"I'll never forget this day." Story page 18.
This is my final report as the Chair of HammondCare and as I write it, I am pleased to reflect on the progress that the organisation has made during my time on the Board.

When I first joined as a Director in 2003, HammondCare was a very different organisation to the one it is today. In that year, our revenue was around $23 million and our assets were valued at $68 million. Looking ahead to the 2015-2016 financial year, HammondCare’s projected revenue is in excess of $200 million with gross assets of $500 million.

This is the consequence of strong organic growth, complementary diversification and strategic acquisitions. In 2003, HammondCare provided residential and community aged care services in Sydney’s south-west and on the NSW Central Coast, with some additional community care services in Northern Sydney and around Lake Macquarie. Since then, we have developed several new – and often innovative – aged care services and acquired a network of sub-acute hospitals and community health services specialising in palliative care, rehabilitation and older persons mental health. Today HammondCare provides a broad mix of health and aged care services to more than 3,500 people every day in two states.

A strong and constant foundation to the growth and innovation of the past 12 years has been our long-term mission and the practical commitment to improve the quality of life for people in need.

In fact, this passion has been the driving force behind the organisation ever since Rev R. B. S. Hammond cashed in his life insurance to set up a pioneering housing scheme for impoverished inner-city families in the middle of the Great Depression. Over the past 12 months, HammondCare has continued to focus diligently on investing in the physical and people resources in a way that will enable it to continue supporting those in need into the future.

At the Board level, succession planning is an important element of what we do and we have worked hard to ensure continuity of purpose while, at the same time, ensuring Board renewal. During this year, two new members have joined the Board: Dr Annette Britton, a past Senior Lecturer in the Sydney Medical School and Director of the Medical Assessment Unit at Royal Prince Alfred Hospital, and Kate Thomas, a Senior Associate at law firm Clayton Utz. I would also like to express my sincere thanks to Dr Sue Kurrle who retired from the Board in October last year after serving as a Director since 1998 and as the Deputy Chair since 2004.

A key ongoing focus for HammondCare has been fostering expertise, within HammondCare and beyond.

In the past year we have continued to provide the Dementia Behaviour Management Advisory Service in NSW. The adoption of this initiative has enabled us to share our dementia expertise with health professionals, family carers and friends in a wide range of settings in person, over the phone and via video link-up. The Dementia Centre and Hammond College, our registered training organisation, provide high quality education to aged care workers throughout Australia. Their strong links to practice support graduates from a range of organisations contributes to their effectiveness and confidence in their own care contexts.

In terms of bricks and mortar, work has begun on our innovative aged care home in Wahroonga and other projects underway include the development of independent living units in Miranda and another aged care home in the Hunter Valley.

I know that I speak for my fellow Directors in acknowledging the achievements of Chief Executive Dr Stephen Judd and the HammondCare staff and volunteers whose ongoing dedication and application I commend.

I would like to express my sincere appreciation for the support of the Board and Association during my past five years as Chairman. I am confident about Hammond Care’s future success as it continues to leverage its quality assets and exceptional expertise to support people in need, while maintaining the confidence to adopt new and innovative approaches in providing future services.
Looking back on the challenges and achievements of the past 12 months, and the vision ahead: a Q+A reflection with HammondCare Chief Executive Dr Stephen Judd.

Stephen, health services are under tremendous financial constraints at the moment, aren’t they?

Well, I think everyone knows that there are pressures on government spending everywhere and nowhere more than in the area of health. Australia’s health system is internationally recognised as being a very good one but there is a need to do things better – more effectively and efficiently. Given the fact that government spending will be constrained for the foreseeable future, that means governments have a choice: either keep on struggling with the same setup – or to try other ways of doing things. And that means seriously trying new ways.

HammondCare’s sub-acute health and hospital services operate in that space and I am pleased to say that we have really worked hard to re-engineer them. We continue to provide services to both people who are public and private patients. Over the past five years our government subsidies have gone down – but the number of public patients that we are supporting each year has gone up!

What has that re-engineering entailed?

Over the past five years we have significantly lifted occupancy in many areas and we have increased the amenity of the beds. We have substantially refurbished the built environment at our oldest hospital sites. At the Greenwich Hospital site we have progressively upgraded the main hospital building as well as refurbished other buildings. We’ve done the same at Neringah Hospital too. At Braeside Hospital we have recently opened a new kitchen as a result of strong community support. That might not sound like much but it will transform the experience of patients at Braeside.

The other area which is important to note is supporting people who require palliative care in their own home. That’s where a partnership approach has worked. The NSW Ministry of Health has worked with a number of partners, one of which is HammondCare, to support more people to die in their own home, to receive palliative care at home rather than being rushed off to a hospital. That’s a great result for all – and it makes sense that state health departments continue to partner with providers, such as HammondCare, in delivering community and sub-acute services.

OK. What are the implications of the ongoing deregulation that's taking place in aged care?

First of all, we welcome the on-going process of de-regulation and it should be an on-going process. Historically, we have had an aged care system that was overwhelmingly driven by government agencies trying to control both the inputs and outputs of aged care. Do you get excellence out of that? No. What you get are mostly undifferentiated services most of which rarely exceed the minimum standards.

So, the first stage of de-regulation started about two years ago. We have greater financial contribution from those residents and clients who can afford it. In residential care that has seen far more capital pumped into the system which will increase supply of services. In home care we have what is called “consumer directed care”. Now I don’t like the term but it means that there’s a far greater say by the recipient of the care in what is delivered. Why was it needed? It was needed because, too often, people were told by providers what they could and couldn’t have. That’s much like Henry Ford saying you could have whatever colour car you wanted as long as it was black! The next welcome reform is that by February 2017 home care will be further de-regulated by saying to clients: “You’re free to go anywhere to get your services from an approved provider”. That’s important because it will enable greater choice.

We still have ambitions for far greater integration and convergence between sub-acute health and aged care services and medical supports into residential care.
Why do you welcome these changes?
I believe that true quality will only occur when there is true choice. And you don’t have true choice when residential aged care homes have very high levels of occupancy – averaging over 90% – which is the current situation. You don’t have choice when home care providers choose the clients rather than the other way around.

You talk about deregulation and the aged care market. How comfortably does a Christian charity fit within that framework?
I think you have to be professional and businesslike in order to be charitable. We want to be able to show God’s love to his creation and to do that we need to have more than just good intentions. We believe we can do that in a way that is professional and focused and can ultimately have a positive impact on people’s lives.

We are purpose-driven, not financially-driven. That is not to say that we are inefficient. On the contrary we use our resources thoughtfully, effectively and creatively to provide real support to people at vulnerable stages of their lives.

One of the strengths of our position is that we have diversified income streams, which is a definite benefit. We’ve got residential care, which is our largest portfolio in revenue terms, but we’ve also got the health and hospitals and the home care services as well as growing services in the training and consulting area. Over the past few years we have seen the real benefit of that ‘diversified economy’.
I’m a believer in the genius of the ‘and’. You sometimes hear people say that you can either have great services or good financial outcomes. But I believe you can have both, whether that’s in our hospitals, our aged care homes or supporting people in their own homes.

We can do that and we must.

What prompted HammondCare’s decision to provide services in Victoria?
Let me start by saying there are many good providers in Victoria. We scoped the needs of people with dementia in that state for the best part of two years and we felt that there was a big contribution we could make.
We are seeking to provide for an under-served need for people with dementia in both residential care and within people’s own homes.

So how has progress been in Melbourne since HammondCare took over the operations of the Alfred Health aged care homes in Caulfield?
I actually think that the team in Victoria led by David Martin and supported by many other people within the organisation has done a superb job. What we were doing in Victoria was taking over certain facilities with existing residents but we were completely changing the staff. Alfred Health, who was the previous provider, wanted to retain their staff so we actually had to have new staff coming in. It’s a little bit like flying the plane with all the passengers in their seats and changing the crew mid-air.
I think that’s the toughest gig we’ve ever had. It’s different to a start-up project where you have a new building, new residents and new staff. That’s got its own challenges. This is different. The team has simply done a superb job in executing that transition. And I am pleased to say, we have worked well with Alfred Health, which is a great example of a State-owned health provider who focuses on what it is good at, such as trauma, acquired brain injuries and associated rehabilitation.

What has been one of the challenges over the past year – and in the coming year?
In the home care space, we introduced a new information technology and communication platform over the last 18 months or so. It was a software and smart phone system which helped to schedule and provide care notes for our care workers in the field. At the same stage, we looked to consolidate how we received calls. It was a lot of change to embark on at once and there were some challenges as a result.
In the coming year, we want it to be as easy as possible to work with - and in - HammondCare. That can be helped by being a policy-light organisation, not a policy driven organisation! Of course we need policies for some things. But we don’t need policies just for the sake of it. There needs to be an assurance that it’s the people that drive our processes, not the other way around. And, we don’t always get that right!

For some time you’ve talked about convergence between HammondCare’s health and aged care services. How is that going?
Yes, we still have ambitions for far greater integration and convergence between sub-acute health and aged care services and medical supports into residential care. We are doing it in a number of places such as palliative care into the nursing home and mental health services for older people in residential aged care.
The exciting thing for the future is the announcement in the latest federal budget of having restorative care programs in non-acute hospital settings. This will bring transformational change that will enable people to access restorative care and support without having to go into hospital first. This is a big step forward.

What are some things you are looking to over the coming year?
We’re not going to go off into a completely different direction to what we are doing today. We have projects in Victoria, we have projects in northern Sydney and in the Hunter and the Sutherland Shire. In FY 16 we probably have capital expenditure in excess of $60 million. That’s something that we can manage quite readily and again, we’re simplifying the way that we are delivering our capital works.
Another new development is ‘Taking Care is our Business’ or TCB – our completely ‘out there’, new approach to Workplace Health and Safety. Normally when I talk about Occupational Health and Safety everyone’s eyes glaze over.
What we are doing is rolling out a new approach and we’ve already had great success; at least staff members are commenting on it! Staff are acknowledging that taking care of their own health and wellbeing is important – health and safety is not just about looking out for trip hazards. We’re doing this so that we will have a healthy and safe workforce. It’s getting people’s attention and it’s having a positive impact.

And lastly, what maintains your passion for what you do?
Oh, you only have to read the stories in this Annual Report to see why I maintain my passion! The story of Simon and Anna DiGiacomo’s wonderful birthday gift to him! The transforming beauty of music with residents Nola and Terry. The commitment and impact of volunteers such as Halina! Monika’s creative support of Susannah. Phill’s powerful support of Craig in his final days. I hear lots of stories like that. Who wouldn’t want to bounce out of bed to support the efforts of such wonderful people?
I am truly blessed to be part of HammondCare.
The year in review: our people, stories, innovation and care

Aged+Dementia Care
The beauty of music
Expert support, now on call
“The most beautiful thing I’ve seen in years.”
Wonderful moments amid the challenges

Palliative Care
“The end was so beautiful.”
“More like a mate...”
The gift of volunteering

Rehabilitation
A new start for a young life
Greenwich: a new lease of life

Research
Hope in end-of-life care
“What’s going on here?”

Our Locations
Origins in care
Finance
Meet the Board
A history of care
Aged + Dementia Care

“When the music starts, Terry is straight up on his feet, grinning and dancing. Though just moments before he seemed lost in his own thoughts and a world away, his unexpected burst of joy and beaming smile is totally infectious, and delights everyone in the room.”

Read Terry’s story on page 13
The HammondCare Music Engagement Program

Over the past year, HammondCare has distributed hundreds of iPod shuffles to residents in many of our residential care homes, with an individualised playlist selected specifically for the resident to ensure what they hear is familiar and relevant. It’s part of an ongoing project to discover how the power of music can improve quality of life for people living with dementia.

We first met Terry after a call from the local hospital. Terry had an accident on a local railway station, and had been admitted for care. He was on the mend, but Terry was confused and seemed completely alone. Amazingly, there was no detailed background information available. It seemed he was a man with no family, no past, and no identity. And Terry was living with dementia.

A State Guardian was appointed to look after Terry and he came to live with HammondCare at Erina.

Over time we learned a little more about him. His birth certificate indicates he was born in Scotland. He had lived on the central coast in the same house for many years. And he had a daily routine of walking from his home to Terrigal Beach and back - a round trip of about 4 hours. Along the way he would collect whatever he could find, and store it in his home. You could say he was something of a hoarder. But beyond that, we still know precious little about Terry.

As we’ve got to know him, we’ve worked to understand him and the things that are important to him.

One thing he loves is to dismantle things. Various pieces of equipment and furniture are regularly disassembled and moved around. You never know quite what you will find where. It’s a very strong, inquisitive impulse, and we have learned that it’s best not to try to gently dissuade him. It’s just something Terry needs to do, and it’s important to him...and he certainly keeps our maintenance team occupied!

And he’s a night owl. Often while everyone else is asleep, Terry’s curled up on the couch, watching TV, getting a snack from the fridge, and happy-as-Larry.

We also noticed that Terry is not big on chat. He’s not very communicative with language or touch. He seems a loner, often isolated, and disengaged. He will just sit quietly for long periods. We wondered if there was a way to help him find company, happiness, enjoyment.

When the new HammondCare Music Engagement program arrived at Erina, a few months ago, our goal was to enable choice and connections for residents, and to empower care staff to connect with residents, and grow their relationships.

For Terry, so often seemingly disengaged and alone, the program has been a revelation.

The first time Terry had his specially prepared iPod on, and the headphones in place, he was transformed. He hopped to his feet and a beaming, rascally smile was splitting his face.

“We don’t know much about Terry. It seems that nobody does”: Terry’s story.

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Soon he was dancing, skipping and laughing, and soon the whole room was enjoying the moment.

It’s a transformation that is ongoing, and Terry’s life has been enriched. Every time he puts on his iPod and headphones, suddenly he’s engaged, laughing with other residents and their families, dancing with care staff, and in a most beautiful way, he’s enjoying some basics of human contact that we can all take for granted– touch, talk, humour, dance.

It doesn’t matter that he’s already dismantled four iPods. The gift of music has brought a flood of joy to Terry and everyone fortunate enough to be in his dancing, hugging, cheeky path. For a solitary man, with no family or friends, and whose past is still very much a mystery, the Music Engagement Program has been a wonderful gift that lights up all our lives.
"When I first met Nola, she was happy and cheerful. It was a different side of Nola than her carers were used to seeing, and it probably had something to do with the bright red headphones she was wearing". Nola’s story.

Nola lived in the rural NSW city of Orange. She was a social butterfly with deep connections to the community around her. She worked at Orange High School and picked fruit at local orchards during harvest season. Nola loved her family and she was a devoted wife and mother.

When she moved into HammondCare Erina, Nola was living with mild dementia. She quickly developed a reputation amongst staff members as a bit of a bright spark. She enjoyed making people laugh and she was rarely found without a smile on her face.

As her dementia progressed, things started to change.

Nola became increasingly withdrawn and communicated less with staff and other residents. Over time, staff found it harder to engage with this once bright and bubbly lady. Kerry Connor, Life Engagement Facilitator at HammondCare Erina, described what it was like to watch Nola decline as her dementia progressed.

"Nola was very cheeky and very playful. As she’s declined she’s become very quiet and withdrawn. There’s not much interaction now," Kerry said. Seeing less of Nola’s smile and bright personality, Kerry wanted to find a way to engage and reconnect with Nola.

Kerry knew that Nola loved music.

She had always enjoyed the concerts and performances that were put on at HammondCare Erina from time to time. When the Music Engagement Project was launched, Kerry and other staff members thought this would be a perfect fit for Nola.

Nola loved swing music and wartime songs, so an iPod shuffle was loaded up with classics like “The Boogie Woogie Bugle Boy”. Nola was given the freedom to listen to her personalised music playlist whenever she chose. The first time she did, staff saw the music’s impact immediately.

Nola looked her carers straight in the eye, smiled, responded to what they said and engaged in conversation. It was a side of Nola her carers hadn’t seen for some time and a sign the music was helping Nola reconnect with her memories and personality.

"It’s wonderful to see her personality come back." When the music comes on it’s like Nola wakes up and says “I’m back”" Kerry said. Dawn Routledge, Manager at HammondCare Erina, described Nola’s subtle but unmistakable reaction to hearing familiar songs from her past.

"There’s an animation there that we haven’t seen for a while. There’s a reawakening in her when the music’s on – the smile says it all! It’s a glimpse of her personality, that twinkle and that cheekiness," Dawn said.

Dawn pointed out that, while Nola’s response may not seem miraculous to the casual observer, her engagement with the music playlist is very significant to staff and carers who know her well.

"Not every story will be miraculous, but the carers who see Nola day in and out and know her really well have seen a little rejuvenation.

"It won’t last all day but it’s sort of like reaching in and seeing Nola for a minute," Dawn said.

Where words fail: the Music Engagement Project explained

“The beauty of music has the ability to speak where words fail” (Robert Gupta, TED talk). When language cognition and verbal communication decline, people who no longer speak or comprehend conversation can often still sing and even recall lyrics. Interestingly, music appreciation seems to outlast deterioration of any specific region of the brain.

Music also operates on many levels, such that emotional connection endures even if reminiscence and memory fade. Listening to music facilitates shared experiences, not contingent on memory or speech, so that grandchildren, community visitors, and volunteers can listen to music and sit with an older person without being intimidated or wondering how to relate.

Music is also key to some surprising and fantastic synergies, including reduction in pain perception, potential reduction in anti-psychotic and anti-depressant pharmacological interventions, increased mobility and balance, reduction in agitation during grooming and bathing, appetite stimulation, improved taste and enhanced food appreciation.

Music can elicit attentiveness, reminiscence and volubility. Music edifies personal identity, individuality and community belonging. Soothing music can reduce anxiety.

Above all, music can connect and reach people emotionally, even when procedural and semantic memory ebbs, and for family, friends and carers, it provides a way to connect and relate when speech fails.

With the Music Engagement Project, we’re aiming to bring about a paradigm shift that repositions music from an ‘every now and then’ or weekly intervention provided by a visiting expert, to an everyday experience embedded in the culture of daily care.

We want to emphasise personhood and meaningful experience in-the-moment, rather than seeing this as a form of ‘therapy’.

To enable this, we’ve spent countless hours in consultation with families and carers to design specific playlists for our residents, so that when the headphones are put on and the iPod shuffle turned on, they hear something familiar and individually relevant.

In the last year, HammondCare has distributed iPod shuffles in all of our Sydney and Central Coast residential care homes, with half of the residents in those homes receiving iPods and an individualised playlist. Over the next year, more will be distributed and further music engagement projects begin. So far the feedback has been incredibly positive and the proof has been in the smiles on the faces of the residents.

Dr Kirsty Beilharz
Director of Music Engagement, HammondCare
Blossoming under creative care: Susanna’s story.

Susanna’s lived a colourful life. Italian in every way – passionate, full of life and a lover of music, dancing and food – she has a childlike sense of fun and cheekiness. But despite the twinkle in her eye, Susanna’s life hasn’t always been easy. Married at 17, she soon found herself a mother to two young children. But sadly, things soon became difficult for Susanna. One of her children was diagnosed with serious health issues at four months old. The pressures of life mounted and in time, the marriage became abusive.

Eventually, their marriage failed. Susanna was left penniless, and in a terrible blow, lost custody of her children. It was understandably at this point that she turned to alcohol to numb the pain. Sadly things kept spiralling for Susanna, and eventually she found herself unhappy and unwelcome in a mental health service. With a diagnosis of alcohol-related younger onset dementia, her family felt it wasn’t the right place for Susanna. In fact, being there was making her life miserable. That’s when they called HammondCare to see if she could move into one of our dementia-specific care homes.

At HammondCare, Susanna has found safety and stability. Because of her youth and energy, Susanna’s needs and interests are often quite different to the other residents. Ten years their junior and with quite a colourful past, living with people many of whom are older and have quite different personalities, is understandably quite a new experience for Susanna.

When it comes to music, she’s quite happy to turn up the volume and dance to rock ‘n’ roll in the lounge room. Where many residents might be happy to spend most of their time in the home, watching television, doing craft and other quiet activities, Susanna loves to get outside, go to the local shops, stay up late watching television, and sometimes run amok with a twinkle in her eye. But as the team have come to know Susanna’s story and enjoy her cheeky company, we’ve begun to devise ways of helping her feel at home and express her individuality and creativity.

Careworker Monika will regularly take Susanna out to ‘steal’ herbs or aloe vera from the HammondCare grounds. On the run they become Gabrielle and Bella, partners in crime. Meanwhile, back at home they might whip up a fresh pasta sauce with their ‘stolen goods’.

Apart from being a lot of fun, the experience helps give Susanna that sense of living on the edge that she’s used to. Having lived independently for such a long time and still being so young, it’s important for Susanna to feel like she’s able to contribute to the home environment. At mealtimes it’s not uncommon to find Susanna setting the table and stacking the dishwasher. At other times she’ll be found in the laundry, folding clothes and helping the care staff with cleaning.

Recently, Susanna’s found she can earn a bit of pocket money knitting slippers and handbags. Selling her wares to staff, residents and visitors to her home has given her a sense of pride and independence, and some spending money.

When you meet her she’ll proudly tell you about the things she’s bought with her newfound source of income: wool for knitting, hair dye, some underwear, cigarettes and chocolate. The delight in her voice is palpable. It’s just one of the ways living in a care home has changed Susanna’s life for the better. Susanna’s blossomed under the creative care of the team at HammondCare. Her guardian Lidia explains...

“Two years later I can honestly say I am very honoured and privileged to have worked alongside HammondCare, because I believe they’re doing a great job. Susanna now has quality of life, she is happy, she looks like a new person compared to the day she came in. She’s like a princess.”

Safety and dignity at last: Jo’s story.

Jo grew up in Sydney, and worked for the Commonwealth Bank when she finished school. 18 she met Greg, the couple married and moved to the country, and soon daughters Melissa and Amanda arrived. The family had many happy times, but when eventually she and Greg divorced, Jo and the girls moved back to Sydney.

Jo did very well for herself and the girls. By 2000 she was working as a facility manager at Stadium Australia during the Olympics. She owned her own home and the family was in a good place.

But in 2007, while Jo was still in her early 50’s, her daughters noticed something was changing. Jo suddenly sold her home – she said the mortgage was too stressful. Her work was not going well. She began regularly changing jobs, moving house, and seemed increasingly stressed and unhappy. Melissa tried to take her to the GP to find out what was wrong but there was no conclusive diagnosis.

By late 2008, Jo was struggling – she was forgetting words and her social skills were noticeably declining.

Things came to a head when Jo resigned from her job and purchased a rundown, relocatable home in a Port Macquarie caravan park. Jo was diagnosed with younger onset dementia in 2012.

The next three years were tough for Jo, living alone with dementia in her caravan park home, and unable to care properly for herself. Her daughters Amanda and Melissa decided to organise care for her. But with a range of different services coming in and out of Jo’s home, no one was really coordinating her care. All the while her health was suffering, and her situation was becoming more desperate.

Early in 2015 HammondCare’s DBMAS (Dementia Behaviour Management Advisory Service) help line received a call from one of the professional carers that had visited Jo. She was concerned about her. Jo’s living conditions were very poor, she was becoming even more isolated, and she was refusing care services. When we discovered Jo’s situation, it was clear she needed urgent support.

Wanting to understand the situation more fully, Cathy Sendhoffer from DBMAS contacted a range of community care providers that had been caring for Jo.

Through speaking to them, she discovered Jo was on the community At Risk Register, but there was no care package available for her. As part of DBMAS funding we were able to provide support to enable immediate GP and nursing assessments. Cathy also discovered that Jo had already been admitted to a locked dementia facility some months previously, which had been a very negative experience for Jo and made her fearful and anxious in her behaviour. The situation was extremely difficult because Jo’s needs had become more complex. She was not eating well, was declining to take her medication, she was unable to care for herself properly, and was resistant to attempts to help her. Local care services were unable to deal with what had become challenging behaviour. Before long, these services discontinued their care for Jo.

The situation was now urgent.

Cathy began to work through all these challenges, working closely with Jo’s family.

It became clear that Jo needed to be in residential care as soon as possible to ensure her safety and health. Cathy was able to call on her colleagues at the Dementia Centre to assist. They began to investigate a possible admission for Jo to a dementia-specific residential care facility at Horley, where there is a special supportive environment to understand and care for her needs.

It was a wonderful day for all of us some weeks later, when Jo entered her new home at HammondCare Horley. At last she was getting the care she needed, in an environment that was focused on giving her the time, support and attention she required.

Cathy Sendhoffer sums things up well: “Jo’s journey was the success it was because of who she is, her daughters and also all the services that went that extra mile and gave of themselves. It was a great outcome.”
Speaking to Simon, a Hungarian immigrant, it’s not long before he tells you his favourite recipes: stroganoff, chicken soup and goulash.

A long time ago Simon was a chef at a hotel in Budapest, but after a diagnosis of vascular dementia compounded by long-standing schizophrenia, Simon found himself in full-time care at Namara, a psycho-geriatric unit at Caulfield in Melbourne which HammondCare took operational responsibility for this year.

On occasions, Simon experiences a delusion where he strongly believes people go through his room at night and steal his possessions. As a result he carries around a green ‘eco’ shopping bag containing his most precious belongings everywhere he goes.

Simon has no friends in Australia and no family.

For a long time, his life has been: lounge room, corridor, bedroom, lounge room, corridor. Believed to be at risk, he was previously kept locked inside the care home for his own safety.

Recently, Simon turned 82. Though he didn’t know it, this birthday was to be the first time he’d go outside in a very long time.

Wanting to make him feel special, the Pastoral Care Coordinator at HammondCare Caulfield, Anna DiGiacomo and the staff at Namara organised a cake and candles, and all the residents celebrated with Simon over lunch.

As he blew out the candles, Anna asked him to make a wish. He laughed.

“What’s so funny?” asked Anna.

“Oh you wouldn’t be able to do it, so I’d rather not say my wish,” said Simon.

But Anna couldn’t leave it there. Finally, after some persuasion, he shared his birthday wish.

“I want to go to the beach,” said Simon. “I haven’t seen the beach in years.”

Within minutes, Anna was talking to the manager of Namara about arranging a taxi to take Simon and a handful of other residents to St Kilda beach for afternoon tea. Not tomorrow, or the next day, but today, for Simon’s birthday.

30 minutes later, it was all happening.

“As they got out of the taxi Simon took in a deep breath. Standing on the footpath facing the beach he said, “It’s the most beautiful thing I’ve seen in years.”

“Can you give me five minutes on my own?” he asked Anna.

He put his hands in his pockets, put down his green bag and stood looking at the beach.

After a few minutes Anna approached him and said, “Are you ready for afternoon tea – cappuccino and cake?”

“But we’ve just had cake at home?” he said.

“It’s ok, you can have it again, Simon. It’s your birthday.”

Inside the beachside café he ordered a cheesecake and cappuccino. “Anna, I can’t believe I’m here. This is the best present I’ve had in years,” he told her. “But I’ve got no money to pay for this.”

“Don’t worry, it’s all been done,” said Anna.

“Let’s just have fun now, let’s be in the moment. This is your birthday!”

“I’ll never forget this day,” said Simon.

“That’s good,” said Anna. “Trust me, from now on there will be many other days that you won’t forget.”
HammondCare's expansion to Victoria is reflective of our desire to provide high quality dementia-specific services that improve quality of life for people living in Victoria.

It was identified in our previous five-year plans as a strategic location where HammondCare should have a presence. All that has been achieved over the last 12 months has been done with that goal in mind.

Once HammondCare was chosen by Alfred Health as the new owner/operator of the nursing homes at Caulfield late last year, a handover plan was developed. Under the leadership of David Martin our General Manager for Victoria and our Caulfield Operations Manager and Director of Nursing Kylie Thomas, from March 2015, a staged transition took place, with HammondCare staff taking over each care home in succession. It was no small feat, and not unlike changing the pilot and crew on a plane in mid-flight with all its associated challenges. But by June 30, HammondCare had taken over the three Caulfield nursing homes, with only the Transition Care Program to go, and that was completed on August 1.

All this required the right people.

Most aged care acquisitions keep the existing staff and retrain them. But this acquisition by HammondCare was different, with Alfred Health wanting to redeploy their people back into the hospital. Since beginning to advertise, HammondCare has received around 2,500 applications for the 240 positions it needed to fill across the home care and residential areas. Finding the right people has been key, with the priority on alignment with HammondCare’s core values. After recruitment came the orientation and training which was a massive task.

As you’d expect with a transition of this size there have been significant staffing and set-up challenges, but from day one HammondCare has been determined to engage families, holding monthly family meetings before during and after the transition period. Being able to respond quickly, improvise and innovate has been the key to a successful transition.

So what have been the challenges?

Finding the right people was the first challenge. Secondly, ensuring the continuity of care and adjusting plans to enable this. Thirdly, the huge challenge of completely disconnecting something that was fully integrated with the neighbouring hospital to something completely separate in just 6 months. And lastly meeting the level of scrutiny that’s been applied, with a number of audits taking place by various agencies. (HammondCare passed them all with flying colours.)

But there have also been wonderful moments amid the challenges. It was exciting contemplating the hundreds of people who didn’t know it yet but who would soon become HammondCare people, passionate and on mission. And even more exciting to actually meet those people and see them on the ground in action.

It’s also been amazing to see how proactively staff have taken on board our mission and values and been impacting lives – the positive feedback from residents, clients and families is a testament to that. And to see leadership teams in each home and area of the business form and strengthen, and to see how well received the dementia-specific home care services have been received by the community, has been a great joy.

So what’s next for Victoria?

Construction of the new dementia-specific cottages on the Caulfield site will begin in 2016 subject to council approval. Home care services will continue to expand across northern and western Melbourne under the leadership of Sue Overton and plans for further residential developments continue to be assessed. Things certainly aren’t slowing down just yet.
“She always said ‘I’m not dying’,” says her daughter Sue. “She was very determined to live. But she’d also made it clear she wanted to stay at home as long as she could.” With her wishes clear, when the time came, her family knew they would try and keep her comfortable at home. That’s when Sue and her brother John began to care for her full-time.

Read Sue’s story on page 25

Palliative Care

Sue Cedlolland wanted her Mum to be able to die at home.
The Palliative Care Home Support Program

For many people, one of their greatest wishes is to spend their last days at home, in familiar surroundings, with loved ones at hand. But sadly, less than 20% of people experience that. For most people, their final days are spent in hospitals, nursing homes or hospices.

HammondCare’s Palliative Care Home Support Program is a new service that provides end-of-life care, to help people end their final days at home. In 2014–15 the program was provided for the first time across many areas of NSW. Here are some stories from those first 12 months.

“She wanted to stay at home as long as she could”: Sue’s story.

Sue was sleeping in her Mum’s room on a stretcher, but the last couple of nights she felt it would be good to have someone else there throughout the night to care for her.

“I spoke to the palliative care team in Orange and that’s when Michelle came to stay over. I was so glad it was her that came, because Mum had met her when she’d still been conscious and able to speak, and it gave me peace of mind knowing she knew Mum.”

Throughout the night Michelle played Maxine’s favourite music, changing CDs through the night, keeping her comfortable and tending to her.

“When the time came, she had the most beautiful death,” says Sue.

“My brother and I were both in the room, and we were so glad we could be there, and it was in her bedroom, where she would’ve wanted to be, surrounded by the things and people she loved.”

Sue says some of her friends weren’t totally supportive of the idea of palliative care at home, thinking it would be too intrusive having strangers in the home. But she says the reality couldn’t have been further from their fears.

“It wasn’t like that at all. Everyone was so unobtrusive, respectful and quiet,” she says.

Maxine’s best friend Maureen also had some concerns about her dying at home. “I thought that it would make it too hard to ever be in that space again,” she says.

“But the time she had at the end was so beautiful, I’ve changed my mind and it’s not been like that.”

Both Sue and Maureen say how peaceful it was to have Maxine at home for her last days.

“At a general hospital you might have people changing shifts, trying to catch up on what’s been happening, popping their heads in and out. But this was so different, the people and the care were so consistent and calm.”

“It was also great for the family,” says Sue. “They could come and visit and spend time in the house, without necessarily being in the room with Maxine at all times.”

“There were kids here, as well as adults and it was just a beautiful time,” she says. “She was the kind of person for whom everything had to be just so, and done to her liking, and I think she would’ve been really pleased with how she died. It was just how she wanted.”

No one ever saw Maxine Dutton without her makeup on, not even if she were going 200 metres down the road.

She always had her nails done beautifully, and she loved handbags and shoes. Her house was immaculate and she loved cooking and entertaining friends. She was a woman of taste, and particular about things.

Five years ago while on holidays with her good friend Maureen, she noticed a lump in her breast, but didn’t tell her so as not to worry her. But back home at the doctor’s, she was diagnosed with breast cancer.

Living in Orange in central western NSW she went for regular chemotherapy and radiotherapy, until one day the doctors said she’d need to think about planning for the future.

Maxine initially didn’t like that idea, but they explained palliative care wasn’t just about the last week of her life, but was about making sure her wishes were known and that she had everything she needed to live as much as she could, as pain-free as possible until the end.

“She always said ‘I’m not dying’,” says her daughter Sue.

“She was very determined to live. But she’d also made it clear she wanted to stay at home as long as she could.”

With her wishes clear, when the time came, her family knew they would try and keep her comfortable at home. That’s when Sue and her brother John began to care for her full-time.

“We were trying to shower her,” says Sue. “But Mum didn’t like her son having to do that. The palliative care nurse had said if we needed help to just yell out. So when it got too much, we did. And that’s when Michelle first came.”

HammondCare has a partnership with the local health service in Orange whereby it provides specially trained careworkers to support people who want to die at home.

Michelle Delaney is one of those careworkers and part of the Palliative Care at Home Support Program in NSW.

“Michelle was very helpful and unobtrusive, and knew what to do,” says Sue.

“She didn’t make a fuss, she just got the job done. It was great, because she could speak to Mum and got to know her while she was still able to communicate.”

Sue and John were given everything they needed to manage their Mum’s pain, and say they felt at ease about giving her pain relief when necessary.

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If you’ve driven anywhere in NSW, the chances are you’ve driven on a road built by Craig Coggan. A concrete tip-truck driver, Craig worked hard for nearly three decades building roads, but dreamed of days filled with feeding stock and rounding up sheep.

For Craig, his wife Bridget and teenage daughter Tayla, the dream came true when they moved to a beautiful 675 acre block in Jugiong, NSW. There they planned to spend the rest of their lives together, enjoying life on the land.

But one afternoon, at the age of 48, Craig came in from riding his quad bike when Bridget noticed his head was twitching. Thinking he was having a joke, she told him to stop, but he couldn’t.

Behind Craig’s involuntary movement was a rapidly growing brain tumour.

“He was an active man driving trucks, tractors, putting in his own lucerne, oats. Never depended on a soul for anything,” says Bridget. “And then his whole life suddenly turned a full circle and he depended on me for everything. I couldn’t leave the house, I couldn’t do anything because he was having seizures every day.”

The doctors gave Craig 18 months to live. With nothing to lose, he turned to renowned brain surgeon Dr Charlie Teo. The surgery was a success, and gave Craig another lifeline.

Bridget says the goal was for Craig to live to see his 50th birthday. It was a bittersweet moment when Craig celebrated a half-century on December 1, 2014 at the Jugiong Motel surrounded by family and friends.

While the surgery had extended his life briefly, there was sadly no stopping the tumour, which kept growing and diminishing Craig’s mobility.

Despite his prognosis, Craig was determined to live as normal life as possible. While he could, he’d still go out into the paddocks to tend the sheep and make sure everything was in order, but as the cancer continued to impact on his life, it became more and more difficult.

That’s when Craig was put in touch with Phil.

Phil works for HammondCare as a palliative care home support worker. Semi-retired and an experienced aged and mental health care worker, Phil received specialised training from HammondCare in palliative care.

Each Friday, Phil would visit Craig and Bridget, helping them with jobs around the farm and providing a listening ear.

Also a farmer, and previously a road worker, Craig and Phil had a unique bond.

“Phil would put the hay in the back of Craig’s ute to go out and feed the cattle,” says Bridget. “It would give me a break for the morning. I would leave instructions with Phil about what to do with Craig’s medication and if he had a seizure. He knew it off by heart at the end.”

“We couldn’t have got a better person to be with Craig on his journey than Phil,” says Bridget. “They got on like a house on fire.”

Phil too loved his time on the farm. He says spending time with Craig was like catching up with an old mate.

“It was quite funny actually. We had a lot in common. We both had farms and had even worked for the same construction company in the past. It just worked out that way.”

Sadly Craig’s disease continued to take its toll. His mobility declined further, and then in April Craig had a seizure and fell, hitting his head. The injury proved too much for his body, and Craig died a day later.

Since Craig’s death, Phil has remained in touch with Bridget as a supportive friend. She says the bond the two men shared was invaluable and helped support Craig at a time when he needed a friend.

“For Craig to have someone to have a talk to, and to have Phil as a second pair of hands, it just brought a bit of normality back into Craig’s life,” says Bridget. “Craig was such a man’s man. You couldn’t have got anyone more perfect for him than Phil. It was like Phil was meant to come to us.”

“More like a mate than a palliative care support worker”: Craig and Phil’s story.
About the Palliative Care Home Support Program.

For many people, one of their greatest wishes is to spend their last days at home, in familiar surroundings, with family and other loved ones at hand.

HammondCare’s Palliative Care Home Support Program is a new service that provides end-of-life care in the home, to support people who have expressed a wish to die at home, and to support their families. It’s designed to help you make the most of your final time together.

HammondCare Palliative Care specialist Prof. MacLeod said that people’s perspective of what is important changes when they become sick, and especially when they realise they are dying. The normal focus on work, house, car and finances recedes while health issues, family and spiritually become very important.

“Palliative care has for 50 years provided physical, psycho-social and spiritual care and of these, caring for physical symptoms is the most straightforward.

The area we find most challenging, and are seeking to learn more about, is how to care for the spiritual needs of people. For the person facing their last days, spirituality becomes huge.

“It can be easier to support people in this area if they have religion, because we have an understanding of the fact that patients get to shape their end-of-life care, to support the person and their family through the final days of life. Care hours may be used consecutively or may be spread over days or weeks, if required. A second package can be made available if this is required.

B. Education

The provision of state-wide access to two collaborative education programs: one administered via the HammondCare Registered Training Organisation (RTO) to train and up-skill the supportive palliative community care workers; and one delivered interactively from HammondCare’s University-linked Clinical Training Centres in collaboration with consortium members to community professionals working in end-of-life care, including GPs, nurses, allied health and welfare staff, supporting care provision in people’s homes.

C. Evaluation

Evaluation of quality and outcomes of service provision, and independent evaluation of the educational programs, including ethics approval.

The most innovative aspect of the service is the fact that patients get to shape their end-of-life care at a time when they are most vulnerable across all age groups, including paediatrics. This is borne out by every one of the 640 plus packages looking different – every package is patient-driven, taking into account what is important to them and their family at that time.

If you’re not looking closely, you might miss her going quietly, room by room.

With love and patience, she arranges flowers in a vase to brighten up a space soon to be filled by someone in their final days.

As she continues down the hall, she pops her head into each room on the way offering a friendly “Good morning” to those inside.

Depending on the response, she’ll either come in and have a chat, or keep moving down the hallway, helping nursing staff with their admin or topping up vases with fresh flowers.

Halina Brett has been volunteering a day a week at Neringah Hospital on Sydney’s North Shore for 11 years. A retiree who lives in the area, her connection to the 19-bed palliative care unit runs deeper than just proximity.

Halina’s own mother spent the last days of her life being cared for by the specialist staff team at Neringah.

“She was only there for a very short time – a couple of days – but they were so wonderful,” she says. “It made me want to volunteer for them, and I decided that I would go when I heard they needed volunteers.”

It took Halina two years to feel ready to return to Neringah, but when she did, it was a perfect fit.

“I did the volunteer training course. It enabled me to visit patients and talk to them and their family. That’s the main thing I do at the hospital.”

With a sensitive touch, Halina offers comfort and support to families at a critical time in their lives.

“My main focus is on caring for the patients – talking to them, sitting with them and talking to family members as well,” she says. “Obviously not everybody wants to talk all the time, but I like to think I go in to everybody to give them a cheerful good morning and “How are you feeling today?” – that sort of thing, just let them know I’m there if they need anything.”

At times, Halina’s love for those who pass through Neringah has been expressed in the most powerful way. On a number of occasions she’s sat with people when they’re dying.

“One of the times which has stayed with me was when an older man was dying and his daughter was coming to see him but she couldn’t get there in time… I sat with him and I just held his hand until he died,” she says.

“When his daughter arrived she burst into tears and the nurses and I were all comforting her. She was so grateful I was there. I think it was something that really helped her, knowing I was with him.”

For many, volunteering in a palliative care ward might seem daunting, but for Halina, it’s a place where she knows she can make a difference.

“It can be quite harrowing. I’ve had days where it has affected me. But I think because I’m not medical staff, I can be someone who comes to see you, who you know cares, another face and a person who you can talk to.”

After years of volunteer service, Halina’s passion for the place is infectious.

“It sounds strange to say it, but it’s such a beautiful, peaceful place, Neringah. All the staff are absolutely incredible, wonderful,” she says.

“After 11 years there’s got to be something keeping me there. I can’t always put it into words, but it is a very special place.”
“When Michael finally recovered, he’d dropped to 50 kilos, the lightest he’d ever been. He’d lost muscle strength, couldn’t sit up, couldn’t weight bear and definitely couldn’t walk. He was 34. ‘Those were dark days,’ he says.”

Read Michael’s story on page 33
Rehabilitation: complex needs, diverse care, restoring lives

Michael’s story is a great example of the challenges involved in helping people rebuild their lives after trauma, stroke, or other illnesses producing loss of mobility or function. Inevitably the patient’s needs are complex and ongoing, and involve careful management of extremely challenging physical, mental, social and spiritual issues. Today, rehab is the work of a group of professionals, working together as a team, with specialist knowledge and skills, to help empower people to live as full and independent lives as possible.

“I didn’t want to see anyone. Didn’t want to speak to anyone”: Michael’s story.

Growing up in a cul-de-sac in south-west Sydney, Michael’s childhood was spent playing cricket with the kids down the road.

In fact, football, cricket, golf – any sport he came across, he’d give it a go. But in his early 30s, in the prime of his life, it was clear not all was right. Friends started to notice he was losing weight. He knew it too, but shrugged it off. “I’d neglected myself for a lot of years and probably knew something was going on, but never did anything about it,” he says. “‘She’ll be right,’ I thought.”

After a while, it was clear things weren’t all right. Eventually, Michael ended up in hospital with a lung infection. While there, they diagnosed him with adult-onset type 1 diabetes, an auto-immune disease that stops your body producing insulin.

In what would be a huge setback, while in hospital, Michael contracted influenza, sending him into intensive care for eight days. When he finally recovered, he’d dropped to 50 kilos, the lightest he’d ever been. He’d lost muscle strength, couldn’t sit up, couldn’t weight bear and definitely couldn’t walk. He was 34.

“That were dark days,” he says.

Needing rehabilitation, Michael was transferred to HammondCare’s Braeside hospital. There he received daily physio and Occupational Therapy treatment from the team of specialists that gradually saw him build up his strength and mobility to the point where he could walk again unaided. Michael was also given information about how to manage his diabetes and educated about what to eat by a dietician.

Post-surgery back at Braeside and unable to walk again, Michael’s mental health declined as his world caved in. “I shut off everyone and everything. I’d go do my physio and my OT sessions and I’d close the curtain around my bed. I didn’t want to see anyone, didn’t want to speak to anyone,” he says.

Michael was angry and depressed, and kept asking, “Why me?” But despite feeling the lowest he’d ever felt, Michael couldn’t understand how a psychologist could help him. “I was always of the opinion: what’s the good of speaking to a psychologist when they can’t physically make me better?” he says.

But after speaking to Michael about the benefits of seeing a psychologist, HammondCare organised for him to see someone. Much to his surprise, it was a positive experience.

“The first time I went to see the psychologist I thought, ‘Oh, I do actually get quite a lot out of this. I quite like it.’”

Michael’s psychologist worked with him on recognising when he was withdrawing from the world, and how to manage the feelings that would make him want to push everyone and everything away. “I still get like that sometimes, but I’ve now got the tools to recognise what’s happening to me, and I can do things to get out of that state of mind.”

At Braeside, Michael was able to walk the journey of recovery surrounded by a team of specialists. Being there for so long also meant he developed close relationships with the staff. In particular, Michael’s doctor was a source of great support.

“I’m so grateful to him. He’d come in and he’d spend an hour at a time with me just sitting on the end of my bed talking to me. I’d be a mess. I’d be in tears a lot of the time. When I was in here I was very emotional, and he just seemed to have so much time for me. You know it wouldn’t always necessarily be talking about medical stuff. He’d share about his life too,” says Michael.

He and the nurses were also able to joke around to make life more bearable, helping him get through each day. Then finally, the doctor brought some good news.

Michael was still in a wheelchair, but it was decided he would benefit mentally and physically from being at home, and becoming an outpatient.

Now two years on since his first hospital admission, Michael has transitioned from being in a wheelchair when he left Braeside, to using a walker, to crutches, to walking and even to jogging for short distances. Importantly, says Michael, he’s back at work and has the skills to withstand those days when life seems too hard.

“Before all this happened, I’d never spent a night in hospital before. I never knew anything about this place. But they’ve done so much for me. I’m so grateful.”
An extensive new redevelopment of HammondCare’s Greenwich Hospital means an increase in health services offered for people in Sydney’s north. Founded in 1966, and in the heart of Sydney’s Lower North Shore, Greenwich Hospital has served the community for over 50 years. But recent years have brought challenges, not least the withdrawal of public subsidies for rehabilitation services.

An extensive process of planning and review was undertaken. The need for more services in rehabilitation, palliative care and mental health care for those living in an area that has one of the highest number of older people in the nation was patently obvious.

HammondCare Chairman Rod Mewing explains: “HammondCare is committed to investing in improved infrastructure and services at Greenwich to meet the increasing needs of the local community. We see the provision of integrated services across health and aged care services being critical to the delivery of effective and efficient support to improve the quality of life of people in need.”

In 2014, a fully renovated Greenwich Hospital was opened.

“The redevelopment at Greenwich Hospital includes fantastic facilities which add to the expert care on offer in palliative, rehabilitation, pain management, aged care psychiatry and dementia care,” says Stewart James, HammondCare General Manager, Health and Hospitals.

“A highlight of the redevelopment was the extensive new rehab fitness gym, which provides a great base for people recovering from serious accidents, falls or illness. The gym is open for outpatients morning and afternoon, and is also part of our inpatient rehab program.”

Features of the redevelopment and expanded services include:

- 13 clinic rooms used for assessment from speech therapy for stroke patients through to private medical consults
- Driver assessment and training services
- Lymphoedema clinic for cancer patients
- Fully-equipped rehabilitation gym and revamped hydrotherapy pool and centre
- 19 revamped patient rooms with ensuites
- An independent living suite which provides transitioning patients the chance to readjust to independent living

The new-look Greenwich Hospital now provides a really diverse network of care service, but at the heart of this growth was a passion to provide health services for people where and when they need them.

“Older people can access in-patient, day hospital and at-home services at Greenwich, supported by a range of health services including social work to pastoral care, hydrotherapy to falls management programs and a state-wide dementia support call centre. But above all, the care is paramount.”

The official opening was attended by around 50 people including the NSW Minister for Health and Minister for Medical Research, Jillian Skinner.

For more information visit www.greenwichhospital.com.au
“This led me to realise that it is our patients who are the experts, and so I began to interview patients close to death, to try to identify what were the factors that gave them hope and hopelessness at end of life. And what surprised me was, that to a degree, what they reported was quite different to what professionals thought.”

Read Matra’s story on page 41
Research: translating learning into better care

As a provider of health and aged care, we are passionate about ensuring that our care influences our research - and our research influences our care. Each year this results in hundreds of research projects, studies, publications and presentations from HammondCare’s researchers in the fields of dementia care, palliative care, pain management, restorative care and other areas. These provide better care through innovation: being evidence based and evaluated in practice, and creating better outcomes for people in need.

My background is in allied health and social work, and I’ve worked with the disadvantaged, including the homeless and people with mental health issues, and also people approaching end of life in palliative care.

In 2011 I completed my PhD, which arose directly out of my clinical work. I found in that work that at times, some people close to death expressed feelings of hope, while others expressed hopelessness. This led me to want to understand that experience. So we came to look at hope during a home death. I began looking for an evidence basis to care, which led me to research. I began looking for a consensus in the literature that was available. What do world experts think, in regard to hope and hopelessness in end-of-life care?

So I interviewed world experts as part of my PhD. This led me to realise that it is our patients who are the experts, and so I began to interview patients close to death, to try to identify what were the factors that gave them hope and hopelessness at end of life. And what surprised me was, that to a degree, what they reported was quite different to what professionals thought.

So to this end, we are about to recruit for a research project that will invite family members who have received our support, to tell us about the experience. From there, after the analysis is completed and we draw out the themes from what families tell us, we begin to draw evidence-based conclusions. Then we feed the conclusions back into practice, for example into the home care packages. Where needed, we will be changing the way we do things, our training and our delivery.

Because death as birth, is an experience we will all share, and with proper research and understanding, we can be at that fragile sacred space, in an informed way, to deliver the best care, evidence based, that will best meet the needs of those involved in the end-of-life experience.
“For me, being in the clinic, you’re with someone experiencing pain, wondering ‘what’s going on here...?’ then you’re able to look at that in research and start to try to work things out – one informs the other. So my practice informs my research and my research informs my practice. I love being in the clinic, where I can apply what I know to help people...” HammondCare Pain Clinician and Researcher Phil Siddall.

As a service deliverer, HammondCare is uniquely placed to undertake extensive research that begins with practical problems affecting real people. As a result, rigorous and practical research is happening across our care services resulting in hundreds of studies, publications and presentations from HammondCare’s researchers in fields such as dementia care, palliative care, pain management, restorative care and many others.

It is in HammondCare’s DNA to seek out better ways to care for people.

That’s why we see teaching and learning as complementary to service delivery and research, and as essential to providing excellent care for those in need. As with our research, this is characterised by a practical focus. HammondCare is extensively involved in training students in their primary professional qualifications in Medicine, Nursing and a whole range of Allied Health disciplines. In the last academic year, we hosted a total of 450 students in clinical placements, many attending for multiple placement segments.

As part of our focus on teaching and learning we have Memoranda of Understanding with 13 different universities and 4 TAFE/Registered Training Organisations, governing the training of their students in HammondCare facilities.

A majority of our senior staff have conjoint academic teaching university appointments, and in the last year our Registered Training Organisation, the Hammond College, was successfully re-accredited by ASQA for the teaching of Certificate III and IV vocational education programs, for home care and residential aged care workers.

The details of our research activities collected in the 2014 Research Report testify to HammondCare’s continued growth in applying the fruits of rigorous research to help improve the quality of life for people in need.

Pain associated with spinal cord injuries is a significant problem. When Usha came to HammondCare for help, he had experienced severe pain for around 2 years and had developed a dependence on very large amounts of pain medication. This was on top of the severe spinal cord injury that confined him permanently to a wheelchair.

The team at the Pain Clinic commenced a plan to both reduce his medication and reduce his pain. The program involved a diverse range of treatments, including sports, exercise, meditation, relaxation, distraction therapy and others.

It’s completely changed Usha’s life - he’s been able to almost completely cease all his medication. It’s very satisfying for us to have been able to help Usha and see this remarkable change.
Our origins in care are diverse

They are seen in a community coming together to found one of Sydney’s first hospices for the dying, Eversleigh, in Petersham in 1907.

They are also seen in the founding of the suburb of Hammondville by the Rev Bob Hammond to provide home and hope for destitute families during the Depression of the 1930s.

Bob Hammond was a man of great courage and determination whose vision and leadership established an organisation at the cutting edge of serving people whose lives were at risk.

Today, HammondCare is an independent Christian charity. We serve people with complex health or aged care needs, specialising in aged and dementia care, palliative care, rehabilitation, and older person’s mental health.

Independent

Throughout its history, HammondCare has been highly independent. This means we can be flexible and are able to move to areas of changing need. We are also innovative in our approach to health and aged care and in the services we provide – we seek to lead rather than follow.

Christian

HammondCare remains strongly and intrinsically Christian. HammondCare stands for compassion as clearly seen and heard in the Gospel records of the life of Jesus and in his challenging words in Matthew 25:

‘I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you made me welcome, naked and you clothed me, sick and you visited me, in prison and you came to see me... whenever you did this to one of the least of my brothers and sisters, you did it to me’.

Charity

HammondCare has always been a charity. While needs have changed over the years, HammondCare has and will continue to focus on those who need our help. Like the good Samaritan, we cannot ‘walk on the other side’. We cannot ignore or decline to do things because they are too hard, or they involve risk, or they are unprofitable. We continue to be risk takers for those whose lives are at risk.
Our financial results are a vital ingredient in our success. Having a solid financial platform provides HammondCare with the ability to adequately fund the day-to-day activities and invest in expanding and improving our services both now, and in the future.

The following summarises the numeric view of how we’ve been at work to improve quality of life for people in need over the last financial year.

Financial snapshot

The 2014-2015 (‘2015’) financial results demonstrate the careful and considered style of financial management adopted by the organisation. This approach is a fundamental ingredient to ensuring increased service delivery. The key highlights for 2015 include:

- Revenue increased 5% on the previous year to $167 million.
- Acquisition of the residential care service in Caulfield, Victoria for $0.25 million from Alfred Health. This is the first expansion outside of NSW and increased our total residential care places by 150.
- Staff numbers in direct care and resident/client roles increased by the equivalent of 141 full-time employees, or 9.6% over 2105.
- Our surplus of $0.1 million was achieved with a strong focus on the operational aspects of the business.
- 2015 capital spending totalled $37.8 million, representing the development of the Miranda site as a completion of a major upgrade of Greenwich Hospital, and refurbishment work at our existing aged care sites.
- Net assets increased by $24.7 million (14.9%) for the year and total assets grew $55.8 million to $450.5 million, an increase of 14.2%.

Across our services

In 2015 Residential service income grew by $0.0 million (13.2%) to $69.0 million including $3.0 million for four months of the Caulfield operations. Refurbishment works continued at our existing facilities in order to maintain a high level of accommodation standard. Site work for a 54 bed aged care home in Sydney’s north is underway, and planning for an additional aged care home in the Hunter region is well advanced with construction planned to begin before the end of the 2016 financial year. With the acquisition of Caulfield, our plans are to commence development on that site towards the middle of 2016. HammondAtHome revenue rose by 13.4% in 2015 to $50.3 million. During 2015 HammondAtHome was successful in winning a further allocation of places for expanded community services, including Victoria, as well as the provision of palliative care home support services. This area continues to be a core focus for the organisation and HammondAtHome is anticipating double digit growth in its services for the 2015-2016 year.

Total Health and Hospitals revenue decreased by 7.1% to $51.8 million. Increases in fee income of $2.2 million (up 18.5%) offset the reduction in subsidy funding. In addition, there were temporary closures of wards at Neringah and Greenwich Hospitals for approximately 3 months to allow for upgrades.

Independent Living Units (ILUs) income decreased from $2.5 million to $2.2 million. This was primarily attributable to the modest increases to entry contributions to support those in need of ILU accommodation. During 2014 we continued work on the construction of 38 ILUs at Miranda adjacent to our aged care home and with these almost complete at year-end, residents are scheduled to begin occupancy in October 2015.

Revenue, expenditure and growth

HammondCare’s total revenue increased by 5% to $187 million and represents the continued success of our service offering and the broadening of our revenue streams:

- Client, resident and patient, fee-for-service income grew $4.3 million or 13% to $38.6 million.
- Aged care subsidies grew by $11.5 million or 14% to $92.5 million, including $2.6 million attributable to Caulfield, Victoria.
- Health and hospitals government subsidy revenues decreased by 14% to $264.4 million.
- The combined Learning, Research and Dementia Centre activities income was $7.7 million, a decrease of $1.4 million from 2014.

The story in numbers

- The supports of HammondCare continued to fund the organisation with donations and bequests reaching $1.6 million, matching the level of support in 2014.
- Investment income and capital returns were $4.7 million, an increase of 10% from the prior year.
- Overall expenditures continue to be closely managed to remain in line with the growth in revenues and successful tendering for new services. The key changes were:
  - Staff costs increased by 5.2% to $139.9 million and make up 78% of our total costs;
  - 2015 property costs, including depreciation, increased by $1.6 million to $31.5 million;
  - Other cost areas, such as food and catering and medical and client services, grew in line with our expanded services.

Balance sheet and prudential reserves

HammondCare continued to focus on strengthening the Balance Sheet during 2015. Our prudential reserves were increased by $1.04 million with bank debt increasing by $1.0 million during the year. The increase in borrowings was due to construction of the ILUs at Miranda. Refundable Accommodation Deposits (“RADs”, previously called Bonds) increased by $16.4 million. HammondCare’s average RAD has increased by more than 20% since the end of 2014, generating the uplift in total RADs outstanding.

HammondCare has sought independent actuarial advice in developing its prudential reserving policy. The reserves policy is reviewed regularly to ensure HammondCare is financially sound and able to withstand extraordinary events.

Surplus and capital expenditure

HammondCare continues to reinvest its annual surplus back into the business. We also work in order to enhance services we deliver for people in need. Capital expenditure and refurbishment work continued to occur at many sites with improvements and refurbishment works being undertaken across all the aged care homes. The organisation’s borrowings increased in 2015 to support the construction of the 38 ILUs at Miranda. The substantial upgrade of Greenwich Hospital rehabilitation facilities was completed providing an excellent standard of operation and equipment to support this important part of the hospital business. During 2015 there was further expansion of our Dementia Centre and the Dementia Behaviour Management Advisory Service operation.

Surplus growth, characterised by the delivery of our Dementia Centre and the Dementia Behaviour Management Advisory Service to the people of Wollongong; and
- Further construction of the next phase of Miranda independent living units and visitor centre;
- Commencing development of the aged care home at Cardiff;
- HammondAtHome services are targeting double digit growth, characterised by the delivery of, and increasingly diverse services in the community;
- The growth in our Dementia Centre services, exemplified by the delivery of Dementia Behaviour Management Advisory Services to the people of New South Wales; and
- The continued investment in our research and academic education activities.

Underlying each of these goals is a passion and firm commitment to building HammondCare’s capacity and creating opportunities to make a difference for those people in need.
Rodney John Mewing
Chairman
BEng (Mech)
Rod Mewing has over 35 years experience in senior management and marketing roles. Currently a Business Consultant within Business and Government Marketing for Telstra Corporation, Mr Mewing’s previous roles include Managing Director of David Jones Australia and Managing Director of Tempo Services. He is a member of HammondCare’s Quality, Safety and Risk, Board Development, Property, Finance, Foundation and Research Committees and became a Director of HammondCare in 2003. Mr Mewing has been a Board Chairman since 2009.

Dr Annette Britton
Director
MBBS, FRACP
Annette Britton has over 40 years experience in medicine. She has been a Senior Lecturer in the Sydney Medical School and a Director of the Medical Assessment Unit at Royal Prince Alfred Hospital. For over 15 years she held an appointment as a Staff Specialist Geriatrician at Royal Prince Alfred and Balmain Hospitals, and was previously a lecturer in geriatric medicine at the University of New South Wales. She has served as the Director of Clinical Training at Royal Prince Alfred and Canterbury Hospitals. Dr Britton joined the HammondCare board in 2014 and is Chair of HammondCare’s Research Committee.

Glynn Evans
Director
BArch Dip. Building Construction ARAIA
Glynn Evans is a retired former principal of Allen Jack + Cottier (AJ+J) who now provides consultancy services to that company. He has a wealth of experience in designing public, commercial and residential buildings. The focus of Glynn’s practice is on health and dementia-specific facilities. Some of the facilities designed under his supervision have become benchmarks of excellence within the aged care community. He has served as a technical advisor to NATSPEC, has been a member of the Anglican Church Property Trust since 1984, and was an examiner for the NSW Board of Architects for over 20 years. Glynn joined AJ+J in 1966, became a Director in 1985, and was Managing Director for 4 years. He attends St Andrew’s Anglican Church in Roseville. Mr Evans joined the HammondCare Board in 2013 and is Chair of the Board’s Property Sub-committee.

John Kightley
Director
BCom, MPhil Oxon, CA (SA), CFA Institute USA
John Kightley has extensive investment management experience and is currently a non-executive director and member of the Due Diligence Committee of Maple-Brown Abbott Ltd. He also is Chairman of Maple-Brown Abbott Global Infrastructure Pty Ltd, Maple-Brown Abbott Asia Pty Ltd and the Asset Allocation and Remuneration Committees of Maple-Brown Abbott. Until 2009, Mr Kightley was Managing Director and CEO of Maple-Brown Abbott and has previously held senior positions with Norwich Investment Management and Allan Gray Investments (Cape Town, South Africa). He was a member of the Barker College School Council from 2001 to 2013 and was a Church Warden and Treasurer of St. Swithin’s Anglican Church from 2011 to 2015. He is a member of the HammondCare Board Development Committee and Chairman of the HammondCare Foundation. He was elected as a Director in 2009.

Robyn Langsford
Director
BCom, Chartered Accountant
Robyn Langsford has over 20 years of experience in providing accounting, audit, tax regulatory compliance and advisory services to Australian and foreign owned mid-tier and large corporate entities. Robyn has previously been a director of Christian charities and is a past director of the HammondCare Board. Robyn has worked with KPMG for over 20 years in their Private Enterprise division and is currently a director in the Corporate Superannuation Division of KPMG. Robyn is married with three children and is an active member of Forestville Anglican Church. Robyn rejoined the HammondCare Board in 2012 and is a member of the Board’s Finance Committee.

Neil Lewis
Director
BA, PhD
Neil Lewis has had extensive experience in commerce, merchant banking, aviation and financial markets in Australia and overseas for more than 30 years. Mr Lewis currently has business interests in the solar renewable energy sector, infrastructure, funds management and fresh and frozen food distribution in Queensland and NSW. He is a member of the large wholesale AMP Infrastructure Equity Fund investment committee. Over the past several years Mr Lewis has focused on working with emerging businesses, renewable energy and assisting not-for-profit Christian organisations. Mr Lewis is a member of HammondCare’s Finance Committee and has been a HammondCare Director since 2005.

Robyn Langsford
Director
BCom, Chartered Accountant
Robyn Langsford has over 20 years of experience in providing accounting, audit, tax regulatory compliance and advisory services to Australian and foreign owned mid-tier and large corporate entities. Robyn has previously been a director of Christian charities and is a past director of the HammondCare Board. Robyn has worked with KPMG for over 20 years in their Private Enterprise division and is currently a director in the Corporate Superannuation Division of KPMG. Robyn is married with three children and is an active member of Forestville Anglican Church. Robyn rejoined the HammondCare Board in 2012 and is a member of the Board’s Finance Committee.

Michael J Monaghan
Director
BA FIA FIAA FAICD
Michael Monaghan has more than 30 years experience in superannuation, banking, funds management and investment consulting. Mr Monaghan is currently the Managing Director of State Super Financial Services Australia and has previously been a partner of Deloitte Touche Tohmatsu and the CEO of Intech Investment Consultants. He has also held senior executive positions with Deutsche Bank, IBM and Lend Lease Corporation. Mr Monaghan is Chair of the Finance Committee, a member of the Property Committee and he became a Director of HammondCare in 2008.

Dr Louise Parkes
Director
BSc (Psychology) PhD (Psychology)
Louise Parkes has extensive experience in developing organisational culture and employee voice. Dr Parkes is currently Senior Consultant, Voice Project where she designs and manages survey projects on leadership, culture and engagement as well as facilitating action planning and organisational change. The education and not-for-profit sectors are Dr Parkes’ specialty. She is the head of research and development at Voice Project. Dr Parkes is a registered psychologist and a member of the Australian Psychological Society. She is Chair of HammondCare’s Quality, Safety and Risk Committee and a member of the Research Committee. Dr Parkes has been a member of the HammondCare Board since 2010.

Kate Thomas
Director
BA, LLB
Kate Thomas has nearly 20 years of experience at Clayton Utz, one of Australia’s leading law firms. She has been a Senior Associate at Clayton Utz since July 2000 and a Special Counsel since July 2011. Kate has extensive experience in property and commercial law, corporate advisory and managed investments. Kate is an active church member and involved in local sporting clubs, managing her son’s basketball team. She joined the HammondCare board in April 2015.

Dr Stephen Judd
Chief Executive
BA PhD FAICD
Stephen Judd has more than 25 years’ experience in the health care and information technology industries. Dr Judd has been Chief Executive of HammondCare since 1985 and in that time he has overseen the growth and development of the organisation’s services. When he began, HammondCare served fewer than 250 clients and had an annual revenue of $8 million. Today, it provides care and services to more than 3,900 clients and its revenue for FY15 was $187 million. Dr Judd has written, edited and contributed to books on dementia care, aged care design and the role of charities in contemporary Australian society. He has served on numerous government and industry committees and is currently a member of the Advisory Council of the Australian Aged Care Quality Agency.
In 1937, labourer George Payne was 28 years old, a father of four, and had been unemployed for seven years. It was the Great Depression, and the family had been surviving on food rations, child endowment, and the kindness of strangers. George picked up laboring work where he could, but things came to a crisis later that year when, unable to meet their rent, they became homeless. With no other option, the family moved in briefly with George’s wife’s family. It was not a long term solution: George applied to Rev RBS Hammond for a Pioneer Home.

The Pioneer Home Scheme was designed for people like George and his family – it provided a house and land on generous rent-purchase terms, specifically for families who were destitute. It was a unique plan, funded personally by Hammond from his life insurance, and the end result for George and his family was security, community, and in time, they would own their own home.

Three weeks later, assessed by Rev Hammond to be an ‘urgent case’ the family relocated to their new home at Hammondville, west of Sydney.

George’s oldest son, George Jnr, remembers: “You had to have at least three children, you had to have an eviction order on you… and to suddenly wind up with your kids in a place with all that fresh air and somewhere to live… it’s probably the luckiest thing and the best thing that anyone’s done for my generation.”

George Jnr went on to have a successful career as a well known country music singer… and is well remembered as a little boy in a famous photo with Rev Hammond, taken not long after the family’s move to Hammondville.