



Calvary

LITTLE COMPANY OF MARY
HEALTH CARE LIMITED
ANNUAL REVIEW
2016/2017

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

Spirit of Calvary

Being for Others

Everyone is welcome.

You matter. We care about you.

Your family, those who care for you, and the wider community we serve, matter.

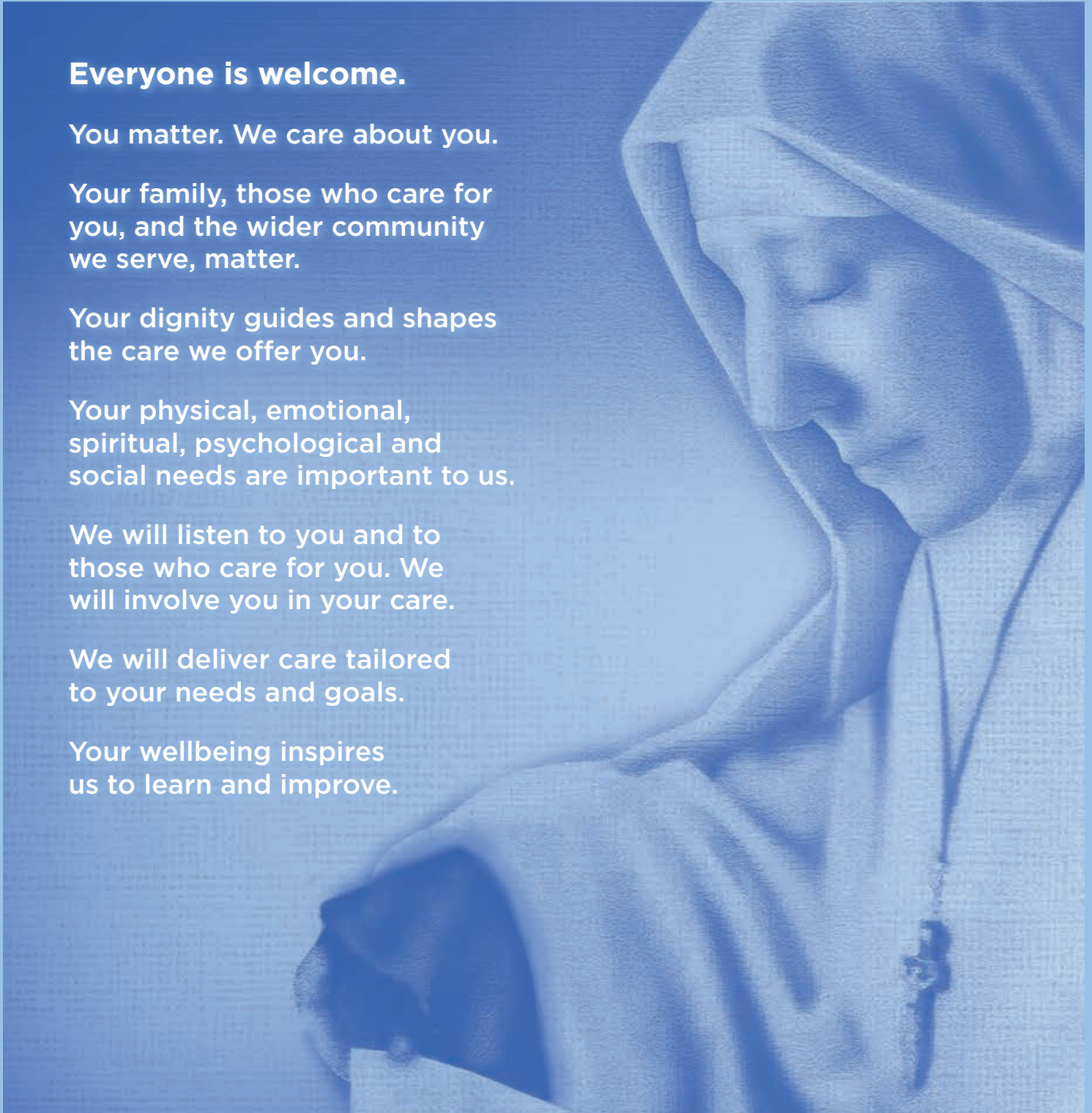
Your dignity guides and shapes the care we offer you.

Your physical, emotional, spiritual, psychological and social needs are important to us.

We will listen to you and to those who care for you. We will involve you in your care.

We will deliver care tailored to your needs and goals.

Your wellbeing inspires us to learn and improve.



1885 – 2017

132 years ago, six courageous Sisters of the Little Company of Mary sailed from Naples to Sydney on the SS Liguria. Their mission was to care for the poor, sick and dying. Commencing the mission of Mary Potter in Australia, their vision was to be a source of healing, hope and nurturing to those in need.

Acknowledgement of Land and Traditional Owners

Calvary acknowledges the Traditional Custodians and Owners of the lands on which all our services operate. We acknowledge that these Custodians have walked upon and cared for these lands for thousands of years. We acknowledge the continued deep spiritual attachment and relationship of Aboriginal and Torres Strait Islander peoples to this country and commit ourselves to the ongoing journey of reconciliation. Aboriginal and Torres Strait Islander people are respectfully advised that this publication may contain the words, voices, names, images and/or descriptions of people who have passed away.

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



Our Mission

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

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

Our Vision

As a Catholic health, community and aged care provider, to excel, and to be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

Our Values

Our values are visible in how we act and treat each other. We are stewards of the rich heritage of care and compassion of the Little Company of Mary. We are guided by these values:

- + **HOSPITALITY** 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 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, now and for the future. We are responsible for: striving for excellence, developing personal talents, material possessions, 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.

About Calvary

Calvary is a charitable Catholic not-for-profit organisation with more than 12,000 staff and volunteers, 17 public and private hospitals, 15 retirement and aged care facilities, and a national network of community care centres. We operate across six states and territories within Australia. Established in Sydney in 1885, by the arrival of the Sisters of the Little Company of Mary in Australia, our mission is to provide health care to the most vulnerable, including those reaching the end of their life. We provide aged and community care, acute and sub-acute health care, specialist palliative care and comprehensive care for people in the final years of their life.

Full details of our locations are featured on the back page.

Calvary at a Glance

YEAR TO 30 JUNE 2017

HOSPITALS

217,674
Admissions

462,906
Outpatients

121,221
Emergency
Department
presentations

4,277
Births

113,561
Surgical procedures

COMMUNITY CARE

Approx 15,600
Individual clients

Approx 9,400
Clients receiving
a service at any
one time

771,500
Visits to clients

**Approx
1.18 million**
Hours of care

RETIREMENT COMMUNITIES

**29 residents over
the age of 100**

**452 residents over
the age of 90**

OF WHOM 89 LIVE IN
INDEPENDENT LIVING
UNITS

711 new admissions

+ 433 ADMISSIONS TO
RESIDENTIAL AGED CARE
FACILITIES (excluding respite)

+ 242 RESPITE ADMISSIONS
TO RESIDENTIAL AGED
CARE

+ 36 ADMISSIONS TO
INDEPENDENT LIVING
UNITS (ILU)

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COVER IMAGE

Our cover features Val Bevis, Bed Manager at Calvary Lenah Valley Hospital in Hobart. Val has been with Calvary for 23 years and is a familiar face for local patients and their families. Val and our other hospital coordinators are often the unsung heroes who work tirelessly to ensure patients receive the best Calvary care.



Foreword from the Chair of Calvary Ministries

SUNDAY 2 JULY 2017 MARKS THE 140TH ANNIVERSARY SINCE THE FIRST LITTLE COMPANY OF MARY COMMUNITY WAS ESTABLISHED BY VENERABLE MARY POTTER AT HYSON GREEN IN NOTTINGHAM, ENGLAND IN 1877.

Venerable Mary Potter had a vision for the Calvary spirit to live through the Sisters of the Little Company of Mary and through what she called the Greater Company of Mary, which includes all of us who share this journey of spirit and service across the Calvary organisation in retirement communities, hospitals, and community care.

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

One of the Sisters recently reflected, *"The Calvary Spirit ... Where one stops what one is doing, no matter how important it seems, to tend to, and more importantly, stay with another."*

This is what we seek to do. And when we succeed in sharing The Spirit of Calvary with those whom we serve, lives are touched for the better. Over the course of the year, some of the people touched by The Spirit of Calvary have reflected on what this means to them.

"You came on some of my very lowest days during the last 18 months and provided a good listening service, which gave me the strength to survive the following hours when you left the house."

– Client

"Never before would I have said that a hospital could provide such an all-encompassing, even spiritual experience. I felt cherished."

– Patient

"I have become more strong, more like my old self. The last nine weeks have been a difficult time for me; here I have flourished and felt of some value again."

– Patient

"... express my thanks and that of my family for the recent love and concern shown to my husband in the last five days of his life. We still marvel at the beauty of the day before he died - outdoors on the lakeside, the sun and breeze over his face, family and friends by his side, and

grandchildren frolicking all around. Thank you so much - staff and volunteers for everything."

– Family member of patient

"It truly is the people that make a workplace amazing and each and every one of you have brought something unique and special to my life. I have learned more about nursing and about myself from you all than I ever thought possible."

– Staff member

It is people, as their diverse lives and stories intersect, one with another, who make Calvary services the thriving spiritual hubs of quality care, healing and nurturing of life that they are today.

The service of Calvary today, as evidenced in this annual review, does continue the work the Sisters of the Little Company of Mary commenced in Australia in 1885.

I thank both the Board of Directors ably led by the Hon. John Watkins, AM, the National Leadership Team and all the executive teams of the services for their dedication, attention to detail and their stewardship of our mission.

Finally, a word of gratitude to Mark Doran, who this year completes his tenure as National Chief Executive Officer after nearly ten years. Mark joined Little Company of Mary Health Care at a perilous time in the life of the organisation. Since then we have seen the transformation of Calvary into the vibrant, possibility-filled and forward looking organisation that it is now. We are in debt to Mark for his tenacity, his care, his determination and a labour of transformation well done. We are exceptionally proud of everything that has been achieved and we wish Mark well.

We offer our continued support and assure all that you are in our thoughts, hopes and prayers. On behalf of Calvary Ministries, we thank you all for carrying on the important work and traditions of the Sisters of Little Company of Mary

**BILL D'APICE
CHAIR, CALVARY MINISTRIES**



Bill d'Apice

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

WRITINGS OF VENERABLE
MARY POTTER

Message from the Chair

LITTLE COMPANY OF MARY HEALTH CARE

THIS YEAR, THE SISTERS OF THE LITTLE COMPANY OF MARY CELEBRATE 140 YEARS SINCE THE FIRST LITTLE COMPANY OF MARY COMMUNITY WAS ESTABLISHED BY VENERABLE MARY POTTER AT HYSON GREEN IN NOTTINGHAM, ENGLAND IN 1877. WE EXPRESS OUR THANKS AND ADMIRATION FOR THE WORK THEY HAVE DONE IN AUSTRALIA FOR OVER 130 YEARS. THE MISSION OF VENERABLE MARY POTTER INSPIRES THE ORGANISATION, EACH OF OUR SERVICES, THE STAFF AND VOLUNTEERS. AS A RESULT CALVARY CONTINUES TO PROVIDE HIGH QUALITY, COMPASSIONATE, WELL-TARGETED HEALTH, AGED AND HOME CARE TO THOUSANDS OF AUSTRALIANS IN NEED.

In the last 12 months an industry-wide downturn in private hospital throughput has resulted in subdued revenue levels. This has occurred at a time of tightness in the aged care sector, transformation in the home care sector and increasing constraints on public hospital returns. Nevertheless, Calvary continues to trade strongly. The organisation has a strong balance sheet that has enabled Calvary to maintain a busy capital works program including,

- the commencement of construction on the new 342 bed Calvary Adelaide Hospital
- the completion of the 94 inpatient bed Calvary Bruce Private hospital in Canberra
- the opening and blessing of the new Muswellbrook Retirement Community with 65 residential aged care beds and 22 independent living villas
- ongoing work to upgrade Calvary Lenah Valley Hospital in Hobart by constructing 6 new theatres
- the submission of a development proposal for a new Health and retirement precinct on the Calvary Health Care Bethlehem site in Melbourne
- the blessing and opening of a \$2.5 million upgrade to our Hyson Green Mental Health Facility at Calvary Bruce Private Hospital, taking the total number of beds to 28 and allowing more people the opportunity to benefit from our treatment programs
- the blessing and opening of new Cardiac Cath Lab and Endoscopy Unit at Calvary St Vincent's Hospital in Launceston
- the transition by the Sisters of Saint Joseph of the Sacred Heart of their South Australian services associated with Mary MacKillop Care to Calvary on 1 June 2017.

We continue to rollout electronic chartbooks in our hospitals; to develop tools for capturing and learning from people's experiences so that we can

quickly learn and improve; strengthen our recruitment procedures; and increase our vigilance in relation to cyber security together with other risks to our enterprise.

We advocate strongly for the aged citizens in residential facilities and in particular, those in the last months of their lives. We have inherited a sacred duty from the Sisters of the Little Company of Mary to do all we can to ensure the highest quality of care is provided to those who are frail, aged and dying. We made strong submissions to Victorian and NSW Parliamentarians as they debated assisted dying legislation.

Our hospitals, aged care and community facilities are very fortunate to have excellent assistance from a committed volunteer community. I also thank members of the Auxiliaries who operate within our hospitals. The funds these groups raise are significant, enabling us to provide leading edge care in some instances where funds are not otherwise available. Most importantly they are a visible part of the hospitals they serve.

We acknowledge and thank Sister Jennifer Barrow, Little Company of Mary (LCM) and her Council for their unwavering support of our work. Likewise, we value the support and guidance of the Directors of Calvary Ministries which, led by Mr Bill d'Apice, undertakes a critical role in the governance of Little Company of Mary Health Care.

The work of the Board of Directors never ceases to impress me. I am proud to lead such an enthusiastic, hard-working and inspirational group of people whose stewardship of this company is exemplary. We thank our departing Directors, Mick Roach and Rebecca Davies for over nine years of high quality and professional service to the Board.

I thank and commend the work of the National Leadership Team and each service's executive team. They bring a



The Hon. John Watkins AM, Chair

wealth of knowledge to the table for the benefit of all at Calvary.

Our National CEO, Mark Doran retires at the end of 2017. When I think of Mark, it is his strength and determination that shines through. Mark knew that success would always be due to Calvary people. He is proud of Calvary's staff and volunteers, wills them to do well and always looks for reform that will lighten their burdens. Mark has an encyclopaedic knowledge of health care and a comprehensive memory of people and issues. Those qualities are matched by his wisdom and good judgement and the result is the striking success of the past nine years.

On behalf of every Calvary employee, volunteer and the Board of Directors, I wish Mark every good wish for the future. He can retire, proud of his efforts and deeply satisfied with his achievements. The good that he has done will continue to bring great benefit to Calvary and the men and women we will look after, right across Australia for decades to come.

Last, but by no means least, my sincere appreciation and thanks goes to our staff throughout Calvary. Their work each day brings a human face to the mission of Calvary and they are our greatest ambassadors. Their positive contribution is evidenced by donations, bequests, letters of praise and ongoing highly complementary feedback that filters to our Board with regularity. I commend everyone at Calvary for the service we have been privileged to offer this year.

**THE HON. JOHN WATKINS AM
CHAIR, LCMHC BOARD**

A Year in Review

THE LAST YEAR HAS BEEN CHALLENGING. WE HAVE DEALT WITH MANY BUSINESS CONCERNS AMID THE SLOWING GROWTH OF THE PRIVATE HOSPITAL INDUSTRY AS A VARIETY OF ISSUES REDUCED RETURNS.

The industry is bracing for further changes such as the prosthesis reform, which will impact margins.

Likewise, funding cuts in aged care and new models in community care have put pressure on margins. The public hospital sector was also not immune, with difficulties persisting in the ACT.

However, we have continued in our quest to provide integrated, highly reliable care that is digitally enabled. We put the person at the centre of care and deliver valued outcomes.

In responding to challenges, we have made operational improvements, introducing Shared Services projects such as One Payroll; and in the area of human resources, we have focused on talent management and addressing skills shortages.

Our progress in digital transformation has aided all improvements. We have tackled matters such as providing 'medical grade' infrastructure while meeting the need for heightened cyber security.

We have devoted considerable resources to extending our digital clinical records, with associated projects such as electronic medication management; and introducing end-of-life care through software enabler MyNetCare.

Efficiency projects such as introducing advanced rostering and revenue optimisation, and forming global sourcing alliances, are also underway.

For the first time in a decade, we opened a new aged care and retirement village, in Muswellbrook in the Hunter Valley. We also opened our first new private hospital in 40 years, in the ACT, and work is well underway on the Adelaide Hospital, which will replace the Calvary Wakefield and Calvary Rehabilitation hospitals. The replacement for the Calvary Ryde Retirement Community nursing home has received development approval and we have made good progress on plans for replacing Calvary Health Care Bethlehem, which is a public hospital in Victoria.

These milestones were reached amid multiple other expansions, additions and master plans for our facilities. These projects include completing expansions

at the Hyson Green mental health facility in the ACT, and retirement communities at Waratah and Eleebana in Newcastle, NSW, and progress on building new theatres at the Calvary Lenah Valley Hospital in Hobart.

Additionally, we welcomed our incorporation with the South Australian aged care activities of the Sisters of St Joseph (Mary MacKillop) Care Services.

Looking to the future, Calvary is investigating the needs of outer metropolitan communities in major cities and participating in discussions with governments on providing future hospital infrastructure and management expertise. In a related fashion, Calvary is pursuing innovative approaches to ageing for marginalised members of the community, to give them some control over their journey of care, particularly at the end of life.

This being my last report, I have been reflecting on progress over the last decade, and I am proud to have led a talented team that has been true to our values and has had significant achievements, which include:

- Greatly expanding our mission, particularly in palliative and end-of-life care
- Regaining a sense of optimism and purpose for the Little Company of Mary Health Care (LCMHC), built on restored finances
- Creating the foundations for a smarter, more agile and responsive Calvary
- Creating enviable standards for quality and safety of care for patients, residents, clients and staff, while understanding there is still a long way to go
- Building a strong foundation to further integrate health care that benefits the communities we serve
- Contributing to the continued integration of education and research.

In closing, I thank Calvary Ministries, our Trustees, the LCMHC Board and the National Leadership Team for their commitment, counsel and encouragement throughout the year, and our staff and volunteers for their dedication to serving our communities. I will be very proud to say I once led Calvary.

MARK DORAN
NATIONAL CHIEF EXECUTIVE
OFFICER, LITTLE COMPANY OF
MARY HEALTH CARE LIMITED



Mark Doran retired in December 2017

Under Mark's strong and determined leadership, Calvary Health Care has significantly grown its footprint across its three streams: hospitals, aged care and community care. It has become one of the country's largest and most significant organisations: the 31st largest private organisation in Australia, with \$1.2 billion in revenue in FY17 (up from 54th in FY08, the year Mark took the reins).

DR MICHAEL STANFORD, GROUP CEO
ST JOHN OF GOD HEALTH CARE

THEN AND NOW

MARK DORAN, NATIONAL CEO 2008 - 2017

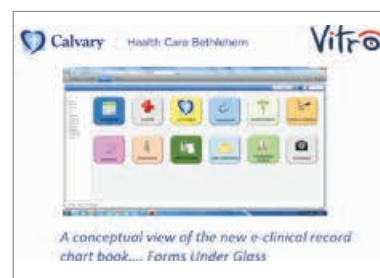
- + Revenue doubled from \$600m to \$1.2b
- + Moved from the 54th to the 31st largest private company in Australia
- + Workers compensation premiums reduced from 4% to 0.8% of gross revenue
- + The number of staff members and volunteers grow from 8,000 to 12,000

PERFORMANCE OF 2017 COMPARED WITH 2008

- + Revenue (excluding that from prostheses services) has grown 67% to \$1,104m
- + Operating EBITDA has grown 920% to \$83m
- + Operating EBITDA (excluding Prostheses) has grown from 1.2% to 7.5%
- + Net surplus has grown from a loss of \$22 million to a \$78m surplus
- + Cash has grown from \$60m to \$522m (an increase of 767%)
- + Net cash (after borrowings) for the Group excluding public hospitals has grown from \$123m borrowings to \$261m in funds over nine years; an improvement of \$385m

LEGEND

- Health insurance
- Digital transformation
- Capital projects, mergers and acquisitions



HEALTH INSURANCE SA (2011 - 2014)

Calvary successfully renegotiates health insurance contracts following a public campaign raising awareness that health insurance payments in South Australia are 15% lower than the national average.



DIGITAL TRANSFORMATION

- National integration of technology for HR, business intelligence, mobility, better patient outcomes and big data analytics
- Digitisation of patient records to enhance post-discharge coordination between hospital and primary health teams



AGED CARE

Calvary acquires Catholic Diocese of Maitland and Newcastle Aged Care Services, providing a combined offering of more than 700 beds

2013

2014

ACT HEALTH (2009 - 2011)

- The sale of Calvary to ACT Health was proposed following a slow-down in funding, including a block on capex (upgrades and improvements), but did not proceed.
- New Calvary Network Agreement (CNA) signed 2011

2011

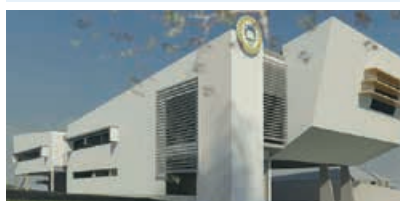
2012

PALLIATIVE CARE LEADERSHIP

- Developed Calvary Palliative and End of Life Care (PEoLC) 4R Model of Care
- Riverina Palliative Care Alliance
- Hunter Alliance Team Charter signed

CAPITAL PROJECTS

- ACT Public: MRI, Emergency Department expansion
- Wagga/University Notre Dame rural medical sub-school (pictured below)
- Calvary Central Districts Hospital SA: comprehensive cancer centre
- Calvary Lenah Valley Hospital Tasmania: Endoscopy unit
- Calvary Kogarah: new day rehabilitation hospital and car park



2009

2010

2008

TURNAROUND (2008 - 2010)

- Massive turnaround required to make private hospitals profitable
- Major costs are reduced, including workers compensation premiums
- Calvary invests in common systems and platforms



COMMUNITY ENGAGEMENT

- 'You Matter. We care about you': new mobile-responsive website attracts more than 50,000 unique visitors per month
- Calvary media coverage more than triples with 70% + of coverage about the people we serve
- More than 15 extra Facebook pages launched to facilitate interactive feedback
- More than 50% increase in feedback (compliments, complaints, suggestions)

DIGITAL TRANSFORMATION

- Calvary eLearning - 13,000 users completing more than 75,000 courses annually
- Calvary Leadership Training Framework introduced
- My Learning dashboard introduced to manage skills gaps

DIGITAL TRANSFORMATION

- Calvary Connect Intranet single national platform
- Calvary One Payroll
- Platform integration to create business intelligence dashboards

2015

MEDIBANK (2015)

- Calvary media campaign rejecting Medibank terms generates 430 clips within eight weeks, amplified by the introduction of Calvary social media, along with input from the AMA and the Australian Minister for Health
- Calvary and Medibank agree to new terms



2016

HIGH-RELIABILITY CARE

- Consistent prolonged performance at high levels of safety
- eChartbook and other initiatives to improve the patient experience across the continuum of care
- Introduction of STAR Work, Health and Safety annual awards

CAREER & CULTURE

- Executive training - Calvary GROWs coaching model and Emotional Intelligence workshops for all executives
- WGEA Gender Equality Employer of Choice accreditation in 2015 and 2016

MARY MACKILLOP

- The Mary MacKillop Aged Care facilities in South Australia transfers ministry to Calvary in June 2017

2017

MISSION LEADERSHIP

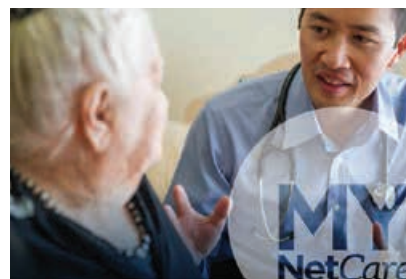
- Mission Accountability Framework
- Voluntary Assisted Dying campaign addresses mission and ethics of proposed bills
- Eight executives undertake inaugural Mission Leadership (Formation) program
- Catholic Health Australia (CHA) awards: LCM Province Leader Sr Jennifer Barrow 2017 Lifetime Service Award; Mary Ringstaad, 2015 Pastoral Care Excellence, Fane Falemaka, 2016 Nurse of the Year

HOME CARE EXPERTS

- Calvary Community Care launches 'Home Care Experts' to assist consumers in navigating Consumer Directed Care

END OF LIFE CARE

- Hunter Alliance 'My NetCare' palliative care program wins Catholic Health Australia Outreach Award



CAPITAL PROJECTS (2016 - 17)

- Calvary Riverina Hospital gets \$9.3m Palliative Care and Rehabilitation upgrade
- Calvary St Luke's Hospital's \$1.49m Mental Health Unit extension opens in February 2016
- Calvary Ryde Retirement Communities Ryde redevelopment approved 2017
- Calvary Health Care Bethlehem public hospital redevelopment proposal submitted 2016
- Calvary Muswellbrook's new \$23m Retirement Community opens in March 2017
- Calvary Bruce Private Hospital's \$2.5m Hyson Green mental health upgrade opens in March 2017
- Calvary Bruce Private ACT, the \$77m new private hospital, opens on 27 September 2017
- Calvary Lenah Valley's \$23.4 theatre redevelopment due for completion in mid 2018
- Calvary Adelaide Hospital's \$300m development set for completion in early 2019





DEVELOPMENTS, UPGRADES AND TRANSITIONS

A MASSIVE CRANE LIFTS INTO PLACE THE 40-METRE BRIDGE LINKING CALVARY'S PRIVATE AND PUBLIC HOSPITALS IN BRUCE IN THE ACT. SEE PAGE 9 FOR MORE DETAILS.



DEVELOPMENTS

Calvary Adelaide Hospital, Adelaide, South Australia

Opening in 2019, this project involves the design, construction and leasing of the largest-ever private hospital to be built in South Australia and the first new private hospital in nearly 20 years. The 342-bed hospital will replace the Calvary Wakefield and Calvary Rehabilitation hospitals and create more than 500 jobs during the construction phase. On 6 September 2016, the Hon. Jay Weatherill, Premier South Australia, attended a site blessing at the construction zone.

Total project value: \$300 million
Target completion date: early 2019



L-R: Jay Weatherill SA Premier and John Watkins AM, Calvary Chair



Calvary Bruce Private Hospital, Canberra, ACT

The Calvary Bruce Private Hospital, our 'hospital for the future', has opened. It features eight state-of-the-art operating theatres that accommodate surgeries ranging from day procedures to complex operations performed in digital operating suites.

The hospital is a standalone facility with private single rooms with hotel-like ensembles and finishes. It has 94 inpatient beds, 26 day-only beds and eight theatres, with capacity to expand to 156 beds as Canberra's northern suburbs grow. The floors formerly occupied by the private hospital within the public hospital revert to public hospital use.

Total project value: \$77 million

Completion date: September 2017



Calvary's public and private hospitals in Bruce in the ACT will continue their complementary roles, with a pedestrian bridge linking the new private hospital to the Emergency Department in the public hospital. A massive crane lifted the 40-metre bridge into place during the last weekend in April 2017.

Calvary Muswellbrook Retirement Community, Hunter region, NSW

The new 65-bed residential aged care facility replaces Calvary Mt Providence Retirement Community, which was established 40 years ago. In March 2017, existing residents were transferred to the facility, which opened to new residents in April. Accommodation includes 22 one, two and three-bedroom independent living villas and 65 residential care (king, single and companion) rooms.

Total project value in Stage One:

\$23 million

Completion date: March 2017



An independent living unit at our Calvary Muswellbrook Retirement Community

UPGRADES

Lenah Valley theatre redevelopment, Hobart, Tasmania

Construction of six new operating theatres at Calvary Lenah Valley Hospital in Hobart, Tasmania, is underway, with building of the structural frame nearing completion. The new building abuts the existing theatres, which will be refurbished once the facilities are open at the end of stage one. Construction will take place over five stages to allow the existing theatre unit to remain operational throughout the 18-month project. The redevelopment will include eight operating theatres, Stage 1 and 2 recovery units, a central sterilising unit, a new Day of Surgery Admission Centre and a new biplane cardiac catheter laboratory.

Total project value: \$23.4 million
Target completion date: early 2018



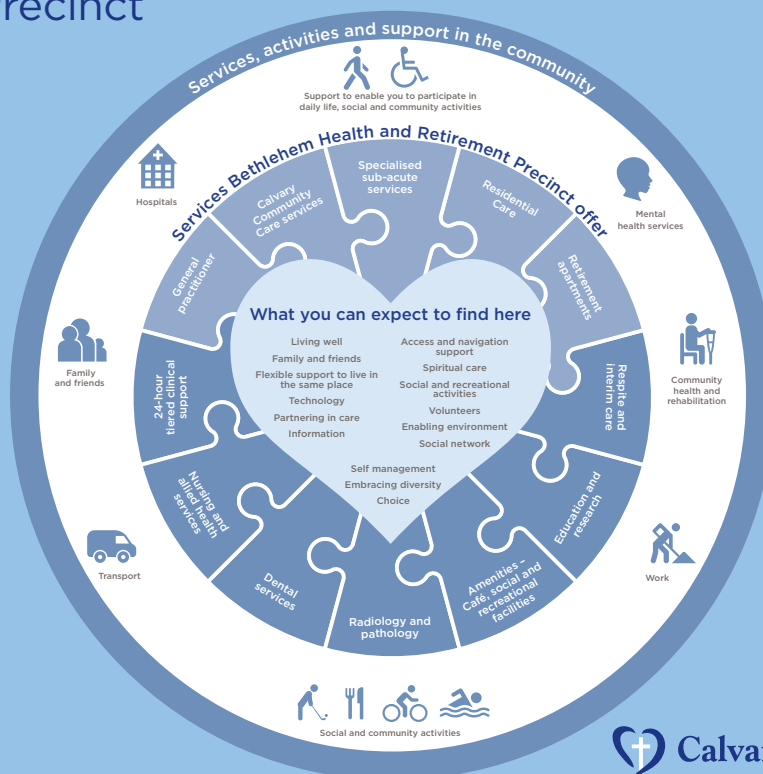
Calvary Health Care Bethlehem's proposed Health and Retirement Precinct

Calvary has submitted a development proposal to replace the current 1960s Calvary Health Care Bethlehem, which is a public hospital, with a Bethlehem Health and Retirement Precinct.

The proposal addresses the variable health care needs of people to enable them to age in place, while being supported as their health care needs change.

The proposed Health and Retirement Precinct includes:

- Retirement apartments
- Residential aged care facility
- Sub-acute specialist palliative care and statewide health services for progressive neurological conditions
- Community care services
- General practitioners, and radiology and pathology services
- Retail/shops and a café
- Social and recreational facilities, including public green spaces.



Hyson Green \$2.5 million upgrade increases mental health support services

Hyson Green, the only private dedicated mental health facility in the ACT, reopened on 22nd March 2017 after a \$2.5 million upgrade to provide increased mental health support services.

The upgrade, which is part of the new Calvary Bruce Private Hospital project, provides an extra eight beds, bringing the number of single-room beds to 28. The development also includes a re-design of the service delivery with more creative services available, and first-class infrastructure for people who stay for a number of weeks.

The facility helps address an urgent need for more private mental health services in the ACT. The 2016 Chief Health Officer's report, released in May 2016, found one in five Canberrans reported having a mental health diagnosis in the past year, a higher rate than the national average. More than 10,600 patients accessed the ACT public mental health system last financial year (FY15 - 16).



Former Australian Federal Police officer David Tonacia has stayed at Hyson Green six times since being diagnosed with post-traumatic stress disorder on his return from the Solomon Islands, where he was sent in 2006 to restore law and order.

He said the centre saved his life.

"The work they do here is invaluable. It recharged my batteries a little bit and each time I went I knew I was going to a safe place," he said.

"People form friendships in here too, so they have a bigger circle of support when they leave, and that helped me."

Calvary St Vincent's Hospital, Launceston, Tasmania Cardiac Cath Lab and Endoscopy Unit



Calvary St Vincent's Hospital's new Cardiac Catheter Laboratory and Endoscopy Unit deliver much-needed services for all northern Tasmanians.

According to Australian Bureau of Statistics data, northern Tasmanians have the highest prevalence of cardiovascular disease nationally, with the lowest rate for coronary angiograms performed – and fewer cardiac intervention services available – with most services performed within the public sector. The new Cardiac Catheter Laboratory and Endoscopy Unit will be welcomed by 45% of the Tasmanian population who have private health insurance. It will also relieve the high case load experienced by the public health system.

Total project value: \$6.2 million

Completion Endoscopy Unit: July 2016

Completion Cardiac Cath Lab: Nov 2016

TRANSITIONS



The Flora McDonald residential aged care facility at Cowandilla

Calvary welcomes Mary MacKillop Care South Australia

CALVARY WELCOMES THE INCORPORATION OF THE SOUTH AUSTRALIAN AGED CARE ACTIVITIES OF THE SISTERS OF ST JOSEPH (MARY MACKILLOP) IN JUNE 2017. THE CONSOLIDATION INCLUDES THE TRANSFER OF THE FLORA MCDONALD AND BERRI RETIREMENT COMMUNITIES AND THE MARY MACKILLOP CARE (MMC) MINISTRY TO CALVARY.



Sister Louise Reeves, John Watkins AM and Sister Monica Cavanagh

Calvary and MMC will be able to deliver the best possible health care services in Adelaide and Berri, South Australia, built on a shared approach to mission and values.

The transition of MMC to Calvary allows us to further our mission and offer our residents, clients and patients a wider range of health care services within the region.

Under Calvary's experienced management, the high-quality care that has characterised MMC facilities over many years will continue.

The Little Company of Mary and Calvary Ministries share the values, beliefs and sense of purpose dear to the heart of Mary MacKillop and her sisters, which include:

- Assisting the most marginalised and vulnerable members of society
- Being committed to rural and regional communities.

Work is continuing on MMC projects, including providing culturally specific offerings for older people of Vietnamese ancestry at Flora McDonald Lodge and community and disability care services; and redeveloping the new St Catherine's facility in Berri.

Calvary Mary MacKillop Care provides new care option for ageing South Australians with Vietnamese ancestry

EARLY REFUGEES WHO FLED VIETNAM FOR AUSTRALIA NOW HAVE THE OPTION OF LIVING IN RETIREMENT CARE THAT MEETS THEIR CULTURAL NEEDS.

This is made possible by our Vietnamese-specific 29-bed wing at Calvary Flora McDonald residential aged care facility at Cowandilla, South Australia, which opened in June 2017.

Known as the Thien Tam (House of Benevolence) Building, the wing was instigated by the Vietnamese community, which identified the need for a culturally specific residential aged care facility. Members of the community group then formed a relationship with Mary MacKillop Care and, with immense passion and commitment, made their vision a reality.

South Australian Regional Manager of Calvary Retirement Communities, Ms Anne Hooper, said the Vietnamese retirement facility was a direct response to the ageing profile of the so-called 'boat people' who fled their war-torn country between 1975 and 1990.

"The Vietnamese community has become an integral contributor to the multicultural fabric of South Australia while still strongly retaining its own cultural heritage. This initiative respects

that and reflects the fact that these people are now ageing and need our care," Anne said.

At the 2016 Australian Census, 14,337 people (representing 0.9% of the state's population) born in Vietnam were living in South Australia.

"The majority of those are aged in their 40s, 50s and 60s and are beginning to think about retirement and care in the next stage of their lives," Anne said.

"In planning to meet the needs of ageing Vietnamese, we engaged with the Vietnamese community to determine their specific needs and have hired nurses and care employees who can speak Vietnamese. There is culturally specific food available and, as an illustration of how closely the Vietnamese and Australian cultures have merged, both menus are available to all residents at Flora McDonald.

"The outcome of our plans and consultation is a truly integrated retirement community that recognises the specific needs of Vietnamese people at a time in their lives when cultural roots can become even more important."

"The outcome of our plans and consultation is a truly integrated retirement community that recognises the specific needs of Vietnamese people at a time in their lives when cultural roots can become even more important."



Vietnamese Australian Benevolent Foundation SA: Chairman: The Hon. Julian Steffani AM, Members of the Board: Ms Loan Thi Kim Dang, Mr Hung (Henry) Van Phan, Dr My-Van Tran AM and Mr Hoa Tan Do

Consumer-focused reforms are demanding new workforce skill sets and service models

IN RESPONSE TO THE NEW CONSUMER-DIRECTED CARE REFORMS THAT CAME INTO FORCE ON 1 FEBRUARY 2017, COMMUNITY CARE SERVICES ARE HIRING WORKERS FROM A MORE DIVERSE RANGE OF BACKGROUNDS. THIS SHIFT IN FOCUS IS PART OF ENSURING SERVICES EXCEED CLIENT EXPECTATIONS AND PROVIDE BETTER INTEGRATED CARE.

"Getting the workforce right is critical to the success of the reforms currently underway in community care," said Calvary Community Care CEO Cheryl De Zilwa.

"The number one challenge is workforce. This is an issue not just across Australia but internationally."

The sector needs to improve working conditions and rebrand the role of the support worker to attract a wider and more diverse pool of workers to meet the needs of consumers, Cheryl said.

"Unless we attract and retain a workforce that meets the requirements of this new customer-focused approach, the policy intent won't be met."

Calvary is investing in career pathways for staff and improving workplace conditions that "have both flexibility and certainty," Cheryl said.

As a result of the introduction of consumer-directed care, we have embarked on a staff development program to build leadership capability across our 1,700-strong community care workforce.

"Our support workers are now making decisions daily with their clients. While leadership at a local level in someone's home is different to a technical management level, it still is a core skill that we need to develop in our workforce."

The goal is to empower support staff to work with clients to identify additional needs and tailor services to improve outcomes, she said.

RURAL AND REMOTE

Calvary, which is a large not-for-profit provider, delivers aged care and disability services in five states and territories, in geographically dispersed locations ranging from Hobart and Sydney to Port Augusta, Alice Springs and Bathurst Island, one of the two inhabited Tiwi Islands.

As the sole service provider on the remote island, Calvary has an even

greater responsibility to meet local needs, Cheryl said.

She said a different approach to market-based competition was required in so-called thin markets to ensure the long-term viability of services. Calvary is also in talks with government about committing to a different deal for remote services.

Cheryl said the principles of choice and control can be retained in an alternative model, while offering greater funding stability to ensure the sustainability of services for small populations.

HOME CARE REFORM

Reflecting on the implementation in February of changes to home care, Cheryl said Calvary has experienced "a steady flow of interested new customers" and anticipates growth in its home care program.

"We have been enjoying the freedom of having a conversation about a person's needs and goals rather than whether we have a 'package vacancy', which has been positive."

However, Cheryl was concerned the new system for allocating packages to consumers through My Aged Care doesn't adequately recognise the vulnerability of older people and their need for support to navigate the system and exercise choice.

"It is often a crisis or an event such as a hospital episode that triggers a request for help," she said.

It is also critical that clients and families are kept informed about their progress while waiting in the national queue.

AVOIDING A RACE TO THE BOTTOM

Cheryl said that because of the shift to a market-based community care system, it was important to monitor the impact of price competition on quality standards.

"There is the potential for a race to the lowest price and with this approach we are more likely to see compromises to safety, reliability and the rigour required



Cheryl De Zilwa, CEO Calvary Community Care

to sustain a critical service to the most vulnerable," she said.

NEW HYBRID MODELS EMERGING

The option for clients to self-manage their package was also presenting a challenge to traditional service models, especially in the disability sector, Cheryl said.

In response, Calvary was developing a hybrid model for clients who want to have greater responsibility for their own care. For example, clients could select their own worker, while Calvary would retain responsibility for human resources, training and professional development of the worker.

"We are also mindful that throughout a person's life and as their needs change, they may want a different approach to managing their package, which will require service models to be flexible."

Community Care manages relationships with a number of agencies nationally to deliver integrated home care packages and services.

INTEGRATED SERVICE CARE

Calvary's hospitals and Community Care facilities have a unique relationship and integrated services, ensuring clients have a smooth transition from hospital to home. As one patient said, "it is reassuring to see a nurse in my home wearing the same uniform as the hospital."

This can lead to patients returning home sooner, lower re-admission rates and assist with identifying funding streams and further care options.

Based on an article first published in the Winter 2017 edition of Community Care Review magazine www.communityreview.com.au.



Calvary Hospital to Home program

Calvary Adelaide Acute and Community Discharge Project allows a smooth transition from hospital to home

HAVING INTEGRATED SERVICES BETWEEN THE HOSPITAL AND THE HOME CARE PROVIDER CAN PROMOTE PATIENTS RETURNING HOME SOONER, LOWER RE-ADMISSION RATES AND ASSIST WITH IDENTIFYING FUNDING STREAMS AND FURTHER CARE OPTIONS.

In January 2016, Calvary Adelaide's four private hospitals and Calvary Community Care collaborated to establish a dedicated post-acute service for hospital patients.

The Acute and Community Discharge Project established a community nursing service to provide patients with end-to-end continuity of care that made it possible for them to receive both non-clinical and clinical services at home.

Previously, only non-clinical services such as transport, personal care assistance, shopping trip support and domestic help were available in the home. The program extends the non-clinical services to include clinical support services tailored to individual needs as the patient transitions from the acute hospital setting to their home.

Community-based diabetes management has been identified as a potential area for future service development.

RESULTS

By February 2017, the service experienced an average of 10 referrals or 60 visits per week. The majority of patients receive wound management, followed by medication management, including insulin to control diabetes, with some receiving support for an indwelling catheter or compression stockings and blood pressure checks.

In 2017, the health care funding for community nursing services grew from one provider (65% of patients) to include Department of Veterans Affairs (DVA) and the Commonwealth Home Support Program (CHSP). Importantly, this allows patients to continue receiving services following the completion of the post-acute care funding period.

Anecdotal reports from patients and carers have been positive. Many comment on their increased ease at receiving services at home from staff wearing the same uniform as at hospital.

"We have been very impressed with the courtesy, respect and nursing care given to my father at home with regards to wound care by all nurses. They have all been very professional. They have always been on time, friendly and very efficient at their work. The staff who have assisted us with the Home Care Package, the Care Adviser and Case Manager, have been marvellous. They have clearly explained or assisted us with the available services, organisation paperwork and formation of a package."

FEEDBACK FROM 89 YEAR-OLD MALE PATIENT AND HIS DAUGHTER



SERVING OUR COMMUNITIES

LILLIAN WITH CALVARY ST JOHN'S HOSPITAL'S MOST LOVED
CANINE CARER MILLIE-MAE. SEE PAGE 21 FOR MORE DETAILS.



THE SPIRIT OF CALVARY



After the loss of their twins Fiona Tilley and Shane Clark raised funds to donate a Biliblanket

Fiona Tilley and Shane Clark

PROFOUND LOSS AND GRIEF, PARADOXICALLY, ARE THE BIRTH PLACE OF A SELF-GIVING FOCUSED ON BRINGING LIFE TO OTHERS.

Fiona gave birth to twins Hugh and Ripley in late 2016. Both babies died. Writing later to the Maternity Unit at Calvary Lenah Valley Hospital in Hobart, Fiona said, "I'm so very fortunate that we had you looking after us, we could not have been in better hands and you made the most difficult time of my life also one of the brightest. I'm glad that we can help make your job better, even in such a small way, so you can do even more of an amazing job than you already do. I'm very lucky to have met you and your amazing team! Thank you for everything."


Fiona and Shane presented the Maternity Unit with a Biliblanket, bought with \$8,000 they had raised. "I'm just so pleased we could help Sally (Sally Jarvis, Clinical Nurse Manager and the Lenah Valley Maternity Unit) and it will be lovely to be able to know that bubs and families are being looked after so well by your wonderful team," Fiona said.

Reflecting on Fiona and Shane's gift, Mark Green, National Director of Mission said, "This is a Calvary story, a story that represents our inspiration and mission."

"Our spirits rise when we tell this story. The spirit of Calvary works in us. We have within us a remarkable power to bring healing and life to others. We also have within us a remarkable power to be healed and reorientated when the people we serve wait at a table on us."

Fiona and Shane know The Spirit of Calvary. Through God's grace, we thank them and may The Spirit of Calvary always be with you and in all of us."

"We could not have been in better hands and you made the most difficult time of my life also one of the brightest."



Spirit of Calvary
Being for others

Everyone is welcome.

You matter. We care about you.

Your family, those who care for you, and the wider community we serve, matter.

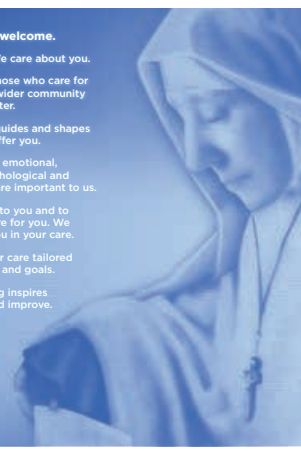
Your dignity guides and shapes the care we offer you.

Your physical, emotional, spiritual, psychological and social needs are important to us.

We will listen to you and to those who care for you. We will involve you in your care.

We will deliver care tailored to your needs and goals.

Your wellbeing inspires us to learn and improve.



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



Phil and his daughter, Sophie

A Good Death

PHIL IS LYING IN HIS HOSPICE BED. THERE ARE TUBES IN HIS NOSE, DELIVERING OXYGEN TO HIS LUNGS AND HE IS ATTACHED TO A MONITOR. A BELOVED QUILT, GIFTED TO EVERY PATIENT BY VOLUNTEER QUILTERS, COVERS HIS NOW FRAIL BODY. IT IS HARD FOR HIM TO LIFT HIS HEAD FROM HIS PILLOW.

Aged in his 60s, he is dying of cancer. His life is no longer measured in milestones. Or years lived. Or career achievements. His life is measured in days.

But his room – inside the 16-bed Mary Potter Hospice in Calvary North Adelaide Hospital – is not filled with the gloom of impending death, but rather a celebration of life. Because every day, every hour, Phil is still alive.

While death has always been a part of the human experience, palliative care – specialist care for the dying – is a relatively new concept. Palliative care began in the United Kingdom as part of the hospice movement in the 1960s and is now widely used in hospitals, nursing homes and private houses.

In a society that values youth and celebrates those who defy their age, is a good death something we strive for? Sigourney Reschke is the manager of patient and family counselling at Mary Potter. She said the hospice works with hundreds of dying patients each year, to bring about a good death, which is different for each person. “[A good death] might be to be surrounded by people who you love in a comfortable,

warm, safe environment, where you have the opportunity to say the things you need to say, to say goodbye ... but that’s not the same for everybody. What we try to do is make those wishes come true for whatever that person and their family hopes to achieve in their time with us,” Sigourney said.

In explaining its purpose, Palliative Care South Australia says “Living well is a daily choice, dying well takes planning.”

Before Phil dies, he has one wish: to walk his daughter Sophie down the aisle as she weds the love of her life. Sophie’s wedding is months away, but Phil doesn’t have that time. In steps the Mary Potter Foundation, the fundraising charitable arm of the hospice.

The hospice and the Mary Potter Foundation were able to organise a wedding – from the photographer to the flowers, champagne and guest list – in four days. The commitment ceremony was held in the multi-faith chapel and the medical team worked with Phil so that he was strong enough to get out of bed and walk his daughter down a makeshift aisle.

The love-filled ceremony took place on a Thursday. He died three days later. And while, tears did flow, there were also immense feelings of joy and love. And precious memories were created in the final days of a man’s life. It was a lovely, fitting death.

It is the job of Mary Potter Foundation Executive Director, Cathy Murphy and her team to fulfil wishes, make memories, ensure a calm atmosphere and fill the hospice with life-affirming experiences.

Cathy has been in her role for eight years. And while she has been surrounded by death, it does not scare her, instead she feels privileged.

“The human spirit is a wonderful thing and dying people can teach you so much about what’s important,” she said. “We have people from all walks of life in here and the person with nothing and the person with so-called everything become the same person when they’re lying in a hospice bed and their life is being measured in months, weeks or days ... it’s a great reminder that today is today.”

According to the World Health Organization, palliative care improves the quality of life of patients facing life-threatening illness and their families. It combines preventing and relieving pain with treating other physical, psycho-social and spiritual wounds.

Cathy said, “It’s not about changing the outcome, it’s about changing the experience.” She said many people want to die at home, but for various reasons (for example, complex medical needs or inadequate support), it is not always possible.

Other people helped by Mary Potter include an 18-year-old girl who spent her final days there. She wanted to go shopping, so the foundation organised for a local dress shop to bring in racks of clothes she could try on. A woman staying there wanted to celebrate Valentine’s Day with her partner, so the foundation organised the same pate, crackers, sparkling wine and flowers they always bought to mark the occasion. The foundation also helped a man visit his favourite pub for a final round of beer with his friends. He hadn’t seen his family in years, and it helped organise a reunion in his final days.

Sigourney said people were often surprised by the light atmosphere they found when visiting Mary Potter. “People don’t expect to come here where it’s light and there’s a lot of laughter and a huge amount of life and people smile,” she said. “We laugh a lot, we love a lot. It’s sad, but we have a lot of fun, too.”

The Mary Potter Foundation is entirely supported by public donations. It aims to raise more than \$1.2 million annually to help give people the good death they deserve. www.marypotter.org.au

Based on an article first published in the Adelaide Advertiser 20 May 2017.



Glenn Melia (left) and Bob Adams

Bob and Glen, intensive care men

AFTER CLOCKING UP MORE THAN 36 YEARS WORKING AS A TWO-PERSON TEAM AT CALVARY MATER NEWCASTLE'S INTENSIVE CARE UNIT (ICU), TECHNICIANS ROBERT 'BOB' ADAMS AND GLENN MELIA ARE CALVARY'S LONGEST-STANDING 'DYNAMIC DUO'. OVER THE YEARS, THEY HAVE SHARED THE UPS AND DOWNS OF WORKING IN THE HOSPITAL'S ICU, AND BRIGHTENED UP THE DAYS OF STAFF, PATIENTS AND VISITORS WITH THEIR FUN-LOVING AND INFECTIOUS PERSONALITIES.

'The boys', as they are commonly known, are part of a close-knit ICU team of around 40 people who provide specialist care and monitoring, including respiratory support for critically unwell patients treated in the six-bed ward.

Bob and Glenn maintain the ICU's lifesaving equipment, from life support ventilators to dialysis machines. They are also members of the Rapid Response Team, which is dispatched throughout the hospital in emergencies.

To quote one of their colleagues, "Bob and Glenn are masters of their job. They inspire respect from colleagues, both at the hospital and throughout the Local Health District." And it is clear from speaking to the pair that this respect is closely reciprocated. Working diligently and with fierce loyalty, they humbly ensure that the hospital's patients are in safe hands, day in and day out.

They work opposite shifts, either in the morning or afternoon, and meet without fail at lunchtime for 'handover', dubbed by colleagues as 'bromance time'. This is when they catch up over coffee and swap information about the unit.

Bob and Glenn have been part of the Mater community for so long that it is not surprising their lives are entwined with the fabric of the hospital. Bob is 59 and Glenn 54 and while retirement may be a few years off, they talk of their pipe dream of retiring together. Fishing and holidays with their wives will feature prominently. Whatever the future holds, Calvary Mater may never find a partnership and friendship quite like theirs.

THE ENRICH CHOIR CHANGES LIVES

In 2017, Calvary Health Care Bethlehem, a public hospital in Victoria, developed the world-first Enrich Choir, a program that has changed the lives of some people living with Huntington's Disease.

This disease is an incurable hereditary disorder of the central nervous system that affects a person's ability to speak and compromises their listening, reading and writing skills. Many people with the disease will lose the ability to speak.

Recognising that singing and voice projection could help to strengthen the vocal chords and improve the breathing of people with Huntington's Disease, Calvary Health Care Bethlehem's music therapy staff conducted research before setting up the program. In addition to the benefits of breathing, listening and singing, participating in the choir brings laughter and happiness to the members, who know that their speech will be compromised, and possibly even lost.

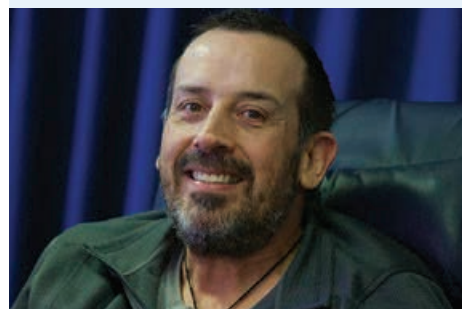
The knowledge and expertise gained from this program will be transferrable to assist people with other progressive neurological diseases.

Darren, was a young fit 'sparkie' who loved adventure, ran marathons and enjoyed life until a diagnosis of Huntington's Disease in late 2016 changed his life forever.

Unfortunately, early symptoms were affecting his ability to speak and breathe properly. Darren now enjoys singing, something he had never done before. "The benefits are the social interaction, helping my vocal muscles and stimulating the left and right sides of my brain," he said.

A key participant in the Enrich Choir pilot program, Darren describes participating in the choir as "an awesome, amazing experience".

It is hoped that in the future, this pioneering program will benefit people worldwide with other progressive neurological conditions like Motor Neurone Disease.



Niro Wijeyeratne

LAST YEAR, POPULAR CALVARY HEALTH CARE BETHLEHEM NURSE NIRO WIJEYERATNE WAS HONOURED WITH THE PUBLIC HOSPITAL'S INAUGURAL 'SPIRIT OF CALVARY' AWARD IN RECOGNITION OF HIS COMPASSIONATE CONCERN FOR PALLIATIVE CARE PATIENTS.

Niro's peers felt that his calm and empathetic approach to patients, carers and fellow staff embodies the values of healing, hospitality, stewardship and respect that are intrinsic to The Spirit of Calvary.

Niro has worked at Bethlehem for 12 years and is committed to looking after those with an incurable disease, at any point in the trajectory of their illness – from the time of their diagnosis to the last days of life – and their families.

An Assistant Nurse Unit Manager, Niro was drawn to palliative care after experiencing the death of his partner and later looking after his mother at the end of her life. "I never expected that life would bestow such an intimate encounter with palliative care as experiencing the death of one's own parent."

Niro came to Bethlehem after working for 10 years as a personal care attendant for people who had experienced a motor vehicle accident, training in occupational therapy, pastoral care and loss and grief counselling.

When he arrived at Bethlehem, Niro felt he was called to be here. "What inspires me working at Calvary Health Care Bethlehem is the values of the founders of the Little Company of Mary; hospitality, healing, stewardship and respect," he said.

"I honour these values and stand by them as they are the values that create harmony and peace, the values of freedom and justice. If we can be these values in the home, then the world is a better place. My work is a second home, because it's where I spend five whole days of my week, every week."

Niro said his most rewarding experience was being recognised by Calvary Health Care Bethlehem CEO Dr Jane Fischer for epitomising the values of the Little Company of Mary. "The recognition confirms for me that to be myself is more important than anything else. As I can't help but be me, I am honoured beyond any measure to have been recognised in this way. It's the greatest gift I offer. Myself. And that is enough."

An accomplished and committed nurse, Niro also recognises the benefit of having a work-life balance. "We cannot provide the exquisite care that we aspire to unless we are able to give unconditional respect and care to our own needs as a person," he said. "I believe it is integral to providing truly person and family-centred care."

"I am honoured beyond any measure to have been recognised in this way. It's the greatest gift I offer. Myself."



Niro Wijeyeratne

CANINE CARER MILLIE-MAE HELPS COMFORT CHILDREN IN HOSPITAL

A presentation of soft puppies for some of Calvary St John's Hospital's youngest patients are a tribute to Calvary's dog volunteer, Millie-Mae. A group of more than 100 volunteers donate the toys. St John's says the plush Millie-Maes will help reduce the stress of hospital for those in paediatric care.

Millie-Mae was the name of Calvary's beautiful and much-loved hospital dog, who sadly passed away in 2014 after years of service as a volunteer. Millie-Mae lived with the Little Company of Mary's Sister Juliana and Sister Pauline and was a regular visiting dog to patients at Calvary St John's Hospital.

The therapeutic benefits of toys in pediatric care are well known. Admission to hospital can be stressful for children, and Millie-Mae is there to provide comfort. Whenever medical or hospital staff need to perform a test or procedure, Millie-Mae can have it first and the child is able to see exactly what going to happen, lessening their anxiety.

More than 1,000 pediatric patients attend Calvary St John's Hospital each year.



Nine-year-old Lilian Gray is getting ready for her tonsils operation with (L to R) Sr Pauline Ransom LCM, Lilian's grandmother Katharine Waterworth, mother Julia Waterworth and Sr Juliana Coulson LCM

Day Dream Believer

KARAOKE LOVER, LUDMILLA 'MILLY' SNEESBY WON OVER TELEVISION AUDIENCES IN 2016 AS A CONTESTANT ON MILLIONAIRE HOT SEAT AS SHE BELTED OUT HER FAVOURITE SONG DAY DREAM BELIEVER. MILLIONS OF AUSTRALIANS WENT ON TO WATCH HER WIN \$50,000, FALLING FOR HER CHARMING AND FUN-LOVING PERSONALITY.

"I can't believe I sung on TV," Milly said later, cringing. However, those of us who know Milly love her zest for life and find it easy to believe she would sing on television.

Milly recently gave a repeat performance at her 60th birthday celebrations – much to everyone's delight! "It's become my trademark song. I'll have it playing out loud at my funeral," she said with a laugh.

Milly doesn't shrink from the topic of death. She has been working in palliative care at the Calvary Mater Newcastle hospital since 1995 and has been nursing there since 1974.

"Everything that lives must die. It's a natural thing," Milly said.

She is one of two Palliative Care Nurse Practitioners, a position created at the hospital in 2016. Milly and colleague Lyn Campbell transitioned from being highly experienced Palliative Care Clinical Nurse Consultants. In their new role as Specialist Palliative Care Nurse Practitioners the duo are able to provide high-quality, timely clinical care to people across the Greater Newcastle region who are dying.

It is clear from the excitement in her voice that Milly is passionate about education. After completing a Bachelor of Nursing degree so she could learn the theories that weren't available when she was training, Milly went on to earn a Masters in Advanced Practice in Clinical Education, followed by a Masters of Nursing (Nurse Practitioner), allowing her to work in her current role.

Milly was also instrumental in devising and implementing a registered nurse certificate in palliative care. This post-graduate qualification is open to all registered nurses in NSW, and is run by Calvary Mater Newcastle. Milly is also a conjoint lecturer at the University of Newcastle, where she is heavily involved in the post-graduate palliative care course.

Milly is also a keen researcher. Previously, she has published papers on IV hydration and nutrition at the end of life and qualitative papers on moral and ethical dilemmas, one of the most recent being 'Sudanese views on death and dying in Australia'.

In their new capacity as Palliative Care Nurse Practitioners, Milly and Lyn rotate between clinical settings – Calvary Mater Newcastle, aged care facilities and the community – to assess and manage palliative care patients, including prescribing medications and referring patients to other health care professionals.

"Everyone in the community has been welcoming of our role and it has been a great opportunity to work with nurses in aged care homes to help improve the care received by their patients," Milly said. Lyn and Milly also provide inservices for aged care nursing staff and train staff in using specialist equipment.



Calvary Mater Newcastle Palliative Care Nurse Ludmilla 'Milly' Sneesby



Robin Downs volunteers at Calvary Health Care Bethlehem

CANCER LED ROBIN TO VOLUNTEER IN PALLIATIVE CARE

"I had been working with homeless people when I developed cancer and it was advised that I move to a volunteer job where I might not be so vulnerable as my immune system was likely to be compromised.

"My oncologist suggested Calvary Health Care Bethlehem public hospital in Victoria.

"I love the ability to help people in all situations, whether it is family members who are struggling with the realisation that they are losing a loved one or a person who has lived a full life moving from life on Earth to another realm – about which we know nothing. I love the attitude of staff and their generosity of spirit. I love the positive energy in the Day Centre and the fun we have there – also that we are in a hospital that makes dogs welcome, as well as the rest of us, patients and volunteers, regardless of our quirky differences.

"Every experience seems memorable, whether it is having the opportunity to be in a quiet room with a dying patient who has no relatives, which is a privilege for me. My spiritual belief system fits perfectly with my volunteering here. It teaches me so much – to wait patiently when a person with MS takes a long time to tell me something, remembering not to try and fill in the spaces or speak for that person but let them speak for themselves.

"To anyone thinking of volunteering at Bethlehem, I cannot imagine a more stimulating, fulfilling place to volunteer. People will be kind, patient and treat you with enormous respect – rewarding indeed. You will have plenty of laughs and if you do feel a bit 'down', there is always someone there to pick you up, dust you off, and send you on your way again. I love it!"



Sister Eymard

Longest Serving LCM Sister Celebrates 103rd Birthday at Calvary Ryde

SISTER EYMARD MCNAMARA OF THE LITTLE COMPANY OF MARY (LCM) CELEBRATED HER 103RD BIRTHDAY WITH FAMILY, FRIENDS AND HER LCM COMMUNITY AT CALVARY RYDE RETIREMENT COMMUNITY ON 23 MARCH 2017. SISTER EYMARD WAS SURROUNDED BY FOUR GENERATIONS OF HER FAMILY WHO HAD TRAVELLED FROM BRISBANE TO BE WITH HER FOR THE SPECIAL OCCASION.

She spoke of her life and expressed gratitude for all that has been given to her over the years. Her family talked about how important she is to them and how much they love her.

Until she was aged nine, Sister Eymard and her twin brothers, Richard and John, lived on a sheep station in the Adelaide Hills managed by their parents Jane and John. The family then moved to another sheep station, in Yarcowie, also in South Australia, where she continued her schooling.

Sister Eymard left school at 15 to help at the sheep station. At the age of 17, after talking to a local priest, she decided to

join the Sisters of Little Company of Mary so that she could train as a nurse and a religious sister.

"I started my training at Lewisham Hospital, Sydney, six weeks before the Sydney Harbour Bridge was opened. This year marks its 85th anniversary," she said.

Following five and a half years of nurse training at Lewisham Hospital, she was posted to Christchurch, New Zealand, for six years, where she trained in midwifery. Sister Eymard spent a further six years in Wellington, New Zealand, before returning to Australia.

On her return, she moved to Adelaide, where she worked for 25 years. During those years, she watched her brothers' families grow as nieces and nephews came along. She then moved to Wagga Wagga, where she worked for eight years before returning to Lewisham for three years, and then back to Adelaide for a further 17 years.

At 89 Sister Eymard retired to Calvary Ryde Retirement Community and has been living at the Residential Aged Care Facility for the past 14 years. She is still very independent at 103, regularly

making her own bed and washing her own clothes.

Sister Eymard said, "I am very lucky to live here. The staff are lovely, we have nice food and I get to go to mass regularly." She spends her time working on crosswords and code breakers, reading detective stories and going shopping.

When asked her secret to her longevity, Sister Eymard said, "It's about perseverance. It's about knowing your limitations and getting on and doing the job anyway."

Sister Eymard is currently the longest serving Sister in the Little Company of Mary Congregation worldwide. Looking back on a nursing career that spanned 56 years, she said, "I wanted to become a nurse to care for the most vulnerable people."



EXCELLENCE IN CARE

WALKING IN MY SHOES - MAKING A DIFFERENCE WITH
PATIENT-CENTRED CARE

Image courtesy of the Calvary Mater Newcastle hospital's Perioperative Services, Essentials of Care team. The image took out the peoples's Choice (photography) Award at the NSW Essentials of care Showcase in Sydney in May.



Reliable, safe and effective care

Calvary is committed to delivering high-quality, safe health care for every patient, every time. We have an excellent record, and we are committed to seeking out and optimising every opportunity to improve the experiences and clinical outcomes of our clients, patients and residents.

The Calvary Clinical Governance Framework (the Framework) sets out the key structures, systems and processes that enable organisation-wide accountability for the delivery of high-quality, safe care. For more information, visit www.calvarycare.org.au/clinical-safety-and-quality.

Most importantly, we have ensured that our patients, residents and clients, and their families and the wider communities we serve, are able to work with us to develop solutions, understand emerging problems and ensure we provide the best support.

Calvary performs better than the industry benchmark for Staphylococcus aureus bacteremia infections, hand hygiene, patient falls and medication errors.

PATIENT SAFETY AND QUALITY INDICATORS

| | CALVARY FY16-17 PERFORMANCE | INDUSTRY BENCHMARK |
|--------------------------|---|--------------------|
| Hand hygiene* | 82%# | 80% |
| Staph aureus bacteremia* | 0.01/10,000 OBDs | 0.87/10,000 OBDs |
| Patient falls (all)* | 3.27/1,000 OBDs | 3.5/1,000 OBDs |
| Medication errors* | 2.78/1000 OBDs | <5.0/1,000 OBDs |
| Accreditation | All Calvary services are fully accredited | |

* Data reported through Calvary Incident Management System

Data collected by observational audit

2017 STAR Awards

Calvary STAR Awards recognise excellence in improving clinical safety for Calvary patients, residents and clients. The awards celebrate staff members and teams who come up with innovative solutions to improve our safety performance, with a focus on reducing falls.

The awards, in their third year, generate a high standard of peer nominations from fellow Calvary workers and demonstrate the high level of innovation, commitment, care and passion of our clinical teams.



Calvary executives receive STAR Awards on behalf of their teams.

L-R: Jane Graham, Calvary Health Care Kogarah public hospital; Roslyn Everingham, Calvary Mater Newcastle public hospital; Tanya Brooks, Calvary North Adelaide Hospital; Samara Szymaniak, Calvary Wakefield Hospital.

| AWARD | RECIPIENT |
|---|---|
| Best Individual Contribution to Clinical Safety | Liezel Fourie – Calvary Wakefield Hospital Liezel established a project for the management of delirium and dementia in patients in acute care settings that enhanced the care environment, improved behaviour management, reduced the number of falls and increased engagement with the families of patients. |
| Best Clinical Safety Solution | Carolyn Walker – Calvary Mater Newcastle Carolyn established a purpose-built environment for venesections and blood transfusions. The new environment provided patients with immediate access to medical officers, more options for scheduling times, and fewer transport issues and overnight stays. It also eliminated the waiting list and improved access to emergency equipment. Under the changes, there are five chairs for treating patients, which are suitable for performing resuscitation procedures. There are curtains for privacy, and a computer on wheels enables convenient access to pathology and imaging results, and an appointments diary. |
| Best Team Contribution to Clinical Safety | Standard 9 Team – Calvary North Adelaide Hospital The Standard 9 Team developed a family-activated Medical Emergency Team (MET) System in collaboration with key stakeholders to provide staff education, development and review. The MET System is now in place across all four Calvary hospitals in Adelaide. |
| Clinical Safety Leadership Award | Briony Chasle – Calvary Health Care Kogarah Briony led the project to expand the Inpatient Rehabilitation Unit's falls reduction strategies to include the public hospital's Palliative Care Unit. The number of falls in 2016/17 were reduced by 60% compared to 2015/16 data, and occupied bed days (OBDs) decreased from 7.1 to 4.9 per 1,000. The strategy included identifying falls champions, providing new equipment such as non-slip socks and sensor mats, and offering input on the type of bed to be used. |

Improving care for people in the last year of life

IN JANUARY 2014, A HUNTER ALLIANCE WAS ESTABLISHED BETWEEN CALVARY, HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT (HNELHD), HUNTER PRIMARY CARE AND THE HUNTER NEW ENGLAND CENTRAL COAST PRIMARY HEALTH NETWORK TO SHARE ABILITIES, KNOWLEDGE AND SPECIALIST SKILLS. THE ALLIANCE WOULD ALSO ESTABLISH PROCESSES FOR COLLABORATION AND INTEGRATION TO IMPROVE HEALTH CARE OUTCOMES FOR PEOPLE IN THE NSW HUNTER REGION.

Care for people in the last year of life was one of three initial focus areas targeted by the alliance. Care for the vulnerable, particularly those who are sick and dying, sits at the heart of Calvary's mission. Sue Hanson, Calvary Director of Clinical Services, was nominated as the Calvary Executive Lead for the Hunter Alliance and as the Hunter Alliance Executive Lead for the Care in the Last Year of Life workstream.

In 2014-15, Sue led the workstream in a successful bid to the NSW Health Planning and Innovations Fund to develop and pilot an integrated model of care for people in the last year of life.

The care of people approaching the end of life is commonly shared by many services and health professionals. The systems of care in this and many other regions across NSW, are currently inadequately networked and poorly integrated, resulting in multiple challenges for patients and their families attempting to navigate these complex systems.

Given there was no existing system that met the identified need, the alliance started a program of work to design and develop the MyNetCare platform, as well as community and clinician awareness and education programs.

Unlike a comprehensive medical record, MyNetCare provides a place for sharing information not currently available or accessible to patients, carers and clinicians in existing systems. This includes patient-reported outcome measures, patients' goals and wishes for care, and brief clinical handover notes. This need is particularly apparent for people in the last year of life and their carers as contact with the health care system increases significantly during this time. When a patient sees a clinician, the clinician can view the person's record, review recent clinical handover notes, and add their handover note to the patient's MyNetCare record. Considerable work is also continuing with GP software companies and NSW Health to ensure more seamless integration with clinical ICT systems in the acute and primary care sectors.

MyNetCare's central innovation is a patient-authorised communication tool for sharing information about the patient's goals and wishes for care, and clinical handover notes. Importantly, this reduces the burden on carers as the same information doesn't need to be repeated at each visit to different clinicians – the summary is there for all authorised people and services to view and add to.

Given MyNetCare's accessibility as an online tool, a person's goals and wishes can be updated as frequently as required by the person themselves or their authorised representative. MyNetCare provides a mechanism to record, keep and make visible information about a person's wishes in real time, in the context of their actual experience.

MyNetCare was awarded CHA's 2017 Outreach Award for development of innovative services, particularly those devoted to improving the health status of vulnerable and marginalised people.



"For people potentially in their last year of life, the passage of time is bitter-sweet. Each moment may carry with it a sense that life is inexorably slipping away.

Yet each of those moments can also be an opportunity to experience joy, and craft a legacy of precious memories.

As such, time is precious. More than that, the way in which that time is spent is precious.

And so here, more than at any other time in somebody's life, it is important that that time is spent the way the person wants to."

LEE FONG, GP AND CLINICAL LEAD, CARE IN THE LAST YEAR OF LIFE WORKSTREAM, HUNTER ALLIANCE



Mark Doran (left), National CEO, and the Hon. John Watkins AM, Chair, Little Company of Mary Health Care, with Sue Hanson, Calvary National Director of Clinical Services, accepting the CHA Outreach Award on behalf of the Hunter Alliance. Sue is the Executive Lead for the Hunter Alliance's Care in the Last Year of Life workstream.



Fane Falemaka

Fane Falemaka is Nurse of the Year

IN SEPTEMBER 2016, CATHOLIC HEALTH AUSTRALIA HONOURED CALVARY MATER NEWCASTLE CLINICAL NURSE FANE FALEMAKA.

The Nurse of the Year award honours an outstanding nurse, midwife or nursing team working in Catholic health and aged care to serve patients and clients with respect and dignity while acknowledging their uniqueness. Nominees are evaluated on their contribution to a research project, innovative program, or new or existing body of knowledge that promotes and celebrates the Catholic understanding of care within a changing environment.

For over 29 years, Fane has been a leader and role model at Calvary Mater Newcastle public hospital. She shares her extensive knowledge and experience graciously with colleagues and is an outstanding mentor to new and junior employees. When her ward was undergoing some internal change, she calmly guided her colleagues and management through every step of the process.

Fane trained to be a nurse at Royal Brisbane Hospital in 1968. Learning and furthering herself in her nursing career has played an important part in Fane's life. Attaining her large number of qualifications has taken her to different parts of the world.

Despite her immense talent and dedication, Fane remains humble. Following on from her nursing

training in Brisbane, Fane completed further training in midwifery and then maternal and child welfare nursing. She went on to complete a post-graduate certificate in ward management at the Royal Melbourne Hospital.

During Fane's time at Calvary Mater Newcastle she has spread much joy and wisdom, and has continued to stay true to her value of lifelong learning. This includes being one of the hospital's first nurses to be acknowledged as a Clinical Nurse Specialist in medical nursing.

Throughout Fane's nursing career, both in Tonga and Australia, she has put the patient first and foremost. She is an outstanding role model to her colleagues and she exemplifies all the traits that make an outstanding nurse. Fane has also contributed to the profession through her many roles as a trainer, including designing a Tongan curriculum.

For a lady who flies quietly under the radar, this national recognition was overwhelming. Fane said, "Throughout all my years of nursing I've always tried to do my very best. I work with passion, love and respect. I try my best to look after people, and am so grateful for being recognised with this award."



'WALKING IN MY SHOES': MAKING A DIFFERENCE WITH PATIENT-CENTRED CARE

This photo of the Calvary Mater Newcastle Perioperative Team was used to demonstrate how the department addresses the theme of 'Meeting the Challenge ... Making a Difference' in delivering positive patient-centred care.

Inspired by the Beatles, *Abbey Road* album cover, the photo symbolises walking in the shoes of another person to gain a greater understanding and empathy towards their circumstances.

The operating theatre environment is highly specialised and the perioperative role is further segregated into a series of highly skilled roles that don't always allow easy translation of existing professional skills to the theatre environment.

Through Essentials of Care (EOC) facilitation, it was determined that staff members are not always cognisant of the very specific demands placed on the allied health colleagues they work alongside. The 'walk in my shoes' project allows workers in each specialised role to experience the daily workflow of, and specific demands on, colleagues within their department.

As part of the project, volunteer staff members shadowed or observed a colleague performing a different role to that of their own. Observers recorded what they saw, heard, felt and thought about the different role. These observations were shared with all staff members during EOC feedback sessions.

The data collected throughout the project was received with warmth and enthusiasm by the perioperative team. The knowledge gained through the project enabled the team to become more cohesive and empathetic towards people in other specialised roles and each other.

Innovative brain surgery gives Yorke Peninsula man new hope

IN MAY 2017, A WORLD-LEADING SURGERY TECHNIQUE WAS USED TO REMOVE A SIGNIFICANT BRAIN TUMOUR THROUGH THE NASAL CAVITY OF SOUTH AUSTRALIAN KEN NEWBOLD. IT HAS GIVEN HIM A NEW LEASE ON LIFE.

Performed at Calvary Wakefield Hospital in Adelaide by ear, nose and throat surgeon Dr Harshita Pant and neurosurgeon Dr Marguerite Harding, the 11-hour operation successfully removed Ken's aggressive neuroendocrine tumour – which had failed to respond to chemotherapy and radio therapy.

Without the surgery, the 80-year-old Yorke Peninsula resident could have faced the rapid progression of the tumour, with significant morbidity. Instead, the determined Yorgetown farmer was back on his tractor in the next few weeks.

"A tumour of this size and type, most centres would consider removing the traditional way, through an open incision in the skull, but with the expertise that we have here, we were able to remove it entirely through the nose and reconstruct the defect successfully," Dr Pant said.

"This approach leads to a much faster recovery time and improved quality of life for patients."

The novel approach to the removal of the rare and sizeable tumour is a first for Calvary Wakefield Hospital, a leading neurosurgical private hospital in South Australia.

Dr Pant said the challenge of the approach is to reconstruct the skull base defect to avoid leakage of brain fluid through the nose.

To achieve positive results for Mr Newbold, Dr Pant used a unique technique to reconstruct the defect by using tissue with its own blood supply, harvested from the patient's forehead.

"Endoscopic skull base surgery is true team surgery, involving a neurosurgeon and ENT surgeon who specialises in advanced sinus surgery to treat patients with specific tumours affecting the nose, sinuses, brain and pituitary," Dr Harding said.

Dr Harding is a specialist neurosurgeon who trained in South Africa and is a fellow of the Royal Australian College of Surgeons. She has special interest in brain tumour surgery and vascular, pituitary and meningioma surgery, and has worked as staff specialist at the Royal Adelaide Hospital for the past 10 years.

Dr Pant is a graduate of Flinders University. She learnt the revolutionary surgical procedure while spending a year at the University of Pittsburgh Medical Centre in the USA as a fellow and clinical instructor in minimally invasive skull base surgery, rhinology and allergy. She specialises in advanced endoscopic sinus surgery and skull base surgery in adult and paediatric patients using minimally invasive approaches.



L-R: Dr Harshita Pant, Mr Newbold and Dr Marguerite Harding

PROSTATE CANCER STUDY A GAME CHANGER

Calvary Mater Newcastle public hospital is celebrating a game-changer for prostate cancer patients receiving radiation therapy.

A study led by the hospital's Principal Physicist, Professor Peter Greer, believed to be the first of its kind in Australia and New Zealand, is creating treatment plans for patients with prostate cancer using only MRI scans.

In collaboration with the CSIRO and the University of Newcastle, Professor Greer and his team have developed a way to calculate the dose of radiation required, solely relying on MRI scans. The method requires the creation of a virtual CT scan for the patient using the MRI data.

Professor Greer said, "When planning treatment for our prostate cancer patients, MRI scans are used in addition to CT scans. However, having to undergo two scans is a burden, both to patients as well as the health system.

"Staff from the Department of Radiation Oncology looked into addressing this issue by replacing the CT scan with an MRI-only workflow when treating patients with prostate cancer."

There is hope that the same technique could be applied to brain, head and neck, and pelvic and abdominal cancer treatments in the future.

Calvary Mater Newcastle's Department of Radiation Oncology treats approximately 1,800 new patients each year.



Professor Peter Greer

Robyn still giving after more than 40 years supporting Adelaide mothers



Liz Kleinig (left), Clinical manager of the Maternity Unit at Calvary North Adelaide Hospital, and Robyn Davies

ROBYN DAVIES RETIRED FROM THE CALVARY NORTH ADELAIDE HOSPITAL MATERNITY UNIT AS A MIDWIFE IN APRIL 2016, RETURNING AS A LACTATION CONSULTANT TO CONTINUE SUPPORTING ADELAIDE MOTHERS.

Robyn undertook her initial training at The Children's Hospital in Kermode Street, North Adelaide (Now the Women's and Children's Hospital) and her obstetrics training in NSW, including a year of midwifery at the Royal North Shore Hospital.

"I only ever wanted to be a nurse," she said. "It was my only ambition. My dad was a GP and when I was very young I remember getting into his books. He had the most fabulous Obstetrics and Gynaecology books and I would pour over them. They were fascinating to me. And I always loved babies so it was a natural progression for me to start my training at The Children's Hospital."

When she returned to Adelaide at the age of 22, she married Nigel, and two years later they started a family, welcoming Peter and Nicci 15 months apart. Both children were born at Calvary North Adelaide.

Robyn started work at Calvary in 1977, mainly doing night duty so she could be with her young family during the day. She did three or four nights a week over a period of 21 years. In the early 1990s, she started her Bachelor of Nursing at the University of South Australia and then completed a Graduate Certificate in Child Youth and Family Health at Flinders University, graduating in 1998. Robyn then attained accreditation from the International Board of Lactation

Consultants. While she was studying, she worked as a casual at both Calvary North Adelaide and the Women's and Children's Hospital. A year after she graduated, she secured a permanent position at Calvary, much to her delight.

"Calvary felt like home to me and I was so glad to get home!" she recalled.

Robyn went on to work in antenatal education and in the Postnatal Clinic at Calvary North Adelaide.

"Kathy Grieve set up this wonderful postnatal clinic where the women, after they'd been discharged, could come back and see a midwife who was also a lactation consultant and they could get help. It was a brilliant service ... She also added to the usual Antenatal classes, a class for grandparents which continues today. It's the only hospital that offers this class, and gives Calvary the edge. Holistic care, all-encompassing care - I was all for it!

"I was also on the Mission Integration Committee for seven years. I worked with some of the managers and the CEOs and Sister Thora Specht - a wonderful, very intelligent lady. One of the things I could see was that people didn't know who anybody else was in the hospital. I was keen to set up story boards in all the wards. I'd take people's photos and put up a display board in the foyer. We did that for a couple of years, and then of

course, you need to try different things, but that was a real integration of what Mission was about. I think Calvary's values are the world's best. Inducting people into the Mary Potter story and what she was about is very important, learning about her Sisters, what her ideals were - really understanding her values. That's the crunch for me. If you take those values on board, you can be assured you're going to do a good job - but you have to take them on board.

"The biggest plus of my working life has been working with the women and their babies. As I became more experienced in the role, I grew away from the babies; the women and their families became more important to me. The mothers were the ones I'd make friends with very quickly. My heart would go out to them; they became my focus and I loved the ongoing contact.

"In rounding up my career, the thing that strikes me are two big words, Trust and Respect. Women come in and place their trust in us as midwives when we are looking after them so intimately. The trust they have in us is amazing and the respect they have for what we are doing, and in turn the respect we have for them as women, mothers, families - that's the most empowering thing about the whole profession really. Whenever people see surveys, nurses are always at the top in the level of trust, and I believe that absolutely.

"I've now set up my own business as a lactation consultant. I'm looking forward to still using the skills I have. I don't want to let go quite yet. I haven't finished being passionate ... I've given a lot, but I've got a lot back. Working for Calvary has been very special."



L-R: Helen and Robyn at The Children's Hospital

Nursing then and now

DARYLIN COWLING REFLECTS ON HER TIME AS A NURSE AT CALVARY ADELAIDE PRIVATE HOSPITAL THROUGHOUT THE 1960S AND 70S WHEN IT WAS OPERATED BY THE SISTERS OF THE LITTLE COMPANY OF MARY.

Author C. S. Lewis said, “Hardships often prepare ordinary people for an extraordinary life.”

Such was our experience embarking on a nursing career in the late 60s and early 70s.

It has also been said that nursing was born in the Church and bred in the army. This was indeed the case for the Calvary nuns of that same era. These extraordinary women led the way, through an era of social change.

Vatican 2 concluded in 1965 and had a profound effect throughout the Catholic Church and the modern world.

The nuns’ attire underwent aesthetic changes – for example, from a full wimple to a soft veil, a simpler habit without all the trimmings. Sister Catherine from St Luke’s and Sister Claire from St Elisabeth’s were among the last to change.

The place was staffed by student nurses and nuns. The lay sisters were either war widows or widows who needed an income to support their family. They were all past nurses, or Sisters who had survived working as nurses in World War Two and returned to the comfort of their training facility, some living in the nurses’ quarters.

Two new operating theatres were built. This doubled our theatres and meant that a lot more surgery could be carried out by a lot more surgeons, including craniofacial surgery, which was in its infancy. The surgeon was so enthusiastic he had patients from overseas, and we had the whole family stay in the patient’s room for the recovery, usually sleeping on the floor.

Mary Potter Home transformed from a nursing home to a hospice. The nuns travelled overseas and brought back the great ideas of Cicely Saunders – the ‘no one dies alone’ philosophy, which transformed us yet again in line with new thinking.

Who could ever forget one of the nuns brokering a reconciliation between a young dying mother and the new wife of her ex-husband, so she could hand over care of her sons.

To see the forgiveness all round, there was not a dry eye in the room, nuns included.

Midwifery too was in a state of change, with husbands presenting in the labour ward if the doctor agreed. A real first, and quite challenging to the traditional staff members. Everyone got used to it though, even the nuns.

There were fads in midwifery. If it was in the *Women’s Weekly*, what could we say ... mothers were delivering in the nude, in spa baths, and in as many positions as they could think of ... foods allowed, foods disallowed, set feeding, on-demand feeding, cabbage leaves and breast is best ... Calvary keeping up with it all.

Courageous leaders are those who challenge what needs to be changed rather than remain silent.

Abortion and termination of pregnancy were happening at the public hospitals. The nuns never wavered. Lots of lobbying, and doctors and nurses could no longer be compelled to participate in terminations of pregnancy. The pioneering spirit and social justice perspective prevailed, and so the right to choose was there for staff members too.

The Vietnamese boat people were arriving and the nuns actively assisted at the Pennington hostel, with ‘us girls’ to help.

Milk supplements were freely supplied to the Vietnamese women, and then there was no money for them to buy the milk. Mum’s milk may have dried up and many had dysentery. Some of refugees did not know to refrigerate the freebies. This meant lots of education for the mums and a project for the student midwives, interviewing the mothers through interpreters. Vietnamese women at the time had an average of 16 pregnancies – makes you tired to think of it.

Sixteen pregnancies – four live children, four lost through miscarriage, four in the first year of life and four before the age of five. All this from life in a war zone.

Today we can reflect that many of their children are doctors, physios, engineers and even nurses. A fine example of the Little Company of Mary assisting the vulnerable.

While all sorts of changes were taking place in government, society and the world, change was afoot in the nursing profession with the birth of the career structure, and higher rates of pay. Nurses could be consummate professionals, university trained. This too was supported by the nuns, who assisted with the early phases of professionalism, progressing to what it is today.

As you can see, the Calvary nuns were ahead of their time and at the forefront of nursing practice from a social justice perspective.

Darylin is the Area General Manager for the St. Joseph’s House and Star of the Sea residential and aged care services operated by The Catholic Diocese of Port Pirie.

This excerpt is from a presentation to a Calvary leadership forum earlier this year, reproduced with Darylin’s kind permission.



Wagga nursery (left) in the 1960s; a sister from a home nursing service in Somerset, Tasmania, in 1969



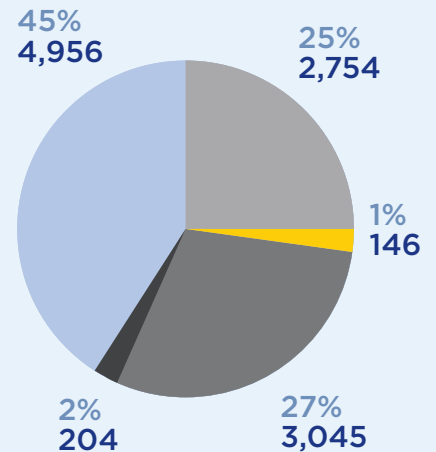


OUR PEOPLE AND CULTURE

CAITLIN EDMONDSON (LEFT) AND CAILA WARING JUMP FOR JOY ON THE
NEW BRIDGE LINKING ACT CALVARY BRUCE PRIVATE AND PUBLIC HOSPITALS



Calvary People Snapshot



Full time
 Part time
 Casual
 Consultant
 Other

People and Culture

Calvary continues to demonstrate its commitment to building capability now and for the future. The organisation has invested in leadership development curricula, further expanded our training programs and built strong relations with our partner universities for the ongoing support and training of graduates in our sectors.

Work continues to automate, integrate and standardise our systems and processes. Calvary introduced Calvary GROWS, a coaching approach to performance and career discussions. This was complimented by the release of an online electronic platform linked to the payroll system that helps administer critical staff engagements.

Likewise our commitment to safety in the workplace has delivered further improvements year on year. Through our awards programs, we proudly celebrate the innovation and ingenuity displayed by our staff members in making our workplaces better. These efforts have had a direct impact on our safety culture and results – in simple terms, keeping our staff members safer.

Business intelligence reporting tools have been developed to provide real-time information to managers on staffing levels, training compliance, overtime, leave and more.

In February 2017, Calvary conducted engagement surveys. This year the organisation surveyed employees, volunteers and private hospital visiting medical officers to provide a balanced perspective on the culture of Calvary.

Calvary's work in the gender equality area continues to be externally recognised for bridging the gender gap for women in the workplace and embracing diversity in our services.

Attracting quality staff to Calvary by telling our stories – including Calvary's history and how The Spirit of Calvary takes shape and form every day in our services and for our staff members – is very important. Calvary has embraced platforms such as LinkedIn and Facebook to connect with its community and communicate what it means to work for Calvary.

“...we will continue to place great emphasis on organisational culture and leadership – this will be a key focus area for the organisation.”

CALVARY STRATEGIC PLAN 2016 – 2020

11,105 Employees

6,746 Contracted FTE

44.8 Average age

8.03 Average years of service

1,119 Volunteers

81.1% Female

Building leadership capability

Calvary is committed to building leadership capability to meet the needs of the organisation today and tomorrow. Through one capability-building initiative in 2017, more than 120 of our senior managers were provided with opportunities to develop their core leadership capabilities with training in Awareness of Self and Others, and Building Calvary Talent. Full-day workshops were provided in all regions, with the first being *Emotional Intelligence for Leadership Success*. The second workshop, *Coaching for Performance*, prepared our leaders for Calvary's transition to a coaching culture, introducing the GROW Model and launching Calvary GROWs.



Calvary

GROWs

WHEN WAS THE LAST TIME YOU TOOK TIME OUT OF YOUR BUSY DAY TO CONSIDER YOUR PERSONAL AND PROFESSIONAL PERFORMANCE AND DEVELOPMENT GOALS? DID YOU HAVE A CONVERSATION WITH YOUR MANAGER ABOUT YOUR GOALS?



you grow with CALVARY

The Calvary GROWs initiative aims to reframe how we think about and approach performance and career development.

We aim to:

- Improve the quality of the performance and career conversation
- Encourage staff to initiate and maintain the process
- Be responsive and adaptable to the ever-changing environment we operate in while setting clear expectations
- Provide a safe and professional environment for constructive conversations to take place
- Use a common language and approach across Calvary
- Maintain records in user-friendly core systems
- Increase engagement and make clear linkages between the goals and achievements of individuals, and the goals and success of the wider Calvary.

Calvary Wellness Initiatives

Calvary has also moved its focus to wellbeing initiatives, which include:

- **September** - This year, Calvary again participated in the September health promotion event, which raises money for the Cerebral Palsy Alliance. The event encourages participants to take at least 10,000 steps a day and change their habits long term. This event is loved by Calvary staff members not only for its health benefits but also because it raises funds for Cerebral Palsy. In 2017, we raised \$33,000.

- **wellness@calvary** - This intranet portal was introduced in January 2017 for staff and volunteers. The portal provides a comprehensive range of resources to assist with physical, mental and relationship wellbeing, with access to LiveWell by Optum online library.
- **Discount Fitness Centres** - Calvary has introduced a discount fitness centre corporate membership via the company CareTrac. Staff, volunteers and their families are able to join the scheme, which provides access to a network of fitness centres (including gyms and pools) across the country.



CALVARY AGAIN RECOGNISED AS A LEADER IN GENDER EQUALITY

In 2016, Calvary was again acknowledged by the Workplace Gender and Equality Agency (WGEA) as a leader in gender equality.

Calvary underwent an extensive audit process to achieve an Employer of Choice for Gender Equality (EOCGE) citation. WGEA Director Libby Lyons said: "WGEA data shows there is progress towards gender equality in Australian workplaces, but it is too slow. It is only through more employers adopting leading practices to promote gender equality in the workplace that we will see the pace of change pick up. That's why it is so encouraging to see more than 100 organisations meet the very high standard required to receive the WGEA Employer of Choice for Gender Equality citation this year."

Criteria for the citation cover leadership, learning and development, gender remuneration gaps, flexible working and other initiatives to support family responsibilities, employee consultation, preventing sex-based harassment and discrimination, and targets for improving gender equality outcomes. Criteria are regularly strengthened to reflect best practice.

Mark Doran, Calvary's National Chief Executive Officer is very proud of Calvary's focus on developing leadership capability in the organisation and in turn the health sector. "We have 73% of our leadership positions currently occupied by women of which 30% are over 55 and 25% have over 15 years of service. Our challenge is to retain and transfer knowledge and skill whilst we attract and develop the next generation of leaders in health care," he said.

Calvary recognises that the health care needs of the communities we serve are complex and varied. It requires our organisation to be agile and flexible in our delivery, which must be reflected in our workplace arrangements. This in turn offers staff the ability to balance work and home commitments.

Calvary is committed to continuing to play our part in bridging the gender gap for women in the workplace and to look for ways to embrace diversity in our services.



Calvary partners with universities across Australia

Reaffirming our commitment to undergraduate and graduate programs, a National Student Placement Agreement was developed to assist, standardise and centralise the process of student placements in our services. Calvary currently has 36 national agreements with universities and vocational education providers. Systems have been put in place to allow us to analyse student hours, facilitation and supervision efforts in our services.



Juanita Ielasi, CEO Calvary Wakefield and Calvary Rehabilitation hospitals

Calvary Adelaide and UniSA take nursing and allied health training to a new level

A new partnership between Calvary and the University of South Australia is thought to be the first of its kind between a private hospital and a public university.

Juanita Ielasi, CEO of Calvary Wakefield and Calvary Rehabilitation Hospitals, praises what she says is taking nursing and allied health training to a new level.

"For more than 20 years nursing and allied health has been based on university training and clinical placements, but under the collaborative partnership it will be based on information sharing" she said.

The partnership is in the planning stage for the creation of a clinical training school at the Calvary Health Group's new Calvary Adelaide private hospital, to be opened late in 2018.

The Calvary and UniSA partnership is being coordinated across three disciplines: medical (doctors), nursing and allied health.

"There's been a traditional approach, particularly when you look at nursing when it went into universities, and there's always been placements," Juanita said.

"Hospitals would negotiate those placements and how they would work. We're doing it from a medical

perspective with clinicians and how they think it would work, based on their practice, the university's teaching and patient needs."

The partnership will take in community care and home-based services under the supervision of Calvary's clinicians, which have been underused for private sector placements.

"For us as an organisation, if we expose our existing clinicians to evidence-based practice it helps their practice, it keeps their knowledge current, it opens the way to research partnerships," Juanita said. "They feel they can make better decisions and be at the forefront."

Juanita pointed out that while the health care provider has taken nursing students for years, it has not always taken many allied health students. The partnership will create greater opportunities for those allied health students who have generally gone into the public hospital system for placements, and puts Calvary forward as a future employer of choice.

"The public sector is under increasing pressure and has always taken the majority of students. Now it becomes a case of how we can help," she said.

"The key for me is the quality of the placements we can provide."

Calvary Cessnock and WEA Hunter partner to provide pre-vocational aged care training program

Calvary Cessnock Retirement Community and WEA (Worker's Education Association) Hunter are delivering an integrated, pre-vocational aged care training program. The program is designed to assist suitable people to gain entry into the aged care industry. Participants will undertake three units of competency from CHC33015 Certificate III in Individual Support and two units of competency from FSK20113 Certificate II in Skills for Work and Vocational Pathways.

The program runs for nine weeks and on completion the successful graduates may be offered the opportunity to complete the full CHC33015 Certificate III Individual Support (ageing) qualification as a Calvary Cessnock trainee. The pre-vocational training component of the program is subsidised by the NSW Government under its Smart and Skilled initiative.

Two groups of students have been given the opportunity to participate in the program. Throughout the course, students undertake 60 hours of work placement, which commences in week five of their program. Students are partnered with Calvary Cessnock mentors throughout the placement.

Calvary Cessnock General Manager Kristin Smith said, "This program is about finding individuals that want to make a difference in our residents' lives. You have to love working with older people and you have to have a 'can do' attitude. The pre-vocational program allows both Calvary and the individual to decide if the aged care industry is for them. We have had many trainees go on to full employment in the industry or further their studies as a Registered Nurse. There are so many great applicants this year and it will be hard to narrow the list down."

Kylie Williams, Acting Education Unit Senior Officer for WEA Hunter, said, "This pre-vocational course gives you a starting point not just in the aged care industry but across the community and disability sector. It is a great initiative for education and employment in the Cessnock region."

"This program is about finding individuals that want to make a difference in our residents' lives."



Left to right: Calvary Cessnock Clinical Nurse Educator Ashleigh Johns, Calvary Cessnock Mentor Kate Greentree, Calvary Cessnock General Manager Kristin Smith, WEA Hunter Acting Education Unit Senior Officer Kylie Williams, Calvary Retirement Communities Learning and Development Manager Neda Deilamy Moezzi

CALVARY EMBRACES
eLEARNING PLATFORM

Course Snapshot 2016-17

5,737 employees
undertook the Calvary
National Induction
Program Welcome

5,804 Calvary
Professional Conduct

5,820 Work Health and
Safety Fundamentals

3,214 Palliative & End
of Life Care Module 1

3,212 Palliative & End
of Life Care Module 2

716 Volunteers

ADDITIONAL COURSES
OFFERED ONLINE

8,440 Hand Hygiene

4,375 Basic Life
Support

6,084 Fire Safety &
Emergency Procedures

3,182 Medication
Calculations

1,956 Manual Handling
Introduction

Workplace Health and Safety Review

In FY 2016-17 Calvary continued to achieve steady improvement in work health and safety, and workers compensation performance. Over the past five years, Calvary has experienced a significant reduction in worker injuries, resulting in a decrease in our

workers' compensation premiums (as a percentage of wages) of more than 50%.

Calvary's injury severity rate dropped this year, mainly as a result of our focus on early intervention initiatives to promptly provide treatment for injured staff.

Throughout the year, Calvary's key focus areas included emergency management, incident investigations, internal audit, and manual handling.

Key Work Health and Safety Performance Measures

FY16-17

15% improvement

**LOST TIME INJURY
FREQUENCY RATE (LTIFR)**

13% improvement

**NUMBER OF WORKERS
COMPENSATION CLAIMS**

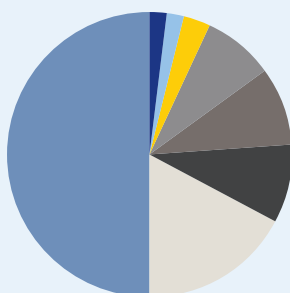
25% improvement

**LOST TIME INJURY (LTI)
SEVERITY RATE**

25% improvement

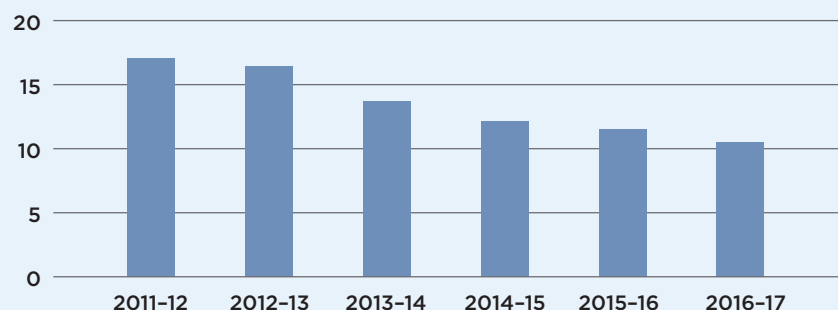
TOTAL CLAIMS COST

CAUSES OF INJURY



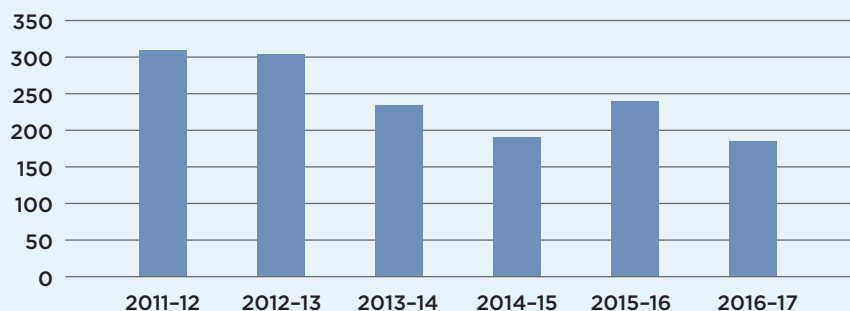
- Manual handling - 50%
- Falls, trips and slips - 17%
- Being hit by moving objects - 9%
- Hitting objects with a part of the body - 9%
- Mental stress - 8%
- Heat, electricity and environmental factors - 3%
- Vehicle incident - 2%
- Other - 2%

LOST TIME INJURY FREQUENCY RATE



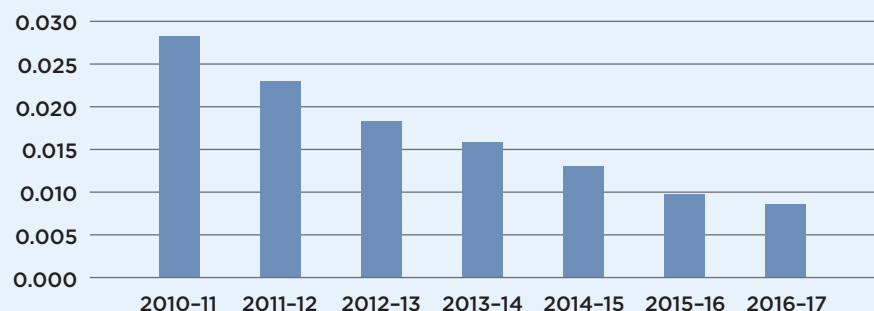
LTIFR is the number of LTIs per 1 million hours worked

LOST TIME INJURY SEVERITY RATE



LTI severity rate is the number of days (shifts) lost per 1 million hours worked

WORKERS COMPENSATION PREMIUMS AS A PERCENTAGE OF WAGES



Calvary Safety Excellence Awards

FY16-17 saw the second running of the annual Workplace Health & Safety Awards. Each category received an increase in nominations, which made the judging all the more difficult. The winners were announced at the Calvary Annual Executive conference and accepted on behalf of the winners by the relevant CEO or General Manager. This year also saw the unveiling of the winners' plaque, which is proudly displayed at Calvary National Office in Sydney.

| AWARD | RECIPIENT |
|--|---|
| Best solution to an identified safety issue | Wendy Johnson and Debbie Carr (Calvary Mater Newcastle public hospital, Haematology Department) |
| Best individual contribution to improving WHS - non WHS professional | Stephen Taylor, WSO/HACC Coordinator (Calvary Community Care, Taree) |
| Best individual contribution to improving safety - WHS professional | Stephanie Taggart, Risk Manager (Calvary Riverina Private Hospital, Risk Management) |
| Best team contribution to improving safety | WHS Committee (Calvary Health Care Kogarah public hospital) |
| Safety Leadership Award - Individual | Toni-Ann Miller, Director Clinical Services (Calvary Central Districts Private Hospital) |



Calvary executives receive Workplace Health & Safety awards on behalf of their teams



SafeWork Awards 2017 - Best Individual Contribution winner
Glenn Stewart

Calvary wins SafeWork NSW Award

Glenn Stewart, Calvary's National Manager Work Health, Safety & Environment was the winner of the SafeWork NSW 2017 award for 'Best Individual Contribution to workplace health and safety' during FY16-17. This award recognises individuals who have made an exceptional difference to work health and safety (WHS).

Glenn joined Calvary in 2011 and set out to develop a group WHS strategy, governance framework and internal capability that would ultimately make workers safer while also delivering financial returns and reducing risk.

Glenn's innovative approach was based on creating a consistent WHS system and methodology across the Calvary group. It involved collaboration across our business units, to share resources and workload. A key part of Glenn's approach was to develop the Calvary intranet as a single platform for all WHS resources and continual improvement.

His work in safety has been replicated in other functions and become a catalyst for wider system changes in the business. Glenn has optimised technology, driven for change and challenged norms in a sector that has been slow to take responsibility for safety.





WISE STEWARDSHIP

HOBART'S THEATRE PROJECT COORDINATOR STUART JONES WITH SOME OF THE NEW SPECIALIST CSD EQUIPMENT FOR CALVARY LENAH VALLEY HOSPITAL THEATRES CURRENTLY UNDER CONSTRUCTION



David Bergman, National Chief
Financial Officer

Little Company of Mary Health Care Limited

Financial Summary for the Year ended 30 June 2017

Calvary strategic objectives

- 1) Put the person and family at the centre of care in all settings, continuing to focus on palliative and end of life care
- 2) Sustain the ability of our hospitals, aged care facilities and community services to provide quality and compassionate care in the communities we serve
- 3) Improve the delivery system in order to promote effective, equitable, quality care and ensure patient, resident and client safety
- 4) Grow, integrate and innovate within our 'circle of competence' within the environment we operate.

It is Calvary's aim to provide a highly valued service that is greater than the sum of its parts.

Principal activities

The principal activities of the Group during the period were the provision of acute health services by private and public hospital facilities; sub-acute medical services; palliative care services; residential aged care services and independent living units (ILUs); and community and home care services.

Within these activities, Calvary has developed models of care that have been specifically designed to meet customer expectations, while reducing cost, complexity and risk. This includes the continued development of home- and community-based services to better manage chronic disease and palliative and end-of-life care. Calvary's doctors, nurses and carers work closely with Local Health Districts, Primary Health Networks and other stakeholders to improve the care journeys of patients and reduce their burden within what can be a complex system.

The Directors believe that we should strive to achieve the best commercial results to sustain our operations, fund better integration, grow and innovate in pursuit of our strategic aims. Demonstrating wise stewardship and contributing to social stability in the communities Calvary serves requires a strong financial base. Calvary achieves

this through strict cost management and the pursuit of improved revenue rates. Calvary continues to invest in its ability to be a source of healing and in facilities that enable the organisation to provide a wider range of services to the local communities.

Our models of care have been developed to be more efficient and effective in ways that reflect Calvary's core values. Specifically, Calvary's focus is on minimising preventable admissions, unnecessary treatments and delays in assessments; educating residents about care options; and improving access to home care services.

Results

The Group achieved a surplus of \$77.8 million in the financial year ended 30 June 2017 (2016: \$67.8 million surplus).

The increase in surplus is attributable to a discount on acquisition of the Mary MacKillop Care SA business during the year of \$19.5 million. Calvary's underlying operating performance has been negatively impacted by the sector-wide challenges in the private hospital market driven by pressures from private health insurers and a downturn in private surgical activity.

The private hospital sector continues to seek improved health fund rates, especially in South Australia where they are below the national average, within a challenging environment of increased focus on quality of care and safety. The aged care and home care sectors are significantly funded by the Commonwealth Government, and funding increases continue to be below the inflation rate. Calvary has responded to these ongoing challenges by continuing to focus on our mission and our approach of person-centred care, while implementing measures to manage controllable costs. Calvary continues to review ancillary services and focus on creating long-term plans for any non-performing aspects of our services.

Review of operations

(A) REVENUE

The Group's revenue from operating activities totalled \$1,198.2 million (2016: \$1,171.5 million). Grants and subsidies from government for hospital and aged care operations totalled \$472.6 million (2016: \$464.3 million). Grants and subsidies represented 39% (2016: 40%) of revenue from operating activities.

(B) EXPENSES

The Group's expenses from operating activities totalled \$1,174.3 million (2016: \$1,138.8 million). Expenses on personnel costs represented 60% (2016: 61%) of total operating expense.

Staffing levels for clinical services decreased during the reporting period, with 6,437 full-time equivalents as at 30 June 2017 (2016: 6,620). The actual number of staff members as at 30 June 2017 was 10,843 (2016: 10,588).

(C) OTHER

Following the announcement of the retirement of the current National Chief Executive Officer, Mark Doran, the Board has appointed Martin Bowles (former Secretary of the Department of Health) to succeed Mr Doran. Mr Bowles will commence in the position of National Chief Executive Officer on 1 November 2017.

Future developments

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

CALVARY HEALTH CARE ACT

At the date of this report, Calvary Health Care ACT Limited (ACT) was participating in a Strategic Asset Management Planning process funded by ACT Health. A report was expected prior to December 2017 in relation to ACT Health priorities for all Territory public health infrastructure.

CALVARY HEALTH CARE BETHLEHEM

Calvary proposes to redevelop the Calvary Health Care Bethlehem public hospital as part of the creation of an integrated health precinct on the current site in South Caulfield. This will address the facility's ageing infrastructure and ensure a sustainable model of care. It will also mean that the current public hospital will be rebuilt to provide modern contemporary health care accommodation alongside complementary Calvary services including residential aged care and community care.

This development will improve the care and service given to our residents and patients through an integrated service model that provides flexible care while improving the amenity of the site. This initiative is aligned with Victorian government directions and Department of Health and Human Services strategy. This service model change is contemplated in the government's Statement of Priorities.

CALVARY ADELAIDE HOSPITAL

The new Calvary Adelaide Hospital, which will merge the operation of Calvary Wakefield Hospital and Calvary Rehabilitation Hospital, is currently under construction. The estimated completion date is December 2018, with an operational date in March 2019. The current Calvary Wakefield and Calvary Rehabilitation leases expire in July 2019.

CALVARY LENAH VALLEY HOSPITAL

Calvary Lenah Valley Hospital in Tasmania is undergoing a substantial theatre/day surgery redevelopment. The estimated completion date was October 2017 for Stage 1 and December 2018 for Stage 2.

CALVARY RETIREMENT COMMUNITIES

Calvary Retirement Communities is currently considering development plans pertaining to its Ryde site. Formal Development Application approval, subject to conditions, was granted by the Joint Regional Planning Panel on 7 August 2017 for the first phase of construction for a proposed 116-bed residential aged care facility and the development of more than 21 additional ILUs on the site.

AGED CARE

We understand that the Commonwealth Government has performed a legislative review of the Living Longer Living Better Aged Care reforms. The timing and form of any changes to legislation is unknown. However, we anticipate that the review may result in the removal of restrictions on aged care places (bed licences). Implications for the value of bed licences currently held on the balance sheet will be assessed as soon as further details are available. The Commonwealth Government is also in consultation to amend the current Aged Care Funding Instrument (ACFI) model. A timeframe has not been set.

Significant events after year end

Set out below are the details of matters or circumstances arising since the end of the financial year which significantly affected, or may significantly affect, the operations of the Group.

Subsequent to year end, in accordance with the Calvary Network Agreement (CNA), Calvary Health Care ACT Limited formally advised ACT Health that Calvary Health Care ACT Limited is in dispute with the Territory regarding elements of the performance plans for 2016-17 and 2017-18. This includes the transition to activity-based costing on funding levels as provided by the CNA. Calvary Health Care ACT Limited is currently seeking mediation with ACT Health on these matters. The outcome of the dispute resolution process may have an adverse impact on Calvary Health Care ACT Limited's ability to provide services at a level commensurate with its present service levels.



OUR TRUSTEES, BOARD, EXECUTIVE TEAM AND SERVICES

THE HON. JOHN WATKINS AM, CHAIR OF THE LITTLE COMPANY OF
MARY HEALTH CARE BOARD



Calvary Ministries Directors

MR BILL d'APICE (CHAIR)

Bill is Chairman of Partners at Makinson & d'Apice, a well-known Sydney law practice, which has provided legal services to various agencies of the Catholic Church for many years.

Bill's principal areas of legal practice are property law, commercial law and the law relating to charities and not-for-profit organisations. Although he has expertise in all aspects of commercial law, his particular emphasis is on corporate structuring, governance and directors' duties. He also sits on a number of charity and not-for-profit boards which allows him to bring practical experience to his advice. He was a Director of Catholic Church Insurances Limited for 15 years, and it's Chair for nine years. Through his firm, Bill has provided legal advice to the Little Company of Mary for a number of years, and is currently a member and Chair of the Little Company of Mary Advisory Council. He resides in Sydney.

MR GARRY RICHARDSON

Garry has extensive experience as a Chief Executive in the Australian health insurance industry, as well as holding other senior positions in the financial services industry.

Since retiring from a full-time chief executive role in 1998, Garry has held positions as Chair of Southern Health, Health Super Pty Ltd, Health Super Financial Services Ltd, and Housing Guarantee Fund Ltd, and has also held Directorships in Dental Health Services Victoria and the Australian Red Cross Society. Garry was also Commissioner of the Private Health Insurance Administration Council from 1998 to 2007, and Chair of the National Blood Authority from 2007 to 2011.

In addition to his current role as a director of Calvary Ministries, he is also a director of Defence Health Ltd and is currently Chairman of St Roch's Parish Pastoral Council. Garry has also held the position of Chair of Little Company of Mary Health Care Ltd Board in 2007-08. He is a fellow of the Australian Institute of Company Directors. He resides in Melbourne.

SISTER KATHLEEN COTTERILL LCM

Sr Kathleen Cotterill has been a member of the Little Company of Mary for over 40 years.

During this time, Sr Kathleen has held positions at both clinical (general & midwifery) and administrative levels in various health care facilities within the Little Company of Mary (Riverina, Tasmania, ACT and Queensland) and other Catholic health settings. This includes the role of Director of Inpatient Services at Hawkesbury District Health Service.

She has previously been a member of the Notre Dame (Sydney) School of Nursing Advisory Board, a member of the Catholic Health Australia Directors of Nursing Committee and a member of the Calvary Ministries Members' Council.

Sr Kathleen is a Councillor on the Leadership Team of The Province of the Southern Cross of the Little Company of Mary. She resides in Sydney.

MR DAVID PENNY

David is currently Executive Leader Operations ISMAPNG (The Institute of Sisters of Mercy Australia and Papua New Guinea). Until May 2017 he held a similar role within the Diocese of Wilcannia-Forbes in Western NSW. He has significant experience in the management and governance of not-for-profit organisations and has been a BBI Council member since its inception.

David holds degrees and diplomas in health science and administration, completed the Intensive Executive Management Program for Non-Profit Leaders at Stanford University, CA, USA in 2004. David has a Master's degree in Management and has also recently completed a Master of Pastoral Theology at Heythrop College, London University, UK.

David was a Director of Little Company of Mary Health Care Ltd between 2000 and 2009 and was a member of its Mission & Ethics Committee. He resides in Sydney.

MS CATHERINE (KATE) BIRRELL OAM

Kate has served as a Non-Executive Director and senior Nurse Executive in the not-for-profit health services sector for many years.

For some 20 years Kate has had a senior management career with St John of God Health Care, finishing as Group Director of Nursing in December 2014. She still provides consulting services to the organisation as a Nursing Development Program Advisor in Timor Leste.

Kate holds a number of health-related degrees, as well as a degree in business and administration. Her board and committee appointments include Barwon Health's University Hospital Human Research Ethics Committee and Mercy Health Board Quality Committee. Previously Kate was a member of both Catholic Health Australia and the Caroline Chisolm Ethics Centre Boards and the Gordon Institute of TAFE Board. She is also a graduate of the Company Directors Course of the Australian Institute of Company Directors. In 2006, Kate was appointed by the Australian Catholic University to the position of Clinical Associate Professor of Nursing, which she held until her retirement in 2014.

Kate was awarded the Medal of the Order of Australia in the General Division for services to nursing, particularly education, and the community in June 2015. She resides in Melbourne.

MICHAEL LEE Appointed to the Board 22 November 2016

Michael has degrees in science (1977) and electrical engineering (First Class Honours 1979) from the University of NSW and is a Fellow of the Institution of Engineers Australia.

Michael brings strong business skills and corporate governance experience to Calvary Ministries, having operated effectively as a business consultant and director of listed companies as well as a director and chairman of unlisted companies.

He is a former member of the Australian Parliament, serving as a Cabinet member in the Keating government. After retiring from politics he served on numerous boards.

Michael is currently Chairman of Communications Alliance, the peak communications industry body in Australia.

Since 2002, Michael has been a Non-Executive Director of ASX-listed Sydney Airport (previously Macquarie Airports), which owns and operates Sydney Airport. He Chairs the Safety, Security and Sustainability Committee and is also a member of the Audit and Risk Committee, as well as the Nominations and Remuneration Committee.

Michael has previously held several other non-executive directorships as well as being an elected Councillor for the City of Sydney. He has also recently been appointed as a Director of Catholic Schools NSW, the new representative body for Catholic education. Michael resides on the Central Coast of NSW.

MEMBERS' COUNCIL 2016-17

Sr Anne Sheridan LCM – Chair

Sr Marie Therese West LCM

Sr Monica Whelan LCM
(appointed May 2017)

Ms Maria Egan (appointed May 2017)

Sr Jennifer Barrow LCM (retired May 2017)

Sr Patricia Mary Bell LCM (August 2016 – May 2017)

Sr Elizabeth West LCM (August 2016 – May 2017)

OFFICERS/ADVISORS

Edwina MacArthur, Executive Officer

Edwina is a Chartered Accountant who joined the not-for-profit world after working in accounting practices for 25 years. Since 2002, she has worked with the Society of Jesus (Jesuits) in financial and administrative roles. Edwina held the position of Assistant Director of Jesuit Mission until the end of 2014 and has also served on not-for-profit boards for the Sisters of Mercy and an international advisory team for the Jesuits.

Edwina also acts as Company Secretary for Calvary Ministries Limited.

Michele Black – Office Administrator/
Personal Assistant

Role of trustees

The Catholic Church takes great care in overseeing the works done in its name. Health care is one of those works. The ministry of health care is undertaken by a Public Juridic Person (PJP) constituted by a number of people. The PJP approved by the Vatican for Little Company of Mary Health Care Limited is known as Calvary Ministries. Calvary Ministries' purpose is to sustain and further the health care ministries originally undertaken by the Little Company

of Mary – now undertaken by Little Company of Mary Health Care Limited.

Calvary Ministries exercises a canonical stewardship role consistent with the teachings and laws of the Catholic Church and guided where appropriate by the charism, spirit and mission of the Sisters of the Little Company of Mary; and in accordance with the canonical By-Laws of Calvary Ministries and the Code of Ethical Standards as approved by the Australian Catholic Bishops' Conference.

Little Company of Mary Health Care Limited Board Directors

The Little Company of Mary Health Care Board is accountable to Calvary Ministries. Chaired by The Hon. John Watkins, the Board Directors include Mr Michael Roche (Deputy Chair), Ms Rebecca Davies, Professor Katherine McGrath, Associate Professor Richard Matthews, Mr Patrick O'Sullivan, Mr David Catchpole, Ms Jennifer Stratton, Mr Jim Birch and Ms Lucille Halloran. Mr John Mackay served as a Director until the November Annual General Meeting, at which time Ms Lucille Halloran was appointed to the Board. The Board met nine times during the year. One of these meetings was held at the Calvary Community Care, Hunter Service Centre (October 2016). Another was held at Calvary Health Care Riverina (March 2017). This allowed Directors to visit Calvary's Hunter area Community Care Services and Retirement Communities and the Calvary Riverina Hospital, where they inspected our facilities and met staff, patients, clients and residents.

THE HON. JOHN WATKINS AM – CHAIR, LLB, MA, DIPED, HON DLITT MACQ

**Appointed to the Board and as
Chair on 25 November 2010**

John has been the Chief Executive Officer of Alzheimer's Australia NSW since September 2008. He is a member of the Advisory Committee for the Centre for Emotional Health at Macquarie University and an Adjunct Professor of Law at the University of Western Sydney. John was made a Member of the Order of Australia in the Australia Day Honours List in 2015 for significant service to the community through leadership positions with health organisations, in tertiary education, and in the Parliament of NSW. John worked as a teacher for 16 years until his election to parliament in 1995, where he served for 13 years. He was Deputy Premier when he retired in 2008.

THE HON. MICHAEL ROCHE AM – DEPUTY CHAIR, BA (ACCOUNTING), FCPA, MACS

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

Michael (Mick) is a consultant working with government agencies and companies that deal with government on a range of strategic management issues. He is on a number of public sector governance boards, a Director of Maritime Australia Limited and Chair of the Pharmaceutical Benefits Pricing Authority. Mick was Under Secretary Defence Materiel in the Department of Defence and has worked at senior levels in Customs, and the departments of Health, Prime Minister and Cabinet, and Immigration and Finance.

**JAMES (JIM) BIRCH, AM
BA (HEALTH ADMINISTRATION),
FCHSM, MNATSIHEC**

**Appointed to the Board on
1 February 2016**

Jim has over 30 years' experience in planning, leading and implementing change in health care, justice and human services.

Jim is Chair of the Australian Red Cross Blood Service, Chair of Mary MacKillop Care South Australia, Chair of the Australian Digital Health Agency, Chair of Clevertar Pty Ltd, a Director of the Cancer Council SA and Deputy Chair of the Independent Hospital Pricing Authority. Prior to Jim's current appointments he was a partner at EY Australia (formerly Ernst & Young), where he was Global Health Leader; Government and Public Sector Leader; and Lead Partner in Health and Health Care. He has also been Chief Executive Officer of the South Australian departments of Health and Human Services, as well as the Women's and Children's Hospital, Adelaide; and Deputy Chief Executive Officer of the Department of Justice, South Australia.

Jim was made a Member of the Order of Australia in 2007 for service to the community through leadership and management roles in the health and justice systems, and in the areas of public housing and child protection services.

**JOHN MACKAY, AM
BA (ADMINISTRATION AND
ECONOMICS), FAIM**

**Appointed to the Board on
16 November 2007, resigned
15 November 2016**

John is the Chancellor of the University of Canberra, Chair of the National Arboretum Canberra and a director of Canberra Investment Corporation, Speedcast Pty Ltd, Datapod Pty Ltd and the Canberra Raiders. In 2004, John was made a Member of the Order of Australia for services to utilities and the community. In 2008, he was named Canberra Citizen of the Year. He is a former Chair of ACTEW Corp, ActewAGL, TransACT Communications Pty Ltd, Canberra Glassworks and the Salvation Army Advisory Board.

**REBECCA DAVIES
BEC, LLB (HONS), FAICD**

**Appointed to the Board on
25 September 2008**

Rebecca is a director of a range of companies in the financial services, health and music fields, and is a facilitator for the Australian Institute of Company Directors. In 2009, she retired from Freehills, where she was a partner specialising in litigation. Rebecca is a member of the Medical Research Innovations Committee, the Australian Health Ethics Committee, a director of Transparency International Australia and a Chancellor of JDRF Australia.

**PROFESSOR KATHERINE MCGRATH
MBBS, FRCPA, FAICD**

**Appointed to the Board on
26 November 2009**

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

Katherine originally trained as a haematologist and is a fellow of the Royal College of Pathologists of Australasia.

**ASSOCIATE PROFESSOR RICHARD
MATTHEWS, AM, MBBS**

Appointed to the Board on January 2012

Richard is the former Deputy Director General of the Strategic Development Division of NSW Health. Until June 2007, he was also Chief Executive of Justice Health.

Richard began his career in general practice and was in full-time practice from 1979 until 1998. He developed a special interest in problems relating to drugs and alcohol, and worked for many years at St Vincent's Hospital Sydney's Rankin Court Methadone Stabilisation Unit. He is Chair of General Practice Education and Training, and is a Director of NeuRA, Government Property NSW and Alzheimer's Australia NSW. He also sits on the advisory board of the Centre for Healthy Brain Ageing. Richard was made a Member of the Order of Australia in 2010 for service to the health sector through leadership roles in the areas of service development, primary health care, mental health, and drug and alcohol policy.

**PATRICK O'SULLIVAN
CA, MAICD**

**Appointed to the Board on
27 March 2013**

Patrick (Pat) brings more than 30 years of international commercial and business management experience. He was the Chief Operating Officer and Finance Director of Publishing and Broadcasting Limited (PBL) Media and Nine Entertainment Co. During this appointment, he was also Chairman of Ninemsn. Before joining PBL, Pat was Chief Financial Officer at Optus Pty Ltd, with responsibility for financial affairs, including corporate finance, taxation, treasury, risk management, procurement and property. He is Chairman of HealthEngine and a Director of Carsales, Isentia and APN Outdoor.

**DAVID CATCHPOLE
BEC, DIPFP, FAICD**

Appointed to the Board on
27 November 2014

David is a well-respected member of the Tasmanian business community. He was Executive Director of financial services firm Shadforth's Limited for more than 20 years. David became a Director of the Royal Automobile Club of Tasmania in 1989 and served as club President between 1994 and 1997. He was also a non-executive director of several health care organisations, including Royal Hobart Hospital Research Foundation and Southern Cross Care (Tas), and was a founding Director of the Financial Planning Association of Australia.

**JENNIFER STRATTON
BA (ECONOMICS, ENGLISH AND
HISTORY), FAICD**

Appointed to the Board on
28 November 2015

Jennifer is an accomplished senior executive and board member who has served in Catholic ministries in education, health care, aged care, and aid and development for more than 22 years. She is Chair of the Trustees of MercyCare, a provider of aged care, family, health, disability and community services in Western Australia. Prior to this, Jennifer was a Director of Catholic Health Australia, and Chair of its Pathways Taskforce and its Mission and Identity Committee. Jennifer was Group Director of Mission for St John of God Health Care in Perth for nearly 16 years.

LUCILLE HALLORAN

Appointed to the Board on
23 November 2016

Lucille is the Oceania Government & Public Sector Leader and Commonwealth Government Leader for EY.

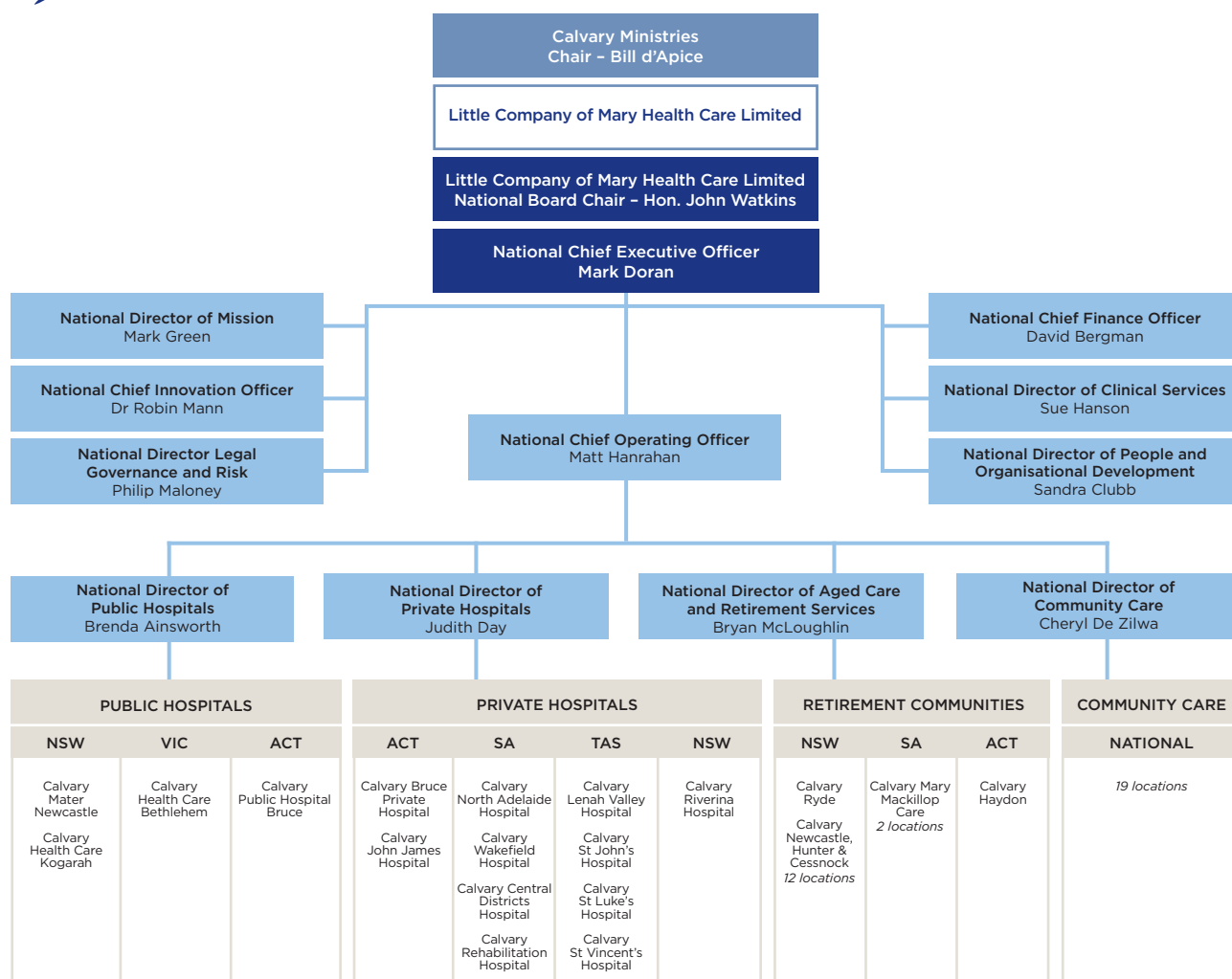
She was born in Canada and brings a unique blend of Australian and Canadian public sector experience in policy reform and citizen-centric service delivery in the disability, employment, income support, pensions, education, human services and health sectors.

She is also passionate about women in leadership, systems thinking and innovation.

Lucille has worked extensively with the Commonwealth, state and local governments.



ORGANISATION CHART



National Leadership Team



MARK DORAN
National Chief Executive Officer

Mark has extensive experience as a senior executive in health and has worked in both the public and private hospital sectors, starting his career as an administrative trainee. Mark has worked for Ramsay Health Care and Mayne Health, helping the latter grow from six small facilities to more than 50 hospitals. Mark commissioned the 300-bed John Flynn Private Hospital and Medical Centre on the NSW-Queensland border, managing it for seven years. He was also Mayne's State Manager for Queensland, where he was responsible for up to 15 facilities.



MATT HANRAHAN
National Chief Operating Officer

Matt is responsible for providing leadership and implementing strategies across Calvary's four service streams.

Matt joined Calvary in August 2016, bringing 26 years of experience in public and private health care administration. He has held various executive leadership positions at General Practice NSW Ltd and more recently as Chief Executive of Central Coast Local Health District (NSW Health). He has a Masters in Health Administration and a Bachelor of Applied Science, and is a Graduate of the Australian Institute of Company Directors (AICD).



MARK GREEN
National Director, Mission

Mark is passionate about social justice. Prior to joining Calvary in September 2014, he was Head of Mission and People at Caritas Australia. Mark's skills are in leadership, strategic planning, organisational management and development. He has degrees in economics, law and theology, as well as a post-graduate diploma in education. He is a member of the University of New South Wales Human Research Ethics Committee and is Chair of Catholic Health Australia's Mission and Identity Committee.



JUDITH DAY
National Director, Private Hospitals

Judith is responsible for the leadership of Calvary's 11 private hospitals. Prior to joining Calvary in April 2017, Judith worked in health care for 22 years, both in the private and public sector. Previously Judith was the CFO/CIO for 11 years at Cabrini Health, and for the last two years was also Deputy Chief Executive. Prior to that her experience includes Director of Finance and Administration at St Andrew's Hospital in Adelaide, and working in various roles at Faulding Healthcare, Flinders Medical Centre and Ashford Community Hospital. Judith is a Certified Practising Accountant, has a Master of Business Administration and is a Graduate of the Australian Institute of Company Directors.



BRENDA AINSWORTH
National Director, Public Hospitals

Brenda has focused on health system performance, clinical service redesign and the development of innovative models of care both in NSW and the ACT for the past nine years. Her previous positions include Director, Health Advisory at PricewaterhouseCoopers; Executive Director, Health Performance Improvement, Innovation and Redesign for ACT Health; and Director of Major Projects, Nepean Hospital. She won the 2010 Telstra Business Women's Award in the ACT for innovation. Brenda holds a Bachelor of Health Sciences (Nursing) and a Master of Management.



CHERYL DE ZILWA
National Director, Community Care

Cheryl joined Calvary Community Care in February 2013 after eight years as Chief Executive Officer of Windermere, an influential community organisation in Victoria. Cheryl has played a major role in improving quality and building capacity in community services across Australia. She has also worked with the National Heart Foundation in a senior health promotion role, which gave her a unique understanding of the full spectrum of health and community-based services. Cheryl is a former Registered Nurse and holds a Bachelor of Education and Master of Management.



BRYAN MCLOUGHLIN
National Director, Aged Care
and Retirement Services

Bryan was appointed National Director on 1 July 2015 after demonstrating strong leadership skills in his role as Operations Manager at Calvary Retirement Communities. Prior to joining Calvary, Bryan was Chief Executive Officer for Connectability Australia and Chief Operations Officer and Acting Chief Executive Officer for Hunter Medicare Local. He has also held senior roles with UnitingCare Ageing and the Hunter Area Health Service.



DAVID BERGMAN
National Chief Financial Officer

David has more than 16 years' experience in the health and aged care sector as a senior executive with, demonstrated success in growing organisations. He has a strong focus on business improvement, change management and the development of finance, information technology, treasury and reporting functions. David has also worked for chartered accounting and finance firms, and Macquarie Bank.



SANDRA CLUBB
National Director, People &
Organisational Development

Sandra has worked in line management and corporate human resources roles in major manufacturing organisations for more than 20 years. She has wide experience working in organisations going through rapid change and growth. Sandra is passionate about having a positive and safe workplace culture and leadership development. She holds a Bachelor of Business in Strategic Human Resource Management.



SUE HANSON
National Director, Clinical Services

Sue has held senior executive roles in the public and now private sector in clinical governance and patient safety over the past two decades. In her current role as National Director of Clinical Services, Sue is responsible for clinical governance and clinical strategy across Calvary's aged, community, acute public and private hospitals in six Australian states and territories, including leading the development and implementation of electronic clinical records in 11 private hospitals in the group. Sue is currently also Co-Chair of the NSW Agency for Clinical Innovation (ACI) Palliative Care Network.



PHILIP MALONEY
National Director, Legal Governance
and Risk

Philip has been a lawyer for more than 25 years. His senior in-house legal roles include Regional General Counsel for Thorn Asia-Pacific; General Counsel for Stamford Hotels and Resorts; Senior Counsel for McDonald's Australia; Division Counsel for McDonald's Asia Pacific, Middle East and Africa (APMEA); and Vice President - General Counsel for McDonald's Pacific and Africa Division and its Senior Counsel for APMEA. Philip also has vast management experience and has held several directorships and appointments as company secretary.



DR ROBIN MANN
National Chief of Innovation

Robin leads the development and implementation of our innovation strategy. He works closely with the National Leadership Team, where he is in charge of business and service development transformation (largely digitally based) to progress our vision for integrated care using innovation and technology. Robin has a Bachelor Engineering, Bachelor of Medicine and Master of Health Informatics, and became a Certified Health Informatician Australasia in 2014.

Our services

The South Australia service directory below provides an example of the range of services delivered by Calvary, which vary region to region. For a full directory visit www.calvarycare.org.au and search for 'Calvary services – hospitals, Retirement Communities, Aged and Community Care'.

Hospital services

| | Calvary Wakefield | Calvary Central Districts | Calvary North Adelaide | Calvary Rehab |
|---|-------------------|---------------------------|------------------------|---------------|
| Clinics, surgery and specialist centres | | | | |
| Emergency Department | ✓ | | | |
| Cancer services | | ✓ | ✓ | ✓ |
| Cancer rehab services | | ✓ | ✓ | ✓ |
| Cardiac centre | ✓ | | | ✓ |
| Cardiac rehab services | ✓ | | | ✓ |
| Intensive care | ✓ | | ✓ | |
| Maternity and birth centre | | | ✓ | |
| Orthopaedics | ✓ | ✓ | ✓ | ✓ |
| Paediatrics | ✓* | ✓ | ✓ | |
| Palliative care | | ✓ | ✓ | |
| Progressive neurological disease | ✓ | | | ✓ |
| Rehabilitation Unit | | | | ✓ |
| Sleep clinic | | ✓ | | |
| Surgery and/or surgicentre | ✓ | ✓ | ✓ | |
| Women's health centre | | ✓ | | |
| Care and support services | | | | |
| Bereavement counselling | | | ✓ | |
| Biography services | | ✓ | ✓ | |
| Complimentary and holistic therapies | | | ✓ | |
| Dietician services | ✓ | ✓ | ✓ | ✓ |
| Driver assessment and training | | | | ✓ |
| Neuropsychology | | | | ✓ |
| Occupational therapy | ✓ | | ✓ | ✓ |
| Palliative care (hospital, hospice or in-home) | ✓ | ✓ | ✓ | |
| Pastoral care | ✓ | ✓ | ✓ | ✓ |
| Pharmaceutical services | ✓ | ✓ | ✓ | ✓ |
| Physiotherapy | ✓ | ✓ | ✓ | ✓ |
| Psychology | | | | ✓ |
| Rehabilitation | | | ✓ | ✓ |
| Respite care (hospital, residential or in-home) | ✓ | | ✓ | |
| Speech pathology | ✓ | | ✓ | ✓ |
| Urological services | | | ✓ | |
| Test and diagnostic services | | | | |
| Endoscopy | ✓ | ✓ | ✓ | |
| Radiology | ✓ | ✓ | ✓ | |
| Pathology | ✓ | ✓ | ✓ | |

Community care services

| | Government funded | | | | |
|--|--------------------|---------------------|-----------------------------------|---------------------------------|---|
| | Home care packages | Disability services | Commonwealth home support program | Department of Veteran's Affairs | BUPA & related funds post-acute discharge program |
| Social support (shopping, outings, appointments) | ✓ | ✓ | ✓ | | |
| Personal care | ✓ | ✓ | ✓ | ✓ | ✓ |
| Domestic assistance | ✓ | ✓ | ✓ | ✓ | |
| Transport | ✓ | ✓ | ✓ | ✓ | |
| In home respite | | | | ✓ | |
| Nursing care | | | | | |
| Personal care | ✓ | | ✓ | | |
| Palliative care | ✓ | | | | ✓ |
| Wound care | ✓ | | ✓ | ✓ | ✓ |
| Clexane | ✓ | | ✓ | ✓ | ✓ |
| Insulin | ✓ | | ✓ | | |
| Insulin therapy education and support | ✓ | | | ✓ | ✓ |
| Diabetes education and support | ✓ | | ✓ | | |
| Stomal care | ✓ | | ✓ | | ✓ |
| Stomal education and support | ✓ | | ✓ | ✓ | |
| Continence care | ✓ | | ✓ | | |
| Continence education and support | ✓ | | ✓ | ✓ | |
| IV antibiotics | ✓ | | ✓ | ✓ | ✓ |
| PICC lines | ✓ | | ✓ | ✓ | |
| PICC line management | ✓ | | ✓ | ✓ | ✓ |
| IV cannulation | ✓ | | | | ✓ |
| Negative pressure therapy | | | | | ✓ |
| Stomal therapy - education and support | ✓ | | | | ✓ |

Residential aged care

| | Flora McDonald Retirement Community - Cowandilla | St Catherine's Retirement Community - Berri |
|----------------------------|--|---|
| Permanent residential care | ✓ | ✓ |
| Respite care | ✓ | ✓ |

Our Services – Overview



ACT

- Calvary Public Hospital Bruce
- Clare Holland Hospice
- Calvary Bruce Private Hospital
- Hyson Green Mental Health Services
- Calvary John James Hospital
- Calvary Haydon Retirement Community
- Calvary Community Care – Bruce

SA

- Calvary Adelaide Hospital
- Calvary North Adelaide Hospital
- Calvary Wakefield Hospital
- Calvary Wakefield Surgicentre
- Calvary Rehabilitation Hospital
- Calvary Central Districts Hospital
- Calvary Flora McDonald Retirement Community
- Calvary St Catherine's Retirement Community
- Calvary Community Care – Adelaide, Port Augusta (also respite care), Victor Harbor

TAS

- Calvary Lenah Valley Hospital
- Calvary St John's Hospital
- Calvary St Luke's Hospital
- Calvary St Vincent's Hospital
- Calvary Community Care – Launceston, Hobart

NSW

- Calvary Riverina Hospital
- Calvary Riverina Drug and Alcohol Centre
- Calvary Riverina Surgicentre
- Calvary Mater Newcastle
- Calvary Health Care Kogarah
- Calvary Ryde Retirement Community
- Calvary Retirement Communities Hunter (13 locations)
- Calvary Community Care – Sydney, Taree, Riverina (also respite care), Hunter/Newcastle (also respite care and social centre), Forster (respite care only), Lakelands (also respite care)

VIC

- Calvary Health Care Bethlehem
- Calvary Community Care Head Office
- Calvary Community Care – Melbourne, Gippsland, Shepparton

NT

- Calvary Community Care – Darwin, Alice Springs, Bathurst Island

Our Services – Retirement Communities

ACT



CALVARY HAYDON RETIREMENT COMMUNITY, ACT

General Manager: Stephanie Tyrell

Among the gumtrees and gardens of South Bruce, Calvary Haydon Retirement Community provides quality residential care and support to 100 residents. It also offers dementia-specific services, respite accommodation and independent living units. All rooms are single with ensuites and are generous in size. The community is close to a large shopping centre and public transport, and Calvary's public and private hospitals are just across the road.

SA



CALVARY ST CATHERINE'S RETIREMENT COMMUNITY, SA

Regional Manager: Anne Hooper

Residential Site Manager: Lisa Robertson

Located at Berri in the Riverland region, Calvary St Catherine's has a wonderful community feel and a homely environment where residents feel part of a family. St Catherine's is home to 50 residents in a mix of single rooms with ensuite, and single and double rooms with shared bathroom.

NSW –
MANNING VALLEY



CALVARY FLORA MCDONALD RETIREMENT COMMUNITY, SA

Regional Manager: Anne Hooper

Residential Site Manager: Julie Dundon

Calvary Flora McDonald, located in Adelaide, is a modern, welcoming facility that caters for 153 residents from diverse cultural and religious backgrounds. Two new wings were opened in June 2017, including a Vietnamese-specific wing.



CALVARY ST PAUL'S RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Wendy McLaughlin

Positioned in a rural setting on the Manning River in Cundletown, near Taree, Calvary St Paul's Retirement Community has a warm country feel. It offers permanent accommodation for 40 residents in single rooms with ensuites, as well as respite accommodation.

Our Services – Retirement Communities (continued)

NSW – SYDNEY



CALVARY RYDE RETIREMENT COMMUNITY, NSW

General Manager: Godwin D'Amato (previously Michelle Megson)

Set amid tranquil landscaped gardens on an historic property, Calvary Ryde Retirement Community offers permanent accommodation for more than 240 residents, as well as respite accommodation. The community is friendly and close-knit, with residents from many cultures and backgrounds.

Marian Residential Care has 52 single rooms with ensuites. Mary Potter Residential Care is a 63-bed facility including a 21-bed wing for patients with dementia. Dalton Gardens has 126 independent living units and provides residents with a maintenance-free, secure and relaxed lifestyle.

NSW – LAKE MACQUARIE AND PORT STEPHENS



CALVARY TANILBA SHORES RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Maree Gibbs

Calvary Tanilba Shores Retirement Community provides quality care for 41 residents and also offers respite accommodation and independent living. Residents enjoy views of the beautiful bay and bushland in their single rooms, each with their own private ensuite.



CALVARY NAZARETH RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Julie Heaney

Calvary Nazareth Retirement Community in Belmont North provides quality care and support to 50 permanent residents. It has a dementia-secure unit and offers respite accommodation services and independent living.



CALVARY ST FRANCIS RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Susan Waters

Located in the Lake Macquarie suburb of Eleebana, this facility has 52 single aged care rooms, 30 independent living units, respite accommodation and a 12-bed secure unit for residents with dementia. The two-bedroom independent living units have internally accessible lock-up garages, air conditioning and gardens. Each aged care room has an ensuite.

NSW – HUNTER REGION



CALVARY CESSNOCK RETIREMENT COMMUNITY, NSW

General Manager: Kristin Smith

Located in the heart of Hunter Valley wine country, Calvary Cessnock Retirement Community offers quality care accommodation to 296 residents across two Residential Care sites: Bimbadeen and Nulkaba.

Bimbadeen Residential Care accommodates 80 residents in a contemporary, home-like environment. It also offers respite accommodation services. Residents are housed in large single rooms, each with an ensuite, in one of four lodges: Mt View (16 beds), Watagan (24 beds), Windemere (24 beds) and Mulbring (16 beds). Each lodge has a spacious lounge/dining area, plus separate lounges and quiet rooms. Mt View and Mulbring offer secure accommodation for people with dementia.

Nulkaba Residential Care offers contemporary accommodation for 216 residents as well as respite accommodation. Residents live in one of eight lodges, containing a mix of single and double rooms. Nulkaba offers secure accommodation for 96 people with dementia.



CALVARY MT CARMEL RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Carolyn Tranter

Calvary Mt Carmel Retirement Community provides quality care for 41 residents and also offers overnight respite accommodation and independent living. All rooms are single, air-conditioned and have their own private ensuite and balcony overlooking the rural backdrop of Maitland.

Our Services – Retirement Communities (continued)

NSW – HUNTER REGION



CALVARY MUSWELLBROOK RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Bradley Roberts

Opened in 2017, Calvary Muswellbrook Retirement Community provides a 65-bed residential aged care facility and 22 independent living villas. Overlooking Muswellbrook Showground, the community is located close to local shops and public transport.



CALVARY COOINDA RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Sharon Sheen

Calvary Cooinda Retirement Community in Singleton provides quality care for more than 34 permanent residents and offers overnight respite accommodation. Calvary Cooinda's residents enjoy single rooms, each with their own ensuite, open common rooms and a large outdoor area overlooking Singleton Showground.



CALVARY EPHEBUS RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Independent Living Units Coordinator: Elizabeth Jacobs

Centrally situated in Dickson Street, Lambton, Calvary Ephesus Retirement Community offers eight independent living units with internally accessible lock-up garages. Neighbouring Holy Trinity Parish, the village is a short distance to the Lambton shops, cafes and the library.



CALVARY TOURS TERRACE RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Independent Living Units Coordinator: Elizabeth Jacobs

Calvary Tours Terrace is a community of two-bedroom independent living apartments in the Newcastle suburb of Hamilton South. The village is centrally located close to Beaumont Street and Junction Fair Shopping Centre, local clubs and public transport.



CALVARY ST LUKE'S RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Independent Living Units Coordinator: Elizabeth Jacobs

Located close to the cafes on Darby Street, Calvary St Luke's Retirement Community is a community of six two-bedroom units. The units back on to the St Luke's Social Centre, which offers residents a variety of entertainment, activities and day trips with like-minded people. A shaded communal barbecue area is also available for entertaining guests.



CALVARY ST JOSEPH'S RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Helen Gayner

Located in the Newcastle suburb of Sandgate, this facility is home to 135 residents. It also offers a secure unit for residents with dementia, an ethno-specific unit, respite accommodation and 18 one- and two-bedroom independent living units.



CALVARY ST MARTIN DE PORRES RETIREMENT COMMUNITY, NSW

General Manager: Bronwyn Wilkinson

Manager: Maureen Kiss

Located in the heart of Waratah in Newcastle, Calvary St Martin de Porres Retirement Community is close to a large shopping centre, public transport and the Calvary Mater Newcastle hospital. It provides quality aged care for 41 residents in single rooms with ensuites in a single-level building.

NSW – NEWCASTLE

Our Services – Private Hospitals

ACT



CALVARY BRUCE PRIVATE HOSPITAL, ACT

Chief Executive Officer: Kim Bradshaw

(Shaun Gillespie to October 2016; Karen Edwards Oct – Dec 2016)

118-bed facility located on the Calvary Bruce campus, with eight digitally integrated theatres and an eight-bed critical care unit.

Services: General medical and surgical services are complemented by clinical excellence in orthopaedics, urology, gastroenterology, and ophthalmology. Specialist services include a 12 bed maternity suite providing new families with specialised care and support after birth, and the Hyson Green Mental Health Unit. Hyson Green is the only private mental health unit in the ACT that offers inpatient, day patient and holistic healing services.



CALVARY JOHN JAMES HOSPITAL, ACT

Chief Executive Officer: Tim Free

(Shaun Gillespie to October 2016)

155-bed private hospital in the ACT, including a 20-bed rehabilitation unit, seven theatres and one procedure room.

Services: The hospital offers an extensive range of services including general medical, general surgery, vascular, gynaecology, paediatrics, orthopaedics, urology, gastroenterology, thoracic, vascular, plastic, dental, ENT, intensive care unit. It also has a unit with a Level 2 special care nursery. Its rehabilitation unit offers day programs servicing on average 35 to 40 patients a day, including post joint surgery, medical reconditioning and falls prevention programs to reduce readmission to hospital.

SA



CALVARY WAKEFIELD HOSPITAL, ADELAIDE, SA

Chief Executive Officer: Juanita Ielasi

172-bed acute inpatient private hospital, with a 24/7 emergency centre and Wakefield Surgicentre day surgery.

Services: This major tertiary hospital focuses on neurosurgery and cardiac services, as well as orthopaedic, general and specialist bariatric surgery. It has consulting suites, a 24-hour private emergency centre, and Level 3 intensive care and coronary care units and angiography suites. The freestanding Wakefield Surgicentre specialises in paediatric day surgery.



CALVARY REHABILITATION HOSPITAL, ADELAIDE, SA

Chief Executive Officer: Juanita Ielasi

65-bed private rehabilitation hospital with day and outpatient programs.

Services: This rehabilitation hospital offers inpatient and day patient rehabilitation including cardiac, orthopaedic, neurological stroke, multi-trauma, falls prevention, geriatric assessment, pulmonary and reconditioning services. It is committed to restoring patients' quality of life to its optimal level.



CALVARY CENTRAL DISTRICTS HOSPITAL, SA

Chief Executive Officer: Elena McShane

A modern 90-bed private hospital.

Services: Medical and surgical services include comprehensive cancer care services and specialist on-site consulting. Located north of the city, the hospital provides valuable support to the Barossa Valley and Northern Yorke Peninsula regions.



CALVARY NORTH ADELAIDE HOSPITAL, SA

Chief Executive Officer: Sue Imgraben

153-bed private hospital with seven theatres, three day procedure rooms and the 16-bed onsite Mary Potter Hospice.

Services: Calvary North Adelaide specialises in inpatient care, surgical and medical services. Core surgical specialties are general surgery, colorectal surgery, urology and gynaecology, oncology services, inpatient care and acute palliative care. Women's health services including obstetrics and gynaecology and a Level 5 special care nursery. All services are supported by a Level 2 intensive care unit and 24-hour onsite medical cover.

Our Services – Private Hospitals (continued)

NSW



CALVARY RIVERINA, WAGGA WAGGA, NSW

Chief Executive Officer: Robin Haberecht

121-bed private hospital, with 32-bed drug and alcohol unit.

Services: The hospital's list of services spans palliative care, general medicine, surgery, cardiology, respiratory care, sleep studies, orthopaedics, colorectal care, breast specialists, bariatrics, ENT, paediatric surgery, urology, ophthalmology, obstetrics and gynaecology, oral maxillofacial surgery, plastics, intensive/coronary care, maternity and a special care nursery, rehabilitation including hydrotherapy, and day procedures. Onsite services include cardiovascular laboratory, medical imaging and pathology services, a cancer care centre and Breastscreen NSW.

TAS



CALVARY LENAH VALLEY HOSPITAL, HOBART, TAS

Chief Executive Officer: Kathryn Berry

181-bed facility including emergency services, critical care, obstetrics, orthopaedics and neurosurgery.

Lenah Valley is the largest private hospital in Tasmania. Situated five minutes from the heart of Hobart with spectacular views over greater Hobart, the hospital is a leader in neurosurgery, gynaecology, surgical and medical care. Eight new integrated theatres are scheduled to open in January 2018 and a new biplane cardiac catheter laboratory in June 2018.

Services: The hospital has a modern Maternity and Women's Health Unit, and offers endoscopy, critical care, intensive care and 24/7 accident and emergency services.



CALVARY ST JOHN'S HOSPITAL, HOBART, TAS

Chief Executive Officer: Kathryn Berry

108-bed private hospital.

Services: Specialities include palliative care, general medical and surgical services, day surgery, oncology, ENT and paediatric surgery, inpatient rehabilitation and pain management services.



CALVARY ST LUKE'S HOSPITAL, LAUNCESTON, TAS

Chief Executive Officer: Grant Musgrave

68-bed private hospital.

Services: Specialities include palliative care, orthopaedics, ENT surgery, dental surgery, general medical services, chemotherapy, mental health care and sleep studies.



CALVARY ST VINCENT'S HOSPITAL, LAUNCESTON, TAS

Chief Executive Officer: Grant Musgrave

73-bed private hospital.

Services: Specialities include urology, general surgery, colorectal surgery, plastic surgery, gynaecology surgery, oral and maxillofacial surgery, high dependency, lithotripsy, gastroenterology, cardiology, general medical services and rehabilitation.

Our Services – Public Hospitals

ACT



CALVARY PUBLIC HOSPITAL BRUCE, ACT

Chief Executive Officer: Karen Edwards

(to Nov 2017; Barbara Reid Dec 2017 onwards)

275-bed public hospital.

Services: The hospital provides emergency and acute care at our Bruce campus, and the ACT's leading specialist palliative care service from Clare Holland House at our Barton campus. We provide emergency medicine, maternity and critical care, as well as mental health and palliative care networks for the ACT. The hospital is also a major provider of elective and surgical services, which are delivered in inpatient, outpatient and domiciliary settings.

It is a teaching hospital that is associated with the Australian Catholic University, the University of Canberra and the Australian National University. Clare Holland House collaborates with the Australian Catholic University to run the Calvary Centre for Palliative Care Research.

NSW



CALVARY HEALTH CARE KOGARAH, NSW

Chief Executive Officer: Shelley Castree-Croad

95-bed sub-acute public hospital.

Services: This facility in southern Sydney offers multidisciplinary, sub-acute inpatient and day-only services, as well as outpatient and community-based palliative care, rehabilitation and aged care and dementia services. Community services include multidisciplinary palliative care and rehabilitation teams, an aged care assessment team, a transitional aged care program, a range of Commonwealth Home Support Program (CHSP) funded programs. This teaching hospital is aligned with University of NSW and Notre Dame University, and is a member of the Cunningham Centre for palliative care research and clinical placements in under-graduate and post-graduate programs for other universities.



CALVARY MATER NEWCASTLE, NSW

Chief Executive Officer: Greg Flint

208-bed public hospital providing district and tertiary referral services, as well as a teaching hospital and research centre. The hospital is the major cancer care centre for the Hunter region, providing 350,000 outpatient treatments per year.

Services: The hospital offers services across general medical and surgical, emergency, intensive care, coronary care, clinical toxicology, drug and alcohol services, haematology, radiation oncology, medical oncology, melanoma services, and palliative care. This major research facility is affiliated with universities and colleges, both nationally and internationally.

VIC



CALVARY HEALTH CARE BETHLEHEM, VIC

Chief Executive Officer: Dr Jane Fischer

Sub-acute public hospital that provides patient care coordinated across 32 inpatient beds, centre-based clinics, a day centre and home-based care including residential care settings.

Services: Proudly serving the needs of the community for more than 75 years, Bethlehem offers a specialist palliative care service and is a statewide provider for those with progressive neurological disease.

In collaboration with other providers, interdisciplinary teams support more than 4,000 patients each year, using a patient-centred care model that helps people to 'live well', knowing they have a progressive incurable illness.

The hospital has affiliations with a number of universities offering a range of student, graduate and post-graduate clinical placements in medical, nursing and allied health disciplines. Bethlehem provides education and training to help other Victorian services better support people closer to home.

Bethlehem also enjoys research partnerships at national and international levels, particularly in the areas of progressive neurological disease.

Our Services – Community Care



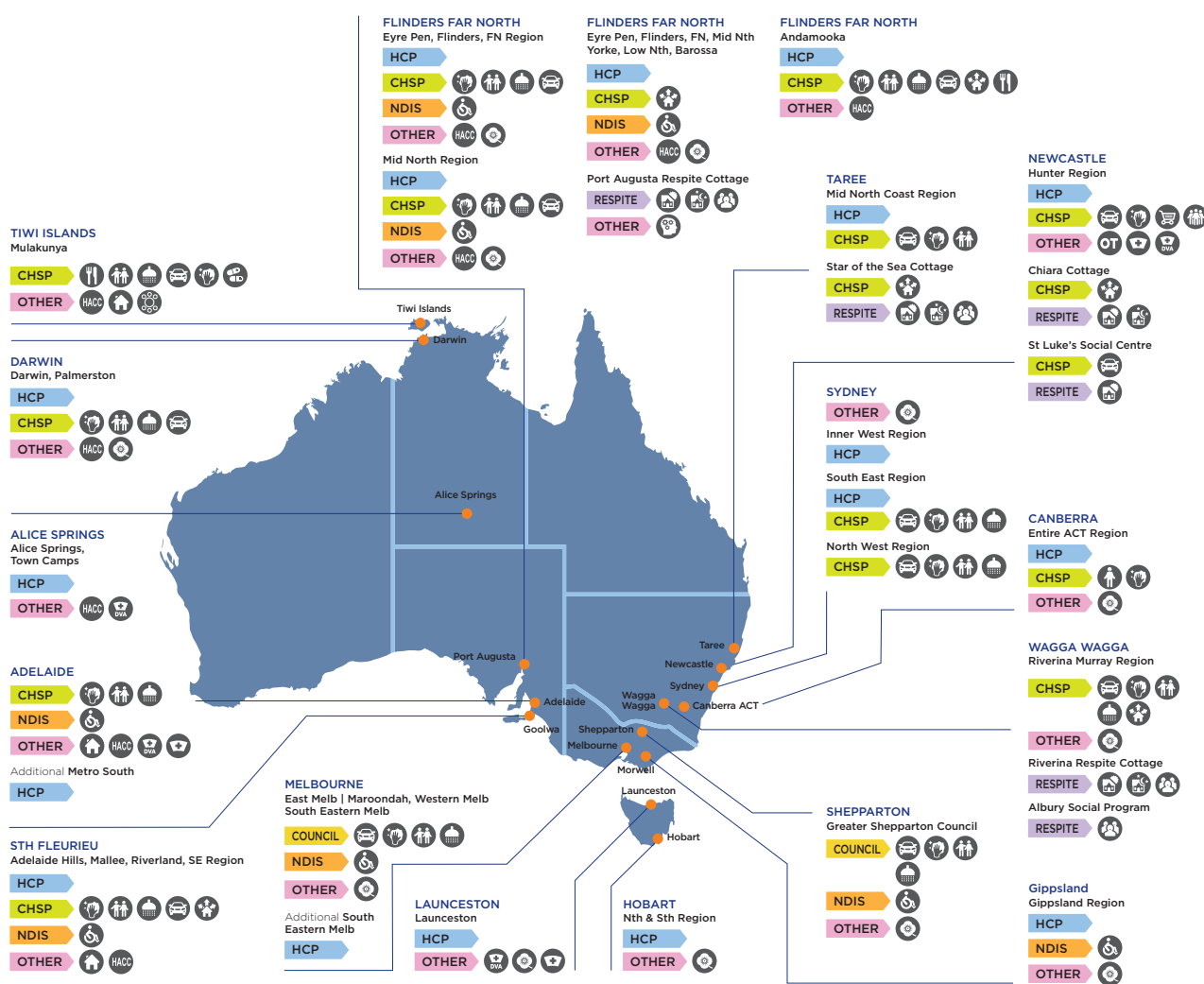
CALVARY COMMUNITY CARE

National Director: Cheryl De Zilwa

Assists 15,600 clients each month across 19 locations in NSW; the Australian Capital Territory, South Australia, Tasmania, Victoria, the Northern Territory and the Tiwi Islands. Calvary Community Care has been supporting people in their own homes and communities for over 25 years, delivering a range of aged care, disability and other support services that enable independence, improve social connections and promote positive health and wellbeing. Community Care offer three core service areas: support at home, support for carers and support when coming home from hospital.

Services: Services include personal care, social support, community access, transport, respite care, community nursing, return from hospital support, 24-hour overnight care, domestic assistance, monitoring services and home maintenance.

Calvary Community Care Services



| LEGEND | CHSP | COUNCIL | NDIS | OTHER | RESPITE | HCP |
|--------|--|--|--------------------------------------|--|---|-------------------|
| | Commonwealth Home Support Program | | National Disability Insurance Scheme | | | Home Care Package |
| | FLEXIBLE RESPITE PERSONAL CARE SOCIAL SUPPORT TRANSPORT DOMESTIC MEALS SHOPPING MEDICATION ALLIED HEALTH | DOMESTIC PERSONAL CARE SOCIAL SUPPORT TRANSPORT | DISABILITY | DVA NURSING NURSING OCCUPATIONAL THERAPY VETERANS HOME CARE HACC DEMENTIA PROGRAM STATE HACC SUPPORTED FLEXIBLE HOUSING COMMUNITY CARE | DAY RESPITE OVERNIGHT RESPITE GROUP RESPITE | |
| | | | | DVA - Department of Veterans Affairs HAAC - Home and Community Care | | |

NATIONAL OFFICE

Little Company of Mary Health Care Limited
Level 12, 135 King Street
Sydney NSW 2000
Ph: 02 9258 1700
www.calvarycare.org.au

CALVARY COMMUNITY CARE

Operates in Victoria, New South Wales, ACT, South Australia, Tasmania, Northern Territory and Tiwi Islands
Head Office:
551 Blackburn Road,
Mt Waverley VIC 3149
Ph: 03 9271 7333 / 1300 660 022
www.calvarycommunitycare.org.au

HOSPITALS

AUSTRALIAN CAPITAL TERRITORY

Calvary Public Hospital Bruce
5 Mary Potter Circuit
Bruce ACT 2617
Ph: 02 6201 6111
www.calvary-act.com.au

Calvary Bruce Private Hospital
30 Mary Potter Circuit
Bruce ACT 2617
Ph: 02 6201 6111
www.calvaryactprivate.org.au

Calvary John James Hospital
173 Strickland Crescent
Deakin ACT 2600
Ph: 02 6281 8100
www.calvaryjohnjames.com.au

SOUTH AUSTRALIA

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

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

Calvary Rehabilitation Hospital
18 North East Road
Walkerville SA 5081
Ph: 08 8168 5700
www.calvaryrehabsa.org.au

Calvary Central Districts Hospital
25-37 Jarvis Road
Elizabeth Vale SA 5112
Ph: 08 8250 4111
www.calvarycentraldistricts.org.au

TASMANIA

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

Calvary St John's Hospital
30 Cascade Road
South Hobart TAS 7004
Ph: 03 6223 7444
www.calvarystjohns.org.au

Calvary St Luke's Hospital
24 Lyttleton Street
Launceston TAS 7250
Ph: 03 6335 3333
www.calvarystlukes.org.au

Calvary St Vincent's Hospital
5 Frederick Street
Launceston TAS 7250
Ph: 03 6332 4999
www.calvarystvincents.org.au

NEW SOUTH WALES

Calvary Riverina Hospital
26-36 Hardy Avenue
Wagga Wagga NSW 2650
Ph: 02 6925 3055
www.calvary-wagga.com.au

Calvary Mater Newcastle
Edith Street
Waratah NSW 2298
Ph: 02 4921 1211
www.calvarymater.org.au

Calvary Health Care Kogarah
91-111 Rocky Point Road
Kogarah NSW 2217
Ph: 02 9553 3111
www.calvary-sydney.org.au

VICTORIA

Calvary Health Care Bethlehem
476 Kooyong Road
South Caulfield VIC 3162
Ph: 03 9596 2853
www.bethlehem.org.au

CALVARY RETIREMENT COMMUNITIES

Calvary Retirement Communities Shared Services
Suite 5, Level 1, 342-344 Main Road
Cardiff NSW 2285
Ph: 02 4954 1800 / 1800 222 000
www.calvarycare.org.au/retirement

AUSTRALIAN CAPITAL TERRITORY

Calvary Haydon Retirement Community
2 Jaeger Circuit
Bruce ACT 2617
Ph: 02 6264 7400

SOUTH AUSTRALIA - MARY MACKILLOP CARE

Calvary Flora McDonald Retirement Community
206 Sir Donald Bradman Drive
Cowandilla SA 5033
Ph: 08 8159 7000

Calvary St Catherine's Retirement Community
6-12 Coneybeer Street
Berri SA 5343
Ph: 08 8582 1444

NEW SOUTH WALES

Calvary Ryde Retirement Community
678 Victoria Road
Ryde NSW 2112
Ph: 02 8878 1400

HUNTER REGION

Hunter Regional Office
240 Maitland Road
Sandgate NSW 2304
Ph: 02 4967 0670

Calvary Cessnock Retirement Community
19 Wine Country Drive
Cessnock NSW 2325
Ph: 02 4993 9000

Calvary St Joseph's Retirement Community
240 Maitland Road
Sandgate NSW 2304
Ph: 02 4967 0600

Calvary Cooinda Retirement Community
42 Bathurst Street
Singleton NSW 2330
Ph: 02 6572 1537

Calvary Mt Carmel Retirement Community
9 Dwyer Street
Maitland NSW 2320
Ph: 02 4932 0350

Calvary Muswellbrook Retirement Community
15 Cassidy Avenue
Muswellbrook NSW 2333
Ph: 02 6542 4800

Calvary Nazareth Retirement Community
1 Vincent Street
Belmont North NSW 2280
Ph: 02 4947 0047

Calvary St Francis Retirement Community
Gleeson Crescent
Eleebana NSW 2282
Ph: 02 4942 7477

Calvary St Martin de Porres Retirement Community
26 Lorna Street
Waratah, NSW 2298
Ph: 02 4968 2244

Calvary St Paul's Retirement Community
54 River Street
Cundletown NSW 2430
Ph: 02 6553 9219

Calvary Tanilba Shores Retirement Community
71-74 Tanilba Avenue
Tanilba Bay NSW 2319
Ph: 02 4984 5922

Calvary Ephesus Retirement Community
88 Dickson Street
Lambton NSW 2299
Ph: 1800 222 000

Calvary St Luke's Retirement Community
204-206 Darby Street
Cooks Hill NSW 2300
Ph: 1800 222 000

Calvary Tours Terrace Retirement Community
242 Lawson Street
Hamilton South NSW 2303
Ph: 1800 222 000