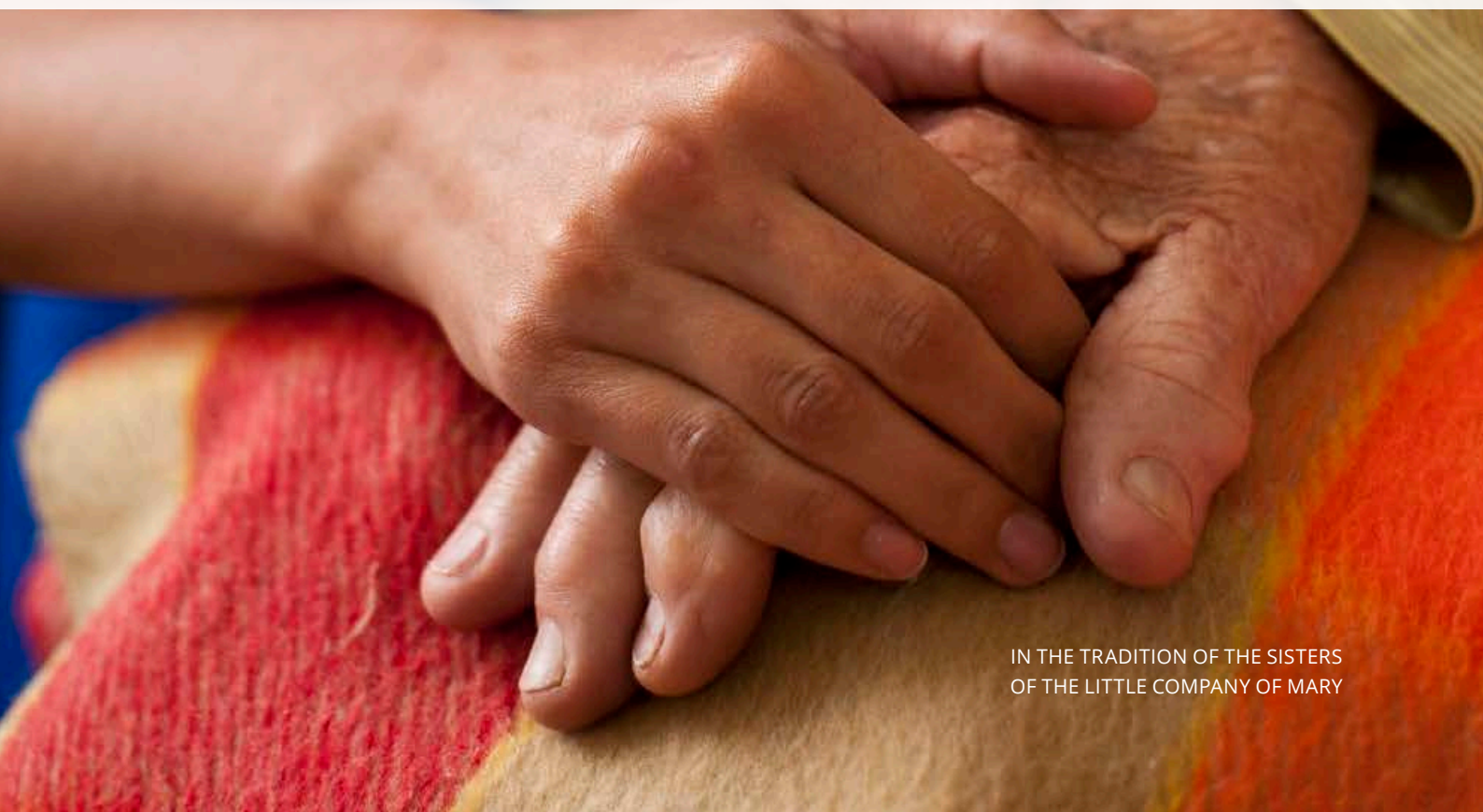




LITTLE COMPANY OF
MARY HEALTH CARE LIMITED

ANNUAL REVIEW

2012/2013



IN THE TRADITION OF THE SISTERS
OF THE LITTLE COMPANY OF MARY

MISSION

The spirit of Calvary – we strive to excel in the spirit of *'being for others'* our mission identifies why we exist.

To bring the healing ministry of Jesus to those who are sick, dying and in need through *'being for others'*:

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

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.

VALUES

Our values are visible in how we act and treat others as stewards of the rich heritage of care and compassion of the Little Company of Mary we are guided by our values of hospitality, healing, stewardship and respect.

Hospitality demonstrates our response to the desire to be welcomed, to feel wanted and to belong. It is our responsibility to extend this to all who come into contact with our Services by promoting connectedness, listening and responding openly.

Healing demonstrates our desire to respond to the whole person by caring for their spiritual, psychological and physical wellbeing. It is our responsibility to value and consider the whole person, and to promote healing through reconnecting, reconciling and building relationships.

Stewardship recognises that as individuals and as a community

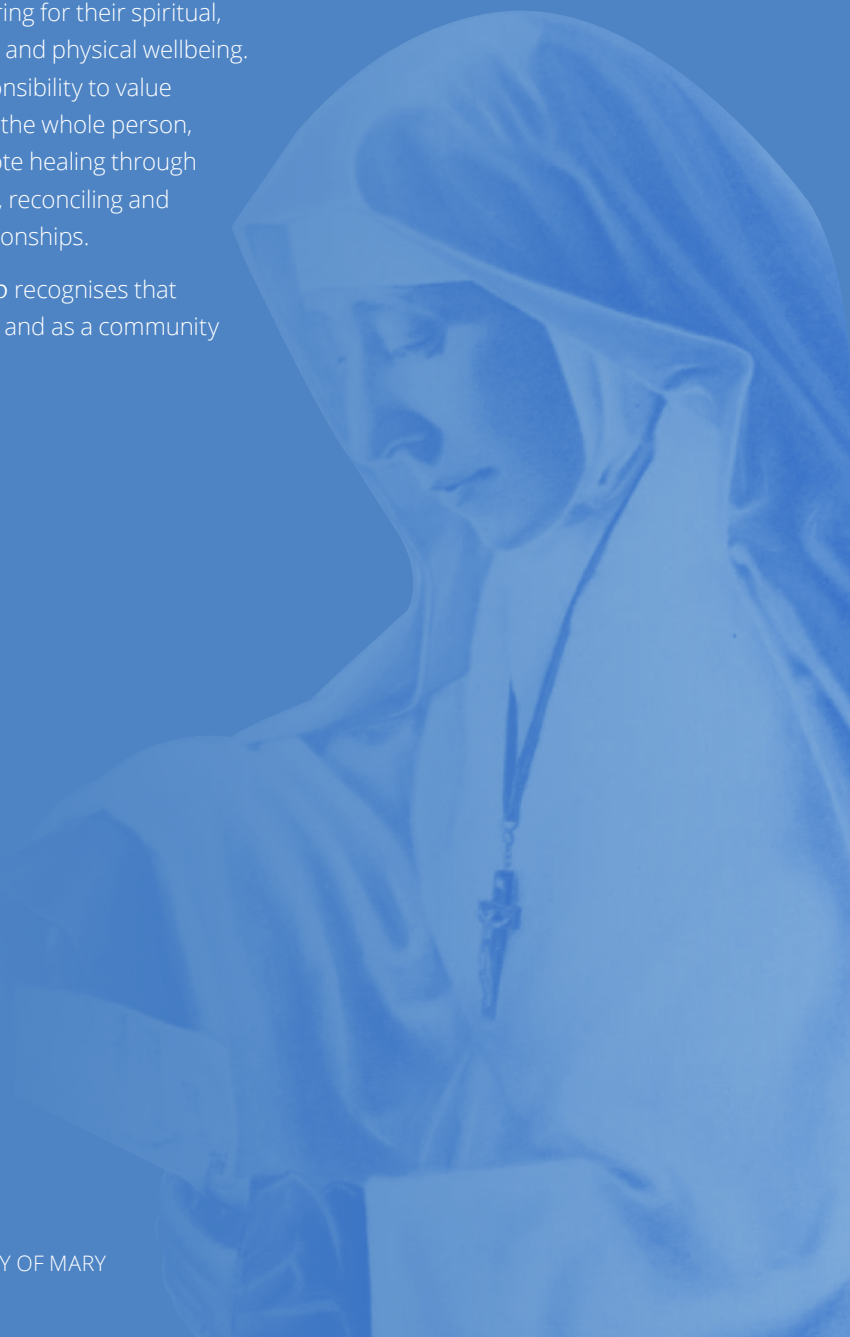
all we have has been given to us as a gift. It is our responsibility to manage these precious resources effectively for the future. We are responsible for striving for excellence, developing personal talents, material possessions; for our environment and handing on the tradition of the Sisters of the Little Company of Mary.

Respect recognises the value and dignity of every person who is associated with our Services. It is our responsibility to care for all with whom we come into contact, with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour that is contrary to our values.

Acknowledgement of Land and Traditional Owners

Holy Spirit, we invoke your blessing on our country. We acknowledge that our services are built on traditional Aboriginal and Torres Strait Islander lands. Those who once lived here and into whose sacred space our forbearers came, changing forever an older way of life.

Bless us all and help us to join our hands and hearts together. Help us to heal one another and the land, so that our lives may flow with harmony and that we may live with love and deep respect.





FOREWORD FROM THE CHAIR OF TRUSTEES CALVARY MINISTRIES

Our praxis... Our way...

In taking up this rich mission and tradition of the Sisters of the Little Company of Mary we continue the journey in the footprints of an extraordinary Calvary ministry of compassionate care.

Through our Catholic health, aged and community care services, Calvary Ministries seeks to expand and make alive Venerable Mary Potter's vision in the 21st Century, creating organisations that are life-giving and filled with hope for the future. In our daily work we respect the sacredness of the gift of life and the value and dignity of all people. Through this distinct care and compassion, motivated by concern for others and in the tradition of the Sisters of the Little Company of Mary, each one of us is able to inspire hope, nurture people who are vulnerable, provide a source of strength and reach out to those who are sick and dying.

We are guided by our values, demonstrated in our daily compassionate care, which is at the heart of *'being for others'*.

The Directors of Calvary Ministries are delighted with the many successes we have achieved this year. I wish to thank each and every person for 'living our mission' and continuing the rich tradition founded by the Sisters of the Little Company of Mary.

I also would like to acknowledge the support of, invaluable expertise and contributions of the Little Company of Mary Health Care Limited Directors, Executive, Clinical, Administrative and Support Staff, our Volunteers and all who play an integral part in the success of our Catholic health, aged and community care system.

You have our prayers and support for the important contribution you make to our ministries.

Bill d'Apice

Chair, Calvary Ministries

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ROLE OF TRUSTEES

The Catholic Church takes great care in overseeing the works done in its name. Health care is one of those works. Religious communities and dioceses have traditionally been the vehicles for carrying out this privileged work of sponsoring the ministry of health care.

However, as the need has arisen, the Catholic Church has created the canonical entity known as a Public Juridic Person (PJP) as another way for this canonical stewardship to be accomplished. Although it sounds as if it is one person, it is constituted by a number of people. They act as the trustees of the work of the Catholic Church in these organisations.

The PJP that has been approved by the Vatican for Little Company of Mary Health Care Limited is known as Calvary Ministries. Calvary Ministries' purpose is to sustain and further the health care ministries originally undertaken by the Little Company of Mary – Province of the Holy Spirit, which are now undertaken by Little Company of Mary Health Care Limited.

Calvary Ministries is to exercise a canonical stewardship role over the Catholic health, aged and community care programs and services intended to improve the health and well-being of the communities they serve. These activities will be conducted in a manner consistent with the teachings and laws of the Catholic Church and guided where appropriate by the charism, spirit and mission of the Sisters of the Little Company of Mary set out in the canonical By-Laws of Calvary Ministries and the *Code of Ethical Standards* as approved by the Australian Catholic Bishops' Conference.

DIRECTORS CALVARY MINISTRIES

MR BILL D'APICE (Chair)

Bill is a partner in the Sydney law practice Makinson & d'Apice. His principal areas of legal practice are property law; commercial law, with a particularly emphasis on corporate structuring, governance and directors' duties; and the law relating to charities and not-for-profits. Bill sits on a number of charity and not-for-profit boards. He was the Director for 15 years of Catholic Church Insurances Limited and its Chair for nine years. Bill is also the Chair of the Little Company of Mary Advisory Council.

MR GARRY RICHARDSON

Garry has had extensive experience as a Chief Executive in the Australian health insurance industry and has also held senior positions in the financial services industry. He was the Chair of Southern Health and Housing Guarantee Fund Limited, Health Super Property Limited and Health Super Financial Services Limited; and a director of Dental Health Services Victoria and the Australian Red Cross Society. Garry held the position of Commissioner of the Private Health Insurance Administration Council for nine years, and chaired the National Blood Authority for four years. He is currently a director of Defence Health Limited. Garry was the Chair

of Little Company of Mary Health Care Board in 2007/2008. He is also a fellow of the Australian Institute of Company Directors.

MS JULIE-ANNE SCHAFFER

Julie-Anne is an experienced non-executive director in the financial services, health and transport sectors. She is a former Telstra Queensland Business Women's award winner, President of the Queensland Law Society, Chair of the Solicitors Board and Deputy Chancellor of the Queensland University of Technology. Julie-Anne Chairs Church Resources and has also chaired RACQ and RACQ Insurance. Her career as a lawyer spans 25 years as a partner in legal professional firms.

SR ANNE SHERIDAN LCM

Sr Anne Sheridan has over 30 years' experience in health and aged care at both a clinical and administrative level. Sr Anne has held positions as Director of Nursing within a number of Little Company of Mary Health Care Limited Services and as Director of Mission at Calvary Health Care Riverina, Calvary Health Care Tasmania and most recently Director of Mission at Calvary Health Care Adelaide. Sr Anne is a member of the Board of Management of The Mary Potter Foundation South Australia and Province Councillor of the Sisters of the Little Company of Mary Australia. She was also appointed to the role as Spiritual Companion of the Board of Calvary Ministries, which commenced on the first of July 2013.

VERY REV. IAN B WATERS

Father Ian Waters is the Parish Priest of two suburban parishes in the Archdiocese of Melbourne. He is renowned within Australia for his knowledge and expertise in

canon law and consults to Bishops and Catholic agencies. Fr Waters is a lecturer in canon law at the Catholic Theological College, East Melbourne. He has served on a number of boards and associated bodies, including the Senate and Academic Board of Catholic Theological College, as President of the Canon Law Society of Australia & New Zealand, and as Chairman of the Melbourne Diocesan Historical Commission. He has been an advisor to the Little Company of Mary on Canon Law issues for a number of years.

MR PATRICK BUGDEN (Executive Officer)

Pat is a Chartered Accountant and was a partner in a Sydney firm for almost 30 years. He held the position as Province Executive Officer for Little Company of Mary Health and Aged Care from 2004 to 2010. Pat also acts as Company Secretary for Calvary Ministries.

SR ELIZABETH GILROY LCM (Spiritual Companion)

Sister Elizabeth Gilroy combines more than 30 years of experience in health care, with 20 years of experience in Spiritual Direction and Counselling Ministry. She holds a Master of Arts, Pastoral Ministry from Boston College and a Diploma from the Institute of Religious Formation, Catholic Theological Union, Chicago. Sr Elizabeth's short biography of Venerable Mary Potter was published by the Catholic Truth Society in 2010. In May 2011 Sr Elizabeth was appointed Spiritual Companion for the Board of Calvary Ministries, Australia. Sr Elizabeth's term as Spiritual Companion completed on 30 June 2013.

MRS MICHELE BLACK (Administrative Officer/ Personnel Assistant)

Michele joined Calvary Ministries in September 2012 and brings to the organisation her experience gained as an office administrator in various industries over the past 20 years.





GOVERNANCE



“Health care depends on people.
Good mission delivery depends
on engagement.”

The Hon. **John Watkins**
Chair, Little Company of Mary Health Care Board

Chaired by The Hon.
John Watkins, the Board
comprises of ten Directors.

Mr Michael Roche (Deputy Chair),
The Hon. Greg Crafter, Mr John
Mackay, Ms Rebecca Davies,
Professor Katherine McGrath,
Professor Peter Ravenscroft, Ms
Brigid Tracey, Associate Professor
Richard Matthews, Mr Patrick
O’Sullivan (appointed 27 March
2003) and Mrs Jane Tongs (resigned
26 March 2013). The Board met

eight times during the year. Three
of the Board meetings were held
at our Services, Hobart (October
2012), Kogarah (November 2012)
and the Australian Capital Territory
(March 2012), giving the Directors
the opportunity to meet staff, visit
our facilities and be introduced to
patients, clients and residents who
come through our Services.



MESSAGE FROM THE CHAIR LITTLE COMPANY OF MARY HEALTH CARE BOARD

The Hon. **John Watkins**
LLB, MA, DipEd, Hon DLitt Macq

As always, it is with great affection that we honour the heritage of the Sisters of the Little Company of Mary and acknowledge that what we have today is only possible because of the incredible work the Sisters conducted for more than 100 years, providing quality and compassionate health care to Australian communities they served. We feel privileged that many of the Sisters live in our facilities today.

We continued to be inspired by the Sisters and in particular by the vision of the blessed Venerable Mary Potter of *'being for others'*. Special thanks must go to the Little Company of Mary Province Leader, Sister Bernadette for her constant support of our work.

I would also like to acknowledge the support and leadership of Calvary Ministries and Mr Bill d'Apice in particular. They play a positive and critical role in the governance of our organisation.

I would like to pay tribute to the hard working Directors of our Board. They fulfil their responsibilities with great professionalism and care. We are very fortunate to have a Board that is made up of outstanding Australians, who have a breadth of experience and mixture of skills relevant to our pursuits. Special thanks must go to Jane Tongs for

her service and dedication. Also, a warm welcome to Pat O'Sullivan, who was appointed as Director in March 2013.

Our organisation is extremely well led by National Chief Executive Officer Mark Doran, who is well supported by an outstanding National Leadership Team and Service Chief Executive Officers across Australia. When we look at where we have come from in the past five years, our financial performance is remarkable. We are in a very strong position, which comes down to great leadership and hard work at every level of the organisation. Through this performance, we can increasingly invest into upgrading facilities, turn our margins back into our Services and ensure we are delivering on our mission by providing the best possible care for our patients, clients and residents.

Health faces challenges and uncertainty because of the aging of our community and the introduction of recent reforms. We need to be ready to take up opportunities by being aware, flexible, ready and willing to go down different paths. I am confident in our ability to do so because that is our history under the Sisters. They were always willing to adapt and take on new challenges

when they arose. We will need to continue to be inspired by that spirit of the Sisters, as we face change.

Calvary will continue to be a leading light in the development of good End of Life and Palliative Care in Australia and that's as it should be. We will also be known for good clinical governance because that is critically important to our future. We need to ensure that people who come into our facilities receive the highest quality of care. Community care through Calvary Silver Circle will continue to be a high priority.

One of the most delightful outcomes this year were our staff engagement results. Although, it is fantastic to build new facilities, health care depends on people. Good mission delivery depends on engagement and these results show our staff are professionally engaged and living the Spirit of Mary Potter. I would like to sincerely thank all staff for their continued dedication and service.

On behalf of the Board of Little Company of Mary Health Care Limited it is with great pride to present the 2012/2013 Annual Review and I invite you to read about our organisation and the works we deliver to the communities we serve.

LITTLE COMPANY OF MARY HEALTH CARE LIMITED

BOARD COMMITTEES

AUDIT AND RISK COMMITTEE

Held five meetings

Mr Pat O'Sullivan (Chair)
(succeeding Ms Jane Tongs) and
Directors Ms Rebecca Davies, Mr
Mick Roche and Ms Brigid Tracey.

Assists the Board in fulfilling its oversight responsibilities by reviewing the integrity and quality of financial information, the processes adopted by management to identify and manage key business, financial and regulatory risks, reviewing the systems of internal controls and risk tolerance that management have established, and monitoring the internal and external audit processes.

MISSION AND ETHICS COMMITTEE

Held four meetings

The Hon. Greg Crafter (Chair) and
Directors The Hon. John Watkins,
Professor Peter Ravenscroft and
Ms Brigid Tracey.

Assists the Board in fulfilling its governance responsibilities by reviewing and reporting to the Board on issues related to mission integration, ethics issues relating to health care research, clinical ethics, business practice and personnel management, leadership development and formation of Board, executive and staff. It also has responsibility for Little Company of Mary Health Care Limited heritage issues and Catholic Health Australia initiatives relevant to mission and ethics matters.

PERFORMANCE AND REMUNERATION COMMITTEE

Held four meetings

Mr John Mackay (Chair) and
Directors Ms Rebecca Davies and
Professor Katherine McGrath.

Provides governance with respect to frameworks to drive performance, including the annual performance review of the National Chief Executive Officer and development of succession plans for the National Chief Executive Officer, National Leadership Team and Service Chief Executive Officers, and to assist with the management of Little Company of Mary Health Care Limited's remuneration philosophy and policy as it applies to Directors and Little Company of Mary Health Care Limited's executives.

CLINICAL GOVERNANCE COMMITTEE

Held five meetings

Professor Katherine McGrath
(Chair) and Directors Ms
Brigid Tracey, Professor Peter
Ravenscroft and Associate
Professor Richard Matthews.

Provides governance with respect to frameworks for clinical governance throughout the organisation and provides assurance to the Board that Little Company of Mary Health Care Limited has a robust framework for the management of key critical clinical systems and processes. It reviews the controls and assurances against relevant clinical risks in order to assure the Board that priority risks to the organisation are being managed.

STRATEGY AND DEVELOPMENT COMMITTEE

Held two meetings

Mr Mick Roche (Chair) and
Directors Professor Katherine
McGrath, Professor Peter
Ravenscroft and Associate
Professor Richard Matthews.

Provides advice to the Board on strategic and development issues, ensures strategic thinking is aligned to the mission of Little Company of Mary Health Care Limited and addresses broader emerging issues in the delivery of health and aged care services. In performing its role, the Committee engages in an interactive strategic planning process with management, including identifying strategic goals and expectations, alignment with mission and reviewing potential major investments, divestments and corporate alliances.

LITTLE COMPANY OF MARY HEALTH CARE LIMITED

BOARD DIRECTORS

THE HON. JOHN WATKINS (Chair)

LLB, MA, DipEd, Hon DLitt Macq

Appointed to the Board and as its Chair on 25 November 2010.

John has been the Chief Executive Officer of Alzheimer's Australia NSW since September 2008. John is a member of the Advisory Committee for the Centre for Emotional Health at Macquarie University and an Adjunct Professor of Law at the University of Western Sydney. He has been Chancellor of the University of New England since April 2013. John worked as a teacher for 16 years until his election to Parliament in 1995 where he served for 13 years, spending 10 years as a Member. He was Deputy Premier when he retired in 2008.

MR MICHAEL ROCHE (Deputy Chair)

BA (Accounting), FCPA, MACS

Appointed to the Board on 23 April 2008 and Deputy Chair on 10 June 2010.

Mick Roche is a consultant working with government agencies and companies who deal with government on a range of strategic management issues. He is a member of a number of public sector governance boards, a director of Maritime Australia Limited and chairs the Pharmaceutical Benefits Pricing Authority. Mick was the Undersecretary for Defence Material in the Department of Defence and has worked at senior levels in Customs, the Departments of Health, Prime Minister and Cabinet, and Immigration and Finance.

THE HON. GREG CRAFTER AO

LLB

Appointed to the Board on 16 November 2006.

Greg was a Member of the South Australian Parliament from 1979 to 1993 and a Minister of the Crown from 1982 to 1993. He held several portfolios including Education, Children's Services, Community Welfare and Aboriginal Affairs, Housing, Planning and Local Government. Greg was admitted to the Bar in 1978 and is a non-executive director of a number of government and private sector boards. In 2008, Greg was appointed a member of the National Catholic Education

Commission and in 2013 as its Chair. He is a member of the Truth Justice and Healing Council and chairs Catholic Health Australia's Bioethics Committee.

MR JOHN MACKAY AM

BA (Admin/Economics), FAIM

Appointed to the Board on 15 November 2007.

John is the Chancellor of the University of Canberra, Chair of the National Arboretum Canberra and a Director of Canberra Investment Corp, Speedcast Pty Ltd, DataPod Pty Ltd and the Canberra Raiders. In 2004 John was awarded an Order of Australia for services to utilities and the community and in 2008 was named ACT Citizen of the Year. He is the former Chairman of ACTEW Corp, ActewAGL, TransACT Communications Pty Ltd, Canberra Glassworks and the Salvation Army Advisory Board.

MS REBECCA DAVIES

BEC, LLB (Hons), FAICD

Appointed to the Board on 25 September 2008.

Rebecca is a director of a range of companies in the financial services, health and music fields and is a facilitator for the Australian Institute of Company Directors. She retired from her position as a partner at Freehills in 2009, where she specialised in litigation.

PROFESSOR KATHERINE McGRATH

MB, BS, FRCPA, FAICD

Appointed to the Board on 26 November 2009.

Katherine is a widely respected health care executive with over 30 years experience in government, public health, private health, clinical and academic posts. Her roles have included Deputy Director General of NSW Health, Chief Executive Officer of Hunter Area Health Service, Professor of Pathology at the University of Newcastle and Group Manager of Strategy and Corporate Affairs at Medibank Private. She was a foundation commissioner on the Australian Commission for Safety and Quality in Health Care. Katherine currently operates a private health consultancy and is a member of the Board of Coronial Advisory Council in Victoria. Katherine originally trained as a haematologist and is a fellow of the Royal College of Pathology of Australasia.

PROFESSOR PETER RAVENSCROFT AM
MB, BS (Qld), MD (Qld), FRACP, FFPMANZCA,
FACHPM, GAICD

Appointed to the Board on 26 November 2009.

Peter is a Palliative Care physician. He is Conjoint Professor of Palliative Care at the University of Newcastle and former Director of Palliative Care at Calvary Mater Hospital Newcastle. Peter was also Area Director of Palliative Care for the Hunter New England Area Health Service. He has been President of the Australian Society of Clinical and Experimental Pharmacologists and Toxicologists, Inaugural Chairman of the Australasian Chapter of Palliative Medicine of the Royal Australasian College of Physicians and Chairman of the International Christian Medical and Dental Association. Peter has contributed to over 100 publications in medical journals and to 14 medical books.

MS BRIGID TRACEY AM
BN (Bachelor of Nursing), Grad Dip Nursing
Administration

Appointed to the Board on 26 November 2009.

Brigid has had a 45 year career in nursing, most recently including 11 years as Director of Nursing at St Vincent's Private Hospital in Sydney. She has been a surveyor for the Australian Council on Health Care Standards and a board member of the NSW College of Nursing and The Australian Council on Health Care Standards, a Trustee of Catholic Health Care Services and a member of the Executive of the Institute of Nursing Administrators, NSW and ACT. Brigid was appointed as a Member in the General Division of the Order of Australia in 2001 for services to Nursing.

**ASSOCIATE PROFESSOR RICHARD
MATTHEWS AM**

Appointed to the Board on January 2012.

Richard is the former Deputy Director General of the Strategic Development Division of NSW Health. Until June 2007 he carried a dual role as Deputy Director General NSW Health and Chief Executive of Justice Health. Richard commenced his career in general practice and was in full time practice from 1979 until 1998. He developed a special interest in drug and alcohol, and worked for many years at St Vincent's Hospital Rankin Court Methadone Stabilisation Unit. He is Chair of General Practice Education and Training (GPET), a director for NEuRA, GPNWS, Alzheimer's Aust (NSW) and sits on the advisory board CHeBA.

PATRICK O'SULLIVAN

Appointed to the Board on 27 March 2013.

Pat joined the Board as a non-executive director and brings over 30 years of international commercial and business management experience. He was the Chief Operating Officer / Finance Director of PBL Media and Nine Entertainment. During this appointment he was also the Chairman of NineMSN, the joint venture between Nine and Microsoft. Before joining PBL Pat was the Chief Financial Officer at Optus Pty Ltd with responsibility for the company's financial affairs including corporate finance, taxation, treasury, risk management, procurement and property. Pat has also held positions at Goodman Fielder, Burns, Philp & Company, and PwC. He is the Chairman of Healthengine.com and is a non-executive director of iSelect and carsales.com Limited. Pat is a member of The Institute of Chartered Accountants in Ireland and The Institute of Chartered Accountants in Australia, and is a graduate of the Harvard Business School's Advanced Management Program. He is an active fundraiser for the charity, Dreams2Live4.

MRS JANE TONGS
MBA, BBus, FCA, FCPA, MAICD

Appointed to the Board on 16 November 2006 and resigned from the Board on 26 March 2013.

Jane is the Chair of Netwealth Holdings Limited and a director of Leadership Victoria, Run, Evans and Peck and Catholic Church Insurances. Jane has previously been the Deputy Chancellor of RMIT, Chair of Australian Alpine Enterprises and a director of Heine, MacarthurCook, Workcover SA, ESSSB, Bayside Health and other companies. Prior to these appointments, Jane was a partner at PricewaterhouseCoopers.





A YEAR IN REVIEW LITTLE COMPANY OF MARY HEALTH CARE LIMITED

Mr Mark Doran

National Chief Executive Officer

Driven by purpose

Becoming a sophisticated organisation with integrated delivery systems that deliver effective, equitable, high quality compassionate care in a safe environment and makes a difference in the communities we serve is our objective. This is our main point of differentiation “making a difference in communities we serve”. This objective is being achieved in a way that reflects our Catholic identity and values of Healing, Hospitality, Stewardship and Respect.

Our purpose continues to be the maintenance or enhancement of the overall quality of life, dignity and well-being of every individual needing care particularly in the most vulnerable times of their life.

As such, we continue to pursue our four strategic aims to:

1. Expand and improve Palliative Care for those with progressive chronic illness and those at the end of life.
2. Sustain the ability of our hospitals, aged care facilities and community services to provide quality and compassionate care in the communities we currently serve.
3. Improve the current delivery system in order to promote effective, equitable, quality care and patient/client safety.
4. Grow, integrate and innovate within our ‘circle of competence’ within the environments in which we operate.

Whilst maintaining and renewing our current assets.

Achieving these goals requires a continued commitment to breaking down barriers between the network segments, acute/ hospitals, aged and community. We strive to be recognised as an

effective and desired provider partner because we developed models of care specifically engineered to meet customer expectations, whilst reducing cost, complexity and risk. This includes the continued development of home and community based services, programs and services that better manage chronic disease and Palliative and End of Life Care. To do this, Calvary through its doctors, nurses, carers and volunteers, work closely with the Local Health Districts, Medicare Locals and other stakeholders to improve patient journeys and reduce the interface issues between the segments of a health network particularly for the older person, mentally frail or those approaching end of life. Partnerships, alliances and understandings with other participants in the care industries are how we believe this will be achieved. This approach suggests that we will through these arrangements produce a valued service that is greater than the sum of its individual parts.

CALVARY’S REGIONAL STRATEGY

To achieve our mission objectives we are implementing regionally based strategies to deliver our integrated model of care, focussing

on Palliative and End of Life Care. This year we undertook discovery and diagnostic projects across three regional areas collecting population and service data around Palliative and End of Life Care for the ACT, Hunter-Manning and South Australia (hospitals, aged and community). The findings of this work pointed to an increasing number of people with serious advanced illness who are at risk of having unmet needs toward the end of life accessing all our Services, across all regions. Our challenge is to recognise early those people who are at risk of having unmet needs to enable provision of high quality, appropriate, and sustainable care at an individual and population level in the communities we serve.

During the year we have also signed an Alliance Memorandum of Understanding with regionally based services in the Riverina. The Riverina Alliance is a collaborative partnership that works to secure appropriate Palliative and End of Life Care for residents of Wagga Wagga and the surrounding districts.

SUSTAINING OUR MISSION

We do not operate to guarantee our existence but rather to meet need. It is worth remembering that our Services operate in many areas that would not attract commercial investment because of unacceptable commercial returns. Any surplus generated is dedicated to pursuing our mission.

As a management team we believe we should be striving to achieve the best commercial results to sustain our operations, fund better integration, grow and innovate in pursuit of our strategic aims. We demonstrate wise stewardship and contribute to social stability in the communities we serve, which requires a strong financial base. Our focus on achieving efficiencies continues through

strict cost management, whilst pursuing improved health fund rates for our private hospitals, particularly in South Australia. Put simply, we are asking to receive similar funding in South Australia to that paid by national health funds in other States. We have made some progress, but our fight for equity continues as there is still a significant shortfall in funding.

Our financial performance for FY13 is solid and keeps our story alive through reinvestment in major projects, such as Calvary Lenah Valley Hospital's theatre redevelopment and new endoscopy unit; and Calvary North Adelaide St. Helens Ward and maternity refurbishment, day surgery and additional theatre. We invested in faith of our ability to be a source of healing with the completion of the Calvary Central District Hospital Cancer Centre. Three other major projects are underway at Calvary Riverina, a rural medical sub-school, drug and alcohol rehabilitation, and specialist palliative care and rehabilitation units. In addition planning and approvals are advanced to build a \$20 million, 60 bed retirement and aged care facility at Muswellbrook, including 35 to 40 independent living units, providing a Calvary hub for the broader community. This is the first new residential aged care and retirement facility in eight years.

THE ROLE OF ICT

We are investing heavily into information technology and this year delivered key projects to build the foundations across the organisation including the delivery of a single payroll system, electronic Health Fund claiming, e-Admission Patient Portal, risk management system and electronic medication management. We rolled out electronic dispensing to aged care and are also looking to further apply technology in service delivery,

through mobility, smart phones and tablet technology; application integration, business intelligence application and Human Resource systems.

OUR PEOPLE

In the 2012/2013 **'Being for Others'** survey conducted by Best Practice Australia, we scored very highly compared to our benchmark partners in the values and behaviour section with 83% of our people saying the Spirit of Calvary exists in their Service. That is "We are always striving to excel in the Spirit of *'being for others'*". Of the 55 questions in the survey, some 51 are above the industry norms. 63% of respondents felt the organisation is **'a truly great place to work'** and this is a higher result than that of the various Sector Norms. More importantly it reflects 50% growth in engagement since surveys began in 2005.

Our strong connection with the communities we serve is also evident in the response from our volunteers; 82% saying they were very engaged with the organisation and have a culture of 'success'. Our patient, resident and client level of satisfaction with our Services is also strong; in particular there was a higher level of satisfaction expressed with Emergency Departments, Day Surgery and our Nursing Homes.

THANK YOU

On behalf of the National Leadership Team, I would like to thank our Chair, the Hon. John Watkins and Board Directors, and the members of the Board of Calvary Ministries for their wise counsel, support and encouragement. It would not have been possible to achieve what we have without the commitment of our people and I thank them for their trust, dedication and delivery.

OUR NATIONAL LEADERSHIP TEAM

Little Company of Mary Health Care Limited National Leadership Team is led by the National Chief Executive Officer Mark Doran who is supported by nine National Directors.

The National Leadership Team represents each of the four Service streams, Public Hospitals, Private Hospitals, Aged Care and Retirement Services and Community Care (Silver Circle), and our support services of Mission, Finance, Human Resources, Clinical Services and Legal, Governance and Risk.

Each Executive is responsible for delivering on our strategic plan and financial results for the four streams.



MARK DORAN
National Chief
Executive Officer

Mark has extensive experience as a senior executive in health and has worked in both the public and private hospital sectors, starting his career as an Administrative Trainee. Mark has worked for Ramsay Health Care and Mayne Health, where he participated in the growth of this organisation from six small facilities to over 50 hospitals. Mark commissioned the 300 bed John Flynn Hospital and Medical Centre on the New South Wales Queensland border, which he managed for seven years. He was also the State Manager for Queensland where he was responsible for up to 15 facilities.



DAVID BERGMAN
National Chief
Financial Officer

David has 15 years experience in the health and aged care sector as a senior executive with demonstrated success in growing organisations. He has a strong focus on business improvement, change management and the development of finance, information technology, treasury and reporting functions. David has also worked in a number of organisations including chartered accounting firms, finance companies and Macquarie Bank.



BRENDA AINSWORTH
National Director
Public Hospitals

Over the past eight years Brenda has focused on health system performance, clinical service redesign and the development of innovative models of care both in NSW and the ACT. Her previous positions have included Director, Health Advisory at Price Waterhouse Coopers, Executive Director, Health Performance Improvement, Innovation & Redesign for ACT Health and Director of Major Projects, Nepean Hospital. She was the winner of the 2010 Telstra Business Women's Award in the ACT for Innovation. Brenda holds a Bachelor in Health Science (Nursing) and a Masters in Management.



ARTHUR YANNAKOU
National Director
Private Hospitals

Arthur is an experienced health care general manager and chartered accountant, with substantial leadership experience. He has over 20 years experience in public and private companies in Australia, the United Kingdom and South Africa. Arthur has held a range of positions in the private health care sector in Australia including Mayne Health and Affinity Health as CEO, Director of Hospital and Regional Manager.



SANDRA CLUBB

National Director People & Organisational Development

Sandra has over 20 years experience in line management and corporate human resource roles in major manufacturing organisations. She has extensive experience working in organisations going through rapid change and growth. Prior to joining Calvary Sandra was part of the Carter Holt Harvey Wood products Australia Pty Ltd executive team and played a significant role in that business establishing itself as the leader in its industry, transitioning employees and merging corporate cultures. Sandra is passionate about driving for positive and safe workplace culture and leadership development. She holds a Bachelor of Business in Strategic Human Resource Management.



LEO TUCKER

National Director of Mission

Leo is an experienced executive working in the areas of Pastoral Care, Mission and Welfare in Health Care, Community Care and Parish settings. He was the Regional Manager Pastoral and Chaplaincy Services at St Vincent's and Mater Health Sydney, has worked for the St Vincent de Paul Society as Regional Centres Manager within the Diocese of Wollongong and later as the Program Manager within the Maryfields Day Recovery Centre. Leo holds a Bachelor of Theology, an Advanced Diploma of Business Management and Graduate Certificate in Catholic Culture and Leadership from the Australian Catholic University, Catholic Health Australia.



SUE HANSON

National Director Clinical Services

Sue has a broad range of experience in management and health executive roles, education, clinical governance and academia in NSW, and in national positions. She has held nursing professorial roles, led the development and national implementation of quality standards assessment programs in Palliative Care, and held an inaugural Area Director of Clinical Governance position in NSW. Sue has worked in Palliative Care in various roles for the past two decades. She is currently the Chair of the Palliative Care National Standards Assessment Program (NSAP) Steering Committee and Co-Chair of the NSW Agency for Clinical Innovation Palliative Care Network.



PHILIP MALONEY

National Director, Legal Governance and Risk

Philip has been in legal practice for 25 years and has worked in several senior in-house legal roles including Regional General Counsel for Thorn Asia Pacific, General Counsel for Stamford Hotels and Resorts, Senior Counsel for McDonald's Australia, Division Counsel for McDonald's Asia Pacific Middle East and Africa (APMEA), Vice President – General Counsel for McDonald's Pacific and Africa Division and Senior Counsel for APMEA. Philip brings a wealth of legal and management experience and has held several directorships and appointments as Company Secretary. Philip holds a Bachelor of Commerce and a Bachelor of Laws as well as several post graduate qualifications.



CHERYL DE ZILWA

National Director Community Care

Cheryl joined Calvary Silver Circle in February 2013 after eight years as CEO of Windermere, an influential Victorian community organisation and was also the CEO of Quality Management Services, a leading accreditation body within the health and community sectors. Cheryl has played a major role in quality improvement and capacity building of community services across Australia. She has also worked with the National Heart Foundation in a senior health promotion role, which gave her a unique understanding of the full spectrum of health and community based services. Cheryl has a varied academic background which includes General Nursing, Bachelor of Education and Masters of Management.



PAUL BRADLEY

National Director Aged Care & Retirement Services

Paul has 24 years industry experience across the public, not-for-profit and private sectors. Since 2002 he has worked in a broad range of executive roles in aged care and retirement. Prior to joining Calvary Paul worked with Anglican Retirement Villages, Sydney where he was instrumental in their strong growth over the previous decade. Paul is passionate about engaging with residents and staff alike and intertwining a strong commercial and benevolent approach in the Christian not-for-profit sector. He holds an honors undergraduate degree, a Masters of Commerce in Valuation and a Company Directors Diploma.

OUR SERVICES

CALVARY PUBLIC HOSPITAL, ACT

Chief Executive Officer Ray Dennis

275 bed public hospital comprising of the Bruce 256 bed Calvary Hospital acute and sub-acute services and Acton 19 bed Clare Holland House public Hospice campuses and specialist Palliative Care Service.

Services: Actively participates in the Territory's surgical services, emergency and critical care services, and mental health services network; and is recognised as the leader of Palliative Care services and research in the ACT. Calvary Public Hospital and the Australian Catholic University collaborate in education and research through the Calvary Clinical School and Calvary Centre for Palliative Care Research located at the Bruce and Acton campuses respectively. Is a teaching hospital with associations to the University of Sydney, Australian National University and University of Canberra; and assists the education and training of medical, nursing, midwifery and allied health professionals.



CALVARY PRIVATE HOSPITAL, ACT

Chief Executive Officer Ray Dennis

73 bed private hospital comprising of 15 bed Women's Health Unit and three beds Calvary Private Sleep Study Service and Hyson Green Mental Health Unit.

Services: Orthopaedics, urology, general surgery, plastics, gastroenterology, ophthalmology, general medical. Hyson Green Mental Health Unit is the only private mental health unit in the ACT offering inpatient, day patient and holistic programs. Women's Health Unit, a 15 bed post natal and women's health unit. Day Surgery Unit that includes a post operative recovery area and patient discharge lounge.



CALVARY JOHN JAMES HOSPITAL, ACT

Chief Executive Officer Shaune Gillespie

Largest 155 bed private hospital in the ACT comprising of 20 bed rehabilitation unit, seven theatres and one procedure room, and Bariatric Centre of Excellence.

Services: Extensive range of general medical, general surgery, vascular, gynaecology, paediatrics, orthopaedics, urology, gastroenterology, thoracic, vascular, plastic, dental, ENT, intensive care unit, maternity unit with level 2 special care nursery. Rehabilitation unit with day programs servicing on average 35 to 40 patients a day including post joint surgery, medical reconditioning and falls prevention programs to reduce readmission to hospital. Is the only Private Hospital in the ACT with a hydrotherapy pool.



CALVARY NORTH ADELAIDE HOSPITAL

Chief Executive Officer Sue Imgraben

153 bed private hospital including 16 bed Mary Potter Hospice.

Services: Inpatient and outreach public and private Palliative Care through the 16 bed Mary Potter Hospice, general medical and surgical, oncology, day chemotherapy, critical/intensive care and maternity.



CALVARY WAKEFIELD HOSPITAL, ADELAIDE

Chief Executive Officer Harold Kok

180 high technology acute private hospital beds, 24/7 emergency centre and Wakefield Surgicentre Day Surgery.

Services: A major tertiary hospital with a strong focus on neurosurgery, cardiac services and orthopaedic surgery. Consulting suites, 24 hour private emergency centre, level 3 ICU, CCU, angiography suite, high dependency unit and the free standing Wakefield Surgicentre Day Surgery make up this comprehensive precinct.



CALVARY REHABILITATION HOSPITAL, ADELAIDE

Chief Executive Officer Kris Salisbury

A modern purpose built 65 bed private hospital.

Services: Inpatient and day patient rehabilitation services including cardiac, orthopaedic, neurological (including stroke), multi-trauma, falls prevention, geriatric assessment, pulmonary and reconditioning and is committed to restoring an individual's quality of life to its optimal level.



CALVARY CENTRAL DISTRICTS HOSPITAL, SOUTH AUSTRALIA

Acting Chief Executive Officer Jeniffer Jelcic

A modern 76 bed private hospital.

Services: Medical and surgical services, including comprehensive cancer care services and specialist consulting suites on site. Located north of the city it is the only private hospital between North Adelaide and Gawler, and provides valuable support to the Barossa Valley and Northern Yorke Peninsula regions.



CALVARY LENAH VALLEY HOSPITAL, TASMANIA

Chief Executive Officer Kathryn Berry

173 bed private hospital.

Services: General medical and surgical services, critical care, maternity and neurosurgery.



CALVARY ST JOHN'S HOSPITAL, TASMANIA

Chief Executive Officer Kathryn Berry

98 bed private hospital.

Services: Palliative Care, general medical and surgical services, day surgery, oncology, ENT and paediatric surgery, inpatient rehabilitation and pain management services.



CALVARY ST LUKE'S HOSPITAL, TASMANIA

Chief Executive Officer Grant Musgrave

73 bed private hospital.

Services: Palliative Care, orthopaedics, ENT surgery, dental surgery, general medical services, chemotherapy and mental health care.



CALVARY ST VINCENT'S HOSPITAL, TASMANIA

Chief Executive Officer Grant Musgrave

75 bed private hospital.

Services: Urology, general surgery, colorectal surgery, plastic surgery, gynaecology surgery, oral and maxillofacial surgery, high dependency, lithotripsy, gastroenterology, post natal care, general medical services and rehabilitation.



CALVARY RIVERINA, NSW

Chief Executive Officer Joanne Williams

104 bed private hospital comprises of 10 bed alcohol and 12 bed drug and illicit drug rehabilitation, and Calvary Day Procedures Centre.

Services: Palliative Care, general medical and surgical, coronary/intensive care, day procedures, maternity. A 10 bed alcohol and 12 bed drug and illicit drug rehabilitation. Calvary Day Procedures Centre is a free standing day surgery centre with three procedures rooms, 13 stage one recovery places and 11 stage two places.



CALVARY MATER NEWCASTLE, NSW

Chief Executive Officer Greg Flint

195 bed public teaching hospital.

Services: Palliative Care services, district and tertiary, emergency, clinical toxicology, coronary care, intensive care, drug and alcohol, general medicine, general surgery, haematology, radiation oncology, and medical oncology. In excess of 340,000 outpatient treatments per year. Provides ambulatory care and inpatient services to the Hunter-Manning and New England areas. A major research facility with affiliations with universities and colleges, particularly the University of Newcastle.



CALVARY KOGARAH, NSW

Chief Executive Officer Karen Edwards

95 bed sub-acute public hospital.

Services: Comprehensive range of multidisciplinary sub-acute inpatient, day-only, outpatient and community based Palliative Care, rehabilitation and aged care and Dementia services. Community services include multidisciplinary palliative care and rehabilitation teams, aged care assessment team, transitional aged care program, equipment loan pool and a range of Home and Community Care (HACC) Funded programs. A teaching hospital with the University of NSW and partners with Notre Dame University as a member of the Cunningham Centre for Palliative Care Research as well as providing multi-disciplinary clinical placements in under-graduate and post-graduate programs for a number of NSW Universities.



CALVARY BETHLEHEM, VIC

Chief Executive Officer Dr Jane Fischer

66 bed sub-acute public hospital.

Services: A leading Victorian specialist Palliative Care service with a state wide role in caring for those with a progressive neurological disease such as Motor Neuron Disease, Multiple Sclerosis and Huntington's Disease. Complemented by ambulatory services which are provided to patients in their home or residential facility or through centre based services such as clinics and day centre for those people who are more mobile. Supports over 4000 patients and their families each year. Currently working to develop a range of affiliations with Universities that supports our specialist role in education, training and research.



CALVARY HOME CARE SERVICES

Operating as Calvary Silver Circle in Victoria, New South Wales, Australian Capital Territory, South Australia, Tasmania, Northern Territory and Tiwi Islands

Chief Executive Officer Cheryl De Zilwa

Services: Home Care Services operates as Calvary Silver Circle, providing a range of services to support people remain living at home and in their communities. These include older people, people of any age with a disability or requiring assistance after hospitalisation or illness and carers. These services assist 10,000 clients each month and includes housekeeping and home care services, personal care, emergency monitoring services, respite care, high and low care packages, mobility assistance, home repairs, maintenance and modifications; and companionship.



CALVARY RETIREMENT COMMUNITY RYDE

General Manager Mary Molyneux

Calvary Retirement Community Ryde is a residential village comprising 111 high and low care beds including a 20 bed dementia unit, and 126 independent living units.



CALVARY RETIREMENT COMMUNITY CANBERRA

General Manager Deborah Booth

Calvary Retirement Community Canberra is a three tier ageing in place residential aged care community that was built in 2003 and includes 100 high and low care beds and 78 independent living units as well as an extensive community care centre.



CALVARY RETIREMENT COMMUNITY CESSNOCK

General Manager Kristin Smith

Calvary Retirement Community Cessnock is a residential aged care community set in extensive grounds in the Hunter Valley, NSW with 216 high care places including 96 dementia care beds. Commissioning of the 80 bed low care hostel took place in 2007.



CALVARY RETIREMENT COMMUNITIES HUNTER- MANNING

General Manager Karen Best

ST JOSEPH'S HOME

Manager Helen Gayner

Situated amidst a tranquil garden setting in Sandgate, St Joseph's Home offers an increased level of high care as well as a dementia secure unit and an ethno-specific unit. Independent living units are also available on site for self-care residents. St Joseph's Home is a residential aged care community comprises of 135 high care beds and 18 independent living units.

MT CARMEL VILLAGE

Manager Maree Gibbs

Located in the heart of Maitland with stunning rural views, Mt Carmel Village provides quality care for residents and offers overnight respite accommodation and independent living units on-site. Mt Carmel Village comprises of 41 low care beds and 14 independent living units.

NAZARETH VILLAGE

Manager Beryl Dollin

Located in the coastal lakeside community of Belmont North, Nazareth Village provides quality care and support to 49 permanent residents, has a dementia secure unit, offers respite and has self-care independent living units available on-site. Nazareth Village comprises 50 low care beds and 18 independent living units.

MT PROVIDENCE VILLAGE

Manager Suzette Connolley

Mt Providence Village is the only low-care, aged care facility in Muswellbrook. Mt Providence Village accommodates 35 permanent residents and also offers respite accommodation and independent living units on-site. Mt Providence Village comprises 36 low care beds and 14 independent living units.

COOINDA HOSTEL

Manager Maureen Kiss

Located in the heart of the beautiful Upper Hunter, Cooina provides quality aging in place care for 33 permanent low care residents and offers a day respite program and overnight respite accommodation.

ST FRANCIS VILLAGE

Manager Noela White

Situated at Lake Macquarie, St Francis Village Eleebana offers respite accommodation and independent living units on-site. St Francis also has a 12 bed dementia secure unit. St Francis Village comprises 52 low care beds and 30 independent living units. St Francis has access to a registered nurse 24 hours a day.

ST MARTIN DE PORRES HOSTEL

Manager Nicole Campbell

St Martin de Porres provides quality care to 41 residents in a home-like environment and also offers overnight residential respite services. St Martin's offers a diverse range of lifestyle options.

ST PAUL'S HOSTEL

Manager Karen McDonald

St Paul's is located in a tranquil rural setting on the banks of the Manning River. It offers permanent accommodation for 40 residents, as well as respite accommodation.

TANILBA SHORES VILLAGE

Manager Lindy Farrelly

Tanilba Shores Village cares for 41 low care residents, offers overnight respite accommodation and 22 independent living units on-site.

EPHESUS INDEPENDENT LIVING UNITS

Comprising of eight independent living units

ST LUKE'S INDEPENDENT LIVING UNITS

Comprising of six independent living units.

TOURS TERRACE INDEPENDENT LIVING UNITS

Comprising of six independent living units.





OUR PEOPLE OUR CULTURE

Mission is like leaven in bread. Leaven is the life of bread, it is what makes it rise, makes it look like bread, taste and feel like bread. Leaven is its life source, when you cut a piece of bread you can't say, please take the leaven out or leave it on the side.

We talk about the spirit of Calvary, but what is this spirit? The spirit of Calvary was originally the 'little company' that stood courageously and compassionately in solidarity beside Mary the Mother of God, Mary a mother, who was also caring for a dying son. For us that spirit today is linked to '*being for others*', it is about being present and providing a depth of caring. Being there to listen to, to hear all aspects of the person, to understand their vulnerability, to care for them in the most compassionate way we can.

Cardinal Bernardin, the Archbishop of Chicago in 1995 said "Our

and to be able to give someone a reason to hope during the last days of their life is a tough one. It begs the question how do you give hope and life during this time? This is very tough love, not a soap-opera type love, but an enduring love that is core and distinctive in our 'vocation' at Little Company of Mary Health Care Limited.

We come from all faith backgrounds but connect to the simple values we hold, hospitality, healing, stewardship and respect. These values are very human. They are also imperatives from the Gospels calling us to act and give life to others.

“Love is at the very heart of the depth of compassionate care. What kept the ‘little company’ at Calvary? Love. Love for the vulnerable, love for those that need it at the most meaningful part of their life.”

Our mission is like the leaven in bread – it is an integrated and integral part of us. It is the life force that enables us as a Catholic health, aged and community care organisation; it is our heart. Our mission is founded in the strong and rich heritage of the Sisters of the Little Company of Mary. This heritage did not see mission as something separate to our Services or as something continually imposed. Rather we find mission everywhere, in everything that we do and in every aspect of our care.

distinctive vocation in Christian health care is not so much to heal (physical diseases) better or more efficiently than anyone else, it is to bring comfort to people by giving them an experience that will strengthen their confidence in life. The ultimate goal of our care is to give those who are ill...a reason to hope...in this we find the Christian vocation that makes our health care truly distinctive.”

At Calvary our core mission is care for people at the end of their life. This care is holistic Palliative Care

Compassionate care is the action and the deepest of all care is love.

As Mary Potter reminds us, “If our heart is touched with love for others, we shall be continually moved to pray for them; our thoughts, our actions will be prayers.”

That is our leaven!

National Director of Mission
Leo Tucker

OUR PEOPLE OUR CULTURE

We have a large and dedicated workforce of over 10,000 people who are employed across a broad range of clinical and non-clinical functions. We continue to be a significant employer in the Australian Capital Territory, Adelaide and Regional South Australia, Tasmania, Victoria and New South Wales.

FORMATION

The formation of leaders and staff across the Little Company of Mary Health Care Limited is vitally important in our commitment to service as ministry. Throughout the year a number of formation activities were undertaken for the Board of Directors, National Leadership Team and staff. These included National Office staff mission orientation, Director of Mission orientation and annual retreat, Calvary Community Advisory Board Retreat, and Success of Spirit Life Pilot in Adelaide, which is designed to engage staff in reflecting personal experiences of spirituality. Executive Formation Lamplighter Program, Mary Potter celebrations, Spiritual Care Australia Conference, Catholic Health Australia Governance Conference and Annual Conference, the Executive Conference, Ash Wednesday and November Month of All Souls, where most of our services held memorial masses and services. There are also a number of community programs that enable staff the opportunity to engage and

make a difference within their local community such as assisting the Vinnies Night Van and Mission Beat Patrols.

AN EXTRACT TAKEN FROM 'A HEALING PRESENCE' A STORY FROM 'LIVING THE LCM SPIRIT', LITTLE COMPANY OF MARY

Earlier in the day I had received a call from one of the wards to ask if a dog could visit a patient. The patient to me was a man (under 50) who had been admitted for Palliative Care. He had been diagnosed with a brain tumour at a large tertiary hospital and had requested that he be transferred to our facility to be closer to home and his family.

John was a dog handler for Corrective Services. John's wife had asked the staff if the beloved dog that he handled could come and visit.

Later that morning, I went down to the ward where John was a patient. While I was there, I saw the dog leaving the ward and then I heard the story. It brings tears to my eyes and I remember the staff telling me that even though the dog had not seen his "boss" for many weeks, he knew him immediately.

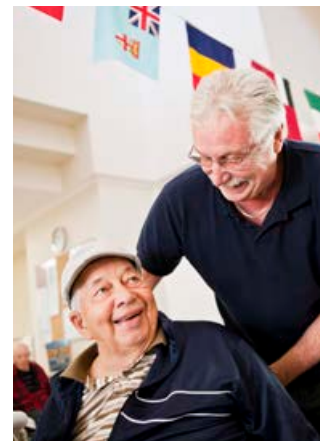
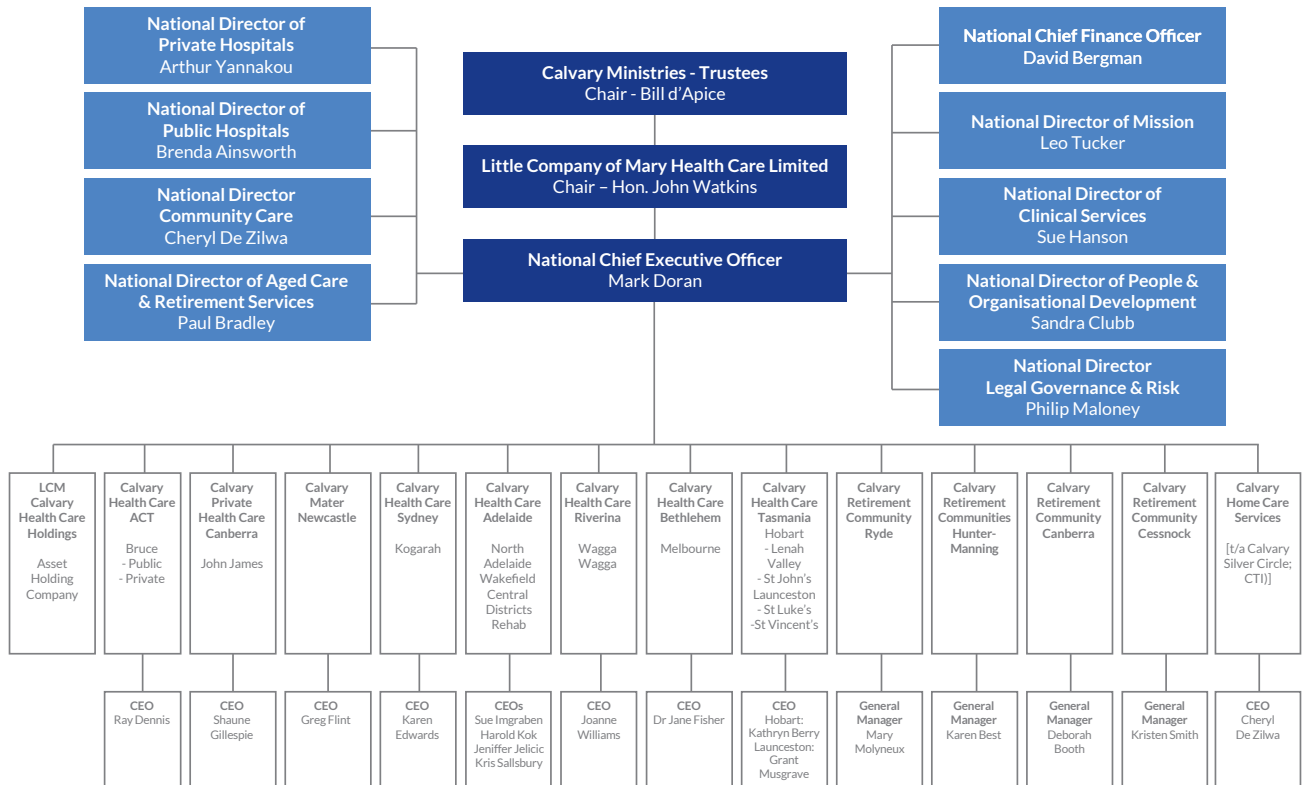
When John opened his eyes, the dog excitedly went over to John and started licking him. The Corrective Services staff (who had brought the dog in), nursing staff, John's wife and family were all in tears at the amazing interaction between this dog and his carer. This was a very special moment for everyone to know that John's last wish was granted, and for me was the healing presence of Christ during John's last hours. He died the following day.

- 35% of our people work in Public Hospitals, 36% in Private Hospitals, 10% in Aged Care and Retirement Communities, 19% in Community Care and less than 1% in the National Office and related areas.
- Community Care employs over 1800 support workers.
- Approximately 84% of the workforce is female.

In 2012/2013 we:

- Welcomed over 5,000 new babies.
- Admitted over 193,000 patients into our hospitals, over 137,500 patients were admitted to our Private Hospitals and over 54,000 patients admitted to our Public Hospitals.
- 109,248 day only admissions and 822,000 days associated with overnight stays.
- Undertook 111,000 procedures.
- 1800 support workers provided one million hours of care and support to more than 10,000 clients and their carers each month. Our clients consisted of clients in receipt of Commonwealth Aged Care Packages, veterans and war widows, older people in other programs or self-purchasing services, people of all ages with disabilities and carers.
- We welcomed 728 new residents across our 981 beds in our 13 aged care facilities, and 28 new residents across our 328 independent living units in 12 villages.

LITTLE COMPANY OF MARY HEALTH CARE LIMITED



A TRULY GREAT PLACE TO WORK

This year's 'Being for Others' Employee Engagement Survey conducted by Best Practise Australia resulted in 63% of respondents saying that the organisation is a **truly great place to work**. The culture of the organisation as a whole is now described as 'in consolidation' at 47% engagement, up on the 2011 result and only three percentage points from an 'ambition culture'. A good result as the organisation expanded by acquiring new aged care facilities, which meant this survey was a first for approximately 900 employees.

Mission related questions scored highly when asked about *The Spirit of Calvary existing within our service*.

We are always striving to excel in the spirit of 'being for others' 83% of our employees agreed as compared to only 61% in benchmark partner organisations. We are very proud of this result as it helps to assure us that the common sense of purpose is alive and embedded in our culture. Areas for improvement exist in communication and ensuring we are resourced to deliver the right care at the right place and at the right time. Action logs are being developed to ensure that these opportunities and more are advanced.

PEOPLE AND PROPERTY FORUM

For the first time the specialists in Human Resources, Learning and Development, Workplace Health and

Safety, and Facilities Management came together in a forum. Across the two day event a lot of subjects were covered including a mock court session run by 'The Brief Group', as real legal prosecutors put our staff through the experience of a trial and tested our systems and processes. The greatest opportunity was to share knowledge, resources and experience across the group during the two days.



Mock Court Session run by The Brief Group and featuring some of our own staff as witness and court officer

DANIEL & ASHLEA'S WEDDING

Until Sunday, 21 July, Daniel Paton and Ashlea Hanson probably never thought very much about Calvary Public Hospital in Canberra. Daniel, a 27 year old lad from Wagga had been diagnosed and was being treated for melanoma.

Whilst the prognosis for Daniel was not good it was expected that his involvement in a clinical trial of new melanoma treatment medication may slow down the effects of his illness. Ashlea planned a weekend away together for them at a rural location a couple of hours from Canberra and over the weekend Daniel's condition deteriorated rapidly, and he was admitted to Calvary Public Hospital in a very serious condition.

Daniel and Ashlea, and their families were devastated to find out that his life expectancy was just days. Their wish had been to get married and in a remarkable display of generosity and

compassion the treating team and people from right across Calvary Public Hospital pulled together (in less than a day) the arrangements for Daniel and Ashlea to be married at 3pm on Wednesday the 24th of July. The arrangements included flowers, a dress for the bride, a camera to video the occasion, as well as a wedding cake and afternoon tea. Family, friends and staff shared the moments as two wonderful young people crammed a lifetime of dreams into mere days and hours.

Daniel passed away on Sunday evening July 28. In one of those unbelievable episodes that life throws up, a varied assembly of people shared a lifetime of emotions and feelings in one week. These remarkable young people have left us with memories that will endure in the history of Calvary and across our community.



LEARNING & DEVELOPMENT

ONLINE LEARNING

The roll out of online learning continued with all private and most public hospitals gaining access, Calvary Silver Circle and Calvary Aged Care and Retirement Services are scheduled for the next financial year. The course library is expanding to meet mandatory training and induction needs and National Safety & Quality Standards. Sites can now monitor compliance reliably via the Learning Management System. Course completions are high with nearly 12,000 completed between January and April 2013.



LAUNCH OF NATIONAL ONLINE INDUCTION PROGRAM

The Calvary National Online Induction Program was launched in May 2013. This has provided all Services with a standardised consistent approach to introducing staff to the mission and values of Little Company of Mary Health Care Limited, its history, expectations of care and behaviours, benefits of working at our Services and how to stay safe in the workplace. The online tool consists of four modules: Welcome, Professional Conduct, Customer Service, and Workplace Health & Safety Fundamentals. It can be self-directed or instructor led dependent upon the audience. The program includes activities and quiz questions to test for understanding.

The system automatically records who has completed their training. It can be accessed from home or work.



PEOPLE SYSTEMS CALVARY CONNECT

A significant investment in a common communication platform (Intranet) across Little Company of Mary Health Care Limited's Services was announced this year – Calvary Connect. Calvary Connect will provide:

- An information architecture to support organisational growth and flexibility to deliver future service and performance improvement initiatives,
- best practice information management eliminating information silos, supporting information findability, reuse and productivity gains,
- a structure and plan for long term governance,
- communication delivery solutions for company news and announcements, aggregation of external news or industry feeds and team-based updates that can be tailored to individual user profiles,
- collaboration and knowledge base site templates to enable staff to manage documents and team activities that are easy to deploy and manage based on business case scenarios, and

- a central point of access to find experts and connect people within the organisation.

GRADUATE TRANSITION TO PROFESSIONAL PRACTICE PROGRAMS

We continued to support the transition of newly graduated registered and enrolled nurses by providing comprehensive Graduate Transition to Professional Practice Programs at most of our sites. Our Graduate Registered Nurse retention rate for 2012 was 83% and we employed 158 new Graduate Registered Nurses.

Little Company of Mary Health Care Limited entered a scholarship partnership with the University of Tasmania in 2012, which has provided 76 nursing staff with the opportunity of completing post graduate studies HECS free. Following negotiations, these scholarships were again made available for nursing staff in 2013 with 100 nurses registered for post graduate studies in their clinical specialities.



WORKPLACE HEALTH & SAFETY

WORKPLACE HEALTH AND SAFETY MANAGEMENT SYSTEM

Over the past year we have put significant work into the development of a national Workplace Health and Safety Management System. This provides significant improvement in consistency and visibility of our safety compliance. It also assists our Services in implementing good safety practices. The development of the Calvary Workplace Health and Safety Management System is now complete and contains 45 Protocols and 47 Checklists/Forms.

AUDITS

During the year internal auditing of Workplace Health and Safety Management Systems continued. As part of South Australia self-insurance licence renewal, WorkCover SA conducted extensive auditing of our Workplace Health and Safety, injury and claims management processes. All identified corrective actions were since closed and our self-insurance licence renewed for two years. The consulting firm 'The Brief Group' were also engaged to audit our national Workplace Health and Safety Management System along with selected aged care and retirement living sites. This audit

was conducted using the National Self Insurance Audit Tool. Calvary Silver Circle have continued their certification to Australian Standard 4801 OHS Management Systems for which SAI Global will conduct annual audits.

SELF-INSURANCE

Through being self-insured, significant improvements in injury management and improved safety performance, our workers compensation costs in South Australia are over \$2 million per annum less than when we were insured under the government scheme, allowing for greater investment into our Services.



TRAINING

We have developed core Workplace Health and Safety training modules that are being delivered across the organisation, including Workplace Health and Safety Responsibilities, Incident Investigation, Contractor Management and Risk Management. Fourteen (14) new Safety Briefs have also been developed. These documents form the basis for training sessions aimed at addressing knowledge gaps for frontline staff and demonstrating essential information dissemination.

PROGRAMS

In health care and service industries manual handling injuries are the predominate cause of injuries within organisations. This is also the case at the Little Company of Mary Health Care Limited. To help reduce the incidents of these injuries a project group has been established to create a manual handling strategy for the organisation. The project group includes representation from across our public and private hospitals. This group have been researching best practice internationally within health care and benchmarking

practices used within other Australian health care providers.

TARGETS

Across the organisation the total number of workers compensation claims has remained static, however the severity of claims continues to fall. Return To Work Target was achieved with 86% of worker compensation claimant returning to duty within 14 days of injury. Calvary Aged Care and Retirement Services achieved a 34% reduction in Lost Time Injury Frequency Rate and a 27% reduction in all workers compensation claims.

SOME OF OUR PEOPLE STORIES

**BERNADINE
MULHOLLAND PSM**
PHYSIOTHERAPIST,
CALVARY PUBLIC HOSPITAL,
ACT

Every day, Bernadine Mulholland contorts and confronts her physiotherapy patients with the challenge to be as fit and active as she is at the age of 81, a leader in her field of physiotherapy for 58 years. It's not just that Bernie is still working full-time in a very physical, hands on job, but that her daily energetic, enthusiastic and experienced contributions inspire her colleagues, her patients and their families, who all marvel that age does not weary her.

Bernadine has been nominated for ACT's State Finalist Senior Australian of the Year 2014.

CARMEN & LILLIAN

Hostel Team Leader Carmen Khouri joined the team at Calvary Retirement Community Cessnock five years ago. It coincided with a traumatic time in her life. Her father had passed away the year before, an event that was followed by her Mum Lillian suffering a stroke. That's hard enough let alone dealing with a new career and raising a young family.

After much consideration, Carmen moved Lillian to Calvary Retirement Community Cessnock's Nulkaba high-care facility, bringing mother and daughter together again. "It was the right thing. It's a gorgeous place. I love the residents – you become their family", Carmen says.



**PROFESSOR
KATHERINE CLARK**
CALVARY MATER
NEWCASTLE

Director of Palliative Care, Professor Katherine Clark was named Leader of the Year at this year's Hunter New England Health Quality and Achievement Awards (Excellence Awards). The annual Excellence Awards provide the opportunity to recognise both people and projects that have made a big difference in improving patient care from across the local health district. Katherine says her success is shared with her team. "It is not possible to be a good leader without an excellent team or without the support that Calvary Mater Newcastle has provided to me over the time I have been in Newcastle."



Left to Right: Glenda Dingwall, Professor Katherine Clark and Melanie Boursnell

DR BERNARD McCLEMENT
DIRECTOR OF
ANAESTHETICS, CALVARY
MATER NEWCASTLE

(Extract from Hunter Wellbeing)

"The Calvary Mater Newcastle is unique in that a large proportion of our workload is cancer surgery, which has its own psychological impact on patients who are facing disfigurement and/or a limited lifespan. Breast and melanoma patients are often younger patients who may have young families, which is an additional emotional burden"

Calvary Mater Newcastle shares Bernard with the John Hunter Hospital where he does 20 per cent of his work.

"I like working at the John Hunter too as it deals with different medical specialties to the Mater. At the John Hunter I work with trauma, emergency, orthopaedics and neuro-surgery cases, and my aim is to improve and maintain our links between the Mater and John Hunter.

"Also, there are a whole lot of local young trainees about to complete their training, and I'm keen to see them hopefully take up positions in this region".

OUR VOLUNTEERS

CALVARY 'BEING FOR OTHERS' VOLUNTEER SURVEY

1,123 volunteers surveyed, 659 respondents, 59% response rate. The result is 82% of volunteers are engaged and have a culture of 'Success'.

Volunteers rated the following questions the highest during the survey:

- There is a climate of 'Trust and Respect' throughout Calvary 85%
- There is a strong sense of success and achievement 'Things are getting better all the time' 79%
- There is a strong sense of purpose and direction 81%
- There is a 'Can do' mentality 82%
- There is high trust in Senior Management 76%
- People are very optimistic about Calvary's future 82% and,
- People are proud of the successes and achievements of Calvary 89%.



CALVARY BETHLEHEM VOLUNTEERS

Every year thousands of individuals, community groups, trusts, foundations and corporations give generously to support the work of Calvary Bethlehem. Their support has contributed to an overall enhancement in the quality of care provided to patients and their families. On behalf of our grateful patients and families we say a sincere 'thanks'.

This financial year, Calvary Bethlehem with the appointment of a new Volunteer Manager has focused on growing the service with the induction of a number of new volunteers from diverse cultural backgrounds. They join a caring and dedicated group of volunteers providing extra care and services to improve the quality of life for patients and their families.

Volunteers contributed to raising community awareness about Palliative Care through their involvement in "Telling our Stories", a National Palliative Care week

morning tea attended by over 150 people from the local community.

Our volunteers blend a wide range of capabilities and experience with the common thread of 'being for others.'

This theme is expressed in a recent letter from the family of a patient who wrote: "[You] should be proud of your doctors, nurses and volunteers who make such difficult times a little easier through their kindness and compassion. They all went beyond what anyone could ever ask".

TAMIS: FEELING GOOD IS A GROWTH INDUSTRY CALVARY MATER NEWCASTLE WIG LIBRARY SERVICE

Five years ago Tamis Charlton, of Rutherford, made the altruistic decision to grow her hair for the sole purpose of donating her locks to a wig-making project known as Pantene Beautiful Lengths. In February this year she started fund-raising for the cause and by April, Today Show co-host Karl Stefanovic had lopped her 1.5 metre pony tail to the floor. Ms Charlton, 30, donated her hair –

now transformed into wigs – to the Calvary Mater Newcastle Wig Library Service. Volunteer hairdresser with the wig library Kim Rossi said "a wig could transform a cancer patient's life. Most patients say that losing their hair is one of the worst parts of the treatment process and, while that does sound strange, we hear it all the time," Ms Rossi said. "But when these people get a wig they change before your eyes, their whole body language changes as soon as they find the right wig, and human hair wigs take this to a whole new level."



Tamis Charlton at Calvary Mater Newcastle, Wig Library Service

FREDDY BIRD - AN EXTRACT FROM 'SHE'S ALL CLASS'

WRITTEN BY AMBER DALE CALVARY MATER NEWCASTLE

The one and only Freddy Bird still boasts her good looks, yet few would believe the former beachgoer is celebrating her 90th birthday this year...You will find the sprightly retiree at Calvary Mater Newcastle Hospital every Monday, warmly greeting visitors and staff while offering tantalising confectionery for the bargain price of one dollar. Freddy is

part of the Hospital Auxiliary that work to raise funds for the comfort of the region's cancer patients and to buy equipment to enhance their care. While days spent volunteering aren't for everyone, Freddy wouldn't have it any other way and is happy to spend her milestone birthday with fellow volunteer friends.



VOLUNTEERS

CALVARY RETIREMENT COMMUNITY CESSNOCK

One family's connection with Calvary Retirement Community Cessnock goes back a long way. Sisters Norma and Helen are volunteers in the café, keeping the customers happy with tasty treats as well as catering for events at the village. Their mum Rita was President of the Allandale Ladies Auxiliary for 25 years, Allandale being the former facility at the site before it became Calvary Retirement Community Cessnock. Rita's sister June, who also helped out in the café, is now a resident at Calvary Retirement Community Cessnock, bringing the connection full circle. The local bonds are strong here. As Norma says, "you know so many people. I've got to the stage where I say 'there's so-and-so's son' and then I say 'no it's not – it's their grandson!'" It seems the connection is set to continue. "When the time comes, this is where I'm going to be – you can dump me

out here any time!" says Norma with a laugh.



Left to Right: Norma Bailey, June Lynch and Helen Thompson

MAUREEN PRICE

VOLUNTEER - CALVARY KOGARAH

Maureen died yesterday, Thursday 21st February she was a volunteer for 73 years. She started when she was 18 years old.

In 1940, at the beginning of the war, Maureen as a young woman volunteered her services as a VAD (Voluntary Aid Detachment). The VAD's attended lectures and obtained their First Aid Certificate and then went on to do the Home

Nursing Certificate. Maureen was then allocated to Lewisham hospital, owned by the Sisters of the Little Company of Mary along with 60 other VADs.

That's where the story started and Maureen has been volunteering ever since. When Calvary Kogarah opened, Maureen was amongst the first volunteers to join the ranks.

Last Friday, just six days before she died, Maureen came up to my office and told me she had been in hospital for the past week but she was back now and that she would start sewing the covers for the urine bags again and toe dryers, as our Occupational Therapists' need an endless supply of these. What an incredible contribution Maureen has made over the past 73 years as a volunteer. We will truly miss this generous and gracious lady and she has certainly left an indelible mark on all those who knew her. I am sure she has reached the heavenly gates; offering to do a few odd jobs up there to help out... that was just her nature.



CALVARY NORTH ADELAIDE HOSPITAL BIOGRAPHY PROGRAM

Calvary North Adelaide Hospital Biography Program, the first of its kind in South Australia, is managed by Volunteer Coordinator Louise Finnane.

The Biography Program has been extended to support Central Adelaide Palliative Care Service offering biographies in the home. This initiative was sought in order to capture the interest of patients in recording their biography before they became too unwell. Louise ran a seminar for two country palliative services, a nursing home facility and continued to support these services in establishing their own program.

Louise has been pursued to speak on radio, present at Rotary functions and hospitals, and been the subject of newspaper articles throughout the year. Louise has also advised and supported Southern Palliative and Modbury Hospitals in developing a biography program.

BIOGRAPHY PROGRAM

MARY POTTER HOSPICE - EXTRACT FROM DARLY'S BIOGRAPHY

"People here at Mary Potter Hospice have been so wonderful to me... God has just truly blessed me along the way. He so truly has. This place here, I was living alone and I got to a stage that I just couldn't cope and I got very sick. Palliative Care got me here and it was touch and go for a while. The doctor didn't know which way I was going to go. But he managed my case tremendously well. They certainly look after me. I am totally at home. Totally at peace and I just love it here."

MY MOTHER'S BLESSING

When my mother was very close to passing on, I went up to Mum's bedside and I said: "Mum I need you to do something for me."

She said: "What is that son?"

I said: "I need your forgiveness."

She said: "What for? There is nothing to forgive."

I said: "Mum, that is from your side but from my side I know all the hardships I have put you through. All the going without that you have done for me. All the times when I was in prison, you were always there for me and you always came to visit me. I need your forgiveness."

She said to me: "Son, if there is anything to forgive, you are forgiven."

And you know I was free from that day forth? I never felt guilty ever since that day. Never have I felt guilt. I have just had that freedom in Christ. That's like me today. I can't hold a grudge against anybody. I'm just a forgiving person. Totally opposite to once upon a time... ha ha!

It's a full life, a full life.

TO BIOGRAPHER VOLUNTEER

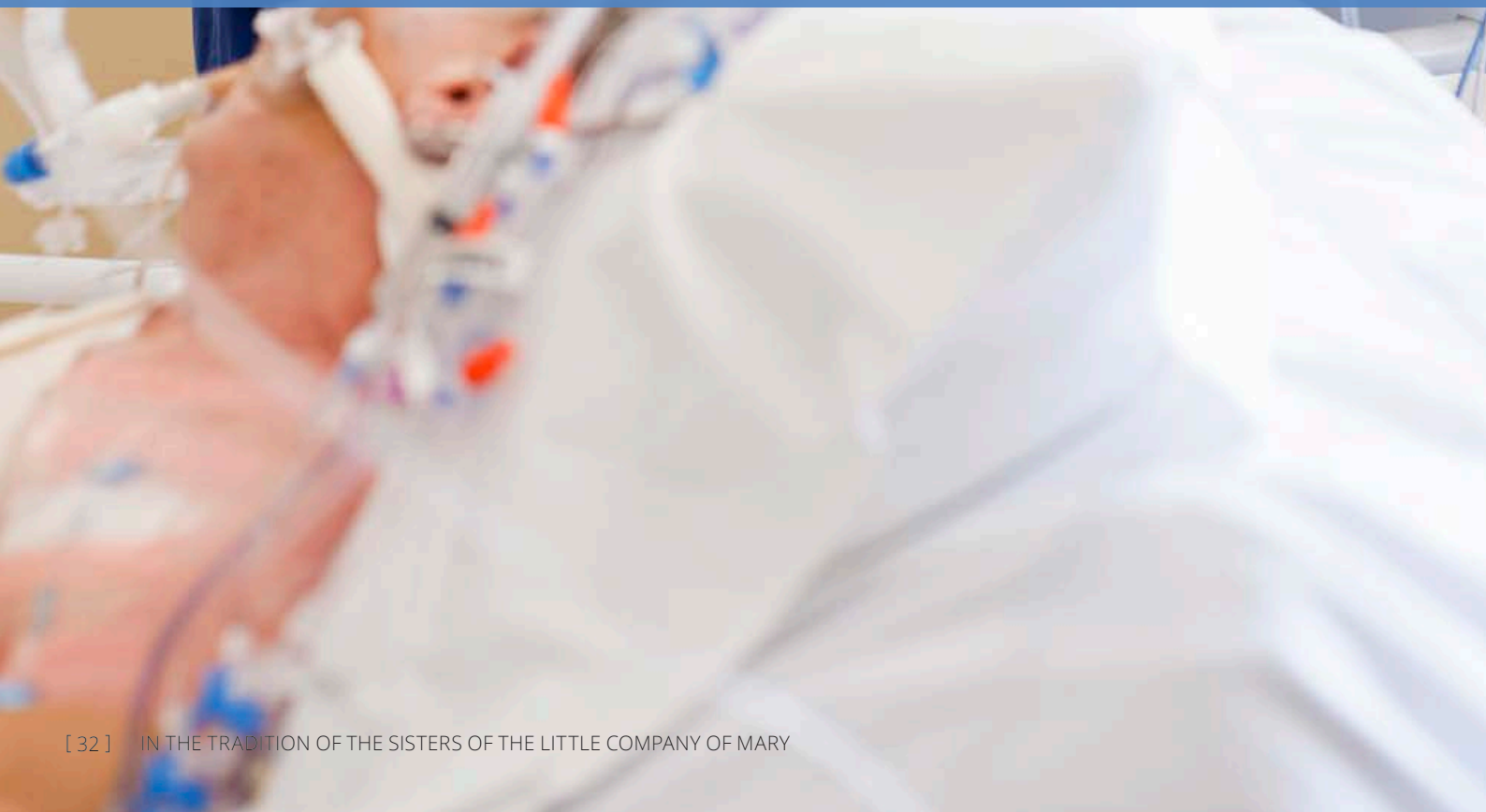
"I'd also like to thank God for you because you have taken time out of your day for me... it is a marvellous thing. You put in the effort and without you I couldn't have told this story. So it has become a blessing... for you, for me and for many others along the way."



In February 2013, Calvary Bethlehem volunteer **Thomas Fong** was awarded the **Rotary Melbourne 2012-2013 Seniors Award** for his work as a volunteer with our health service. Thomas received the award for his commitment to the community, his ability to be a positive role model to Carers and his dedication to make a difference.



EXCELLENCE IN CARE



The primary objective of the Clinical Governance Committee is to provide assurance to the Little Company of Mary Health Care Board that the Clinical Governance Framework and key critical clinical systems and processes are effective and robust.

These key critical clinical systems include, but are not limited to:

- Incident Management and Reporting
- Quality Improvement
- Compliance with National Safety and Quality Health Standards
- Clinical Indicators
- Patient Experience
- Service Accreditation / Certification

In addition, the Clinical Governance Committee will review the controls and assurances against relevant risks on the Clinical Governance Risk Register in order to assure the Board that priority risks to the organisation are being managed. The Committee is authorised by the Board to investigate any activity within its terms of reference. The Board will retain responsibility for all aspects of internal control,

supported by the work of the Committee, satisfying itself that appropriate processes are in place to provide the required assurance. The Committee has decision making powers with regard to the approval of clinical procedural documents. It is established to provide recommendations to the Board on risk management, clinical governance and patient safety issues.

CLINICAL GOVERNANCE

CLINICAL GOVERNANCE COMMITTEE

The Clinical Governance Committee has three core roles: Clinical risk management, improving patient safety, policy development and to provide clinical systems assurance by the proactive monitoring of the National Safety and Quality Health Standards and Service Accreditation compliance.

The operational framework supporting the Clinical Governance Committee governance framework currently consists of a number of working parties and subcommittees based on identified high priority patient, resident or client safety and clinical risks. These include the National Clinical Risk and Accreditation Working Party, National Medication Safety Working Party, National Peri-operative Working Party, National Obstetric Working Party, National Case Management Working Party, National Infection Control Working Party, National Infection Control Risk Assessments and Compliance Program, and the National Aged Care and Retirement Clinical Risk/Governance Committee.

A number of patient safety or clinical practice improvement initiatives were undertaken this year.

OBSTETRICS INITIATIVES

A Clinical Controls Assurance audit of all obstetric units was undertaken using an objective internal Clinical Risk Management Program based on each unit's risk profile. The program measured compliance to standards developed by the National Obstetric Working Party and contemporary professional clinical practice standards as defined by the Royal Australian

& New Zealand College of Obstetricians and Gynaecologists and Australian College of Midwives. Action plans were developed for rectification of any non-compliance until 100% compliance has been achieved in all criteria. A comprehensive eLearning program is in place for midwives and obstetricians to update their competency in fetal monitoring and obstetric emergencies. A national maternity admission package has also been developed to enable consistent clinical data collection.

ELECTRONIC ADMISSION FOR OBSTETRIC PATIENTS

The development and piloting of an electronic admission process for obstetric patients has been trialled at Calvary John James Hospital. Uptake of the program has been positive. The electronic admission process includes a patient risk assessment that is verified by the midwife on admission and is used to facilitate a review of the birth plan with the mother and partner according to the identified risks. This electronic admission process is to be integrated into all obstetric units, and then made available to all surgical patients.

PERI-OPERATIVE INITIATIVES

Little Company of Mary Health Care Limited participates in the nationally published Australian Commission on Safety and Quality National (ACSQHC) Sentinel Event Reporting for the indicator *"Procedures involving the wrong patient or body part resulting in death or major permanent loss of function"*. An extensive review of the minimum clinical practice standards based on the Australian College of Operating Room Nurses

(ACORN) 12/13 standards and each Service's risk profile was undertaken by the National Peri-operative Working Party consisting of each Service's Theatre Managers. Auditing and benchmarking of patient consent procedures is monitored on a scheduled basis for any non-compliance below the 100% benchmark.

FALLS MINIMISATION INITIATIVES

To address the increasing trend of fall incidents the National Falls Working Party reviewed all fall systems and controls in accordance with the ACSQHC National Fall Prevention standard and associated tools are being adopted across all Services. Since implementation in all clinical areas, falls requiring surgical intervention are below national indicator benchmarks.

CLINICAL HANDOVER

ACSQHC National Clinical Handover standard is currently being implemented in all acute clinical areas across our Services with a scheduled full implementation by the end of 2013. Risk and clinical line managers have attended the ACSQHC workshops on implementing the ACSQHC Clinical Handover national tools. This has resulted in a decrease in clinical handover communication related incidents where the handover tool kits have been implemented.

AGED CARE AND RETIREMENT SERVICES CLINICAL OUTCOMES

In July 2012 high risk clinical key performance indicators were identified and collated monthly to establish base line clinical data and aid in identifying areas of potential

risk. Significant improvements in resident outcomes have been achieved in regards to these high risk clinical incidences, falls, medication incidence and aggressive incidences will continue to be focus areas for improvement by the Aged Care and Retirement Services Clinical Governance Committee for 2013-2014.

ACCREDITATION

There are three accrediting bodies used by Little Company of Mary Health Care Limited to achieve service accreditation.

1. International Organisation for Standardisation (ISO-9001) for most of our acute private hospitals and community based services;
2. Australian Council on Health Care Standards (ACHS) for all public hospitals; and
3. Aged Care Standards and Accreditation Agency (ACSAA) for our aged care services.

All services are fully accredited by the respective accreditation agency with no major non-conformances or high priority recommendations.

E-MEDICATION AND E-CARE PLANNING IN AGED CARE AND RETIREMENT SERVICES

The introduction of iCare clinical and iCare e-medication dispensing has provided the opportunity to standardise the clinical documentation and clinical record procedures across Little Company of Mary Health Care Limited's Aged Care and Retirement Living sites. iCare clinical roll out was completed this year with all 12 sites implementing this program. iCare e-medication dispensing roll out has also commenced with implementation in three sites and is expected to be finalised in early 2014.

HOSPITAL BENCHMARKING NETWORK – MYHOSPITALS WEBSITE

Little Company of Mary Health Care Limited public hospitals are participating in the MyHospitals Website, which provides service and performance information for more than one-thousand public and private hospitals.

ALZHEIMER'S PARTNERSHIP AT BELMONT

A dedicated Alzheimers NSW lead and project consultant was engaged to conduct an onsite observational review of the core practices and occupational procedures within the internal environment at Nazareth Village. The purpose of the review was to better support people who

have been diagnosed with dementia living at Nazareth Village, generate a more engaging lifestyle, focus on individuality and promote enhanced citizenship of people with dementia who are living in care, in our community.

This was undertaken using the Senses Framework six senses (security, continuity, belonging, purpose, fulfillment, and significance) and the factors that enable/ disable in the environment. Information was collected through onsite visits, observation and through an audit of policies, care plans and practices. The report has been finalised. The Dementia Advisor is working with Alzheimer's Australia to develop an action plan to implement the recommendations and findings.



COMMUNITY CARE

Calvary Silver Circle has 1,800 support workers, which provide one-million hours of care and support to more than 10,000 clients and their carers each month. There are 22 service centres and six respite cottages/ centres. The range of services proved by Silver Circle include personal care, transport, respite, specialised support for children/adults with a disability, cleaning and shopping, home modifications, home alert – emergency alarm/monitoring, home nursing, overnight care, and 24 hour care.

FOCUS ON PALLIATIVE AND END OF LIFE CARE

Strategy: Expand and improve Palliative Care for those with progressive chronic illness and those at the end of life.

FOUR 'R' MODEL QUALITY CARE AT THE END OF LIFE

The Four "R" model has been adopted by Calvary facilities for people approaching and reaching the end of life, provides a simple framework against which both system and service level strategies and innovations can be measured. It can be applied in all care settings and used to examine critical aspects of the patient journey, ensure that the key components are embedded in care processes, redesign systems and care pathways, redirect the current use of services and address unmet need.

The principles for Palliative and End of Life Care are to provide care as close to home as possible, maximise access to primary care, maximise the use of outreach teams, increase capability within aged care services and minimise care escalation.

The "Four Rs" in the model are to:

- Recognise people approaching the end of life
- Respond appropriately to their needs
- Renegotiate goals of care, and
- Reinforce existing primary care supports and networks

The goal of the model is to improve the experience and care of people

approaching and reaching the end of life, their families and carers.

The overarching objectives are to:

- Facilitate early recognition of people approaching and reaching the end of life.
- Establish systems and process of care to enable effective response to their needs across a range of care settings.
- Organise and equip health, aged and social care teams to respond to the needs of people identified as approaching end of life.
- Establish systems and process to actively engage with people approaching the end of life, their families and carers to understand their goals of care and renegotiate care to remain consistent with those goals and their changing clinical condition.
- Reinforce primary care capacity and capability, respond appropriately and adequately to the needs of people approaching and reaching the end of life, their families, carers and communities.
- Improve coordination of care for people approaching the end of life to ensure that they are able to be cared for at the right time, in the right place, by the right team.
- Use information and data systems to continuously build and reinforce health, aged and community sector capacity to support the needs of people who are approaching and reaching the end of life.

This year a discovery phase has been undertaken to gather and analyse regional Palliative and End of Life Care population data and Little Company of Mary Health Care Limited Service data for the ACT, Hunter-Manning and South Australia. There are an increasing number of people with serious advanced illness who are at risk of unmet needs towards the end of life. The challenge is to recognise these people early enough to enable the provision of high quality care. Regional planning groups are developing regional models of care based on the "4R Model" and individual services are finalising the implementation of Improving Care Local initiatives.

CALVARY BETHLEHEM OPENS DISCUSSIONS WITH THE COMMUNITY TO BETTER UNDERSTAND PALLIATIVE CARE

To mark 2013 National Palliative Care Week, Calvary Bethlehem held a special morning tea at the hospital café to facilitate discussion with the local community and general public about Palliative Care. A panel, which featured a Doctor, Nurse, Little Company of Mary Sister and a Volunteer talked about their different experiences and perspectives of Palliative Care.

RIVERINA PALLIATIVE CARE ALLIANCE

This year a Memorandum of Understanding was signed between Calvary Riverina, Murrumbidgee

Local Health District, Murrumbidgee Medical Local and the Forrest Centre forming the Riverina Palliative Care Alliance. The purpose of the Alliance is to work together to secure appropriate palliative and End of Life Care for residents of Wagga Wagga and the surrounding district.

PAINTING AT PALLIATIVE CARE DAY CENTRE CALVARY BETLEHEM

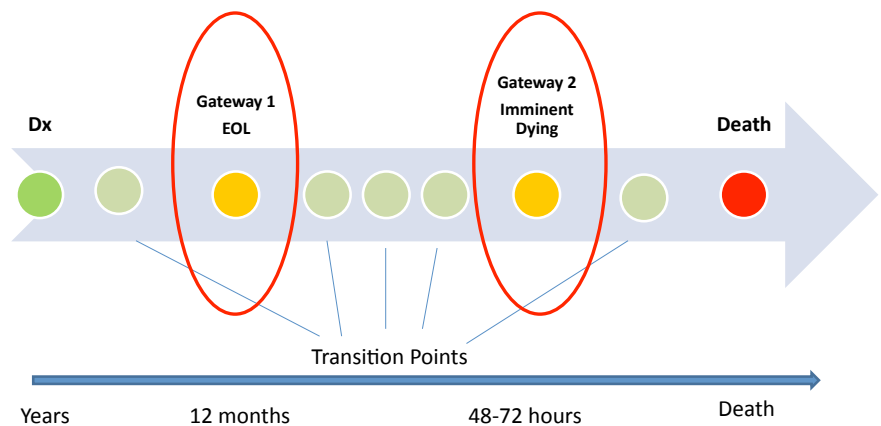
Prema has been coming to our Palliative Care Day Centre for the last two years and loves it. Diagnosed with a progressive incurable illness she says that she loves everything about the centre but particularly the atmosphere of good will and the large number of activities it offers.

Her favourite activity at the centre is painting. Prema states enthusiastically that the Day Centre has changed her life for the better and she would be very unhappy if she were unable to visit the centre on a regular basis.

"Thanks to the Day Centre I have discovered that I have a talent for painting that I wouldn't have known about otherwise!" she said.



A comprehensive system of care



CALVARY GATEWAY MODEL OF CARE

(Extract from Person centred care at the end of life by Sue Hanson National Director of Clinical Services)

Through a collaborative effort of all Calvary Services Calvary developed a 'Gateways Model' to guide the redesign of care in the last year of life. The objective of the model is to ensure patient centred care that is driven by the individual patient's goals, values and beliefs and that optimises our capacity to meet those goals. The value of the model is that it shifts the focus of advance care planning from those last days of life (Gateway 2 - Imminent dying) to the last year of life (Gateway 1).

Moving planning and appropriate care 'upstream' from the point of imminent death has the benefit of more people being able to be cared for at home, for longer and with fewer problems due to anticipating and establishing

contingency based plans in advance for expected future events .

Calvary Gateway Model of Care is based on a concept of advance care planning that is driven by the person's goals of care, their individual choices and wishes. It is applied to the last year of life for those with advanced, progressive illness, generally experiencing associated burden, which is expected to continue or increase over time. Tools that are used to support the implementation of the Gateway Model across all Calvary acute, aged and community Services include a Patient Centred Model of Care (the 4R Model) supported by End of life Screening tools, Goals of Care Discussion Records, Medical Orders for life Sustaining Treatment (MOLST) and common assessment tools.

SOME OF OUR EXCELLENCE IN CARE STORIES

eHealth PROJECT CALVARY PUBLIC HOSPITAL ACT “MISSION ACCOMPLISHED”

Since being selected by the Commonwealth Government in April 2011 as one of a number of ‘second’ wave national eHealth initiatives, Calvary Health Care ACT eHealth team has contributed to over 48,000 people from the ACT and surrounding areas signing up for a Personally Controlled Electronic Health Record, and also assisted 48 General Practice clinics to become active participants in the program. The achievements in respect of consumer ‘sign on’, stakeholder engagement and physical reach (across urban and rural communities through south-eastern NSW) made this eHealth project one for the most successful.

THE HUNTER NEW ENGLAND TRANSITIONAL ALLIANCE DEVELOPMENT TEAM CHARTER

Little Company of Mary Health Care Limited formed a strategic partnership with Hunter Medicare Local and Hunter New England Local Health District by becoming a member of the Hunter New England Transitional Alliance Team, and signing the Transitional Alliance Development Team Charter. The Charter outlines the commitments, key principles and “rules of engagement”.

The purpose of the Alliance is to provide leadership and guidance as the Alliance seeks to improve health outcomes for the areas populations and provide increasingly integrated and co-ordinated health services through clinically-led service development and its implementation. Consideration will be given to impact on the whole of the system, the patient’s outcome and experience, and the best value per resource spent.

PHARMACY WINS AWARDS FOR DISPENSARY REDESIGN FOR SAFETY AND FLOW

In line with generally higher levels of activity at Calvary Public Hospital ACT, the Pharmacy workload in 2012 had significantly increased and so had reported incidents and near misses. The pharmacy department dispensary is the centre of both the pharmacy’s work flow and the hospitals medication distribution system. The existing dispensary design was not meeting our workflow requirements and this was creating problems with space, prioritisation, computer access, distractions and ultimately factors, which created an environment where errors could occur more easily.

A process of mapping the Pharmacy, tracking the physical movement of staff and medications, access to computer and other administrative processes related to medication dispensing and distribution was conducted. This ‘map’, considered against reporting medication incidents and near misses, related the Pharmacy design caused or contributed to errors and inefficiency despite the safety focus shared by the Pharmacy team.

A Pharmacy flow redesign process was undertaken, and included formalising the receipt and triaging process for prescriptions through the use of email colour coded baskets, clarifying the roles of technical staff within the dispensary, and altering the flow of work to a seamless, circular route, without changing the furniture footprint. The project reduced the incidences by half and anecdotally improved the timely access to medications.

The pharmacy dispensary redesign project has received two awards, the ACT Quality in Health Care Award for 2012 in the category of Safety and the 9th Australasian Redesigning Health Care Summit 2013 (safer care- better flow) Poster prize.

EMERGENCY DEPARTMENT RAPID IMPROVEMENT EVENT

Calvary Public Hospital, ACT initiated a ‘Rapid Improvement Event’ (RIE), which involved medical, nursing, allied health, ward support, administration staff and consumer representatives coming together over two days to deconstruct, evaluate and redesign the patient journey for an admission via the Emergency Department. Available data indicated the average wait-time for this to occur was in excess of four hours.

Changes were proposed that would lead to an ‘ideal state’, the various ideas were consolidated and cross-referenced, with best practice and using “lean systems”, new processes were designed, tested, redesigned and tested some more. The RIE group settled on new procedures to be trialled, and then made a collective commitment to immediately implement the agreed plans and to be champions of the new process.

They named the project “<1 hour to bed” and the new patient journey plan was implemented. After 11 weeks the wait-time was reduced to less than 100 minutes (average) and 39 minutes (median time) and will continue to analyse and improve this to less than 60 minutes over the next few months.

PASTORAL CARE

Pastoral care of the sick can be traced to the earliest time in Christian healing and care. This ministry of support provides for the spiritual and emotional needs of patients, residents, families and staff. It is also the expression of our commitment for holistic care, and the living of our mission, vision and values in a person's life journey.

This ministry of support enables reflective listening of life stories, openness to spiritual and emotional needs, through a relationship of trust exploring issues of faith and meaning. This enables sacramental needs and chaplaincy through Catholic Church resources, enabling faith needs through ministry of all faiths and beliefs, providing moments of prayer, ritual and liturgy, enabling those in our care to identify personal interior resources. This strengthens confidence in life and provides advocacy and relationship support.

National Pastoral Care Coordinators meet on a quarterly basis. This time provides space for the Coordinators to reflect on this care and develop strategies to assist. Under the Pastoral Care Strategy the team delivered bereavement packages, presentations to staff on the concepts of Pastoral Care and established a Pastoral Care intranet site. The Coordinators also produced Aged Care brochures, a Supervision Policy and Guide to Education Pathways, and professional development opportunities.

The service of Pastoral Care continually strives to provide a reason to hope, in our mission of healing, hope and nurturing.

PASTORAL CARE INITIATIVES AT CALVARY MATER NEWCASTLE

Mary Ringstad, Manager Pastoral Care Calvary Mater Newcastle, told of the team's involvement in education initiatives throughout the health and wider community of the Hunter-Manning. Groups included Westlakes Palliative Care Volunteer Education Programme, Maitland Palliative Care Volunteers Education Programme, Southern Cross Aged Care Volunteer Education Programme, NSW Volunteers Conference at Tocal, Medical and Occupational Therapy students at Newcastle University, as well as the regular participation in Registered Nurse certificate and Certificate IV, and PEPA courses (Program of Experience in the Palliative Approach). The topics covered included Grief and Loss, Communication at End of Life, Spirituality and Self-Awareness, and Spiritual Care of the Dying.

SPIRITUAL REMINISCENCE PROGRAM CALVARY KOGARAH

As part of holistic patient care at Calvary Kogarah, every patient is visited and assessed by the Pastoral Care Team. During the last year the patient population has altered with the opening of the Mary Potter Dementia Day Care Centre. In order to provide patient centred spiritual care relevant and meaningful to dementia patients, the team have added a Spiritual Reminiscence Program. This program based on research by Professor Rev. Elizabeth MacKinlay embraces each patient as a person of worth with a unique story to tell. Spiritual Reminiscence is a way of

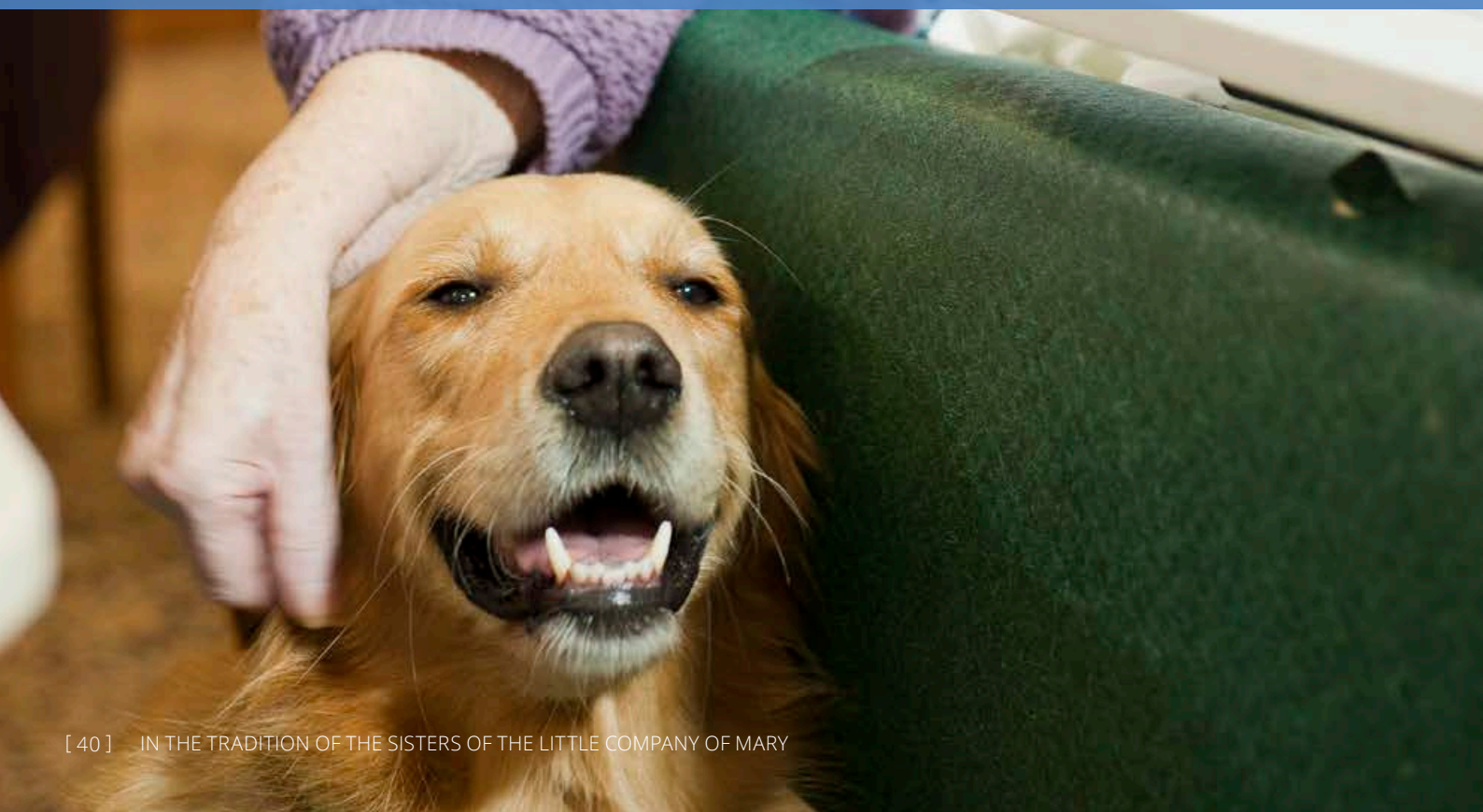
telling a life story with emphasis on how recalled experiences were significant. This process may identify both positive and negative experiences, which caused feelings such as joy, delight, guilt or regret. Exploring these issues in older age can help people reframe these events and come to find new meaning and a new understanding of their personal history.

ASSISTING FAMILIES EXPERIENCING MISCARRIAGE

Calvary Lenah Valley Hospital, Tasmania Pastoral Care team reported significant involvement in a program assisting the emotional and holistic care of families in the event of an early pregnancy loss/miscarriage. This program is aligned with the "Bears of Hope" program, which provides support and care for parents. In this program Pastoral Care is notified of all patients undergoing miscarriage, so that they can liaise with clinical staff as to the most appropriate time to visit. It is seen that emotional support is multidisciplinary and requires a collegial approach. Pastoral Care meets with families and assesses the degree of support required. Pastoral Care also provides follow up services approximately three to four months following admission. These calls also ask for feedback regarding the service and in all the responses have been overwhelmingly positive.



COMMUNITY BENEFIT



We would like to thank our Community Advisory Councils and Auxiliaries across our Services for their dedication and hard work.

Their tireless efforts have raised much needed funds that have been reinvested for the benefit of our patients, residents and clients.

COMMUNITY ADVISORY COUNCILS

- Calvary Health Care ACT Community Advisory Council comprises of Mr Peter McPhillips, (Chair); Mr Gerald Garrity, Mr Robert Gunning, Ms Mary Montgomery, Ms Caroline Hughes and Monsignor John Woods.
- Calvary Mater Newcastle Community Advisory Council comprises of Cathy Tate, (Chair); Richard Anicich, Teresa Brierley, Cathy-Lyn Burnard, Kay Fordham, Sue Russell, Lee Shearer, Steve Tipper and Mark Lock.
- Calvary Kogarah Advisory Council comprises of Mr Michael Tynan (Chair),

Ms Karen Edwards (Chief Executive Officer/Director of Nursing), Brenda Ainsworth (National Director Public Hospitals), Mr Barry Shepherd, Mr John Mulcair, Ms Claire Tynan, Mr Lee Jones and Ms Susan Uhlmann (Director of Mission).

- Calvary Bethlehem Community Advisory Council comprises of Ian Stoney, (Chair); Brenda Ainsworth National Director Public Hospitals, John Coulson, Anne Murphy, Colleen D'Offay, Dr Jane Fischer (Chief Executive Officer/Medical Director), Sr Jennifer Barrow LCM (Director of Mission).

COMMUNITY BENEFIT

Across our Services we undertake Community Benefit activities from delivering day to day operations to outreach programs in our local communities. This financial year, our community benefit has equated to \$2,851,852.

Activities included those undertaken at Calvary John James Hospital who supported the Arthritis Foundation and YWCA Encore program for patients following breast cancer surgery use of the hydrotherapy pool. This included Dental Program supporting dental surgery for disadvantaged children. Staff at Calvary John James Hospital also raised \$16,000 for YMCA to run more Encore Programs during the year.

Community Benefit Projects are also ingrained at Calvary Kogarah where the Palliative Care Gym Program has become a welcome addition to the lives of local Palliative Care patients still living at home. The exercise program for patients with advanced palliative disease is aimed at promoting quality of life for the patients and their carers. This program was commenced as part of Calvary Kogarah's ongoing Community Benefit Program. No alternate program was available in the St George and Sutherland local health district that provides a holistic approach to care encompassing both patient and carer, and providing quality holistic End of Life Care. Other Community

Benefit Projects undertaken at Calvary Kogarah include the use of equipment, which is provided by the Equipment Lending Pool to needy members of the local community and the Driver Assessment Team, which assesses the driving capabilities of many NSW drivers.

Community Benefit initiatives are vital to the mission life of the

Services and in many ways express our vision of providing healing, hope and nurturing to the communities we serve. They also demonstrate in a practical way the 'Spirit of Calvary' and the impact this has in the communities we serve, and in making a difference in the lives of these communities.

COMMUNITY BENEFIT SUMMARY

Little Company of Mary Health Care Limited	Total Reported FY12/13
Calvary Bethlehem VIC	\$157,000
Calvary Kogarah NSW	\$226,000
Calvary Public Hospital ACT	\$101,000
Calvary Private Hospital ACT	\$73,500
Calvary Mater Newcastle NSW	\$690,000
Calvary Riverina NSW	\$151,500
Calvary Health Care Tasmania (Hobart)	\$99,000
Calvary Health Care Tasmania (Launceston)	\$32,000
Calvary Central Districts Hospital SA	\$9,000
Calvary Rehabilitation Hospital Adelaide	\$7,000
Calvary North Adelaide Hospital	\$230,000
Calvary Wakefield Hospital Adelaide	\$264,250
Calvary John James Hospital ACT	\$107,000
Calvary Retirement Community Ryde	\$94,000
Calvary Retirement Community Canberra	\$78,000
Calvary Retirement Community Cessnock	\$171,982
Calvary Retirement Communities Hunter-Manning	\$282,000
Calvary Silver Circle	\$78,620
Total	\$2,851,852

COMMUNITY BENEFIT STORIES

CALVARY MATER NEWCASTLE HOSPITAL AUXILIARY

Calvary Mater Newcastle Auxiliary donated \$198,443 this year, an outstanding achievement for the group, who work industriously for the hospital and its patients. The Auxiliary also won the group trophy for the country auxiliary that raised the most net profit through the year, at the 2013 United Hospital Auxiliaries (UHA) of NSW Annual Conference. The donation takes the total amount of money raised by the Auxiliary to well over \$2 million in 13 years. All monies raised are the result of the Auxiliary's bowls days, mystery bus tours, lolly sales and other initiatives held throughout the year. Treasurer Kay Fordham said "We are proud of what we have achieved and we have managed to purchase some innovative and technically advanced equipment for the hospital." Including the purchase of iPads, high tech video conferencing equipment for the Department of Medical



Calvary Mater Newcastle Auxiliary

Oncology, special children's books for children whose parents have a cancer diagnosis, blanket warming cabinet, iPod Touch, Steris Sterilising Systems, wheelchairs, treatment chairs, IVF poles and more.

CALVARY BETHLEHEM AUXILIARY

The successful handover between the previous organisers of Calvary Bethlehem Ladies Auxiliary to the new team occurred during the year, headed by Loretta Gillespie. The Ladies Auxiliary continues to be an important part of the hospital's

fundraising initiative with this dedicated group of ladies organising card luncheons on a bi-monthly basis for the local community, which are a huge success. The work performed by the Auxiliary has raised funds to purchase much needed equipment and we sincerely thank them for all of their hard work and support over the year. We would like to take this opportunity to acknowledge former President Pat Larman and her team for the wonderful contribution they've made to the success of the Ladies Auxiliary.

ROTARY OCEANIA MEDICAL AID FOR CHILDREN, CALVARY JOHN JAMES HOSPITAL

Honesio, or as he preferred to be called, Ambodi, came to us on his 14th Birthday. Part of the ROMAC (Rotary Oceania Medical Aid for Children) program, Dr Phil Aubin an Orthopaedic Surgeon at Calvary John James Hospital was approached by a surgeon in Timor Leste to see if we could help. Within a day of saying 'yes' the wheels were in motion to bring Ambodi and his mother Marta to be here in time for the day of surgery.

The surgery was to repair a badly-set broken femur that had been seen to two-and-a-half years ago when Ambodi and his brother crashed the motorcycle they were riding. Ambodi's

brother died in the crash and at the age of 12 with a badly broken femur, we can't image the pain the he endured with the alternative treatment he received that eventually didn't work.

As a result, Ambodi's left leg will always be shorter, but at least it is now straight. Ambodi stayed with us for seven days and then began the day rehabilitation program three times a week. His progress has been good. It has been a wonderful opportunity to make such a difference in the life of one so young, with so much ahead of him – and it is easier for Ambodi to navigate now that his leg has been repaired.



MARY POTTER NORTHERN SUPPORT CARE GARDEN PROJECT CALVARY CENTRAL DISTRICTS HOSPITAL

Prior to the commencement of this garden project, the patients, many at the last stage of their lives hospitalised in the five bed Mary Potter Northern Supportive Care Unit looked out through their windows to an undeveloped, never previously landscaped gardens with a view of the adjoining houses to the hospital. The outlook was bleak!

Calvary Central Districts Hospital in partnership with Northern Futures and TAFE SA have been involved in several collaborative projects to support local members of the northern community to achieve TAFE certificates in horticulture, landscaping, engineering etc. The Mary Potter Northern Support Care Garden project received both state and federal funding and Calvary Central Districts Hospital provided materials, a worksite and nutritious meals for all participants who attended daily. Many of the participants are long term unemployed, some with disadvantaged backgrounds, some with poor numeracy and literacy skills.

Acting Chief Executive Officer Jeniffer Jelcic said at the opening of the garden, "I have watched this garden grow from day one when it was a dry dusty piece of land and I am delighted to see what you have collectively created for our patients. You should all be very proud of yourselves as we are of you. We want you to accept our sincere gratitude for creating a special place, one in which our patients, relatives and staff can spend time either reflecting quietly as they look out of the windows from their rooms, or in the garden with their loved ones during their time of illness.

"The garden project and everyone involved with it has demonstrated a wonderful contribution to our service that prides itself on the values of hospitality, healing, respect for all and careful stewardship of the world's resources. Calvary Central Districts Hospital is proud to have partnered with you in this project and we honor the young men who have worked so diligently to bring this project to fruition."

Up to 19 students involved in the development of the Mary Potter Supportive Care Garden Project have now gained employment as a result of participating in this program. Of special mention was the generous contribution of James

Ramsell (Property and Grounds Manager) who generously provided a BBQ lunch every Thursday, paid out of his own pocket.

OCCUPATIONAL THERAPISTS DOING TIME IN LONG BAY JAIL CALVARY KOGARAH

The introduction of Occupational Therapy services to Long Bay Hospital was initiated by the Director of Rehabilitation and Aged Care at Calvary Kogarah, who realised an unmet need during a one-off medical assessment at the Long Bay Jail Hospital. It was identified that there were no Occupational Therapy services and this was impacting on the movement of patients between the jail and hospital facilities. This project was initially funded as a Community Benefit Project for one year and an agreement signed between Justice Health and Calvary Kogarah.

Occupational Therapists at Calvary Kogarah Karen Winchester and Amy Mortel expressed interest in providing this service, and following rigorous security clearance, they provided an Occupational Therapy service once a month for four hours. Long Bay Correctional Complex is the second largest jail (in terms of inmate population) in the state of NSW with a current inmate population of 1200. This is generally a very disadvantaged, vulnerable group of people. The Long Bay Hospital is a maximum security facility, which holds a total of 120 inmate patients in four wards, the Aged Care Rehabilitation Unit, the Medical Surgical Unit and two Mental Health wards.

Changes that have been introduced at Long Bay Hospital since the project commenced include a comprehensive Falls Prevention Program, meal and medication practice changes to improve safety,



A/CEO Jeniffer Jelcic with Northern Support Care Garden Project participants

floor covering changes in bathrooms to prevent slips and trips, and changes to how visitor times are managed, with visitors now being able to be accommodated in the hospital environment. These changes have led to a reduction in falls within the Aged Care Rehabilitation Unit from 41 in 2011 to 27 in 2012. This has been a collaborative effort with Justice Health and Corrective Services staff.

In recognition of the success of the program it was agreed that Occupational Therapy services would continue on a contractual basis funded by Justice Health.

YEAR 7 MENTORING CALVARY CENTRAL DISTRICTS HOSPITAL

The partnership between the Department for Education and Child Development Community Mentoring Program and Calvary Central Districts Hospital was formed with an aim to give students an insight into potential careers in the health care industry and to have an opportunity to engage in some hands-on tasks in the hospital environment. Forty-seven, Year 7 students from Lake Windemere B-7 School, Salisbury North received guidance from the friendly staff at the hospital who volunteered to be mentors to the students, over the two days. The areas they explored included hospitality, maintenance, nursing and theatre. Calvary Central Districts Hospital is proud to support this mentoring project, which enables us to share with them our mission of *'being for others'*. The organiser of the event, Heidi Unferdorben from the DECD Community Mentoring Program says that this unique partnership is giving primary school children the chance to start thinking about their future careers.



CENTRE FOR COLLABORATIVE LEARNING AND RESEARCH

The Centre for Collaborative Learning and Research at Calvary Bethlehem continued to advance interdisciplinary education, training and research across the health service and beyond. The Centre has actively responded to the educational learning and training needs of the broader community including those of staff, students, volunteers, patients and other health care providers. As a leader in Palliative and Neuro-Palliative Care, our focus on interdisciplinary education, training and research continues to foster an environment of learning and innovation. Our approach to education, training and research supports the delivery of best practice Palliative Care and neurological services at Calvary Bethlehem and beyond.

As part of our global reach, Calvary Bethlehem coordinated observational placements for international medical and nursing staff. Nurses from New Zealand visited during 2012 to gain experience in working with Motor Neurone Disease patients using an interdisciplinary model.

In early 2013 four nurses from Hong Kong undertook a month-long observational visit to our health service to study both palliative and neurological services. These observational placements were a resounding success providing opportunities for clinicians from different countries to share their knowledge, skills and experience.



WISE STEWARDSHIP



There are 19 entities included in the consolidated group accounts, including 14 major trading entities.

PRINCIPAL ACTIVITIES

The principal activities of the Little Company of Mary Health Care Limited and its controlled entity ("The Group") during the period were the provision of acute health services by private and public hospital facilities,

sub-acute services, palliative care, residential aged care, independent living units, community and home care services. There are 19 entities included in the consolidated group accounts, including 14 major trading entities.

WISE STEWARDSHIP

A surplus of \$56.487M was achieved for the financial year ended 30 June 2013 (2012: surplus \$35.649M) derived from an operating EBITDA of \$65.897M (2012: 55.810M).

At balance date, total assets exceeded total liabilities by \$541.312M with current liabilities exceeding current assets by \$53.150M. However, when entry contributions and accommodation bonds are excluded from current liabilities (notwithstanding the fact they are in fact current liabilities pursuant to the requirements of the Australian Accounting Standards) current assets exceed current liabilities by \$129.577M. As the Group experience is that only approximately 30% (approximately \$55.240M) of resident contributions and accommodation bonds are likely to be repaid in the coming 12 months the Directors believe the resultant adjusted working capital position, prima facie considered an industry "norm", is such that it is manageable pursuant to generally accepted going concern concepts.

REVENUES

The Group's revenue from operating activities totalled \$1,019.618M (2012: \$954.562M). Grants and subsidies from Government for hospital and aged care operations totalled \$429.244M (2012: \$402.852M). Grants and subsidies represent 42% (2012: 42%) of revenue from operating activities.

Revenue from operations for the year ended 30 June 2013 included

\$8.7M resources received free of charge-revenue relating to the Public Private Partnership arrangements and recognition of state government funding of superannuation contributions for employees who are members of various defined benefit contribution schemes.

EXPENSES

The Group's expenses from operating activities totalled \$1,000.533M (2012: \$952.249M). Expenses on personnel costs represent 61% of total operating expenses.

Staffing levels for clinical services have increased during the reporting period with total staff of 6,673 full time equivalents as at 30 June 2013 (2012: 6,491). The actual number of staff as at 30 June 2013 was 10,907 (2012: 10,443).

REINVESTMENT

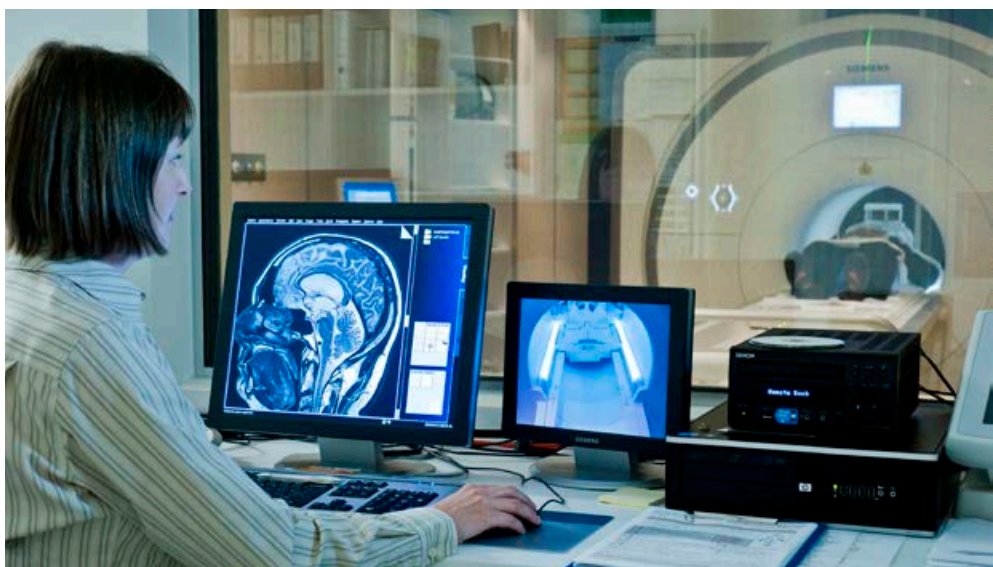
During the year \$40.772M was invested in property, plant and equipment. In overview, the continuing improved operating performance and cash position is a

result of a focus across all Services on the core revenue generating activities along with an increasing focus on strict cost management. Where necessary, ancillary services have been outsourced and non performing aspects of our Services have been subject to stringent review. The private hospital stream continues to seek improved health fund rates, especially in South Australia where they are below national averages. The aged care and home care sectors are significantly funded by the Commonwealth government where rate increases are below the rate of inflation.

FUTURE DEVELOPMENTS

The Group continues service integration throughout the regions in which it operates, in accordance with the mission, vision and values of the organisation. The Group continues to examine both growth potential and the underlying strategic value of existing assets.

Calvary Health Care ACT Ltd continues to be in discussion with ACT Health about the possible expansion of the Calvary Public



Hospital with the funding of additional beds. ACT also continues discussions with ACT Health in relation to the funding of employee leave liabilities, which existed at the time the ACT Government changed from cash to accrual accounting on 1 July 2002.

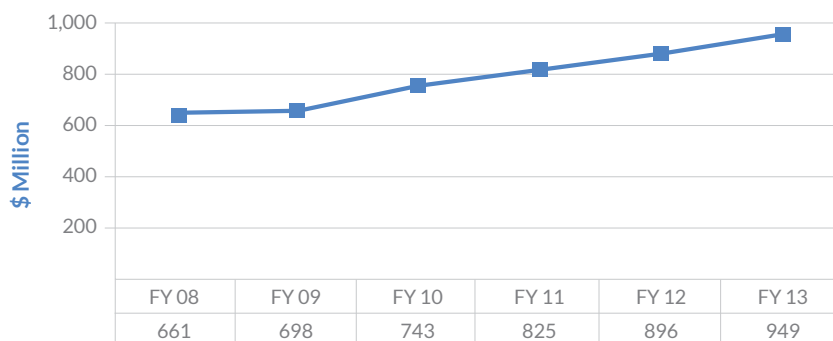
In relation to Calvary Bethlehem the most critical issue is the ageing of the facility. The configuration of the site is not suited to the delivery of modern health services and is compromising its ability to develop and expand services, but more importantly, provide an optimal experience for those in the community who need services at the end of life. Calvary Bethlehem is actively pursuing options for the redevelopment with the Department of Health. In addition, it is also reviewing models of care to deliver the most effective health services.

The redevelopment of the Maternity and St Helen's Ward at Calvary North Adelaide Hospital have been completed during 2012/13 financial year. The refurbishment and construction of an additional new theatre at Calvary North Adelaide Hospital commenced in March 2013 with an expected completion date of January 2014. The construction of Calvary Central Districts Cancer Centre was near completion at 30 June 2013 and officially opened on 25 July 2013.

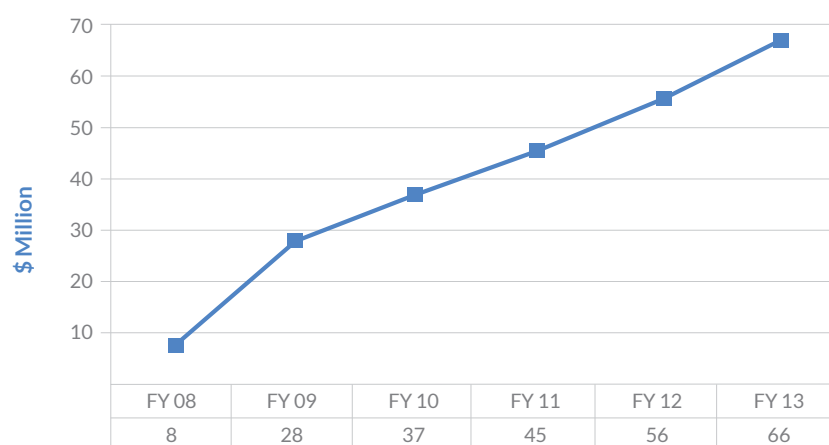
On 22 May 2013 the Board of Directors of Little Company of Mary Health Care Ltd approved the purchase of land in Muswellbrook for the development of an integrated aged care community, which will comprise of a 60 bed high/low care facility and approximately 32 independent living units. The development is subject to due diligence being completed on the property and terms being agreed.

LITTLE COMPANY OF MARY HEALTH CARE LIMITED GROUP

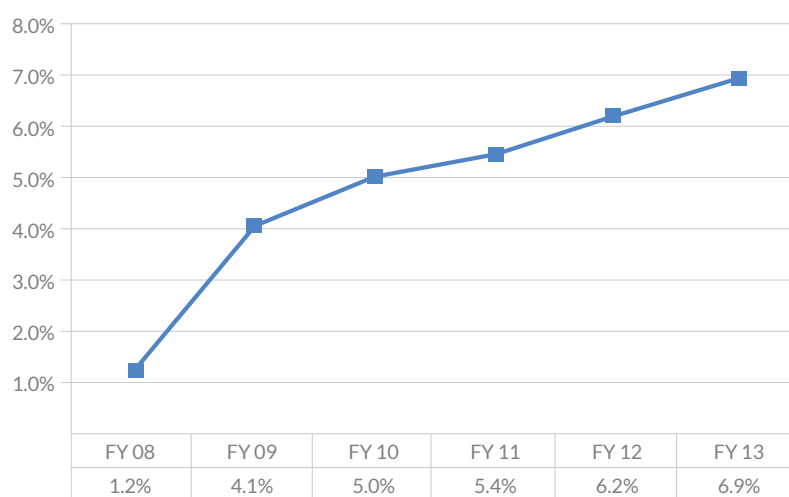
Operating Revenue excluding Prostheses (\$'M)



Operating EBITDA (\$'M)



Operating EBITDA Margin (%) Excluding Prostheses



DONATIONS AND GRANTS SOME OF OUR STORIES

DONATIONS

We would like to acknowledge and sincerely thank all of our donors who have given so generously to our hospitals, aged care and retirement living services, and community care services. Your donations contributed over \$5 million this year to our Services.

OUR SUPPORTERS CALVARY BETHLEHEM

The support we receive from the community ensures we can continue to provide quality health care services today and into the future by investing in new initiatives, purchasing specialised equipment and engaging in research.

We are grateful to the many philanthropic trusts and foundations that share our commitment to the provision of holistic care to patients and their families. Their generous support has resulted in the purchase of over \$200,000 of new equipment and initiatives that positively impact our patient care.

Every year many generous families make in memory donations for loved ones cared for by Calvary Bethlehem.

DONATIONS BEING PUT TO GOOD USE CALVARY KOGARAH

Calvary Kogarah has received approximately \$892,000 in donations (excluding the \$1M commitment from the Illawarra Catholic Club for the Overnight Respite Service). Many of our donors, both individuals and local clubs have supported the hospital over many years and contributed to its ongoing redevelopment, and the purchase of vital and needed equipment. Amongst the many

service enhancements funded by donations, was to the Calvary Driver Assessment and Re-Training Service, to better meet the needs for people with dementia. The service had a six month waiting list and increasingly the referrals are for people with a cognitive impairment. Of the 222 referrals for an Occupational Therapy Driver Assessment, 100 of the referrals were for people with a dementia related illness. This

referral number increased from 37 clients in the previous year.

The cost of a theoretical and practical Occupational Therapy Driver Assessment is \$500 per person. This cost is subsidised by Calvary Kogarah as there is no government funding provided to provide this service and many people with dementia are older and receive the aged pension,

LITTLE COMPANY OF MARY HEALTH CARE LIMITED DONATIONS SUMMARY BY SERVICE - \$'000

TOTAL REPORTED FY12/13

(\$'000)	FY11	FY12	FY13
Calvary Riverina NSW	81	36	37
Calvary Health Care Tasmania	73	115	188
Calvary Central Districts Hospital	0	297	0
Calvary Rehabilitation Hospital	2	0	0
Calvary North Adelaide Hospital	715	1,000	1,893
Calvary Wakefield Hospital Adelaide	10	102	2
Calvary John James Hospital ACT	500	6	4
Calvary Private Hospital ACT	12	10	9
Calvary Retirement Community Ryde	11	6	343
Calvary Retirement Community Canberra	2	12	15
Calvary Retirement Community Cessnock	50	44	12
Calvary Retirement Communities Hunter-Manning	0	72	26
Calvary Silver Circle	2	4	2
National Office	-	-	242
Calvary Public Hospital ACT	238	168	301
Calvary Kogarah	476	486	892*
Calvary Mater Newcastle	1,522	1,293	1,298
Calvary Bethlehem	382	326	245
LCMHC Group	4,076	3,977	5,509

* \$1M not recognised FY13

which makes the cost of a driving assessment difficult and sometimes prohibitive.

Generous donations funded a smaller unmodified vehicle with dual driving controls for the driving instructor and a Driver Trained Occupational Therapist with expertise in dementia care to provide assessments at a reduced rate.

CLUB CENTRAL DONATION ESTABLISHES OVERNIGHT RESPITE SERVICE FOR CALVARY KOGARAH

Calvary Kogarah was the recipient of \$1 million donation at Illawarra Catholic Club Central's 50th Anniversary dinner. Mr Bernie Holdsworth, Club President, proudly presented the cheque to Karen Edwards Chief Executive Officer of Calvary Kogarah on behalf of the Board and club members, and spoke of the invaluable service it provided the community. "A great deal of consideration went into the decision on who would benefit

most from this sizeable injection of cash," said Mr Holdsworth. "We quickly came to the realisation that our communities were crying out for help in the area of respite care for carers."

Calvary Kogarah used this generous donation to set up and run an overnight respite program at the Mary Potter House Dementia Care Centre for clients who have moderate to severe dementia. The new purpose built centre included space for two clients to stay overnight. The service is currently offered for two nights over the weekend and will expand into school holiday periods once the pilot program has been completed in December 2013. The pilot program commenced with one client accessing the service Friday and Saturday nights. The overnight clients then join in the Saturday program and return home early Sunday morning. All clients who have been involved in the pilot program have enjoyed their stay, with carers expressing relief and

joy at having some much needed leisure time. The plan is to expand the service in January 2014 to two clients for the entire weekend and to also offer longer periods of overnight respite during school holiday periods.

PALLIATIVE CARE DAY HOSPITAL GRANT

Calvary Kogarah was awarded \$131,849 from the Department of Health and Ageing Local Palliative Care Grant to establish a functional day hospital. The Palliative Care Day Hospital was completed in July 2012 and operates as a specialist Palliative Care service that provides supportive therapies, procedural interventions and multidisciplinary assessment and review for patients living at home who have life limiting illnesses. As the number of patients requiring admission to the Day Hospital increases, the days and hours of operation are being increased.

GRANT FOR BEREAVEMENT COUNSELLING, CHILDREN AND YOUNG ADULTS

Calvary Kogarah was successfully awarded a grant of \$2,956 from the Commonwealth Bank to purchase items for their new bereavement counselling service for children and young adults, which commenced on 1 November 2012. Simone Connell, who has been instrumental in setting up this new service explained, "Counselling can be a safe place for children to explore the painful emotional issues that may result from the death of someone important to them. Discussing grief's conflicting range of emotions can normalise children's grief and help them discover their inner strengths and limitations. Children can learn to build life around this event and function comfortably within both their home and school environment. We are very pleased to be able to offer this service to children and young adults connected to Calvary Kogarah."





SERVICE DEVELOPMENT & INNOVATION



Little Company of Mary Health Care Limited continued to reinvest into its Services through a number of major projects undertaken and initiated this year.

In Tasmania, the Endoscopy suite at Calvary Lenah Valley Hospital was completed and a \$20 million business case approved for the redevelopment of theatres and other facilities at the hospital.

- Calvary Health Care ACT completed its Emergency Department upgrade.
- Three major developments at Calvary Riverina with the Notre Dame Rural Medical Sub-School under construction, Calvary Riverina Drug and Alcohol Unit commenced with the construction

contract let in September and a Development Application underway for Calvary Riverina Palliative Care and Rehabilitation Unit, which is planned to be completed in January 2015.

- A \$4 million sprinkler refit package is also underway in our Aged Care and Retirement Living Services.
- Calvary Kogarah completed the newly built community based aged care and rehabilitation services, Calvary Community Health, and the new purpose built dementia day care centre, Mary Potter House. The \$7 million redevelopment included the new building and a

purpose built, modern, centralised facility.

- In South Australia, Telehealth work at Calvary Rehabilitation Hospital continues with the purchase of a property to house the studio.
- Calvary North Adelaide Hospital completed Stage 1 of their Theatre Redevelopment, opened the refurbished St Helens \$4.3 million Oncology Ward and completed the refurbishment of Maternity.
- Calvary Central Districts Hospital Cancer Centre was completed and formally opened in July.

SERVICE DEVELOPMENT AND INNOVATION

\$4.3 MILLION ONCOLOGY WARD OFFICIALLY OPENED AT CALVARY NORTH ADELAIDE HOSPITAL

"In recognition of these two amazing gifts, we are pleased to honour Janne and her family along with Fay and Sheila Grote with the naming of the new wing housing five new single rooms, the Johnson/Grote Wing."

An 18 month project, St Helen's Ward was gutted, expanded and redeveloped to make it one of the most modern oncology wards in South Australia. The development included increasing the number of single rooms from 10 to 16, including five additional rooms housed in a new purpose-built wing, removal of shared rooms, refurbishing all rooms, adding a family lounge and four-chair treatment room to help meet demand at the hospital's current 12-chair Day Chemotherapy Centre. Calvary North Adelaide Hospital Chief Executive Officer Sue Imgraben said "The redevelopment represents a significant investment by Little Company of Mary Health Care Limited in cancer services as one of its core businesses, which is central to the mission of the Little Company of Mary Sisters, our founders."

The ward creates a more relaxing and therapeutic environment for patients and families, as well as better work flow for staff. The redevelopment cost \$4.3 million, with \$1 million contributed from the South Australian Mary Potter Foundation. The ward was officially

blessed by the Archbishop of Adelaide, the Most Reverend Philip Wilson.

CALVARY COMMUNITY HEALTH AND MARY POTTER HOUSE OFFICIAL OPENING CALVARY KOGARAH

After almost 18 months of redevelopment work at the site, Calvary Kogarah proudly announced the completion of the newly built community based aged care and rehabilitation services, Calvary Community Health, and the new purpose built dementia day care centre Mary Potter House. Additional on-site car parking was also completed at Kogarah, with new and extended garden areas, establishment of a Palliative Care Day Hospital and the expansion of the Day Rehabilitation Unit.

A total cost of over \$7 million the redevelopment included the new building, a purpose built, modern, centralised facility that provides the residents of the St George and Sutherland region consolidated services, including the St George Area Aged Care Assessment Team, a community based multidisciplinary Geriatric Rehabilitation Service, an Adult Brain Injury Respite Program, Driver Assessment Services, Dementia Care, Continence and Mobility Services, and the region's Transitional Aged Care Service.

NSW Departments of Health and Aging, Disability and Home Care provided funding (\$2.4 million from NSW Health and \$1.35 million from Aging Disability and Home Care)

to relocate dementia care services and establish the new community health building. This coupled with the proceeds of the sale of an existing property by South Eastern Sydney Local Health District (\$500k), and with the equivalent of more than five years' donations, bequests and volunteer efforts, enabled Calvary Kogarah to allocate over \$2.75 million from its own reserves towards this project to make up the funding for the redevelopment.

On the 15th October 2012 the new Calvary Community Health building, Day Rehabilitation Unit and Mary Potter House Dementia Care Centre (formerly Warrina Cottage) were officially opened with many distinguished guests from the Little Company of Mary, Little Company of Mary Health Care Board, Calvary Kogarah Advisory Council, State and Federal Governments and Bishop Terrance Brady (representing the Sydney Archdiocese) attended the opening ceremony.

Calvary Community Health received a long awaited makeover, the Day Rehabilitation Unit was refurbished and expanded to further meet the growing demands of the service and Mary Potter House Dementia Centre was located onto the Calvary Kogarah site. The Dementia Centre was purpose-built to manage the growing needs of this client group and also enhance the service to include overnight respite by including a room designed for overnight care. For the staff the building and office move was long awaited but very much worthwhile in the end.



\$10 MILLION CANCER CENTRE OPENED AT CALVARY CENTRAL DISTRICTS HOSPITAL

This key project for Calvary Health Care Adelaide was first proposed in 2010, with the aim of expanding our capacity to meet the projected demand for Cancer Care services in the northern Adelaide region, and attracting and retaining specialists from a number of fields by providing a 'one stop shop' for medical, surgical and cancer services including diagnostic and interventional procedural work.

This development demonstrates Little Company of Mary Health Care Limited's commitment to growing cancer care initiatives, increasing the range of services offered to the urban and rural communities north of the Adelaide CBD. Every aspect of this new design at Calvary Central Districts Hospital is built around meeting patient needs, with easy access to specialists, oncologists, specialist radiation services, diagnostic tests and multidisciplinary clinics. This is supported by inpatient hospital care and consulting services.

Acting Chief Executive Officer Jeniffer Jelcic at the official opening of the Cancer Centre in July said: "This development has been a significant personal journey for me and my family.

I lost my own sister Carolyn to cancer in 2011 and during her battle she provided me with hours and hours of wise counsel about how we could enhance the patient experience as we were laying down the plans for this new Cancer Care Centre.

It is really important for people to stay close to family and key community supports when confronting significant health challenges and I am very proud that Calvary Central Districts Hospital has made that possible for the people of this region."

Two years in development, the Central Districts Cancer Care Centre and Specialist Consulting Suites have been designed to be a "one stop shop" for patients diagnosed with cancer. This includes provision of diagnosis, surgery, chemotherapy and radiation therapy for all forms of cancer, making it a comprehensive service. The centre includes two radiotherapy rooms and associated services provided by Adelaide Radiotherapy Centre, relocated and expanded utility services, expansion and relocation of existing day chemotherapy services, new consulting suites to

provide specialist clinics and car parking.

About 20% of patients receiving radiation treatment in the Adelaide CBD live in the northern region. A further 1000 new patients per year require radiotherapy treatment in South Australia, of which 25% come from the northern suburbs for their treatment. We are also anticipating the Centre will attract patients from the Barossa, Yorke Peninsula and Lower North areas.

National Chief Executive Officer Mark Doran said "Our new Cancer Centre will enable these patients to be treated in their local area, or very close to, instead of having to endure the long and arduous travel to the city for treatment."

"Calvary is a purpose driven charity, and we reinvest everything we earn in essential infrastructure and facilities in order to meet expectations, our new Cancer Centre is further testament to that commitment."

The Centre was officially blessed by the Archbishop of Adelaide, the Most Reverend Philip Wilson.

NEW TECHNOLOGY

NEW TECHNOLOGIES CALVARY BETHLEHEM

In 2012/2013 Calvary Bethlehem's pursuit of a number of projects, namely the Assistive Technologies, iPad and eReader projects has firmly established the health service as a level 5, statewide and national consultation service. The innovative projects are having, and will continue to have, a profoundly positive impact on providing the best quality of care for our patients. They enable us to stay abreast of cutting edge technologies, and provide for the education and up-skilling of clinicians across departments. Therapists across the globe are all striving to keep up with technology and the developments this health service has made in the last year have put us on an even footing with best practice across the world.

NEW IPADS AID COMMUNICATION CALVARY KOGARAH

Former TACS client, Mark Jones was recently presented with a new iPad with Speech Apps to assist him communicate on a daily basis. Mark suffered a stroke in 2012, which has left him unable to speak or write. While Mark understands what people are saying to him he is unable to reply, which is very frustrating for him. The new iPad will give him the opportunity to catch a bus, go shopping and tell his lovely wife Anna he appreciates her great cooking.

The iPad with Speech App "Proloquo2 go" is unique as it uses pictures as Mark is unable to write or use letters so other communication devices were not suitable. The iPad was Mark's dream communication device

but was out of his reach. TACS Social Worker, Leanne Turner and Speech Pathologist, Dr Kate Reid undertook the search for funding to allow Mark to communicate. They were successful in gaining funding through the Walter and Eliza Hall Trust Fund.

Early in March, Mark received the iPad with the communication app download which he was absolutely thrilled about. His wife Anna states it will make a huge difference to their daily lives and give Mark back his independence and sense of himself. Dr Kate Reid provided training on the communication app which Mark took to immediately. He is now taking his own photos of places, people and things in his life to add to the app.

Good luck in the future Mark, keep on talking.



Mark with Leanne and Kate from Calvary Kogarah.

TIME TO TALK CALVARY KOGARAH

New Technology in the Speech Pathology Department is giving patients suffering from speech and language problems after stroke a better chance of recovery. Often under recognised, stroke can have a devastating effect on a person's

ability to talk, understand, read and write. In some cases the person may be unable to say a single word and not understand what anyone is saying (Imagine suddenly being dropped into a country where you don't speak the language) where others have a milder version where they just can't quite think of the word they want to say or remember how to spell or put a sentence together. The exciting news is that new research suggests that these patients can recover much of their ability to speak and understand but it needs a huge amount of talking practice. New computer based programs allow the person to practice independently what they have learnt in their session with the speech pathologist. The Speech Pathology Department now has a laptop loaded up with a range of programs for talking.

INTEGRATED TECHNOLOGIES PROJECT CALVARY BETHLEHEM

This project was a collaborative effort between our speech therapy, physiotherapy and occupational therapy departments, working to enhance our training and expertise in the use of assistive technologies for people living with a progressive neurological disease. Assistive technologies are a range of products that improve functioning, enabling a person to live at home and in the community, and enhance their independence and quality of life.

NEW RESEARCH WEBSITE CALVARY MATER NEWCASTLE

This year Calvary Mater Newcastle launched its new research website. One of the main aims

of the website is to encourage employment opportunities, and further partnerships and collaborations with other researchers and institutions locally, nationally and internationally by providing a more cohesive approach to communication and research activity, enabling Calvary Mater Newcastle researchers to be better identified with their research work. Importantly, as part of the involvement of patients in hospital based clinical trials, the new website will provide relevant information and links regarding participation in trial activity. The site will also feature the most up to date news stories and findings as they occur. The project is a collaboration of the Calvary Mater Newcastle Research Committee (including HMRI), the Hospital Management Committee and the working group (Dr Lisa Lincz, Kylie Murchie, Helen Ellis and Ingrid Grenell).

TELEHEALTH CALVARY BETHLEHEM

In 2012, Calvary Bethlehem engaged the Australian Centre for Health Innovation to implement telehealth technology to improve access to

our service for patients in rural and regional Victoria.

Over the last year, telehealth technology has been introduced to a number of service areas within the organisation. Our Neurological Ambulatory Service is at the forefront of utilising this technology to bridge the geographical divide with patients in remote and rural settings. In Neurological Ambulatory Service, those patients who would benefit the most from video consultation were identified by nursing staff. These patients live some distance from Calvary Bethlehem and the aim was to reduce the stress they experienced travelling from across country Victoria.

After establishing the suitability of a patient our administrative team ensured the necessary technology required for video consultation was set up in the patient's home or their local health service. A preliminary evaluation of NAS patients utilising telehealth indicated that 40% of potential patients did not have the equipment for an effective video conference. A survey evaluating the effectiveness of the technology found that 75% of those that used

telehealth found it to be as effective as a face to face consultation. All participants involved reported that they were satisfied with the process. We are continuing to expand the use of this technology to encourage clinician to clinician meetings, education, training and secondary consultative support.

"Telehealth video conferencing has been a revolutionary addition to the way we operate. The benefits can be seen each time a wheelchair bound patient comes online at home when ordinarily they would be negotiating trains and taxis to get to the hospital for the consultation they need". said our Neurological Ambulatory Service Nurse Megan.

MEDCHART CALVARY BETHLEHEM

MedChart replaced paper medication charts in Calvary Bethlehem this year. Fully web based, the solution includes electronic prescribing, pharmacy review, drug administration and clinical decision support.

e-Admissions

Our new e-Admission, electronic admission system for obstetric patients was trialled and implemented at Calvary John James Hospital, ACT this year. Uptake by patients has been very positive with 60% to 70% preferring to complete the online admission instead of filling out hard copy forms.

The electronic admission process includes a patient health assessment. The system is being rolled out across all of Calvary John James Hospital's clinical services. There are also plans to implement e-Admission to the rest of our private hospitals.

The screenshot displays the Calvary e-Admissions interface. On the left, a vertical strip features the Calvary logo and a photo of a smiling woman. The main content area is divided into two sections: 'NEW USER? REGISTER HERE' and 'EXISTING USER? LOGIN HERE'. The registration section includes a list of steps: 1. Accept the Security Notice and Terms of Use of this service, 2. Type the code from the image shown (with a CAPTCHA image), 3. First Name, 4. Last Name, and 5. Email Address. The login section includes fields for User Name and Password, with a 'Forgot Password?' link and a 'LOGIN' button. At the bottom, there is a footer with the text 'In the Tradition of the Sisters of the Little Company of Mary' and 'Loyal 18, 88 Pitt Street Sydney NSW 2000'.

e-Admission new admission log in page, patients complete registration details on line.



National Office - Little Company of Mary Health Care Limited

Level 18, 68 Pitt Street, Sydney NSW 2000
Ph: 02 9258 1726
www.calvarycare.org.au

Calvary Public Hospital, ACT

Corner of Belconnen Way and Haydon Drive,
Bruce, ACT 2617
Ph: 02 6201 6111
www.calvary-act.com.au

Calvary Private Hospital, ACT

Corner of Belconnen Way and Haydon Drive,
Bruce ACT 2617
Ph: 02 6201 6111
www.calvaryactprivate.org.au

Calvary John James Hospital, ACT

173 Strickland Crescent, Deakin ACT 2600
Ph: 02 6281 8100
www.calvaryjohnjames.com.au

Calvary North Adelaide Hospital

89 Strangways Terrace, North Adelaide SA 5006
Ph: 08 8239 9100
www.calvarynorthadelaide.org.au

Calvary Wakefield Hospital, Adelaide

300 Wakefield Street, Adelaide SA 5000
Ph: 08 8405 3333
www.calvarywakefield.org.au

Calvary Rehabilitation Hospital, Adelaide

18 North East Road, Walkerville SA 5081
Ph: 08 8165 5700
www.calvaryrehabsa.org.au

Calvary Central Districts Hospital, SA

25-37 Jarvis Road, Elizabeth Vale SA 5112
Ph: 08 8250 4111
www.calvarycentraldistricts.org.au

Calvary Lenah Valley Hospital, TAS

49 Augusta Road, Lenah Valley TAS 7008
Ph: 03 6278 5333
www.calvarylenahvalley.org.au

Calvary St John's Hospital, TAS

30 Cascade Road, South Hobart TAS 7004
Ph: 03 6223 7444
www.calvarystjohns.org.au

Calvary St Luke's Hospital, TAS

24 Lyttleton Street, East Launceston TAS 7250
Ph: 03 6335 3333
www.calvarystlukes.org.au

Calvary St Vincent's Hospital, TAS

5 Frederick Street, Launceston TAS 7250
Ph: 03 6332 4999
www.calvarystvincents.org.au

Calvary Riverina, NSW

Hardy Av, WaggaWagga NSW 2650
Ph: 02 6925 3055
www.calvary-wagga.com.au

Calvary Mater Newcastle, NSW

Edith Street, Waratah NSW 2298
Ph: (02) 4921 1211
www.calvarymater.org.au

Calvary Kogarah, NSW

99-111 Rocky Point Road, Kogarah, NSW 2217
Ph: 02 9553 3111
www.calvary-sydney.org.au

Calvary Bethlehem, VIC

476 Kooyong Road, South Caulfield VIC 3162
Ph: 03 9596 2853
www.bethlehem.org.au

Calvary Silver Circle - operates in Victoria, New South Wales, ACT, South Australia, Tasmania, Northern Territory and Tiwi Islands
Head Office: 973 Nepean Highway
Moorabbin VIC 3189
Ph: 03 9577 3333
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Calvary Retirement Community Cessnock

19 Wine Country Drive, Cessnock NSW 2325
Ph: 02 4993 9000
www.calvarycessnock.org.au

Calvary Retirement Community Ryde

678 Victoria Road, Ryde NSW 2112
Ph: 02 8878 1400
www.calvaryryde.org.au

Calvary Retirement Community Canberra

2 Jaeger Circuit, Bruce ACT 2617
Ph: 02 6264 7400
www.calvary-canberra.org.au

Calvary Retirement Communities Hunter-Manning

Level 1, 342-344 Main Road Cardiff NSW 2285
Ph: 02 4954 1800
www.huntermanning.org.au

St Joseph's Home

240 Maitland Road, Sandgate NSW 2304
Ph: 02 4967 0600
www.stjosephshome.org.au

Cooinda Hostel

42 Bathurst Street, Singleton NSW 2330
Ph: 02 6572 1537
www.coindahostel.org.au

Mt Carmel Village

9 Dwyer Street, Maitland NSW 2320
Ph: 02 4932 0350
www.mtcarmelvillage.org.au

Mt Providence Village

59 Tindale Street, Muswellbrook NSW 2333
Ph: 02 6543 2053
www.mtprovidencevillage.org.au

Nazareth Village

Vincent Street, Belmont North NSW 2880
Ph: 02 4947 0047
www.nazarethvillage.org.au

St Francis Village

Gleeson Crescent, Eleebana NSW 2282
Ph: 02 4942 7477
www.stfrancisvillage.org.au

St Martin de Porres Hostel

26 Lorna Street, Waratah, NSW 2298
Ph: 02 4968 2244
www.stmortindeporreshostel.org.au

St Paul's Hostel

54 River Street, Cundletown NSW 2430
Ph: 02 6553 9219
www.stpauls-hostel.org.au

Tanilba Shores Village

74 Tanilba Avenue, Tanilba Bay NSW 2319
Ph: 02 4984 5922
www.tanilbashoresvillage.org.au

Ephesus Independent Living Units

88 Dickson Street, Lambton NSW 2299
Ph: 1800 222 000
www.ephesusilu.org.au

St Luke's Independent Living Units

204-206 Darby Street, Cooks Hill NSW 2300
Ph: 1800 222 000
www.stlukesilu.org.au

Tours Terrace Independent Living Units

242 Lawson Street, Hamilton South NSW 2303
Ph: 1800 222 000
www.toursterraceilu.org.au