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ANNUAL REPORT
ALBANY COMMUNITY HOSPICE



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Our Mission

Albany Community Hospice is a leader in the provision of expert palliative care and end of life choices, 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*

About the Hospice

Albany Community Hospice has been delivering expert palliative care to the Great Southern Region for over 31 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 1990, 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.

2020-2021 Board Members

Jane Mouritz – Chairperson

Dr Jonathan Ramachenderan – Vice Chairperson
(Jul-Dec 2020)

Hannah Leslie – Vice Chairperson
(Jan-Jun 2021)

Helen Hawley – Treasurer

Michelle Burton – Secretary

Georgina Folvig

Ingrid Storm

Jeanann Barbour

Lee-Anne Smith

2020-2021 Members of Albany Community Hospice

Lauren Batten

Michelle Burton

Delys Jane Mouritz

Stan Goodman

Lee-Anne Smith

Hannah Leslie

Barbara Thomas

Dennis Beere

Helen Hawley

Jeanann Barbour

Georgina Folvig

Sally-Anne Scott

Lyn Lutley

Jonathan Ramachenderan

Ingrid Storm

Lisa-Maree Ellett

Chairperson Report

Jane Mouritz, Former Chairperson



There can be no argument that Albany Community Hospice is a 'place', a bricks and mortar building that is modern and functional but not extraordinary to the naked eye. What makes it extraordinary is the people within, nurses and doctors, all other staff, and all volunteers - those who help with guests and families and those who help with fundraising and other projects that benefit hospice.

What is also extraordinary is the depth and warmth expressed by families who have experienced care for themselves and end of life care for their loved ones in this place. In some cases, the connection to Hospice was 10 or 20 years hence, yet these 'consumers' continue to hold Hospice in high regard and support our fundraising events and proffer donations and assistance spontaneously.

Because of this highly regarded reputation, and because of the immense generosity and dedicated hard work contributed by community when Hospice was established 31 years ago, the Board of Albany Hospice considers all decisions as decisions being made on behalf of our community and consumers. The Great Southern region is assured that Albany Community Hospice, uniquely a community owned and operated private hospital, is operated with a strong community focus, and long may this be so.

This is the final year of our Flourishing Together strategic plan, and it is with immense pride that the Board commends the work of all our team in seeing nearly all goals within the plan completed or close to completion. Congratulations all for what has been achieved in 2018-2021 – a period in which Hospice improved its governance and financial stability, cemented its operational and clinical excellence, and nurtured and expanded its community partnerships. Here is a summary of the 2020-21 year according to our 6 strategic pillars.

Governance

The *Voluntary Assisted Dying Act, 2019*, legislated that in Western Australia from 1 July 2021, that competent terminally ill persons, whose death is approaching and whose suffering is intolerable to them, may be assisted to die if they wish. Having researched extensively and finding no similar hospice precedents for Voluntary Assisted Dying (VAD), the Board was relieved to have the opportunity to engage in a partnership with WA Rural Clinical School to have a UWA ethics-approved research project undertaken.

This project aimed to gather information on the processes undertaken by a community-owned palliative care organisation as it decides how to intersect with this new legislation, and it included extensive independently facilitated community consultation. The Board considered community opinion paramount to our decision as community commitment has been integral to the Hospice's operations since it was founded. With diverse views in the community, there would inevitably be committed supporters of Hospice who would be displeased, whether ACH agreed to allow VAD in our hospice, or not. The thorough and sensitively designed community consultation process, undertaken by A/Prof Kirsten Auret (Principal investigator RCSWA), Dr Terri Pikora (Research Fellow RCSWA), Ms Kate Gersbach (Research Nurse ACH), and Ms Christine Grogan (Independent Facilitator) was a source of immense reassurance to the Board. Their final report, 'Being in a safe place' was not decisive, however, and it took considerable delving into the legislation, led by deputy chair, Hannah Leslie, consideration of Victoria's experience, and discussion with some of Hospice's esteemed founders, before our decision became clear. In February 2021, in accordance with our mission statement 'so all members of the community can experience death with grace in a manner and place of their choice', it was decided Voluntary Assisted Dying will be able to happen in our Hospice for those eligible guests who so choose.

Hospice must be a safe place for all of us and it is our determined intent that it continues to be so – we are proud that for 31 years we have loved and cared for people of all cultures and religions and are always non-judgemental and respectful. This ethos will continue with VAD being yet another tool in the suite of our palliative care tool kit. The community is assured that guests will not be abandoned, no matter what their personal choices for end-of-life care.

Financial sustainability

Financial sustainability is our ongoing aspiration, and though Hospice is unlikely to ever be self-funding, we are proud that our contract negotiations, fundraising, astute financial management and positive Covid-related National Health Agreement outcomes, sees us achieving a healthy balance sheet this financial year. The diligence of treasurer, Helen Hawley, and Finance Officer, Pauline Gladwin, continue to ensure audit and financial operations are in good hands. A board/management team effort saw a 3-year contract (+ 2-year option) smoothly negotiated with West Australian Country Health Service (WACHS) and a renewed HBF of WA contract too.

The Board's decision to support additional contracted financial expertise to ensure continuity, in extenuating circumstances, has also proved worthwhile. Appreciation and good wishes are extended to Mim Toy who relocated to Darwin after fulfilling the administration/financial assistant role at Hospice for five years.



A 20-year milestone is soon to be celebrated for our Op Shop, Butterflies – operated by a dedicated group of volunteers, so ably led by Barb Thomas and Julia Miller, and with ACH Board support from Georgina Folvig. This year they achieved the remarkable feat of raising more than \$100 000 from second-hand goods sales within the year. Thank you to all donors and thank you volunteer shop staff. Ongoing efforts like this, as well as the events organised by our fundraising committee and other partners are the backbone of Hospice' financial viability.

Operational excellence

Operational excellence is our mission and our goal. ACH's achievement of the highest standards was admirably proven this year when the Australian Council of Health Standards Auditors, who rigorously inspected our Hospice for its' three-yearly NSQHS audit, gave a positive appraisal. 'Considering the size and resources of the facility, the assessment team were impressed with the preparation and the organisation's presentation of evidence for this assessment'. Credit goes to the Quality Improvement Group and the whole team, so ably led by Clinical Hospice Manager, Fiona Jane, and Support Services Manager, Sarah-Louise Collins, along with committed support from the Medical Advisory Committee and the MDT Medical Coordinator, Dr Christel Smit-Kroner. Special commendation was expressed for the coordinated patient oversight that Hospice conducts via weekly multi-disciplinary team meetings as well as daily handovers. Clinical Team, you all do us proud.

Valuing our people

The Community Partnerships and Marketing Committee, ably led by Lisa-Maree Ellett engaged marketing consultant skills and, over an 18-month period, prepared a Partnerships Program Framework. Then, having fulfilled their strategic objectives, the committee was dissolved. The Board and management extends appreciation for the expertise and perseverance demonstrated by this committee. The resulting follow up was the design of a long-awaited Supporters Program which gives all businesses within our catchment a range of opportunities to partner with Hospice for mutual gains. As well, 13 honorary platinum partners were recognised. The ongoing generosity of such businesses, some of whom have provided pro bono support for all our 31 years is greatly valued. Thank you all.

Community connections

In this time of fast-changing social media opportunities, ACH recognised that a website revamp was required. Impressive work by our Communications and Engagement Coordinator, Amanda Rose, saw our new interactive website launched. Visitation has increased and the site's streamlined donation process has seen a significant increase in web-based donations. Please visit our website regularly to keep abreast of events and a wealth of relevant information.



Extensive community connections have also been achieved by major fundraising events. The ongoing efforts of Fundraising Committee Chair, Jeanann Barbour and her innovative and hardworking team has seen significant funds raised from a diverse range of events which are detailed in the Fundraising Report. At a strategic level, having such community events is an important way for grateful community members to give back to Hospice, and for Hospice to share up-to-date information about palliative care and hospice services, and to continue our goal of encouraging awareness and discussion about dying, in a positive compassionate way.

Innovative business

A change of track was determined for the Business Development Committee this year. Chair Lee-Anne Smith identified that potential business projects require Board oversight and support, prior to committee delving into feasibility and project design. With this shift, sub-committees will now be determined specifically for each proposal, aligning specific volunteer expertise to specific projects.

As this financial year drew to its' end, succession became a focus of the Board. With it being the sixth year of my chairmanship, and with 2 x 3-year terms being the constitutional limit, it seemed timely to retire. The decision was not difficult as the Board of Hospice has evolved into a very effective, united, confident, and competent decision-making team. It is 'leaderful' with significant contributions and leadership demonstrated by every board member, dependent on the task or topic at hand. I am indebted to this team for their support, guidance, loyalty, and commitment – thank you Dr Jonathan Ramachenderan /Hannah Leslie (Deputy chairs), Michelle Burton (Secretary), Helen Hawley (Treasurer), Ingrid Storm, Georgina Folvig, Jeanann Barbour and Lee-Anne Smith. Ex-Officio board members Fiona Jane and Sarah-Louise Collins, contributed just as significantly and I applaud and value their commitment to Hospice governance and their support for me too.



At this time, I also extend appreciation to the administration team, the clinical team, sub-committee members and all the wonderful gracious and generous volunteers I have had the pleasure of meeting and working with during the past six years.

The Board had previously determined that Hannah Leslie was willing and ready to be nominated as the next chair, and Hannah had 'shadowed' me to gain experience in all aspects of the role for several months. Hannah Leslie has extensive legal expertise, life experience, enthusiasm and generosity of spirit and will be a competent and thoughtful leader for Hospice.

So as at the 30th June 2021, my role as chair of, this wonderfully compassionate and professional, unique community-owned private hospital comes to an end. I depart with sadness for leaving such a positive and caring organisation, but also with gladness for all the friends I have made and for the personal growth I have gained.

Yours in community spirit

Jane Mouritz

Clinical Hospice Manager Report

Fiona Jane, Clinical Hospice Manager



The past year has provided us all many challenges. Together we have worked steadily and with determination to continue to provide the best possible person-centred care that Albany Community Hospice is renowned for being well supported by our governing Board of Management and Medical Advisory Committee, our dedicated teams within the Hospice and our community partners and supporters.

COVID-19

Living with COVID-19 has continued to require that we at Hospice are up to date with the latest Infection Prevention and Control Guidelines provided by the governing bodies of both State and Commonwealth Departments of Health in order to manage COVID-19. At the state level, we received weekly bulletins from the WA Department of Health's Public Health Emergency Operations Committee (PHEOC) and shared all updates throughout the organisation.

Fortnightly interagency meetings organised by WA Primary Health Association (WAPHA) linked us with residential aged-care community resources and support so that we could collaborate in identifying gaps to reduce risk of transmission of COVID-19.

We were quick to respond to all presenting changes and challenges during the June 2021 lockdown in the Perth and Peel region and we continued to keep a weather eye eastward towards the COVID-19 outbreaks in the eastern states. At the same time, we reviewed our Pandemic Management Plan to ensure that it was up to date.

We conducted regular risk assessments and formed an Outbreak Management Team to be mobilised in the event of a confirmed case of COVID-19 at ACH, including the team's roles and responsibilities. All COVID-19 infection-control standards and protocols were reviewed on a regular basis to ensure our compliance, vigilance, and preparedness to respond if necessary.

All visitors to Hospice, all staff, and all volunteers were reminded regularly to comply with public health measures in order to minimise the risk of transmission and, if unwell, to get tested for COVID-19 and stay home. Training for staff in donning and doffing PPE continued, as did scenario-based learning. We moved to mandatory contact registration on entry to Hospice for all visitors and recommended that all staff get vaccinated against COVID-19.

We supported families with loved ones visiting from interstate. They were screened for risk and advised both to wear a mask and to remain compliant with conditions, based on the level of risk. When these families were unable to be in the same physical space as their loved one, we used videoconferencing and virtual meetings to maintain their connections.

In an ever-changing landscape of healthcare, COVID-19 has provided us with ongoing challenges, but we have been, and remain, ready to respond to them.

Voluntary Assisted Dying

The *Voluntary Assisted Dying (VAD) Act 2019* provided all eligible Western Australians with another end-of-life choice. In partnership with the Rural Clinical School of Medicine (UWA), given our strong historical connections to the Albany community, it was very important for us to understand what role Albany Community Hospice should play in the provision of VAD, and so the research partnership with the Rural Clinical school gave us valuable feedback which also supported what would be needed within the organisation in preparation for Voluntary Assisted Dying regardless of the decision that the Board made.

Substantial work towards preparing the staff was undertaken. Information sessions were held to inform and educate them about the legislation and the requirement of any service provider to respond to requests for information about VAD and requests to access VAD.

A VAD Service Readiness group was formed to focus on developing policies, procedures, guidelines, and processes relevant to VAD, both internally and externally.

The Western Australian Voluntary Assisted Dying Guidelines were released at the WA Implementation Conference in Perth in May, and in June, the ACH Service Readiness Group developed VAD Guidelines and relevant documentation to support VAD at ACH.

I am very proud of the work the team have put in to ensure that ACH would be ready for implementation of the *Voluntary Assisted Dying Act 2019* on 01 July 2021, so that eligible persons will be able to access this as another end-of-life care option available here at Hospice.

Safety & Quality

We have remained compliant with the contractual obligations of our partners and have ensured open channels of communication through monthly Manager Meetings to maintain these.

On 9th and 10th March 2021, Hospice underwent an organisation-wide assessment and successfully met the National Safety & Quality Health Service standards required by the Australian Council on Healthcare Standards (ACHS). Substantial planning and work were done over the year to refine and review processes, policies, and procedures organisation-wide to meet the national standards. The Research Nurse role evolved into a Quality Improvement Coordinator role, which now oversees a regular Quality Improvement Group consisting of the ACH management team, who oversee ongoing activities to improve service and quality of care delivered at ACH.

The assessors were impressed with the well-established governance systems and by the focus on high-risk systems for identifying potential harm to patients, which is linked to processes that identify and measure the effectiveness of those systems within ACH. They observed that consumer partnership is identified as a priority in care planning and contributes to the effective delivery of care. They witnessed planning and delivery of care for each patient undertaken by a well-coordinated multidisciplinary team who work with the patient, family, and carers. They stated that we provide a contemporary, innovative, and informed palliative-care service.



The Western Australia Department of Health Licensing and Regulation Unit (LARU) inspection is scheduled for July 2021, and the team are working together to address any outstanding areas for improvement and to ensure that we meet the regulatory requirements.

We continue to foster an ongoing culture of enquiry here at Hospice. We participated in a national Palliative Care Outcomes Collaboration (PCOC) Benchmarking Workshop with other PCOC-reporting service providers; our improvements over time were highlighted and quality-improvement initiatives were reported to and shared among participating services. We will be contributing to the national resource database by sharing the quality-improvement initiatives that we developed using PCOC data in our daily care; this will help other palliative-care services develop, thus improving outcomes for palliative-care patients everywhere.

We contribute to palliative-care research, to improve palliative-care outcomes for patients, by participating in PaCSC RAPID Pharmacovigilance surveys for management of delirium and noisy secretions at end of life.

Operational

We supported Solaris Cancer Care until they were able to secure an alternative location to continue their valuable service to all patients, their families, and carers, for whom Solaris was able to provide complementary therapy sessions in reiki, healing touch, reflexology, and meditation sessions.

The Good Spirit Room was used for a healing ceremony by an Indigenous family, who felt that this experience connected them to Country at a time when they were unable to visit it physically.

We said farewell to Board Chair Jane Mouritz in June, thanking her for her years of service, her passionate energy for our community-supported organisation, and her supportive leadership of Hospice for over six years.

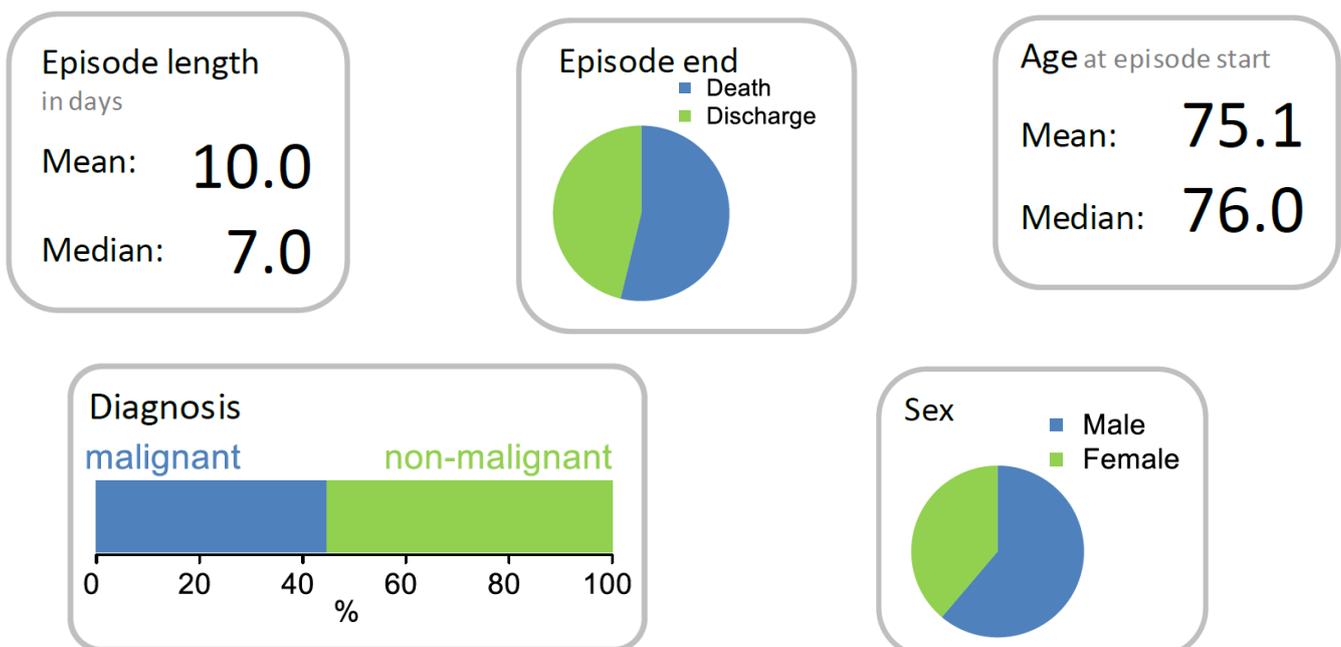
Over the past year, we have cared for 199 patients and their families. We have increased our capacity to provide this care by recruiting more staff to fill roles in the permanent and casual pools of our clinical-care team.

ACH's Supportive Services team, comprising administrative, catering, and cleaning roles, and our substantial number of volunteers have all worked together to support the clinical team in delivering the support needed to improve the quality of life of our patients and to support the families and carers who support our patients, helping people to live as well as possible for as long as possible.

I continue to be inspired by the dedication of the ACH team in supporting person-centred care here at Hospice and to see how attention to detail in providing this care can mean so much to those receiving it.



We are so very grateful to our community for supporting us in our endeavours to provide individual care to each and every patient who comes to Hospice, as well as to their family members and carers, and I extend my gratitude and thanks to every person involved in helping Hospice grow and prosper and continue to provide palliative care in the Great Southern region with care and compassion.



Source: Patient Outcome Dashboard, Albany Community Hospice Jan 2021-Jul2021, Palliative Care Outcome Collaboration (PCOC) 2021

Treasurer Report



Helen Hawley, Treasurer & Finance and Risk Management Committee Chairperson

The past financial year has been one of consolidation for the Albany Community Hospice. We have built on the experiences of the previous year and our Hospice has come out the other side a stronger organisation. The leadership of our Clinical Hospice Manager and Support Services Manager have stood us in good stead through these experiences.

With Jane Mouritz retiring from the Chair of the Board and Hannah Leslie taking over as Chair at the end of the financial year we saw the wheel turning and Jane leaving us in a stable environment.

We are in a good financial position at the moment due to amazing community support with donations and fundraising. The Brandenburg and Walton bequests (now a couple of years ago) have left us in an enviable position to have some freedom to be able to fulfill the wishes of the organisation to become a "Centre of Excellence" of End-of-Life Care. We had budgeted to use \$160,000 of these funds for the year but were able to forgo utilisation of these funds for the 2020-21 financial year due to the funds received from Government for COVID 19 covering the expenses that were budgeted for from this source.

The Voluntary Assisted Dying issue had to be addressed during the past financial year and there was some trepidation on the part of the board as to the community and organisation's reaction to the outcome that we decided on. Thankfully all has been accepted very well, in the spirit in which it was intended, and our community is still as firmly behind us as they ever were.

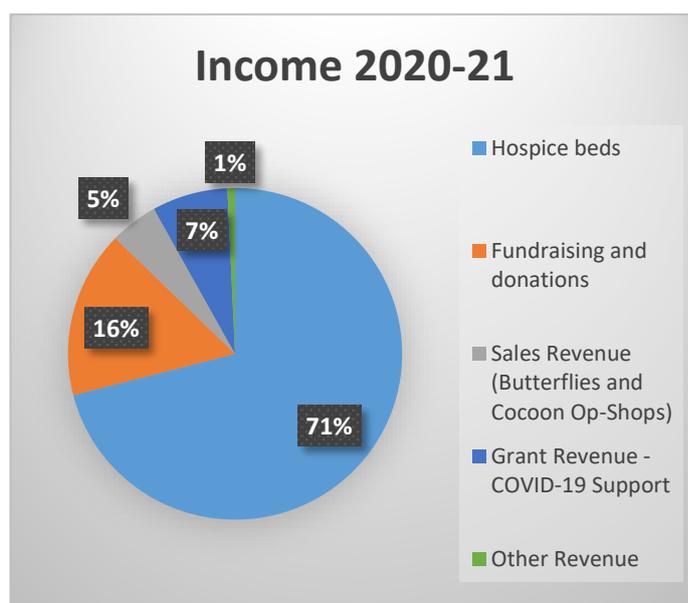
Even though our financial position is good we need to make sure that our decisions going forward are sustainable in the long term and that is something that we keep in mind all the time.

Some highlights for the 2020-21 finances were:

INCOME:

- 5% increase in our Bed Day income
- 33% increase in direct donations
- 16% increase in Fundraising income
- 71% decrease in Interest income

The total donations of \$236,000 and fundraising of \$225,366 (including Butterflies) was astounding. This was partly due to the new approach with our Communications and Engagement Coordinator but also an amazing response from our community (especially those who have had loved ones as guests in our Hospice). Having said that our financial needs over the past few years have risen, (despite the increase in our bed day revenue as negotiated last year) due to increase of bed day numbers and increases as detailed below. In 2019 our donations and fundraising (excluding Butterflies) was \$259K. For the 2022 financial year the budget is \$359K (excluding Butterflies).

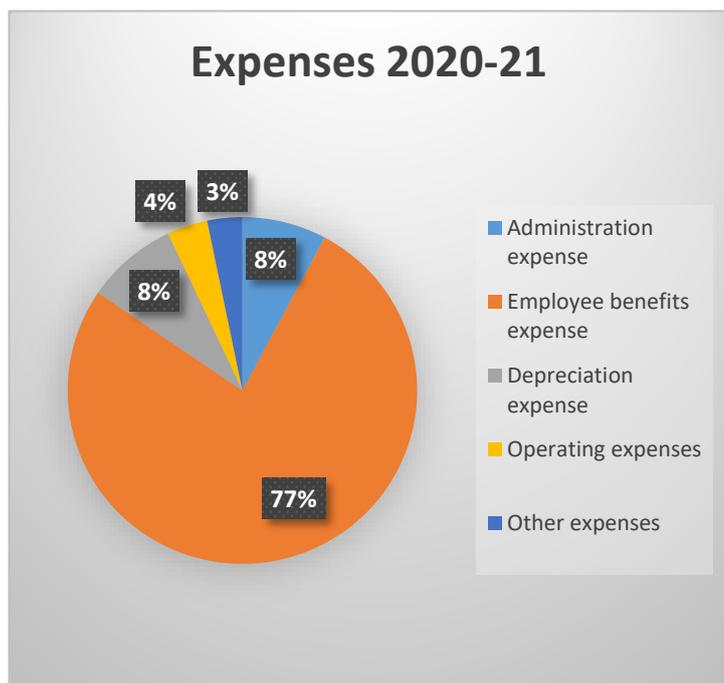


The Butterflies shop has hit a huge milestone this year surpassing the \$100,000 turnover for the first time. Total turnover was \$107,717 and net of expenses the Butterflies income was \$102,066 for the year. Thanks so much to all the volunteers that put so much effort into that enterprise.

Interest income has become abysmal to the point where we are beginning to consider other options for investment of our reserve funds – very much keeping in mind that we are not to risk our organisation's funds.

EXPENSES:

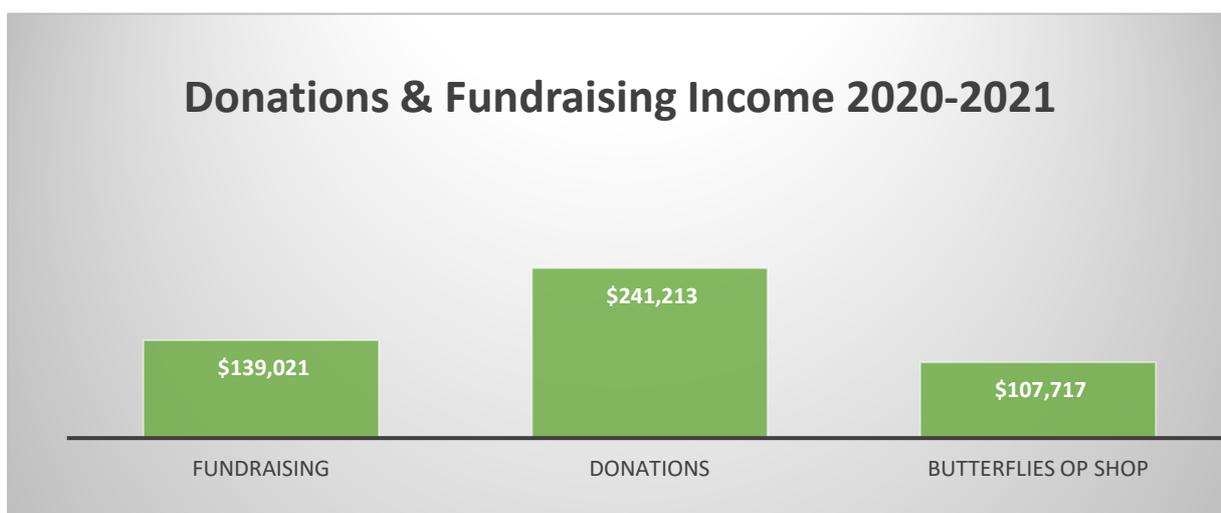
- 7.8% increase in staff salaries & Wages
- 16% increase in Administration Expenses



The increase in Staff Salary & Wages expenses were partly to do with bringing the staff onto market rates (one year left to complete this exercise) and partly directly related to the COVID 19 issue with more cleaning and catering staff having to be employed on a permanent basis.

The main reason for increase in Administration Expenses was due to an increase in consultancy expenses. Some of these expenses are on an ongoing basis (Dr Smit-Kroner as the Medical Director and Dr Kirsten Auret as a Palliative Care Consultant) and some are one offs e.g. Voluntary Assisted Dying Research needed for consideration of how our Hospice was going to confront this issue. This was money very well spent.

Once again, I must thank the Finance and Risk Management Committee for their diligence in overseeing the financial and risk management area of our organisation and we are supported by the wonderful management staff and their support staff to make our jobs easier.



Statement of Financial Position		
Assets	2020-21	2019-20
Current assets	\$2,187,209	\$2,077,206
Non-current assets	\$4,627,814	\$4,773,189
Total Assets	\$6,815,023	\$6,850,395
Liabilities		
Current liabilities	\$ 325,024	\$ 287,469
Non-current liabilities	\$ 28,301	\$ 21,527
Total Liabilities	\$ 353,325	\$ 308,996
Net Assets	\$6 461 698	\$6 541 399
Equity		
Designated funds	\$ 687 079	\$ 687 079
Restricted Funds	\$4 332 806	\$4 482 338
Unrestricted funds	\$1 441 813	\$1 371 982
Total Equity	\$6 461 698	\$6 541 399

Statement of Comprehensive Income		
Revenue	2020-21	2019-20
Hospice beds	\$ 1,657,049	\$1 592 483
Fundraising and donations	\$ 380,234	\$ 300 869
Donations - Brandenburg Foundation & Walton bequest		\$ 184 329
Sales Revenue (Butterflies and Cocoon Op-Shops)	\$ 107,717	\$ 97 365
Grant Revenue	\$ 405	\$ 35 277
Grant Revenue - COVID-19 Support	\$ 171,538	\$ 342 287
Other Revenue	\$ 17,149	\$ 24 429
Total Revenue	\$ 2,334,092	\$2 577 039

Expenses		
Administration expense	\$ 188,417	\$ 198 023
Employee benefits expense	\$ 1,850,711	\$1 764 240
Depreciation expense	\$ 204,528	\$ 216 635
Interest Expense - lease liability	\$ 1,563	\$ 509
Operating expenses	\$ 90,405	\$ 80 527
Other expenses	\$ 78,169	\$ 46 795
Total Expenses	\$ 2,413,793	\$2 306 729

Surplus (Deficit)	-\$ 79,701	\$ 270 310
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Medical Advisory & Medical Credentialing Committee Report



Associate Professor Dr Kirsten Auret,

Medical Advisory & Medical Credentialing Committee Chairperson

This has been a very busy 12 months for the Medical Advisory Committee (MAC) and Medical Credentialing Committee (MCC). They are important 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 Mark Victor
- Dr Brian Cunningham
- Ms Kristi Holloway
- Dr David Ward
- Ms Fiona Jane – Hospice Manager
- Dr Christel Smit-Kroner
- Ms Ingrid Storm – Board Representative (MAC only)
- Dr Keerthana Muthurangan

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

- Dr John Rowlands
- Dr Andrea Guenther
- Ms Hannah Leslie

Hannah was our Consumer Representative and is leaving us to become Chairperson of the Hospice Board, with our utmost thanks.

I begin this report by acknowledging Fiona Jane and Sarah-Louise Collins, the Board, my fellow MAC members and all the Hospice staff, particularly in how we all navigated two major changes over the last 12 months – the ongoing COVID pandemic and the enactment of Voluntary Assisted Dying legislation in WA. Everyone has been brought their best to the table in all these difficult discussions and planning forums, striving to be up to date, calm and patient focused. Well done all as it has not been an easy year.

Despite these large topics requiring much of the MAC's attention, every meeting we continue to routinely discuss a broad range of matters impacting on clinical governance, patient safety, clinical performance, the safety of the clinical environment and our partnering with consumers. We review policies and procedures that are new or need updating; review the controls of any identified clinical risks; comment on audit results and respond to any other clinical challenges being faced by the Hospice.

The major patient outcome reporting tools reviewed at the MAC are those provided by the Palliative Care Outcomes Collaborative (PCOC). It is an Australia-wide programme, managed by the University of Wollongong, which collects in-depth information about patients' daily pain and symptom burden. As the outcome of care for more than 250,000 people over 10 years is now available, we can use the reports produced from our patients' data to assess our own performance against benchmarks. In particular, PCOC allows us to gauge the effectiveness of palliative care provided in the Hospice, to understand the type and severity of symptoms experienced, and to see the difference we make to patients' quality of life against agreed national standards. Our most recent six months' report (June – Dec 2020) reported on 84 patients over 108 admissions and 300 phases of care. Patient with malignancy as their primary diagnosis make up ~60% of those admitted. Their mean age was 74 years. One hundred percent of our patients were able to be admitted on the day they were ready, and 98% spent less than three days in unstable phase. This means that our care plans are responsive to changing patient distress. Fatigue, breathing problems and pain are the three symptoms that cause the most severe distress for our patients. In this last 12 months

we also participated in a national PCOC patient and carer experience survey and although our response rate was low, the results were generally positive.

As seen in previous years, the main clinical incidents seen in Hospice relate to falls, medication errors, handover issues and pressure areas. The numbers of incidents remain very low given the complexity of the patients we look after, and there have been no incidents over the last 12 months that resulted in significant patient harm.

We continue to review our practice regularly and have received satisfactory audits across our use of medication charts, antibiotics, blood products, pressure area screening and management and falls prevention.

A major workload this year has been with the tri-annual National Safety and Quality Health Service Standards Accreditation assessment that Hospice undertakes. This is a significant external review of our care across eight standards including:

- Standard 1 - Clinical Governance
- Standard 2 - Partnering with Consumers
- Standard 3 - Preventing and Controlling Healthcare-Associated Infection
- Standard 4 - Medication Safety
- Standard 5 - Comprehensive Care
- Standard 6 - Communicating for Safety
- Standard 7 - Blood Management
- Standard 8 - Recognising and Responding to Acute Deterioration

Accreditation was completed on the 10th of March, and in the final summation, the assessors commended the outstanding processes across the organisation. Very positive feedback was received regarding previous MAC meeting minutes which were reported to be substantial, engaging and of a very high standard.

There was a large amount of work done leading up to the 1st of July when Voluntary Assisted Dying (VAD) legislation became fully enacted in WA. The MAC is satisfied that the Hospice has robust policies and process in place to allow patients support to discuss VAD, undertake assessments and receive VAD substance if that is their choice; and to support staff and volunteers in their roles whatever their personal conscience dictates.

We continue to develop our weekly multidisciplinary (MDT) meeting and now routinely screen patients for high-risk medications, using a validated tool.

The MAC has supported Hospice being a smoke – free facility and assisted in the transition to a better medication management system with tendering of services from community pharmacy. We are working on embedding My Health Record into our usual care systems and continue a clinical focus on fatigue management and delirium. We have also run two GP and staff clinical updates which have been well attended and received excellent feedback.

In 2021, much of the work of the MAC has been in continuing to support the development of guidelines to manage COVID risk within the facility. It was such a huge challenge, and we would like to commend the nursing and admin teams for working so hard, and under such strain, to get Hospice minimising risk and preparing for the future.

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.

Support Coordinator Report

Sonya Coleman-Sutcliffe, Support Coordinator

Guest, Family & Carer Support



In Palliative Care, spiritual care is an essential domain to reduce existential pain or distress and encompasses our guests search for the meaning and purpose in life and the experience of the transcendent.

From our beginning when Father Hugh Galloway travelled the world to research palliative care, we have always strived to provide strategies to support our guest's spiritual needs on an operational level as well as our strategic planning.



Our recognition of the significance of spiritual support commenced with an onsite Chaplain in Father Hugh. Along with his spiritual support, our Hospice "light of hope" Lamp and Cloth draped the altars of different faith churches each year to mark Thanksgiving blessings for our Guests who experienced their end of life with us. His early Chaplain input recognised that the diversity of spiritual support was essential, setting our Hospice to be recognised for our inclusion and provision for all faiths.

Over the years we have had various Chaplains provide value to our care with leaders from all faiths attending to give counsel and blessings to so many of our guests. Some stand out examples of our efforts to meet the needs of our people have included meditation sessions from Buddhist Monk, the Venerable Mudu, and the inclusion of the purpose-built meditative space, our Kwop Wirren (Good Spirit) Room, within our newest building. This year the special room has hosted many unique moments for families including, romantic dinners, couples' massages, traditional blessing ceremonies and even an intimate wedding!

2019-2020 we have had the pleasure of bringing to fruition some long prepared strategies to support the spiritual needs of our Guests and families. We were very fortunate to have hosted a trial period of an on-site volunteer Chaplain, Virginia Jealous, to explore and develop strategies to enhance our spiritual care. The effects of again having a Chaplain on site for a few hours a week were felt across the team as well as to the guests and families. Virginia's inclusion of "Spiritual but not Religious" care was well received and influential to our exploration of the needs for each and every guest. Following the trial, Virginia gifted us with valuable Hospice-tested recommendations, enabling us to implement key strategies within our current structure and providing a springboard for future spiritual provision.



A strategy we implemented to support of our First Nations Guests, in 2018, was to offer the option of having a traditional Smoking Ceremony occur at Hospice. It is well known that Smoking or Cleansing Ceremonies, traditional rituals to cleanse and purify a specific area, have been used for 60,000 years by Aboriginal people to help ward off warra wirrin (bad spirits) and to bring in the blessings of the kwop wirrin (good spirits). This spiritual and cultural ritual is also used to cleanse the spirit, body and soul on country, and is a significant part of many important occasions.

From our inquiries, the use of Smoking Ceremonies within institutions has not been possible due to logistics of arrangements, however we recognised the value to our community could be immense and were keen. In May this year, a Guest requested to have a ceremony performed prior to admission and we were able to provide our very first Smoking Ceremony at Hospice. Our auspicious ceremony was conducted by the expertise of local Menang Noongar man, Larry Blight, who generously donated his expertise in recognition of our efforts to cater to the needs of our community. The impact of this occasion

has been significant, not only for the individuals requesting, but also to our team bearing witness to our recognition of need. As we commenced, Albany Community Hospice continues to be a trailblazer in palliative care, of which we are immensely proud.

Volunteer Support

This year has been one of stability and contentment within the volunteer space. Our efforts in the previous year, tailoring the roles to the present needs at Hospice have provided us with clarity within the positions and the ability to fit the person to the role. The alterations to ACH's structure have permitted the promotion of the volunteer roles for their value adding, ensuring that the team have the time to do what they do best, provide comfort care.

Training within the year has been a group approach and much laughter ensued as we all learnt not to lock ourselves in the hallway in a fire scenario. We have become experts in hand hygiene and cough etiquette with phenomenal professionalism on reception, as our team support visitors to understand all that they have learnt.

Our fantastic catering team have been a highlight, smoothly and efficiently preparing and promoting culinary delights that cater to all. The precise preparation of delicacies that cater to an array of dietary requirements is outstanding, often bringing guests in on the reputation of our food alone! While we retained our core group of catering assistants, we have added some fresh faces to the mix, maintaining the team's enthusiastic delivery of nutritious options and tempting deserts and of course, the ever-famous homemade ice cream.



It cannot be underestimated the role of the valuable volunteers that provide our guest support, providing company and reassurance in what can seem like the darkest days. These special people sit with and hold the space for many emotions and make a significant difference to Guests' sense of isolation in their journey.

Teamwork has been superb in this year, with many of our volunteers moving from one role to another as they offer to fill the gaps that invariably occur as we stay home to keep others safe. It has been a delight to be part of such a versatile team who have filled gaps when needed and extended themselves for the greater good of our Guests and families. As we farewelled some and welcomed many more, thanks must go to every one of our volunteer team for their dedication and enthusiasm this year. I've been blessed to be surrounded by such positive people and look forward to the maintaining our momentum for the years to come.

Business Development Committee

Lee-Anne Smith, Business Development Committee Chairperson



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 and in 2021 the Terms of Reference were amended. Possible projects are now submitted to the Chair with a committee formed to reflect the skills and knowledge required for each project. A number of projects were explored over the past 12 months however none were progressed to the Board.

A number of new projects are due to be examined over the coming year.

The Committee welcomes possible projects for consideration.

Fundraising Report



Jeanann Barbour, Fundraising Committee Chairperson

My report, as always, starts with a huge thank you to our extremely generous and unstinting community who support our projects and help us make them, not only fun, but valuable events that help increase the funds needed for our Community Hospice.

I cannot help but reflect that we, in Western Australia, have, in many ways, been extremely lucky in being in lockdown and the state not having any major Covid-19 outbreaks.

This has certainly had a very positive impact not only on being able to hold fundraising events and projects as per 'normal' but also on the positive outcomes we have experienced.

Despite the pandemic we have raised well above our target this last year which is a really surprising result notwithstanding that in the latter half of last year we had to cancel and postpone quite a few events.



In November we held the annual visit by AFL Footy Stars was again a huge success. We were honoured to host John Worsfold and Glen Jakovich who proved very popular guests, both at the Annual Dinner at Motel Le Grande and then at the Golf Day at Albany Golf Club. They helped us raise a total of \$24,813.

This certainly reflects, not only the love of all things "Footy" but also the generosity of our community.

Early in the year we organised the annual Spinathon at Haz Beanz. At least three people cycled the entire 24 hours (I will never understand how) and several cycled more than eight hours. We had plenty of teams enter and managed to raise \$20,213.

Three local authors joined together to promote their most recent books, answer questions and talk about writing. While enjoying a bowl of soup and a few drinks the guests were given an insight into writing and publishing by Dianne Wolfer, Adam Morris and Jon Doust. A very interesting evening which raised \$3330 for our Hospice.



Later in the year we organized a Persian Dinner at the Albany Surf Club. Delicious food organized and directed by Mahshid Ferdowsian was served to the very appreciative diners. While it took a fair bit of organizing and cooking the event was very successful, raising just under \$8,000.

The success of our events is due not only to our wonderful community support but also to our energetic and very hard-working fundraising committee who have great ideas and then work hard to turn their ideas into events and then make the events a success, thus delivering great financial results for the benefit of our Hospice.

People often ask why it is necessary to raise funds for the Hospice.

As the only community Hospice in WA there is a gap of approximately 25% in the payment of costs received for each patient from both the Government and also private health insurers. This is raised from Fundraising and donations. We do this because, while we can, we try to make sure that patients are not out of pocket for their Hospice care.

Currently, due to the awesome generosity, support, sponsorships, bequests, gifts and donations of the community and the huge effort of the Fundraising Committee this is being achieved.

Our Community Hospice continues to be an outstanding facility for all in the region needing expert palliative care. **Thank you, Thank you, Thank you everyone.**

Butterflies Op Shop Report

Barbara Thomas, Butterflies Op Shop Manager

A very busy year at the shop has resulted in record takings in excess of \$100,000, the highest since the opening of butterflies 20 years ago. This pleases me immensely.

With the retirement of several volunteers over the past year, some of our ladies have taken on extra shifts which is very much appreciated. During my absence in March for knee surgery, Julia Miller once again stepped up to fill my role. She has continued this while on my road trip for almost 4 months and I thank her most sincerely.

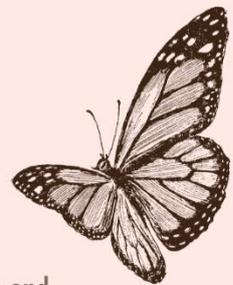


The addition of the Eftpos facility at Butterflies has been welcomed by staff and customers alike, I'm very sure this has resulted in our increase in sales.

The ongoing support of the Board, courtesy of Board rep Georgina Folvig is appreciated by myself and Julia. We feel very much a part of the hospice community with her input. Butterflies continues to grow and the support of the Albany community and surrounds with their donations of saleable items and patronage continually astounds me. Hopefully 2022 will be even better.



Thankyou!



Albany Community Hospice is truly grateful to all businesses, community groups and individuals who have made a contribution to us over the year.

Thank you for the generous donations of money, goods and services, your time and your effort in organising events and fundraising, every contribution matters and allows us to continue to provide best-practice palliative care with loving kindness at no cost to our guests. We are humbled by the ongoing support from our community.



Hospice Supporter Program

This year saw the establishment of a Supporter Program for Hospice. Our tiered program is a fixed yearly contribution designed to suit most budgets with supporters receiving a multitude of benefits depending on the level they choose.

The program has been a great success thanks to the enormous generosity of local businesses and individuals. Our current 2021 supporters are:



Our Platinum Supporters

Albany World of Cars
 Seymour Legal
 Zenith Laundry
 Coles Orana
 Great Southern Bingo
 Greene Room Personal Training
 Lorlaine Distributors
 King River Tavern
 Spencer Park IGA
 Paperbark Merchants
 Dylans on the Terrace
 Three Anchors
 McGregor Mortgages
 Albany Mens Shed
 Moss Conveyancing
 The Albany Shantymen
 Albany Community Pharmacy
 Albany Sleep Clinic

Our Gold Supporters

Albany Toyota
 Rebecca Stephens MLA
 78 Dental
 Innerwheel Club of Albany
 Riverdale Farm
 Mason Realty

Our Silver Supporters

Mira Mar Veterinary Hospital
 Country Comfort Amity Motel
 Great Southern Wills
 Merrifield Real Estate
 Opteon Solutions

Our Bronze Supporters

Albany Harbourside Apartments
 Albany Podiatry
 ACME Dry Cleaners
 Solomon Merchants

For more information about the supporter program head to our website www.albanyhospice.org.au



*The Butterfly is the symbol of Hospice Care. The butterfly is beautiful and delicate,
and it may be held in the hand for a brief moment.*

It must also learn to fly away.

As such, Hospice guests are regarded.

They come as fragile and brave.

They are tended with love and care, and let go, in peace, to their God.



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