Review of Operations

2014/2015

Continuing the Mission of the Sisters of the Little Company of Mary
Acknowledgement of Land and Traditional Owners

Holy Spirit, we invoke your blessing on this Country and on us of Calvary Mater Newcastle. We acknowledge the Indigenous elders of the Awabakal Nation, those who once lived here and into whose sacred space our forebears came, changing forever an older way of life.

Bless us and bless their descendants. Help us to join 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.
The Spirit of Calvary

Calvary Mater Newcastle is a service of the Calvary group that operates public and private hospitals, retirement communities, and community care services in four states and two territories in Australia.

Our Mission identifies why we exist
We strive 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, and
- In celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

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

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

We are guided by our values:

Hospitality
Demonstrates our response to the desire to be welcomed, to feel wanted and to belong. It is our responsibility to extend hospitality 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, social 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.
Hospital Executive and Management Committee

- Chief Executive Officer: Greg Flint
- Director of Medical Services: Dr Rosemary Aldrich
- Director of Clinical Services (Nursing): Roz Everingham
- Director of Finance and Corporate Services: Wayne Wells
- Assistant Director of Clinical Services (Medical): Alison Lee
- Assistant Director of Clinical Services (Nursing): Kim Kolmajer
- Human Resources Manager: Michael Hodgson
- Health Information Services and IT Manager: Heather Alexander
- Quality Manager: Jeanette Upton
- Public Affairs and Communications Manager: Ingrid Airlie / Helen Ellis

Department Managers

- Alcohol and Drug Unit Nurse Unit Manager: Jason Scott
- Anaesthetics Director: Dr Bernard McClement
- Clinical Information Manager: Nicole Crockett
- Clinical Pharmacology and Toxicology Director: Professor Ian Whyte and Dr Michael Downes
- Consultation-Liaison Psychiatry Acting Director: Professor Gregory Carter
- Coronary Care Nursing Unit Manager: Anne Thomson
- Day Treatment Centre Nursing Unit Manager: Kelly Randall
- Department of Palliative Care Acting Nursing Unit Manager: Kathryn Cooper
- Department of Palliative Care Director: Conjoint Professor Katherine Clark
- Department of Palliative Care Nurse Unit Manager: Stacey Diana
- Desktop Services Manager: Clinton Starrett
- Director of General Medicine: Dr Michael Hayes
- Director of Haematology: Professor Philip Rowlings
- Director of Medical Oncology: Dr Tony Bonaventura
- Director of Alcohol and Drug Unit: Dr Craig Sadler
- Director of Cardiology: Dr Kosta Nikoletatos
- Director of Pharmacy: Rosemary James
- Director of Social Work: Lyn Herd
- Director of Radiation Oncology: Dr Jane Ludbrook
- Emergency Department Director: Dr Cameron Dart
- Emergency Department Nurse Manager: Tracy Muscat and Jo-Anne Berry
- Financial Accounting Manager: Natasha McNeill
- Intensive Care Unit Director: Dr Katrina Ellem
- Intensive Care Unit Nursing Unit Manager: Leanne Bradford
- Junior Medical Officer Manager: Victoria Wall and Bradley McDougall
- Management Accounting Manager: Neville Brown
- Medical Centre Nursing Unit Manager / Hospital in the Home: Kelly Crawford
- Medical Centre Office Manager: Lyn Booth
- Melanoma Unit Director: Dr Fiona Abell
- Network and Systems Manager: Beau Dwyer
- Nutrition and Dietetics Manager: Andrew Court
- Occupational Therapist in Charge: Andrew Wakely
- Operating Theatre Suite Nurse Manager: Allannah Hazelgrove
- Pastoral Care Manager: Mary Ringstad
- Patient Services Manager: Kerri Doyle
- Payroll Manager: Kerrie Chapman
- Physiotherapist in Charge: Judy Holland
- Pre Procedures Unit Nursing Unit Manager: Emma Brady and Jodie Casserly
- Radiation Oncology Nursing Unit Manager: Ashley Powell
- Revenue Services Manager: Maylinda Wells
- Speech Pathologist in Charge: Patricia Potter
- Staff Development Coordinator: Judith Thompson
- Supply Services Manager: Anne McCormack
- Supply Services Supervisor: David Millington
- Surgical Inpatient Unit Nursing Unit Manager: Cheryl Cooley
- Ward 4C Nursing Unit Manager: Todd Tobin
- Ward 5A/MAAZ Nursing Unit Manager: Marissa Ledlin
- Ward 5B Nursing Unit Manager: Linda Liversidge
- Wards SC/D Nursing Unit Manager: Wendy Johnson
- Whole of Hospital Strategy Manager: Roslyn Barker

Community Advisory Council

- Chairperson: Cathy Tate
- Members:
  - Brenda Ainsworth, National Director Public Hospitals LCMHC
  - Greg Flint, Chief Executive Officer
  - Wayne Wells, Director of Finance and Corporate Services
  - Ingrid Airlie / Helen Ellis, Public Affairs and Communications Manager
  - Richard Anicich (to August 2014)
  - Teresa Brierley
  - Cathy-Lyn Burnard
  - Kay Fordham
  - Mark Lock (to August 2014)
  - Susan Russell
  - Steven Tipper
Report from the Chief Executive Officer

It is a privilege to present the 2014/15 Calvary Mater Newcastle Review of Operations.

This financial year has been a busy and memorable year for Calvary Mater Newcastle in which we continued to deliver outstanding care to our patients, bid farewell to old friends, welcomed new staff to the hospital and celebrated many successes.

Our hospital is committed to always improving the delivery of our health care services by:

- Providing integrated and coordinated health care services that are patient focussed
- Continually improving patient care, safety and outcomes to provide quality, compassionate care in the communities we serve
- Promoting fiscally responsible decision making whilst providing stable and sustainable health services
- Actively engaging stakeholders and considering their input in the delivery of services
- Expanding and improving palliative care for those with progressive chronic illness and those at the end of their life
- Recognising and promoting our achievements locally, nationally and internationally through collaboration in research activities and innovation.

These directions are underpinned by Calvary’s values of Hospitality, Healing, Stewardship and Respect, which enables us to achieve our vision of providing world class health services.

Calvary Mater Newcastle is the major cancer care centre for Hunter New England Local Health District (HNELHD) as well as providing a range of medical and surgical services. Calvary Mater Newcastle is an Affiliated Health Organisation under the Health Services Act 1997 and provides public hospital services under a Service Level Agreement with the Local Health District. There have been significant challenges and achievements where our staff have worked extremely hard and have delivered on the targets and key performance indicators prescribed in the Service Agreement. The tireless work carried out by members of our staff and visiting medical officers, from each and every department across all disciplines is crucial in delivering quality services to the community and I thank all staff members for their ongoing dedication and commitment to their work.

Calvary Mater Newcastle has continued the implementation of the New South Wales Ministry of Health Whole of Hospital Program. The program is designed to drive strategic change needed to improve access to care in the hospital. It seeks to connect and streamline existing work and processes, striving to improve efficiencies through innovative models of care, both inside and outside the hospital setting. The program this year has focussed on improving timely discharge, working closer with local residential aged care facilities, and reducing re-admissions and re-presentations to the hospital to name a few.

The Community Advisory Council has continued its work through the Chairmanship of Cathy Tate to provide a conduit between the community and the hospital. The council works in an advisory role to the Chief Executive Officer and the hospital, and provides further input through member participation on various hospital committees.

This year saw the replacement of one of the hospital’s five linear accelerators with the latest technology in radiotherapy treatment. The stereotactic TrueBeam machine means fewer visits for patients requiring treatment and shorter treatment times.
Calvary Mater Newcastle participated in the New South Wales Patient Survey. Results showed an overall patient satisfaction of 95% of patients who rated their care as ‘very good’ or ‘good’. These patient survey results are a valuable quality tool for the hospital to focus on areas of improvement.

The hospital’s Heritage Committee held a function on 28 August 2014, to celebrate the naming of the hospital Boardroom after Brian McGuigan AM, who was the former Chairman of the Board and dedicated a decade of service to the hospital.

This year has given us much to celebrate as staff and volunteers have been recognised for their hard work and achievements.

The Wig Service was awarded the Volunteering Australia ‘Volunteer Team of the Year’ Award. Congratulations to the Wig Service, which provides a wonderful service for our patients.

Calvary Mater Newcastle volunteer, Maggie Sulman, was awarded a Medal of the Order of Australia (OAM) in the General Division on Australia Day in recognition for her outstanding commitment to volunteering at the hospital. Also, volunteer, John Gambrill, was awarded an OAM in the Queen’s Birthday Honours List in June 2015 for his community work including his work with the hospital’s Palliative Care Bereavement Team.

Professor John Forbes AM, Surgical Oncology Director at Calvary Mater Newcastle, was recognised as one of the world’s leading scientific researchers with the release of Thomson Reuters list of ‘The World’s Most Influential Scientific Minds: 2014’ in July 2014.

Wendy Cloake, Enrolled Nurse in Ward 5B (Oncology), was awarded ‘Enrolled Nurse of the Year’ at the NSW Health Excellence Nursing and Midwifery Awards in September 2014.

Congratulations to Peter Kozaczynski, Clinical Nurse Specialist in Palliative Care, who was awarded the Mary Potter Award at the hospital’s Annual Celebration of Service Awards in November 2014.

Professor Ian Whyte, Director of Clinical Pharmacology and Toxicology, was awarded fellowship of the European Association of Poison Centres and Clinical Toxicologists (EAPCCT). Ian is one of only five clinical toxicologists in the world to be elected a Fellow of all three international Clinical Toxicology bodies and the only one in the southern hemisphere.

Mary Ringstad, Pastoral Care Manager, was recognised with a ‘Best of Care Award’ at the Spiritual Care Australia National Conference in May 2015.

Awards and accolades such as these are a great form of recognising the hard work of individuals and teams but there are many whose work is possibly not formally acknowledged and yet carries huge importance to the hospital.

During the year three senior staff: Ailsa Hawkins, Lynne O’Brien and Catharine Casey retired after significant years of services to the hospital. We thank them for their long and dedicated service to Calvary Mater Newcastle.

In January 2015, the hospital welcomed Roz Everingham as the new Director of Clinical Services (Nursing).

In January 2015, the hospital welcomed Roz Everingham as the new Director of Clinical Services (Nursing).

Construction of an additional 273 space car park commenced in April 2015 and is expected to be completed in November 2015. This will provide much improved access for our patients, visitors and staff.

The hospital has embarked upon a program of illuminating the exterior of the hospital with coloured lights during different cancer awareness months. These colours are representative of the many cancers treated at the hospital. Thank you to all that have supported this initiative.

As always our Volunteers and Auxiliary members are a vital component in the day-to-day running of Calvary Mater Newcastle. This financial year, the Auxiliary presented a cheque to the hospital to the value of $442,486.59 from their fundraising efforts.

Our Volunteers and Auxiliary members bring boundless energy, enthusiasm and dedication to assist the hospital in providing our patients with the very best possible care. This hard work is appreciated by staff, patients and the community who encounter their compassionate care, fundraising efforts and smiling faces. We extend to them a huge ‘thank you’.

The hospital continues to receive valuable support and advice from Little Company of Mary Health Care Board, National Office and the Local Health District in continuing the hospital’s role as a major cancer care facility. I would also like to thank our generous and loyal community for its support of the hospital.

I hope this year’s Review of Operations proves to be a valuable and informative document and we will continue to strive to provide a quality service to the community based on our values of Hospitality, Healing, Stewardship and Respect.

Greg Flint
Chief Executive Officer
General Medicine

The Department of General Medicine continues to care for large numbers of inpatients, providing inpatient consultation across a range of subspecialties in other departments and Mater Mental Health, and has increased the numbers of patients seen in ambulatory care.

The department welcomed Jennifer Martin, Professor of Clinical Pharmacology, as a clinical academic. She brings with her remarkable research credentials and an enthusiasm and willingness to contribute that is highly valued. Also welcomed was Dr Kate Napthali, gastroenterologist and general physician, who has quickly immersed herself in the activities of the department and our facility more broadly.

The Medical Assessment and Admission Zone (MAAZ) is now in its second year of existence and is working well towards its goal of facilitating early movement of patients out of the Emergency Department into an environment where they receive intensive assessment, investigation and planning of care. This has helped the facility improve its Emergency Treatment Performance, which is a key performance indicator.

Another major initiative has been the introduction of an Antimicrobial Stewardship Program to help monitor and promote appropriate antimicrobial prescribing. The infectious diseases physicians: Dr Lex Tierney, Dr Paul Wilson and Dr Shyamala Arunasalam have worked with pharmacist Kearney Gleadhill, and contributed to the implementation and ongoing success of this program.

The department’s commitment to outreach clinics continues with regular visits to Moree and Mungindi by Dr Lex Tierney with one of the advanced trainee registrars. This vital service provides specialist care to rural and remote populations. The department also supports a hepatitis clinic in Tamworth and a geriatric clinic in Port Stephens.

Every year Calvary Mater Newcastle hosts the Royal Australasian College of Physicians Clinical Examination. This takes an enormous amount of work particularly by the organising registrar and the administrative staff in the Department of General Medicine, led by the indomitable Judith Gavrili. The day ran very smoothly with high quality cases and we again received excellent feedback from the National Examining Panel members. The majority of the local basic physician trainees passed their clinical exams, reflecting the intensive effort and large amounts of time spent by the general medicine physicians in training and preparing these registrars.

A special mention goes to Dr Paul Wilson in his role as Director of Physician Education at Calvary Mater Newcastle and Dr Scott Twaddell as the Network Director of Physician Training. The department has again been heavily involved in the formal education programs for the junior medical officers and basic physician trainee registrars. There is consistently positive feedback about this program, enhancing our reputation as an excellent centre in which to work and train in Internal Medicine. The department continues to have advanced trainees in General and Acute Care Medicine (which includes a rotation to Maitland Hospital), Gastroenterology and Geriatric Medicine. The trainees all participate in research projects, most of which have been presented as posters at national conferences.

Members of the department continue to be involved with the work of the Hunter Alliance, a collaboration between HNELHD, Hunter Medicare Local and Calvary. Dr Michael Hayes is a member of the leadership team and is a Clinical Lead on the Chronic Obstructive Pulmonary Diseases (COPD) Workstream. Dr Annalise Philcox is a Clinical Lead on the Diabetes Workstream. Both workstreams are producing innovative work in integrated models of care, bringing specialist advice and care to the primary care setting.

Coronary Care and Cardiology

The Cardiology Department includes the Coronary Care Unit and Electrocardiogram (ECG) Department which is an integral part of Calvary Mater Newcastle. The department provides a wide range of services including: consultations for pre-operative assessment, oncology treatments and symptom management, management of complex arrhythmias, assessments for cardiac side effects of various medications and involvement in a number of trials. Other treatments offered include: telemetry monitoring, transoesophageal echocardiogram, stress tests, cardioversions and pacemaker insertion and review.

As well as an outpatient service that continues to grow, the Cardiology Department had a total of 659 admissions in the year 2014/15. The management of these patients required our staff to work closely with the HNELHD and private sectors to provide a well-coordinated service ensuring patients received the right care, in the right place, at the right time.

Our coronary care nurses have made some great improvements to the unit this year by reviewing practices and embracing change. For example the introduction of bedside handover and patient rounding has been met with great success and improved the experience of both patients and staff.

The year 2015 also saw the retirement of Coronary Care Nursing Unit Manager Catharine Casey after 42 years of dedicated service. Catharine commenced her training at the Mater in 1973 and worked in CCU, after completing her midwifery certificate, until her well-earned retirement. She was a well-known and respected member of the Mater Community.
Emergency Department and Emergency Short Stay Unit

The Calvary Mater Newcastle Emergency Department (ED) experienced a challenging year. Presentations to the ED were 34,365 for 2014/2015 with a 33% admission rate. Despite another yearly increase in presentations, the ED was successful in meeting and exceeding benchmarks in all Australian triage categories for the past financial year, which was an outstanding result. This is a reflection of the persistent commitment of clinical staff and the management team working towards improving access to emergency care.

The ED in conjunction with the Whole of Hospital Program continues to strive towards our National Emergency Access Target, which has recently been re-named Emergency Treatment Performance (ETP). The current target aims for 81% of patients to spend less than four hours in the ED. The ED was one of the top performing facilities in the HNELHD in the past year. The non-admitted ED ETP performance was 86.4%.

Some of the key improving access projects achieved during this financial year by the ED management team were:

- An ongoing review of the current ED’s Models of Care (MoC).
  The areas reviewed were triage, resuscitation, fast track and the Emergency Short Stay Unit (ESSU). This was a significant amount of work which was undertaken within the department’s own resources. This work was a high priority for the ED management team. Pressures on emergency services are increasing and the ED faces many challenges with the high demand for inpatient beds. Reviewing the existing MoC within the service was necessary to ensure the ED is maximising its limited resources. The ED strives to continually improve operational efficiency by ensuring that the MoC its using are consistent with current Best Practice.

- Fast Track - This service delivery MoC is dedicated to provide patients who are ambulant and have a single system health complaint with timely access to care and aims for a length of stay in the ED of less than two hours. The new performance target set by the Ministry of Health according to ETP is set at 90% for financial year 2015/16.

- Ongoing funding was obtained from the HNELHD for the introduction of an Ambulance Release Nurse for a proportion of the week during peak periods of activity. This strategy was approved to support the Ambulance Transfer of Care time, which aims to reduce the length of time ambulances remain in the ED.

- The Director of Emergency Medicine, Dr Cameron Dart, continued his involvement as Clinical Lead with the HNELHD Emergency Stream.

The ESSU serviced more than 4,000 admissions, managing 36.5% of the hospital’s emergency admissions. The comprehensive ESSU MoC in place at Calvary Mater Newcastle is considered best practice. The ESSU contributes to a significant improvement in the hospital’s ETP performance. A departmental self-assessment was conducted on the ESSU where the unit was reviewed and is functioning according to the National Health Reform Agreement ~ National Partnership Agreement on Improving Public Hospital Services and NSW Health Policy Directive Emergency Department Short Stay Units, PD2014_040. The department is currently undergoing a project to examine referrals from the ED to the ESSU by a senior ED nurse as part of a Clinical Leadership Program.

The Emergency Department Quality Program continues to develop the Australian College of Emergency Medicine Quality Framework this financial year. Some of the key ongoing areas of work so far have been:

- A restructured approach to the multidisciplinary Morbidity and Mortality meetings. This resulted in the implementation of local Morbidity and Mortality meetings, which are now conducted a minimum of five times each year and have achieved high attendance of staff. The new format has been embraced by FACEM’s, which includes discussion of difficult cases, results of audits, promotion of clinical standards and review of issues.

- The ED Junior Medical Officer Orientation Program was reviewed and moved towards an electronic format. This standardised orientation now includes a selection of Camtasia presentations and the content is regularly updated. This has reduced the time it takes to deliver orientation content by four hours and in doing so facilitates the availability of new staff into the clinical environment thereby reducing patient delays on orientation days. The result of a comprehensive and consistent orientation throughout the ED has been achieved.

- Gold Standard Procedural Sedation Practices - Procedural Sedation Policy and process has been implemented in the ED. This is aligned to practice standards set by the Australian and New Zealand College of Anaesthetists and has been endorsed by the Australian College of Emergency Medicine and is consistent with the National Safety and Quality Health Service (NSQHS) Standards.

- Continuation of a Local Airway Registry which will form the basis of a move towards participation in the Global Airway Registry that is championed by the Emergency Care Institute (ECI).

Other achievements this past financial year include:

- Continuing involvement in the Access Block Prevalence Study
- Participation in the Alcohol and Harm Study
- Grand Round presentation by undergraduate students looking at ED referrals to ESSU
- Implementation of After Hour Clinical NUMs
- Continuing and expanding our Aged Care Emergency (ACE) project including the Tomaree peninsula
- Introduction of high flow humidified nasal oxygen
- Training - DEMT, Dr Michael Downes and Dr Nicholas Dafters are Co DEMT for the ED
- RN2 - the ED continues to be a highly desirable rotation for RN2 Program to gain valuable exposure to sub specialties such as oncology, haematology, toxicology, palliative care and mental health

Challenges for next financial year

- Meeting the new NSW Ministry of Health ETP targets of 90% for non-admitted patients and 50% for admitted
- Complying with the new Accreditation Standards by Australian College of Emergency Medicine for Emergency Registrar training
A productive and busy 12 months has passed for the Alcohol and Drug Unit. This has been demonstrated by an increase in both outpatient and inpatient consultations and has been achieved while still providing a high quality service to our patients and the hospital.

Our small multidisciplinary team (6.5 FTE) provided assessment, counselling, treatment and support on more than 6,183 outpatient occasions in 2014/15. In addition we provided 1,025 consultations to inpatients of which 431 consultations were delivered to the Emergency Department and the Emergency Short Stay Unit at Calvary Mater Newcastle.

The Alcohol and Drug Unit continues to offer counselling and support to the family and friends of people with alcohol and drug problems and remains one of the few places to provide this specialised service across NSW.

Clinical activities also continue with education to staff, other health professionals and all staff involved in teaching undergraduate students encompassing medicine, nursing and psychology disciplines. Rotation of medical registrars through the Drug and Alcohol term has improved our outpatient medical capacity as well as enhancing their medical and counselling skills. It has also fostered an interest in Addiction Medicine Specialist training for several doctors.

In an effort to continue to improve our service significant improvement in information technology, telecommunication and the introduction of text reminders for outpatient appointments, have contributed to our unit’s efficiency. Also increasing our trained relief staff in nursing and administration has improved our options when covering leave.

Research in cooperation with HNELHD Drug and Alcohol Service, National Cannabis Prevention Information Centre (NCPIC) and the Ministry of Health, Mental Health and Drug and Alcohol Office has involved cannabis, nicotine and opioid related studies. Preliminary results from the Prescribed Opioid Treatment Study have been presented. An Alcohol Treatment Outcome Study is about to be piloted in conjunction with the University of Newcastle and will become part of a multicentre study in the coming year.

Other activities have included quality committees with the Ministry of Health, Traffic Offenders Program, RMS Interlock Program, conference presentations, working with Probation and Parole and other services.

A significant challenge remains the future introduction of Activity Based Funding (ABF) and applying it to our outpatient and inpatient consultation liaison services. While work has commenced towards ABF, continued attention will be required with additional information from the Ministry of Health still pending.

The Department of Consultation-Liaison Psychiatry was extremely active in clinical, research, teaching, professional development and community education activity.

During 2014/2015, the Department of Consultation-Liaison Psychiatry consulted on 1,134 individual inpatients, delivering over 3,000 occasions of service.

Inpatient referral departments were: Clinical Toxicology (463 referrals), General Medicine (124 referrals), Emergency Department (25 referrals), Medical Oncology (31 referrals), Surgery (16 referrals), Radiation Oncology (8 referrals), Haematology (8 referrals), Palliative Care (61 referrals), AYA (42 referrals) and Other or Unknown (22 referrals).
Activity in the Intensive Care Unit (ICU) increased this year with 467 admissions, of which 52% were ventilated. Our use of High Flow Nasal Cannula has increased, much to the improved comfort of the 107 patients who received this modality. Average occupancy for the ICU increased to 86%, with an average length of stay of 3.6 days. The majority of admissions (45%) came directly from the Emergency Department, 24% came from the wards, 16% from the Operating Suite and 15% were admitted via the Retrieval Service.

Once again the biggest impact on the ICU workload this year was taking the lead role on the Rapid Response Team which provides the response to clinical emergencies throughout the hospital. There were 786 Rapid Response Team calls this year, a decrease from last year, however the percentage requiring admission to the ICU increased to 10%.

The ICU continues to be an active member of the ANZICS Clinical Trials Group participating in several multicentre, international research projects. The 9th Point Prevalence Study Day is about to be undertaken. This provides baseline data on which future trials can be formulated. ADRENAL (hydrocortisone in septic shock) and Transfuse (fresh versus usual-age blood) trials continue recruitment and we are currently considering our involvement in another four multicentre randomised controlled trials.

<table>
<thead>
<tr>
<th>Service</th>
<th>New Patients Seen</th>
<th>Occasions of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation-Liaison Psychiatry Inpatients</td>
<td>707</td>
<td>1,473</td>
</tr>
<tr>
<td>Palliative Care Inpatients</td>
<td>61</td>
<td>65</td>
</tr>
<tr>
<td>Youth Cancer Service (In- and outpatients)</td>
<td>42</td>
<td>416</td>
</tr>
<tr>
<td>Psycho-Oncology Outpatients</td>
<td>324</td>
<td>1,146</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,134</strong></td>
<td><strong>3,100</strong></td>
</tr>
</tbody>
</table>

The Psycho-Oncology Service accepted referrals of 337 individual outpatients and delivered 1,188 occasions of service through the Psycho-Oncology Clinic. The Psycho-Oncology Service provided input to the following oncology multidisciplinary teams: head and neck cancer, lung cancer, lymphoma and breast cancer.

**Staffing**

The department provided specialist psychiatric consultation for all inpatients at Calvary Mater Newcastle. Department staff are led by Senior Staff Specialist Psychiatrist and A/Director, Professor Greg Carter, and comprise Clinical Nurse Consultant Jenni Bryant, one Psychiatry Fellow and two rotating Psychiatrists-in-Training (all full-time), and half-time Administration Officer Christine Cook.

In addition, VMO Psychiatrist Dr Pek Ang provided services one day per week to Palliative Care and as part of the outpatient Psycho-Oncology Service team. Other members of the Psycho-Oncology Service providing specialist psychology and psychiatric consultations include the equivalent of two full-time Clinical Psychologists – positions shared by Dr Louisa Gianacas (maternity leave), Sophia Wooldridge, Dr Kerrie Clover and Camille Plant - and Clinical and Health Psychologist, Dr Ben Britton. In addition Dr Clover works two days per week as Research Manager, assisted by part time Research Assistant Shaveena Balakrishnan.

The department also has a part time Clinical Psychologist, Karen Matthews, for the Youth Cancer Service as part of the Hunter and Northern NSW Youth Cancer Service, which provides clinical services to oncology outpatients and inpatients aged 15-25 years, and a Suicide Prevention Program run as a clinical research unit funded from the Burdekin initiative and administered through the HNEMHS, and supported by part time Research Manager Dr Katherine McGill.

In addition to their clinical work, all members of staff contributed to their profession and the professional development of others, and to service development for young people and adults cared for by Calvary Mater Newcastle. Particularly notable is Clinical Nurse Consultant Jenni Bryant’s achievement as leader of the Project Team which undertook the revision of the NSW Mental Health and Drug and Alcohol Office’s publication Mental Health for Emergency Departments – A Reference Guide (NSW Ministry of Health). Amended in March 2015, it had been first published, with Jenni, key at the time, in 2009 and is a definitive text used widely by clinicians.

**Student Placements**

Two students worked with the department to achieve academic success. Clinical Psychology Program Professional Doctorate student Stewart Oxley graduated 16 April, 2015 with a Doctorate in Clinical and Health Psychology. Clinical Psychology Program Clinical Masters student Alyce McKeough completed placement at Calvary Mater Newcastle and is awaiting graduation.
The Department of Clinical Toxicology and Pharmacology provides an inpatient service for the management of patients with deliberate, recreational, accidental or other self-poisoning and envenomation. For the management of deliberate self-poisoning, the department combines with the Department of Clinical Liaison Psychiatry as the Hunter Area Toxicology Service. Clinicians in the department also manage patients with adverse drug reactions and complex medication issues and provide a consultative service to the HNELHD in Clinical Pharmacology.

Professor Whyte serves as Deputy Chair of the Quality Use of Medicines Committee of the John Hunter Hospital and is Chair of both the Area Quality Use of Medicines Committee and the Clinical Trials Subcommittee of the Hunter New England Human Research Ethics Committee. Professor Isbister provides expertise to the Drug Committee of the new Children’s Hospital, Westmead. As well as these activities, there is a substantial commitment to undergraduate and postgraduate teaching and an ongoing active research program. Members of the department published 38 articles in refereed journals and presented 19 papers at international or national conferences in 2014/15. The clinicians in the department also contribute to the National Poisons Information Centre roster and support the Hunter Drug Information Service which is part of the department.

In 2014/15 there were 946 admissions to the Hunter Area Toxicology Service. The median age of patients at admission was 35 years (interquartile range: 24-48 y) and the proportion of females was 60%. There were 835 individual patients responsible for these admissions. Seventy nine patients had more than one admission during the financial year. Of the admissions, 823 were for deliberate self-harm. In addition, there were 46 spider and snake bites, 62 recreational drug overdoses, eight iatrogenic poisonings, and seven accidental overdoses. The majority were admitted to the Emergency Short Stay Unit (ESSU), 737 (78%), 60 (6.3%) were admitted to Intensive Care, 111 (11.7%) remained in the Emergency Department and 25 (2.6%) were admitted to an inpatient ward bed.

There was one in-hospital death (0.1%). The discharge destination was home in 618 cases (65.3%), the psychiatric admitting unit in 291 (30.8%) or transferred to another hospital in 22 (2.3%). The median length of stay was 16.5 hours (interquartile range: 8 to 24.6 h). The average number of admissions per day was 2.59. This length of stay is substantially less than the length of stay for poisoning at other hospitals in NSW and Australia. The most common drugs taken for deliberate self-poisoning were: paracetamol (14.1%), alcohol (9.3%), diazepam (6.8%), quetiapine (6.4%), ibuprofen (4.3%), temazepam (2.5%) and oxycodone (2.3%). The most common complications for patients of overdose were a Glasgow coma score (GCS) less than 9 in 146 (10%), delirium in 63 (6.7%), hypotension in 25 (2.6%), seizures in 15 (1.6%), serotonin toxicity in 12 (1.3%), renal failure in 10 (1.1%) and hepatotoxicity from paracetamol poisoning in 7 (0.7%).

Members of the department were involved in the dramatic case of “The dad who died- then revived- from a spider bite” in February 2015, when a landscaping and property maintenance business owner was bitten by a Sydney funnel web spider. As reported in the Daily Telegraph, 6 February 2015, “Fortunately the Calvary Mater is home to one of the country’s leading toxicology units where doctors were able to revive him and keep him on life support long enough for the venom to break down in his system.”

Professor Whyte has moved to three-quarter time in 2015. This has meant that Dr Michael Downes has been appointed Co-Director in his 0.25 position in the department. A Visiting Medical Officer (VMO) appointment in Clinical Toxicology has been advertised.

Professor Geoff Isbister was promoted to full Professor, while Professor Whyte was elected as a Fellow of the European Association of Poison Centres and Clinical Toxicologists (EAPCCT). This makes Professor Whyte one of only five clinical toxicologists in the world to be elected a Fellow of all three international Clinical Toxicology bodies and the only one in the southern hemisphere.

Professor Andrew Dawson is currently one of the two part time Directors of the Poisons Information Centre at Westmead Children’s Hospital and Professor and Director of Clinical Toxicology and Pharmacology.
Pharmacy

The Calvary Mater Newcastle Pharmacy demonstrates its patient focus through quality activities aimed at both improving patient outcomes and contributing to the cost effective use of resources. This result is achieved through the commitment and teamwork demonstrated by all members of the Pharmacy.

The pharmacists are involved in:
- Antimicrobial Stewardship activities
- Medicine reconciliation
- Checking patient orders against approved protocols
- Counselling patients/patient carers about medications
- Working with clinicians to ensure the quality use of medicines within the hospital
- Delivering medication-oriented talks to specialist interest groups within the community
- Education and training of hospital staff
- Pharmacy staff members actively participate in Calvary Mater Newcastle, HNELHD and national committees, specialist clinical teams and advisory groups.

The Pharmacy maintains its involvement in the National Medication Safety initiatives and participates in the periodic audits associated with the National Medication Inpatient Chart.

Calvary Mater Newcastle Pharmacy staff through their commitment and team work, continue to deliver a quality pharmacy service to patients of Calvary Mater Newcastle. This is demonstrated by their involvement in a number of clinical activities which support targeted key performance indicators.

While the provision of therapeutic information in response to enquiries continues to be the main priority of the service, the aminoglycoside monitoring service is also regarded as a core service. Since the service was implemented in 2011 there have been 1,343 requests for recommendations in 187 patients across the Hunter New England area. A paper and letter to the editor detailing this service were published and opportunities for growth and further research exist.

During the year, the HDIS also:
- Commenced moderating a new HNE/Pathology North discussion site for antibiotics and their use (www.AIMED.net.au)
- Maintained and built links with various departments and agencies
- Continued to support Quality Use of Medicines initiatives across a broad continuum
- Was awarded the June 2015 Calvary Mater Newcastle Team of the Month Award
- Was successful in obtaining a HETI grant allowing site visits to be conducted at several national medicines information centres
- Presented at national conferences
- Participated in teaching activities
- Continued regular Quality Assurance activities

The Pharmacy continued its role in student education by:
- Supervising both undergraduate and postgraduate pharmacy students from the University of Newcastle and other universities
- Leading tutorials for fifth year medical students from the University of Newcastle
- In 2015 a contract was awarded to an external provider to deliver targeted chemotherapy services. The close partnership required to ensure high quality supply of product has become crucial to enable the pharmacists to manage the increased workload associated with the provision of chemotherapy. Included in this workload is the clinical pharmacy review of chemotherapy orders and the management of the chemotherapy prescription writing process.
- The Pharmacy remains committed in its support for medical research and is actively involved in more than 60 clinical trials. While not all patients are receiving treatments which are the subject of research, clinical trials can involve patients who are being cared for by clinicians in the Departments of Radiation Oncology, Medical Oncology, Surgical Oncology, Haematology, Palliative Care and Clinical Liaison Psychiatry. Funds generated from Pharmacy’s involvement in clinical trials have enabled the continued employment of a clinical trials pharmacist and a new appointment of a part time clinical trials accounts clerk.
- Three Calvary Mater Newcastle Pharmacy technicians successfully completed a Certificate IV course in Hospital Health Service Pharmacy Support in 2015. Grants from NSW State Training authority were allocated to the technicians to facilitate this undertaking.
**Oncology**

- **Medical Oncology**

  The Department of Medical Oncology is one of the largest and busiest units in NSW. We saw 1,249 new patients and 25,481 occasions of service in the 2014/2015 financial year. We welcomed many new personnel to our unit including Registrars: Dr Hiren Mandalaya, Dr Mohsen Shafiei and Dr Giovana Celli Marchett, Clinical Trials Coordinators: Mary Hunter and Sandy Mackellar, and Locum Clinical Trial Pharmacist Shu Ren.

  We wish well to those who have left the department. It appears there is a pregnancy hormone mixed with our chemotherapy drugs, because in the past 12 months we have seen the highest number of staff taking maternity and paternity leave. Congratulations to Alex, Leanna, James, Craig, Adeola, Fiona D, Andre, Rob, Alesia and Nimisha. This has created a rather complicated cover for rosters.

  Although the waiting time to see a medical oncologist has been maintained within benchmarks, the Day Treatment Centre (Kelly Randall NUM) is struggling to keep up with demand as a consequence of increased numbers of patients requiring treatment, increasing complexities of therapy, new drugs becoming available, particularly in melanoma, and four chemotherapy chairs remaining unfunded.

  Dragon Dictation has been implemented resulting in a shorter turn-around time for letters becoming available to referrers. Electronic correspondence through ARIA is still to be realised. The rate of scalp cooling to prevent chemotherapy associated alopecia has been used in more patients with good success.

- **Surgical Oncology**

  The Department of Surgical Oncology and the Australia and New Zealand Breast Cancer Trials Group (ANZBCTG) coordinate national and international collaboration in randomised clinical trials for women diagnosed with or at risk of breast cancer. This national and international activity is an important resource for Calvary Mater Newcastle. The Department of Surgical Oncology and the Trials Coordination Department of the ANZBCTG are located in the NBN Telethon Mater Institute on the Mater Campus. Professor Forbes is Director, Department of Surgical Oncology, Calvary Mater Newcastle; Director of Research, ANZBCTG; and Professor of Surgical Oncology, University of Newcastle.

  Surgical Oncology is responsible for weekly clinics for women at high risk of breast cancer, or for post-diagnosis and treatment follow-up. Regular meetings include weekly multidiscipline clinical-pathology review of screen detected breast cancers, as well as pathology specimens.

  The ANZBCTG supports the appointment of a Postgraduate Fellow in Breast Cancer Clinical Research, Dr Nicholas Zdenkowski. Dr Zdenkowski recently received an ASCO Conquer Foundation Merit Award for his abstract regarding the LATER clinical trial (Later adjuvant aromatase inhibitor Therapy for postmenopausal women with Endocrine Responsive breast cancer), which he presented in a poster session at the American Society of Clinical Oncology Conference in Chicago in May. The poster was named in the ‘Top 10 practice changing abstracts’. The LATER clinical trial is in the stages of closing and follow-up will be complete by April 2016.

  Current clinical trials encompass prevention and treatment of all stages of breast cancer as well as many translational research studies. This collaboration involves more than 700 researchers, 87 institutions and 74 unique clinical trials in Australia and New Zealand, and more than 1,600 investigators globally who contribute to the International Breast Cancer Intervention Studies (IBIS) with Cancer Research UK, London UK. The investigators also collaborate through the Breast International Group (BIG) Brussels, Belgium; the International Breast Cancer Study Group (IBCSG) Bern, Switzerland and Amhurst, USA; and the National Surgical Breast and Bowel Project (NSABP), Pittsburgh, USA.

  Clinical trials that have recently commenced are:

  - **ELIMINATE** - this clinical trial investigates if giving neoadjuvant (pre-operative) hormone therapy and chemotherapy at the same time is more effective than neoadjuvant chemotherapy alone at shrinking the breast cancer before surgery
  - **DOMINO** - this study aims to find out if a Decision Aid developed to give women information about adjuvant and neoadjuvant treatment for breast cancer helps them make decisions about their treatment

  Surgical Oncology also recruits women for the LORELEI clinical trial, a neoadjuvant study comparing letrozole plus GDC30032 (an investigation product) versus letrozole plus placebo in postmenopausal women with oestrogen receptor-positive/HER2 negative early stage breast cancer. This trial is managed by the Department of Medical Oncology.

  The POSNOC trial, a randomised controlled study of axillary treatment in women with early stage breast cancer who have metastases in one or two sentinel nodes, is expected to be open to recruitment by late 2015.

  The ANZBCTG researchers have contributed to 38 publications in the past 12 months. Members have also contributed to the Early Breast Cancer Trialsists’ Collaborative Group (EBCTCG), Oxford (overviews of breast cancer trials); the IBCSG, Bern, Switzerland; and the BIG, Brussels, Belgium.

  In November 2014 the inaugural Cancer Research UK Prize for Translational Cancer Research was awarded to the international IBIS clinical trial team led by Professor Jack Cuzick and including Professor John Forbes.
Haematology

All staff continue to perform admirably despite the enormous stress created by the mismatch of ever increasing demands on fixed resources. The population catchment for the services offered continues to increase and the burden of disease is increasing even faster due to the ageing population. Despite these stresses, the Haematology Administration Team was awarded the hospital’s May 2015 Team of the Month award, adapting new work practices and working as a team under pressure.

Outpatient referrals

The number of newly referred patients continues to increase every year; 1,524 new patients were referred to the Haematology Unit in 2014/15. These patient referrals are all reviewed by the 4.4 FTE clinical haematology staff specialists and then triaged for urgency to be seen in the outpatient clinic. All patient referrals are categorised into urgency codes to meet each patient’s clinical need. This has increased from 58% of all new referrals being triaged to 70% being allocated an appointment to see a haematologist. The remaining were referred back to their GP with written advice. The average waiting time for outpatient appointments is seven weeks. Patients with non-life threatening illnesses are required to wait up to 10 months for an appointment.

Outpatient services

More than 8,800 patient visits occurred through the outpatient clinics for 2014/2015.

Ward 5D, a 10 chair day ward, ran at greater than 100% occupancy with over 9,194 patient visits.

Venesection clinics run by the Haemophilia Clinical Nurse Consultant (CNC) and the Venesection Registered Nurse managed 1,025 patients in 2014/15. Also, 322 patients with bleeding disorders were managed with 678 occasions of service including clinical reviews, clotting factor treatments, physiotherapy and radiological interventions and patient family education.

The level 3 clinical area is now equipped with an emergency/resuscitation trolley. The Haemophilia CNC and Social Worker continue to provide community education regarding haemophilia and bleeding disorders by presenting teacher education sessions at schools and childcare centres as requested. Most recently visits to Scone and Muswellbrook have taken place.

Annual meetings and conferences attended in 2015: Australian Bleeding Disorders Registry (ABDR), Data Manager Group (DMG), Melbourne (Dale Rodney, Data Manager). Australian and New Zealand Haemophilia Conference, Haemophilia Foundation of Australia (HFA), Gold Coast. Australian Haemophilia Nurses Group (AHNG), Gold Coast.

Inpatient admissions

The demand on inpatient beds for high dose chemotherapy and stem cell transplant is similarly ever increasing, from 1,920 inpatients in 2013/14, to 2,032 in 2014/15. Under NUMs, Wendy Johnson, Olivia Edwards and Debbie Carr’s leadership, the staff in Wards 5C (Inpatient Ward) and 5D (Day Ward) maximised the throughput of patients, by maximising efficiency by pre-admission work up, and early discharge and outpatient follow up. The occupation of inpatient beds is often in excess of 100%.

Many treatments that other units administer as inpatients are administered as outpatient therapy at Calvary Mater Newcastle, to avoid treatment delays, thus also relieving the bed pressures on the Inpatient Ward. Unfortunately this does increase the pressure of the occasions of service in the Day Ward.

Planned chemotherapy delays are measured as per triage categories over 2014/15. Triage category 2 (admit within 48 hours) has decreased from last year to 63% admitted within the expected time frame, indicating an increase in occupancy and demand for beds.

Both Wards 5C and 5D have been refurbished earlier this year, with painting, new floors and new bathrooms.

Dry July funds have allowed the welcome refurbishment of the waiting room area, providing new lounges and furnishings for the Haematology Ward.

A large number of staff from 5C have returned from maternity leave helping with continuity of staffing levels. Also the recruitment of new staff has given a refreshed level of experience.

Haemopoietic Stem Cell Apheresis, Cryopreservation and Transplant Services

This unit also has an ever increasing workload with 55 patients for stem cell collection and 41 auto transplants. Coordination of HPC/ASCT schedule is prepared by the Haematology CNC in liaison with the unit’s NUMs. Co-ordination and referral for all the unit PICC referrals is also carried out via the Haematology CNC and apheresis staff.

Consultative Roles for HNELHD and the NSW Ministry of Health

A number of Calvary Mater Newcastle haematology staff play an indispensable role for the Ministry of Health and HNELHD by providing their expertise.

- HNELHD Transfusion Committee: Dr Sandra Deveridge
- HNELHD Cancer Network Leadership Committee: NUM Wendy Johnson and Professor Philip Rowlings
- HNELHD Haematology Stream: Chaired by Professor Philip Rowlings and coordinated by NUM Wendy Johnson
- NSW BMT Network of the Agency for Clinical Innovation (ACI): Louisa Brown CNC, Transplant Coordinator is Co-Chair NSW BMT Network of the Agency for Clinical Innovation, Chair of the Autologous
- BMT Committee: Professor Philip Rowlings
- NSW Haemophilia Network: Dr Michael Seldon

“Future Directions”

The Haematology Department with assistance from HNELHD Cancer Services and the Planning and Performance Department compiled an important planning document, “Clinical Haematology Services Future Directions to 2020”. Implementation is under way.

Teaching

Medical students from both the University of Newcastle and University of New England, are taught in both the inpatient and outpatient setting, as well as by provision of lectures and tutorials at the University of Newcastle, Callaghan Campus.

Nursing and allied health undergraduate students from the University of Newcastle are trained in the Inpatient Ward. The staff specialists contribute to medical registrar training and preparation for the Royal Australasian College of Physicians Exams.
Personnel

Staff Specialists: two senior staff members, Dr S. Deveridge and Dr A. Enno reduced their FTE’s to 0.05. This has allowed the appointment of one new 0.8 FTE Staff Specialist, Dr Wojt Janowski. Dr Bryony Ross has also been providing locum cover.

Currently six full time Haematology Advance Trainee Registrars work equally between clinical and laboratory work. Asma Ashraf is in her final year of training and completing her Masters by Research.

Trial of a Team Leader position within the inpatient unit in 2013 has been evaluated and recruited as a permanent 0.8 position.

The team from the Haematology Ward who assisted with the initial testing phase of the CLD resource were mentioned for their efforts in the NSW state report.

Criteria Led Discharge (CLD): planning for discharge on admission is designed to assist teams to make changes to improve the ways that care is provided while patients are in hospital. Evidence suggests that CLD can improve patient and staff experience and reduce the length of stay with no increase in admissions.

Working together to ‘Close the Gap’: several clinical staff are working with Rose Wadwell, HNELHD Project Officer Aboriginal Cancer Services, supporting initiatives to enhance access to health services for rural communities. They are working together on a project involving Aboriginal patient stories with storytelling being a powerful way to ‘Close the Gap’ for patients to access services.

Haematology Administration Team: recognition by receiving the hospital’s Team of the Month Award in May 2015.

Revenue Clerk relocated to Ward 5D: raising the outpatient revenue by being more readily accessible to patients and staff.

Donations from the Community

Throughout the year, the Haematology Department received numerous donations from individual families and the community. A single donation of $4,500 was received from Dr Srian de Silva and children in loving memory of his wife Dr Kamala de Silva. Also a generous donation of $5,100 was received from Niraj Vishnoi.
A Successful Year of Innovation

It was a very significant year for the Department of Radiation Oncology with the successful implementation of the Varian TrueBeam STx, the most advanced linear accelerator ever to come to the Newcastle region. This state of the art machine is primarily designed for stereotactic radiotherapy, which means the delivery of high radiation doses to small tumours in only a few treatment sessions with a high degree of speed, accuracy and precision. The time from removal of the old linac to the start of clinical use of the new one was a full six months, highlighting the complexity of commissioning such an advanced machine. Our radiation therapists, medical physicists and biomedical engineers have trained diligently to learn the many new features. We are continuing to implement all the advanced capabilities of the TrueBeam as we move through 2015.

Alongside the installation of a new linac, it has been a stellar year for the implementation of new treatment options for our patients. We have established both stereotactic cranial and stereotactic body radiotherapy programs and we are keenly recruiting patients on new clinical studies to better define the optimal use of these emerging treatments. Exceeding national benchmarks, over 50-60% of all patients are now treated with complex treatment plans such as Intensity Modulated Radiotherapy (IMRT) and Volumetric Modulated Arc Therapy (VMAT) which allows for more accurate targeting of tumours with rapid fall-off of dose to spare normal tissues and reduce side-effects. Of note, an advantage with VMAT compared to older techniques is that treatment time on the couch is significantly reduced thus improving patient comfort, especially for the symptomatic, disabled or elderly patient. VMAT treatment of scalp lesions has been pioneered this year making a previously difficult junctioning technique, with the patient on the bed for up to an hour for each treatment, into a far simpler and more accurate procedure taking only 20 minutes for each patient treatment. With similar benefits, VMAT for wide-field breast and regional nodal irradiation has also been implemented for selected patients. VMAT can now be used for selected whole brain treatments to allow sparing of dose to the hippocanthus, thereby aiming to reduce the potential for memory impairment.

In addition we have introduced the deep inspiration breathe-hold technique called DIBH, which by treating a target volume only in the deep inspiratory phase can reduce dose to adjacent organs such as heart and lung. This is a useful technique in treating left sided breast cancer and some intra-thoracic tumours such as lymphomas. The radiation therapists are now trained in this technique, which has been challenging as breathe holding is not easy to coordinate for both patient and staff but this has been rewarding when mastered.

Operational Performance

Our department continues to perform well in meeting the benchmarks recommended by NSW Health and the Australian Council on Health Care Standards in providing timely treatment. Our average wait-times are for new patient consultations less than two weeks and for treatment 21 days or less. This is achievable due to the expansion of radiotherapy services to regional New South Wales over the past five years with both public and private facilities. We also manage the waiting list with after hour shifts thanks to our committed radiation therapy staff. Generally our referral rate has stabilised for the last few years with about 2,000 new patient consultations per year. There is however an increase in head and neck cancer patients referred for multidisciplinary consultations at the hospital, placing increasing demand on specialist nurses and allied health staff, especially dietitians, social workers and speech pathologists. Funding these essential support services for our head and neck cancer patients remains an ongoing challenge.

Staffing

This June, we welcomed our new Business Manager, Shelley Greene, who comes from the NSW Rural Doctors Network having recently been successful in completing a Masters of Business Administration (Management). After many years of staff shortages, the Medical Physics section is now fully staffed with the arrival of three new staff members: A/Prof. Joerg Lehmann (Lead Physicist) from the University of Sydney, Miriam Barry (Medical Physics Specialist) from Queensland University of Technology and Joshua Moorrees (Medical Physics Specialist) from the Royal Adelaide Hospital. Congratulations to two Radiation Therapists, Jenna Hogan and Nicola Schellnegger, who were successful in being appointed to permanent positions and who are both well recognised for their enthusiastic contribution to multidisciplinary teamwork. Another addition to staff is part time Radiation Oncologist, Dr Mike Fay, who came from the Royal Brisbane and Women’s Hospital and will be subspecialising in gastro-intestinal, skin and neuro-oncology. Completing a PhD, he has a special interest in neuro-oncology research, especially in exploring imaging methods to improve treatment of brain tumours. Thus with effective staffing, Radiation Oncology at Calvary Mater Newcastle is well placed to continue striving for excellence in treatment innovation, training and research.
Palliative Care

Introduction

The Department of Palliative Care has had another busy and productive year. This is across many areas including clinical care, teaching, education and research. As clinicians, the numbers and complexity of referrals continue to rise. It is also with great pleasure that we acknowledge the recruitment of new positions which include a nursing care coordinator, a nursing educator and a bereavement social worker position.

Other changes in medical staffing are happening. After many years of service Dr John Cavenagh is retiring from his role as a senior staff specialist in palliative care. John’s substantial contribution to the growth of palliative care at Calvary Mater Newcastle and across Hunter New England is acknowledged and he will be missed. While the department is saddened by John’s retirement, we are also delighted to welcome Dr Nina Vogel and Dr Lindy Turner as new staff specialists.

National Palliative Care Week 2015

The theme of this year’s National Palliative Care Week was ‘Dying to talk: Talking about dying won’t kill you’ with the aim of encouraging people to discuss the important issues around death and dying.

The palliative care staff at Calvary Mater Newcastle used elements of fun and creativity to engage a broader audience. The two origami dinosaurs used in the National Palliative Care Week marketing package provided the inspiration for the hospital’s information stand. Origami artist Midori Fruze spent a couple of hours at the hospital demonstrating the art of paper folding.

Palliative care staff provided information and advice to patients, carers, visitors and staff on all aspects of palliative care and advanced care planning. Personal consultations on making decisions about care and advanced care planning. Personal consultations on making decisions about care and advanced care planning. Personal consultations on making decisions about care and advanced care planning. Personal consultations on making decisions about care and advanced care planning. Personal consultations on making decisions about care and advanced care planning.

Aboriginal Education

Kathryn Bensley, our Senior Aboriginal Health Education Officer in Palliative Care, has been studying this year graduating with her Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (PRACTICE). It has been most pleasing that as a result of this role more Aboriginal people have had contact with Palliative Care Services. At present, Kathryn regularly sees a number of people and their families in the community, Aboriginal people at John Hunter Hospital, Rankin Park Centre and Calvary Mater Newcastle (including the Hospice).

In an effort to help Aboriginal patients and their families feel safe within the hospital, a very talented and proud Wiradjuri lady, Aunty Coke, has produced two large artworks which are now proudly displayed in the Hospice. At the formal opening, Aunty Coke explained the meaning behind her artworks and why she used calming colours, such as blues and greens, to bring the outside inside and create a very welcoming environment.

Most recently, Calvary Mater Newcastle Palliative Care was delighted to join the NAIDOC Week celebrations. Acknowledging this special occasion, led by Kathryn, the Department of Palliative Care organised the hospital’s second formal Smoking Ceremony. This was carried out by Uncle Bill Smith, a Wirrigan Aboriginal Elder and Steve Lombardi played the didgeridoo.

Transitional Nurse Practitioners

The Palliative Care Transitional Nurse Practitioners (TNPs) have been developing the role and scope of practice of the nurse practitioner in palliative care. This involves intense education in advanced nursing skills incorporating theory with clinical practice. This role will further enhance palliative care nursing by providing timely, equitable and high standard of care to people dying and their families in our area.

The TNPs have been involved in many aspects of the delivery of palliative care throughout the HNEAH; from bedside clinical work to workforce capacity building. The TNPs provide consultancy in all clinical settings, that is, in the community and to all Residential Aged Care Facilities (RACF) and all acute hospitals in the area. We continue to support our colleagues in rural and remote areas through innovations such as teleconference peer review and the Hunter Area Palliative Education Nurses Network (HAPENN).

The TNPs facilitate and present education opportunities for all health care professionals. We offer an RN Certificate in Palliative Care which is a post graduate certificate recognised at universities.

Another innovation is the Pharmacology in Palliative Care for Nurses workshop. This day has been very popular attracting nurses from all over the state.

Three workshops have been planned to train and enable staff to safely and effectively manage subcutaneous infusion pumps. This innovation is aimed at capacity building particularly in the aged care sector.

The whole department has a close working relationship with the Palliative Experience in the Palliative Approach (PEPA) NSW. This is a government initiative to promote the palliative approach to care particularly in RACF.

Several workshops have been conducted in the past year catering for a variety of health care professionals. Education inservices or short education sessions have been conducted for volunteers, community groups, medical students, university students, TAFE students, as well as RACF and acute hospital settings.

The TNPs are involved at a committee level with the Hunter Aged Palliative Care Network (HAPCN). The HAPCN leads a link nurse program where more than 25 facilities are represented. The aim of this network is to champion education and training to build skills in palliative aged care.

Nursing

In January 2015 the Department of Palliative Care welcomed Kathryn Cooper into the role of Acting Nurse Unit Manager, providing the maternity leave relief for Stacey Diana. Kathryn is an experienced palliative care nurse, having worked in the department for six years. Kate is passionate about the delivery of excellent palliative care and a key focus of Kate’s role since her commencement has been to recruit new nursing staff to complement the existing experienced workforce. As a result the department has welcomed six new nursing staff this year, each of whom has made a positive impact on the wider nursing team.

Kate is well supported in her role by the Clinical Nurse Specialist Care Coordinator, Peter Kozaczyński and the Clinical Nurse Educator, Therese Curry. This senior nurse leadership team is working closely together to support the nursing team in the delivery of expert evidence-based care, resulting in improved patient and carer outcomes.
Occupational Therapy and Physiotherapy

One of the highlights for occupational therapy this year has been the acknowledgement that this group has received for their equipment project led by Jenny Gleeson. This project entitled ‘The Equipment Commitment - Supporting the Choice to Die at Home’ was originally funded through a HNE innovations grant. In summary, this project has allowed the hospital to enhance its specialist palliative care equipment pool, while concurrently improving engagement with HNE equipment providers. This project was awarded a Greater Newcastle Cluster Quality Award because in a short period of time, the project has allowed many patients and families more timely access to the necessary equipment that allows them to stay in their own homes. In mid-2015, Mr Michael DiRienzo, Chief Executive of Hunter New England Health, demonstrated his support for the project by allocating funds to purchase additional items for the shared equipment loan pool.

Fig Tree

The Dry July campaign funded an arts health project entitled ‘Arts for Health – Leaving your mark in time and place,’ a collaboration between two local artists and Fig Tree Program staff in the Mercy Hospice, which will soon be complete. The art works created as part of this project by the artists and palliative care patients and their families will form part of an art exhibition to be held in the Hospice in November 2015.

Social Work and Bereavement

The Department of Palliative Care Bereavement Service has expanded service provision with the addition of a part time social worker. The recent introduction of a part time clerical assistance has meant that more professional time can be devoted to direct service provision. The Bereavement Service offers counselling and support through telephone support, face-to-face counselling, as well as a range of group programs. A total of 19 support groups, focused on exploring the challenges of major loss and grieving, were offered over the past 12 months, with 155 attendances.

A particular emphasis for social work this year has been the provision of support and counselling to families of palliative care patients with children or young people. This service is proactively offered to families where the patient is at home, in the Hospice or during the time of bereavement. This recognises the particular stresses associated with illness during this phase of the lifecycle and the preventative nature of early interventions.

The Social Workers’ Grief and Loss Professional Development Group is facilitated by the palliative care social worker and is now in its fourth year of operation. It continues to provide ongoing education in issues of grief and loss which is a core aspect of social work practice. Attendance is consistently high and access across the region is through videoconferencing. Recent topics have included loss and children, death competence and new developments in grief theories.

A new initiative has been the provision of ongoing interdisciplinary professional development for allied health at Calvary Mater Newcastle around common themes that underpin practice. The ‘Concepts, Themes and Dilemmas Group’ meets every two months and is facilitated by the palliative care social worker and occupational therapist. Current topics include: Hope in the Context of Serious Illness, Life Transitions and the Meaning of Suffering and Symbols as a Window to Patient Experience.

Palliative Care Education

Despite its small size, the Department of Palliative Care continues to host fifth year medical students for an intensive placement in palliative care. Acknowledging that not all fifth year rotations occur in Newcastle, the department, under the leadership of Dr Erica Cameron-Taylor, has developed online resources to ensure that all students have access to a spaced-education program. The program provides them with the basics regarding the philosophy of palliative care and approaches to assessing and managing common palliative care problems such as pain, nausea and dyspnoea.

Research

The department continues to be a major site for palliative care research in Australia and NSW. To date, the department has contributed to the successful completion of a number of important trials in palliative care which this year include developing evidence-based approaches to managing delirium, inoperable bowel obstructions, shortness of breath and appetite. Further, researchers within the department are currently leading pilot projects which include exploring the effects of benzodiazepines on amnesia at the end of life and the role for ultrasound to assess the incidence and prevalence of gastroparesis in palliative care. Most recently, the department was part of a successful grant application to investigate the role for medical cannabis in the palliation of anorexia in terminal illness.
The medical treatment of melanoma continues to be a rapidly developing landscape. For many years we had no effective treatments but the past few years have seen significant changes. In the last 12 months two new melanoma drugs have been listed on the Pharmaceutical Benefits Scheme (PBS) - one from the class of drugs called BRAF inhibitors and the other from the class called Immune Therapies. When a drug is listed on the PBS it means that the government subsidises the cost of the drug to make it available to the patient at a much more affordable cost.

BRAF Inhibitors are oral targeted therapies which only work on patients whose melanoma harbours a BRAF mutation. Dabrafenib was the first of these therapies listed on the PBS and this past year saw the addition of a second drug in this class, Mekinist. This drug is only active when patients have a BRAF mutation and it also helps Dabrafenib work more effectively. BRAF mutation testing is carried out on all patients with advanced (metastatic) melanoma to determine whether or not they are suitable for BRAF targeted therapy. The mutation is present in approximately half of all patients. This testing is a significant initial step in patient management and is coordinated by our Senior Research Officer, Dr Pauline Hanrahan.

Immune Therapies are intravenous drugs that stimulate the patient’s immune system to better recognise and destroy cancer cells. Ipilimumab was the first immune therapy to be PBS listed for the treatment of advanced melanoma and in September of this year a second immunotherapy, Pembrolizumab (“Keytruda”) was added to the PBS which means that many patients now have access to two lines of treatment for their disease. As a direct consequence of these therapies, patients are enjoying improved survival times which is a vastly different situation to only three or four years ago. Dr Pauline Hanrahan updated the senior clinical staff of the hospital about these and other new developments in the management of melanoma when she was invited to speak at the Senior Staff Forum in November 2014.

The Melanoma Unit has made a valuable contribution to the clinical study of Pembrolizumab as it was one of the first sites where this drug was studied in the initial phase 1 trial (Keynote 001). To date, nearly 300 Australian patients have participated in clinical trials related to this drug. The unit’s participation has been essential in helping to define the clinical benefit of Pembrolizumab and in fast tracking its September 2015 approval on the PBS. A letter of acknowledgement from the president of the parent pharmaceutical company, MSD, recently
received by Dr Andre van der Westhuizen and Dr Pauline Hanrahan noted:

“It should be plain that we would never have reached these important milestones without your commitment to patient care. … thank you again for your efforts on behalf of the patients whom we, together, serve.”

The number of new patients referred to the unit over the past year has remained relatively stable - approximately 460 patients with a diagnosis of a new primary melanoma and an additional 200 re-presenting with a second primary melanoma or newly diagnosed metastatic disease. In spite of this stability in referral numbers, the complexity of patient care, particularly in patients with advanced disease, has continued to increase due to the availability of many more effective treatment options and longer patient survival. The management of the unique toxicities of the new melanoma treatments adds further to this complexity of care.

Throughout the year, two dedicated clinical nursing staff Sue Collins and Donna Owens have continued to be invited to share their clinical expertise. Sue was a guest speaker in October 2014 at a NSW Nurses Educational Forum also attended by physicians and pharmacists. She spoke on the management of immunotherapy toxicities in the clinical setting. The nursing staff are also helping to facilitate a joint University of Newcastle and HMRI smoking cessation study by coordinating fortnightly clinic access for researchers to conduct patient surveys.

The Hunter Melanoma Foundation (HMF) has continued to promote its Sun Safety awareness campaign to local primary schools. At the 2015 Newcastle Show, the Foundation ran an information stand which included a demonstration of facial sun damage with the use of a UV reflective photograph. Many people were amazed at the extent of damage present that is not visible to the naked eye. Additional HMF educational activities over the past year have included participation in the Men’s Health Expo and promotion of the importance of an annual skin check via the ‘Check Mate’ campaign. The HMF also held a successful fundraising event, the HMF Charity Race Day on 13 June 2015. The HMF continues to support melanoma research with its current generous sponsorship of two PhD students at HMRI who are working on projects in collaboration with clinicians and research staff within the Newcastle Melanoma Unit.

Our Melanoma Clinical Research program continues to grow. Within the past year, several interesting studies have been proposed including: a radiation oncology trial involving the management of Lentigo Malignant Melanoma; a study combining immunotherapy and intra-lesional injections for melanoma metastases on the skin; and an investigator-initiated translational pilot study looking at the combination of chemotherapy and immunotherapy as a means to overcome immunotherapy resistance. This latter study is still in its planning stages and Dr Andre van der Westhuizen, Medical Oncologist, will be the principal investigator.

The treatment landscape for melanoma is rapidly expanding and we in the Melanoma Unit look forward to further important therapeutic developments in the year ahead.

The Hunter and Northern NSW Youth Cancer Service

The Hunter and Northern NSW Youth Cancer Service (YCS) accepts referrals for Adolescent and Young Adults (AYA) receiving cancer treatment across a substantial geographical area (HNELHD-130,000 km² and 850,000 people).

Our team have continued to provide an outreach service to Taree on several occasions over the past 12 months and in March 2015 went on a two-day road trip to Gunnedah, Tamworth and Armidale.

Plied with as many resources as possible, including Redkite support bags, CanTeen resources and YCS brochures, the first stop was Gunnedah Hospital. Here we met with the NUM of the Community Health Service and provided an education session to 11 key staff. We then visited the North West Cancer Centre in Tamworth. Here we had clinics booked to catch up with both on and off treatment patients including a newly diagnosed patient having their first cycle of chemotherapy. We also provided the nursing staff with two update education sessions.

Karen, our Clinical Psychologist was able to provide some psychological interventions with patients and educate staff on the role of a psychologist first hand.

We then visited Armidale’s brand new Cancer Centre where we were greeted by staff who were very keen and interested to meet our team in person and collaborate on ways we can work together to improve the outcomes and support for AYAs living in rural and remote areas of the HNELHD.

The YCS’s team is well distributed across Australia. The Hunter YCS is one of five YCS teams in NSW/ACT. Each year we meet nationally at a two-day workshop, to increase our knowledge of adolescent and young adult specific needs. In late 2014 our team travelled to Brisbane to attend a workshop focusing on ethics and legal implications of AYAs with cancer. More recently the team visited a workshop in Melbourne concerning palliative care.

Lyndal, our Clinical Nurse Consultant, also presented at the Cancer Nurse Society of Australia (CNSA) Winter Congress on “Sub Specialisation in Cancer Nursing: Youth Cancer Specialist Nurse Role Contribution and Collaboration” which was held in Perth.

Lyndal is a member of the Scientific Committee organising the Inaugural Australasian AYA Oncology Congress hosted by the Australian Youth Cancer Service, Sydney, 3-5 December 2015. Julia and Karen will represent the HNELHD and join Lyndal at the YCS Youth Summit on the two days prior to the congress.

The Hunter YCS continues on phase two funding until June 2017 and is planning phase three funding options.
For the financial year of 2014/15 the Operating Theatre Suite (OT) performed 3,068 procedures. Of these 714 were urgent non-elective cases and the remaining 2,354 were elective. As well as these 869 ECT (electro-convulsive therapy) cases were performed by Mental Health staff in the OT.

The major type of procedures performed were: breast and melanoma surgery, gynae-oncology, general surgery, thoracic surgery and bowel cancer surgery, breast reconstruction and radiation oncology implants for treatment. Also performed in the OT were medical procedures requiring anaesthetic or sedation including bone marrow biopsies and endoscopy.

We contribute to medical training by hosting general surgical trainees, anaesthetic trainees and have commenced hosting anaesthetic fellows since January 2014. These medical staff are employed by HNELHD and come to us on a rotational basis.

The operating theatre nursing staff, operation assistants and administrative assistant, while providing excellent care to our surgical patients, have spent the past 12 months reviewing our clinical practice through the NSW Health Framework for Essentials Of Care (EOC) program. This is a framework to support the development and ongoing evaluation of nursing practice and patient care. It is underpinned by the principles of transformational practice development. This approach to practice requires that all stakeholders – patients, carers, staff and families – have opportunities to participate and are included in decisions about effective care using approaches that respect individual and collective values. Nurses have been enthused by this opportunity to refocus on the basic values of caring and the reason why many came into the profession. It is fantastic that staff other than nurses have also engaged in this project.

Embracing EOC has proven extremely rewarding for our staff whilst providing improved clinical care for our patients. Our major project to date has been the introduction and documentation of clinical handover between scrub staff and recovery staff.

Our work with EOC continued with operating staff presenting at Calvary Mater Newcastle Inaugural Nursing Grand Round.

Outcomes from our clinical handover project were received with interest when presented to our perioperative peers by Lee Davis and Isabel Andres Marquez, at OTA Zone 1 Annual Conference.
Surgical Unit / Ward 4B

The Surgical Unit / Ward 4B, continues to provide surgical services to general and oncological surgical patients.

The following services are managed from the Surgical Unit:
- Stomal Therapy/Wound Management
- The Acute Pain Service
- McGrath Breast Care Nurse

Tess Richards, Stomal Therapy Wound Manager, was successful with an application to NSW Ministry of Health for an Innovation Scholarship of $15,000. This money has been utilised for the production of a DVD on ‘PIP the Primate’ for patient and family awareness of pressure injury prevention. An official launch of the DVD occurred in March 2015.

Funds were gratefully accepted from Dry July which has enabled the ward to purchase recliner chairs for the comfort of our patients post operatively.

Pre-Procedures Clinic

The Pre-Procedure Clinic aims to provide a quality assessment of patients booked for elective surgical admissions to improve their health outcomes, therefore decreasing the number of patients cancelled after admission.

Adult Planned Procedure Booklets (RFAs) are reviewed by the pre-procedure nurse. The clinic nurse according to the criteria outlined in the Pre-Procedure Clinical guidelines determines patient attendance at the clinic. The clinic nurse appropriately allocates patients to either a Nurse Clinic, an Anaesthetic Clinic or a Phone Clinic and marks this on the Adult Planned Procedure Booklet. Appropriate dates and times are then allocated by the booking clerk except for phone clinics which the clinic nurse attends.

The clinic nurses undertake about 370 telephone clinics as well as manage about 2,800 clinic visits annually - either with a nurse only or with the nurse and the anaesthetist.

Pre-operative investigations are undertaken at the clinic wherever possible or a referral is made for those who cannot attend on the day. The patient assessment facilitates the identification of risks and the formation of a treatment plan with the patient. Patient education and discharge planning are also commenced at the clinic.

An expected outcome of the pre-admission process is a decreased length of stay for the patients thereby minimising the time that they spend away from their families and familiar surroundings.

Medical Centre

Medical Centre clinical activity has remained relatively stable over the past 12 months. There has been an increase in staff specialists from several departments, including Dr Kate Naphthali, Department of Medicine, and Dr Mike Fay, Department of Radiation Oncology.

A new initiative, the Medical Centre Nurse Clinic, was launched in September 2014. Patients are able to attend the clinic for an appointment to have injections or infusions without necessarily needing to see the doctor first. This allows the patient some flexibility in coordinating appointment dates and times around their work and lifestyle. This clinic also helps establish a good relationship with the nursing staff, thereby fostering continuous communication between the patient, nurse and the consultant, and often avoiding unnecessary appointments or presentations to the hospital Emergency Department.

The hospital's partnership with the Cancer Council NSW continues to work well in providing a great service to our oncology and haematology patients, as well as being a fabulous resource for those seeking information for relatives or friends of patients undergoing cancer treatment at Calvary Mater Newcastle. The Cancer Council volunteers work Monday to Friday and continue to provide a wonderful service to the community who attend the Medical Centre as either patients or support persons.

Both the Medical Centre and the Cancer Council kiosk will be undergoing some refurbishment works towards the end of 2015. The aim in refurbishing these two areas is to provide patients with a more relaxed and comfortable environment while waiting to see their specialist. Some of these changes include various new seating options, artwork, coffee tables and magazine racks. The Cancer Council kiosk refurbishment will allow the kiosk to be more openly visible and accessible to patients, relatives and visitors. This in turn will optimise and increase access to the service for those seeking further information about cancer or the support services that are available.

The services provided by GP Access After Hours have been given the green light to continue to provide a community service out of Calvary Mater Newcastle, albeit under a different name. The service previously operated under the trade name ‘Hunter Medicare Local’ will now operate under ‘Hunter Primary Care’.

The Medical Centre has continued participating and facilitating the provision of services and utilisation of the Medical Centre consultation rooms and equipment for the Annual Physician Examinations held by the Royal Australian College of Physicians.
Nutrition and Dietetics

Nutrition and Dietetics staff plan and deliver nutrition care for patients admitted to the hospital and those receiving cancer treatment as outpatients. In 2014 the Dietetics Service was involved in the care of more than 2,500 inpatients and 750 oncology outpatients, with more than 5,250 and 2,710 occasions of service provided respectively. The Dietetics Service is committed to improving nutrition care. This is achieved by building strong relationships with other health practitioners, listening to the consumer, evaluating what we do and seeking opportunities to improve. We also continue to be active not only in supporting clinical care, but also in research, undergraduate teaching and community education.

The results from the hospital’s 2015 BPA staff survey demonstrate our staff are engaged in what they do, believe they do a good job and identify the hospital as a great place to work.

The work of the nutrition team maintains a strong consumer focus. This is evident through our participation in projects such as: the review of the new hospital menu, evaluation of the multidisciplinary head and neck cancer support group, and a review of the program to subsidise the costs of home enteral nutrition for oesophageal and head and neck cancer patients. These projects are examples where patient feedback is sought, patient advocacy is evident and good care can be demonstrated.

Speech Pathology

Over the past year the department continues to experience increased demand for service, particularly with the introduction of the electronic patient journey board as well as the ongoing support of third year students from the University of Newcastle. Meetings have recently been held to discuss further improvements to the functioning of the Speech Pathology Student Unit.

The department has been involved in testing the hospital’s diet items and confirming suitability for the Australian Standardised Terminology for Texture Modified Foods and Fluids. In conjunction with the catering service and diet technical assistants, improvements have been made to the form developed in order to minimise errors in diet consistencies being delivered to patients.

An audit of medical chart documentation indicated high compliance with the departmental policy. Recommended changes will focus on awareness of actual requirements for the medical notes and use of accepted abbreviations, as well as clarifying clinical recommendations. Major changes have also been made to the department’s caseload management/handover system, streamlining the process and assisting with handover for a changing staff roster. In addition, the videofluoroscopic swallowing study policy was revised.

In August the department was grateful to receive support from the hospital’s Staff Education Fund for a staff member to attend the two-day International Tracheostomy Symposium in Melbourne. Staff from the department have also attended training in clinical supervision and resilience for allied health.

Occupational Therapy

The Occupational Therapy Department throughout 2014/15 has continued to provide a range of services across the hospital, as well as participate in quality activities and student supervision.

The Meditation Group for oncology patients and their carers has continued to meet weekly and receives positive feedback from all those who have participated. This group is facilitated jointly by the departments of Occupational Therapy and Social Work and has been held nearly every Friday morning since 1998.

The Oncology Loan Pool has provided aids of daily living to scores of patients to help them and their families manage serious illnesses in their own home environment. Enhancing this service continues to be a goal of occupational therapy staff, especially in the area of pressure care management. At any one time up to 250 patients can be using assistive aids loaned from the program.

The Occupational Therapy Department participated in Dry July and helped to raise money for valuable hospital resources.

Staff have continued their professional development throughout the year with attendance at conferences, inservices and local education days, including:

- Hunter Occupational Therapy Education Day
- Allied Health Research Forum
- Whole Body Symposium and Conference
- Resilience Workshop
- Rural Occupational Therapists Forum

Occupational Therapy staff have participated each year in pressure injury education and provided inservices and training to other hospital staff on equipment and management of pressure injuries. They now work very closely with the wound nurses to optimise patient care.

Occupational Therapy Week celebrations are held each year in the last week of October and this year was celebrated with a special staff breakfast at Lexies Café in Stockton.
Physiotherapy

In 2015, the Calvary Mater Newcastle Physiotherapy Department, with support from a nurse coordinator at Tamworth, Taree and Muswellbrook, has conducted early lymphoedema education sessions via Telehealth facilities. This has allowed cancer patients in these rural centres, that otherwise have difficulties accessing services for lymphoedema management, to have some support. To further develop lymphoedema support across the area, department Director Judy Holland assisted HEFT to produce an online learning package aimed at giving basic skills of lymphoedema management to all NSW public health physiotherapists and occupational therapists. This project was completed in June and has been rolled out across NSW Health.

The Physiotherapy Department this year has received a further $20,000 donation from the Supporters of Cancer Group to assist with supplying cancer patients who develop lymphoedema with the purchase of their first garments. This has given many, who would otherwise decline a garment due to cost, the opportunity to better manage their condition.

Physiotherapists, Belinda Allen and Judy Holland, in conjunction with the University of Newcastle and the hospital’s Radiotherapy Department, completed the Pelvic Floor Study with patients undergoing radiotherapy treatment for prostate cancer. The data is currently being analysed and will guide staff in referring those that would benefit most from pelvic floor retraining.

Aoife McGarvey continues to support research into quality of life issues for head and neck cancer survivors, such as shoulder dysfunction and lymphoedema. Aoife was invited to present and coordinate a session at the World Larynx Congress in Cairns.

The Physiotherapy Department is continuing to promote cancer services through presenting lectures and tutorials to physiotherapy students at the University of Newcastle on the role of physiotherapy in cancer care. Physiotherapy staff have also continued their involvement in educating students on placement at Calvary Mater Newcastle.

The Physiotherapy Department has continued working collaboratively across the hospital. Lymphoedema education of other support staff, such as breast care and chemotherapy nurses has become a priority, so that staff throughout the service can give consistent information and offer advice for patients to be able to initiate self-management of their lymphoedema condition. Many cancer patients have benefitted from referral by other staff to our twice weekly gym program that continues to produce good patient outcomes such as improved strength, endurance and reduced fatigue.

Brad Campbell and Amanda Harridge have made important contributions to reducing falls risk, by actively participating in the Falls Committee. Clayton Reid continues to be an integral member of the tracheostomy care team. Clayton Reid and Brad Campbell have undertaken training in DETECT so that they can teach the Allied Health DETECT sessions for essential inservices. Also, Rheegan McDonald has undertaken resuscitation training to enable her to teach the practical component of basic life support techniques to allied health staff.

Social Work

The members of the Social Work Department continue to provide a comprehensive social work service to patients, their families and their carers across all clinical areas.

Social work staff work with the medical, nursing, allied health and support staff of Calvary Mater Newcastle and continue to provide a multidisciplinary approach for patient care. Social workers in particular are responsible for attending to emotional and psychosocial needs of patients and carers/families. They provide assessment, individual and group programs and services. These may include direct counselling related to dealing with adjustment issues, trauma, grief and loss, domestic violence, the provision of specialised meditation and support group programs, discharge planning, social support services, advocacy with government and other agencies to access services.

Social work staff have continued to provide representation of the department, allied health and the hospital on a range of committees both within the hospital and with a range of community groups including: Social Work in Aged Care, Social Workers in Emergency, Calvary Mater Newcastle Stroke Team, Newcastle Domestic Violence Committee, Haemophilia Social Workers and Counsellors Group, Clinical Oncology National Oncology Group, COSA Neuro Oncology Group, Cancer Council Regional Advisory Committee, NSW Cancer Institute Neuro Oncology Interest Group, Youth Cancer Service network meetings and Social Workers in Intensive Care Forum.

Staff have also contributed to a range of conferences, workshops and forums, by participating in organising committees and presenting papers including the HNELHD Social Work Conference. Staff have been active in the development of and updating of resources including input in the development of patient resources for those living with malignant brain tumours, resources to assist in the care of patients who have suffered strokes, resources for patients who have dementia and bereavement resources in all clinical areas of the hospital.

Social workers are actively involved in facilitating a range of group programs within the hospital including Head and Neck Cancer Support Group, Meditation Group, Bereavement Walking Group, Hunter Breast Cancer Information and Support Group and the Falls Management Program. Support is also offered to the Newcastle Mater Prostate Cancer Support and Education Group, Leukaemia Foundation Support Group and the Brain Tumour Support Group.

The department is involved in a number of research projects including ‘Distress Screening and Psychosocial Support’ for patients undergoing stem cell harvesting autologous transplant, ‘Caring for the Professional Carers’ which looks at the impact of death and dying on all staff caring for patients and families, and participation in the ‘Mood Screening Project’ with stroke patients.
Pastoral Care

The Pastoral Care Department has seen some significant initiatives realised this year, particularly in the areas of education, community involvement and professional development.

April MacNeill was awarded her Level 1 Supervisor status by the NSW College of Clinical Pastoral Education (CPE) in January. She can now supervise participants in the Introductory Unit of CPE and the Basic Unit of CPE as offered through the Hunter Centre for Clinical Pastoral Education. This is a significant achievement for April and also for the department as we are now able to explore ways in which Calvary Mater Newcastle, together with CPE, can offer innovative programs in pastoral care.

One such initiative has been our involvement in the Pastoral Placement Program offered this year for the first time by the Catholic Diocese of Maitland-Newcastle. Initially approached as a possible site for pastoral placement for the participants it soon became apparent we could offer more. Working with the Diocese, we proposed a six day education program focussing on the work of pastoral care which would be tailored to meet both the goals of the program and those of an introductory unit in CPE. This meant the participants would receive a certificate for the course which would enable them to pursue further studies in CPE if they wished. This was embraced by the Diocese.

Other adult faith programs have since expressed interest in developing similar programs.

Tony Hassett was elected President of Spiritual Care Australia (SCA Hunter Region). SCA is the national professional association for pastoral care practitioners. Tony and Carolyn Nichols (Secretary) have worked together so effectively that the group has attracted new members, enjoying a meeting format that meets their needs for professional development, networking and supervision. During the past year we have had input from Sr Diana Santleben OP who spoke of her work at Penola House in supporting and advocating for refugees and the environment; Tracy Kemmett, Dementia advisor for the Lower Hunter at the Newcastle branch of integrated living, spoke on ‘Engaging people with dementia and supporting their spiritual need’, and Kathie Bowtell spoke of a wonderful project she was involved in, sponsored by Lifeline, which involved creativity, sensitivity and meaningful support for families grieving the loss of a child to suicide.

Carolyn Nichols, an accredited facilitator of the Seasons for Growth Program has long recognised the need for bereavement support for families of those who have died in the hospital. Palliative care has an extensive and long established program but not so the acute hospital. Carolyn proposed the Seasons for Growth Program as a way of beginning to address this unmet need. Carolyn, in consultation with the team decided to offer a twilight program to give people who work an option for support. Two successful programs have been held in the past year with another planned.

Mary Ringstad, as a member of the Catholic Health Australia pastoral care special interest group, worked to develop an adequate survey tool to map the provision of Pastoral Care in Catholic Health and Aged Care services nationally. This was an enormous and ambitious project, the first of its kind, and overdue. The response rate was very encouraging and the initial findings rich and extensive. Currently the final report is being written and should provide a wonderful resource for the future development of this work in our services.

As a department we are very grateful for the generosity of others who contribute to the spiritual care of our patients and their families, in particular our Chaplains Fr Barry Tunks and Fr Thomas Chirackel; Pastor Roger Nixon and Mr George Walter; our Ministers of Communion Gordon Gardiner, Frank and Joyce Gardiner; Chris Capper and Maureen Grealy; and our weekly volunteer Sr Therese Wilkinson rsm.

We also acknowledge the Calvary Mater Newcastle Auxiliary for its kind donation of a weekly floral arrangement for the Chapel.
The Clinical Ethics Committee

All clinical practice at Calvary Mater Newcastle is underpinned by the Code of Ethical Standards for Catholic Health and Aged Care Facilities in Australia. Calvary Mater Newcastle’s Clinical Ethics Committee has a role in supporting clinicians and researchers to deliver care consistent at all times with these ethical standards. While Calvary Mater Newcastle Clinical Ethics Committee is not a Human Research Ethics Committee constituted according to the requirements of the National Health and Medical Research Council, it does have a number of functions. Committee members review research which has been already approved by a Human Research Ethics Committee (HREC) to ensure that it is able to be conducted in our hospital in a way consistent with the Catholic Code of Ethical Standards. In addition, members of the Clinical Ethics Committee seek to support education to hospital staff on ethical issues, secure advice for hospital staff on decisions that have ethical considerations, and auspice Clinical Ethics Forums held throughout the year on issues of relevance to staff across the hospital.

In the year January to December 2014 the Clinical Ethics Committee reviewed 59 HREC-approved research proposals.

Ethics Forums for 2014/2015

Three forums have been held in which Calvary Mater Newcastle staff participated:

1. When not all is as it seems 11 August 2014
Dr Rosemary Aldrich used a Grand Rounds format to present the story of an episode of care for a de-identified patient in which numerous ethical conundrums and challenges were posed and solved while maintaining best practice care for the patient. Many members of the care team attended the forum and were thanked at the end of the forum for their rigorous attention to patient-focused quality care at the time.

2. NSW State Ethics Forum 12 November 2014
With two themed sessions entitled ‘Hooked: Ethics, Medicine and Big Pharma’ and ‘Why do doctors order so many tests?’ the second of the forums was on a larger scale for a state-wide audience. Hosted by HNELHD, the forum took the format of a keynote address followed by a discussion including six panel members from diverse backgrounds. Dr Aldrich was the keynote speaker with an address entitled ‘The ethics of ego, evidence and equity in health care decision-making’. The event was chaired by A/Prof Lynn Gilliam, Centre for Health and Society, Melbourne Clinical Ethicist and Academic Director, Children’s Bioethics Centre, Royal Children’s Hospital, Melbourne.

3. Can I go home? A case of disability in the young, decision-making capacity and end-of-life care 23 March 2015
Again using the Grand Rounds format, Calvary Mater Newcastle General Physician, Dr Annalise Philcox, presented the complex case of a patient confronted with loss of autonomy. Professor Gregory Carter, Staff Specialist in Consultation Liaison Psychiatry, provided an opportunity for the audience to discuss the issues concerning assessing a person for their decision-making capacity in principle and in practice in relation to this case.

Members of the Clinical Ethics Committee

- Dr Rosemary Aldrich, Director of Medical Services, CMN – Chairperson
- Director of Mission – Vacant as of April 2014
- Dr Tim Stanley, Staff Specialist, Intensive Care Medicine, CMN
- Dr John Cavenagh, Staff Specialist, Palliative Care, CMN
- Ms Elizabeth Milligan, Deputy Director of Social Work, CMN
- Mrs Mary Ringstad, Head of Pastoral Care, CMN
- Ms Ludmilla Sneesby, Nursing Representative, CNC Palliative Care, CMN
- Fr Barry Tunks, Parish Priest of Holy Trinity, Chaplain, CMN
- Mr Wayne Dever, Lawyer, MRM Lawyers, Mayfield
- Mr Dennis Carroll, Theologian and Ethicist: Member, Catholic Moral Theologians Association, Australia and New Zealand
- Ms Paula Watts, community representative

The Clinical Ethics Committee meets on the fourth Wednesday of each month with the exception of December.

Human Resources

While continuing to provide effective and timely Human Resources (HR) services to staff members and management over the past 12 months, the HR Department and Payroll Office have also led significant changes, designed to improve the efficiency and effectiveness of the hospital’s HR management systems.

- The past year saw the door close on the long tradition of printing and distributing paper payslips to staff. Payslips are now sent by email to each staff member’s individual work email account. The new process minimises the risks of loss and breach of confidentiality that are associated with delivering paper payslips. The change will also allow the funds previously spent on paper supplies and printing to be re-allocated to other purposes such as patient care. The change required that all staff members had an email account and knew how to access their emails easily and securely.
- The Staff Development Coordinator has continued to assist staff members to become familiar with Calvary Online Learning as well as implementing HETI Online, the NSW Ministry of Health’s online learning system. Between the two online systems and continuing face-to-face training, staff members can now meet all their mandatory training obligations, as well as undertake other training to assist in their professional development. Future developments in HETI Online will include classroom management and development of HRIS interface and reporting functions.
- There have also been several initiatives led by the clinical nurse educator relating to the development, coordination and delivery of training packages to support changes in policies and standards. These initiatives included staff education to support clinical care, team leader roles and documentation, including invasive device insertion, management and care, as well as staff awareness and strategies to prevent violence in the workplace. Calvary Mater Newcastle is a great supporter of...
nurse education and has a nurturing program for new graduate registered nurses.

- The Work Health and Safety (WHS) Coordinators have continued their efforts to keep Calvary Mater Newcastle a healthy workplace, and a safe environment for patients and visitors. All major WHS targets for the 2014/15 year were met.

- A full WHS System Verification Audit was commenced in June 2015 and resulted in an ‘overall compliance’ score of 84% and a ‘non-compliance’ score of only 4%. The most significant area of non-compliance related to document control due to Calvary Mater Newcastle moving away from its own WHS management system and adopting national Calvary processes and documents. It is expected that this area will be improved as Calvary Connect becomes fully functional over the next year.

- The WHS Coordinators also oversaw the transfer of all Calvary Mater Newcastle chemical registers to the ChemAlert online chemical information management system. WHS Coordinator, Gemma McMillan, was nominated for a Calvary WHS Award for her implementation of the project. The new system will enhance chemical management processes at the hospital, including compliance requirements that were identified during the last HNELHD WHS Audit.

- Along with these changes, the HR Department has also been actively involved in the development of new Enterprise Agreements for all staff. This process is complicated by the need to ensure that all the agreements provide equivalent employment conditions to those provided to NSW public sector health employees, while at the same time meeting the minimum employment standards set out in the Commonwealth industrial arena by the Fair Work Commission. Draft agreements will be issued by the Health Services Association for consideration by Calvary Mater Newcastle in the near future.

- In conjunction with Best Practice Australia, the HR Department coordinated a staff survey in March that gave all staff members the opportunity to make comment on a wide range of work-related matters. There were some very pleasing results from the survey including:
  - an increase in the response rate from 63% in 2013 to 67% now
  - an increase in staff engagement from 42% in 2013 to 50% now
  - 69% of respondents agreeing that Calvary Mater Newcastle is a “Truly Great Place to Work”.

- The ‘Calvary Careers’ online e-recruitment system has been reviewed and tested. HR staff have been given basic training pending implementation, expected to occur in October 2015.

Workload across the entirety of Health Information Services (HIS) and Information Technology (IT) has increased significantly over the past year, if not by volume, then certainly in complexity. The increased number of electronic information systems - corporate and clinical, evolving state level data collection methods and scope, multiple network operating environments, information access across paper and electronic systems, compliance and information security requirements - have impacted our services.

There is no one system for clinical records, nor for activity reporting. Managing across the multiple systems which include: iPM – Inpatient module, ED module, Theatre module, Outpatient module; CAP, ARIA Medical Oncology, ARIA Radiation Oncology and RAP present significant challenges for staff operationally, and these challenges will continue into the future.

Activity Based Management (ABM) and Key Performance Indicators (KPI) data is relied upon more and more to assist management of health care services. These data sets provide key tools for staff when reviewing practices, managing resources, and promoting discussion where benchmarked results indicate variance, or efficiencies are questioned.

The Health Round Table Best Practice Benchmarking Data analyses, and publishes local data and presents this alongside ‘exemplars’ for comparative purposes. The lessons which can be learnt from the exemplar sites can assist organisations to improve their own operational practices, and vice versa when locally Calvary Mater Newcastle is the exemplar. The Health Round Table membership also provides hospital staff with the opportunity to network across the health industry, and to access educational resources on specialty topics. Data is submitted every six months to this collection for inpatient and ED data and from the iPM source system.

Data integrity of the various source data has never been so important. Incorrect data collection can affect services planning, patient safety, funding and reporting. Increasingly departments and staff across the organisation are being asked to adhere to stricter, and sometimes more extensive guidelines.

A number of initiatives involving the Clinical Coding Unit have resulted in improved accuracy of the inpatient data collection, which underpins much of The Health Round Table data and ABM. These include implementation of the PiCQ (Performance for Indicators of Coding Quality) software and resultent team discussions around potential errors, participation in HNELHD Clinical Coding Meetings, ICD10-AM Version 9 training and clinician meetings.

Outpatient data collection and reporting has been a significant area of work as the NSW Ministry of Health moves to accepting only electronic data feeds from approved systems. Central coordination and monitoring of this work and subsequent reporting is imperative across departments and systems to ensure data integrity.

Calvary’s national intranet, Calvary Connect, was implemented in November 2014, establishing a wider staff community and access to Calvary corporate resources. It is anticipated that Local Policies will be accessible in Calvary Connect by October 2015. The fuller migration away from the Mater Localnet is planned to be complete by December 2015.

IT Services has been involved in extending the hospital’s wireless infrastructure during the year, as well as planning for enablement
of a guest internet service to improve patient and visitor comfort. Small cell devices were installed in several key clinical areas to improve internet coverage for Telstra personally owned devices. Work continues with our service partner, Telstra, to try to improve mobile phone voice coverage across the campus.

After extensive preliminary works, IT Services has completed the next stage of the Disaster Recovery Project (DRP). This work has delivered a redundant network core, server, storage and backup infrastructure to increase tolerance and resilience of IT systems in the event of a disaster affecting Calvary Mater Newcastle.

Many process reviews and changes are in progress, as we continue to work more efficiently in an increasingly complex health care environment.

Thanks goes out to a most dedicated and professional team across HIS and IT Services. Well done!
Calvary Mater Newcastle’s Antimicrobial Stewardship (AMS) Program was implemented in mid-2014. During 2014/15 approximately 3,300 antimicrobial medication prescriptions were approved in the program. The program is supported by a multidisciplinary antimicrobial stewardship team, and seeks to require registration of antimicrobials where use should be restricted (to avoid unnecessary use of drugs to reduce the risk of drug resistance). Once registered for use, the team reviews the patient’s prescribed restricted antimicrobials and makes recommendations to the treating team to optimise patient treatment. Over 99% of recommendations were followed by the prescribing medical practitioners where the drugs were registered as required. These recommendations included advice to change the antimicrobial drug, dose or frequency, de-escalating to a narrower spectrum drug or the oral route, or ceasing the antibiotic altogether. The program has assisted medical practitioners to identify and prescribe the most appropriate antimicrobial for each patient, resulting in savings which have been reinvested in the program to improve clinical care. The team continues to educate staff and to promote the registration of restricted drugs.

<table>
<thead>
<tr>
<th>Appropriateness of antimicrobial prescribing</th>
<th>CMN Result (%)</th>
<th>Other Hospitals Results (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate</td>
<td>79.4</td>
<td>72.8 – 75.4</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>20.6</td>
<td>20.1 – 22.7</td>
</tr>
<tr>
<td>Not assessable</td>
<td>0</td>
<td>4.4 – 4.5</td>
</tr>
</tbody>
</table>
Risk Management

Incident reporting is an integral component of Calvary Mater Newcastle’s risk management system. Regular training and information is provided to staff on the use of the Incident Investigation and Management System (IIMS). Incidents are routinely analysed and trends are reported to the Executive and the Patient Care Quality Committee. Serious incidents are formally reviewed. Open disclosure occurs with patients, families, carers and staff who are affected by a serious adverse event while receiving health care. During 2014/15 seven serious incidents were investigated in accordance with the NSW Ministry of Health using a structured multidisciplinary approach to identify opportunities for improvement and to prevent similar incidents occurring in the future. A total of 32 recommendations were made to address issues or factors identified in the investigations that may have contributed to the incidents or to prevent a similar incident occurring. Overall root causes were only identified in two investigations. Two key patient safety areas of focus during 2014/15 include patient falls prevention and Staphylococcus Aureus Blood Stream Infections.

As part of the broader NSW Clinical Excellence Commission (CEC) patient safety initiatives, Calvary Mater Newcastle commenced implementation of the CEC’s Venous Thromboembolism Prevention strategy to decrease the incidence of venous thromboembolism (VTE) such as pulmonary embolism (PE) and deep vein thrombosis (DVT) in adult patients. Overall the program seeks to raise awareness of the risks of VTE in clinicians and consumers and promote a structured assessment and standardised preventative therapy.

Accreditation

Calvary Mater Newcastle is regularly assessed against a range of independent and rigorous standards and schemes. In August 2013, the hospital was granted three years accreditation. In September 2014, Calvary Mater Newcastle provided a self-assessment report to the Australian Council of Health Care Standards detailing the organisation’s compliance with the Australian Commission on Safety and Quality in Health care’s first three national standards. Calvary Mater Newcastle is due for and preparing for hospital-wide re-accreditation under the National Safety and Quality Health Service Standards in August 2016.

Whole of Hospital Program - Improving Access to Care

The Whole of Hospital Program was launched in 2014 to support Calvary Mater Newcastle staff to improve access to care and patient flows across the hospital to ensure patients have access to the right care, in the right place and at the right time with minimum waiting times.

In late 2014, we reviewed hospital bed usage to identify some opportunities for improvement. During this review we sourced information from staff and data systems to explore three main areas:
- management of demand into the hospital
- optimising patient flow through the hospital
- continuity of care from the hospital

At the December 2014 Whole of Hospital (WoH) Strategy Committee, 10 improvement strategies were supported and these have informed the WoH direction for 2015.

The key strategies have included:

1. Enhanced partnerships with Residential Aged Care Facilities (RACF) as Calvary Mater Newcastle provides care to residents from neighboring facilities when they become unwell and some of our patients require placement after a hospitalisation.

2. Seeking out and developing collaborative partnerships with local community services and non-government organisations to source support for patients and their families following discharge from hospital to assist them to remain well at home.

3. Reducing the number of patients with extended lengths of stay in hospital as patients can decondition during lengthy hospital admissions. This can lead to functional decline and it is difficult for them to return to their previous level of function and independence. When there are fewer patients staying more than 14 days, we have been able to increase capacity in the system and improve access to hospital beds.

4. Increasing patient and carer involvement, for example the Patient Care Boards are now available beside every bed. With the introduction of the boards, everyone knows the estimated discharge date and families can plan to be available to collect a loved one and take them home.

5. Improving our discharge planning so patients are better prepared as evidence has found that successful discharge planning can lead to a reduction in the number of people needing to come back to hospital for unplanned readmissions.

WoH is starting to achieve some great outcomes due to the dedication of Calvary Mater Newcastle staff.

Palliative End of Life Care

Calvary Mater Newcastle continues to implement the Calvary Palliative End of Life Care (PeoLC) Strategic Plan (2011-2015). A program officer has been employed to ensure PeoLC strategy is implemented and embedded within practice of all staff. A number of tools have been implemented to support the project including the Serious Advanced Illness (SAI) Unmet Needs Screening Tool (Acute) and the Medical Orders Life Sustaining Treatment (Acute) form to assist in the documentation of patients end of life goals. A care coordinator position has also been appointed in specialist palliative care to improve care coordination of palliative care patients through inpatient area and outreach.

Patient-Centred Care

As part of this strategy, Calvary Mater Newcastle participates in the NSW Health Bureau of Information ongoing patient surveys. Of the 553 Emergency Department patients surveyed, 85% reported their overall experience was either ‘very good’ or ‘good’ compared to the NSW average of 82%. Calvary Mater Newcastle continues to use Patient Experience Trackers to obtain real time feedback of patient experiences of their care. Patient communication boards in inpatient areas, together with hourly rounding, have proven to be an effective way of supporting patient/carer communication with clinicians. This initiative recognises that carers provide an important role in supporting the daily care for many patients and that alternative communication strategies are required to achieve effective and meaningful engagement. During 2014/15 Calvary Mater Newcastle has expanded the 24-hour post discharge phone follow-up service to include all admitted patients.

Hunter Alliance

Calvary Mater Newcastle engaged with other like-minded partners Hunter Medicare Local and HNELHD to form the Hunter Alliance to share our unique abilities, knowledge and specialist skills to improve health care for people of the region.
The Public Affairs and Communications Unit continues to thrive and immerse its work in the running of the hospital. Throughout 2014/15, the unit has been involved in a number of new challenges and exciting projects, and is continuously adapting its practices to suit the organisation and its needs.

The team

In review, the year 2014/15 has been a busy one with a host of projects to keep our team, Ingrid Airlie/Helen Ellis, Debra Astawa and our long standing volunteer, Margaret ‘Maggie’ Sulman OAM, extremely busy. In March 2015, the team temporarily bid farewell to long standing Public Affairs and Communications Manager, Ingrid Airlie, who embarked on a year’s leave from the organisation. Helen Ellis is currently filling this position. Subsequently, Debra Astawa was welcomed to the team as Acting Public Relations Officer, and has fitted into the team with ease.

Much loved volunteer, Maggie, continues to be a great support in the day-to-day running of the unit. Her 23-year commitment to volunteering was honoured on Australia Day with the hospital’s submission for Maggie to receive a Medal of the Order of Australia being successful. Maggie’s tireless commitment to volunteering is to be commended; she continuously assists across a number of hospital areas and projects, complete with her trademark smile and for this we say a big thank you.

Engaging with our community

Calvary Mater Newcastle is committed to engaging with our consumers to develop services responsive to our community’s needs. We continue to strengthen partnerships with consumers across our hospital to allow the perspectives of our patients, their families and carers to contribute directly to high quality health care at Calvary Mater Newcastle.

The Public Affairs and Communications Manager is the Chair of the hospital’s National Safety and Quality Health Service Standards (NSQHSS) Standard 2: Partnering with Consumers Committee. This role sees the unit and committee liaising with all departments regarding effective communication with consumers.

Our ongoing work to develop partnerships to empower patients in the management of their own health care continues, including implementing a Health Literacy Project ‘Talkin’ Health Matters’ and engaging consumers in the development of publications developed by the hospital. Regular Community Advisory Council meetings provide further opportunities to engage with the communities we serve.

Our supporters

Calvary Mater Newcastle is fortunate enough to receive generous support from fundraisers and donors, including individuals, community groups, and local organisations.

These donations have enabled us to purchase special equipment and furniture, pursue vital research, and enhance the care provided to our patients. These purchases are only made possible through the generosity of our community of wonderful supporters who have contributed to many departments throughout the hospital.

The hospital is also lucky to be a Dry July beneficiary. Dry July is a fundraiser that challenges participants to give up alcohol throughout July to support adults living with cancer. Through the generosity of Dry Julyers and their supporters the hospital is able to purchase equipment and fund projects that make a real difference to patients undergoing cancer treatment in our hospital.

The generosity of the community towards Calvary Mater Newcastle never fails to astound us. This is testament to the great care given by our staff time and again. To all our supporters, we thank you from the bottom of our hearts for your continued support.

Management

The Public Affairs and Communications Manager continues the role of Acting Volunteer Manager and Chair of the Heritage Committee, as the hospital awaits to appoint its new Director of Mission.

The unit also continues to manage and have an important working relationship with the Calvary Mater Newcastle Auxiliary ‘Cancer Carers’, the hospital’s ever dedicated cancer care fundraisers. From posters and leaflets, to assistance with community grant applications and events, the unit enjoys its work with this dedicated,
talented group and the hospital continues to thrive with the significant amount of funds they raise each year. The total funds raised for the 2014/15 financial year was $442,486.59, an enormous achievement by all involved. We thank each member of the Auxiliary for their support in this endeavour and we are in awe at what is achieved by the members year on year.

Special thanks must also be given to ClubGRANTS NSW (Newcastle Area) and Newcastle Permanent Charitable Foundation for their extremely generous grants in support of our patients’ cancer care and comfort.

Our Wig Service team continues to work together with a humble determination to ensure the service provided is of utmost quality and timely to the individual needs of each patient. The team never looks for any type of recognition for the service they provide to the community, it has become an extension of their lives. Without their commitment, the service would not be able to help and give hope to the many women, men and adolescents who leave with hope and empowerment after having their new wig fitted. Congratulations to the Wig Service Team who were awarded Volunteering Australia’s NSW Volunteer Team of the Year. The ladies were also recognised with the Rotary Club of Waratah’s ‘Pride of Workmanship Award’.

Media

The media continues to assist us in sharing the stories of our patients and their families, community fundraisers, ongoing campaigns and events. Some highlights of the coverage from the past year include the promotion of clinical trial, PROMETHEUS, involving patients being treated on the new TrueBeam machine, the latest and most advanced radiotherapy technology, and our ‘April Falls Day’ campaign encouraging staff members to ‘Bruise Up’ to help spread important falls prevention messages to patients, visitors and the local community.

The unit continues to forge relationships with key media and stakeholders, and its ongoing strong relationship with Hunter Lifestyle Magazine continues to flourish, as the unit makes interesting and varied article submissions for each edition of the magazine.

Key activities

Every year, the unit provides direction to a number of departments in the compilation of educational tools for patients, such as brochures, fact sheets and posters.

The unit offers renewed ideas and fresh approaches to existing practices, including the rejuvenation of marketing collateral and the advancement and development of events run at the hospital, including this year’s successful breast cancer awareness month that saw the hospital illuminated pink to raise awareness of this disease and show support to our patients.

The team continues to work with hospital stakeholders in all manner of projects including the launch of the ‘My Cancer Journey’ booklet developed specifically for Aboriginal cancer patients at the hospital. The booklet, a HNELHD ‘Close the Gap’ initiative, was produced to improve the effectiveness of the journey Aboriginal people diagnosed with cancer take through the Hunter health system.

A comprehensive marketing campaign for the promotion of the Department of Radiation Oncology’s new TrueBeam stereotactic linear accelerator was also embarked on. This campaign featured a multi-level approach to community promotion including the development of a dedicated micro website, www.huntercancertreatment.com.au, television, radio and bus advertisements and news features.

The unit continues to support and promote celebration days throughout the year including International Nurses’ Day. This year the ‘Inaugural Calvary Mater Newcastle and Mater Mental Health Service Nursing Grand Rounds’ took place. This provided an opportunity for nurses to disseminate nursing knowledge, research findings and ideas to their peers. A monthly Nursing Grand Rounds now takes place at the hospital.

The unit has been pleased to coordinate and manage a vast array of projects, events, meetings and activities throughout 2014/2015. These include the following:

- Ongoing development and updating of the hospital’s website and research website, as well as an internal intranet site, Calvary Connect
- Coordination of various hospital and community fundraising and education events
- Coordination of education and heritage tours of the hospital
- Support and assistance to Calvary Mater Newcastle Auxiliary ‘Cancer Carers’
- Coordination of community initiatives such as school choirs singing for patients and the ‘Acts of Kindness’ initiative
- Acting Volunteer Manager/Team
- Chairperson of the Heritage Committee
- Chairperson- NSQHS Standard 2: Partnering with Consumers Committee
- Chairperson of the Celebration of Service Committee
- Coordination of the Pride of the Mater Team of the Month Award
- Member of the Research Committee and Research Website Working Group
- Member of the Community Advisory Council
- Organisation and management of three Senior Staff Forums annually
- Assistance and coordination of hospital events: Celebration of Service, World Hand Hygiene Day, April Falls Day, Medical Research Week, Breast Cancer Awareness Month, Heritage events and launches, Dry July 2014, Multicultural Health Week, NAIDOC Week, Auxiliary AGM, Christmas Carols, Staff BBQ Luncheons, Christmas Giving Tree, and health awareness days/weeks
- Attended multiple guest speaking engagements and cheque handovers
- Writing and submitting external award and grant applications
- Management of all hospital media and press releases
- Management of hospital marketing collateral including brand advocacy and monitoring

The Public Affairs and Communications Team remains committed to further enhancing the delivery of professional communication services across the hospital and looks forward to progressing with new projects throughout the coming year.

Thank you also to all staff members, community stakeholders and partners who continue to support the unit in so many ways. We look forward to your continued support and involvement in the coming year.
Members of Calvary Mater Newcastle Auxiliary ‘Cancer Carers’ once again demonstrated their loyalty and dedication to fundraising for Calvary Mater Newcastle by raising a massive $442,486.59 for the 2014/15 financial year.

Over this period, this group of 30 have worked 34,855 hours in total, the equivalent of 1,124 hours per member. This equates to over $14,750 being raised per member; a massive result. Every year the Auxiliary manages to astound hospital staff and the community with its significant donation, with this year being no different.

The Auxiliary purchased hospital equipment and made donations to the value of $192,814 and have agreed to fund a further $191,000 including a new stem cell freezer for the Haematology Department.

The following equipment was purchased by the Auxiliary throughout 2014/15:

2 x scalp cooling machines for the Day Treatment Centre = $68,552

Scalp cooling involves the use of a special cap which is cooled and worn before, during and after chemotherapy treatment. The cold temperature constricts blood vessel flow and reduces the amount of chemotherapy drug reaching the hair follicles. This process ultimately reduces the loss of a patient’s hair during chemotherapy.

Ultrasound Peripherally Inserted Central Catheter (PICC) machine for the Day Treatment Centre = $48,380.38

PICCs are commonly used to safely administer chemotherapy and other drugs to cancer patients, they are also used in non-cancer patients to administer IV fluids, antibiotics and other medications. This pain free method improves the patient’s experience, safety and outcomes by reducing the number of needle punctures to ‘find the vein’, minimises the risk of puncturing an artery, is more comfortable for the patient, and reduces the risk of infection, blood clots and other line related complications.

Head and neck cancer department = $30,000

A fund has been established to support head and neck cancer patients who are undertaking treatment at the hospital. Financial support can now be provided to patients to fund facial prosthetics. A fund has also been set-up to supply enteral feed and equipment for this group of patients.
Funds prevention video for inpatients = $15,000
This donation will help educate the hospital’s patients and will play a pivotal role in helping prevent falls in the hospital.

Bladder scanner and cans of anaesthetic spray for the Emergency Department = $11,136.36
A bladder scanner is a portable ultrasound machine that measures bladder volume. It provides accurate data to aid in the diagnosis of common urological conditions, to assess urinary retention, to help prevent unnecessary catheterisation, and to reduce rates of catheter-associated urinary tract infection. The anaesthetic spray helps to temporarily control the pain associated with needle and minor surgical procedures.

Wig Service = $2,001
Operating on a fortnightly basis, the Wig Service is a much-needed resource for patients who lose their hair through cancer treatment. Many patients say losing their hair is worse than the cancer diagnosis! The wig for many is a lifeline, a way of gaining back some control on what is often a distressing journey. This donation went towards purchasing new wigs.

Cancer Research = $7,000
Over $7,000 was donated to the hospital’s Medical Oncology Experimental Therapeutics Group through the Cardiff Craft Girls ongoing fundraising support.

A major focus of this research team has been the discovery and development of new drugs for the treatment of cancer, particularly breast and brain cancer. The group routinely screens new compounds on a large panel of cell lines derived from numerous tumours including brain, colon, pancreas, skin, ovary, prostate, breast and neurons.

Hospital illumination project = $7,000
This lighting system allows the exterior of the hospital to be illuminated for a number of promotional cancer colours throughout the year. These colours are representative of the many cancers treated at the hospital.

A computer cart for Ward 4C = $1,705
The ‘computer on wheels’ is utilised on ward rounds so that patients can be shown their blood results, scans, x-rays, etc.

Fresh flowers for the chapel every week (Pastoral Care) = $1,040
Many people visit the hospital’s Chapel every day and say how they find the space calming and restful to sit, reflect and pray. The beauty of fresh flowers adds to that experience and benefits all of the hospital’s community.

Contribution towards wellness program for breast cancer patients = $1,000
This contribution supports the Breast Cancer Information and Support Group which is open for people experiencing breast cancer and their families. The wellness day is unique as it is run offsite and is designed to focus on ‘moving forward’ and ‘looking after yourself’. It aims to give patients strategies to continue to care for their body and mind following treatment. The donation will fund room hire and catering for the day.

Fundraising
The Auxiliary is well known for bowling days, coach trips, fashion parades, celebration luncheons, craft goods, baking and their famous lolly tables at the hospital. They are also widely supported by the community who continues to donate to the Auxiliary for the benefit of the hospital and its patients. The support and kindness shown from all the Auxiliary’s wonderful supporters continues to amaze. This group could not raise the funds that it does without this vital community support.

Throughout the year, the donated craft which the Auxiliary sells on the lolly table at the hospital, raised $37,386 and a further $5,131 was raised at the craft and cooking days.

The Auxiliary was also fortunate enough to receive a $20,000 grant from ClubGRANTS NSW (via the Wests Group) that went towards the purchase of the Ultrasound Peripherally Inserted Central Catheter machine.

“IT IS AN HONOUR TO DO WHAT WE DO AND MAKE A DIFFERENCE IN PEOPLE’S LIVES.”
Calvary Mater Newcastle Auxiliary ‘Cancer Carers’

The team was also instrumental in securing a $55,000 grant from the Newcastle Permanent Charitable Foundation for the purchase of a scalp cooling machine. This kind funding ensures that public patients being treated at the hospital have access to the same innovations and benefits as they would in the private hospital sector.

The Auxiliary would like to give special thanks to the following people for their ongoing assistance:

- Public Affairs and Communications Department- Helen Ellis, Ingrid Airlie and Deb Astawa
- Finance Department- Katrina Thornton, Lynda Evans and Craig Cutler
- Support Services Team- David Millington, Peter Martyn, Peter Hobson and Peter Bird
- Kaye Woods
- Our lolly packing friends who pack and talk
- Beresfield Bowling Club for its support in conducting Housie on Saturdays and Sundays for the benefit of the Auxiliary
- Other District Bowling Clubs and Muree Golf Club
- Our families, friends and members of the community and hospital staff
- Assistant Treasurer, Jo Pritchard

The Auxiliary continues to be competently led by Auxiliary President, Elaine Wellard, Treasurer, Kay Fordham, and Secretary, Margaret Dougherty, all of whom do a magnificent job.

The Auxiliary comprises of a great group of people who are passionate about making a difference.

Sadly, the Auxiliary bid farewell to long standing member, Pat Stallard, who passed away at the age of 87 in June 2015. For more than 24 years, Pat had been a committed member of the Auxiliary, with a ready smile, conversation for all, and her infectious sense of humour never failing to raise a laugh. She is greatly missed.

Alongside the passion for raising money for the hospital and patients in the region, the Auxiliary shares a great sense of friendship, while being fabulous individual ambassadors of Calvary Mater Newcastle in the community. Congratulations to all members on what has been another fantastic year of fundraising.
**Volunteers**

“The heart of a volunteer is not measured in size, but by the depth of commitment to make a difference in the lives of others.”

During 2014/15, our remarkable volunteers continued to provide their time, talents and compassion to enhancing the experience of both patients and their families at Calvary Mater Newcastle.

The hospital is fortunate to have a diverse, vibrant community of volunteers who come from a variety of different backgrounds but all volunteer at the hospital with a unified purpose - to make a difference to the lives of our patients, visitors and staff.

Last year our volunteers donated 13,776 hours of their valuable time to assist us throughout the hospital. From the wards to our outpatient departments, to the offices and the Mercy Hospice, our volunteers are a truly inspiring and dedicated group of individuals who give their time, expertise and dedication unconditionally.

Before undertaking their duties at Calvary Mater Newcastle, each volunteer completes a thorough induction process. This year existing volunteers have also completed a number of new mandatory Calvary training modules including the Calvary National Induction Program, Work Health and Safety, Palliative and End of Life Care One and Two, and Hand Hygiene. We are thankful for our volunteers’ commitment and time in completing these additional training modules.

The volunteers continue to be managed by Acting Volunteer Managers, Ingrid Airlie and Helen Ellis, ably assisted by the Public Affairs and Communications Team, Maggie Sulman and Debra Astawa.

All of our staff very much appreciate the contribution that our volunteers make in the many tasks they perform around the hospital. When possible, we like to join together to celebrate this remarkable group’s achievement. To mark National Volunteer Week, a morning tea was held to thank our volunteers for their ongoing commitment to their work at the hospital.

Additionally, our Annual Volunteer Christmas Party is always an event that is eagerly anticipated and the 2014 festive celebrations were enjoyed with a fun afternoon of entertainment at Wests Bowling Club, which of course included singing and dancing.

Throughout the year, the talents and dedication of our volunteers have been recognised through a series of award nominations and ceremonies.

Margaret ‘Maggie’ Sulman was awarded an Order of Australia Medal (OAM) on Australia Day in recognition of her long-standing voluntary commitment, over 23 years to the hospital. Maggie has given her time every week to carry out a wide and varied role at the hospital and is a vital team member of the Public Affairs and Communications Department and Staff Health.

Additionally, fellow volunteer, John Gambrill, was awarded an OAM in the General Division in the Queen’s Birthday Honours List. John was awarded the medal “for services to the community, particularly through palliative care programs”. John is a member of the Palliative Care Bereavement Team, where he volunteers with his wife, Robyn, helping with the popular walking group. He is also an active member of the Charlestown Men’s Probus Club.

A submission to Volunteering Australia was successful for Wig Service volunteers, Kim Rossi and Margaret Bottrill, who won NSW Volunteer Team of the Year. This award was in recognition of the Wig Service volunteers’ great work. Patients and families who use the service continually provide great feedback to the hospital about the service and its value to them.

Kim and Margaret were also awarded the Rotary Club of Waratah’s ‘Pride of Workmanship Award’. The Award provides the opportunity to recognise and acknowledge the efforts and contributions of volunteers and employees who are consistent in achieving an overall high personal standard and excellent performance in their workplace.

Calvary Mater Newcastle volunteers are a vital part of the hospital community and we are continually grateful to every volunteer who dedicates their time to volunteer at the hospital.

Every volunteer is so important to the ongoing running of such a caring and supportive hospital and we would like to take this opportunity to thank each and every one of our volunteers for being part of this hospital community.
Community Benefit

Our Community Benefit Program is closely tied to the work begun by our founder Venerable Mary Potter in supporting those in the community who are identified as disadvantaged or most in need. Some of our activities this year included:

- The provision of wigs to our patients who have lost their hair as a result of their cancer treatment. Many patients say losing their hair is worse than the cancer diagnosis! The wig for many is a lifeline, a way of gaining back some control and self-esteem on what can be a distressing journey.
- Assisting with subsidised accommodation in The Villas and McAuley Lodge for patients from remote, rural and regional areas, who are required to come to the hospital for prolonged cancer treatment. Without this assistance many would be unable to make the journey and their health would suffer further.
- Provided a number of funerals for those patients in the hospital who died in poverty.
- Established a Christmas Giving Tree on behalf of St Vincent de Paul and encouraged staff to make donations of new toys, games and other gifts for the disadvantaged in our community.
- Information stands in the hospital’s main foyer for stakeholder profile raising and/or fundraising purposes. Stakeholders have included: HNE Carer Education and Support Program, Leukaemia Foundation, CanTeen, Legacy and McGrath Foundation, to name but a few.
- The volunteer program provides training for volunteer-run community programs in Palliative Care Outreach and Education. Volunteers in partnership within the caring team, work towards the mutual aims of providing the best care and support for patients and their families.
- Hosting of the NSW Cancer Council information service for cancer patients and carers. The service has been developed with the help of experienced health professionals from the Cancer Council Helpline, cancer patients and some of NSW’s top cancer experts.
- The hospital hosts the Trans Tasman Radiation Oncology Group (TROG) onsite. TROG Cancer Research is Australia and New Zealand’s specialist clinical research group for cancers that can be treated with radiotherapy. TROG is a cooperative multidisciplinary organisation dedicated to the control of a wide range of cancers through quality multi-centre research.
- The hospital hosts the ANZ Breast Cancer Trials Group (ANZBCTG) onsite. The ANZBCTG is the largest independent, oncology clinical trials, research group in Australia and New Zealand.
- The Bereavement Program has continued to provide a range of supportive interventions. Volunteers provided supportive telephone contacts as part of our routine bereavement follow-up. The Pastoral Care Team provides a significant number of community talks and briefings regarding dying and grief.
- General Medicine Clinic at Indigenous Health Centre. The project is coordinated by the Medical Specialists Outreach Assistance Program and is an initiative of the hospital’s Department of Medicine. The hospital provides the infrastructure to support this program.
- Support to Women with Breast Cancer. To help relieve the cost and psycho-social stressors experienced by women with breast cancer. Support and funding of a Breast Care Nurse is provided by the McGrath Foundation which works with our service in provision of care for women.
- Multicultural Project. Annual event to raise awareness of multicultural activities in the hospital. By raising awareness about different cultures, staff will be educated on the contribution that all people in the community can achieve.
- Fig Tree Program. The project aims to afford an opportunity for Hospice patients to participate in activities that occur outside the ward area. Hospice staff established that many Hospice patients have an enhanced quality of life when provided with a range of activities in conjunction with other patients.
- Palliative Care PEPA. Program of Experience in the Palliative Approach (PEPA). Workshops aim to explore the meaning and review strategies and management of the behavioural and psychological symptoms of dementia (BPSD) at the end of life. Sharing information with the community as well as networking, community engagement and building relationships.
- Facilitating and hosting Hunter Medicare Local After Hours GP Service.

Heritage Committee

The Heritage Committee is a small and dedicated group of staff and community members who are committed to ensuring the rich history of the hospital is preserved and has a place in Calvary Mater Newcastle today. It is thanks to the dedication and commitment of committee members Dr Pam Harrison, Kay Fordham, Ron O’Neal, Elizabeth Grist, Milli Sneesby, Rosemary James, Helen Ellis and Ingrid Airlie, that this important preservation work continues.

As part of the committee’s new phase of remembrance and recognition of individuals whose contribution in the past has helped to ensure Calvary Mater Newcastle’s future, meeting rooms at the hospital are being named in these individual’s honour. In August 2014, the Heritage Committee welcomed Brian McGuigan AM and his wife Fay back to the hospital, as part of celebrations to name the hospital’s Boardroom ‘the Brian McGuigan AM Boardroom’ in tribute to Brian’s unwavering commitment to the hospital over the years. Brian was Chairman of the Board from 1998-2009.

The committee has been working hard on a number of new projects with commitment and diligence from all team members. One such project is a photo display for the hospital’s corridor walls; this display is currently being collated to celebrate the hospital’s heritage, including its places, people and events. Images of the 1989 Newcastle earthquake, the nursing school, the opening of New Med II and commencement of radiotherapy and oncology services for the Hunter, past buildings, staff members and events, are to name but a few of the photos that have been painstakingly found and preserved for future generations to enjoy. While the display is still a work in progress, it is hoped that 2016 will see its reveal at the hospital.

The committee very much looks forward to continuing its important heritage projects in the coming year.

2014/2015 Calvary Mater Newcastle Review of Operations | 41
Our mission is to bring the healing ministry of Jesus to all those who are sick, dying and in need through ‘being for others’. This is the reason why we exist and it is central to all of our activity at Calvary Mater Newcastle.

Mission provides us with the focus and direction so that we are able to provide the range of services that meet the needs of the community. All staff are witnesses to mission through their engagement with our patients, family members and visitors, as well as through their relationships with their colleagues. This mission is exemplified by the commitment and action of each staff member in living out our values of Hospitality, Healing, Stewardship and Respect.

Venerable Mary Potter was the Foundress of Little Company of Mary in 1877 and it is her legacy that Little Company of Mary Health Care continues to emulate. To celebrate the birthday of Mary Potter (22 November 1847), a Mass was celebrated on 20 November 2014 in the Mary Potter Chapel. This was followed by a staff BBQ.

Mission Education

Mission integration is an important component of life at Calvary Mater Newcastle. The orientation of new staff includes a mission and values session that introduces the staff to Little Company of Mary Health Care and our values. The session includes a short DVD presentation and an interactive segment which provides staff with the opportunity to discuss the values and to ask questions.

Respectful Behaviour

Of our four core values, Respect is considered by many to be the most important and the cornerstone of our mission at Calvary Mater Newcastle. To increase staff awareness and understanding of this value, a number of workshops were held with groups of staff across the hospital on the topic ‘Respectful Behaviour in the Workplace’. The aim of these workshops is to help staff to appreciate the importance of the value of Respect and its role in the development and maintenance of a happy and productive working environment; to raise staff awareness of what constitutes positive and negative behaviours and to provide staff with practical suggestions and strategies that will encourage them to demonstrate our values with their colleagues.
The Public Private Partnership

Calvary Mater Newcastle's Public Private Partnership (PPP) includes the financing, design, construction and commissioning of new buildings and refurbishment of existing buildings, facilities management and delivery of ancillary non-clinical services on the site until November 2033. These services are provided through the PPP by Novacare. Management of the PPP including asset management services is provided by Plenary Group under the guidance of Novacare General Manager, Stuart Robson.

Soft Services Report

Medirest proudly provides specialist food, retail, hospitality and support services to patients across the entire campus. Highlights for the Medirest team in 2014/15 include:

- UV light auditing technology implemented to validate and establish further improvements to the cleaning service within the hospital
- Being recognised as best in class for our cleaning services within state-wide BMT audits
- Positive improvements in the use and functionality of our electronic facilities management system
- The launch of a customer feedback portal ‘Tell Us @ Medirest’, allowing hospital staff and visitors greater interaction with all of our services onsite

Service Statistics

- 374,594 meals were served to CMN patients
- The Security team attended 430 ‘Code Blacks’ within CMN areas
- The Reactive Cleaning team made 9,442 CMN beds
- The hospital campus generated 64.193 tonnes of clinical waste
- 19,783 events were logged through the Help Desk
- 95,766 phone calls and emails were received by the Help Desk
- 30,933 deliveries were received via the loading dock
- 9,332,852 units of clinical items were distributed by Materials Management

Catering Services

The Catering Department provided a monthly average of 31,216 high quality hot and cold meals, prepared onsite for Calvary Mater Newcastle patients during 2014/15. Working closely with nutrition and dietetics staff, we ensure extra care is taken to provide special meals to patients that require specific diets and supplements.

To leverage customer feedback during 2014/15 we formed the Food Service Working Group with key hospital stakeholders and Medirest Management. The objective of this group is to action patient feedback together with dietetic and food safety requirements to deliver a better meal for the patient.

Retail

Medirest-operated retail outlets continue to prove popular across the hospital, providing an average of 5,507 customers per week with high quality meals and beverages in a number of environments. These outlets include the Deli Marche café, Amigo-to-Go express/convenience store, as well as conveniently located coffee carts and vending outlets.

Our retail customers have been given greater opportunity to provide feedback on their experience, with our ‘Tell-us’ customer program. The objective of the program is to seek greater real time feedback from our customers with two aims: 1) Responding to the feedback and 2) Recognising customer needs and providing improved services to meet them.

Help Desk

The Help Desk provides a primary point of communication for all requests regarding the delivery of all Novacare services onsite 24 hours a day, 7 days a week, 365 days a year. Our sophisticated facilities management software provides a system for reporting and responding to requests, incidents, and suggestions for improvements. On average over the 2014/15 period, the Help Desk received 7,981 calls and email requests each month, and logged 1,649 events.

Customer satisfaction surveys are regularly carried out, inviting all hospital users to participate and offer their feedback on our service. These surveys have allowed us to respond to customer suggestions for improvement, and we continue to strive for greater efficiency and open communication with our customers. Our overall satisfaction rating remains steady at over 60%.

Cleaning and Environmental Services

Medirest’s Cleaning and Environmental Service solution comprises of scheduled cleaning, reactive cleaning, periodic and project cleaning, in addition to a complete waste management program. The success of the Cleaning and Environmental Service is based on a deep understanding of the critical importance of delivering Cleaning, Domestic and Waste Management (Environmental) Services to the hospital in a collaborative approach working closely with Clinical and Infection Control Units.

Our reactive cleaners made an average of 787 beds per month over the 2014/15 period, and a monthly average of 5.349 tonnes of clinical waste was removed from the site.

Positive highlights for the Cleaning and Environmental Services included the implementation of UV light touch-point auditing technology, raising the standard of service to a new level, and we have been recognised as best in class for our cleaning services within state-wide Bone Marrow Transplant audits when compared with similar facilities.

Security

The Medirest Security team provides efficient and quality security escort and response services around the clock across the hospital site. We are responsible for the safe response to internal incidents and the security of people and property.
During 2014/15 we responded to an average of 36 ‘Code Black’ incidents within Calvary Mater Newcastle. The team also provided assistance in a mock disaster training exercise coordinated by the hospital’s Emergency Disaster Committee in December 2014.

Materials Management

The Materials Management Department provides an efficient, high-quality service for the receipt and distribution of materials throughout the hospital, including clinical supplies, general consumables and hospital mail.

On behalf of the hospital we maintain a supply of a wide range of items required in the clinical areas. During 2014/15 we issued an average of 777,738 combined stock units to the wards, and achieved a unit accuracy rating of 99.81% in the 2014/15 annual stocktake.

Hard Services

The Honeywell Facility Management team has had a busy year with a number of projects being completed including:

- The refurbishment of Wards 5C and 5D which involved the complete refurbishment of the ensuite bathrooms, re-vinyling and painting the ward, upgrading the lighting and the replacement of the air conditioning system, and integration of the system controls into the building management control system (BMCS)
- The Hospice garden upgrade and refurbishment stage 1 and 2
- The Pharmacy refurbishment and upgrade which included vinyl replacement, painting, joinery and lighting upgrades, and air conditioning system replacement and integration of the controls into the BMCS
- Cytotoxic suite air conditioning replacement which included a controls upgrade and re-engineering of the system to meet current standards
- Implementing LED lighting upgrades in various sections of the facility

During 2014/15 Honeywell received 6,323 events (5,048 in 2013/14).

The rectification times indicates that 88% (79% in 2013/14) of all events raised through the Help Desk were completed within 24 hours.

Safety

During 2014/2015 a ‘take 5’ system was implemented to supplement the existing safe work method statement (SWMS) and risk assessments currently required. This is being used by all staff and contractors engaged by Honeywell.

There has been an increased focus around working at heights which has included additional training, and the installation of additional height safety systems across the facility.

Building and Maintenance Services

In addition to the 6,323 reactive events received during 2014/2015, Honeywell has generated 916 programmed maintenance events so that the building services are maintained to ensure reliability, safety and longevity of the facility assets.

During April 2015 a significant weather event occurred, the maintenance team’s commitment during this period was outstanding with the team being significantly involved in the disaster management activities that occurred during this period.
### Activity and Statistical Information

#### ADMITTED PATIENTS

<table>
<thead>
<tr>
<th></th>
<th>2014/2015</th>
<th>2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Admissions (includes Same Day)</td>
<td>16,391</td>
<td>16,271</td>
</tr>
<tr>
<td>Same Day Admissions</td>
<td>4,978</td>
<td>4,925</td>
</tr>
<tr>
<td>Average Length of Stay of Admitted Patients</td>
<td>3.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Bed Occupancy Rate</td>
<td>92%</td>
<td>92%</td>
</tr>
</tbody>
</table>

**Number of Operations**

<table>
<thead>
<tr>
<th></th>
<th>2014/2015</th>
<th>2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,069</td>
<td>3,280</td>
</tr>
</tbody>
</table>

#### EMERGENCY DEPARTMENT

<table>
<thead>
<tr>
<th></th>
<th>2014/2015</th>
<th>2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Attendances (includes Admitted Patients)</td>
<td>34,365</td>
<td>33,299</td>
</tr>
<tr>
<td>Number of Admissions via Emergency Department (ED)</td>
<td>11,297</td>
<td>11,222</td>
</tr>
</tbody>
</table>

#### OUTPATIENT SERVICES (EXCLUDES ED)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>309,206</td>
<td>304,249</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2014/2015</th>
<th>2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total FTE Staff Employed 30 June</td>
<td>967</td>
<td>977</td>
</tr>
</tbody>
</table>
Year in Review
A Snap Shot of our Year

16,391 patients were admitted to hospital

34,365 patients were cared for by our Emergency Department

On average, admitted patients’ length of stay was 3.7 days

374,954 meals were served to our patients

The Haematology Department took care of 2,032 inpatients requiring high dose chemotherapy and stem cell transplant

The Intensive Care Unit provided specialist care to 467 patients

The Operating Theatre Suite performed 3,068 procedures

Over 150 researchers at the hospital work closely with local, national and international experts and are committed to improving the lives of patients through medical discovery and innovation

Our amazing volunteers donated 13,776 hours of their valuable time

With thanks to the ever supportive community the hospital received $1,098,000 in bequests and donations

Members of the Department of Clinical Toxicology and Pharmacology published in referred journals... 38 articles

...were presented at international or national conferences 19 papers

Our large and busy Department of Medical Oncology delivered 25,481 occasions of service

309,206 occasions of outpatient services were provided to our community

Our volunteers donated 13,776 hours of their valuable time

Researchers at the hospital work closely with local, national and international experts and are committed to improving the lives of patients through medical discovery and innovation

The Intensive Care Unit provided specialist care to 467 patients

The Operating Theatre Suite performed 3,068 procedures

Researchers at the hospital work closely with local, national and international experts and are committed to improving the lives of patients through medical discovery and innovation

With thanks to the ever supportive community the hospital received $1,098,000 in bequests and donations

Members of the Department of Clinical Toxicology and Pharmacology published in referred journals... 38 articles

...were presented at international or national conferences 19 papers

Our large and busy Department of Medical Oncology delivered 25,481 occasions of service

309,206 occasions of outpatient services were provided to our community

Our large and busy Department of Medical Oncology delivered 25,481 occasions of service

309,206 occasions of outpatient services were provided to our community

Approximately 2,000 new patient consultations are referred to the Department of Radiation Oncology per year

Our hardworking and dedicated Auxiliary raised a massive $442,486.59 for our patients’ cancer care and comfort

The Department of Consultation - Liaison Psychiatry consulted on 1,134 individual inpatients, delivering over 3,000 occasions of service

Assessment, counselling, treatment and support was provided to more than 6,183 outpatients seeking Alcohol and Drug Clinical Services

The Dietetics Service was involved in the care of over 2,500 inpatients & 750 oncology outpatients with more than 5,250 and 2,710 occasions of service provided respectively

The Operating Theatre Suite performed 3,068 procedures

Researchers at the hospital work closely with local, national and international experts and are committed to improving the lives of patients through medical discovery and innovation

With thanks to the ever supportive community the hospital received $1,098,000 in bequests and donations

Members of the Department of Clinical Toxicology and Pharmacology published in referred journals... 38 articles

...were presented at international or national conferences 19 papers

Our large and busy Department of Medical Oncology delivered 25,481 occasions of service

309,206 occasions of outpatient services were provided to our community

Our large and busy Department of Medical Oncology delivered 25,481 occasions of service

309,206 occasions of outpatient services were provided to our community

Approximately 2,000 new patient consultations are referred to the Department of Radiation Oncology per year

Our hardworking and dedicated Auxiliary raised a massive $442,486.59 for our patients’ cancer care and comfort

The Department of Consultation - Liaison Psychiatry consulted on 1,134 individual inpatients, delivering over 3,000 occasions of service

Assessment, counselling, treatment and support was provided to more than 6,183 outpatients seeking Alcohol and Drug Clinical Services

The Dietetics Service was involved in the care of over 2,500 inpatients & 750 oncology outpatients with more than 5,250 and 2,710 occasions of service provided respectively

The Department of Consultation - Liaison Psychiatry consulted on 1,134 individual inpatients, delivering over 3,000 occasions of service

Assessment, counselling, treatment and support was provided to more than 6,183 outpatients seeking Alcohol and Drug Clinical Services

The Dietetics Service was involved in the care of over 2,500 inpatients & 750 oncology outpatients with more than 5,250 and 2,710 occasions of service provided respectively

Our volunteers donated 13,776 hours of their valuable time

Researchers at the hospital work closely with local, national and international experts and are committed to improving the lives of patients through medical discovery and innovation

With thanks to the ever supportive community the hospital received $1,098,000 in bequests and donations

Members of the Department of Clinical Toxicology and Pharmacology published in referred journals... 38 articles

...were presented at international or national conferences 19 papers

Our large and busy Department of Medical Oncology delivered 25,481 occasions of service

309,206 occasions of outpatient services were provided to our community

Approximately 2,000 new patient consultations are referred to the Department of Radiation Oncology per year

Our hardworking and dedicated Auxiliary raised a massive $442,486.59 for our patients’ cancer care and comfort

The Department of Consultation - Liaison Psychiatry consulted on 1,134 individual inpatients, delivering over 3,000 occasions of service

Assessment, counselling, treatment and support was provided to more than 6,183 outpatients seeking Alcohol and Drug Clinical Services

The Dietetics Service was involved in the care of over 2,500 inpatients & 750 oncology outpatients with more than 5,250 and 2,710 occasions of service provided respectively

The Department of Consultation - Liaison Psychiatry consulted on 1,134 individual inpatients, delivering over 3,000 occasions of service

Assessment, counselling, treatment and support was provided to more than 6,183 outpatients seeking Alcohol and Drug Clinical Services

The Dietetics Service was involved in the care of over 2,500 inpatients & 750 oncology outpatients with more than 5,250 and 2,710 occasions of service provided respectively
A Message from the Research Committee

Calvary Mater Newcastle (CMN) Research Committee acts as a representative of all CMN researchers, providing a means of disseminating information and offering support for research activities. One of the goals of the committee is to showcase and promote the vast array of outstanding research being conducted by CMN staff. The main medium for this is now the research website, www.calvarymater.org.au/research. Since its inception in June 2013, the website has regularly received more than 100 new visitors each week. It contains biographies for more than 40 of our researchers, and is regularly updated with research stories, grant outcomes, and highlights from our quarterly Research Committee meetings. It has also generated some generous donations in memory of past patients, often accompanied by touching recollections and expressions of immense gratitude for the care and compassion provided by staff at CMN.

In July 2014, the committee acknowledged the sad passing of Ron Bannerman (OAM), one of CMN legendary patients and great supporters. As a patient, Ron’s unconventional treatment gave him 14 years of life and changed clinical practice. As a supporter, he went on to raise over $100,000 for Haematology research at CMN. Our researchers are grateful for the support they receive from such extraordinary individuals and groups like the Coalfields Cancer Support Group, who over the years have raised nearly half a million dollars for research equipment at CMN.

Since the beginning of 2015 there has been much discussion about strategic plans for research in the Hunter and how CMN fits into the overall design along with HMRI, HCRA and the University of Newcastle. The research landscape is changing, with a national agenda aimed at embedding research into the health system in order to accelerate translation of research findings into real patient outcomes. CMN provides an environment that is ideally placed to deliver such results, and a long term commitment to research at the hospital will ultimately result in better care for our patients.

The Committee would like to take this opportunity to thank the following members whose valuable and much appreciated contributions came to an end during 2014/15:

- Ingrid Airlie, CMN Public Relations representative
- Brad Webb, HMRI representative
- The Committee would also like to welcome the following new member to the committee:
- Helen Ellis, CMN Public Relations representative

Conjoint A/Prof Lisa Lincz, PhD
Chairperson

Research Grants

The CMN Research Committee received a record 19 applications for funding in 2015, requesting $498,382 from a total of $179,000 available funding. Twelve of these were for solely project grant funding (requesting a total of $289,688 from a pool of $154,000), and seven were eligible for equipment funding (requesting a total of $208,694 from a pool of $37,000 from the Coalfields Cancer Support Group Fund). Three applications (one equipment and two projects) were also eligible for the James Lawrie Grant (requesting $116,528 from $89,000 available). Overall, $68,525 in project and $106,761 in equipment funding was awarded (total = $175,286). The panel recommended that seven applications should be fully funded, leaving a surplus of $8,172 in the James Lawrie Fund and a deficit of $2,954 in the Coalfields Cancer Support Group Fund and $1,525 in the Jane Reid Harle Fund. At the time of the 2014 call for applications, there was approximately $308,000 in the Margaret Mitchell Fund, and the committee agreed to use $4,479 from this fund to cover the deficits in other funds. Any unused funds will be held over for allocation in a future year for a suitable grant.

As per the terms of reference for grants review, all grants were independently reviewed and ranked by three assessors, two of which were external from the CMN Research Committee. In addition, the three applications for James Lawrie funding were also assessed by two Head and Neck Cancer specialists. None of the assessors were listed as investigators on any of the grant applications.

Based on the steadily increasing number of grant applications (from an average of 10 in previous years to 15 last year and 19 this year), the committee decided to act on last year’s recommendations to decrease the workload on each reviewer. This required enlisting the help of many more reviewers (instead of the usual three reviewers who would read and rank all applications, a total of 11 were required). Thus two external reviewers were recruited for each of the specialist areas of Radiation Oncology, Medical Oncology, and Qualitative Research. This strategy also ensured that each grant was reviewed by someone with expertise in the field. In addition, the Chairperson and two members of the CMN Research Committee were nominated to read and be able to provide comment on all 19 applications. The six external reviewers, along with the two head and neck specialists, submitted their scores and comments to the administrative assistant of the CMN Research Committee, who then met with the Chairperson and two members to collate all the external review scores and prioritise applications based on these scores and the comments provided. All agreed on the final rankings and determined the allocation of funds against the individual bequest criteria.

The Research Committee would like to acknowledge and thank the assessors for their time and commitment to providing expert scientific reviews and invaluable advice for funding distribution.
SUCCESSFUL PROJECT AND EQUIPMENT GRANTS AWARDED FOR FUNDING BY THE RESEARCH COMMITTEE IN 2015

Coalfields Cancer Support Group Equipment Grant Fund
Madhu Garg, Stephen Ackland - Medical Oncology
“Essential Speed Vacuum Concentrator Equipment required for analysis of Cancer Patients Samples”

Jennette Sakoff, Jayne Gilbert, Lisa Linz - Medical Oncology
“Gel Imager for the detection and analysis of DNA and protein changes in biological samples”

James Lawrie Grant Fund
Chris Watten, Anne Vertigan - Radiation Oncology
“Improving the impact on swallowing and voice production for patients with lymphoedema as a result of head or neck cancer treatment”

Peter Greer, Mahesh Kumar, Haylea Richardson, Saadallah Ramadan, Jameen Arm, Peter Lau, Jason Dowling, Chris Watten - Radiation Oncology
“Improving head and neck radiation therapy using MRI based treatment planning”

Jane Reid Harle Memorial Grant Scheme
Adeola Ayoola, James Lynam - Medical Oncology
“Design, Implementation and Validation of a Patient Decision Aid to Enable an Informed, Patient Centred Decision of Adjutant Management in Patients with Stage 1 Testicular Cancer Following Surgery”

Peter Greer, Jarad Martin, Peter Pichler, Jason Dowling - Medical Physics, Radiation Oncology
“A prospective study of MRI based prostate treatment planning”

Margaret Mitchell Grant Fund
Christopher Scarlett/ Jennette Sakoff – Medical Oncology
“Novel Drug Leads for Pancreatic Cancer Treatment”

Department Research
CLINICAL TOXICOLOGY AND PHARMACOLOGY

REFEREED JOURNAL ARTICLES


CONFERENCES PRESENTATIONS


and laboratory based research. Clinicians and nurses are actively involved in research directed at improving patient care, while the department also supports dedicated laboratory and clinical trials teams. The staff specialists are committed to providing quality training to haematology registrars. Many of the staff hold joint appointments with the University of Newcastle and engage in teaching undergraduate medical students and supervising biomedical student projects. The unit is fortunate to have strong community support and is grateful for all the generous donations received in 2014-15.

**HAEMATOLOGY CLINICAL TRIALS**

Clinical Trial Coordinators: Michele Gambrill, Tara Novak, Marguerite Hughes William Whitbread-Brown and Nick Stankovich

Administrative Officer: Patricia Rozanski

Over the past year the Haematology Clinical Trials Office has enrolled 93 participants to either, clinical trials, disease database registries and/or The ALLG Tissue Bank. 2014/15 has seen 20 recruiting trials and 12 trials with participants in the follow up phase. The past year has also seen 5 new clinical drug trials and 3 disease database registries activated. The open trials cover a wide range of haematological conditions both in acute and chronic diseases.

Of the 38 open trials/registries (including those open to recruitment and those closed to recruitment but with participants either on treatment or in follow up) being managed in 2014/15, 18 are administered by the Australasian Leukaemia and Lymphoma Group (ALLG), 20 sponsored by pharmaceutical companies and/or investigator initiated.

The increasing complexity of pharmaceutical sponsored trials and increased recruitment has warranted additional staff to the Haematology Trials Office this year. We welcomed Nick Stankovich to the Haematology Clinical Trials Coordinator team.

**BONE MARROW STEM CELL TRANSPLANT RESEARCH**

Philip Rowlings, Louisa Brown, Hong Zhang, Linda Bisset, Geordie Zaunders

For the second year in a row, Louisa Brown Transplant Coordinator presented on behalf of the unit at Tandem BMT Meetings in the USA for Blood and Marrow Transplant and Center for International Bone Marrow Transplant Research. Patient transplant data are reported to the Australian Bone Marrow Transplant Recipients Registry (ABMTRR) as part of Australian BMT research and development. These data are also part of the Asia Pacific Bone Marrow Transplant (APBMT) research group. The CMN unit is the lead site on the ethics application for data collection of the NSW BMT Network, a subgroup of the Agency for Clinical Innovation (ACI) of the Ministry of Health. Professor Rowlings is a member of the Scientific Advisory Committee of Asia Pacific BMT Group (APBMT).

**LABORATORY RESEARCH – THE HUNTER HAEMATOLOGY RESEARCH GROUP**

Lisa Linz, Fiona Scorigie, Ella Warwick, Nadine Berry, Shahbaz Zamani, Anoop Enjeti and Philip Rowlings

The Haematology Research Laboratory conducts studies into haematological cancers and disorders of coagulation, with a primary interest in circulating microparticles. The laboratory is linked to the University of Newcastle and offers tuition and scholarships to encourage students to enter this area of research. There are presently three PhD students associated with the lab. Researchers in the laboratory are also responsible for the processing of blood samples from CMN patients who participate in clinical trials and donate tissue to the Australasian Leukemia and Lymphoma Group Tissue Bank. The group maintains strong collaborations with researchers internationally through the International Society on Thrombosis and Haemostasis, nationally (School of Human Life Sciences, University of Tasmania) and locally with the departments of Neurology (JHH), Endocrinology (JHH), Molecular and Cytogenetics (HNEH), Clinical Toxicology Pharmacology (CMN), Medical Oncology (CMN), and the School of Biomedical Sciences and Pharmacy (U of Newcastle).

**COLLABORATION WITH PRIORITY RESEARCH CENTRE FOR HEALTH BEHAVIOUR**

Anoop Enjeti, Philip Rowlings, Michele Gambrill, Alix Hall, Christine Paul

The Hunter Haematology Research Group undertakes a number of initiatives with the Priority Research Centre for Health Behaviour, Faculty of Health, the University of Newcastle and Hunter Medical Research Institute. The first of these to be completed was a systematic review to examine among haematological cancer patients looking at rates of adherence to self-administered cancer treatments and factors impacting on their adherence. Other research studies and an NHMRC grant proposal are currently underway.

**RESEARCH FUNDING**

1. 2015-17 NHMRC project grant APP1085550. Helping stroke physicians choose who to thrombolysie: the “Targeting Optimal Thrombolysis Outcomes” (TOTO) study. CIA:Elizabeth Holliday, CIG: L Linz, $1,031,671

2. 2015 HMRI Project grant. What’s different about red blood cells in people with type 2 diabetes? L Linz, R Thorne, $50,000

3. 2015 CMN Coalfields Cancer Support Group, 14-02: Gel Imager for the detection and analysis of DNA and protein changes in biological samples. J Sokoloff, J Gilbert, L Linz, $49,000


5. 2014 RCRA STF funding for registrar teaching, education/travel and research Anoop Enjeti $57,000

6. 2015 RCRA STF funding for registrar teaching, education/travel and research Woj Janowski and Anoop Enjeti $49,000

7. 2015 HCRA research fellowship grant Anoop Enjeti $24,400
RCPA UPDATE MELBOURNE 2015
1. Zeroing in on red cell unit expiry due to age. Ayallil, Fatima M.; Irwin, Greg; Manolios, Michael; Martens, Vicki; Seldon, Michael; Deveridge, Sandra; Enjeti, Anoop K

ANNUAL MEETING, 2015 OF AMERICAN SOCIETY OF BLOOD AND MARROW TRANSPLANT AND CENTRE FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH.
1. Identifying the Need for a Regional Nurse – Led Allogeneic Haematopoietic Stem Cell Transplant (allo-HSCT) Late Effects Follow Up Program
Louisa Brown, Megan Hogg, Wotj Janowski, Philip Rowlings, Kenneth Bradstock
HUNTER CANCER RESEARCH SYMPOSIUM OF HCRA HMRI NOVEMBER 2014

ADVISORY/BOARD MEMBERSHIP
Philip Rowlings
Executive Committee of the NSW BMT Network of the Agency for Clinical Innovation, NSW Health Scientific Advisory Board of the Asia Pacific Bone Marrow Transplant Group (APBMT)
Lisa Lincz
Chairperson, CMN Research Committee
Member, NSW Hunter HUB Steering Committee
Anoop Enjeti
VTE guidelines subcommittee HNEAH
Vascular Biology subcommittee, International society of Thrombosis and Haemostasis (ISTH)
Laboratory Science and Myeloma subcommittee

ADVISORY/BOARD MEMBERSHIP
Philip Rowlings
Executive Committee of the NSW BMT Network of the Agency for Clinical Innovation, NSW Health Scientific Advisory Board of the Asia Pacific Bone Marrow Transplant Group (APBMT)
Lisa Lincz
Chairperson, CMN Research Committee
Member, NSW Hunter HUB Steering Committee
Anoop Enjeti
VTE guidelines subcommittee HNEAH
Vascular Biology subcommittee, International society of Thrombosis and Haemostasis (ISTH)
Evidence based Guidelines (EviQ) committee NSW Cancer Institute (NSW CI)
Laboratory Science and Myeloma subcommittee
Australian Lymphoma and Leukemia Group (ALLG)
Michael Seldon
VTE guidelines subcommittee HNEAH
Haemophilia Directors committee Australia
Cathie Milton
Cancer Council, reviewer for patient information booklet
BMT network, reviewer for scholarship program.

PUBLICATIONS [1-10]


CONSULTATION-LIAISON PSYCHIATRY (INCLUDING PSYCHO-ONCOLOGY SERVICE)

JOURNAL ARTICLES / PUBLICATIONS


CONFERENCE PUBLISHED ABSTRACTS


7. A Bennett, K Kerr, R McKay, B O'Connor, G Carter. Development of Indicators for The Quality Use Of Medicines In Acute Mental Health care. RANZCP 2015 Congress, Darling Harbour Sydney, Australia Australian and
New Zealand Journal Of Psychiatry 49, 104-104. 2015

CONFERENCE PRESENTATIONS

NEW RESEARCH FUNDING/GRANTS
1. Sept 2014 CRESP software development in-house grant. Digital intervention to reduce repeat DSH. Fiona Shand, Helen Christensen, Mark Larsen, Kirsten Morley, Greg Carter. $20,000 over one year
2. 2014 Movember Australian Mental Health Initiative Grant Improving men’s access to care: a national ambulance approach to reduce suicide and to improve the mental health of men and boys. Dan Lubman, Belinda Lloyd, John Cunningham, Greg Carter, Michael Kyrios, Geoff Webb, Terence McCarr, Shantha Rajaratnam, Karen Smith, Sandy Muecke, Emma Bosley, Hugh Grantham, Bradley Sanderson, Tina Ivanov $2,757,000 over three years (Year 1: $971,000 Year 2: $869,000 Year 3: $917,000)

CONTINUING RESEARCH FUNDING / GRANTS

CLINICAL TRIALS IN PROGRESS

PHYSIOTHERAPY
JOURNAL ARTICLES / PUBLICATIONS

CONFERENCE PRESENTATIONS

CLINICAL TRIALS
Belinda Allen and Judy Holland in conjunction with Associate Professor Pauline Chiarelli from the Discipline of Physiotherapy at the University of Newcastle, and Professor Jim Denham, Senior Radiation Oncologist at CMN have completed conduct of the study titled “Maximising Pelvic Floor Muscle Function during Radiation Therapy +/- Hormone Therapy for Prostate cancer. A Pilot Study. ”. Currently in analysis and write up phase for future publication.

OTHER
Aoife McGarvey obtained her PhD in April 2015, with the thesis titled “Physiotherapy for patients with head and neck cancer”.

DEPARTMENT OF SURGICAL ONCOLOGY
JOURNAL ARTICLES 2014
women receiving anastrozole and risedronate in the IBIS-II bone substudy: an international, double-blind, randomised, placebo-controlled trial. Lancet Oncol 2014; 15: 1460-1468.


2015


CONFERENCE PRESENTATIONS

1. ANZ Breast Cancer Trials Group Annual Scientific Meeting (Con-Convener, Chair, Speaker) Presentation: “IBIS-II and Prevention of Breast Cancer” 16-19 July 2014 – Wellington, New Zealand


RESEARCH GRANTS


CLINICAL TRIALS

The Department of Surgical Oncology currently conducts six breast cancer clinical trials where accrual has been completed, with participants remaining on treatment and receiving regular follow-up [IBIS-II Prevention; IBIS-II DCIS; IBIS-II Bone; SOLE; LATER; TAILOR-X]. The LATER trial is in the stages of closing and follow-up will be complete by April 2016. Surgical Oncology is involved in three recruiting trials in the area of neo-adjuvant treatment - LORELEI, ELIMINATE and DOMINO. Another trial,
POSNOC, is in the process of site qualification and we hope to have this open to recruitment by the end of 2015.

In addition, there are four breast cancer clinical trials that have been completed, with participants receiving regular follow-up (ATLAS; ATAC/LATTE; BIG 1-98 LTF; DCIS 9002).

In total there are 370 patients on treatment or in follow-up in the Department of Surgical Oncology.

**GENERAL MEDICINE**


**MEDICAL ONCOLOGY RESEARCH**

**PUBLICATIONS**


5. Vuong QV; Hirun S; Chuen TL; Goldsmith AC; Sakoff JA; Phillips PA, Scarlett C; Physicochemical, antioxidant and anti-cancer activity of a Eucalyptus robusta (Sm.) leaf aqueous extract. Industrial Crops and Products. 64:167-174, 1 Feb 2015.


**CONFERENCE POSTER PRESENTATION**


8. Michael Jelford1, Karla Gough1, Alison Drsosowysky1, Lahiru Russell2, Sanchia Aranda3, Phyllis Butow4, Jo Phips-Nelson5, Jane Young6, Menir Krishnamsay7, Anna Ugalde8, Dorothy King9, Andrew Strickland10, Michael Franco1, Robert Blu11, Catherine Vinod2, Vinod Ganji2, Jeremy Shapiro12, Geoffrey Chong3, Julie Charlton13, Penelope Schofield1. Peter McCallum Cancer Centre VIC1, Cancer Institute NSW2, University of Sydney NSW3, Deakin University VIC4, Monash Health VIC5, Bendigo health VIC6, Calvary Mater Newcastle NSW7, Peninsula and Southeast Oncology VIC8, Cancer Institute NSW9, University of New South Wales10, Deakin University VIC11, Monash Health VIC12, Bendigo health VIC13, Calvary Mater Newcastle NSW14, Peninsula and Southeast Oncology VIC15, Cabrini Hospital VIC16, Ballarat Health VIC17, Newcastle Private Hospital NSW18. A Randomized Controlled Trial (RCT) of a Nurse-Led Supportive Care Package (Survivorcare) For Survivors Of Colorectal Cancer. American Society of Clinical Oncology Annual Meeting (poster). 2015


CONFERENCE ORAL PRESENTATION


2. Michael Jefford1, Karla Gough1, Alison Drsosowsky1, Lahiru Russell3, Sanchia Aranda1, Phyllis Butow2, Jo Phipps-Nelson1, Jane Young1, Menir Krishnasamy1, Anna Ugalde2, Dorothy King1, Andrew Strickland1, Michael Franco1, Robert Blum1, Catherine Johnson1, Vinod Ganju1, Jeremy Shapiro1, Geoffrey Chong1, Julie Chirlton1, Penelope Schofield1, Peter McCallum Cancer Centre VIC1, Cancer Institute NSW2, University of Sydney NSW2, Deakin University VIC1, Monash Health VIC2, Bendigo health VIC6, Calvary Mater Newcastle NSW1, Peninsula and Southeast Oncology VIC3, Cabrini Hospital VIC5, Ballarat Health VIC6, Newcastle Private Hospital NSW1. A Randomized Controlled Trial (Rct) of a Nurse-Led Supportive Care Package (Survivocare) For Survivors Of Colorectal Cancer. International Cancer Nursing Conference, Vancouver, Canada (presentation). 2015.


GRANT FUNDING

1. Chirpoc M, McClusky A, Jones NC, Sakoff JA, and D’Abaco. Defining the cellular determinants that drive dynamin inhibitor induced cell death and in vivo efficacy against glioblastoma. NSW Cancer Council, (2014-2016), RG-14-13; $360,000


15. Lynam, J. Decision Aid for Testicular Cancer Patients – HCRA & Calvary Mater Newcastle. $30,000.

RADIATION ONCOLOGY AND MEDICAL PHYSICS

HIGHLIGHTS

- 49 peer reviewed publications, including articles in high impact factor journals such as International Journal of Radiation Oncology, Biology, Physics (IF 4.524), and Radiotherapy and Oncology (IF 4.520)
- Over $2.3 million of competitive grant funding, including more than $1.5 million in NHMRC funding and $581,000 from Cancer Australia
- Continued strategic focus on clinically-driven, patient-centred research that is locally and nationally implemented
- Academic and clinical staff invited speakers at international conferences (including in Spain and Denmark at the most respected European conferences in their fields)
- Finalist ESTRO Best Poster Award in the category: ‘Physics’: Greer et al. ‘Real-time EPID based delivery verification during lung stereotactic body radiotherapy: initial experience’
- Continued expansion of international and local Research Higher Degree program;
- Strengthened links with local, national and international institutions including HMRI, CSIRO, TROG, HNELHD, CCLHD, The Universities of Newcastle, Sydney, New South Wales, Queensland, and Auckland.
- Research Higher Degree Students and Supervision through The University of Newcastle, University of Sydney, University of Queensland and University of Auckland
- Supervision x 11 PhD students, x 2 Masters students, x 1 Honours Radiation Therapy, Speech Pathology, Medical Physics and Radiation Oncology, Nutrition & Dietetics

EXECUTIVE SUMMARY

Translational aspects of research conducted by the Department of Radiation Oncology flow seamlessly from a recognition that the patient’s well-being is the key, the clinician’s experience the mechanism, and the researcher’s application of expertise the unlocking of solutions to cancer questions. Our clinician-researchers acknowledge the skill and wisdom of colleagues from different disciplines, and their ability to answer research questions from different perspectives, enabling a faster outcome.

Approximately 40 clinical trials are either current or in follow-up, and another seven approved for activation, with many more being evaluated for feasibility. Over 160 participants were recruited to Clinical Trials with over 460 participants in regular follow-up.

We’ve welcomed (“commissioned”) a new linear accelerator and have already incorporated it into our research (as well as clinical work, or course).

Allied Health clinicians and researchers also conduct a range of studies which incorporate psycho-oncology, social work, speech therapy, nutrition and dietetics, radiation therapy, palliative care and nursing. Quality Assurance is steadfastly monitored and painstakingly researched, as are issues stemming from the survival from cancer and its treatment.

Funding awarded in 2014/2015 totalled more than $2.3 million; much of this leading to or building on the 49 publications in peer-reviewed journals accepted this year. A total of 14 Research Higher Degree (RHD) students are currently enrolled at the Universities of Newcastle, Sydney, Queensland, and Auckland and are engaged in studies in Medical Physics, Radiation Therapy, Speech Therapy, Medicine and Nutrition and Dietetics. Two International Research Fellows were welcomed, as were new staff specialists. One staff member was awarded her PhD (congratulations Dr Claire Dempsey).

The continued focus on the interface between patient-centred, clinically-driven, theory-grounded research was highlighted in 2014/2015, by the Department of Radiation Oncology continuing to develop the roles of Director of Research (Assoc Prof Jarad Martin), Research Coordinator (Dr Mary-Claire Hanlon) and Research Administrative Officer (Ms Nicole Matthews). The research being conducted by the Department of Radiation Oncology is clinically-driven and relevant; always multidisciplinary and collaborative. The research is often multi-site, however, this strategic focus on investigator-led research is encouraging more cooperation with local researchers and neighbouring Health Services, as well as those from government agencies like CSIRO and other research and development partners.

PUBLICATIONS


POSTERS


FUNDING AND AWARDS


PALLIATIVE CARE

The Palliative Care Research Unit’s financial year started with eight clinical trials open for recruitment and closed with three open and another about to open. It has been a busy year with 144 referrals received from doctors, nurses, allied health, and patients themselves in the last 12 months. From this 55 patients were...
either posted or visited in person to be given a patient information consent form detailing the information about the study. The research unit received 18 signed consent forms of which 13 went on to participate in studies, this included six morphine or placebo dyspnoea participants, two sertraline for dysphoria study participants, three Piydroidimine pilot study, one melatonin for delirium prevention study, and one Can Less Be Better constipation study participant. Not inclusive of this are 28 participants that completed the impact of constipation on Health Related Quality of Life survey, and 20 patients had RAPID Pharmacovigilance Audits attended when prescribed haloperidol for nausea.

In February 2015 after being reviewed by HREC, the Palliative Care Research Unit began posting an invitation to register interest in receiving information on palliative care studies and clinical trials. Those people who are registered with palliative care received this pamphlet with a reply paid section to post back. From February until the end of June, 391 were mailed and 57 replies came back to the research unit. From this mail out we were able to recruit four participants that would not have otherwise been referred and 16 of those registered completed the impact of constipation on Health Related Quality of Life survey.

This year saw the closure of several PaCCSC studies after reaching completion: MOP dyspnoea; Appetite Loss; Can Less Be Better (constipation); This year saw the closure of several PaCCSC on Health Related Quality of Life survey. registered completed the impact of constipation on Health Related Quality of Life survey.

PUBLICATIONS

2. Clark K, Curry T, Byfieldt N. A Pre-And-Post Study of the Effect of a Care Bundle on Nursing Staff Attitudes and Self-Assessed Competencies when Caring for the Imminently Dying on Acute Medical Wards. International Journal of Palliative Nursing, accepted May 2015

CONFERENCE PRESENTATIONS

1. Implementing and Assessing a Caring for the Dying Care Bundle, EAPC, Denmark, 2015
2. Developing and accessing a care bundle for the dying, PaCCSC Annual Scientific meeting, Sydney , March 2015
3. Comparing and contrasting the efficacy of gabapentin with pregabalin in a palliative care population. PaCCSC Annual Scientific meeting, Sydney, March 2015
4. Clark K, Cameron-Taylor, E, Mather M. Designing and implementing a web-based information and education program for GPs. Congress of Palliative Care, Montreal, September 2014 (oral).
5. Clark K, Lam L, Byfieldt N, Currow DC. Defining the breadth of symptoms experienced by constipated palliative care patients and exploring the impact of these symptoms on quality of life. EAPC Scientific meeting, Uleida, Spain, 2014 (poster).

TEXT BOOK CHAPTER


SOCIAL DETERMINANTS OF HEALTH RESEARCH

In the past year Calvary Mater Newcastle has continued to develop and undertake a modest health services research project concerning the links between social disadvantage and the need for care through our Emergency Department or as an in-patient. The aim of the research is to identify the extent to which, for people who seek our care, social factors influence their health status and need for care. These factors include social isolation, the financial resources available to the person, housing arrangements, and health, social and welfare supports available for the person.

The work has been undertaken by a team comprising Associate Professor Rosemary Aldrich (Director Medical Services), Professor Greg Carter (Acting Director Liaison Psychiatry), Dr Michael Hayes (Director General Medicine) and, to the research effort, Dr MaryAnn Ferreux, a Hunter New England Local Health District Advanced Trainee in Medical Administration. The results of the research will be presented at conferences and published in the 2015/2016 year.

While not an appointee of Calvary Mater Newcastle, MaryAnn is also working on a collaborative health services re-design program as part of our Whole of Hospital Strategy which aims to ensure that people who frequently present for care at our hospital receive the range of supports they need to keep them well once they leave our care. Known as our VIP (Very Important Patient) project, such supports might include general practitioner, mental health and community care, but also may include supports from other services such as Centrelink, Housing NSW or other social services. The VIP project commenced in March 2015 as part of a project management training program from the NSW Agency for Clinical Innovation. Roslyn Barker, Calvary Mater Newcastle Whole of Hospital Strategy Manager, is working with MaryAnn (now based at The Maitland Hospital), and three other doctors-in-training at Maitland and Kurri Hospitals to develop and implement processes to ensure our VIPs are identified and assisted. Numerous others at Calvary Mater Newcastle are involved in developing the idea, including Lyn Herd, Director Social Work, and Emergency Department clinicians.
Financial Report

Calvary Health Care (Newcastle) Limited | ABN 75 081 149 126
Calvary Health Care (Newcastle) Ltd

DIRECTORS' REPORT

The Board of Directors of Calvary Health Care (Newcastle) Ltd submit their report for the year ended 30 June 2015.

Directors

The names of the Company's Directors in office during the financial year and until the date of this report are as follows.

Directors were in office for the entire period unless otherwise stated.

### NAME
### QUALIFICATIONS
### AREAS OF SPECIFIC RESPONSIBILITY

<table>
<thead>
<tr>
<th>NAME</th>
<th>QUALIFICATIONS</th>
<th>AREAS OF SPECIFIC RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hon. John Watkins AM</td>
<td>MA, LLB, DipEd</td>
<td>Chair All Committees, Ex Officio</td>
</tr>
<tr>
<td>Michael Roche AM</td>
<td>BA (Accounting), FCPA, MACS</td>
<td>Deputy Chair, Member, ARC, Chair, SDC</td>
</tr>
<tr>
<td>Hon. Gregory Crafter AO</td>
<td>LLB</td>
<td>Director, Chair, MEC</td>
</tr>
<tr>
<td>Rebecca Davies</td>
<td>BEc, LLB (Hons), FAICD</td>
<td>Director, Member, MEC, Member, ARC, Member, SDC</td>
</tr>
<tr>
<td>John Mackay AM</td>
<td>BA, FAIM</td>
<td>Director, Chair, PRC, Member, MEC</td>
</tr>
<tr>
<td>Assoc Prof Richard Matthews AM</td>
<td>MBBS</td>
<td>Director, Member, CGC, Member, SDC</td>
</tr>
<tr>
<td>Professor Katherine McGrath</td>
<td>MBBS, FRCPA, FAICD</td>
<td>Director, Chair, CGC, Member, PRC, Member, SDC</td>
</tr>
<tr>
<td>Patrick O'Sullivan</td>
<td>CA, MAICD</td>
<td>Director, Chair, ARC, Member, SDC</td>
</tr>
<tr>
<td>Professor Peter Ravenscroft AM</td>
<td>MBBS, BSc, MSc, MD, FRACGP, FRFMANZCA, FaChPM</td>
<td>Director, Member, MEC, Member, SDC, Member, CGC</td>
</tr>
<tr>
<td>Bridget Tracey AM (resigned 30 June 2015)</td>
<td>BN (Bachelor of Nursing), Grad Dip Nursing Administration</td>
<td>Director, Member, ARC, Member, CGC</td>
</tr>
<tr>
<td>David Catchpole (appointed 27 November 2014)</td>
<td>BC</td>
<td>Director, Member, ARC, Member, SDC</td>
</tr>
<tr>
<td>Philip Meloney</td>
<td>BCom, LLB, Grad Dip CSP, ACIS, MAICD</td>
<td>Company Secretary</td>
</tr>
<tr>
<td>David Baegman</td>
<td>BCom, MSc, ACA, FRIn</td>
<td>Alternate Company Secretary</td>
</tr>
</tbody>
</table>

Calvary Health Care (Newcastle) Ltd

DIRECTORS' REPORT

Results
A deficit of $2.9M was incurred for the financial year ended 30 June 2015 (2014: surplus $2.1M).

Management is actively reviewing operational performance to improve this result. In the event of financial assistance being required the Company may call upon financial support from the Parent Entity, Little Company of Mary Health Care Ltd.

Review of operations
The Company continued to provide quality services in accordance with the mission, vision and values of the organisation.

(a) Revenues

(b) Expenses
The Company's expenses from operating activities totalled $167.0M (2014: $164.2M). Expenses on personnel costs represent 65% (2014: 64%) of total operating expense.

Staffing levels for clinical services have decreased during the reporting period with total staff of 955 full time equivalents as at 30 June 2015 (2014: 969). The actual number of staff as at 30 June 2015 was 1,295 (2014: 1,327).

(c) Hospital activities
The overall inpatient activity for the year was 16,394 separations, an increase of 1% on the year ended 30 June 2014. Non-inpatient activity for the hospital during the year was 332,022 occasions of service, a decrease of 4% on the year ended 30 June 2014.

Future developments
The Company plans to continue the integration and expansion of its current range of services in accordance with the mission, vision and values of the organisation.

Significant events after year end
Set out below are the details of matters or circumstances which have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the Company.

There is a substantial process of regulatory and policy change impacting on the health and related sectors. These changes arise from reviews undertaken by the Productivity Commission, potential revisions to legislation and health fund rebates eligibility changes. No provision has been included in the financial statements for the potential impacts of these changes due to the material uncertainty as to their timing and impact.

Deed of access and indemnity - Directors
Little Company of Mary Health Care Ltd has executed a Deed of Access & Indemnity which provides Directors with the right of access to records for seven years after they cease office and also indemnifies Directors (to the extent permitted by law) against liability incurred in the course of their duties as a Director of companies within the Little Company of Mary Health Care group ("the Group").

Indemnification of officers and auditors
Little Company of Mary Health Care Ltd paid a premium during the year in relation to a Directors & Officers Liability policy indemnifying the Directors and Officers of the Group for losses which the Director or Officer may become legally obligated to pay on account of any claim made against the Director or Officer during the policy period for a wrongful act committed during the policy period.

The Company has not otherwise, during or since the end of the financial year, except to the extent permitted by law, indemnified or agreed to indemnify an officer or auditor of the Company or of any related body corporate against a liability incurred as such an officer or auditor.

Rounding off
The Company is an entity to which ASIC Class Order 98/100 applies. Accordingly, amounts in the financial statements and Directors' Report have been rounded off to the nearest thousand dollars, unless otherwise stated.

Proceedings on behalf of the Company
No person has applied for leave of the Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the Company is a party for the purpose of taking responsibility on behalf of the Company for all or any part of those proceedings.

The Company was not a party to any such proceedings during the year.

Member guarantee
The Company is incorporated as a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $100 towards meeting any outstanding obligations of the Company. As the Company only has one member, a total maximum of $100 is payable on a wind up.

Auditor's independence declaration
The auditor's independence declaration is included on page 5 of the financial statements.

On behalf of the Directors.

Chair of the Board
Director

Dated at Sydney this 19th day of August 2015.
In the opinion of the directors of the Company:

1. the Company is not publicly accountable;

2. the financial statements and notes, set out on pages 8 to 31, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
   (a) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and
   (b) giving a true and fair view of the Company's financial position as at 30 June 2015 and of its performance, for the financial year ended on that date;

3. there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors

Chair of the Board                      Director

Dated at Sydney this 19th day of August 2015.
Calvary Health Care (Newcastle) Ltd

TABLE OF CONTENTS

Statement of profit or loss and other comprehensive income 8
Statement of financial position 9
Statement of cash flows 10
Statement of changes in equity 11
Notes to the financial statements

1 Summary of significant accounting policies 12
2 Revenue and other income 21
3 Expenses 21
4 Cash and cash equivalents 21
5 Trade and other receivables 22
6 Other financial assets 22
7 Property, plant and equipment 22
8 Restricted assets 25
9 Trade and other payables 25
10 Bank overdraft and financing arrangements 25
11 Provisions 26
12 Retirement Benefit Plans 27
13 Retained Earnings 27
14 Commitments for expenditure 28
15 Related parties 29
16 Financial risk management 30
17 Contingent liabilities 30
18 Economic dependency and going concern 31
19 Events subsequent to balance date 31
20 Registered office and principal place of business 32
Independent Auditor’s Report

Calvary Health Care (Newcastle) Ltd

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2015

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue from operations</td>
<td>158,431</td>
<td>158,386</td>
</tr>
<tr>
<td>Other income</td>
<td>5,648</td>
<td>7,965</td>
</tr>
<tr>
<td>Total revenue and other income</td>
<td>164,079</td>
<td>166,351</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>108,812</td>
<td>105,917</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>6,671</td>
<td>6,200</td>
</tr>
<tr>
<td>Finance costs</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Supplies</td>
<td>20,768</td>
<td>20,872</td>
</tr>
<tr>
<td>Computer expenses</td>
<td>136</td>
<td>313</td>
</tr>
<tr>
<td>Consulting and legal costs</td>
<td>37</td>
<td>92</td>
</tr>
<tr>
<td>Contracted services</td>
<td>22,037</td>
<td>22,169</td>
</tr>
<tr>
<td>Insurance</td>
<td>124</td>
<td>105</td>
</tr>
<tr>
<td>LCMHC National Office shared service contributions</td>
<td>2,621</td>
<td>2,151</td>
</tr>
<tr>
<td>Loss on disposal of property, plant and equipment</td>
<td>125</td>
<td>158</td>
</tr>
<tr>
<td>Power, light and heat</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Public relations</td>
<td>63</td>
<td>26</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>267</td>
<td>494</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>145</td>
<td>172</td>
</tr>
<tr>
<td>Travel</td>
<td>972</td>
<td>1,206</td>
</tr>
<tr>
<td>Other expenses</td>
<td>4,222</td>
<td>4,360</td>
</tr>
<tr>
<td>Total expenses</td>
<td>167,012</td>
<td>164,249</td>
</tr>
<tr>
<td>Net (deficit) / surplus for the year attributable to Calvary Health Care (Newcastle) Ltd</td>
<td>(2,933)</td>
<td>2,102</td>
</tr>
<tr>
<td>Total other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive (loss) / income for the year attributable to Calvary Health Care (Newcastle) Ltd</td>
<td>(2,933)</td>
<td>2,102</td>
</tr>
</tbody>
</table>

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements set out on pages 12 to 31.
### Statement of Financial Position As at 30 June 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014 Restated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4</td>
<td>14,663</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>5</td>
<td>2,357</td>
</tr>
<tr>
<td>Inventories</td>
<td></td>
<td>1,157</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>6</td>
<td>44,000</td>
</tr>
<tr>
<td>Other current assets</td>
<td></td>
<td>469</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>62,646</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>7</td>
<td>119,815</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>119,815</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>182,461</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>9</td>
<td>6,403</td>
</tr>
<tr>
<td>Provisions</td>
<td>11</td>
<td>31,119</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>37,522</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>11</td>
<td>813</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td></td>
<td>813</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td>38,335</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>144,126</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td>13</td>
<td>144,126</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td></td>
<td>144,126</td>
</tr>
</tbody>
</table>

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements set out on pages 12 to 31.

### Statement of Cash Flows For the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014 Restated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from customers</td>
<td></td>
<td>38,846</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(147,508)</td>
<td>118,939</td>
</tr>
<tr>
<td>Government grants received</td>
<td></td>
<td>(14,152)</td>
</tr>
<tr>
<td>GST recovered from the ATO</td>
<td></td>
<td>4,923</td>
</tr>
<tr>
<td>GST payments to ATO</td>
<td></td>
<td>1,825</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td></td>
<td>2,873</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds on disposal of property, plant and equipment</td>
<td>529</td>
<td>394</td>
</tr>
<tr>
<td>Payment for property, plant and equipment</td>
<td>(6,180)</td>
<td>(4,619)</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td></td>
<td>(5,651)</td>
</tr>
<tr>
<td><strong>Net (decrease) / increase in cash held</strong></td>
<td></td>
<td>(2,778)</td>
</tr>
<tr>
<td><strong>Cash at the beginning of the financial year</strong></td>
<td></td>
<td>17,441</td>
</tr>
<tr>
<td><strong>Cash at end of the financial year</strong></td>
<td></td>
<td>14,663</td>
</tr>
<tr>
<td><strong>Separate disclosure of operating and other cash at the end of the financial year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating cash</td>
<td>8,475</td>
<td>9,316</td>
</tr>
<tr>
<td>Special purpose, trust and other restricted cash</td>
<td>6,188</td>
<td>8,125</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td></td>
<td>14,663</td>
</tr>
</tbody>
</table>

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements set out on pages 12 to 31.
Retained earnings  Total
$'000  $'000
Balance 1 July 2013  144,957  144,957
Surplus for the year  2,102  2,102
Total comprehensive income for the year  2,102  2,102
Balance 30 June 2014  147,059  147,059

Balance 1 July 2014  147,059  147,059
Deficit for the year  (2,933)  (2,933)
Total comprehensive loss for the year  (2,933)  (2,933)
Balance 30 June 2015  144,126  144,126

The Statement of Changes in Equity is to be read in conjunction with the notes to the financial statements set out on pages 12 to 31.

Statement of Compliance
These financial statements are general purpose financial statements which have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards - Reduced Disclosure Requirements, and comply with other requirements of the law.

Calvary Health Care (Newcastle) Ltd is a not for profit Public Company limited by guarantee, incorporated and domiciled in Australia.

The financial statements were authorised by the Board on 19 August 2015.

Basis of Preparation
The financial statements have been prepared on the basis of historical cost. All amounts are presented in Australian dollars.

The Company is a company of the kind referred to in ASIC Class Order 98/100, dated 10 July 1998, and in accordance with the Class Order amounts in the financial report are rounded off to the nearest thousand dollars, unless otherwise indicated.

Application of new and revised accounting standards effective for these financial statements
AASB 2012-3 Amendments to Australian Accounting Standards - Offsetting Financial Assets and Financial Liabilities
AASB 2012-3 adds application guidance to AASB 132 to address inconsistencies identified in applying some of the offsetting criteria of AASB 132, including clarifying the meaning of “currently has a legally enforceable right of set-off” and that some gross settlement systems may be considered equivalent to net settlement. AASB 2012-3 is applicable to annual reporting periods beginning on or after 1 January 2014. The adoption of these amendments has not had a material impact on the Company as the amendments merely clarify the existing requirements in AASB 132.

AASB 2013-6 Amendments to AASB 136 arising from Reduced Disclosure Requirements
AASB 2013-6 makes amendments to AASB 136 Impairment of Assets to establish reduced disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards – Reduced Disclosure Requirements arising from AASB 2013-3 Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets. AASB 2013-3 made narrow scope amendments to AASB 136, addressing disclosure of information about the recoverable amount of impaired assets if that amount is based on fair value less costs of disposal.

AASB 2013-6 became applicable to annual reporting periods beginning on or after 1 January 2014. The adoption of these amendments has not had a material impact on the Company.
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

AASB 10 Consolidated Financial Statements, AASB 2011-7 Amendments to Australian Accounting Standards arising from the consolidation and Joint Arrangements standards and AASB 2012-11 Amendments to Australian Accounting Standards - Reduced Disclosure Requirements and Other Amendments

AASB 10 supersedes the consolidation requirements in AASB 127 Consolidated and Separate Financial Statements (AASB 127) and AASB Interpretation 112 Consolidation - Special Purpose Entities. AASB 10 revises the definition of control and provides extensive new guidance on its application. These new requirements have the potential to affect which of the Company’s investees are considered to be subsidiaries and therefore to change the scope of consolidation. The requirements on consolidation procedures, accounting for changes in non-controlling interests and accounting for loss of control of a subsidiary are unchanged. AASB 10 is applicable to not-for-profit entities for annual reporting periods beginning on or after 1 January 2014.

To assist not-for-profit entities applying the AASB 10, the AASB issued AASB 2013-8 Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities – Control and Structured Entities on 31 October 2013. AASB 2013-8 added an appendix to AASB 10 to explain and illustrate how the principles in AASB 10 apply from the perspective of not-for-profit entities in the private and public sectors, particularly to address circumstances where a for-profit perspective does not readily translate to a not-for-profit perspective. Similarly, it added an appendix to AASB 12 Disclosure of Interests in Other Entities, in relation to structured entities.

Management has reviewed its control assessments in accordance with AASB 10 and has concluded that there is no effect on the classification (as subsidiaries or otherwise) of any of the Company’s investees held during the period or comparative periods covered by these financial statements.

AASB 12 Disclosure of Interests in Other Entities, AASB 2011-7 Amendments to Australian Accounting Standards arising from the consolidation and Joint Arrangements standards and AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements

AASB 12 integrates and makes consistent the disclosure requirements for various types of investments, including unconsolidated structured entities. It combines the existing disclosures in AASB 127, AASB 128 and AASB 131, and introduces a range of new disclosure requirements. AASB 12 became applicable to not-for-profit entities for annual reporting periods beginning on or after 1 January 2014. The adoption of AASB 12 has not had any significant impact on the Company.

The following significant accounting policies have been adopted in the preparation and presentation of the financial report:

(a) Taxation

The Company is exempt from income tax under the current provisions of the Australian Income Tax Assessment Act (1997). Accordingly, there is no income tax expense or income tax payable.

(b) Comparative figures

Comparative figures have been restated to conform with current year presentation, and the requirements of Australian Accounting Standards. In accordance with the requirements of Australian Accounting Standards, the reclassification of comparative were as follows:

<table>
<thead>
<tr>
<th>Statement of Financial Position</th>
<th>2014 Financial Statements $'000</th>
<th>Balance as per 2014 Restated $'000</th>
<th>Change $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>61,441</td>
<td>17,441 (44,000)</td>
<td></td>
</tr>
<tr>
<td>Deposits</td>
<td>-</td>
<td>44,000</td>
<td></td>
</tr>
</tbody>
</table>

Reclassifying term deposits with maturity greater than 3 months from cash and cash equivalents to Other financial assets - Term deposits with a corresponding reclassification in the Statement of Cash Flows.

(c) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

The GST components of cash flows arising from operating, investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the Statement of Financial Position.

(d) Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable.

Rendering of services

Patient fee revenue is recognised when the fee in respect of services provided is receivable. Accrued patient income represents an estimate of fees due from patients not billed at balance date. This estimate is calculated with reference to individual episode information and per diem rates.

Grants received

Reciprocal grants

Grants received on the condition that specified services be delivered, or conditions fulfilled, are considered reciprocal. Such grants are initially recognised as a liability and revenue is recognised as services are performed or conditions fulfilled.

Non-reciprocal grants

Revenue is recognised when the grant is received or receivable.
Impairment of financial assets

Financial assets are assessed for indicators of impairment at the end of each reporting period. Financial assets are considered to be impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the investment have been affected.

For certain categories of financial asset, such as trade receivables, assets that are assessed not to be impaired individually are, in addition, assessed for impairment on a collective basis. Objective evidence of impairment for a portfolio of receivables could include the Company’s past experience of collecting payments, an increase in the number of delayed payments in the portfolio past the average credit period of 30 days, as well as observable changes in national or local economic conditions that correlate with default on receivables.

For financial assets carried at amortised cost, the amount of the impairment loss recognised is the difference between the asset’s carrying amount and the present value of the estimated future cash flows, discounted at the financial asset’s original effective interest rate.

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade receivables, where the carrying amount is reduced through the use of an allowance account. When a trade receivable is considered uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against the allowance account. Changes in the carrying amount of the allowance account are recognised in profit or loss.

For financial assets measured at amortised cost, if, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through profit or loss to the extent that the carrying amount of the investment at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

Derecognition

The Company derecognised a financial asset only when the contractual rights to the cash flows from the asset expire, or when it transfers the financial asset and substantially all the risks and rewards of ownership to the asset to another entity. On derecognition of a financial asset in its entirety, the difference between the asset’s carrying amount and the sum of consideration received and receivable and the cumulative gain or loss that has been recognised in other comprehensive income and accumulated in equity is recognised in profit or loss.

Financial liabilities

Financial liabilities, including borrowings and trade and other payables, are initially measured at fair value, net of transaction costs. Financial liabilities are subsequently measured at amortised cost using the effective interest rate method, with interest expense recognised on an effective yield basis.
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

Calvary Health Care (Newcastle) Ltd

Derecognition
The Company derecognises financial liabilities when, and only when, the Company’s obligations are either discharged, cancelled or they expire. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in the profit or loss.

Effective interest method
The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts (including all fees on points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the debt instrument, or (where appropriate) a shorter period, to the net carrying amount on initial recognition.

(h) Inventories
Inventories are measured at the lower of cost and net realisable value. Costs are assigned on the basis of weighted average costs.

(i) Property, plant and equipment
Property, plant and equipment is stated at historical cost less any accumulated depreciation and any accumulated impairment losses.

Subsequent costs are included in the asset’s carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit and loss during the financial period in which they are incurred.

Depreciation is recognised so as to write off the cost of assets less their residual values over their useful lives, using the straight line method. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements. Assets held under finance leases are depreciated over their expected useful lives on the same basis as owned assets. However, when there is no reasonable certainty that ownership will be obtained by the end of the lease term, assets are depreciated over the shorter of the lease term and their useful lives.

The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

The depreciation/amortisation rates used for each class of asset are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Plant and equipment, comprised of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant, equipment, fixtures and fittings</td>
<td>10.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Medical, surgical and office equipment</td>
<td>15.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>33.3%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

Calvary Health Care (Newcastle) Ltd

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

Derecognition
The Company derecognises financial liabilities when, and only when, the Company’s obligations are either discharged, cancelled or they expire. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in the profit or loss.

Effective interest method
The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts (including all fees on points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the debt instrument, or (where appropriate) a shorter period, to the net carrying amount on initial recognition.

(h) Inventories
Inventories are measured at the lower of cost and net realisable value. Costs are assigned on the basis of weighted average costs.

(i) Property, plant and equipment
Property, plant and equipment is stated at historical cost less any accumulated depreciation and any accumulated impairment losses.

Subsequent costs are included in the asset’s carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to profit and loss during the financial period in which they are incurred.

Depreciation is recognised so as to write off the cost of assets less their residual values over their useful lives, using the straight line method. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements. Assets held under finance leases are depreciated over their expected useful lives on the same basis as owned assets. However, when there is no reasonable certainty that ownership will be obtained by the end of the lease term, assets are depreciated over the shorter of the lease term and their useful lives.

The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

The depreciation/amortisation rates used for each class of asset are as follows:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Plant and equipment, comprised of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant, equipment, fixtures and fittings</td>
<td>10.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Medical, surgical and office equipment</td>
<td>15.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>33.3%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation. When a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows (where the effect of the time value of money is material).

Where some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, a receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

(i) Employee benefits
A liability is recognised for benefits accruing to employees in respect of salaries and wages, annual leave, long service leave, and sick leave when it is probable that settlement will be required and they are capable of being measured reliably.

Liabilities recognised in respect of short-term employee benefits are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Liabilities recognised in respect of long-term employee benefits are measured as the present value of the estimated future cash outflows to be made by the Company in respect of services provided by employees up to the reporting date.

Payments to defined contribution retirement benefit plans are recognised as an expense when employees have rendered service entitling them to the contributions.

(m) Critical accounting judgements and key sources of estimation uncertainty
In the application of the Company’s accounting policies, the Directors are required to make estimates and judgements about the carrying amount of assets and liabilities. The estimates and associated assumptions are based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data obtained both externally and within the group. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in future periods where applicable.

Critical judgements in applying accounting policies

 Provision for impairment of trade receivables
Included in accounts receivable at 30 June 2015 is an amount of $1.1M (2014: $1.0M) which represents the net trade receivables believed to be recoverable by the Company after providing for an amount of $0.1M (2014: $0.0M) which is considered to prudent represent those receivables considered impaired. All impairment calculations are based on a commercial assessment criteria, including segmentation, ageing, billing and collections procedures and prevailing trends.

The provision represents 5.0% of trade receivables as at 30 June 2015 (2014: 4.2%).

(n) Changes in accounting standards
During the current reporting period, the Company changed the discount rate used in measuring its other long term employee benefits (annual leave and long service leave) from the Australian government bond rate to the high quality corporate bond rate. This change was necessitated by developments in the Australian business environment that confirmed there is a sufficiently observable, deep and liquid market in high quality Australian corporate bonds to satisfy the requirements in AASB 119 Employee Benefits. The Company has concluded that this has resulted in a change in accounting estimate in accordance with AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors.

The Company reduced the carrying amounts of other long term employee benefits by $0.4M during the current reporting period as a result of this change in accounting estimate.
### 2 Revenue and other income

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $ '000</th>
<th>2014 $ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from rendering of services</td>
<td>31,207</td>
<td>33,673</td>
</tr>
<tr>
<td>Recurrent grants received/receivable</td>
<td>123,938</td>
<td>119,139</td>
</tr>
<tr>
<td>Public Health Service capital grants</td>
<td>2,280</td>
<td>4,551</td>
</tr>
<tr>
<td>Public Health Service resources received free of charge</td>
<td>1,006</td>
<td>1,023</td>
</tr>
<tr>
<td>Total operating revenue</td>
<td>158,431</td>
<td>158,386</td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest income</td>
<td>1,825</td>
<td>1,827</td>
</tr>
<tr>
<td>Donations</td>
<td>1,098</td>
<td>1,965</td>
</tr>
<tr>
<td>Canteen takings and meals and accommodation</td>
<td>159</td>
<td>183</td>
</tr>
<tr>
<td>Government funded paid parental leave</td>
<td>485</td>
<td>375</td>
</tr>
<tr>
<td>Other income</td>
<td>2,081</td>
<td>3,615</td>
</tr>
<tr>
<td>Total revenue and other income</td>
<td>164,079</td>
<td>166,351</td>
</tr>
</tbody>
</table>

### 3 Expenses

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $ '000</th>
<th>2014 $ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td>3,274</td>
<td>3,258</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>3,397</td>
<td>2,942</td>
</tr>
<tr>
<td>Total depreciation expenses</td>
<td>6,671</td>
<td>6,200</td>
</tr>
<tr>
<td>Finance costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and bank fees</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Bad and doubtful debts</td>
<td>100</td>
<td>(46)</td>
</tr>
<tr>
<td>Employee benefits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>97,359</td>
<td>94,835</td>
</tr>
<tr>
<td>Superannuation - defined contribution</td>
<td>7,337</td>
<td>6,692</td>
</tr>
<tr>
<td>Superannuation - defined benefit</td>
<td>1,006</td>
<td>1,023</td>
</tr>
<tr>
<td>Workcover</td>
<td>553</td>
<td>821</td>
</tr>
<tr>
<td>Long-term and post-employment benefits</td>
<td>2,557</td>
<td>2,546</td>
</tr>
<tr>
<td>Total employee benefits</td>
<td>108,812</td>
<td>105,917</td>
</tr>
<tr>
<td>Loss on disposal of property, plant &amp; equipment</td>
<td>125</td>
<td>158</td>
</tr>
</tbody>
</table>

### 5 Trade and other receivables

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $ '000</th>
<th>2014 $ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables for patient fees</td>
<td>1,130</td>
<td>1,026</td>
</tr>
<tr>
<td>Less: Allowance for impairment loss</td>
<td>(56)</td>
<td>(43)</td>
</tr>
<tr>
<td>Balance at the beginning of the year</td>
<td>1,074</td>
<td>983</td>
</tr>
<tr>
<td>Other receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the end of the year</td>
<td>1,283</td>
<td>1,706</td>
</tr>
</tbody>
</table>

### 6 Other financial assets

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $ '000</th>
<th>2014 $ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loans and receivables at amortised cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term deposit</td>
<td>44,000</td>
<td>44,000</td>
</tr>
</tbody>
</table>

### 7 Property, plant and equipment

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $ '000</th>
<th>2014 $ '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold land - at cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buildings - at cost</td>
<td>131,276</td>
<td>130,759</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(33,595)</td>
<td>(30,321)</td>
</tr>
<tr>
<td>Balance at the beginning of the year</td>
<td>97,681</td>
<td>100,438</td>
</tr>
<tr>
<td>Plant and equipment - at cost</td>
<td>30,496</td>
<td>28,726</td>
</tr>
<tr>
<td>Less: Accumulated depreciation</td>
<td>(16,743)</td>
<td>(16,539)</td>
</tr>
<tr>
<td>Balance at the end of the year</td>
<td>13,753</td>
<td>12,187</td>
</tr>
<tr>
<td>Motor vehicles - at cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at the end of the year</td>
<td>435</td>
<td>476</td>
</tr>
</tbody>
</table>
Calvary Health Care (Newcastle) Ltd
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

Table: Assets under construction - at cost

<table>
<thead>
<tr>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Assets under construction - at cost</td>
<td>-</td>
<td>80</td>
</tr>
</tbody>
</table>

|      | 119,815 | 120,960 |

Asset audit
Following a physical inspection, plant and equipment with a cost of $0.3M (2014: $0.4M) and accumulated depreciation of $0.3M (2014: $0.3M) that could not be identified or located were scrapped. This resulted in a loss on disposal of $0.0M (2014: $0.1M).

Reconciliation of property, plant and equipment

Cost

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freehold land</td>
<td>7,779</td>
<td>7,946</td>
</tr>
<tr>
<td>Additions</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2015</td>
<td>7,946</td>
<td></td>
</tr>
</tbody>
</table>

Buildings
Balance at 30 June 2014 | 130,759 |
Additions | 517 |
Balance at 30 June 2015 | 131,276 |

Plant and equipment
Balance at 30 June 2014 | 28,726 |
Additions | 4,932 |
Disposals | (3,242) |
Transfers from Assets under Construction | 80 |
Balance at 30 June 2015 | 30,496 |

Motor Vehicles
Balance at 30 June 2014 | 476 |
Additions | 564 |
Disposals | (605) |
Balance at 30 June 2015 | 435 |

Assets under construction
Balance at 30 June 2014 | 80 |
Transfers to plant and equipment | (80) |
Balance at 30 June 2015 | - |

Accumulated depreciation and impairment

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td>(30,321)</td>
<td></td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(3,274)</td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2015</td>
<td>(33,595)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td>(16,539)</td>
<td></td>
</tr>
<tr>
<td>Eliminated on disposal of assets</td>
<td>3,193</td>
<td></td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(3,397)</td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2015</td>
<td>(16,743)</td>
<td></td>
</tr>
</tbody>
</table>

(a) Land and buildings
In 2005/06 the NSW Health Administration Corporation entered into a contract with a private sector provider, Novacare Project Partnership, for financing, design, construction and commissioning of a new hospital facility, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the Calvary Mater Newcastle site until November 2033 (the Public-Private Partnership (PPP)).

The official opening of the new facilities took place in August 2009. The legal documentation for the ongoing operation of the PPP arrangement, following finalisation of the construction phase of the PPP, was executed on 20 May 2011.

Hunter New England Local Health District (HNELHD) transferred control of the newly constructed general hospital facility through a sub-lease agreement to the Company. The terms and conditions of the use of the redeveloped facility are contained in a Head Lease between the parties to the PPP arrangement. The recognition of the assets is based on the fact that the Company, being an Affiliated Health Organisation which is outside the accounting control of either HNELHD or the NSW Ministry of Health, recognises its funding (recurrent or capital) as grant income in the year of receipt.

Review of Interpretation 12
The applicability of Interpretation 12 Service Concession Arrangements to the activities of the Company in respect of the operation of the public hospital has been considered. Interpretation 12 mandates the accounting for certain public-to-private service concession arrangements.

The arrangements for the operation of the hospital are not within the scope of Interpretation 12 because the overall scope for decision making and control over the daily operations and the management of the hospital remains within the Company’s decision making framework. In addition, the Company retains significant residual value in the assets.
8 Restricted assets
The Company holds assets which are restricted by externally imposed conditions, for example, in line with the 'Accounts and Audit Determination' of NSW Ministry of Health in exercising its powers conferred by the Health Services Act 1997 (NSW), and grant and donor requirements.

The assets are only available for application in accordance with the terms of these restrictions.

**Brief details of externally imposed conditions**

<table>
<thead>
<tr>
<th>Category / Conditions</th>
<th>2015 '000</th>
<th>2014 '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Purpose / Conditions imposed by granting body</td>
<td>12,030</td>
<td>14,604</td>
</tr>
<tr>
<td>No.2 Account / Conditions imposed by NSW Ministry of Health</td>
<td>26,468</td>
<td>28,303</td>
</tr>
<tr>
<td>Research grants / Conditions imposed by granting body</td>
<td>6,690</td>
<td>6,218</td>
</tr>
<tr>
<td>Disclosed in the Statement of Financial Position as:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6,188</td>
<td>8,125</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>39,000</td>
<td>39,000</td>
</tr>
<tr>
<td></td>
<td>45,188</td>
<td>47,125</td>
</tr>
</tbody>
</table>

9 Trade and other payables

**Current**

| Trade payables                               | 983       | 1,614     |
| Grants / income received in advance          | 431       | 79        |
| Other payables and accruals                  | 4,989     | 6,992     |
|                                             | 6,403     | 8,685     |

Trade payable terms vary from 7 to 30 days generally. No interest is charged on trade payables.

Grants and other income received in advance relate to the component of grants received from Hunter New England Local Health District for work agreed to be performed under the terms of the grant next financial year 2015/16 and Government funded paid parental leave received from Centrelink for payment in next financial year 2015/16.

Other payables and accruals comprise salaries and wages accruals and goods and services expenses incurred.

10 Bank overdraft and financing arrangements

The Company has access to the following lines of credit:

- **Group pooling facility - bank**
  - 2015 '000: 2,000
  - 2014 '000: 2,000

Employee benefits

Employee benefit provisions are reported as current liabilities where the Company does not have an unconditional right to defer settlement for at least 12 months. Consequently, the current portion of the employee benefit provision includes both short-term benefits measured at nominal values and long-term benefits, measured at present value. Employee benefit provisions that are reported as non-current liabilities refer to long-term benefits of non vested long service leave that do not qualify for recognition as a current liability, and are measured at present value.

**Funding of employee entitlements**

The NSW Ministry of Health, via the Local Health District, has committed to providing annual funding to meet employee entitlements that become payable in that year in the course of providing services. These funds are part of the normal operating subsidies paid to the Company by Hunter New England Local Health District.

The Company has indemnification from the NSW Ministry of Health for any accrued public hospital employee leave entitlements or any other employee entitlements such as redundancies payable by Calvary Health Care (Newcastle) Ltd which the Company is liable to pay at the time of, or becomes liable to pay as a consequence of, ceasing to conduct a public hospital in whole or part, as a public hospital listed in the Third Schedule of the Health Services Act or any successor Act subject to:

- the Company being specified in the Third Schedule of the Health Services Act 1997 or any successor Act as the operator of the public hospital;
- a transparent system being established to provide annual verification to the Local Health District of the accrued recreation and long service leave entitlement in respect of each named public hospital employee as at 30 June each year;
- real property and other substantial assets used to conduct the public hospital not being disposed of at any time without the full knowledge and agreement of the NSW Ministry of Health;
12 Retirement Benefit Plans

Defined contribution plans
The Company contributes to employee superannuation funds for all eligible employees based on various percentages of their gross salary, with a minimum contribution of 9.5% of gross salary. All employees are entitled to benefits on retirement, disability or death.

Defined benefit plans
A small number of employees who commenced employment with the Company prior to 18 December 1992 are members of the defined benefit State Authority Superannuation Scheme (SASS). This scheme is managed by the State Super Authority and the Company has neither control nor responsibility for the scheme. The Company's only obligations are the payment of any employee salary sacrificed employer contributions and employee post-tax employee contributions. The NSW Treasury remits all other required employer contributions directly to the scheme. The Company accounts for the liability paid by NSW Treasury as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as Resources received free of charge.

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Ministry of Health. The expense for certain superannuation schemes (ie Basic Benefit and First State Super) is calculated as a percentage of the employees’ salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees’ superannuation contributions.

13 Retained Earnings

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained earnings</td>
<td>144,126</td>
<td>147,059</td>
</tr>
<tr>
<td>Balance at beginning of year</td>
<td>147,059</td>
<td>144,957</td>
</tr>
<tr>
<td>(Deficit)/surplus attributable to owners of the Company</td>
<td>(2,933)</td>
<td>2,102</td>
</tr>
<tr>
<td>Balance at end of year</td>
<td>144,126</td>
<td>147,059</td>
</tr>
</tbody>
</table>

14 Commitments for expenditure
Public private partnership (PPP)
In 2005/06, the NSW Health Administration Corporation entered into a contract with a private sector provider, Novacare Project Partnership for financing, design, construction and commissioning of a new hospital facility, a mental health facility and refurbishment of existing buildings, and facilities management and delivery of ancillary non-clinical services on the site until November 2033.

Other expenditure commitments, totalling $7.7M (2014: $7.6M), for the provision of facilities management and delivery of other non-clinical services on the Calvary Mater Newcastle site, were expended for the year ended 30 June 2015. As the Company is not contractually committed to the agreement, the expenditure commitment over the life of the service provision is contingent upon recurrent funding continuing to be received from the NSW Ministry of Health, via Hunter New England Local Health District.
15 Related parties

(a) Transactions with key management personnel
From time to time Directors and other key management personnel of the Company may be treated as patients. This service is provided on the same terms and conditions as those entered into by other employees or customers and are trivial or domestic in nature.

A payment, the details of which are confidential and not disclosed, was made by the Parent Entity, Little Company of Mary Health Care Ltd, in respect of a contract of insurance indemnifying all Officers against liability for any claims brought against a Director or Officer.

Compensation of key management personnel
Non-Executive Directors' fees and National executive salaries are paid and are reported separately by the Parent Entity, Little Company of Mary Health Care Ltd. Remuneration for the Company's Executives is detailed below.

Compensation to key management personnel of the company 543,244 492,887

(b) Transactions with other related parties

Amounts included in income received during the year from LCMHC group companies:
Supplier rebate income 26,168 24,756
Recovery of salaries and wages (incl on-costs) 37,140 -
Recovery for goods and services - 261
Recovery of training costs 273 427

Amounts included in expenditure during the year to LCMHC group companies:
National Office shared service contribution 1,486,152 1,422,155
National IT shared service contribution - recurrent 615,030 516,215
National IT shared service contribution - non-recurrent 520,000 213,436
Payments for goods and services 40,812 48,569
Insurance premiums 78,000 75,000
Training costs - 2,025

16 Financial risk management

The Company’s financial instruments consist mainly of deposits with banks, accounts receivable and accounts payable.

<table>
<thead>
<tr>
<th>Categories of financial instruments</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loans and receivables</td>
<td>2,357</td>
<td>2,689</td>
</tr>
<tr>
<td>Term deposits</td>
<td>44,000</td>
<td>44,000</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>14,663</td>
<td>17,441</td>
</tr>
</tbody>
</table>

Financial liabilities

Amortised cost 6,403 8,685

17 Contingent liabilities

Claims on managed fund
On 1 July 1989 the NSW Government implemented a self insurance scheme known as the Treasury Managed Fund (TMF). Since that time, the Company has been a member of the TMF. The TMF will pay to or on behalf of the Company all sums which it shall become legally liable to pay by way of compensation or legal liability except for employment related, discrimination and harassment claims that do not have state-wide implications. Therefore, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Company. A Solvency Fund (now called Pre-Managed Fund) Reserve was established by the NSW Government to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. The Pre-Managed Fund will respond to all claims against the Company.

Workers compensation hindsight adjustment
The NSW Treasury Managed Fund normally calculates hindsight premiums each year. However, in relation to workers compensation, adjustments are delayed. The final hindsight adjustment for the 2009/10 fund year and an interim adjustment for the 2011/12 fund year were not calculated until 2014/15. As a result, the 2010/11 final and 2012/13 interim hindsight calculations will be paid in 2015/16.

It is not possible for the Company to reliably quantify the benefit to be received or amount payable.

There are no other events identified and not brought to account which could be expected to have a material effect on the financial statements in the future.
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

18 Economic dependency and going concern
The Company derives most of its income from the NSW Ministry of Health, via Hunter New England Local Health District. A going concern basis for the preparation of the financial statements has been adopted as it is expected that sufficient funding from the NSW Ministry of Health will continue.

An indemnification has also been obtained from the NSW Ministry of Health in relation to employee benefits refer to Note 11.

Of total revenue, 77.5% is derived from NSW Government funding, and 7.2% is derived from private patient revenue. Benefits are paid in accordance with agreements between the NSW Ministry of Health and the Health Funds.

The Company is one of a number of subsidiaries of the Parent Entity, Little Company of Mary Health Care Ltd. Whilst it is not envisaged the Company will need to rely on the Parent Entity for its economic dependency, the constitution of the Company has the provision required under s187 of the Corporations Act which expressly authorises the Company to act in the best interests of the Parent Entity, so that it is capable of providing economic assistance to the Parent Entity, provided the Company will not become insolvent as a result of giving such economic assistance.

The Parent Entity may, in turn, provide economic assistance to any of its subsidiaries including the Company, by withdrawing funds from any other of its subsidiaries, except for those moneys located in certain Special Purpose or Trust Fund Accounts, to provide such support as is necessary to enable the Parent Entity or subsidiary to pay its debts as and when they fall due, provided neither the Parent Entity or the Company will become insolvent as a result of the withdrawal.

The Directors currently believe that, collectively, the Parent Entity and its subsidiaries have sufficient cash resources to ensure the Company, the Parent Entity, and other subsidiaries of the Parent Entity will continue to trade as going concerns and they are unaware of any material uncertainties, events or conditions, which may cast significant doubt on this belief.

19 Events subsequent to balance date
Set out below are the details of matters or circumstances which have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the Company.

There is a substantial process of regulatory and policy change impacting on the health and related sectors. These changes arise from reviews undertaken by the Productivity Commission, potential revisions to legislation and health fund rebates eligibility changes. No provision has been included in the financial statements for the potential impacts of these changes due to the material uncertainty as to their timing and impact.

20 Registered office and principal place of business
The Company's registered office is Level 12, 135 King St Sydney NSW 2000 and its principal place of business is Calvary Mater Newcastle Hospital Edith St Waratah NSW 2298.
We performed the procedures to assess whether in all material respects the financial report gives a true and fair view, in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the ACNC, which is consistent with our understanding of the Company's financial position and of its performance.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012.

Auditor’s opinion

In our opinion, the financial report of Calvary Health Care (Newcastle) Ltd is in accordance with the Australian Charities and Not-for-profits Commission Act 2012 including:

(a) giving a true and fair view of the Company’s financial position as at 30 June 2015 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013.

KPMG

KPMG

Stephen Isaac
Partner

Sydney

19 August 2015