge

and understanding of first nations people. We will continue to collaborate with our local indigenous communities to deliver on our reconciliation action plan and improve health outcomes for that community.

A representative from the Boon Wurrung foundation provided the Welcome to Country at the Caulfield Site Blessing. The Welcome to Country emphasised the Boon Wurrung word for welcome, which means 'to come with purpose'. The Welcome to Country was also an opportunity for us to reflect on what we have in common as part of a broad community, particularly in relation to our values and the power of story.

Cognition, delirium and mental health screening of inpatients

In support of the new National Safety and Quality Health Service (NSQHS) standards for assessing and responding to the needs of patients with cognitive changes or delirium, CHCB implemented the 4AT assessment test to enhance current practice. This involved comparing pre-implementation audit data with five months of post implementation data on the inpatient ward.

One month before implementing the screening, we reviewed current admission documentation for cognition or delirium problems. Such entries were present in 34% of admissions, with specific recommendations and/or referrals made in 64% of those cases. This pre-audit highlighted the utility of screening to improve the consistency and frequency of risk assessment, and to identify opportunities for the development of individualised management plans.

Five months after implementation, we conducted a follow-up audit of 238 inpatient admissions. Formal screening over the period increased to an average of 67% for both palliative and neurology patients. Of the cases where the 4AT assessment was not administered, a clear reason was provided in 66% of cases. Reasons for not administering the 4AT included communication and language barriers, patients declining to participate, and patients being too unwell to participate. The proportion of cases not assessed was identified as an area where improvements could be made. Of those screened, 61% had management plans and referrals initiated. Audit data did not report the number of positive screens versus negative screens. This area was another that could be improved.



Since August 2019, a significant body of work has been conducted to screen for cognition change and delirium on the ward. The implementation was guided by a new policy, and a program of learning and education was developed.

Ongoing screening education for new medical staff has been incorporated into their orientation program and the results of audits are regularly presented during medical staff education meetings. To support individualised management plans for patients and families, a consumer-focused patient education infographic was created, using feedback from consumers and staff. We expect this educational resource to be rolled out later this year.



Photovoice Communication Program

People-powered health

The evidence-based 'photovoice' communication group program, run by the Speech Pathology team at CHCB, hit the 5-year milestone in 2020. Along the way the program has welcomed support from CHCB Executive, Friends of Bethlehem, the CHCB Community Advisory Committee and many community organisations.

During 2019, a research project was conducted in conjunction with La Trobe University's School of Public Health, titled 'Photovoice impact on communication and social participation for improved quality of life.' The objective of the research was to investigate how an action research approach can improve the quality of life for families living with a progressive neurological disease such as MND.

'Photovoice' is a type of participatory action research in which people use photos and narratives to depict their lived experiences in order to express their opinions, create awareness, stimulate change or influence policy. 100% of research participants reported improved quality of life. Key findings included:

1. Stopping your world from shrinking

Particular behaviours were identified as critical to emotional wellbeing and self-care: keeping passions and hobbies alive, the power of positivity and nurturing emotional connections, including pets and nature.

2. Expanding modes of communication

Photo-sharing is a highly effective method for maintaining social connections. The use of social

media for photo-sharing enabled new, renewed and strengthened connections with family and friends. Gaining confidence with technology and communication equipment was also critical to success.

3. Taking action

Effective communication, having a voice, is one of the key social determinants of health. The desire to be active citizens and take action on 'what matters to you' has been the most significant outcome from this research. Together, the participants used their photo narratives to educate, advocate and create 'health' for families living with MND.

Critical to creating 'health' is to increase community knowledge about MND, in order to change individual attitudes and reduce the discrimination frequently experienced by those living with a disability.

Actions triggered by the participants continue to stimulate social change by educating whole organisations. One example of a collective action to raise awareness and achieve change for the MND community was working with Melbourne Airport Hidden Disability Program to create a 'communication impairment' case-study, designed to educate airport staff and the general public about what helps or hinders someone who has difficulty speaking.

During COVID-19, the risk of social isolation is a reality for us all. Participation through technology has allowed the photovoice group program to continue in 2020. Despite the challenges, our Speech Pathology team is committed to ensuring voices are heard and that people living with a progressive neurological disease remain active in their life story.

Behaviours of concern, occupational violence and family violence

The incidence of reports of aggression and violence against our staff and volunteers has decreased since the last report. This year has seen 24 recorded incidents, which is 15 less than 2018/2019. This year's incidents involved verbal, physical and psychological abuse, mainly towards our nursing staff. To help reduce the number of these incidents, the organisation has increased signage outlining the

behaviour expected of both patients and visitors, and added additional security resources, CCTV cameras and duress alarms.

Staff are also encouraged to report all incidents, which may not previously have been reported, to allow for a greater understanding of the extent of the issue. The additional training of key staff members has been undertaken, with the Department of Health providing comprehensive training free to staff.

Occupational violence statistics

2019-20

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

24

Number of occupational violence incidents reported (per 100 FT)

15.58

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 claimed that were lodged in 2019-20.

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.



CHCB General Manager Dr Jane Fischer with REEC Chair Patrick Monahan pictured after a REEC webex meeting conducted from the Caulfield site

CHCB Research Ethics and Ethics Committee

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As a state-wide provider for those with a progressive neurological disease, CHCB is actively involved in a number of collaborative research projects with academic institutions to better understand and treat these complex diseases. The research being undertaken at CHCB is particularly focused on motor neurone disease and Huntington's disease and continues to contribute to the field of progressive neurological disease research. Ongoing studies include a range of Phase I through to Phase III international clinical trials evaluating the use of agents that may slow progression of diseases.

The development of palliative care research at CHCB is a key strategic goal and there is increasing collaboration between specialist neurology clinicians and palliative care physicians. There are several current joint projects to improve outcomes for people with progressive neurological conditions as they approach the end of life. This collaboration is now giving rise to new research initiatives, including the My Neuro Palliative Care project. Supported by a Victorian Department of Health and Human Services innovations grant in 2019, this exciting research is investigating an integrated approach for people living with a progressive neurological disease. The initial focus is to explore the behaviours and expectations

of progressive neurological disease patients, families and professional care-givers in palliative care organisations in Victoria. The research team at CHCB is excited at the way this project could guide the care for this often complex and under-resourced group.

With the support of the Calvary Palliative and End of Life Care Research Institute collaborations and our own highly experienced neurology researchers at CHCB, we are developing the skills of early researchers. We are beginning to undertake larger palliative research projects and are moving towards fulfilling one of the key objectives of all research teams, that of improving patient outcomes by translating research into practice.

The Research Ethics & Ethics Committee at Calvary Health Care Bethlehem (CHCB) is composed of staff and members of our community and is properly constituted in accordance with the National Health and Medical Research Council guidelines and Catholic Health Australia's Code of Ethical Standards for Catholic Health and Aged Care Services in Australia.

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

External Committee Members

Mr Patrick Monahan - Chair
Fr Kevin McGovern
Mr Des McCarthy
Cr Margaret Esakoff (on leave)
Ms Jenny Rundle
Mr Paul Davidson
Mr Philip Rowell

Calvary Representatives

Dr Susan Mathers
Dr Chris Grossman
Dr Alex Burke (retired Dec 2019)
Mr Ed Van Galen (Calvary Launceston)
Ms Shannon Thompson
Dr Jane Fischer

Research projects

Date	Title	Chief Investigators
08/08/19	A Multicenter, Randomized, Placebo-Controlled Phase 2 Study of Cu(II) ATSM in Patients with Amyotrophic Lateral Sclerosis/Motor Neuron Disease	Dr Susan Mathers Emma Windebank
08/08/19	Taking the Secret out of Secretions	Marian McCarron
08/08/19	Neck weakness in Motor Neuron Disease – what are the factors that influence head support?	Timothy Sheehy Karol Connors
17/12/19	Understanding Lifestyle and Environmental Risk Factors (LERF) in Amyotrophic Lateral Sclerosis (ALS)	Dr Susan Mathers Dr Sarah Lee et al
20/02/20	A Multicenter, Open-label Extension Study to Evaluate the Safety, Pharmacodynamics, and Clinical Effects of WVE 120102 in Patients with Huntington's Disease	Dr Susan Mathers Dr Yenni Lee et al
26/02/20	My Neuro-Palliative Care Project – CHCB 20041801	Dr Susan Mathers Dr Rowan Hearn et al
16/03/20	'A Multi-Centered, Randomised, Double Blind, Placebo Controlled Phase Role of the Palliative Medicine Specialists (PMS) in Progressive Neurological Diseases (PNDs): Referral patterns and workload of a Neuropalliative service associated with the Statewide Progressive Neurological Diseases Service (SPNDS)	Dr Rupert Strasser et al

Research projects (continued)

Date	Title	Chief Investigators
24/03/20	'Factors Associated with Depressive Symptoms and Day-to-Day Variability in Mood in Huntington's Disease	Hiba Bilal Dr Julie Stout
24/03/20	A Multicenter, Open-label Extension (OLE) Study to Evaluate the Safety, Pharmacodynamics, and Clinical Effects of WVE 120101 in Patients with Huntington's Disease	Dr Susan Mathers Dr Yenni Lee et al
24/03/20	Evaluation of Graduate Nursing Program20-CHREC-E002	Loren Madsen
20/05/20	Sleep and Circadian Timing in Huntington's Disease (HD) Relationship with Cognition and Disease	Emily Fitzgerald Provisional Psychologist - Monash Student
25/05/20	Health Literacy in MND	Dr Susan Mathers
09/06/20	A Treatment Continuation Study for Patients with Amyotrophic Lateral Sclerosis/Motor Neuron Disease who have Successfully Completed Study CMD 2019-001	Dr Susan Mathers

Caring for our people and working environments





People, values, culture

Calvary strives to provide safe, equitable and respectful workplaces. We aim to attract people who value making a difference and are motivated by the spirit of 'being for others'.

Evaluating our mission activities

Calvary continues to develop its Mission Accountability Framework with its 12 areas of focus. Our mission plans are designed to strengthen the Calvary spirit we have received from the Sisters of the Little Company of Mary. Feedback from the people Calvary serves tells us how they see us living and breathing our values.

Workplace health and safety measures

We are committed to protecting the health, safety and wellbeing of our workforce, patients and visitors. Key performance indicators are reported monthly to the leadership team. These indicators include the timeliness of serious incident investigations, the number of completed workplace inspections and the number of WorkCover injuries and lost time claims completed. As part of Calvary's national Workplace Health and Safety (WHS) system, we have also undertaken monthly organisation-wide audits in key safety areas. Due to the COVID-19 pandemic, there was a two-month hiatus in our audit timetable and contractors were only permitted on site to undertake emergency works. However, the audit timetable was recommenced in May and outstanding audits will be completed by the end of the calendar year. These

have included:

- electrical safety;
- contractor management;
- chemical management;
- asbestos and legionella management;
- WHS noticeboard audit;
- workplace occupational violence assessment; and
- incident reporting system (RISKMAN) injury review.

The COVID-19 pandemic provided us with an opportunity to re-examine our focus on patient and staff safety. All aspects of WHS, especially infection control, were reviewed. Over the last 12 months we have introduced initiatives such as:

- daily departmental safety virtual huddles;
- daily executive walk-around;
- quarterly executive participation in WHS inspections;
- additional infection control and training on personal protective equipment (PPE);
- regular emergency code practical exercises; and
- area warden face-to-face training delivered via video conference.

It is pleasing to see a downward trend in reported injuries as a result of a range of initiatives.



Embodying the Spirit of Calvary

Last year, our popular Human Resources & Return to Work Coordinator, Kim Hardy, was awarded the Spirit of Calvary Award in recognition of the important work she does assisting staff. Kim's calm and empathetic manner with staff was felt by her peers to be the embodiment of the Calvary values of healing, hospitality, stewardship and respect which are intrinsic to the Spirit of Calvary.

Kim started at Bethlehem 13 years ago as a casual, covering staff leave. After 12 months in that role, she earned a permanent position working with the Quality and Risk Manager, before moving to the Pay Office and then to Human Resources.

When she started with Bethlehem, Kim was a new mum re-joining the workforce after years of experience in administrative and project roles in large corporate organisations. 'My first experience of corporate work I just felt like a number', Kim says, 'but Bethlehem seemed different. My sister already worked here, so I knew about the values and the work culture of the organisation and wanted to be a part of it'.

Kim says that she has had many great experiences working at Bethlehem, but the ones she values the most is when staff, patients and families are all able to come together. 'I am in awe of the compassion that all staff have at Bethlehem for our patients and their families. It really is a special place to work', Kim says. 'CHCB has given me the opportunity to develop and grow both personally and professionally and I am forever grateful to them for that'.

WGEA Employer of Choice

Calvary was awarded the Employer of Choice for Gender Equality (EOCGE) citation for the fifth consecutive year. The Workplace Gender Equality Agency (WGEA) Employer of Choice for Gender Equality citation recognises Calvary's active commitment to achieving gender equality in our workplaces.

Calvary is a major employer of women with over 12,000 employees, 80% of which are female with 60% female representation at executive level and 70% representation at manager level.

'Calvary is committed to continue to play our part in bridging the gender gap for women in the workplace and to look for ways to embrace and value difference in our services.'

But as a leader it is important that we create a positive gender inclusive workplace culture and one that values difference which will then flow into the community we live in. My personal commitment is to raise awareness and promote behaviours that will contribute towards achieving this at Calvary.'

Martin Bowles PSM, National Chief Executive Officer



Wellness Ambassadors

Bullying harassment and resilience training

Calvary strives to provide safe, equitable and respectful workplaces. We aim to attract people who value making a difference and are motivated by the spirit of 'being for others'.

At CHCB, we focus on the development of a positive culture, one where staff can articulate the behaviours consistent with our values and have the skills and resilience to deal with any issues arising in the workplace, particularly whilst we are operating in transition at Parkdale and in the current COVID-19 pandemic environment.

The Safety and Wellbeing Committee undertook a gap analysis against the Victorian Department of Health and Human Services 'Framework for promoting a positive workforce culture: preventing bullying, harassment and discrimination and Workplace culture and bullying' which informed the development of an action plan. This includes strengthening the terms of reference and membership of the committee, capturing trends from performance appraisals and contacts with our wellness ambassadors and developing a suite of indicators to measure improvement in culture. This work includes a staff survey which has been postponed due to the COVID-19 pandemic.

In conjunction with Let's Talk Australia we completed several initiatives, including:

- a survey of staff needs and wellbeing which helped to inform the program;
- delivering twelve 90-minute sessions to all staff on communication and resilience;
- the evaluation of the education sessions showed a significant increase in staff

resilience, wellbeing and communication; and

- implementing the Wellness Ambassador Program, which aims to identify common themes that impact on staff wellbeing within the workplace, provides confidential peer support and promotes staff well-being through targeted activities.

We thank each of our wellness ambassadors, who volunteered for the role and undertook the training required. They have led the following campaigns this year:

- managing anxiety in the midst of COVID-19;
- a remote 14-day meditation challenge;
- exercise tips for wellbeing;
- Laughter is the Best Medicine;
- Are You Keeping Active and exercise tips for wellbeing;
- Brighten up Bethlehem; and
- the Blinding Lights Dance Challenge.

There has also been an increase in staff contacts since commencing this program. Next steps will be evaluation of the program to inform future training and activities.





Pictured from left, the LDC Team: LDC Manager Margarita Makotionina, Piera Cantelmi, Ju Ho Song and Cath McMahon

Learning initiatives driving continual improvement

Our service remains committed to supporting any person who has experienced, or who is at risk of, family violence. This year we continued our partnership with Monash Health in reviewing and implementing policies, procedures and providing education and training for our staff.

The training sessions provide all staff with the opportunity to enhance their knowledge and skills in identifying and addressing family violence. An important aspect of this training is supporting staff in self-care strategies when they are helping a person experiencing violence and abuse. Further sessions are scheduled for the remainder of 2020 and will continue to be an important element of our education calendar into the future.

Program of Experience in Motor Neurone Disease (PEM)

In partnership with the Southern Metropolitan Palliative Care Consortium and MND Victoria, Bethlehem continued to provide placements for experienced palliative care clinicians from across Victoria.

The program commenced in 2011, and nine years on it continues to help participants to provide support, information and resources to health professionals in the palliative care services in which they work and better care for people with MND. Feedback from participants demonstrates that they find the experience extremely valuable.

Program of Experience in the Palliative Approach

The Program of Experience in the Palliative Approach (PEPA) is a program funded by the Australian Government Department of Health. This year, we continued to provide placement opportunities for GPs wishing to broaden their palliative care knowledge. In February 2020, we hosted a workshop for general practitioners who care for people with a life-limiting illness. The workshop, facilitated by Dr Rowan Hearn, Clinical Director of Palliative Medicine, was a great success.

It covered topics such as recognising patients who need palliative care, communicating about end of life issues, advance care planning and assessing and managing common symptoms.





Members of Calvary Health Care Bethlehem's Volunteer Service pictured outside the front of the Parkdale campus at the beginning of the year

Volunteer services

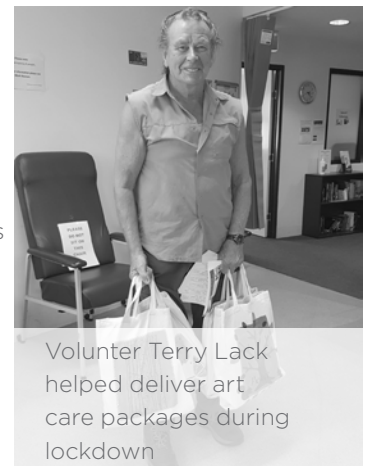
Over the past year, volunteering continued to expand at CHCB until COVID-19 caused a significant disruption, particularly as we needed to minimise the risk of infection and protect the safety and wellbeing of our volunteers.

Highlights for the year included:

- implementation of the General Volunteer Training Program, comprising a broad orientation and training day for both current and new volunteers;
- commencement of a new inpatient skills building program relying on volunteer assistance for activities such as book group, movie club, exercise group and a lunch group;
- competency-based enhanced volunteer training for mealtime assistance run by our Speech Pathology Department;
- development of non-clinical roles to assist some of our departments, such as Quality and Safe Systems, Speech Pathology and Community Development;

- participation in a number of committees and working parties; and
- remote celebrations for National Volunteer Week, including messages from the General Manager and various departmental heads, recognition certificates and a personalised Facebook message to our Bethlehem volunteers.

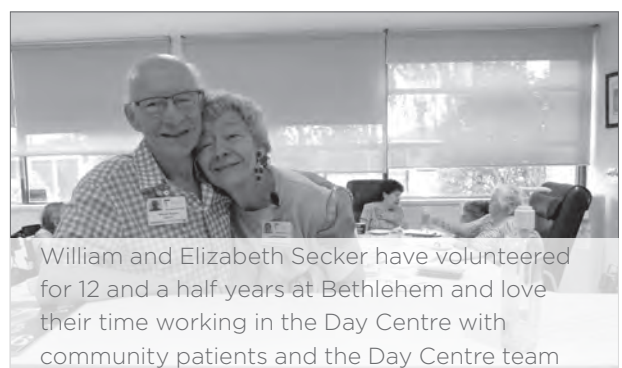
Over a third of our volunteers are well under retirement age and often undertake studies or paid employment as well. Just over a third of our volunteers contribute in more than one role. Thanks to all our volunteers who provide so much to support the health and wellbeing of the many vulnerable people in our care.



Volunteer Terry Lack helped deliver art care packages during lockdown

Volunteer recognition

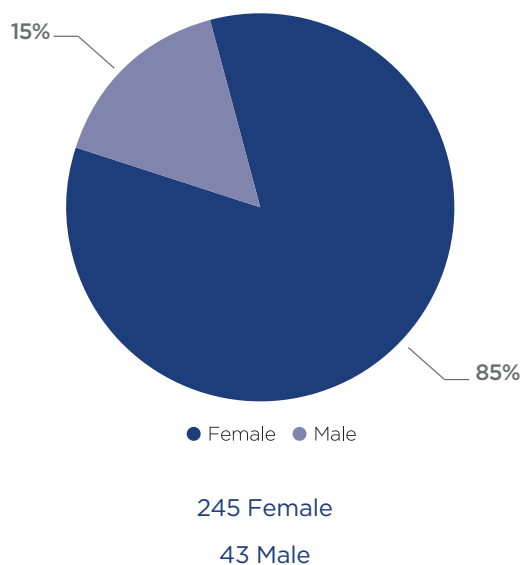
CHCB would particularly like to recognise Lisa Semmens, David Brown and Geoff Healey who each reached five-year milestones with the Volunteer Service this year. They join the ranks of our long-serving volunteers, some of whom have been with us for over 20 years.



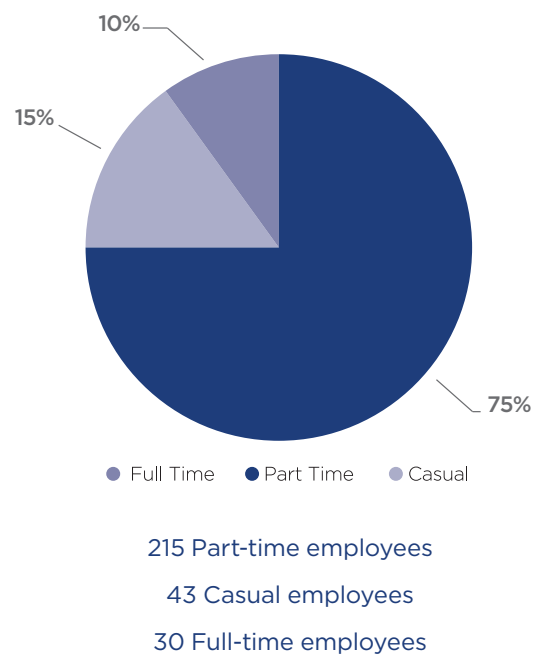
William and Elizabeth Secker have volunteered for 12 and a half years at Bethlehem and love their time working in the Day Centre with community patients and the Day Centre team

Staff profile

Breakdown of staff by gender



Breakdown of employment status



Staff milestones

15 years of service

Ms Eleanor Bajo

Ms Debbie Hardy

Ms Belinda McRae

Dr Paul Talman

Ms Judith Van Opstal

Mrs Mira Varon

Mr Niroshan Wijeyeratne

10 years of service

Miss April Belarmino

Miss Liqing Chua

Dr Katya Kotschet

Mrs Michele Meachen

Mrs Rosina Rosenquist



Executive team

Dr Jane Fischer

General Manager and Medical Director

- Employment duration 18 years
- Executive oversight of the entire health service and responsible to the Little Company of Mary Health Care

Shannon Thompson

Director of Clinical Services

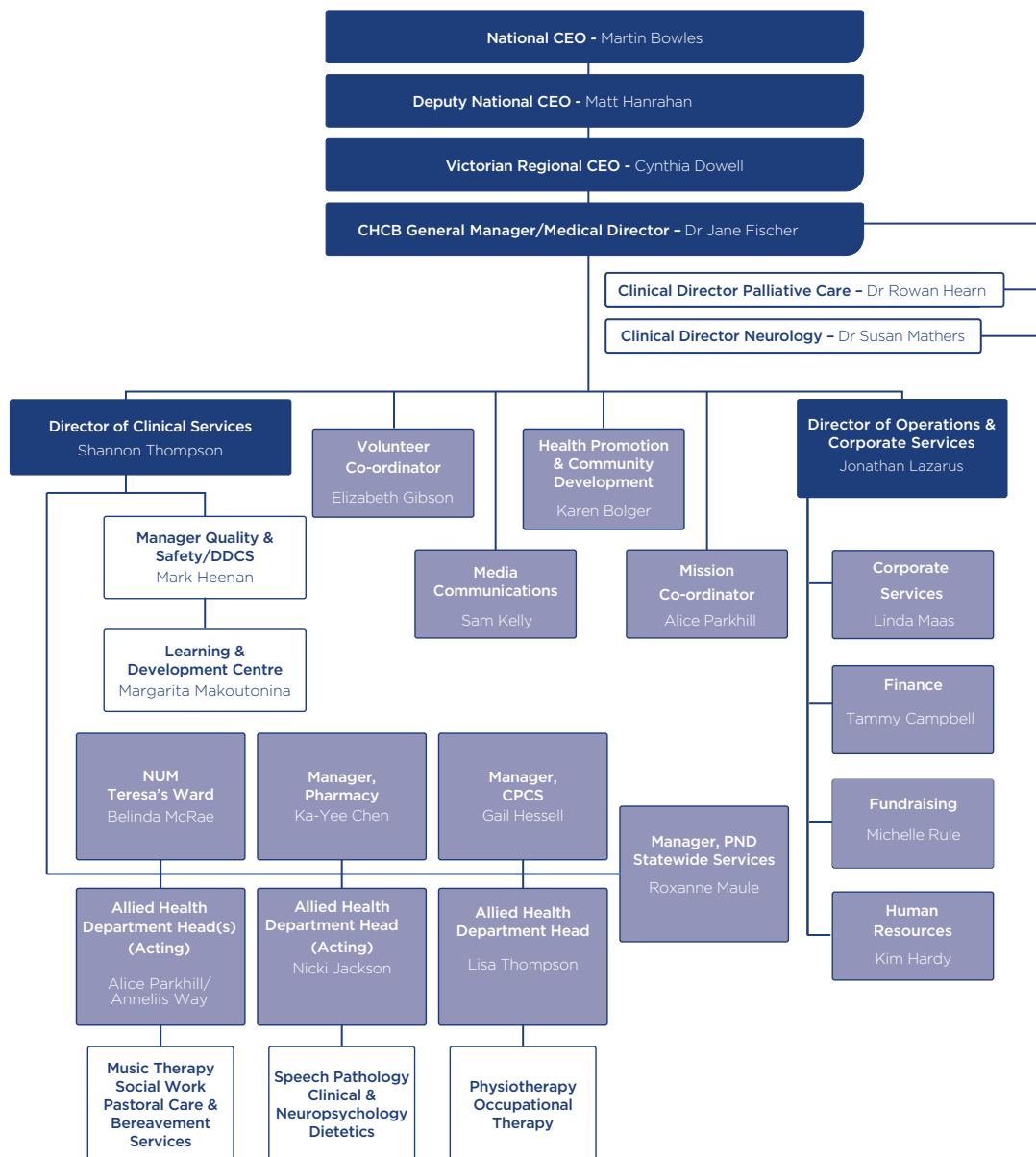
- Employment duration 16 years
- Executive oversight of all Clinical Services, including, strategic and operational direction and achieving effective service delivery across in-patient and ambulatory settings

Jonathan Lazarus

Director of Operations and Corporate Services

- Employment duration - 3.5 years
- Management of Operations including Human Resources, Corporate Services, Health Information Services, Finance and Information Technology
- Executive oversight of service budgets and financial reporting.

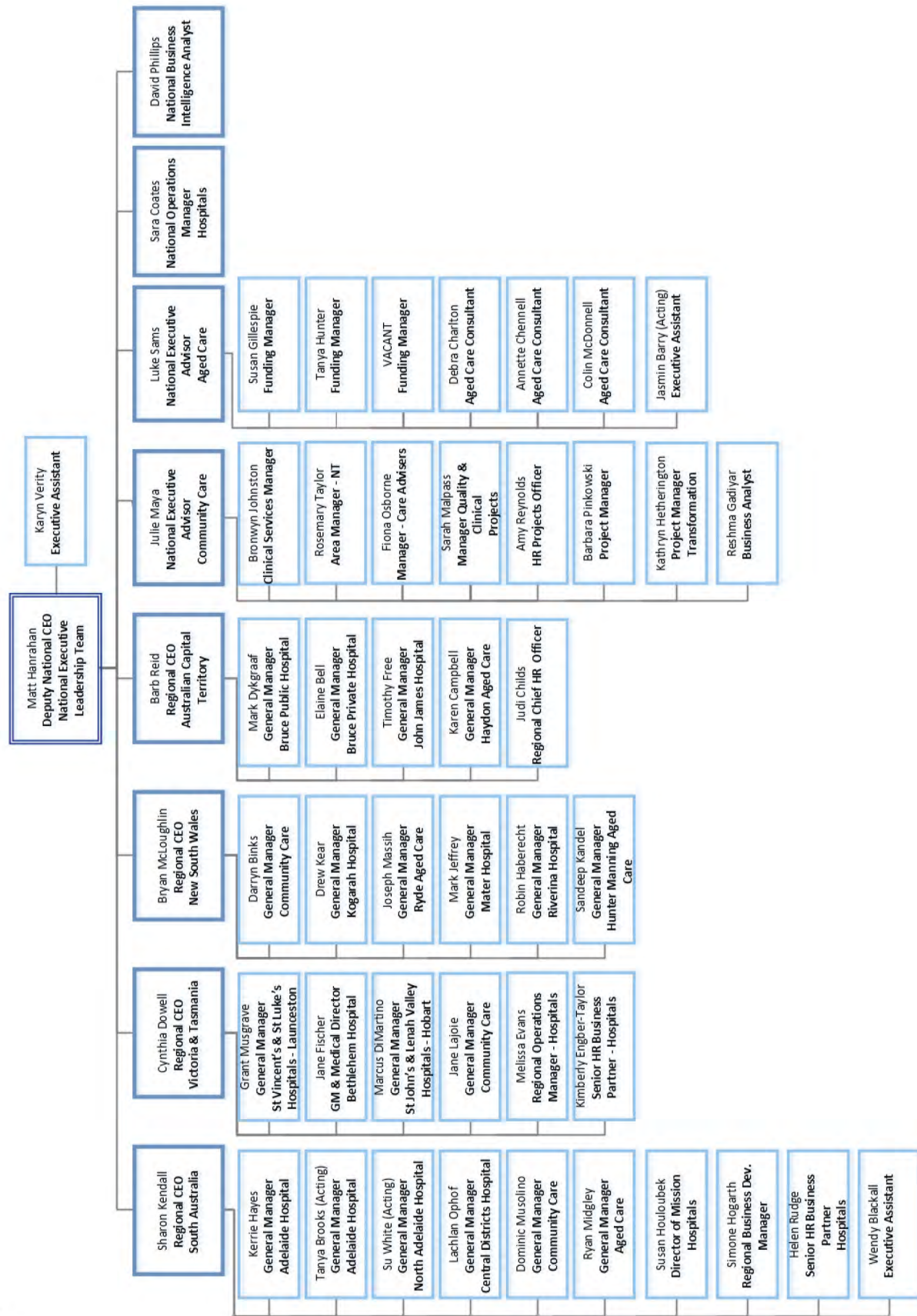
Organisational chart



* Changes 1 July 2019 - 30 June 2020:

Director of Finance & Corporate Services Carlie Kilikas to 10/11/19. Restructure to Director of Operations & Corporate Services.
 Allied Health (Music Therapy, Social Work, Pastoral Care & Bereavement Services) Michelle Whitlock to 22/12/2019. Alice Parkhill/Annelis Way (Acting) 09/12/2019 -
 Allied Health (Speech Pathology, Clinical & Neuropsychology, Dietetics) Nicki Jackson/Janet Benalcazar to 02/02/2020 -
 Allied Health (Physiotherapy, Occupational Therapy) Karol Connors to 23/08/2019. Lisa Thompson 23/08/2019 -

LCM Health Care Organisational Chart



Serving our communities



Serving our communities

Our communities

In 2020, the resident population of the five municipalities we serve is 662,524. Of that number, 2.4% or 15,908 are over the age of 85, with an above average proportion of the population aged over 70 years. This is reflected in the last census, which showed that:

- 27% of our elderly population live alone;
- 32% of people were born overseas; and
- 14% of the population are aged over 65 years; and of these 40% are from culturally and linguistically diverse backgrounds;

48% of admitted patients in 2019–20 were in the 70–89 age group, compared to 68% of such patients in 2018–19. 11.5% were aged 80 and over. The majority of our palliative care patients reside in the areas immediately surrounding CHCB, with 65 % of patients living in Kingston or other adjacent local government areas.

The local community is aging and is from diverse ethnic and cultural backgrounds. There is a significant Greek and Jewish community in our council areas with Italian, Asian and Russian cultures also well represented. In 2020, after English, Mandarin is now the second most common language spoken at home.

The top 12 countries in terms of place of birth recorded at admission in 2019–20:

Country	Admissions	Proportions (%)
Australia	345	61.5
England	30	5
Greece	22	4
Italy	14	2.5
New Zealand	9	1.5
Malta	8	1.5
Sri Lanka	7	1.25
Poland	7	1.25
Portugal	6	1
India	6	1
China	5	1
Egypt	5	1
Other birthplaces	97	17
Total	561	100

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

Our community 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 2019 was 662,524. 2.4% or 15,908 of those are over the age of 85.

1. Mandarin

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

2. Greek

3. Russian

31.7%

of people were born overseas.

27%

of our elderly population live alone

2.4%

of the population are aged over 85



Health promotion

Promoting awareness, connection and preparedness

We are now in the second year of implementing our Community Engagement and Community Development Framework 2018–21. Activities undertaken in 2019–20 have included:

- participation in Bayside City Council's R U OK Day Community Forum and Central Bayside Community Health Service's Dying to Know Day;
- the Community Engagement Campaign that encouraged the remembering of loved ones on All Hallows Eve (Halloween); and
- the CHCB Open Day attended by 100 staff, patients, families and local community members.

The COVID-19 pandemic resulted in the cancellation of our face-to-face Ambassador Training Program and two of our planned community engagement events. However, we re-launched an online version of our Ambassador Training program in early June 2020 and plan to hold a modified community event as soon as social isolation conditions allow. The global pandemic has heightened community awareness of mortality, the power of community action, and the value of preparedness. Helping people to care for each other during serious illness, disability and dying has never been more important.



Open Day highlights

Open Day 2020 focused on sharing information and resources with our community about living well with illness, dying and grief. The event was opened by our Enrich patient choir and followed by lightning talks, interactive activities, wellbeing workshops, resources, live music, a sausage sizzle and an ice-cream truck. We especially thank **Beauty on the Park**, who provided a free make-over for some of our patients, families and staff, and the Ormond Ice Creamery, who offered discounted ice-creams for everyone to enjoy.

By sharing an ice-cream or listening to music together, Open Day offered attendees not just the opportunity to learn about living well, but to experience it. Patients and families stood alongside community members, talking, laughing and sharing stories, not as sick or well people, but as people enjoying life to its fullest.



Icon 2020 Calvary Health Care Bethlehem Golf Day

Calvary Health Care Bethlehem held its inaugural Golf Day on the 24 February 2020, with 15 teams enjoying breakfast, lunch, competitions and 18 holes of golf at the National Golf Club, Long Island. It was a successful event, raising \$10,377 in total. All funds raised went towards supporting people with a life-limiting illness to live well.

Icon was the major sponsor of the event, with Erilyan, Prestige Inhome Care, Frontier Software and John Kennedy Plumbing and Building Services sponsoring four of the holes. We thank these organisations for their generous support and the individual captains responsible for organising their teams.

We would also like to thank Kevin Halpin and the members of the Community Advisory Council who worked closely with our Corporate and Community Development Team to manage a highly successful day. Many players expressed interest in attending again in 2021. The plan is to hold another corporate golf day as soon as we can do so safely.

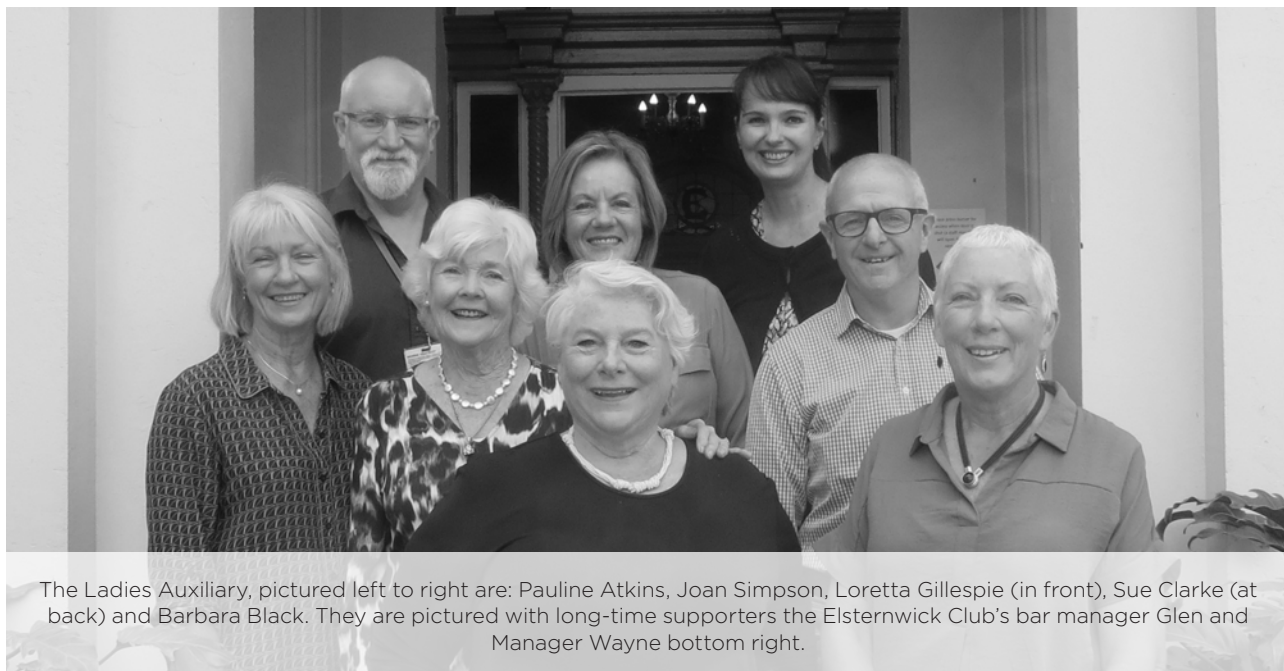
Community Advisory Council Report

The CHCB Community Advisory Council (CAC) consists of a small number of professionals who volunteer their time and energy to help us build our Friends of Bethlehem network. Together we extend community awareness of the work at CHCB and build a community that supports those people with life-limiting disease.

The CAC helps to organise a number of activities that assist us to raise community awareness, however some of their activities were curtailed this year due to the COVID pandemic. The Council still managed to host two breakfasts in the first half of this financial year and on 24 February, they partnered with the CHCB Corporate and Community Development team to coordinate the inaugural CHCB Charity Golf Day at The National Golf Club (Long Island) in Frankston.

The CAC has also assisted the team at CHCB to establish a new format for the CHCB Ladies Card luncheons, following the retirement of our Bethlehem Ladies Auxiliary in late 2019, however due to the COVID pandemic, there were no luncheons in 2020. It is hoped that the luncheons will reconvene in 2021.

We always welcome people 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



The Ladies Auxiliary, pictured left to right are: Pauline Atkins, Joan Simpson, Loretta Gillespie (in front), Sue Clarke (at back) and Barbara Black. They are pictured with long-time supporters the Elsternwick Club's bar manager Glen and Manager Wayne bottom right.

Calvary Health Care Bethlehem Ladies Auxiliary

Every two months for the last decade, the CHCB Ladies Auxiliary has hosted popular card lunches (including bridge, solo and mahjong), raising much needed funds to directly support our programs and enable the purchase of vital patient equipment. At the end of 2019 the ladies decided to retire so they could spend quality time with their families. Their final gift was \$8,260 and this donation is supporting our community development work.

CHCB would like to thank Loretta Gillespie (President), Pauline Atkins (Treasurer), Joan Simpson, Sue Clarke, Barb Hutchison and Barb Black for their outstanding contribution to CHCB over many years. We also thank The Elsternwick Club for donating the venue and Victoria Golf Club for providing equipment to support the card days. Thanks to all the ladies who attended these events and made a donation or donated raffle prizes.

Over many decades, CHCB has been very fortunate to receive support from a variety of auxiliaries. These groups were community minded, demonstrating a deep commitment and strong passion to support their local hospital. They were highly successful fundraisers and CHCB would like to take this opportunity to thank every member past and present for their generosity and years of service in supporting Bethlehem.

Community Palliative Care Service Day Centre

The Day Centre at Parkdale provides community patients with the opportunity to socialise and enjoy group activities such as arts and crafts, music, discussion groups and local outings.



Chinese painting classes with the daughter of a chinese master were particularly popular before the pandemic lockdown required patients to stay at home

Art therapy projects

The unveiling of a stained-glass skylight after two months of work was a highlight of the Day Centre year. Pastoral care staff commissioned the Friday art group to create this piece for the hospital's reflective space and, as it developed and excitement grew, the skylight became a truly collaborative project. The stained-glass skylight was proudly unveiled with a celebratory afternoon tea for all the patients, staff and volunteers involved.



The socially distancing Day Centre Team prepare for an online catchup with community patients



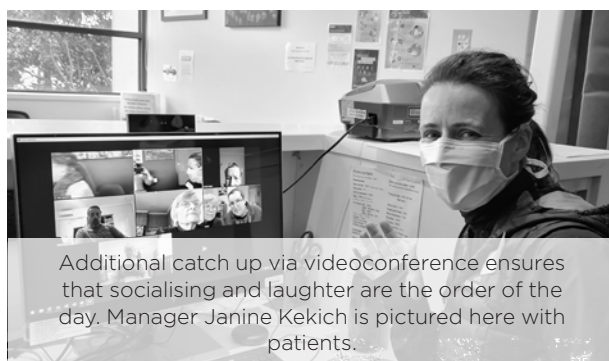
One of the features of Day Centre music days on Wednesdays are performances from invited musicians

Music therapy projects

The Day Centre enjoyed several live theatre performances, and multiple musicians joined the Wednesday group for music therapy. A Christmas lunch for patients and volunteers capped off the year.



Community Palliative Care Community Service (CPCS) Manager Gail Hessel and CPCS Day Centre Manager Janine Kekich (right) pictured putting together care packs for community patients



Additional catch up via videoconference ensures that socialising and laughter are the order of the day. Manager Janine Kekich is pictured here with patients.

Care packages and online events

The decision to temporarily close the Day Centre to ensure patient safety and wellbeing during the COVID-19 pandemic was a difficult one as we responded to Federal and State guidelines and requirements.

We wanted to keep the “care” in healthcare, and so the Day Centre staff produced a regular “care package” for Day Centre patients in isolation at home, enabling them to replicate the activities they ordinarily engage in when they visit the Day Centre. The packages included an art journal to keep the group connected, quizzes, artwork and supplies, as well as other treats, all of which provided patients with a sense of connection, focus and fun in their day.



Rosie drops off an art care package to the home of an appreciative community patient



Pictured turning the first sod at the blessing ceremony are from left: LCMHC Deputy National CEO Matt Hanrahan, Sr Kathleen Cotteril LCM, Monsignor Tony Ireland, Sr Jennifer Barrow LCM, CHCB General Manager Dr Jane Fischer with LCM National Board Chair, Jim Birch

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Blessing the site of the new precinct

Following demolition of the buildings at Caulfield, a formal site blessing and sod turning ceremony acknowledging the forthcoming commencement of construction was held at Caulfield on 19 February. This special event provided an opportunity for the Little Company of Mary Health Care (LCMHC) Board, Calvary Ministries, representatives of the Sisters of the Little Company of Mary, and other dignitaries to acknowledge this important milestone. Following the Welcome to Country and a formal speech by the Board Chair, Mr Jim Birch, Monsignor Tony Ireland conducted the service, with Calvary Executives from national, regional and local levels, along with key figures from the multi-faith community participating in the service.



Andrew Pullar(r) and his wife Jenny (l), pictured with LCM Sister, Sr Pauline Pervan, were special guests at the sod turning for the new Calvary Health and Retirement Precinct held in February

The event gave us the opportunity to reflect on Bethlehem's history and to hear about the difference that our services have made to people's lives over many years. Bethlehem has operated continuously



National Executive Advisor - Calvary Community Care - Julie Maya Calvary Tas/Vic Regional CEO Cynthia Dowell and LCMHC Deputy National CEO Matt Hanrahan,

since 1941 to serve the local community; originally as a private community hospital, then as a medical, surgical and maternity hospital with approximately 30,000 births over 40 years. The hospital first received public funding in the early 1960s for hospice beds and beds for people with multiple sclerosis, which was the beginning of the specialist service that Calvary Health Care Bethlehem is known for today. Bethlehem continued as a public/private hospital until 1981 when the Sisters made the very difficult decision to close the private hospital. From that time the service has been fully publicly funded by the Victorian Government.

We are about to see the realisation of a shared dream, one that most importantly will see a new facility and that reflects the Calvary Spirit in allowing us to be there for the most vulnerable, including those approaching the end of their life. What better way to honour and continue the legacy of the Sisters?

Donations

Fundraising income

Fundraising Stream	YTD total	% of total
Bequests	\$ 1,533,927.34	92
Donation from trust	\$ 30,467.00	2
Direct mail appeals	\$ 42,440.00	3
Equipment & grants donations	\$ 15,529.00	1
In-memoriam	\$ 17,025.20	1
General donations	\$ 31,378.54	2
TOTAL	\$ 1,670,767.08	100

* Other includes general & online donations and workplace giving

Thank you to our generous supporters

Although the world changed dramatically this year, the support from our CHCB donors and the community actually increased and intensified. We would like to extend our deepest thanks and appreciation to all our generous supporters who gave funds, donated products and services and supported

our events. Their generosity enabled the coordination of specialised patient programs and the purchase of vital equipment. We also thank those people who wrote heartfelt messages of appreciation to our staff and volunteers.

Donors

Brian Carroll
John Carroll
Mary Chan
Jenny Dexter
Takis Diakourmis
Catherine Ewart
Dianne Jones
Dr Stephen Alomes
Peter Kelly
Thea Linley
Philip Lovel
Maggie Lowe
Andrew Madigan
Brendan Madigan
Ann Matthews
Dawn McFarlane
Glenn & Josephine Mescher
Christoula Nicolaou
Greg Noonan

Donors (continued)

Tony & Leonie Ryan
Jacqui & Bernard Silverstone
Maureen Steinfort
Sean Stroud
Simon Swaney
Tolli Symeonidis
Carolyn Taylor
Geoffrey Waters
Barbara Watson
Sister Elizabeth West LCM
Peter Woodhouse

Estates

Estate of David James Bleakley
Estate of Alice Catherine Byers
Estate of Rosaleen Maud Jacobson
Estate of Alan Peter Nielsen
Estate of Margaret Presser

Corporate and community organisations

Bayside Companion Dog Training School
Calvary Health Care Bethlehem Ladies Auxiliary
Erilyan
Frontier Software
Glen Eira City Council
Icon
John Kennedy Plumbing and Building Services
Mediterranean Greek Tavern Elsternwick
Prestige Inhome Care
Robyn Rich, artist
Rotary Club of Bentleigh Moorabbin Central
Shannon's Bridge
The Elsternwick Club
Victoria Golf Club

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

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

Dr Jane Fischer, General Manager and Medical Director

Helping CHCB in your own way

There are many ways that you can help CHCB. 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 CHCB 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 22G (Section 6.19) this Report of Operations confirms that details in respect of the items listed below have been retained by Calvary Health Care Bethlehem and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- (a) Declarations of pecuniary interests have been duly completed by all relevant officers
- (b) details of shares held by senior officers as nominee or held beneficially;
- (c) details of publications produced by the entity about itself, and how these can be obtained
- (d) details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) details of any major external reviews carried out on the Health Service;
- (f) details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the

- financial statements and Report of Operations;
- (g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- (k) a list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- (l) details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

As a public health service established under section 181 of the Health Services Act 1988 (Vic), Calvary Health Care Bethlehem report to the Minister for Health and Ambulance Services Jenny Mikakos. 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.



Bequething—leaving a significant legacy for future generations

Margaret Presser, affectionately called Jill (together with twin brother Ron, they were known as Jack and Jill) was very fond of Calvary Health Care Bethlehem, particularly the Day Centre which she regularly attended. She was a very popular member and her passion for art and textiles and her knowledge of embroidery, which she shared with other patients, was greatly appreciated.

Jill was very grateful for the care she received from a number of CHCB services particularly those of the Community Palliative Care Service and the Day Centre, and it was this connection to the organisation that inspired her to make the decision to leave an incredibly generous \$1,688,930 gift in her will.

Jill's nephew Andrew, recently shared his memory of her zest for life; her interesting and rewarding career as a nurse educator, her work helping to manage a hospital in New Guinea and her frequent trips to all corners of the world on different adventures. Together with husband Clem, they were respected sheep farmers in regional Victoria, managing two separate farms and contributing enormously to their local communities. Away from the farm they shared a fascination with geology and gems, a hobby that sustained them and provided for even more adventures.

We are deeply thankful to Jill and Clem for leaving such a generous gift that will have a lasting impact

for future generations of patients and their loved ones. Aligned with Jill's wishes, this donation will be utilised in the redevelopment of the Caulfield site to assist in creating a new Day Centre and therapy spaces for activities that will support our living well program and can be accessed by our patients and those living in the community.

If reading this article about Jill and Clem's legacy has inspired you, please consider updating your will to support Calvary Health Care Bethlehem. Here are some simple steps to assist you.

When updating your will, you can simply 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 152 Como Parade West, Parkdale VIC 3195 for its general purposes. The official receipt of the organisation shall be a full and sufficient discharge to my executor".

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.

Disclosure Index

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 the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
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Ministerial Directions

Report of Operations

Charter and purpose

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FRD 22H	Purpose, functions, powers and duties	p 1
FRD 22H	Nature and range of services provided	Inside cover
FRD 22H	Activities, programs and achievements for the reporting period	pp 14-15
FRD 22H	Significant changes in key initiatives and expectations for the future	pp 14-15

Management and structure

FRD 22H	Organisational structure	pp 42-43
FRD 22H	Workforce data/ employment and conduct principles	p 16
FRD 22H	Occupational Health and Safety	p 18 & p 30

Financial information

FRD 22H	Summary of the financial results for the year	p 16
FRD 22H	Significant changes in financial position during the year	p 16
FRD 22H	Operational and budgetary objectives and performance against objectives	p 16
FRD 22H	Subsequent events	p 16
FRD 22H	Details of consultancies under \$10,000	p 17
FRD 22H	Details of consultancies over \$10,000	p 17
FRD 22H	Disclosure of ICT expenditure	p 16

Legislation

FRD 22H	Application and operation of Freedom of Information Act 1982	p 21
FRD 22H	Compliance with building and maintenance provisions of Building Act 1993	p 21
FRD 22H	Application and operation of Protected Disclosure 2012	p 21
FRD 22H	Statement on National Competition Policy	p 21
FRD 22H	Application and operation of Carers Recognition Act 2012	p 21

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Sister Pauline Pervan (l) pictured with CHCB General Manager Dr Jane Fischer at the blessing of the site of the new Bethlehem Health and Retirement Precinct in Caulfield South in February 2020.

As a special tribute we would like to acknowledge Sister Pauline Pervan, who died on 17th July 2020. For over 35 years, Sister Pauline lived in the LCM Melbourne Community, and throughout this time was closely involved with CHCB in diverse roles, and was appointed Director of Mission until her retirement. Sister Pauline remained a friend and supporter of CHCB until her death, and was excited to know there was to be a new Bethlehem, and that the Mission which she carefully nurtured will continue to be alive for all. She will be missed by many, never forgotten, and is forever part of the continuing story of Calvary Bethlehem. Rest in Peace, Sister Pauline.

Dr Jane Fischer, General Manager and Medical Director, CHCB



Calvary

Health Care Bethlehem