



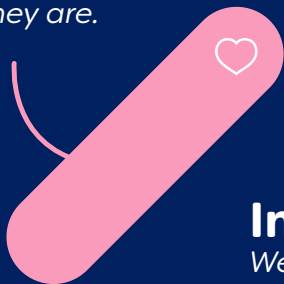
Palliative Care  
South East

# Annual Report

2016 - 2017



**Respect.**  
*We respect all people for who they are.*



**Innovation.**  
*We actively explore and respond to opportunities for creativity.*



**Integrity.**  
*We are open, honest and accountable.*



**Enablement.**  
*We are the keystone enabling our communities to exercise choice and flourish.*



Our values stem from a set of principles and beliefs with their foundations in our community and the broader palliative care movement.

Our commitment to these values informs our approach to everyday actions.

Together they frame our code of conduct and underpin our culture.

## Message from the Chair.

The 2016/17 year has been a period of embedding innovation and development throughout the organisation. With the establishment of the Board Innovation and Development sub-committee and the organisation's Strategic Plan 2016-2019, management has successfully completed a rebranding of the organisation whilst attracting alternative revenue sources for specific projects.

Our priority as always has been high quality care for our clients and their families. I am incredibly proud of the high standards and compassion demonstrated by the staff. This has been the bedrock of our service for many years of which we can all celebrate.

Our client demand for services continues to increase with over 50,000 client contacts for the year. However State Department of Health and Human Services funding for our organisation has not been increased substantially. Consequently it is with some disappointment that we finish the year with an operating deficit of \$135,000 whilst our net is \$107,000 surplus. This coming year will require strategic and creative decisions around revenue generation to ensure the organisation's model of care and services meet the community's expectations and remain both high quality and sustainable.

Community engagement will be a key factor in achieving our vision and strategic goals. Every opportunity to embrace and support the diversity and needs of the community will be our high priority.

As the Chair of the Board of a not for profit organisation I would like to acknowledge the outstanding contribution of the Board members who volunteer their time and skills so willingly. Without their support, my role as Chair would not be possible. In particular I would like to thank retiring Board members Mario Gurissi, Patty Hodder, Dr Wes Jame and Graeme Legge OAM for their many years of contribution to our organisation and to the wider palliative care sector.

Thank you to our Chief Executive Officer, Molly Carlile AM and to our General Manager of Clinical Services, Julie Murphy, for their leadership and passion for the organisation and palliative care.

Once again I emphasize that our most important resource will always be our staff and volunteers. Their professionalism and performance has contributed to the organisation's success and reputation.



A handwritten signature in dark ink, appearing to read 'D. Sullivan'.

**Diane Sullivan AM**  
Chair, Board of Directors

# Corporate Governance Statement.

Each Director has the skills and experience necessary for the proper supervision and leadership of the company. As a team, the Board of Directors brings together a broad range of qualifications and experience in health care service delivery/management, finance, accounting, sales and marketing, information technology and community development.

The Chair is responsible for leading the Board, ensuring Directors are properly briefed in all matters relevant to their role and responsibilities, facilitating Board discussions and managing the Board's relationships with the Chief Executive Officer.

The Chief Executive Officer's role is to implement the Board's strategic plan and drive the organisation's performance, ensuring we are always providing the best possible care for our clients and the best possible work environment for our staff.

## Role of the Board

The Board of Directors provides strategic guidance and oversight of our organisation playing a key role by setting the vision, mission and values by which we operate. The Board play an integral role in setting the future direction of PCSE, mindful of the constantly changing environment in which we provide care. Our Directors are all volunteers and commit a large amount of time, effort and energy for the benefit of our local community.

## Sub Committees

The Board has three sub committees which are chaired by a Director and include both directors and staff as members.

The Audit and Risk Sub Committee is made up of at least three Directors in addition to the CEO and other Executive staff. The Audit and Risk Sub Committee ensures effective management of financial, corporate, and strategic risks, as well as compliance with laws and regulations and ensures effective and efficient auditing systems are in place.

The Clinical Governance Sub Committee consists of at least three Directors, in addition to Executive and clinical staff. This sub committee advises the Board on all elements required to maintain safety and promote excellence in client care, identifying, prioritising and manage risk arising from clinical care on a continuing basis and promoting continuous improvement, assisting the Board of Directors to fulfill its clinical governance role in relation to the standard of client care and the oversight of clinical risk.

The Innovation and Development Sub Committee is made up of three Directors, Executive staff and a volunteer representative. With a brief to explore potential opportunities and initiatives for the growth and development of the organisation the sub-committee has been integral to the work undertaken in the re-branding project.



**Diane Sullivan AM**  
Chair Board of Directors



**Bill Baker**  
Chair Audit & Risk



**Patty Hodder**  
Chair Clinical Governance



**Jennifer de Vos**  
Chair Innovation & Development



**Dr Wes Jame**  
Director



**Jennifer Sirca**  
Director



**Niloo Amendra**  
Director



**Graeme Legge OAM**  
Director



**Mario Gurrisi**  
Director

# Caring for Community.

This, my second year as a member of the Palliative Care South East team has seen us embrace innovation and service improvement, not only in theory, but in practice. We have faced a number of challenges and have addressed them constructively and collaboratively, always with the experiences of our clients and community foremost in our minds. We have successfully identified and rebuilt a number of our systems and processes in order to ensure we are providing efficient and effective ways to support the clinical staff in providing best possible care to the clients in our catchment, including rebuilding our human resource, incident management, information technology and feedback systems. We invested in new technology to enable clinical staff to access client information in 'real time' while on the road or in a client's home, by purchasing a suite of mobile devices with SIM capability. This new technology also provides staff with access to extreme weather alerts while on the road, in order to make sure they remain safe while out of the office.

2017 saw the Board undertake a major re-branding exercise that resulted in the creation of a new identity for the organisation that is both contemporary and reflective of our strategic commitment to creativity and innovation. Our new website was launched, along with the new name and brand at a large event in July, officiated by the Victorian Minister for Health, Hon Jill Hennessy MP. The launch event was a wonderful celebration of the past, present and future of our organisation, embracing the importance of our people; our staff, volunteers, partners, donors, clients, families and community.

The year has also seen major changes in policy and legislation both at a state and federal level that will have implications for how we provide services to people into the future. Though some of these changes are challenging for Palliative Care South East and for the whole palliative care sector, they also provide opportunities for us to explore different ways of working and improving access to our service for our very diverse community.



It's been a busy year full of challenges, opportunities and changes and we are focused on ensuring Palliative Care South East evolves to meet the growing needs of our community. None of this could have been achieved without our wonderful, engaged, committed and enthusiastic staff and volunteers, our partners and our generous, loyal donors, so I'd like to take this opportunity to thank each and every one of them for their ongoing optimism and support. I look forward to being a part of our future endeavours, always with our clients, carers and community central to everything we do.

A handwritten signature in dark ink, appearing to read 'Molly Carlile'.

**Molly Carlile AM**  
Chief Executive Officer







## Dying to know day

For the first year, we undertook an event to improve community death literacy and understanding of palliative care, on national Dying to Know Day in August. This was a large undertaking by staff who planned the event and volunteered to spend time with members of the public who embraced the idea of writing their personal reflections and hopes on the large 'bucket' we mounted outside the office. The theme, 'Get it said before you're Dead' encouraged people to think and talk about Advance Care Planning and the things they valued in their lives. The event was so successful we now have a Working Party planning future events.



## Social Work

Social Workers bring a social perspective to loss, grief and bereavement. We recognise and focus on a broad systems approach, incorporating an awareness of family, culture, community and individual perspectives. We are also concerned with helping to identify and lessen the practical and social consequences of living with a terminal illness.

Social Work actions are based on the needs people highlight as of most concern for them at any particular time. Therefore, social work interventions can vary considerably between clients. Many people benefit from having someone speak on their behalf or to advocate for them. This is helped by the good relationships we maintain with service provider organisations.

Advocacy by social work ensured Juls was able to receive appropriate personal care services, despite the provider organisation being reluctant to take on new clients. Working together with primary and secondary schools, Sakti was able to access financial and psychological support for her children. Joe, a full time carer, comments that he always feels better after talking with the social workers – *'They help me to feel more confident that I am doing OK'.*



## Carer Education Forum

PCSE held a Carer Education Forum in November 2016 at the Balla Balla Community Centre. The focus of the day was to provide a very interactive and practical forum for Carers of PCSE Clients. PCSE staff provided information on topics such as Advance Care Planning, Financial Assistance, practical tips for Carers and a session on preventing prolonged grief. Guest speaker, Susan Coombes presented on self-care, focussing on nutrition, naturopathy and meditation.







Palliative Care South East Brand Launch with Hon Jill Hennessey MP – Minister for Health

## Remembrance Service

Palliative Care South East also provides support through the biannual Remembrance Service in June & November. Family and friends of our clients came together to remember their loved one and to celebrate their life.

*'Thank you so very much for putting on a most excellent Remembrance Service. The care and attention given to all who attended was very special and greatly appreciated. What made it extra special was that so many staff gave their time to take part in the service. I was touched by their generosity of spirit and their empathy. I feel truly blessed to have had the privilege of being part of this service.'*



## Bereavement program

Grief is a natural response to the death of a loved one or friend. The death of someone you love is one of the greatest losses that can occur. Palliative Care South East provides a Bereavement Support Program which can assist carers and family members to cope with the significant changes they may experience following the death of their loved one.

Our support program is run by our qualified and experienced team including Social Workers, Counsellors, a Music Therapist, Bereavement Volunteers and a Spiritual Care Worker.

Our Bereavement Support Social Group meets monthly and members enjoy social time together and are encouraged to support each other as they reinvent themselves in the world without their loved one.



# General Manager Clinical Services.

**CONTACTS**  
**50,741**

**ADMISSIONS**  
**590**

**GENDER**  
**51% MALE**

**DIAGNOSIS**  
**79% Malignant**  
**21% Non-malignant**

**REFERRAL SOURCES**  
**41% Acute Hospitals (public)**  
**09% Acute Hospitals (private)**  
**13% Palliative Care Inpatient Unit**  
**14% GP**

**COUNTRY OF BIRTH:**

19	Netherlands
12	Italy
13	Greece
12	Cambodia
14	Vietnam
10	China
11	India
233	Australian born

**WHERE DO OUR CLIENTS LIVE?**

54%	City of Casey
27%	Greater Dandenong
15%	Shire of Cardinia
04%	City of Kingston

2016-2017 saw the Clinical Services Team undertake 50,741 contacts with clients and carers across the care and bereavement periods, through individual visits, phone calls, or group bereavement sessions.

Of the clients who wished to die at home, PCSE were able to support 60% of these to achieve that outcome. This is a fantastic achievement as, although 80% of people want to die at home, only 20% actually do. With a number of the innovations and projects that are currently underway, PCSE is aiming to increase this percentage significantly through increasing client and carer capacity, resilience and establishing strong community networks of support.

In order to ensure that all clients were provided with the opportunity to understand what Advance Care Plans (ACP) entail, a new model of ACP was implemented at PCSE whereby all clients admitted to the service are allocated an ACP "Champion." Prior to becoming a champion, the staff undertake ACP education based on the Northern Health ACP - 3 step model. Over a number of visits the champion explores and discusses aspects of ACP that the client identifies as important to them. This model will be adapted with the introduction of the Medical Treatment Planning and Decision Act 2016 in March 2018, of which myself and other clinical staff have been involved in DHHS working groups to develop. So far, in 2017 we discussed Advanced Care Planning with over 450 clients.



PCSE continued to participate in the Palliative Care Outcome Collaborative (PCOC) in order to continually review and improve clinical outcomes. During the 2016-17 year we have seen significant improvements in both the number of phase changes and also the time clients spend in the unstable phase – these results demonstrate our continued focus on ongoing assessment and implementing care changes as identified.

Reviewing the current PCSE Service Access Model commenced in the second half of the 2016-17 financial year. The objective of this is to refine our current model to ensure that it is an efficient and effective model that is responsive to clients when they need the service. This work continues with the implementation phase currently underway.





## Grants.

We were successful in a number of significant grant applications that have enabled us to create multi-language resources for Carers. We are developing a Carer Support Kit to provide carers with information, ideas and support to assist in building confidence and reducing stress associated with caring. Also, to employ a Carer Educator and a Community Liaison Officer as well as commence planning for a Carer peer support program, 'Weavers'. This community focused program has been successfully implemented and evaluated in South Australia and we are the first community palliative care service in Victoria to undertake the roll-out of this very successful initiative, thanks to the support provided to us by the South Eastern Melbourne Primary Health Network. We also received a significant grant from the Victorian Department of Health and Human Services that enabled us to purchase a range of medical equipment, beds and mobility aids to assist our clients to remain at home and be physically independent for as long as possible.

Once again the City of Casey Minor Equipment Grant has enabled us to purchase additional equipment and the Casey Cardinia Foundation provided funds to enable us to host a Carer Education Forum that provided information, support and connections for carers.



## Focus on: Music Therapy.

Palliative Care South East offers a music therapy program to our clients and their families to assist them to celebrate their lives, express themselves creatively, bring comfort and relief from symptoms and produce artistic legacies. In music therapy, participants might select their preferred music, sing long time favourites, listen to special pieces of music, play an instrument to improvise, practice something new or activate an old skill, create an original song, take time for reflection, prepare playlists, receive support and coaching to relax, spend quality time with significant others, review significant memories, create a tangible legacy and express themselves in words, drawing or movement.

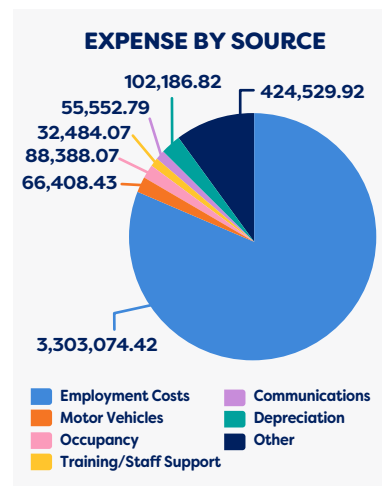
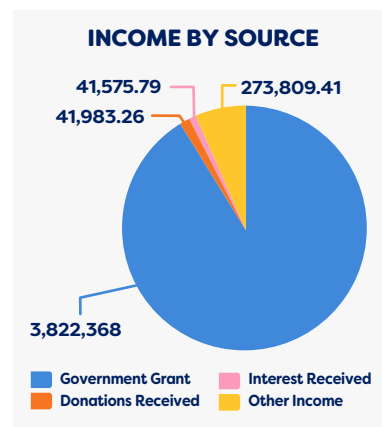
Music therapy helped a young client with advanced brain cancer who participated in three music therapy sessions during the last weeks of his life. He played instruments such as the large buffalo drum, the smaller ocean drum, rain stick and tambourine and also the iPad digital instruments. His playing was gratifying to him and captivating to hear. His playing was recorded and following his death, his family was given a copy of his live performance, providing a lasting memory for them to cherish.



# Financials:

Revenue	FY2017	FY2016	FY2015	FY2014
Government Grant	3,822,368	3,560,030	3,304,645	3,042,167
Donations Received	41,983	35,003	29,182	58,476
Fundraising	-	-	5,605	5,678
Interest Received	41,576	63,494	62,988	74,047
Other Income	273,809	66,600	111,442	168,059
	<b>4,179,736</b>	<b>3,725,127</b>	<b>3,513,862</b>	<b>3,348,427</b>

Expenses	FY2017	FY2016	FY2015	FY2014
Employment Costs	3,303,074	3,166,246	2,799,868	2,513,235
Motor Vehicles	66,408	71,072	125,579	164,495
Occupancy	88,388	83,415	77,738	114,772
Training/Staff Support	32,484	62,514	49,870	22,697
Communications	55,553	47,919	46,724	52,031
Depreciation	102,187	85,511	100,957	110,210
Other	424,530	404,268	311,554	337,403
	<b>4,072,625</b>	<b>3,920,945</b>	<b>3,512,290</b>	<b>3,314,843</b>
<b>Net Surplus/(Deficit)</b>	<b>107,112</b>	<b>(195,818)</b>	<b>1,572</b>	<b>33,584</b>



## Donors ... a little help from our friends

Thanks to the generosity of our wonderful donors Palliative Care South East is able to extend the level of service we provide to our clients, carers and their families. We are most grateful for this support and encourage members of our community to help us in any way they can.

### List of Donors

Mr Don Moyes  
Mr W. Reynolds  
Mr Hung Nguyen  
Mrs Ans Keessen  
Ms Christine Ritchie  
Mr John Bower  
Mrs Anita Clapperton  
Mr Ross McFarlane  
Rev Dr M. Ruth Redpath  
Mr & Mrs T Kilmartin  
Mr Thuan Luc  
Ms Hendrica Groenewoud  
Mr Ed Johnson Van Kalken  
Mr & Mrs K M Lee  
Mr Wes Jame  
Mr & Mrs G Bremner  
Ms Yvonne Simpson  
Mrs Betty Guerin  
Ms Cheryl Kessler  
Mr Mark Rogan  
Mr & Mrs C Castricum  
Mrs Pamela Fitz-Gibbon  
Mrs Rose Hall  
Mrs Irmie Peiffer

Mrs My Ly  
Mr Frank Peiffer Jnr  
Ms Antonia Russell  
Mrs Gladys Humanes  
Mr John Reynolds  
Mr & Mrs G Stanguts  
Ms Yvonne Dowling  
Ms Raelene Adams  
Ms Toni Aponso  
Mr & Mrs A Burdett  
Ms Christine Coppock  
Mrs Dianne Crawford  
Mr & Mrs L Davis  
Mr & Mrs D Donnelly  
Mr & Mrs E Forsythe  
Mr & Mrs A Fraser  
Mr Edwin Gill  
Ms Katherine Gould  
Ms Jillian Henderson  
Ms Annie Keys  
Mr & Mrs R Leeson  
Mr & Mrs K Mitchell  
Ms Dianne Pem

### Clubs/ Organisations

Berwick Opportunity Shop  
Dandenong Benevolent Society  
Warren Opportunity Shop  
Yarra City Council  
Tobin Brothers Funerals - Frankston & Cranbourne  
TOPIC Community Support club  
Tru Opportunity Pty Ltd  
Berwick & District Dressage Club  
Narre Warren North Op Shop  
Doveton & District Klaverias Club  
The Queens Fund  
City of Casey  
South East Melbourne Primary Health Network

### Family & Friends of the late:

Mrs Maria Oosterbeek  
Mr Trevor Bentley  
Mrs Beverley Rogan  
Mrs Margaret Reynolds  
Mr Frank Peiffer  
Mrs Marlene Morris  
Mr John Whyte  
Mr Geoff Conway  
Mrs Sharon Lucas





# Volunteers:

Our volunteers assist in various roles including Family support, Biography creation, Bereavement support, Administration support and Ambassador speakers. Our Family Support Volunteers provide practical support, companionship and an understanding ear as they interact with clients, carers and families.

“The first time I had visited a family, the wife started speaking to me, and didn't really stop for about half an hour. She was so glad to have someone who was not a friend or family member to whom she could pour out her own personal distress. She had not been able to be honest with the family, to acknowledge the very great loss she would feel at the death of the person she had loved over fifty years. When she paused for breath, she thanked me for helping her to face the situation with a greater calmness and acceptance than she had thought possible. I went home with a feeling that I really had been able to be useful in that situation.” - Gael

“I like to think I brought a little relief into [the client's] life. We shared many special moments. Her strength of character, her dignity, her determination were an inspiration to all. Yes, I believe I did improve her quality of life, but what I received in return is more than I am capable of putting into words”

‘Sharing My Story’ is our biography program. Trained Biography volunteers meet with the client over several sessions to create a story of their life. The biography is printed and the client is presented with 2 bound copies and a USB “memory stick” which has electronic copies of the biography, with photos and voice recordings or anecdotes for family to listen to.

“Dad loved working on his biography and loved the finished book. Working on it, with you, allowed him to reflect on his life and it gave him a real sense of purpose when he was unable to live his life as fully as in the past. Between visits he spent quite a bit of time searching through his things to find extra information and I believe that he found this process rewarding.

Our celebrant used the book for information for the funeral. The scanned photos were included in the slide show and we used the voice recording of Dad reading his conclusion as the end of service - it was lovely to hear and brought tears to our eyes.”



## What our carers say

“I rang the after hours number and spoke to a nurse. I just wanted to know that I wasn't completely alone with what was happening.”

“The nurse was fantastic. She organised everything, once I gave her the go ahead.”

“I would come home [from work] and cry myself to sleep... I was a mess... I did ask for Counselling, [the counsellor] would come to see me each week at first. She was great. She told me that grief can take years, and that everyone deals with it differently, and that people will say “I understand”, but unless you have experienced it, you cannot understand.”

“My recommendation as a past carer is to accept all the help you can get.”

“I am humbled and very grateful to each and every one of you. I could not have cared for my husband without your loving help and understanding”

“Just a few lines to say I appreciated the way everyone was so kind to my sister. She was treated with respect and dignity and also in the most pleasant way possible.”

“Please know that we think of you often and don't know how to really thank you except by simply telling you guys that you are a great source of community care and will be remembered when we all think of mum and her dying wish [to remain at home].”



## What our clients say.

“...I have nothing but the highest praise for your staff and service. Nothing was ever too much bother and the caring nature of your staff was just brilliant.”

*(Son and carer of a client, Jan 2017)*

“...From the bottom of my heart I would like to thank the staff who cared for my mother...the promptness of the service was exceptional...[the nurse] gave Mum the dignity and respect she so very much deserved...supported the family...explained everything clearly...”

*(Daughter and carer of a client, Nov 2016)*

“...thank you all for your support and care...you were all so compassionate and professional.”

*(Family, Nov 2016)*

“From the very first phone calls... we were met with genuine caring, honest listening and practical and reliable support...[you] helped us to have the conversations we needed to have and educated us in gentle and respectful ways... engaging our uncle in decision making and preparing and grieving as we needed to do.”

*(Family, Nov 2016)*

“Because of the compassionate professionalism extended to our family through your services, our aunt has had the best end we could give her, surrounded by her family.”

*(Family, Nov 2016)*

“...I hope and pray that whenever my own time comes, your service will be there to support my family when they need it.”

*(Daughter, Nov 2016)*

“Thank you for the care and compassion you have shown.”

*(Family, Sept 2016)*

“Thank you for your [the care team's] loving manner, your professional competency was awe inspiring. You all excel at your very important service to the community.”

*(Family, Oct 2016)*

“...knowing you were there any time I needed you was such a comfort for me.”

*(Wife and carer, Nov 2016)*



# Palliative Care South East

140-154 Sladen Street  
Locked Bag 2500  
Cranbourne VIC 3977

T 03 5991 1300 • F 03 5991 1301  
E [reception@palliativecaresoutheast.org.au](mailto:reception@palliativecaresoutheast.org.au)

[www.palliativecaresoutheast.org.au](http://www.palliativecaresoutheast.org.au)



Palliative Care South East acknowledges the support of the Victorian Government and South Eastern Melbourne Primary Health Network.



Palliative Care South East acknowledges the Bunurong and Wurundjeri people as the traditional custodians of the land and we pay our respects to the Bunurong and Wurundjeri Elders, past, present and emerging.