

ALBANY COMMUNITY HOSPICE  
**ANNUAL REPORT**

**19/20**



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### *Our Mission*

*Albany Community Hospice is a leader in the provision of expert palliative care, education and support so all members of the community can experience death with grace in a manner and place of their choice.*

### *Our Vision*

*The community, as individuals and collectively, values and embraces death and dying as an integral part of life.*

### *Our Values*

*Compassion and caring*

*Integrity*

*Respect*

*Inclusive and judgment free*

*Teamwork and collaboration*

*Excellence*

*Innovative*

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## ABOUT **THE HOSPICE**

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Albany Community Hospice has been delivering expert palliative care to the Great Southern Region for over 30 years.

Our focus is on the patient and enabling them to live as well as possible until death. This includes their physical, emotional, psychological and spiritual wellbeing as well as supporting their family or significant others.

The original Albany Community Hospice was opened in November 1989, after a study of local needs for the care of terminally ill people indicated a need to supplement the services already being provided by the Albany Regional Hospital and Silver Chain.

Albany Community Hospice, 30 years later, remains very much community owned and funded. It is still run by a volunteer Board of Management, employs many volunteers with a variety of gifts and talents, and receives much needed funds from a wide range of community groups and individuals.

The Hospice ensures accountability at all levels of the organisation through key structures, systems and processes for the delivery of safe, effective and high quality palliative care. Albany Community Hospice is committed to partnering with patients, families, carers and community to identify safety and quality issues and the solutions

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## BOARD MEMBERS **2019-2020**

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**Delys Jane Mouritz** – Chair Person  
**Dr Jonathan Ramachenderan** - Vice Chair Person  
**Helen Hawley** - Treasurer  
**Michelle Burton** – Secretary  
**Ingrid Storm**  
**Georgina Folvig**  
**Jeanann Barbour**  
**Hannah Leslie** – Appointed November 2019  
**Lee-Anne Smith** – Appointed November 2019  
**Paul Nielsen** – Resigned November 2019  
**Lisa-Maree Ellett** – Resigned November 2019

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## MEMBERS **2019-2020**

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**Delys Jane Mouritz**  
**Ingrid Storm**  
**Sally-Anne Scott**  
**Jeanann Barbour**  
**Helen Hawley**  
**Barbara Thomas**  
**Stan Goodman**  
**Lyn Lutley**  
**Lisa-Maree Ellett**

**Lauren Batten**  
**Michelle Burton**  
**Paul Neilson**  
**Georgina Folvig**  
**Jonathan Ramachenderan**  
**Dennis Beere**  
**Lee-Anne Smith**  
**Hannah Leslie**

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## CHAIRPERSON **REPORT**

**Jane Mouritz**

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*Hospice expanded and raised the bar clinically this year, providing treatments to more patients needing increased acuity – a credit to our nursing staff and doctors.*

What a year! As I reflect on the past financial year, it is hard to believe that so much happened in just 12 months with Albany Community Hospice (ACH) consolidating clinically, administratively, financially, and 'leaderfully'. It is truly gratifying to know that Hospice grew in stature in many ways and our community owned and operated private hospital continued to fulfill its 2018-21 strategic mission of 'Flourishing Together'.

### **EFFECTIVE BOARD GOVERNANCE**

The Board farewelled outgoing board members Lisa-Maree Ellett and Paul Nielsen – extending appreciation for their expertise, commitment and generosity over several years of service. New talents and enthusiasm were welcomed when Hannah Leslie and Lee-Anne Smith were appointed to the board at the AGM. All board members contribute significant time and resources to ensuring the best decisions are made for Hospice, with each having committee leadership roles and responsibilities or mentoring and supporting essential Hospice initiatives, like Butterflies Op Shop. I particularly commend Secretary, Michelle Burton, for her diligence in updating the Constitution and governance documents, and the pro bono support provided by Damon Seymour of Seymour Legal.

In July 2019, identifying and recommending a new Clinical Hospice Manager was the very challenging duty undertaken by a selection panel comprising Dr Jonathan Ramachenderan, Ingrid Storm and myself from the Board and Acting Clinical Nurse Manager, Ingrid Plug. After extensive advertising, impressive interviews and many meetings, Ms Fiona Jane, a well-qualified and respected past Palliative Care Community Nurse and Cancer Council Support Coordinator with a passionate commitment to palliative care was appointed. In the ensuing 12 months, the Board, nursing team and associated medical professionals have appreciated the fresh approach, dedicated work ethic and leadership strength offered by Ms Jane.

Western Australia passed legislation in November 2019 which enables voluntary assisted dying to become a choice available to people from mid-2021, after an 18-month implementation period. Voluntary assisted dying involves a process to access medication and to enable a person to legally choose the manner and timing of their death. The new law means that some adults could ask for medical help to end their life if they have a disease or illness that is so severe it is going to cause their death and they are suffering badly. The Board immediately recognised such a law

has the potential to significantly impact our staff, volunteers and community perceptions. A systematic and determined effort is being made to ensure the board acquires and considers as much information as possible about voluntary assisted dying, so that the best decision can be made to suit the needs and wishes of the Great Southern and Albany community.

Special appreciation is extended to Hannah Leslie, who has led the research quest and is providing regular update sessions for the board to ensure we are well informed. The guidance of the Medical Advisory Committee, our research nurse, Kate Gersbach, and our clinical board representative, Dr Jonathan Ramachenderan is also invaluable in our deliberations.

### **FINANCIAL SUSTAINABILITY**

Hospice has benefited immensely from the experience and accounting expertise of volunteer Treasurer, Helen Hawley. Working alongside Finance Officer, Pauline Gladwin, and ably supported by Administration Assistant, Mim Toy, Helen ensured that expenses and income were rigorously scrutinised and the finance team prepared a very credible submission for the contract review negotiations with the Western Australian Country Health Service, (WACHS). It was affirming for the Hospice delegated negotiators that WACHS representatives offered a considerably improved three-year contract, commencing July 2020.

ACH is proud of the excellent communications and cooperative arrangements enjoyed with WACHS' Great Southern Health Campus, especially Operations Manager, Juan Clark and Regional Palliative Care Coordinator, Lesley Forrester, and their teams. As a private hospital, that adjoins the public facility, and offering hospice services for public and private patients, having such good partnerships is essential.

### **OPERATIONAL EXCELLENCE**

The appointment of our new Clinical Hospice Manager, Fiona Jane, in July 2019 and an administrative restructure whereby Sarah-Louise Collins expanded her role as Support Services Manager, saw many other staff undertake greater responsibilities. Hospice expanded and raised the bar clinically this year, providing treatments to more patients needing increased acuity – a credit to our nursing staff and doctors. The appointment of Dr Christel Smit-Kroner as Multi-Disciplinary Team Medical Coordinator was another progressive step.

Early in 2020 an unprecedented very serious event, the COVID 19 Pandemic affected the whole world socially, economically and particularly in terms of health and wellbeing. Timely leadership by Fiona Jane and committed responsiveness by all of the Hospice team saw increased clinical vigilance, upgraded risk management strategies and reduced visitation, volunteering and face to face meetings. Hospice became a very safe, secure place that continued to provide seamless compassionate care to guests at the end of their lives. With limited access by family to their loved ones, the role of nursing and support services became even more valued by patients.

Having to shut-down our wonderful volunteers due to isolation, meant increased costs with the more clinical staff and patient care assistants employed. Potentially this expense could have seriously affected Hospice' financially, but for a mutually beneficial arrangement, the National Partnership Agreement, established by the federal and State governments. In return for offering unfettered access to hospice facilities if the pandemic required our beds, substantial compensating funds were provided for several months. As this report is written the pandemic threat continues, but so does the spirit of cooperation and shared responsibility for keeping our health system operating as best it can.

### **VALUING OUR PEOPLE**

It was a milestone year with Hospice celebrating 30 years as a provider of palliative care and hospice facilities for guests and families in Albany and the surrounding Great Southern community. The celebrations commenced in November 2019 with the launch of a new logo that included 30 years recognition. Kate Thomas, a past Hospice Manager and long-term volunteer of Hospice, was a charming and incredibly hard-working ambassador for the 30th Anniversary celebrations. She was ably supported by volunteer anniversary committee of Katrina Hancock, Helen Roe, Sonya Coleman and myself.



The history of hospice was shared with interested audiences at a museum curatorial and an enlightening 'Think global act local' presentation at UWA, Albany campus by Associate Professor Kirsten Auret. The grand finale was a delightful gala event which saw

many valued volunteers, staff and families of guests come together for speeches, presentations and a commemorative cake cutting. Founding visionary, Father Hugh Galloway attended, along with start-up volunteers, doctors, nurse-managers, and long-term benefactors. There was joy, pride and gladness that from humble beginnings in the renovated cottage in Princess Royal Drive in 1989, Albany Community Hospice has become a modern 8 bed state-of-the-art facility, that is recognised statewide as a respected provider of palliative care and hospice services. Congratulations to all involved from 1989 to 2019.

### **COMMUNITY CONNECTIONS**

Another advance in hospice services was the work of the Community Partnerships and Marketing Committee, led by Lisa-Maree Ellett, and Sarah-Louise Collins. The talents of Amanda Rose, newly appointed Communications and Engagement Coordinator are being utilised to increase community awareness with more professional and targeted social media postings. Work has started on developing a new website and bequests brochure. Maintaining community profile and support is as essential to hospice's future sustainability as our clinical excellence and compassionate care.

An unexpected challenge this year was the limited capacity to fundraise as a result of social distancing and pandemic restrictions and increased small business and individual financial stress. Full credit to the Fundraising Committee, led by Jeanann Barbour, for being sensitively attuned to community and respectful of the situation, and focusing on alternative innovative fundraisers. These teams are also preparing for a revitalised community partners initiative in the future.

### **EXPLORE INNOVATIVE OPPORTUNITIES IN HOSPICE SERVICES**

The good intentions of the Business Development Committee were largely thwarted by COVID-19 restrictions, but as the year ends there are promising plans afoot. Board member, Lee-Anne Smith, has recruited a new and talented committee and plans for meetings and consideration of possible initiatives are well advanced.

If you have read this report, I am sure you will concur that Albany Community Hospice is a very meaningful and worthwhile organisation with which to be involved. There are so many associated facets – governance, clinical, economic and social. But, in essence, it is amazing 'coming-togetherness' of a diverse range of willing, committed professional, practical, skilled, compassionate, and thoughtful people that ensures Albany Community Hospice thrives and serves so well. We can all say proudly 'We are 30 years strong!'

***Yours in community spirit.***

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# CLINICAL HOSPICE MANAGER **REPORT**

***Fiona Jane***

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This has been a year of change for the Hospice across all aspects of the organisation. I stepped into the newly created role of Clinical Hospice Manager in July 2019 bringing my previous experience and passion for palliative care to the well-established and respected team here at Hospice. I have been humbled by the support, encouragement and engagement from across the organisation throughout this time, and despite the year that has brought many challenges to everyone, I continue to be very grateful for the opportunity to help build on the Hospice legacy.

The advent of the COVID-19 global pandemic tested the newly minted leadership and management structure of the organisation. A Pandemic Management Plan was created and has since directed the Hospice following Infection Prevention and Control Guidelines to reduce risk associated with spread of the virus and maintain the operation of the Hospice, caring for those in it, safely and carefully. For the first time ever, non-clinical staff and non-essential workers were directed to work from home, volunteers were stood down for the period of the isolation, and funding was approved to increase staffing numbers to cover essential operational duties, such as patient care, cleaning and catering. In this time, the financial and administrative team supported the operations of the Hospice remotely from their own homes, and we were grateful to be eligible to receive financial support from the Commonwealth in a Financial Viability Payment, which supported operational costs, given the inability to raise funds in usual fundraising methods. Operational meetings, staff, patient and family support was established through videoconferencing means and digital technology has now become part of everyday operations.

Supporting the team became core business as many struggled with fears related to uncertainties related to employment and health impacts of COVID-19. The organisation benefited from a responsive and supportive Board of Management who actively supported the management team in their endeavours and provided clear and timely decisions based on identified needs.

Visiting access to the Hospice was restricted for the first time in Hospice's history, to reduce risk of spread of COVID-19 in our community and into Hospice. Our famous family room and Human Room common areas were closed to reduce risk of contact spread. We followed guidelines to allow safe and compassionate access where able and permitted families to be with their loved ones in their last days, and utilised the

many resources that were available via technological means.

Communication was key during this period to ensure consistent information was provided. We were fortunate to have engaged prior to this a Communications and Engagement Coordinator who has overseen this valuable role, ensuring that the community, staff and volunteers, and our patients and families are kept up to date with what is going on in Hospice.

Now as the WA State Government restrictions have eased, we continue to remain vigilant and prepared and we have a sound framework from which to operate should the need arise.

COVID-19 has interrupted the Hospice's scheduled Australian Council of Healthcare Standards (ACHS) accreditation, which will be resumed once COVID-19 is in the recovery phase which is determined by the Commonwealth. We continue to work towards addressing any identified gaps in service planning and delivery in accordance with the National Safety and Quality Health Service Standards (NSQHSS), updating our policies and processes and have initiated a Quality Improvement Group that oversees and manages auditing and outcomes to improve the safety and quality of care and service for patients, family/carers and employees of Hospice.

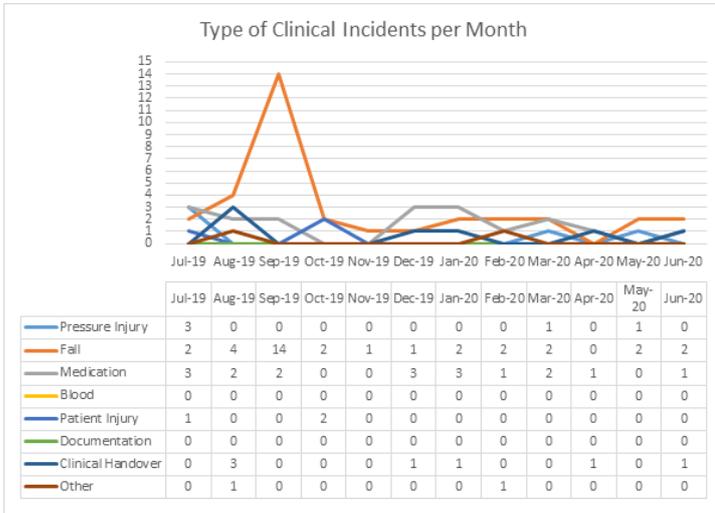
We have focused our sights on improving our clinical excellence in palliative care and are fortunate to have a dedicated Research Nurse to drive and promote our participation in international and national research projects such as the RAPID international which is a multi-site, post-marketing study of the real-world net clinical effects of medications and non-pharmacological interventions used in palliative and supportive care. The Hospice is currently involved in recruiting to two series of RAPID data collection.

The Research Nurse role is also providing support to the clinical management team toward re-accreditation and assisting clinical staff with their audit portfolios to ensure that data collected is robust, and that the quality improvement cycles are reflective of practice.

Quality improvement initiatives derived from audits in clinical practice improve outcomes for our patients. We continue to benchmark against other palliative care service providers across Australia and New Zealand via a national data set for palliative care overseen by the nationally funded Palliative Care Outcomes

Collaboration (PCOC). This provides us with clinical assessment tools, education, training and quality improvement support to capture clinically meaningful information across a patient's disease trajectory to enable and facilitate improved patient outcomes.

in audits relating specifically to each clinical incident domain, all providing meaningful data for system and organisation wide improvement to patient safety and quality. The results of these are reviewed regularly by the Medical Advisory Committee to ensure compliance with latest evidence based clinical care guidelines. Patient falls still remain the most reported clinical incident but none of these have resulted in severe or long-term injury and system wide improvements and education are on-going to address this prevalent occurrence in the palliative care patient cohort.



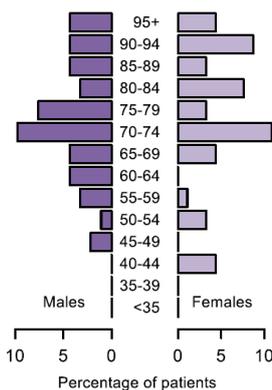
Throughout the year and despite the many challenges, our commitment and dedication to providing compassionate person-centred care has continued, in supporting patients and their families, acknowledging the burdens of living with a life limiting illness and caring for them as a team with the aim of enabling all to experience death with grace in a manner and place of their choice.

A Clinical Incidents Management Framework is in place to ensure patient's safety when receiving health care and to record any incidents or "near misses". Staff are trained to report incidents/near misses and participate

I would like to thank each and every person involved in supporting me in my first year, and I look forward to the coming year with confidence that we have the ability to respond to and move forward with the changing times, as a cohesive and innovative team, grounded in compassion and caring for our patients, their family and carers, our community and ourselves.

For January to June 2020, **50** patients died and **37** patients were discharged.

Figure 2 Percentage of patients by sex and age group



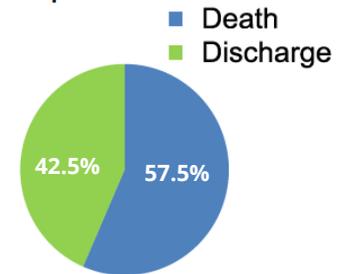
The average **age** for **females** was **76.0 years** and the median was **77.0 years.**



The average **age** for **males** was **74.6 years** and the median was **74.0 years.**

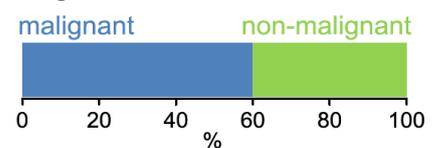


Episode end



For **January to June 2020**, the average **episode length** was **10.9 days** and the median episode length was **6.0 days.**

Diagnosis



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# MEDICAL ADVISORY COMMITTEE & MEDICAL CREDENTIALING COMMITTEE **REPORT**

***Associate Professor Dr Kirsten Auret***

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I would like to start my report by thanking my wonderful colleagues who donate their time and expertise to the successful running of the Medical Advisory Committee (MAC) and Medical Credentialing Committee (MCC). They are busy committees, charged with supporting the Board and staff to provide patient care that is safe, high quality and efficient, and hence the workload and responsibility accepted by its members is significant.

Our current members are:

- Dr Kirsten Auret - Chair
- Dr Brian Cunningham
- Dr David Ward
- Dr John Rowlands
- Dr Christel Smit-Kroner
- Dr Andrea Guenther
- Dr Keerthana Muthurangan
- Ms Kristi Holloway
- Ms Fiona Jane – Hospice Manager
- Ms Hannah Leslie – Consumer Representative (MAC only)
- Ms Ingrid Storm – Board Representative (MAC only)

Over this year we have had three members retire and we thank them for all their wisdom:

- Dr Brian Malone
- Dr Jonathan Ramachenderan
- Ms Julie Yusop – consumer representative

The MAC continues to review and endorse all clinical policies, procedures and scope of practice determinations; review medical workforce issues; oversee the introduction of new clinical services; review and make recommendations on audit findings, risk registers and clinical incidents; and monitor clinical outcomes via the Palliative Care Outcomes Collaborative, PCOC (for more information see <https://ahsri.uow.edu.au/pcoc/index.html>).

PCOC is Australia's palliative care evidence hub, managed by the University of Wollongong, which collects in-depth information about patients' daily pain and symptom burden. The outcome of care for more than 250,000 people over 10 years is now available. We use the reports produced from our own patients' data to assess the effectiveness of palliative care provided in the Hospice, to understand the type and severity of symptoms experienced, and to benchmark the difference we make to patients' quality of life against agreed national standards.

Our data from PCOC for January to June 2020 shows Hospice provided care for 80 patients over 92 admissions, with 100% admitted within 24 hours of a referral. At the time of admission to Hospice, patients were experiencing a number of symptoms that were moderate to severe, including pain (28%), fatigue (42%), breathing problems (33%), bowel problems (18%), nausea (18%), appetite problems (19%) and difficulty sleeping (25%). The mean age of our patients was 75.3 years old and approximately 60% had a cancer diagnosis and 40% had a non-malignant diagnosis. The mean length of stay was 10.9 days, with 37 being discharged home and the remainder dying.

MAC pays particular attention to clinical incidents and reviews these each meeting. The number of incidents has remained low and stable, with the highest number of reports being for medication errors, falls and handover issues (all were rated as SAC 3 i.e. low or no harm to patients).

In 2020, much of the work of the MAC has been in supporting the development of guidelines to manage COVID risk within the facility. It was such a huge challenge and we would like to commend Fiona and the nursing and admin teams for working so hard, and under such strain, to get Hospice prepared for the future.

The MAC also developed local guidelines for venous thromboembolic prophylaxis and associated audit, and a new tool for reviewing our antimicrobial stewardship. Procedures for medication administration, use of subcutaneous cannula, iron infusions, blood transfusions, aseptic technique and admissions and discharges have all been written or updated over the year.

We again reviewed the Hospice Clinical Governance framework in some detail as it is a central document for safe and effective care, and I would recommend reading it to all staff and volunteers. We focus all our Clinical Manager's reports to the MAC around the key areas of governance, patient safety, clinical performance, safe environment and partnering with consumers.

The MCC always meets immediately after the MAC and we continue to receive strong interest from our community of local doctors, with new doctors applying for credentialing and others requesting recredentialing at the expiry of the three-year contracts. There are currently 69 doctors able to provide care for their own patients at the Hospice.

Figure 8 Symptoms and problems at episode start

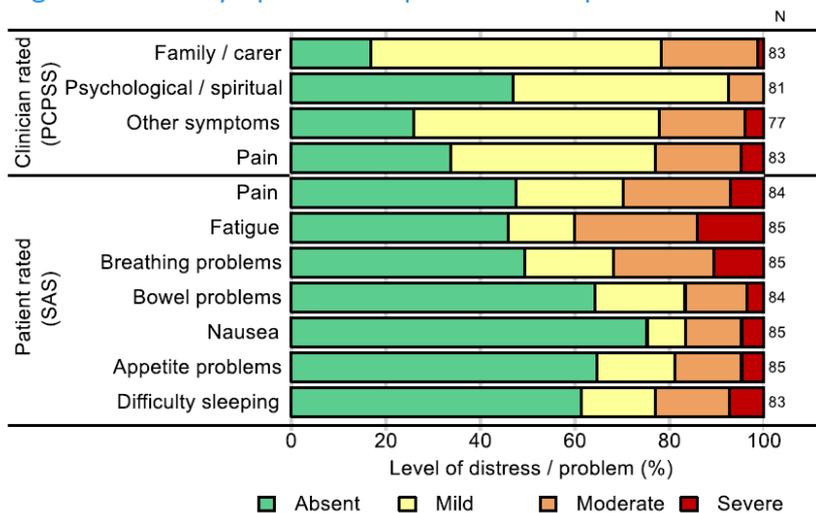


Figure 12 Profile of symptoms and problems for all phases

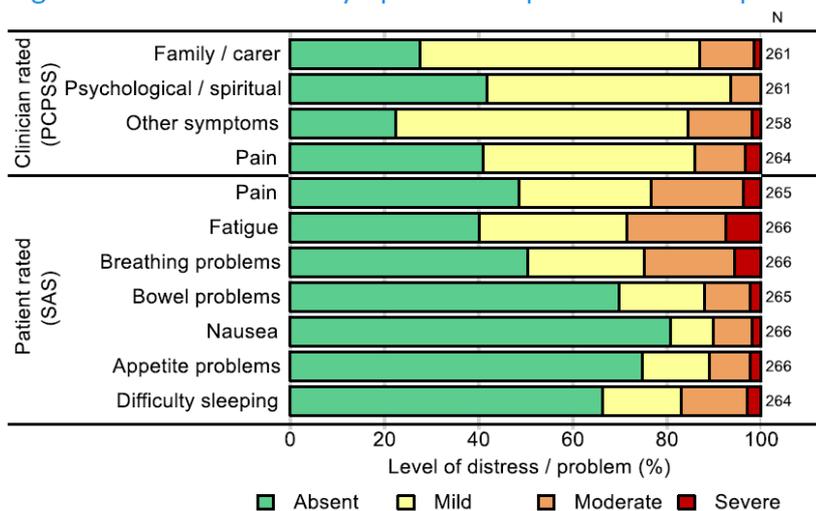


Figure 17 Profile of symptoms and problems at discharge

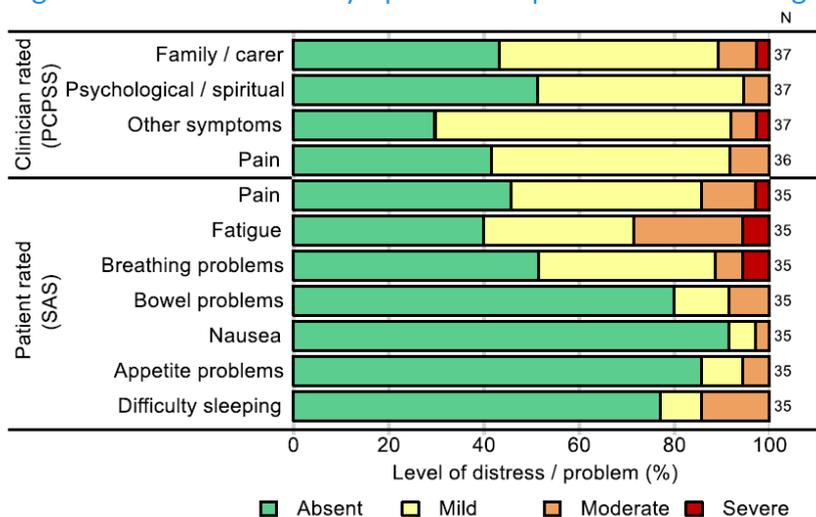


Figure 6 First phase of episode - January to June 2020

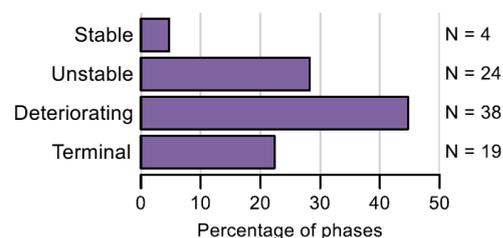


Figure 6 shows the phase type of patients at the start of their episode. The most common first phase of episode is the deteriorating phase with a phase length of 3.2 days.

For **January to June 2020**, the most common phase was the **deteriorating phase** with an average phase length of **3.4 days**.

Figure 15 Final phase of episode by episode end mode - January to June 2020

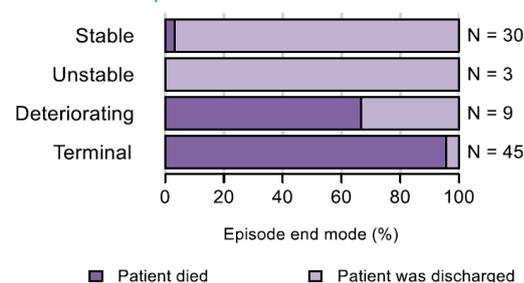


Figure 15 shows the final phase of the episode by episode end mode. This figure allows a service to see which phase patients die in and which phase patients are discharged in.

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## TREASURER'S **REPORT**

***Helen Hawley***

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Without a doubt the 2019-2020 year has presented challenges that we did not foresee at the beginning of the year. My first year as Treasurer has been quite different to what I imagined when I was first agreed to become Treasurer of Albany Community Hospice.

Some of the things we have faced (and navigated successfully) this year;

- Engaging new board members
- WACHS negotiations
- HBF negotiations
- Continuing services
- Setting up new marketing initiatives (almost navigated!)
- Updating our 3-year plan
- Closing Cocoon

And of course, COVID 19 with all the challenges that it brought to our organisation, clinically, administrative and financial.

Our team at Hospice, from Management (including the Board of Management) down to the Volunteers, should be congratulated for their handling of such a difficult year.

From a financial point of view COVID-19 has not been adverse. The government National Partnership Agreement has provided us with funds that have more than made up for the lack of fundraising for 2019-20 and there are some funds that are available still in the current financial year that will cushion the effect of our downgraded fundraising efforts for the time being. I am looking forward to seeing the impact of the new Hospice Partnerships Program on our external income in the future.

Both the WA Country Health Service (WACHS) and HBF provider contracts were up for renewal this year and we have successfully negotiated substantial bed rate increases with both WACHS (7%) and HBF (5% for each of the next 3 years). Thankfully this has gone somewhere towards funding the increased costs that have arisen as a direct result of the COVID-19 pandemic. Some of these costs are having to be funded permanently, e.g. cleaning and additional PCA costs due to the restructure of volunteer's activities (especially in the catering area).

The preparation of the budget for the 2020-21 year was very challenging this year due to these increased costs

as well as funding our commitment to bring our staff onto market rates over the last 3 years, continuing into the next 3 years. Hopefully we have come up with a fair budget that will be able to be complied with.

The financials show a healthy profit for the 2019-20 financial year. The income for bed days was right on budget and our especially generous community continued to support us through fundraising and donations. The extra income from government sources during the COVID-19 crisis leaves us with a surplus that stands us in good stead in what could be a difficult financial year ahead.

Noteworthy items in the financials for the 2019-20 year are:

### **INCOME:**

- Fundraising and donations showed an increase to 2018-19 regardless of the fact that some of our major fund-raising events had to be cancelled due to COVID-19
- Revenue from Butterflies was down due to closure during COVID-19
- We received \$304,787 from government sources directly due to the COVID-19 pandemic
- We received \$184,329 on the finalisation of the Walton Estate
- Interest income has dropped by 22% and will drop by a similar amount in the current financial year. This is not financially significant but a shame that we cannot utilise our reserves more effectively.

### **EXPENSES:**

- Employee expenses were up 16.9% due to COVID-19 staff increases and stepped increases to bring staff onto market rates. Extra items were budgeted for and approved during the year by the Board.
- Generally other expenses were kept within budget constraints.

Once again, I would like to thank the diligence of the Finance and Risk Management (FARM) Committee for thoroughly vetting issues to be able to bring them to the Board in an orderly and considered fashion. Thanks also need to go to Pauline Gladwin, our Finance Officer, for her input to all things financial.

Congratulations to the Board for a mighty job well done this year.

STATEMENT OF FINANCIAL POSITION		
Assets	2019-20	2018-19
Current assets	\$2 077 206	\$1 643 856
Non-current assets	\$4 773 189	\$4 938 622
<b>Total Assets</b>	<b>\$6 850 395</b>	<b>\$6 582 478</b>

LIABILITIES		
	2019-20	2018-19
Current liabilities	\$ 287 469	\$ 278 712
Non-current liabilities	\$ 21 527	\$ 32 677
<b>Total Liabilities</b>	<b>\$ 308 996</b>	<b>\$ 311 389</b>

<b>Net Assets</b>	<b>\$6 541 399</b>	<b>\$6 271 089</b>
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EQUITY		
	2019-20	2018-19
Designated funds	\$ 687 079	\$ 634 043
Restricted Funds	\$4 482 338	\$4 637 005
Unrestricted funds	\$1 371 982	\$1 000 041

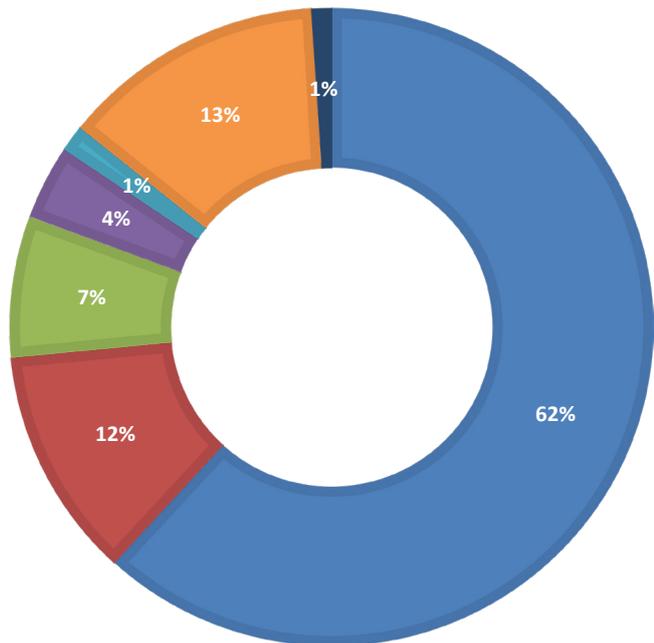
<b>Total Equity</b>	<b>\$6 541 399</b>	<b>\$6 271 089</b>
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STATEMENT OF COMPREHENSIVE INCOME		
Revenue	2019-20	2018-19
Hospice beds	\$1 592 483	\$1 460 396
Fundraising and donations	\$ 300 869	\$ 292 343
Donations - Brandenburg Foundation & Walton bequest	\$ 184 329	\$ 315 190
Sales Revenue (Butterflies and Cocoon Op-Shops)	\$ 97 365	\$ 130 489
Grant Revenue	\$ 35 277	\$ 1 500
Grant Revenue - COVID-19 Support	\$ 342 287	
Other Revenue	\$ 24 429	\$ 31 623
<b>Total Revenue</b>	<b>\$2 577 039</b>	<b>\$2 231 541</b>

EXPENSES		
	2019-20	2018-19
Administration expense	\$ 198 023	\$ 174 060
Employee benefits expense	\$1 764 240	\$1 508 690
Depreciation expense	\$ 216 635	\$ 207 606
Interest Expense - lease liability	\$ 509	
Operating expenses	\$ 80 527	\$ 107 905
Other expenses	\$ 46 795	\$ 49 103
<b>Total Expenses</b>	<b>\$2 306 729</b>	<b>\$2 047 364</b>

<b>Surplus (Deficit)</b>	<b>\$ 270 310</b>	<b>\$ 184 177</b>
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- Hospice beds
- Fundraising and donations
- Donations - Brandenburg Foundation & Walton bequest
- Sales Revenue (Butterflies and Cocoon Op-Shops)
- Grant Revenue
- Grant Revenue - COVID-19 Support
- Other Revenue



# FUNDRAISING COMMITTEE REPORT

**Jeanann Barbour**



My report is, as always, a huge thank you to our very big-hearted community who constantly amaze us with their unstinted and very willing generosity.

During the last few months our lives have certainly undergone changes and our current times are extremely challenging, but there is still an awesome amount of generosity in our community.

Our Community Hospice is continually receiving donations, gifts, and bequests from families, people, organisations and businesses who give to our wonderful organisation time and time again thus enabling us to continue providing palliative care to those in our community needing this specialised caring support.

The end of year dollar total was, of course, lower than usual but was enough to cover our expenses for the year and showed that, even without some of our large fundraising events, we were able to raise enough funds to continue our essential work in the community.

This last year we have been greatly assisted by the employment of a Communications and Engagement Coordinator who has promoted and advertised all our events and projects, certainly lifting the local awareness of our activities, whilst building on the Hospice brand and recognition.

Unfortunately, due to COVID-19 the Fundraising Committee were unable to proceed with a number of scheduled events. Since the easing of restrictions, we are now able to proceed with planning some of our fundraising activities. Also, whilst under restrictions

the team are very busy with arrangements to be involved in the State-wide initiative, "Containers for Change".

This project will begin on the 1 October 2020 and will be an ongoing fundraising activity that all of the community can join, through collecting eligible beverage containers and registering them as a donation to Hospice using the Hospice Scheme ID number when delivering to the Refund Point (IGA Spencer Park).

A huge thank you to my wonderful Fundraising Committee who are very dedicated and energetic, full of bright fundraising ideas and work very hard to make sure that all events and projects are successful and deliver great financial results for our Hospice. They are, without exception, inspirational.

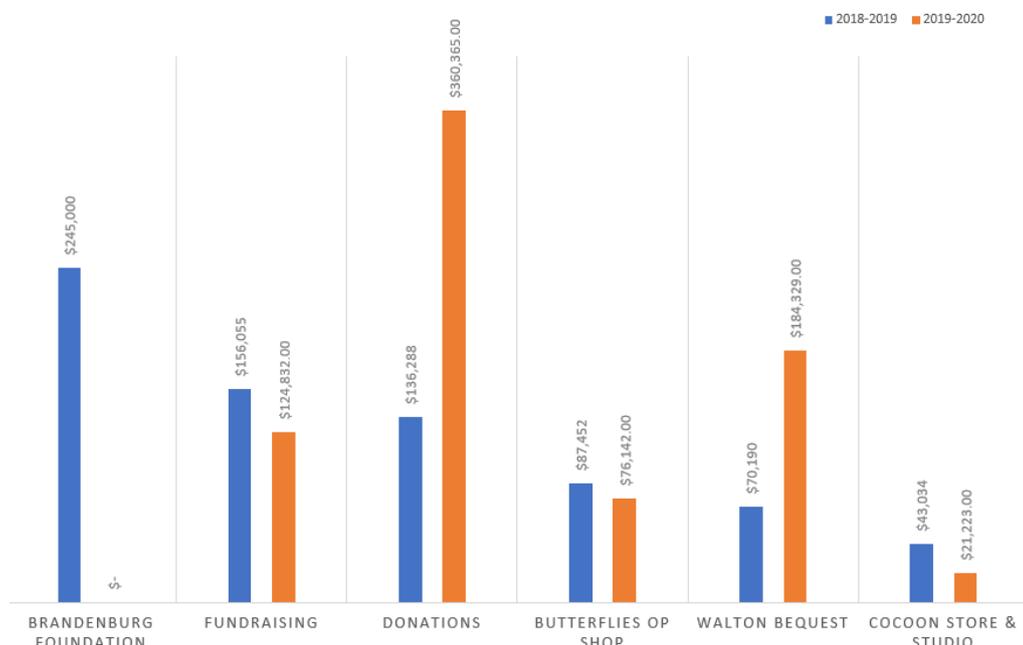
I look forward to working with them and with all the staff, volunteers and donors for our Community Hospice in the year ahead.

In closing, my thanks go to everyone who has supported us during the year, sometimes under very difficult circumstances, but always cheerfully and generously.

Our Community Hospice continues to be an outstanding facility due to you all.

*Thank you, Thank you, Thank you everyone.*

## DONATIONS & FUNDRAISING INCOME



## FUNDRAISING SNAPSHOT

*Here are just a few of the many amazing fundraising activities held in 2019-2020*

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The annual Golf Day and Auction held at the Albany Golf Club in November 2019 was a hugely successful event and fundraiser for the Hospice. The event which included appearances from Mark LeGras and Glen Jackovich, raised a whopping \$24,838 for the Hospice.



The Spring Festival held in November 2019 raised over \$35,000 for Hospice.

Gardening enthusiasts and Hospice supporters generously opened their gardens for the event for a day of garden tours and an afternoon tea and tour of the Hospice to finish up. Their enthusiasm and talent for gardens and willingness to share and fund-raise for Hospice is inspiring!

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The fifth annual Spinathon took place in February 2020. DJ Rob Nation provided upbeat tunes to teams of dedicated spinners who over the 24 hours managed to raise over \$9,000 for the Hospice. The event was proudly supported by Haz Beans Finestkind Coffee, Greene Room Personal Training and Albany 100.9fm Community Radio.



The Elders Ray Norman Memorial Breeders Sale donated over \$22,000 to the Hospice in December last year. The charity sale is a tribute to Ray Norman, their former stockie and auctioneer who spent time at the Hospice during his battle with cancer.

15 heifers were donated for the auction held at the Mt Barker Saleyards.

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Great Southern Bingo raised over \$6,405 for Hospice last financial year. The long time supporters of Hospice had been on hiatus during COVID-19 but resumed in July.



The Albany Shantymen, who frequently donate proceeds of their performances to the Hospice, kindly donated all the proceeds of the sale of their new CD's through Paperbark Merchants. This year they were able to donate \$750.00 to the Hospice.

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# SUPPORT COORDINATOR **REPORT**

**Sonya Coleman-Sutcliffe**

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## **VOLUNTEERS**

The role of Volunteers has always been essential at Hospice, from the beginning when volunteers provided essential nursing care, Volunteers have covered the provision of some aspects of essential service delivery for 30 years. This year, as we commenced our fourth decade, we have once again seen an evolution. As a by-product of enacting our Pandemic Action Plan, for the first time in our history we made the decision to stand down Volunteers to minimise risks. The impact we all felt was significant. Our Volunteers missed Hospice and each other and our provision of palliative care was just not the same without them.

While we found it challenging to rapidly adjust to the needs of our new landscape, in the spirit of our Hospice pioneers we saw opportunity in adversity, and realised the timing was right to enact the plans that had been underway to restructure our Volunteer program.

Volunteer feedback had long been that many of our team desired more time to be able to spend with guests, to provide that value adding support we know is essential in palliative care. In order to do this though, we needed to be able to replace the service delivery volunteers provided with staff to fill these roles. Hospice management, with the support of the Board, navigated the way forward and enabled the changes to be made to not only to the volunteer program but also to the support services team that were required to fill some of the gaps our Volunteers had left behind.

Thankfully, our Support Services Manager and previous Volunteer Coordinator had commenced the development of policies and procedures for the Volunteer Program, so the path forward has been

relatively smooth. The resulting position descriptions, policies and team database are firmly in place and we now have a structure that provides framework for us to maintain our essential Volunteer roles now and into the future.

To complement our new structure, we have developed "Volunteer Information Sessions" to replace our previous training program. Our focus has been to briefly educate prospective volunteers on important Hospice history, knowledge of what is palliative care and a taste of what volunteering at Hospice looks like. Those that think volunteering with us might suit them are paired up with our experienced team to learn not only the tasks, but also the culture of our amazing Hospice.

Without Volunteers, our Hospice would never have been imagined. Volunteers were essential then and have remained vital to our functioning and culture for 30 years. This year's evolution in our Volunteer space has been significant and sadly, not without impact. We have said goodbye to some of our people, as well as welcoming others as we've weathered the tides that invariably rock us during times of change.

Another winter has passed and as always as summer approaches, many of our Volunteers are returning, embracing the new season as well as our new structure. We have come a long way this year, but what always remains is our "Hesed" or Loving Kindness that makes us Albany Community Hospice.



*Support Services Manager Sarah-Louise Collins with long-time volunteer Anne-Marie.*



*Reception and administration volunteer Alison.*

## GUEST AND FAMILY

After 30 years in the business of palliative care, our core business of providing excellence has certainly been a blessing to focus on this year, as we adjusted our processes to accommodate the challenge of navigating care in the midst of a pandemic.

Albany Community Hospice (ACH) has always been an innovative service, so it was unsurprising that we rose to the challenge and were ahead of the game in our efforts to provide opportunities for people to experience death in a manner of their choice. Through restrictive visiting hours and social distancing requirements, we engaged our creative approaches. Our Electronic Patient Information System or EPIS roll out, planned for 2020, came into its own as we provided opportunities for guests and families to connect online from the beginning. For the first time, distance was no longer a barrier to being there for loved ones as they could see each other and communicate without being there in person.

The EPIS provided guests and staff alike with the ability to maintain contact with supports and other agencies as we embraced our new normal of Zoom meetings and keeping company with loved ones online.

An unexpected positive from the social distancing restrictions has been the installing of visiting times within ACH. Supporting carers to take a break and recharge their batteries or maintain their social activities while caring has always been a challenge due to the selflessness of many of these remarkable individuals. The visiting hours changes have inadvertently provided the opportunity for carers to take breaks to recharge and nurture themselves with less guilt, leading to happier carers. The time without visitors has also provided our guests with a rest period to allow themselves an occasion to relax from hosting, with feedback that the time to sleep has been appreciated.



Our strategic goal of community connections also saw some impact this year, both in terms of a challenge and as a positive outcome. While present and involved in the Dying to Know Day conversations regarding supporting each other to discuss and document our end of life choices, our event was a subtler follow on from last year's. Advanced Care Planning training, hosted by us, moved online and equally, while we marked Palliative Care Week, community activities were muted in the recent climate.

In stark contrast, our first foray into delivering fee-based community education occurred in January, with outstanding results! In 2019, we were approached by Compassionate Communities Great Southern, who were the driving force behind the bright idea of holding a Summer School education session titled "Death for Beginners". Comprising of ten local facilitators from organisations specialising in legal, spiritual, medical and psychosocial support, ten eager participants signed up to attend the course over a week in January and become educated about death.

While we were uncertain about how this delivery would be received, the community buzz and feedback from the Summer School has been phenomenal and ensured that the course has been invited back for 2021 and beyond! An even greater highlight, as testimony to our growing recognition as a community leader in palliative care, Compassionate Communities has asked us to take ownership of the program, complimenting nicely our suite of death literacy education and keeping us on track for our strategic goals.

This year saw the ending of our pilot project, the "Hospice Weaver's" program. The initiative, to provide peer to peer support to palliative carers in our community received great attention, however sadly little referrals to the program. Eight volunteers were trained and eager to provide their services, but unfortunately only three match ups occurred. Feedback from the carers that were matched were positive regarding the connections made, however it became clear that more preliminary work establishing the need within the community would be required for greater success.

Outstandingly for me, this last year has demonstrated just how fantastic we as a team can work to facilitate the memorable moments that warm all our hearts. Family meetings, date nights, slumber parties, anniversary dinners and weddings have been peppered through the year with the whole of our team assisting guests and families to create memories that bring joy. The sky is the limit with our creativity at Hospice and I for one can't wait to see what more we can achieve in our next decade.

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## BUSINESS DEVELOPMENT COMMITTEE **REPORT**

**Lee-Anne Smith**

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The purpose of the Business Development Committee (BDC) is to explore new service delivery options in accordance with the Strategic Plan.

The Committee was established in March 2020 however the first meeting was delayed due to COVID-19. Following the relaxation of the COVID-19 restrictions the first meeting was scheduled for 1 July 2020.

The BDC is now meeting on a regular basis. Terms of Reference and project feasibility guidelines have been developed and a number of projects are currently being explored.

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## COMMUNITY PARTNERSHIPS AND MARKETING COMMITTEE **REPORT**

**Sarah-Louise Collins - Support Services Manager**

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It has been an exciting and challenging year for the Community Partnerships and Marketing Committee who were focused on delivering the following objectives:

- Development, review and evaluation of a marketing strategy
- Development, review and evaluation of an external communication plan
- Management of Albany Community Hospice's brand
- Identifying and developing connections with strategically aligned organisations

The Committee, ably led by Lisa-Maree Ellett, completed a review of current communication, marketing and engagement strategies and developed a sound communication framework for the Hospice. As part of this review, it was identified that the Hospice would need to secure additional support from an individual with skills and expertise in communications, engagement and marketing to put this framework into place. The Board approved the engagement of a Communications and Engagement Coordinator for a 12month period and in March the Hospice was delighted to recruitment Amanda Rose to the position.

Since March 2020, a new website has been launched, a strategy for ACH's social media has been developed and a Bequests Brochure as been created and published.

As part of the review, the Committee also identified that the Hospice needed a formal partnerships program to ensure that supporters and partners of Hospice are formally recognised for their support and that supporters are given a wide variety of options when deciding how they would like to support Hospice. In March 2020, Jo Casey from The Right Mix was engaged to work with the Hospice to develop a robust partnership program. Unfortunately, due to COVID-19, this was put on hold, but the Committee are looking forward to seeing the partnerships program being developed and implemented.

The Committee are excited to see the continued benefits of the communications strategy both for the Hospice and the community in 2020-2021.



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## BUTTERFLIES OP SHOP

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2019/2020 looked like setting new sales records for butterflies. Then COVID-19 happened and without customers and volunteers I had to make the difficult decision to close the shop. After a few weeks of self-isolation I started going in to pack away the summer wear and put out the winter wear in preparation of reopening before too much longer. Another volunteer Peta Pyke joined me on a Wednesday and much was achieved. Julia Miller also joined us and the shop had a complete clean and make over.

We reopened on the Wednesday before the June long weekend following the Covid-19 rules and only allowing six customers in at a time. This was difficult as everyone was eager to resume op shopping, and there was only two who had reopened at the time. Our first 3 ½ days takings were over \$3,000 which was a new record. We declined any new donations for the first few weeks as not all of our volunteers had returned and we wouldn't have been able to handle the huge amount we were expecting after the shutdown. After the first few weeks, the takings resumed to normal as by then the other op shops had opened again.

Having the EFTPOS facilities has been a welcome addition and our volunteers have overcome their fear of learning how to use it. Customers appreciate the convenience also.



*Butterflies Manager Barb Thomas*

Several volunteers have retired this past year, but with the help of the Albany Volunteer Centre we have gained new ones which include two young ladies still attending school and TAFE.

I would like to thank Julia Miller for taking care of Butterflies during my annual road trip north, and again while I recovered from my knee replacement surgery last year. Julia has herself had a double knee replacement recently and Georgina Folvig has been taking care of business while I'm away north again.

Butterflies will be celebrating 20 years of business in 2021. This is a great achievement and a wonderful fund-raising venture for the Albany Community Hospice. It enables the public to donate to Hospice via their donations and purchases, and keeps Hospice in the public eye.

*Thank you*

**Barb Thomas, Butterflies Op Shop Manager**

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## COCOON STORE & STUDIO

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It was regrettable that Hospice's innovative fundraising enterprise, Cocoon Store and Studio, ceased operation in May 2020. Our venture into recycling, upcycling and design had been exciting, creating a lot of interest and showcasing the potential of a number of creative designers and makers over the previous 18 months.

Cocoon enjoyed amazing support from many volunteers, including conceptual design by Sam Burchett, and a Regional Economic Development grant through the Great Southern Development Commission. However, the business was unable to achieve economic sustainability.

We thank the Retail Manager, Nicole Scott, and everyone involved, and, assure you that your efforts were not wasted as Cocoon did contribute funds to the Hospice cause, especially in the early days.



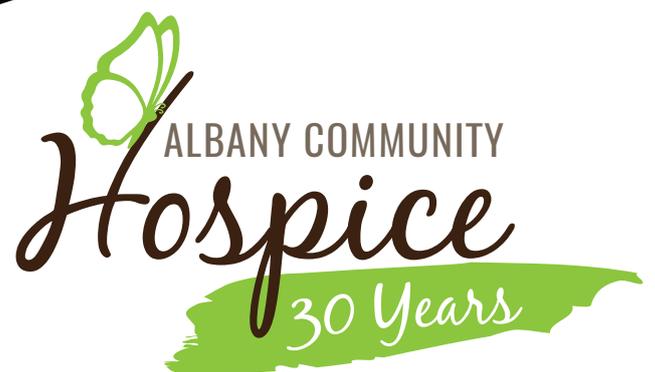
*Nicole Scott of Cocoon*

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## 30TH ANNIVERSARY CELEBRATIONS

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This year marked the 30th anniversary of Albany Community Hospice. To celebrate we held a host of events leading up to the Gala Celebration.



# Thank you

*To all those who have spent the last 30 years making Albany Community Hospice what it is today and to those who will make it what it will be tomorrow. We will endeavour to support those who support us by making the community a better place.*





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