One of the defining features of HammondCare throughout its history has been a constant ability to respond to the major challenges confronting society. The past 12 months have been no exception.

This report contains an impressive and heartening selection of stories, statistics and commentary, each of which demonstrates a strong commitment to supporting people in need. Taken together, they paint a compelling picture of an organisation that meets difficult circumstances responsibly and with innovation.

The challenge facing Archdeacon R. B. S. Hammond at the height of the Great Depression was inner city poverty and homelessness. Today, more than 80 years later, the population is ageing significantly. This is a ‘good news’ story and a testament to the high quality of health systems throughout Australia. At the same time, it also means a noticeable increase in the number of people living with dementia and complex chronic health conditions. This presents a great opportunity for HammondCare as it calls for bold and compassionate action.

Adding to the challenge and opportunities of the demographic landscape are a series of regulatory changes, most notably new aged care funding regulations and the adoption of an approach to home care that focuses on the person. Due to sound ongoing investment in resources and good people, combined with prudent financial management, I am confident that HammondCare is well placed to capitalise on these opportunities.

Evidence of this strong positioning includes the refurbishment of Greenwich Hospital and the development of new independent living units alongside our newest dementia-specific aged care home at Miranda. Both these building projects encapsulate the way in which HammondCare is strengthening its standing by developing enhanced services for the people we serve.

Not long after the Greenwich Hospital upgrade began, work started on the first phase of the independent living units at Miranda. The initial 38 apartments should be finished in 2015. When complete, this development will complement the existing aged care home on the same campus that is performing strongly meeting the identified need for residential dementia services in the Sutherland Shire.

Over the past year we have embarked on a number of additional initiatives that will have profound impact well beyond HammondCare’s conventional services. Since 1 July 2013, we have been the official provider of the Dementia Behaviour Management Advisory Services throughout NSW. This has allowed us to share our dementia expertise with health professionals, family carers and friends in a wide range of settings by providing support and interventions over the phone, in person and using video link-ups.

Our vocational education portfolio has launched a new brand, HammondCare College, to reflect the fact that it delivers educational services to thousands of people beyond our own staff. Offering a broad choice of courses – ranging from nursing and management to residential, hospital and community care – the college’s strong links to HammondCare’s frontline care services ensures a strong practical component that equips graduates to be effective and confident in their own care contexts.

I would like to express my gratitude to everyone whose hard work contributes to the fulfilment of HammondCare’s mission, including my fellow Board members. On behalf of the Board, I extend a special thank you to former Director Rosemary Bond for her many years of valuable service, first as a key staff leader and then as a Board member, and Keith Reynolds who stepped down from the Board to take up a position on HammondCare’s Executive. I welcome the return of Robyn Langford to the Board, along with new Director Glynn Evans.

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 consistent dedication and application I applaud. It is this level of commitment that will enable us to continue developing innovative services to support people in need throughout the year ahead.
The changing health landscape

A year ago it was expected that the Commonwealth would be significantly increasing contributions to public health. However this year’s federal budget seems to have put paid to that idea with the announcement that hospital funding will be primarily the responsibility of the states and territories.

Everyone wants good health and aged care – they just want someone else to pay for it. This poses a challenge as individual states simply don’t have the income from their tax base to support the growth that’s projected. The result is that health budgets are being squeezed.

As a society, we now run the risk of moving to a split, US-style system comprising public hospitals that have strong expertise but are cash strapped, and private healthcare that has great facilities but an itinerant medical workforce. That would be disappointing to say the least.

Is there a middle way? There certainly is!

A better way forward is to contract out non-acute services to charities and other not-for-profits. After all, charities exist for the public benefit. The main strength of the public system is delivering acute care in large public hospitals. Non-acute services however, such as rehabilitation and palliative care, should not be provided in acute public hospitals as they are invariably more expensive when delivered there.

A healthy sub-acute sector that provides services to both public and private patients enables the public system to focus better on its strengths. The public/private dichotomy is neither logical nor sustainable. Ideally, these not-for-profits would be under the auspices of the state government, rather than the Local Health Districts which have their own acute services to run. A good example of this is the Palliative Care Home Support program which we, within a consortium, are providing throughout the state with direct subsidies from the NSW Ministry of Health.

The key to quality is focus. Under this model public hospitals can stick to doing what they do best, while groups like HammondCare, Calvary Health Care and St Vincent’s can support patients in the areas where they have expertise. Everyone benefits when there is a vibrant charitable healthcare sector working alongside the public system by providing supplementary, non-acute services to people from all walks of life.

The changing aged care landscape

Aged care providers around the country spent much of the 2013-14 year preparing for changed regulations which came into force on 1 July 2014. The overarching aims of the reforms are to provide greater transparency around pricing, while opening the way for residents and clients with sufficient means to contribute more to their care.

All providers are now providing more information than ever before about their services, including publishing set accommodation prices for their aged care homes. In addition, new means testing arrangements have been introduced in residential care and home care. We are firm supporters of these changes, although some regulatory details need to be reviewed.

More broadly, these reforms have made the aged care sector more attractive to private financing and we will see an increase in the number of publicly listed companies that focus on aged care. Whereas organisations such as HammondCare rely on retained earnings and bank debt for development capital, these companies will be able to raise equity for expansion.

A consequence of this will be that the proportion of aged care places provided by the not-for-profit sector will fall. Today about 60 percent of aged care providers are from the church and charitable sector but within a decade it could be closer to 30 percent.

I think that development, which mirrors what has been seen in the United Kingdom, is unfortunate. Over decades many charities have demonstrated that they are committed to providing aged care for the long haul. They are also the ones who have gone out of their way to care for the people who are often seen as ‘hard’. Will those private operators prove to be as patient? History would suggest otherwise.

That’s why it’s incredibly important that charitable providers excel in what they focus on. As well as providing high quality care, they need to be businesslike in order to be charitable. I think they should also consider ways to consolidate and partner with like-minded organisations.

I don’t want to see an increasingly privatised aged care system like they have in the US or the UK. It’s just not a good model. Again, Australia can have a better way.
Navigating the changing landscape

In light of this external environment, HammondCare’s approach is threefold:

First, we must understand and be driven by our identity and purpose: HammondCare is an independent Christian charity that exists to improve quality of life for people in need. This is crucial in determining what we do and, importantly, what we don’t do. Knowing who we are and why we exist means we have a clear framework for making important decisions – including the difficult ones – and responding to change.

Second, we look to provide integrated services that cross the institutional and bureaucratic divide between health and aged care services. The main reason why these two sectors operate in such isolation is because their government subsidies come from different sources: the states subsidise health services while the Commonwealth subsidises aged care. Yet this separate approach makes little sense. Every year the clients and residents of aged care services are big users of healthcare. It makes good sense for aged care services to incorporate palliative care, rehabilitation and older person’s mental health services through innovative, new arrangements. That is why HammondCare acquired its network of sub-acute hospitals in 2008. That way these types of care can be delivered efficiently and effectively.

Third, we are developing an increasingly diversified economy, driven in part by a growing ability to generate income through social enterprise. HammondCare is well positioned in that our income streams are well diversified: in 2013-2014, 36 percent of our revenue came from residential care, 31 percent from our health and hospitals, 25 percent from home care and 8 percent from other streams, including philanthropy, consultancy, education and research.

Crunching the numbers

In the FY14 year HammondCare continued to have a strong balance sheet, with an increase in net assets of 10% to $166 million. Our revenues grew by 6% to $178 million while our FY14 surplus of $7 million was broadly in line with last year, after some FY13 write-backs, and was re-invested in our new activities. In FY14 we spent $18 million on capital works.

In Australia there seems to be few long-serving Chief Executives. In January 2015 you will have been Chief Executive of HammondCare for 20 years. Is it the same job now as in 1995?

A good friend of mine who is very senior in executive search said to me recently, “You might have had the same job title for 20 years but you’ve had four or five different roles in that time.” And I think he’s right.

In 1995 HammondCare had revenues of $8 million and about 200 staff. Today it has revenues of $178 million and over 2,500 staff. The job of 1995 is very different to what it is today. In the $8 million organisation, I was a lot more hands-on, not least because there weren’t many other hands! So I think my friend is right; I have had the same job title but my role has changed significantly more than a few times.

What are the downsides and upsides of that change?

There is nothing that I enjoy more than visiting our services regularly – which I do. But one downside is that visiting services regularly still means that staff don’t see as much of me, because there are a lot of services to visit. I have to work out how to compensate for this.

One obvious upside is that when a key person leaves a small organisation, almost inevitably you will need to recruit externally. One of the overriding benefits of our organisational growth is the high level of internal recruitment. Obviously that’s a pleasing thing because that’s one means by which you continue to preserve and enhance your culture.

How does your faith inform your work?

As a Christian I believe that compassion is a core response of how we express God’s love to his creation. I believe we should then enable that expression in any way we can. That doesn’t mean that I personally have to be involved in a whole multiplicity of areas. That will lead to a lack of focus and, in turn, quality. For us, we are focusing on palliative care, dementia care and rehabilitation.

The other way that my faith informs my work is simple: I don’t kid myself that I am in control. God is in control and I merely try to do the best I can. That knowledge means that I sleep extremely well at night and, last time I looked, my blood pressure is excellent!
13/14 highlights

07/13 Queen’s Birthday honours
Betty Biffin, a 91-year-old who has volunteered at HammondCare since 1987, is awarded the Medal of the Order of Australia (OAM) in the Queen’s Birthday honours list for her contribution to the care of seniors.

08/13 Publishing award
Driven by Purpose: Charities that make the difference, co-authored by HammondCare Chief Executive Dr Stephen Judd and published by HammondCare Media, is named runner-up in the Australian Christian Book of the Year award for 2013.

09/13 New palliative care services
HammondCare is successful in the NSW Community Palliative Care Tender announced in Parliament by Minister for Health Jillian Skinner.

10/13 Palliative care opening
The $600,000 extension and refurbishment of the Cora Adcock Palliative Care Centre, home to Northern Beaches Palliative and Supportive Care Service in Mona Vale is officially opened.

11/13 Hope for pain relief
A new cancer pain management tool developed by HammondCare and Improving Palliative Care through Clinical Trials (ImPaCCT) is launched.

01/14 New horizons
HammondCare takes its first step towards bringing its model of care to Victoria through the opening of a Melbourne office.

01/14 World’s biggest story
Well-known television and radio journalist Leigh Hatcher takes on the world’s biggest story – Aged and Dementia Care – and becomes HammondCare’s Director of Public Affairs.

01/14 Miranda turns one
HammondCare Miranda, our newest residential care service, celebrates its first birthday!

02/14 PM’s Dementia Challenge
Prof Rod MacLeod calls on Prime Minister Tony Abbott to join the UK’s Dementia Challenge to ‘deliver major improvements in dementia care and research’.

02/14 Mature debate needed
Chief Executive Dr Stephen Judd welcomes Treasurer Joe Hockey’s call for a ‘mature debate’ about the quality of health care and aged care in Australia.

04/14 Spinal injury hub
Greenwich Hospital is the hub for spinal injury pain care in NSW and further funding is received to develop the statewide care strategy.

04/14 Tasting Australia
Executive Chef and Food Ambassador Peter Morgan-Jones presents an aged care food session at the popular Tasting Australia food festival in Adelaide.

05/14 Sharing her final days
HammondCare community palliative care client Rosanne Tenhuen shares her final days with a huge television audience on ABC’s NSW 7.30 Report.

06/14 Risky Business 2
About 1000 delegates attend the opening day of HammondCare’s international dementia conference which features the launch by Maggie Beer of Don’t Give Me Eggs That Bounce.

06/14 Big Day Out at the footy
HammondCare ‘kicks off’ the Rugby League Big Day Out program for residents from HammondCare’s Jones Hostel, who attend the Eels vs Knights NRL game.
One of the defining features of HammondCare throughout its history has been a constant ability to respond to the major challenges confronting society. The past twelve months have been no exception.
Each week 1,700 new cases of dementia are identified.

There are currently more than 332,000 Australians living with dementia. That figure is expected to reach 900,000 by 2050.

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Aged + Dementia Care

Our Aged + Dementia Care services support people living with dementia and complex aged care needs to remain living in their own homes for as long as possible. When this is no longer possible, we provide homes that foster a sense of belonging, freedom and dignity.

The big picture

How we’re caring

HammondCare is the largest provider of dementia-specific residential care in Australia. We operate approximately 800 residential care places through NSW, the overwhelming majority of which are in expertly designed dementia-specific cottages. We provide a Special Care Program for people displaying severe behavioural and psychological symptoms of dementia.

On any given day, HammondCare provides community care to more than 1,700 people. Our HammondAtHome services provide care for older people, people living with dementia, palliative care patients, and respite and counseling for carers.

Research projects are focusing on how to improve quality of life for people living with dementia through improved environmental design, assistive technology, and social interaction.

HammondCare’s the Dementia Centre promotes high quality care by participating in innovative research activities, translating existing research into practical care strategies and providing consultancy services. In 2014 The Dementia Centre conducted HammondCare’s international dementia conference.
Change has been a constant in Tanya Munroe’s life. Originally from St. Petersburg, Tanya spent her childhood in Harbin, a Russian outpost in northern China, she lost her father when she was seven years old. She attended a Russian school in China and in summer would go with her uncles on butterfly catching expeditions, learning how to find and catch those bright, gentle creatures, so well-acquainted with change. They fit on the air, and alight on a branch for a moment, only to fly away again.

The highlights of Tanya’s childhood were the long train rides back to St. Petersburg to visit her grandparents. Her grandmother was a pianist, and they grew very close as her grandmother taught her how to play music. Remembering these visits, Tanya says, ‘My grandmother made life more beautiful for me, like a jewel. I loved her very much. My favourite memory is of hearing her play the piano. She had the ability to present each piece in its best form’.

In 1954, when Tanya completed high school, her family joined a wave of Russian immigrants who relocated to Australia. Having done well in school, she enrolled at the University of New South Wales and studied psychology. But over time Tanya dwelt on the memories of her childhood visits to her grandmother and keenly looked forward to change. Together they planted a garden in her bare front yard and went for regular walks to the shops. The frequency of Sue’s visits began to increase, and Tanya began to allow her to help throw away things she didn’t need. As Sue listened to Tanya and helped her with housekeeping, Tanya experienced something she had not felt in a number of years – the transforming power of friendship, and the peace that comes from being understood. She was initially resistive. She’s had a fairly tragic life, and before she came to HammondCare she really didn’t believe that she was worth very much. But that’s starting to change now, which is a thrill, it’s what it’s all about for me’.

Tanya entered a stage of her life marked by transience, restlessness and confusion. She was diagnosed with schizophrenia and a compulsive hoarding disorder. Finding stable accommodation during this period was an enormous challenge, and she was evicted from a number of leases due to her illness, often under traumatic circumstances. During these times she would live in her car and have extended stays in motels. Eventually, while being evicted from a motel, Tanya was referred to HammondCare. Initially she resisted help. Her recent struggles had left her suspicious of strangers and very protective. She would often find ways to break her appointments and send our carers away. One was turned away four days in a row before Tanya allowed her in.

Her HammondCare case manager, Sue Chadburne, knew the key to caring for Tanya was to build a relationship with her. ‘I knew there must be more to her and more to her story than what was on the surface, so the first thing I did when she eventually began to trust me, was to ask her about her story’. As Sue began to learn Tanya’s story, Tanya’s demeanour began to change. Together they planted a garden in her bare front yard and went for regular walks to the shops. The frequency of Sue’s visits began to increase, and Tanya began to allow her to help.
When Joe Dalmonte first moved in, we struggled to know how best to help him.

Each day seemed a fight for survival for Joe, to the point where he would rummage through other residents’ belongings looking for food to save for later. But as the team came to know Joe’s story, they learned to understand his behaviour, as well as how to best care for him.

Joe was born in northern Italy and sent off to a prestigious boarding school in Florence in order to receive his education. But history had other plans for his learning. Soon after arriving at the school, the Nazi military requisitioned it as their regional headquarters. The boys were imprisoned in their dormitories and denied any provisions. Instead of teachers there were soldiers, instead of books there were guns, and the only class was in how to stay alive.

For two years, the German military occupied the school, and throughout this time Joe honed his skills in survival and providing for those around him. He became a forager, one of the boys who snuck out of the dormitory at night in order to search the school and village for any food or supplies for the others. Each night he went out he risked his life for others.

Over time, the path of the war through the village made it harder for Joe and the other students to survive. Food became more difficult to find. Familiar faces disappeared. Bombs destroyed buildings beyond recognition. Each night he went to bed not knowing if he’d survive the night. After the war, Joe’s work in engineering led him to Australia.

Horsley found it difficult at first to know how to care for Joe, they were determined to understand him and find creative ways to meet his needs. It was at this time that Joe was referred to HammondCare’s dementia-specific residential care cottages at Horsley. And although the team at Horsley found it difficult at first to know how to care for Joe, they were determined to understand him and find creative ways to meet his needs. In order to help with the foraging, the staff arranged for Joe to visit the on-site ‘supermarket’ – a replica of a working supermarket designed to engage people with dementia in familiar activities – and would turn a blind eye as Joe pocketed dry food to take to his room. This has given Joe a sense of well-being, and enables him to feel comfortable and in control of his environment.

Joe’s son Andrew visits his dad regularly, and has noticed how greatly his quality of life has improved. ‘He’s happy as Larry at HammondCare. His health has improved astronomically. He always used to say, ‘I’ve lived too long’. But since coming to HammondCare he never says that anymore. He’s found a place where he can just be. He’s not stressed about anything, and he’s rediscovered the benefits of company. And thank goodness for your food! It’s just awesome. Everything’s fresh and Dad prepares some of it himself. It’s perfect. I’ve seen other services where you could bounce the food off the floor it’s so overcooked. Who wants to eat that? So please don’t stop serving fresh food, Dad loves it’.

Moving to HammondCare Horsley has been a restorative experience for Joe. He was once at a point where he couldn’t recognise anyone in his photos, but lately these details have been coming back to him. This kind of improvement is not the experience for everyone who lives with dementia, but it has been a delight for the team at Horsley to see Joe’s improvement as they’ve come to know him and care for him.

Joe arrived at HammondCare Horsley in October 2011 with a diagnosis of dementia. Immediately prior to moving in he was living a largely isolated life, and his personal care and nutrition were quite low.

When Joe arrived it was clear that he was not used to social interaction in the same way our other residents were. It was important to us to help him feel comfortable. We gave him the freedom to be as involved as he would like, and made sure that he felt in control of interactions with staff.

He’s in a much better place now. We found it helpful to ask for his help with everyday activities, like taking out the garbage bins. He is a gentleman, and so would of course be willing to help, and this initially helped him become interested in going for walks and leaving his room.

As we got to know Joe we came to understand the survivalist mindset he was coming from, and we tried out a few things to meet his needs in this context. It was very satisfying to be able to make him feel comfortable. His overall health and well-being have improved over the past three years, and this is a delight to see.

Angela Rolls
Team Leader
HammondCare Horsley

CASE NOTES

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Given a choice, most Australians would prefer to die at home, but only 16% do.

Each year, around 12,000 people living in residential aged care require palliative care.

Around 144,000 people die in Australia every year.

Our Palliative + Supportive Care services support patients and their families during the final stages of an illness and during the bereavement period. We provide pain management, symptom relief, and emotional support tailored to give people comfort and dignity in their last days.

The big picture

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How we’re caring

- HammondCare provide inpatient palliative care and day hospital services at Braeside Hospital, Greenwich Hospital and Neringah Hospital.
- HammondCare delivers community palliative care services to 300 people in Sydney’s north and northern beaches regions.
- The Palliative Care Suite, located within a HammondCare residential care home, offers dedicated palliative care, removing the need for people to relocate to access palliative care.
- Current research initiatives in palliative care are looking at improving end-of-life care for people with dementia and managing pain and delirium for people in the final days of their life.
There were few things John Easter enjoyed more than passing the time at the local bowling club with his mates. John spent most of his afternoons there even though his own playing days were over. As a Vietnam veteran and the former president of the Oatley RSL Club and the Mortdale Bowling Club in Sydney’s south, John looked forward to the banter and camaraderie of his friends while having a drink and a smoke. That’s what he was doing the day he took a turn.

Thankfully one of his quick thinking mates was on hand and called an ambulance. In hospital, John and his wife Leah were devastated when a series of tests showed that John had lung cancer as well as two malignant lesions on the brain. John could no longer drive and he stopped going to the club. From this point on, his life began to revolve around radiotherapy and chemotherapy appointments. The doctors were hopeful that John would respond to the intensive treatment, and initially there were some positive signs around the cancer on his brain, but John’s lungs showed little sign of improvement.

One afternoon after a short stay in hospital, John was sitting at home doing a crossword. Feeling tired, he went to lie down. He had no way of knowing that from this moment on he would never again be out of bed for any significant length of time.

Leah knew that it marked the beginning of John’s final days. In spite of the intensive treatment, the cancer was spreading and although a palliative care nursing service was coming to see John at home, his needs were more than they or Leah (who uses a walking stick) could manage.

CASE NOTES
As part of the Palliative Care Home Support program HammondCare’s care workers attended to John’s personal care needs, changed his bed, maintained his hygiene, provided equipment such as bed protectors, administered creams and mouth washes and provided guidance and support to Leah.

This situation was particularly challenging. It was obvious that John was not going to accept an admission to hospital for end-of-life care and there was a concern that his care would be sub-optimal. The involvement of HammondCare provided the additional support needed for John to have his wish fulfilled to remain at home during his final days.

Marg Deacon
Case Manager

After one point in time, HammondCare became involved in John’s care. A small team of HammondCare workers began visiting each morning and evening as part of a palliative home support package. They provided specialised, multi-disciplinary care for John, and it was an enormous relief to Leah to know that John was finally receiving the care he so badly needed. But more than that, they did the jobs that Leah couldn’t do, such as change sheets, straighten his bed, and make sure he was clean and comfortable as his condition deteriorated.

They even helped with the laundry and made cups of tea for Leah when she was feeling stretched.

If John was thirsty, the care workers would let Leah know and show her how to help him drink with a syringe when using a cup became too difficult.

Their help meant that Leah could finally have some time to look after herself. She was able to do some of the simple but important things that she just hadn’t had time to do – like having a shower or feeding the dogs – without having to worry about John.

‘I really couldn’t have survived without my helpers’, she says. ‘I had two hours peace of mind each day because they were here. When I knew they were coming the next morning it would help me to relax. It was a huge relief’.

John passed away peacefully at home, just as he had wished. Leah remains grateful for the care workers who made it possible for John to die at home and who helped her through such a hard time: ‘Those gorgeous ladies always put a smile on my face’. 
Mary Estacio had simple loves: clothes, music, dancing, and family. Most of all family. It meant the world to her. The youngest of nine children and the mother of three, she always made decisions by considering the opinions of her family members, by weighing up the pros and cons and seeking consensus. She loved pretty clothes, and she enjoyed planning outfits for special occasions, for herself and the rest of her family. She loved music and dancing with her husband Dante. Mary and Dante actually met while swing dancing in Manila. They married and later migrated to Australia, settling in Sydney’s north.

It was Mary’s inability to dance at a relative’s wedding reception that made her realise that after five years in remission, her battle with breast cancer was not over. The day after the wedding, Mary underwent tests which confirmed that the cancer was back. Three long years of aggressive chemotherapy and radiotherapy followed, complete with their heavy side effects. Until one day earlier this year when her oncologist asked her a question: would she like to keep going with her treatment, or would she rather focus on her quality of life with a palliative approach? As she did with any hard decision, Mary took it to her family. She spoke to a healing priest and a prayer group. And then with four simple words, ‘I am ready now’, she made the decision not to continue with her cancer treatment.

Mary was referred to us while she was still at home with complex symptoms related to her end-stage breast cancer including poor appetite, discomfort, breathing difficulties, anxiety and fatigue. We provided a multi-disciplinary approach to care, that included occupational therapy, physiotherapy and social work.

As her condition deteriorated at the end, it was agreed by the family and our staff that the best outcome for her would be to come into the ward. There was a possibility that if she continued to be cared for at home, she might have to be rushed to an acute hospital. That was undesirable. She was quite young and she had a big family so we made an effort to accommodate that. The community nurses at Neringah worked closely with the hospital nurses to ensure a smooth transition. When she did need to come in, we pulled out all the stops to make her comfortable straight away.

Kelly Arthurs
Clinical Nurse Consultant
Neringah Hospital

Her oncologist recommended that Mary get in touch with HammondCare’s community palliative care team based at Neringah Hospital. A HammondCare nurse then visited Mary at home and explained the options available to her.

An occupational therapist arranged for equipment, including a wheelchair, and a physiotherapist helped her manage her breathing difficulties. They also advised her family about how to access financial support for carers.

Mary’s daughter, Samantha, a recently graduated nurse, appreciated the way the HammondCare staff gave her mother choices. ‘They weren’t pushing’, she said. ‘There were options for us and Mum liked to ponder decisions, so that was really helpful’.

Mary’s condition deteriorated in the days leading up to Easter, and the family decided the best place for her would be Neringah Hospital.

By the time she was admitted to the hospital, Mary was almost in a coma, but she was comfortable. The hospital staff worked closely with Mary’s family by consulting with them about care options, and they figured out a way for her husband Dante and their two pet dogs to stay at the hospital for three nights.

Mary was never alone. She was surrounded by the people she loved most in the world: her family. At one point there were 38 family members squeezed into Mary’s room, and more standing outside with their faces pressed against the windows looking in. And her family brought another one of Mary’s loves: music. They even managed to sing karaoke to her in her hospital room.

On Easter Day, after all the other members of her family had gone, Mary passed away peacefully in Dante’s arms. ‘Based on all the deaths I’ve seen as a nurse, I think my mum’s was the best’, said Mary’s daughter, Samantha. ‘She was really at peace’. 
Rehabilitation + Pain Management

Our Rehabilitation + Pain Management services help people minimise the effects of serious trauma, accident, illness and chronic pain. The goal of our rehabilitation and pain management services is to enable people to live as full and independent lifestyles as possible.

The big picture

- **230,000**: Close to 230,000 people enter rehabilitation programs in non-acute hospitals through Australia every year.
- **150,000**: Stroke is a common reason for rehabilitation programs, and around 150,000 Australians live with a disability following a stroke.
- **20%**: 20% of Australians live with chronic pain. In people aged over 65, this increases to 30%.

How we’re caring

- HammondCare provide inpatient units, outpatient clinics and a day hospital at Braeside Hospital and Greenwich Hospital. Greenwich Hospital is also the centre of HammondCare’s Pain Clinic, specialising in helping people manage chronic pain.
- Greenwich Hospital is a base for providing home-based rehabilitation services.
- HammondCare is participating in a number of research projects focusing on stroke recovery, functional independence, pain management, and spinal cord injury pain.
When Daniela first arrived at Greenwich Hospital, she believed she would never walk again.

It was a bright Sunday afternoon, Daniela was with her daughter Michelle and her husband, enjoying a meal round the table at home with some of their closest friends.

Daniela had grown up in Czechoslovakia where, among other things, she had a successful career as a football commentator on television. When Michelle came to live in Australia, Daniela came too. They made their home in a beautiful bungalow on Sydney’s lower north shore.

Daniela was an expert gardener. She spent many hours working in their extensive and lush garden, but her greatest joy was a long walk in the sun through the leafy streets around her home, with her faithful Labrador Charlie every morning.

But that afternoon, towards the end of the meal, Michelle’s husband noticed something was wrong. Daniela had reached to sip her tea but suddenly could not hold the cup.

Daniela appeared distressed. She was unable to move. By the time the ambulance came, Daniela could not move her arm, or her fingers, she could not speak, or even swallow.

Remembering that day, Michelle says, ‘That afternoon was a blur, but I still remember distinctly the moment when she lost the ability to move, was not able to communicate, and was not aware of what was going on.

“She had gone from being perfectly well to being bed ridden, uncertain, scared.

‘And the prognosis was very grim – we were told that the stroke was so big that she would have a permanent disability. She would never walk again, never move again. It was a very scary moment’.

Daniela survived, but her recovery was limited. She was in hospital for five weeks before she was moved to HammondCare Greenwich Hospital for rehabilitation.

When she arrived at Greenwich, her condition was stable, but she still could not move. A lifter was required to move her round.

There was no way of knowing whether Daniela would walk again. One of the challenges with rehabilitation following accident or stroke is that you can never know what the outcome will be, how much capacity will return.

Her intense rehabilitation program began with just some simple things, like sitting and balance. It was clear that Daniela was totally focused and committed, and with remarkable support and care from Michelle as well, she began to make progress.

Eventually she could stand, and then she began re-learning to walk, initially with a lot of assistance, but amazingly, within a few weeks, she was actually walking without assistance.

It was slow, unsteady, and hard work for Daniela and the team, but it was a life changing breakthrough – mobility regained.

Over the next few weeks she continued to improve and five weeks later she went home. She had come a long way from the first day she arrived - frightened, unable to move, and facing life thinking she would never walk again.

‘The physio is ongoing, but now it’s only once a week, and it has helped her to be where she is today. Independent, and not needing a wheelchair or walking stick or anything’ says Michelle.

And Daniela agrees. ‘I am feeling good, really good. The independence is coming – slowly, but its coming’.

‘When we first met her, Daniela’s main problem was that after the stroke, motor functions and planning were impacted, so strength and coordination were damaged. The solution is to teach the brain to relearn movements, to find new pathways.

The first week or so we just worked on her balance and her sitting. After a couple of weeks she was up to assisted walking. Initially we had to have one person squatting next to her to support her knee. The knee would give way because of weakness, and also because she couldn’t sense it, whether it was bent or straight.

But remarkably, a few weeks after she arrived, she was up and walking around. So then we could start to talk about planning to get home.

The really great thing is that Daniela took this as a wake-up call. And she was determined to get well, eat better, exercise more, and from all reports she is up and around and moving more than she ever could.

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Senior Rehab Physiotherapist
HammondCare Greenwich Hospital

CASE NOTES

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After entering the congregation of the Good Samaritan Sisters at the age of 21, Mary-Lynne Cochrane enjoyed a life full of activity. She swam daily, enjoyed going on regular walks, and was director of a boarding school for girls in Brisbane’s inner east where she was responsible for the welfare of 120 pupils. Active was her normal.

In her mid-20s Mary-Lynne began to experience sharp back pain. She underwent surgery to address it but was not overly concerned, she reasoned that the pain had been caused by heavy lifting and assumed that it would go away. But it didn’t. When Mary-Lynne moved to Sydney to take up a post at St Scholastica’s College in Glebe the pain moved to other parts of her body.

Over time it grew worse until she was unable even to walk around the block. She stopped working, grew depressed, and put on weight. All the while the cause of her pain remained mysterious and undiagnosed.

It was a period of her life marked by intense pain, multiple medications, and more major surgery. Mary-Lynne went to a number of pain clinics where she tried various procedures, ranging from soft tissue injections to electric shocks into the spinal column. Yet the pain continued to increase.

‘Every time something happened and the pain got worse the dosage of my medication would go up to control it’, she says.

‘There was a period there when I couldn’t drive – I was just falling asleep at the wheel’. Things came to a head for Mary-Lynne late in 2012 when she woke up in extreme pain following surgery on her back.

‘Discharged with more medication, she spoke with the Good Samaritan Sisters’ healthcare worker who told her about the Pain Clinic at HammondCare’s Greenwich Hospital, which offers a holistic approach to the treatment of pain.

‘After being assessed, Mary-Lynne began a six-week course for people experiencing chronic pain. Along with the seven other participants, the Pain Clinic team helped her learn how to visualise her pain, meditate, and do exercises and stretches to help manage pain.

‘One exercise that proved particularly helpful was being asked to draw her pain.

‘I drew a big chain that was connected with links,’ Mary-Lynne says. ‘When I came to describe it I said it was as if it controlled everything I did. The chain had no beginning or end… It was controlling me’.

‘It changed my life so much. I felt as though I had got the pain out of my body. I had never done that before. I had just been consumed by the pain’.

‘My life has now taken a new turn... I’m so happy because it worked’.

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Mary-Lynne presented to the HammondCare Pain Management Service at Greenwich Hospital with severe pain in the lower back, hips and knees. The pain had been present for over 30 years and she had been through several major operations including two hip replacements, a knee replacement and three lower back operations.

‘Despite this, she had ongoing pain requiring quite high doses of strong pain killers, anti-inflammatory medications and drugs for nerve pain. She had previously functioned at a very high level, but the pain was having an increasing impact on her social and work life as well as her sleep.

Mary-Lynne was seen by the pain management team who felt that she would benefit from attending our group pain management program to develop skills for managing her pain. The six-week program provides education about pain and how we can control and manage it through a range of skills including relaxation, pacing, activity upgrading, stretching, exercise and meditation.

With skills she learned, Mary-Lynne was in less pain, was able to stop her strong pain killers, get back to doing more at work and she generally feels much better. Pain is no longer having the impact on her life that it was.

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The Pain Clinic, Greenwich Hospital

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Around 10% of people living with dementia also experience other mental health concerns. Around 15% of older Australians report using antidepressants, compared with just 5% of the general population. Several thousand people in Australia are estimated to experience the distressing behavioural and psychological symptoms associated with dementia.

HammondCare provide comprehensive inpatient and outpatient aged care psychiatry services at Braeside Hospital and Greenwich Hospital. The Special Care Program, located within the Southwood nursing home at Hammondville, provides therapeutic care for people with the distressing behavioural and psychological symptoms associated with dementia. It is designed to reduce reliance on antipsychotic medications through the use of individually tailored care plans that include non-pharmacological strategies for reducing anxiety and encouraging social interaction. HammondCare is involved in a wide-ranging research project on the impact of care and dementia support services on outcomes for hospital patients after discharge.

Older Person’s Mental Health

Our Older Person’s Mental Health services care for people living with complex mental health concerns. We provide specialised aged care psychiatry aimed at helping people overcome the symptoms of serious mental illness and integrate back into their community.
Meet our carer – Paul Buttigieg

I’ve worked at HammondCare Brabeside Hospital since 2005, originally as an Registered Nurse and currently with the Community Team in Aged Care Psychiatry. We cover a large region and look after people with complex mental health problems, as well as people with dementia and some of the behavioural and psychological symptoms associated with it. Getting to help people is what drives me.

In my work I always take a long-term perspective. I think to myself, here is someone with complex needs, and I’m not going to be able to change anything overnight. But with persistence, I’ve seen a lot of positive changes over time. I get an enormous feeling of accomplishment when I see people get better like this. Seeing these changes and knowing that my team and I make a real difference is what keeps me going.

What have been some highlights of 2014?

One highlight has been seeing the nursing team grow in their knowledge and passion of aged care psychiatry. We’ve undertaken a fairly intensive mental health training program, and I’ve organised several courses in psychiatric nursing. This has really empowered the nurses to feel more confident and comfortable in looking after psychiatric patients. There has been an increase in the interaction between the nursing staff and the patients. They are very engaged now in talking with, and crucially, listening to patients.

Another highlight has been an excellent result we’ve seen with a particular patient. Early in the year a gentleman was admitted with schizophrenia, depression and Parkinson’s disease. Finding treatment for this combination is complex, and it was a delicate balance to manage his Parkinson’s and treat his schizophrenia. We tried a number of things, and one weekend he turned a huge corner. So much work was put into how best to meet his needs that it was incredible to see him come through the other side. It’s not good for someone to be in hospital for too long, but in this case we persevered, and had the support of a relative, and it yielded a wonderful result.

By his mid-30’s Derek’s life had fallen apart

Derek was originally born and raised in England. After school he became a qualified mechanic, and enjoyed a full and successful life in his early years. He married while young, was blessed with a young daughter, and enjoyed close relationships with his parents and his two sisters. Derek came to Australia in his late-30s, and not long afterwards things began to change. Though still a young man, Derek developed mental health issues and did not receive the care he needed.

By his mid-50s, Derek’s life had fallen apart. His mental health issues meant that he had become unreliable and difficult. As a result he was unable to work and grew estranged from his family. In the ensuing years Derek experienced serious relationship problems with the people closest to him. When his marriage ended, Derek had lost everything.

We didn’t meet Derek until five years ago. By that time he had been living rough for nearly thirty years. Initially verbally aggressive, and resistant to treatment, Derek had no awareness of his illness. It was a stand that had led to his long and very sad history of broken and damaged relationships and a life of frustration, anger and sadness. Because what Derek needed was help.

Derek came into HammondCare Brabeside Hospital in 2010. Initially he remained totally resistant and refused all help and treatment. However, in time Derek got to know the staff, and he finally received help for his severe and untreated schizophrenia.

The outcome was a transformation. Over a period of seven weeks, Derek came to realize that he had a problem and he needed help. That insight alone was a huge leap forward. In time Derek began to understand his illness and his challenges, and as a result sought further help to treat and manage his illness.

Derek has been back living in his own home for three years now. He lives on his own in a unit provided by the Department of Housing. He comes back to Brabeside regularly, takes his medication regularly, and gradually he has begun to have some contact with his loved ones. It’s a difficult path for him. But at this point in time, Derek is at peace.

We love to see him on his regular visits to the hospital, and we’ve started to introduce him to some community groups where he can make some friends and develop some socialization. He now thanks us for the help we have provided, and speaks up about his past and the problems he has had to deal with.

It’s a very long way from the difficult man we first met five years ago. Even 12 months ago, we would never have believed he could be living independently and happily like this. We are delighted to have been able to help Derek, and that things have improved so much for him.

HammondCare’s Riverglen: caring for older people with mental health issues

The Riverglen Unit at HammondCare Greenwich Hospital provides a multidisciplinary treatment aimed at restoring people with mental health problems to a level of health that will allow them to return to the community or mainstream residential care.

Associate Professor Janine Stevenson is the director of Riverglen. She speaks about the role and achievements of this unique service in 2014.

What do you and your team do?

At Riverglen, we are very much a multidisciplinary team, consisting of psychiatrists, nursing staff, an occupational therapist, a physiotherapist and a social worker. All our patients need more than just psychiatric care. Most have multiple medical problems, social problems, family problems, and then psychiatric needs running beneath all of these, which complicates things immensely.

So the service we provide is a total package: we’re attentive to many different kind of needs. For instance, our social worker helps them find accommodation once they leave us, and helps address family issues. Before we discharge anyone we arrange for community follow-up and community groups they can attend in order to meet their social needs. We also have a carers’ support group, because caring for an older person with mental health needs requires a lot of support too.

What outcomes do you want to achieve?

Symptom resolution and integration back into their community. Quite often we get people referred to us who have been in hospital for quite a while, due to complex medical problems. A long stay in hospital takes a toll on anyone. When patients first come to us we spend time physically rehabilitating them, as well as providing psychiatric care. This involves good nutrition, often a good deal of physiotherapy, and medical care.

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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.”
Knowing who we are and why we exist means we have a clear framework for making important decisions, including the difficult ones, and responding to change. That is what drives what and how we do things, not the latest fad or trend or tender.
Earlier in his life David Vader was a pathologist specialising in infection control. David is now a resident of Hammondville’s residential care home, Bond House. And he has made a surprising and unique contribution.

In his career as a pathologist, David introduced a more rigorous approach to infection control at a number of hospitals around Australia. At the time, this involved stepping into hostile environments where people were resistant to the change he was recommending.

David was referred to HammondCare and settled into Bond House after being diagnosed with dementia six years ago. ‘At first, I deliberately hid the fact that I was a medical graduate,’ David says. However, as the staff listened to David and sought to understand his needs, they soon discovered that he knew quite a bit more about their work than they were expecting.

Julie Paterson, one of the managers at Bond House, says, ‘We’re always trying to understand who the person is, and resist the temptation to be satisfied with merely knowing what sort of disease the person has. As we got to know David we could tell that he was a person who enjoyed talking about serious things’. As the Bond House staff pursued this, they were surprised where it led.

David developed an interest in the work of Bond House’s workplace trainer, Elizabeth Higgins, and he began partnering with her in delivering some staff training. Because of his background in infection control, he was interested in hand washing training.

Elizabeth says, ‘David’s work here has had a real impact, and he’s very good at it. I like him to join the training sessions, it’s very good for the staff. During training he always stresses washing your dominant hand, and emphasises the importance of hand washing for effective infection control.’

‘After his training I always hear the staff repeat these things to one another as they go about their work. He has a wealth of experience, and I’m glad he shares it with us. He shares a lot of stories about his clinical experience’. David says, ‘I remember a lecture I gave to nurses at a hospital. It must have been thirty years ago now. The nurses weren’t aware of the latest techniques in infection control, and had a pretty primitive understanding of how infections could spread. And at that time that particular hospital always had trouble with all kinds of basic infections that were easily avoidable. Eventually they started listening to me, and the problems went away. Here at Hammondville, I’m very passionate about educating about infection control, and we’ve never had any of those problems – if we did, I would be the first to know!’

Apart from sharing his knowledge, David shares something else important with the staff – himself. As they listen to his training, and learn how to meet his needs, he teaches them what it means to care for someone living with dementia.

Elizabeth says, ‘David helps the staff recognise that residents have had a whole life before they come here. Often an incredibly interesting and accomplished life. And in order to engage people you need to listen, to find out what that was, and meet that person. He’s so intelligent, things like bingo are just not going to interest someone like him’. Julie has seen the value this teaching role has brought to David’s life at Bond House. She says, ‘Being involved in the training means a lot to David. It connects him with his past self. When he’s discussing an issue, you can just see it in his face – for a moment the old David is back. As someone who cares for people with dementia these are the moments that you want and that you love, when the person shines through’.

David says, ‘I know everyone around here. I enjoy seeing everyone, especially the staff, it gives me a lot of comfort. Everyone here is my friend. It’s nice. They all have jobs to do, and if you recognise what their jobs are and relate to them, they get to like you because you care. And that’s not much to give! Give a little bit of care and strike up a good relationship. I’m very proud of this place’.
About four years ago my mother developed dementia, along with some of the distressing behavioural symptoms associated with it. Even as a nurse who specialises in caring for people with these symptoms, you are never ready to see these in your own mother.

Mum received excellent at-home care for a number of years, but things came to a crunch last winter. She’s always hated the cold, and her big house was so cold in winter that a number of everyday activities – such as preparing fresh meals and getting out of bed – were just too hard. It got to the point where multiple daily visits from family and carers weren’t enough. With a cold winter ahead, I could see that the future would be just miserable for Mum.

And then I’d come to work at Hammondville. It was like stepping into another world. I’d see people in bright, heated living rooms being cared for around the clock, being provided with excellent food, and enjoying social interaction. My thoughts would always return to Mum when I saw this – Mum, struggling through every day, alone mostly, in her big, cold house.

So we decided to bring Mum to The Pines at Hammondville. She moved into a private room in a dementia-specific cottage, a place expertly designed to feel and operate like a small home. A lot of people are frightened of residential aged care, but life was so much better for her here. It was the best place for Mum, and she was fantastically well cared for. The first things my family and I noticed were the small things. For the first time in a long time her hands were warm, her hair was colour and styled, her clothes were clean and pressed.

Then we noticed the big things. She was taken off heavy medication, she put on a little weight, and her disposition was more relaxed and positive. She actually connected with other people more than she had been in a long time, even more than before the dementia.

I’ve learned a lot through my experience with Mum. I’ve seen with fresh eyes how difficult and exhausting it can be for a family member to visit a loved one with dementia. I saw this especially with my brother. Like a lot of people, my brother didn’t know how to visit someone with dementia, and initially his visits were awkward and upsetting. So I’d coach him in what to expect and what kinds of questions to ask. I’d teach him how to sit with her and enjoy a visit.

Mum passed away here. My brother and I sat with her over the course of a few days and said our goodbyes. She was comfortable here until the end. I think I’ll always remember the feel of holding her warm hands during her last days. And I think my brother will too.
I met Roseann through a program that HammondCare runs in partnership with other organisations, offering people the chance to die at home. Funded by the NSW government, the program was motivated, in part, by the fact that 70% of Australians say they would want to die at home but only 16% actually do.

Two and a half years ago Roseann was diagnosed with a life limiting illness. After two years of treatment, the doctors told her that they had run out of treatment options – she needed to face the reality that within weeks her life would be over.

Roseann was told about the HammondCare Palliative Care Home Support program and embraced it with towering strength, courage and determination. She was dogged, she was stoic. Through these five unforgettable days she never wavered from her decision to die at home, surrounded by her family. Two daughters had flown in from London. Two of her precious grandchildren were there, as well as other family members and friends who dropped in.

The ABC’s NSW 7.30 program was there to record the journey of Roseann’s final days. She welcomed the crew with warm, generous hospitality.

One of the many, many things that struck me about the whole experience was how much laughter there was in the house – often led by Roseann. Within one minute of walking in on our first day we were laughing! It was the first of a number of truly remarkable moments that profoundly impacted us all.

I have never heard anyone speak so openly, confidently, and normally of ‘the great taboo’. For Roseann it was her own impending death. It was often confronting, even jarring, to hear this amazing woman speak about it in such a matter-of-fact manner. She had chosen the photo that was to be placed on her coffin, and the dress she would wear. Her daughters were told to make sure it was ironed!

Over and over again Roseann expressed her deep gratitude for the chance to die at home. There was no way she was going to go to hospital and miss the familiarity, the warmth, and all the comings and goings of home. On our second day with her, she mobilised her daughters to cook us her renowned Southern Indian green chicken curry. She said grace for the whole gathering and took a few mouthfuls, despite the pain and discomfort she was clearly feeling.

The Palliative Care Home Support program
The program commenced in late 2013 and is a partnership between the HammondCare Consortium (HammondCare, Sacred Heart Health and Calvary Health Sydney) and seven NSW Local Health Districts, including those in rural and remote areas of NSW. It is driven by passionate people within HammondAtHome and HammondCare Health and Hospitals, and has been made possible by funding made available by NSW Health Minister Jillian Skinner.

So now, a wide range of patients who are nearing the end of their lives are given the choice to return home for their final days. Experienced care workers up-skilled in palliative care come into the home to offer a range of practical help and comfort. They are guided by a specialist multi-disciplinary palliative care case manager in consultation with the patient and their family. The palliative care team comprises doctors, nurses, physiotherapists, occupational therapists, social workers, chaplains and other health professionals. This program is all about choice and I’ve seen with my own eyes how it’s possible – though of course not always easy. This amazing family would have had it no other way – Professor Rod MacLeod, HammondCare lead academic for palliative care, says this program is actually all about living – living as best you can to the very end. This remarkable woman did just that.

‘I knew Roseann Tenhuen for just five days and yet I’ll never forget her’.

Leigh Hatcher
Director of Public Affairs at HammondCare
Living Memories

Alf was a veteran of World War II and for many years had owned his own business, but when Michelle Heldon first met him, Alf had withdrawn. When our HammondAtHome carers came to his home, he just stayed in his bed, in his room, silent. Living with depression and also dementia, he hadn’t spoken for over a year.

Michelle completed a degree in fine arts at the National Art School, but developed a strong interest in dementia care following her grandmother’s diagnosis with dementia. She found herself wondering how she could combine her studies and love for art, with her passion for helping people living with dementia. She began working with HammondCare, and one day found herself at Alf’s place.

One visit she took her paint and brushes, and invited him to come out to the living room to watch her paint. Alf initially showed no response. Then, after two weeks, to everyone’s surprise, Alf climbed out of bed, sat next to Michelle and watched her paint. He watched her that day, and then every visit, for a couple of weeks. Then one day, he picked up the brush Michelle had been bringing for him, and started to paint.

As he painted, for the first time in months, he began to talk. He painted scenes from his childhood, a recurring image was a horse. Alf’s wife later tearfully said that the horse was something very special to him that he rode as a child. As the weeks went by, Alf gradually expressed himself more and more, through his painting, and verbally as well. No longer silent and in bed, Alf had re-engaged with the world around him.

Alf’s experience is just one of many. For people living with dementia, the opportunity to enjoy art and express themselves through art can be life changing. Two years later, Michelle, Marina and the team at the HammondCare South East Sydney Social Club curated ‘Living Memories’, an unforgettable exhibition of art produced by people they had been working with, people living with dementia.

Over 100 works of art, from over 25 artists, covering painting, drawing, collage, ceramics and embroidery, provided a remarkable testament to the spirit and talents of the artists.

Michelle summed up the exhibition well. ‘It’s a way to bring out their true selves, to connect with them. It’s a beautiful experience, and the art show really honoured that. Even the simplest mark on a page, that’s them putting themselves out there, and its about embracing that we are all creative human beings - the exhibition was all about honouring that’.

Better care through high-end, real-time information technology

On any given day, our carers travel around 7,000 kilometres to care for more than 1,600 frail older people and people living with dementia in their own homes.

This vital care enables older people to remain in the familiar comfort of their home, providing support, care and companionship for people who would otherwise be living in residential care. Over the past 12 months we have invested in significant high-end technology to increase the quality and efficiency of our care in homes across NSW. At the centre of our investment is integrated mobile technology. HammondCare now provides all our workers with smartphones which provide them with real-time connection to a wide range of essential information. It’s a vital breakthrough in connecting our army of care workers, on the road every day across NSW, with support and information essential for their care work.

The benefits are significant.

• Rosters and timetables are maintained and updated in real time, reducing the need to call the office through the day.

• Key logistical details are provided to the smartphones for maximum efficiency of communication, travel and access, covering things like a client’s preferred access point, best travel routes, and personal touches like locking gates to protect pets.

• Additional details that provide individual aspects of a client’s personal situation and needs are also provided, promoting individually tailored care, and these details are able to be updated on the spot.

The impact of this new technology is better care for our clients. With less time wasted on logistical and scheduling complications, as well as an overall smoother and more productive day for our staff, HammondAtHome care workers are better able to focus on the heart of their work: improving quality of life for people in need.

Some people come to HammondCare suddenly; an abrupt turn of events in their life quickly thrusts them into care. Others come to us slowly over time, gently growing into care, until they are so much a part of our lives that we wouldn’t know our week without them. It happened like this for Agnes.

There was no sudden need for care for Agnes. When we first met Agnes, we were caring for her older sister Ivy. Agnes was in her early 90s at the time, and Ivy’s primary carer. It was only after Ivy died that we began caring for Agnes.

Her needs were small at first. As her needs grew, we were able to offer her more care, enabling her to live at home independently until she was 90. Agnes recently had her 101st birthday, which she celebrated with her family, including her niece, who now lives with her. Care workers from HammondCare now visit Agnes four days a week.

Agnes likes the arrangement. ‘I have people who come every week and do exactly what I want them to do. They help me to do everything,’ she says. ‘She’s made the most of every day,’ her care worker Jenny says. ‘I’ve had a wonderful time,’ Agnes says. ‘That’s a fact.’

The highlight of our week: visiting Agnes

They all want to come here every week, because you are so much fun. And you give people joy when they’re around you’. Agnes delights them with her laughter. And she delights them with stories: of her childhood in Scotland, of her days as a young woman working as a maid for a rich and generous Scottish family, stories of travelling by ship when she immigrated to Australia, of the difficulty of being a stranger after she had first arrived in Australia, and of the eventual joy of finding friendship in her new home.

Visiting Agnes is ‘the highlight of the week’ for many care workers. And no visit is complete without a tour of Agnes’s flower garden, or an update on the latest baby blanket that she may be crocheting for someone in need. Agnes reminisces about the different places she and her family stopped on the long journey by sea from Scotland to Australia. She remembers the fun of exploring the different ports. ‘We made the most of every stop,’ she says.

‘She’s made the most of every day,’ her care worker Jenny says. ‘I’ve had a wonderful time,’ Agnes says. ‘That’s a fact.’

She smiles and her smile is as bright as the sunlight coming through the window, warming the steam from her tea cup.
Renewal and expansion at HammondCare
Greenwich Hospital: a network of care services that is unique in Australia

A highlight of the past 12 months has been a thorough refurbishment of HammondCare Greenwich Hospital, with total renewal of patient accommodation and staff facilities for all hospital clinical units. Greenwich has a proud history of care since 1966, and the past five years have seen a dramatic expansion in services and facilities.

Greenwich today is a multi-faceted campus offering expert care in palliative care, rehabilitation, pain management, aged care psychiatry, and dementia care. Greenwich also has a strong commitment to research and training.

In-patient, day hospital, and at-home services are provided, all supported by extensive allied health and auxiliary care services, from social work to pastoral care, hydrotherapy to falls management programs, and a specialist state-wide dementia support call centre.

The extensive renewal project supports an ongoing expansion of services across the site. A feature is our extensive new rehab fitness gym, providing a superb base for specialised care for people recovering from the major challenges brought on by serious accidents or illness.

Food culture is also a key priority right across HammondCare. At Greenwich, this has resulted in a completely new, extensive fresh food menu, all prepared on site. Access to fresh, nutritious and delicious food is essential to the model of restorative care offered at Greenwich.

Stewart James, General Manager of Health and Hospitals, says, ‘We now provide a really diverse network of care services at HammondCare Greenwich Hospital - at the heart of this growth is a passion to provide health services for people where and when they need them.

‘So I am delighted that we have been able to undertake such an extensive revitalization of the buildings and facilities here at Greenwich, in support of our care team that daily provides premium quality care for people in need’.

Specialised mental health care for older people

When people develop mental health issues in later years, it’s easy for them to fall between the cracks. Audrey’s daughter says she was always bubbly and outgoing, but in her later years things changed.

Audrey developed late onset bipolar disorder, coupled with depression, and it had a catastrophic effect. Her engagement with the world around disintegrated and she sat silent, staring, eyes lowered, avoiding eye contact. She had trouble walking, and was unable to shower or dress without assistance.

The saddest aspect was a loss of hope. Audrey would not eat.

‘I can’t – it doesn’t matter anymore...’

HammondCare provides mental health services for older people at both Braeside and Greenwich Hospitals, specifically to care for older people like Audrey. We were able to help Audrey with a range of treatment involving medication, diet and other treatments. It was an intense and lengthy process, but very effective.

When discharged, Audrey was beginning to re-engage with the world – she began smiling, feeding herself, talking and developing a hopeful outlook. And she started knitting.

It was great to see Audrey back in the community, supported by her family, and connected to ongoing support services that would help sustain her recovery.
The number of people over 65 is due to grow by 47 percent, and 13 years in Northern Sydney and the Northern Beaches, the life-limiting illness and about 1,000 clinics were held by health doctors conducted more than 1,000 home visits to people with ‘In the past 12 months nurses, allied health professionals and HammondCare’s General Manager of Health and Hospitals, provides community palliative care to local residents. HammondCare’s Northern Beaches Palliative and Support Care Service which Palliative Care Centre houses HammondCare’s Northern Beaches Palliative Care Services boosted with the opening of the $600,000 extension and refurbishment.

First established in October 1989, The Cora Adcock Palliative Care Centre houses HammondCare’s Northern Beaches Palliative and Support Care Service which provides community palliative care to local residents. HammondCare’s General Manager of Health and Hospitals, Stewart James, explained the importance of the building as the base for community palliative care across the Northern Beaches. ‘In the past 12 months nurses, allied health professionals and doctors conducted more than 1,000 home visits to people with life-limiting illness and about 1,000 clinics were held by health professionals at the centre. Demographics show that in the next 13 years in Northern Sydney and the Northern Beaches, the number of people over 65 is due to grow by 47 percent, and people aged over 85 will number 42,000.

Linh Nguyen – learning, engaging, nurturing
Linh Nguyen found it very challenging when she first worked as an Assistant in Nursing at HammondCare Braeside Hospital. Not surprising – she had no previous experience in this profession! But straight away she caught our attention. Linh worked really well with the team and patients, was eager to learn and practised with high standards. She soon worked across all 3 units in the hospital, with a lot of positive feedback. We encouraged Linh to pursue her nursing career further. She undertook further studies and in 2009 became an Endorsed Enrolled Nurse in our Palliative Care Unit. Linh wanted to go further. She graduated as a Registered Nurse (RN) in 2012. Linh had come a long way in a short time, with a lot of hard work, and we encouraged her every step of the way. Linh continues to pursue further studies, continues to perform at a high standard, and her contribution is very much valued. She has a passion for giving back to the community. She clearly demonstrated this passion by her valuable contribution and engagement with the Australian Vietnamese Community and support for the hospital during the Braeside kitchen fund raising events. Caring, dedicated, and learning staff like Linh are so important to HammondCare. She sets a wonderful example in serving with passion; learning and development; engaging with community; nurturing the whole person; valuing teamwork and sharing responsibility. And it’s great to know she’s only just getting started.

Elaine is passionate, vibrant, and committed to making a contribution. She became involved in the early women’s liberation movement and developed a particular passion for indigenous rights. She continued to nurture her lifelong love of art, studying at East Sydney Technical College. This training and her love for helping others led to volunteering and ultimately working part time as a diversional therapist in nursing homes and hospitals. So for someone like Elaine, when she broke her hip this year at the age of 86, it was a significant problem. Elaine does not drive, so to suddenly lose her freedom and independence and be housebound and immobile was devastating. Elaine wanted to regain her confidence and mobility as soon as possible.

Elaine was delighted when our Home Based Rehabilitation Services stepped in. She says that rehab at home was an ideal option for her. The delivery of physiotherapy sessions in her own home, where she felt most comfortable and confident, made all the difference.

Helping Elaine rebuild in the safety of her own home
Elaine Mayer met her husband Henry in a shipboard romance in the early 1950s. After travel and study in Europe in the early years of their marriage, they settled in Sydney and in 1958 bought the home that Elaine still lives in. Henry sadly passed away in 1991.

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Physiotherapists from HammondCare Greenwich Hospital incorporated Elaine’s regular routine, including walking to and from the shops, as part of the sessions. Elaine said this personalised approach helped her get back on her feet sooner than she thought possible. She commented that the key to the success of her rehabilitation was the efforts made by physiotherapists to understand her personal situation and needs. ‘I couldn’t have done what I did without them,’ Elaine said. ‘They were so tuned in to my reality. Not anybody else’s: mine. They offered expertise, empathy and empowerment’. 

Research: a vital part of the continuous improvement in care across our hospital network
A wide range of research projects are in progress across our hospital services, with a driving focus to continuously review and improve of models and procedures of care. One award-winning example has been under way at the Rehabilitation Unit at HammondCare Braeside Hospital for over two years, led by Associate Professor Friedbert Köhler and Mark Buhagiar, Manager of Physiotherapy. The project is examining whether inpatient or home-based rehabilitation programs yield better results following major surgery such as a knee replacement. With 40,000 knee replacements each year in Australia, it’s a significant issue. Our research will help by providing high-level evidence, and a second component looks at the attitudes of consumers, orthopaedic surgeons, rehabilitation specialists and therapists to investigate key factors affecting decision-making in this area. Our research in these areas will be used to shape future, evidence-based, consumer-driven service provision. The project recently won the Three Minute Thesis Competition held at the Ingham Institute Research and Teaching Showcases, and has attracted external funding through the HGF Foundation.
Mark Buhagiar says, ‘The win gives us confidence and assurance that we can translate the findings of our research into language that anyone can understand, an important skill in the conversion of research into practice!’ Friedbert and Mark are typical of many researchers at HammondCare who combine a passion for care with a commitment to research. They are involved daily with providing physiotherapy support for patients, as well as undertaking significant long term research, and contributing to the research and education of other staff. 

www.hammond.com.au/about/reports
A comprehensive report on research Physiotherapy and researcher. Mark Buhagiar, Manager of Physiotherapy.
We must understand and be driven by our identity and purpose: HammondCare is an independent Christian charity that exists to improve quality of life for people in need. This is crucial in determining what we do and, importantly, what we don’t do.
Ted was a cabbie and loved his work, meeting new people and being on the road every day. Weekends found Ted and his wife in their favourite spot in the local hotel, enjoying a drink and watching the football with their friends.

The last year or so have seen some setbacks for Ted. When his wife died, with their daughter living interstate, Ted was in his early eighties and pretty much alone. Then he became suddenly unwell and found it increasingly hard to keep up those simple things he loved best. Eventually a visit to the doctor led to a visit him as his journey continues. Danny Ford takes up the story.

Ted’s whole way of life is suddenly swept away. He goes from a full and busy life, living in his own home, with his circle of friends, to being alone in a single room, in an aged care service, facing the final stage of his life.

Ted is also starting to experience some cognitive decline, and his mobility is really limited now. Ted sometimes can’t remember why he is in the nursing home, he asks Danny why he can’t go home. ‘Who will help Ted make sense of what is happening to him?’ is what my role as a Community Pastoral Carer for Palliative Care patients is all about. Ted keeps a carton of ginger beer by his bed. I come by to chat and share a drink with him. And it’s a great blessing that his wider family stay in touch and visit him. Together we’re doing our best to look after him.

‘Ted and I talk together talk about the past - the good times. It’s important to Ted to enjoy his memories. And we talk through the recent events that changed everything. And the things that lie ahead. We try to process things, to work out how to approach the things that lies ahead for Ted’.

’Some of the time Ted is very low, and seems to have deep sadness and little hope. But much of the time, he’s managing to make light of his situation. He’s cheeky, finds a way to have a laugh, and brightens the day for everyone around him.

‘Ted is an amazing person, and I’m privileged to share these difficult, final times with him’. 

An intense experience with many questions: the challenge of Pastoral Care

The ministry of Pastoral Care often involves being with people who are going through an intense experience. They face times they have never faced before. Times of illness, dying and bereavement can be times of enormous loss and pain.

It’s also a time of life that raises a range of significant questions. These questions can reflect the issues and fears people are facing, and also the challenges we face in supporting them. Here is a sample of real inquiries and requests from patients or family and friends.

- Should I tell my friend that I am here?
- What does it feel like when you are dying?
- Can you heal my daughter?
- What is the point of living like this?
- Can you help me contact my children?
- How can I pray?
- Will God accept me?
- Do you think that I am cursed?
- Do you think that I should record something for my children?
- How do you manage to work in a place like this where sickness and death are with you all the time?
- What is God like?
- How can I get right with God?

- As Pastoral Carers, we don’t claim to have all the answers to these questions’, says Richard Tavender, Pastoral Care Coordinator at Neringah Hospital. ‘However we do have the privilege to be with people as they ask these questions. And we may facilitate discussion, exploration or responses that validate these questions, and help people seek and discover answers from God and other people’.

A simple approach: we start with the person, their needs, their beliefs

Pastoral Care continues to grow, with now around 30 dedicated Pastoral Care coordinators busy on a daily basis across our care services.

It is a vitally important part of our work, central to the care we provide, bringing a ministry of unconditional care and support for individuals and families often facing the hardest times in life has to offer. It is a challenging work, often unpredictable and unexpected, and demands a high level of commitment and personal investment from our team.

We follow a simple approach when we meet a new client. It starts with the person and their own specific, personal situation, needs and beliefs. As an initial starting point, we ask a simple series of questions.

- What does this person need?
- Where do they find comfort, strength and meaning?

- What are their own religious or cultural beliefs and practices?
- Do they have any special religious needs or rituals that we can assist with?
- What special needs or practices will help them and their family in their final hours?

From that point on, we make time to listen, to learn about them, what is important to them, and how we can help.

Our mission is to bring God’s unconditional love to people whoever they are, and whatever they need, people of all faiths, and none. I am delighted to lead a team of remarkable people of Christian faith, on this mission of care and hope.

Rev Craig Maher
Head of Pastoral Care

Pastoral Care

Ron’s connection with Lois, and the music he loves, grounds him

Pastoral Carer Lois Haultain, armed with a glossy red ukulele, slips in alongside Ron Clarke and starts to strum. Soon they are both singing. Ron’s voice is soft and husky but his eyes are alight, and sunlight and music fill the room.

Ron grew up on a farm in Armidale before coming to Sydney to learn building. He served Australia in WW2 and was in Darwin when it was bombed. Married in 1950, with four children, his life revolved around the family. Ron ran his own business with great success, he built lots of the homes around Kogarah and Earlwood. He loved music, and listening to the radio with his wife, the couple enjoyed debating about what to listen to.

As the years passed Ron sadly developed dementia and his home now is in HammondCare’s newest dementia care cottages at Miranda. His needs have become complex, he can no longer read, and he often seems confused and frustrated. It’s not surprising for a man who has been so active and engaged for so many years.

So Lois and her music are a big part of his day, and the music always connects for him and brings him pure delight. He recognises the songs, taps his hand and sings along. And though he often doesn’t know people’s names, he always knows Lois.

Ron’s daughter Natalie relates, ‘Dad enjoys his one-on-one sessions with Lois. We all feel reassured that he is cared for in an environment that is as close to home as it can possibly be. The connection with Lois and the music he loves, if he’s a bit unhappy, grounds and centres him again’.

Ron’s daughter, Lois and the music he loves, grounds him

The connection with Lois and the music he loves, grounds him
Allan knows, for example, that one resident worked as a butcher and he shares a joke with the man, asking for a kilo of steak. It brings an instant smile to the man’s face and he joins in on the joke. He knows that another resident was married to a school principal and reflects on the interesting life she and her husband must have led.

Allan began his working life in the Australian Air Force and during the Second World War worked as an interpreter of Japanese communications. Later he ran a recruitment business, a real estate firm and a country pub, and he now splits his time between working as a business broker and volunteering at HammondCare Miranda. Allan constantly looks for new projects to help improve the quality of life of residents in the cottage. He created a game that encourages different residents to spend time together and motivates them. We were happy to learn that our volunteer satisfaction rate is extremely high - HammondCare is a great place to serve. As Volunteer Manager Barry Costello says, ‘This is delightful for us, because it shows a great fit between our volunteers and what we do’.

For Volunteers Week in 2014, we held mornings to introduce new volunteers. We invited members of the Pastoral Care team to join us, and share with us their experience on how to cope with grief and loss, this is a very relevant issue for volunteers.

To help volunteers gain insight in dementia care, the Dementia Centre has been providing seminars focused on caring for an individual with dementia. The seminars have been very well received, as they equip the volunteers with increased understanding and skills for this specialised area of care. One volunteer said, ‘I’ve learnt so much about dementia. It’s fascinating’.

Seminars and learning sessions are a part of our commitment to develop the knowledge base of our volunteers. We work hard to support our volunteers, and increase their skills in what can be challenging areas such as dementia and palliative care.

Annette’s passion and creativity is making a big difference

Annette Kane loves art and craft and believes passionately in the importance of creativity.

Her house is filled with boxes of Lego, paper mache creations and countless different craft supplies. These are skills and passions that she has used to great effect at Miranda.

Annette has introduced scrapbooking, group singing and a number of other creative endeavours at Miranda. She tries out new ideas based on the needs of individuals and the group. Annette’s true passion project has been the amazing, detailed, personal scrapbooks she has created with residents. The scrapbooks contain important personal photographs, images relating to important parts of the residents’ histories and artworks they have created.

Annette invests time getting to know each resident and their history to make sure the scrapbooks are as personal and meaningful as possible. This close personal attention that Annette has invested is what volunteering at HammondCare is all about.

So much more than just a support role, their care is an integrated part of making sure the scrapbooks are as personal and meaningful as possible. This close personal attention that Annette has invested is what volunteering at HammondCare is all about.

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And the response has been remarkable. The residents love the sessions, and Annette said that since she introduced the scrapbooks, they have found it easier to remember her name and tell her stories about their past.

Annette’s passion, creativity and love for trying new things have made a genuine difference in the lives of residents at HammondCare Miranda. Her work shows that understanding each individual and taking a creative approach to care can be truly rewarding.
Our International Dementia Conference was attended by close to 1,000 delegates

With the theme ‘Risky Business 2,’ delegates came to Sydney from eight countries and from every state and territory in Australia. Over two days, attendees were inspired to change the way they think about dementia. Professor John Swinton and Dr Stephen Judd delivered plenary addresses.

Don’t forget people with dementia

John Swinton, a Registered Nurse and world-renowned practical theologian from the University of Aberdeen, told the conference that the biggest risk for people with dementia is not that they forget about themselves, but that they are forgotten by others. ‘The problem is that when a person is diagnosed with dementia, their friends often abandon them’, Professor Swinton said. ‘To overcome that, we not only have to change our attitudes but we also have to change our culture’.

Professor Swinton said those living with or caring for someone with dementia must continue to recognise that they are people, ‘if personhood depends on any type of capacity, including relationships, then some people are going to fall through the cracks’, he said. ‘If relationships are your personhood or your community, then you can lose that’.

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Dr Judd also challenged aged care leaders to adopt a new mindset in the use of antipsychotic medications for residents with dementia. Under the slogan ‘Turn off the TV!’, Dr Judd campaigned for less television viewing and more personalised music in aged care homes.

‘As well as physical sexual expression, sexuality also encompasses an affirmation of gender – recognising women as women and men as men’, he said. ‘One aspect of sexuality is looking in the mirror and recognising yourself as a gendered person and being recognised by others in the same way’.

Professor Swinton concluded his talk by posing the provocative question, ‘What would it be like if we considered ourselves to be guests of people with dementia rather than hosts?’

Sex, drugs and rock ‘n’ roll

HammondCare’s Chief Executive Dr Stephen Judd tackled three areas where care for people with dementia can commonly be improved: sexually, psychotropic medications and music. He called for a shift away from care that is convenient, towards care that focuses on the rights and needs of each resident.

At the top of the list of challenges was what Dr Judd called the ‘androgyne of aged care,’ where residents’ gender becomes profoundly de-emphasised, due to a lack of attention to personal grooming, dress and make up.

‘There’s something profoundly comforting about listening to your own music; the music that you like to work to, to your own music; the music that you like to work to, the music that you like to work to’ , says Dr Judd. ‘Music is powerful and it continues to resonate even in the context of cognitive impairment’.

High Tea at the Hilton

Over 400 people caring for a loved one with dementia attended a free High Tea at the Sydney Hilton to say thank you for the contribution they make.

The incidence of dementia is increasing steadily due to the ageing of the population and improvements in diagnosis. This is accompanied by growth in the number of people caring for a loved one with complex care needs. It is estimated that there are well over 300,000 Australians living with dementia today, that number is tipped to reach 400,000 by 2020.

Marie Allford, the Operations Manager of HammondCare’s Dementia Centre, says the physical and emotional demands of caring for someone with dementia present unique challenges.

‘They may become weary and tired, many become ill themselves, they find caring difficult and challenging, however they are never burdened by the person they love and care for. Ultimately, they are motivated by love, and so often they care without recognition of their own needs’, she said. ‘The focus of the High Tea was to thank carers for work that too often goes unseen’.

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Dietitian Prudence Ellis, speech pathologist Dr Judd, speech pathologist Prudence Ellis, Peter Morgan-Jones. Along with co-authors dietician Emily Coburnage, dementia consultant Danielle McIntosh and speech pathologist Prudence Ellis, Peter has created a beautiful cookbook that provides extensive practical knowledge, innovation and ‘cracking’ recipes to make food and dining a positive and memorable experience.

Celebrity chef launches ground-breaking cookbook

Maggie Beer launched Don’t give me eggs that bounce: 116 cracking recipes for people with Alzheimer’s at the Risky Business 2 conference in June, and the breakthrough cookbook has gone on to be an outstanding success. Published by HammondCare Media and authored by four of our dedicated staff, Don’t give me eggs that bounce continues a national conversation sparked by Chief Executive Dr Stephen Judd when he wrote several years ago about eggs served to some older people as being like ‘kiln-fired organic pottery’.

Maggie Beer said at the launch that a meeting with Dr Judd in 2010 to discuss how to change attitudes to aged care food had been life-changing for her and had led to HammondCare’s appointment of Executive Chef and Food Ambassador, Peter Morgan-Jones. Along with co-authors dietician Emily Coburnage, dementia consultant Danielle McIntosh and speech pathologist Prudence Ellis, Peter has created a beautiful cookbook that provides extensive practical knowledge, innovation and ‘cracking’ recipes to make food and dining a positive and memorable experience.

Extensive media coverage of the launch helped further raise awareness of HammondCare’s food culture which includes fresh-cooked food, small home-like kitchens, increased choice and engagement in meal preparation.

Buy Don’t give me eggs that bounce at www.crackingrecipes.com

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John Swinton, a Registered Nurse and world-renowned practical theologian from the University of Aberdeen, told the conference that the biggest risk for people with dementia is not that they forget about themselves, but that they are forgotten by others. ‘The problem is that when a person is diagnosed with dementia, their friends often abandon them’, Professor Swinton said. ‘To overcome that, we not only have to change our attitudes but we also have to change our culture’.

Professor Swinton said those living with or caring for someone with dementia must continue to recognise that they are people, ‘if personhood depends on any type of capacity, including relationships, then some people are going to fall through the cracks’, he said. ‘If relationships are your personhood or your community, then you can lose that’.

Professor Swinton concluded his talk by posing the provocative question, ‘What would it be like if we considered ourselves to be guests of people with dementia rather than hosts?’

Sex, drugs and rock ‘n’ roll

HammondCare’s Chief Executive Dr Stephen Judd tackled three areas where care for people with dementia can commonly be improved: sexually, psychotropic medications and music. He called for a shift away from care that is convenient, towards care that focuses on the rights and needs of each resident. At the top of the list of challenges was what Dr Judd called the ‘androgyne of aged care,’ where residents’ gender becomes profoundly de-emphasised, due to a lack of attention to personal grooming, dress and make up.

‘As well as physical sexual expression, sexuality also encompasses an affirmation of gender – recognising women as women and men as men’, he said. ‘One aspect of sexuality is looking in the mirror and recognising yourself as a gendered person and being recognised by others in the same way’.

Dr Judd also challenged aged care leaders to adopt a new mindset in the use of antipsychotic medications for residents with dementia. Under the slogan ‘Turn off the TV!’, Dr Judd campaigned for less television viewing and more personalised music in aged care homes.

‘There’s something profoundly comforting about listening to your own music; the music that you like to work to, to your own music; the music that you like to work to, the music that you like to work to’ , says Dr Judd. ‘Music is powerful and it continues to resonate even in the context of cognitive impairment’.

High Tea at the Hilton

Over 400 people caring for a loved one with dementia attended a free High Tea at the Sydney Hilton to say thank you for the contribution they make.

The incidence of dementia is increasing steadily due to the ageing of the population and improvements in diagnosis. This is accompanied by growth in the number of people caring for a loved one with complex care needs. It is estimated that there are well over 300,000 Australians living with dementia today, that number is tipped to reach 400,000 by 2020.

Marie Allford, the Operations Manager of HammondCare’s Dementia Centre, says the physical and emotional demands of caring for someone with dementia present unique challenges.

‘They may become weary and tired, many become ill themselves, they find caring difficult and challenging, however they are never burdened by the person they love and care for. Ultimately, they are motivated by love, and so often they care without recognition of their own needs’, she said. ‘The focus of the High Tea was to thank carers for work that too often goes unseen’.

Ultimately, they are motivated by love, and so often they care without recognition of their own needs’. she said.

Dietitian Prudence Ellis, speech pathologist Dr Judd, speech pathologist Prudence Ellis, Peter Morgan-Jones. Along with co-authors dietician Emily Coburnage, dementia consultant Danielle McIntosh and speech pathologist Prudence Ellis, Peter has created a beautiful cookbook that provides extensive practical knowledge, innovation and ‘cracking’ recipes to make food and dining a positive and memorable experience.

Celebrity chef launches ground-breaking cookbook

Maggie Beer launched Don’t give me eggs that bounce: 116 cracking recipes for people with Alzheimer’s at the Risky Business 2 conference in June, and the breakthrough cookbook has gone on to be an outstanding success. Published by HammondCare Media and authored by four of our dedicated staff, Don’t give me eggs that bounce continues a national conversation sparked by Chief Executive Dr Stephen Judd when he wrote several years ago about eggs served to some older people as being like ‘kiln-fired organic pottery’.

Maggie Beer said at the launch that a meeting with Dr Judd in 2010 to discuss how to change attitudes to aged care food had been life-changing for her and had led to HammondCare’s appointment of Executive Chef and Food Ambassador, Peter Morgan-Jones. Along with co-authors dietician Emily Coburnage, dementia consultant Danielle McIntosh and speech pathologist Prudence Ellis, Peter has created a beautiful cookbook that provides extensive practical knowledge, innovation and ‘cracking’ recipes to make food and dining a positive and memorable experience.

Extensive media coverage of the launch helped further raise awareness of HammondCare’s food culture which includes fresh-cooked food, small home-like kitchens, increased choice and engagement in meal preparation.

Buy Don’t give me eggs that bounce at www.crackingrecipes.com
Since then, it has grown into a nationally and internationally recognized research and consultancy hub, generating expert resources and advice for people at all levels of the aged care industry, from CEOs to care workers. The services developed by the Dementia Centre play a key role in HammondCare’s commitment to excellence in dementia care. 2014 has been another busy year of research, consulting, and training – all to provide better care for people living with dementia.

The Dementia Centre assumed operational responsibility for the NSW Dementia Behaviour Management Advisory Services – a Commonwealth Government initiative that provides expert clinical support for carers of people with behavioural and psychological symptoms of dementia. The program provides a 24-hour phone helpline service. Clients needing support can phone in and be connected to multi-disciplinary team of consultants who provide tailored assessments, advice and interventions. The program enables carers to respond creatively and effectively in challenging circumstances, and improves carers’ capacity to provide dementia-specific care.

For more information visit www.dbmas.org.au or phone the 24 hour help-line 1800 699 799

Research
The Dementia Centre is a thought leader in dementia research. Through contributions to the The National Health and Medical Research Partnership Centre for dealing with cognitive and related functional decline in older people, the Dementia Centre translates leading research into better quality care that is more widely available for people living with dementia.

HammondCare has five researchers attached to the partnership, whose research activities include the use of medications, and the effects of regulation on aged care services for people living with dementia.

Partnerships
The Dementia Centre also continues to build international partnerships. Four HammondCare staff have been appointed as Visiting Fellows at the University of Edinburgh. The Dementia Centre plays a key role in delivering the Masters of Science in Dementia: International Experience, Policy & Practice at Edinburgh. This postgraduate qualification gives professionals the necessary expertise to creatively and effectively care for people living with dementia.

The Masters equips students to lead teams and develop new services to provide the highest quality support for people living with dementia. Research partnerships have also been developed with the University of Ulster (Northern Ireland), the University of Salford (Manchester, UK) and the International Dementia Design Network, based at the Salford Institute for Dementia.

Consultancy
The Dementia Centre plays an important role in supporting HammondCare’s own dementia services, ensuring that HammondCare’s unique model of caring for someone living with dementia is nurtured across the organisation. The HammondCare model of care prioritises the individual needs and preferences of each person in their care.

Training
In 2014 the Dementia Centre trained its 11,000th student in the popular Dementia Care Essentials course. It also facilitated an International Dementia Design School, a three day intensive, practice-based workshop covering all aspects of best practice in dementia design, and In the Still of Night, a workshop on night time care for people with dementia. Both courses were taught collaboratively by the Dementia Centre staff and visiting international experts.

The Director of the Dementia Centre, A/Professor Colm Cunningham, says, ‘A model of care needs to be nurtured and cultivated. We are all passionate stewards of that model and the Dementia Centre has been working with our colleagues in our hospitals, aged care homes and at-home services to ensure this model animates all of our care’.

A new consultancy service, The Dementia Design Endorsement Program, was launched by the Dementia Centre in 2014. The only one of its kind in Australia, this innovative program provides ratings for aged care providers on the suitability of their environment for the people in their care.

For more information visit www.dementiacentre.com.au or phone 02 8437 7355

The Dementia Centre has grown to a team of over 60 researchers, educators, consultants and design specialists. These practitioners are committed to providing the latest evidence and practice based expertise here in Australia and in partnerships across the world’. A/Professor Colm Cunningham Director, the Dementia Centre

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HammondCare College: building careers in care

As a Registered Training Organisation, HammondCare College is focused on helping staff develop the knowledge and skills necessary to do their job well and develop satisfying careers. Individually tailored programs are designed to meet the specific needs of staff in aged care. We provide these services to HammondCare, and organisations in Australia and Internationally.

The College provides specialised health, aged care, and management courses in a blended and flexible learning format. Our educators are experienced industry professionals, offering a wide range of accredited courses, supported by partnership agreements with over fifteen universities, nationally and internationally. HammondCare College continues to develop its reputation as a leading facilitator of a broad range of educational services.

The College's current list of courses includes:
- Certificate III in Aged Care Work & Certificate III in Home and Community Services
- Certificate IV in Aged Care Work & Home and Community Services
- Certificate IV in Training and Assessment
- Dementia Care Essentials

Programs commencing in 2015:
- Diploma of Nursing
- Certificate IV in Volunteer Management
- Certificate IV in Frontline Management
- Certificate IV in Customer Contact

The College has educated approximately 450 students in Australia and across Oceania.

Subjects include:
- Spirituality
- Palliative care
- Life engagement
- International dementia design school

‘She bloomed in her role’: from care worker to registered nurse

Rahni Mayne started with HammondCare as a HammondAtHome care worker. She's now completing her university degree to become a Registered Nurse, supported by a HammondCare College scholarship. Rahni initially came to HammondCare through the personal recommendation of a friend. At first, she was hesitant in her work, and faced some challenging situations. Before long she developed more confidence in her role and caught the attention of her manager.

Her manager at the time says, 'We are always looking for people passionate about care. Rahni showed a lot of dedication to the people she cared for and enthusiasm for her work'. She was encouraged to make use of the training available. She completed a Certificate III in Home and Community Services through HammondCare College in 2010, and since then learning and upskilling has been a consistent theme of Rahni's career.

Her manager says, 'She went from strength to strength, and as she went through various training courses she has bloomed in her role'.

In 2012 HammondCare College offered Rahni a scholarship to complete a Bachelor of Nursing at the University of Western Sydney. Rahni had never been to university, and jumped at the opportunity. Rahni says, ‘I've loved studying! It's filled in a lot of gaps and helped me understand why certain things are important. It’s also brought me into touch with other care providers, and this had shone a new light on the way we do things at HammondCare. I think HammondCare carers are excellent at perceiving subtle signs from their clients about what they need and how they would like to be served’.

‘HammondCare has been fantastic in supporting my studies. They are flexible and always work around my schedule. I feel one-hundred percent supported. I can’t think of anywhere else where I could study full-time, work full-time, and feel as supported as I do’.

Natalie Duggan
Head of HammondCare College
Margaret had always been known as a devoted mother and grandmother, who loved spoiling her grandchildren. But sadly, in her retirement Margaret developed dementia and she moved into one of HammondCare’s dementia care cottages.

Margaret usually greets her carers warmly each morning, but she recently suddenly became distressed. Something was scaring and frustrating her. The more her carers tried to help her, the more upset Margaret became. In her frustration, she even lashed out and yelled at them. This was uncharacteristic of Margaret. However, because of the cognitive decline brought on by dementia, she was unable to communicate what was wrong. She stopped sleeping, lost her appetite, and began to grow thin. Margaret was heading for a serious health crisis.

Experts from HammondCare’s Dementia Centre advised that Margaret was experiencing severe, chronic, undiagnosed pain, but her dementia meant she was unable to tell anyone what she was hurting, or even where. Over the next week, they discovered that targeted pain relief, delivered each morning for an hour, was a revelation. Shortly after this treatment began, Margaret began to be more relaxed. With the pain gone, she was soon able to engage and relate to her carers and family again. It was a delight to see the transformation in Margaret, and to hear the laughter of grandchildren once again coming from her room.

The table was set with bright flowers and platters of food. The doctors made Karen as comfortable as possible, nurses painted her nails, did her hair and make-up, and even decorated her wheelchair all in white. Family and friends joined the staff in attendance at the ceremony. Palliative Care Pastoral Care Co-Ordinator Des Meers officiated at the ceremony, where Karen and her husband once again made their promises to love one another, just as they had done 20 years before.

The ceremony gave Karen the opportunity to celebrate the beautiful things that she cherished most in her life with the very people she held most dear. Karen died a few days after the ceremony, but according to Karen’s husband, ‘The Dreams Project allowed us to see Karen happy one more time’.

Sometimes it takes a team of people to make a dream come true. But it’s always well worth any effort involved. Karen’s dream involved the work of doctors, nurses, pastoral staff, social workers, occupational therapists, physiotherapists, and diversional therapists and volunteers - we were all delighted to have the opportunity to be a part of Karen’s day. The Dreams Project is entirely funded by HammondCare’s generous donors through the HammondCare Foundation.

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An innovative spinal cord injury pain research program that reaches across NSW

Adam was 35 when he had an accident hang gliding last year - a spinal cord injury has left him in a wheelchair. After significant surgery and care Adam is adjusting to his new life and hopes to return to work soon. But there is one problem: Adam still experiences chronic pain.

Professor Philip Siddall from HammondCare’s Pain Management Service is part of a team that was awarded a grant from the Lifetime Care and Support Authority to develop a state-wide model of care for people like Adam – people suffering significant chronic pain following spinal cord injuries.

The project had three objectives: to develop a statewide model of care; to develop resources to support that model; and to create an online clinical care pathway to guide delivery. After 18 months of hard work, the first patients are now receiving care, and the response had been overwhelmingly positive. As a result, HammondCare Greenwich Hospital has been designated the NSW hub for the ongoing roll out of this innovative program.

Wayne Churchill from Griffith attended in the early days as part of the pilot project to provide an initial multidisciplinary assessment with pain medicine specialist Prof Siddall, physiotherapist Rebecca McCabe, and clinical psychologist Dr Kathryn Nicholson Perry who has completed a PhD in this field.

The team then spent six hours with him over the next day to provide education about pain and to help develop tailored pain management skills. He is now being followed up with telehealth videoconferencing over a 12 month period to help put these skills into practice. Wayne is delighted - ‘I really have gained so much. I cannot thank the fantastic team enough’.

It’s this mix of initial clinical assessment, followed by intense multidisciplinary assessment and treatment, a detailed personal care plan, and ongoing support via telehealth at home, that is so significant.

It makes the care highly accessible for people in need even in the most remote areas of NSW. And the online resources provide GPs with accessible and up to the minute information and support in providing care for people in serious need, like Wayne and Adam.

Phil Siddall reflects on the project - ‘For me, it’s exciting because it translates all the evidence that we have developed over the past 20 years into something that will be transformational for people who are really suffering’.

‘For someone like Adam, the pain is the one thing holding him back now. So we are delighted that this program is now beginning to reach the people who need it most’.

The spinal cord injury pain book is available through HammondCare Media at www.hammondcaremedia.com.au

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Centre for Positive Ageing: a special combination

The HammondCare Centre for Positive Ageing and Care combines both research and primary medical care.

Located on the Hammondville campus, the centre provides a general practitioner’s clinic for people living in Hammondville’s independent living units community, as well as residents of HammondCare’s aged care homes. This gives hundreds of people from Hammondville the option of seeing a GP onsite. Apart from saving people from the difficulties of travelling, this ensures that people have much more regular access to primary medical care.

There is also an active teaching and research component to the centre. Medical students from the University of New South Wales participate in consultations with patients as part of their training.

Dr Joel Rhee and Dr Steven Bradford are the centre’s general practitioners, and both have active roles in clinical care and training students. Dr Rhee says, ‘We give the medical students practical, hands-on experience. We get them actively involved in consultations with the patients. Once they’ve had some experience they run the consultations themselves, and I observe and give them feedback. The students find this very useful; it’s a different environment for them, and they get invaluable experience in engaging with older people and listening to them’.

Dr Rhee and Dr Bradford are both actively involved in their own research projects. Dr Rhee is currently completing a collaborative project with HammondCare’s palliative care services and the University of New South Wales in end of life care. The Centre for Positive Ageing and Care plays an important role in ensuring that clinical care and research are closely aligned.

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Education and research across NSW to provide care for people who need it most

Under a cloudless blue sky in the Corowa District Hospital, NSW, 25 local Community Care Workers are discussing the fine details of caring for someone dying.

More specifically, a person dying at home. A team from HammondCare in Sydney has flown to Corowa for two days of intense training.

Surveys consistently show that up to three-quarters of Australians would prefer to die at home. The reality is very different – only 16% of people living in Australia and suffering from a terminal illness die at home. HammondCare is leading a Sydney-based consortium, in collaboration with local health districts and specialist palliative care services, to address end of life care across NSW.

Prof Rod MacLeod, who heads HammondCare’s Palliative Care Learning+Research Centre and leads the training team, says that too often the public, and even medical professionals, believe palliative care is only for people in the last days or hours of life. ‘We must get the message out that palliative care is about living, not dying’.

But there is a key challenge: providing trained care workers across NSW with the expertise to undertake this challenging role.

A state wide, face to face training program

The training is provided through two specifically designed education programs.

In the first, our educators travel to regional centres to train community palliative care workers in care principles and ethics of palliative care, pain and symptom management both in end-stage cancer and end-stage chronic ‘benign’ disease; communication; understanding loss and grief; and self-care for the palliative care worker. HammondCare’s Registered Training Organisation (RTO) provides this training through face-to-face small groups.

The second program is for community health professionals working in end of life care, including GPs, nurses, allied health and welfare staff, and is delivered interactively from HammondCare’s University-linked Clinical Training Centres in collaboration with consortium members.

Research and evaluation

Research into the effectiveness of the training will be undertaken via KPIs that relate to accumulated information tracked from the project, and standard care and quality outcomes, and by later focused interview follow-up of a sample of families using trained assessors. This will be focused on their psychosocial outcomes and other aspects.

Educational programs will be reviewed for their effectiveness by a formal arms-length assessment process, to assess and review learning and practical outcomes for the professionals who have taken part.

Professor MacLeod and the team are committed to a long-term, broad based program that will support people in their final days to be at home with family with expert care from trained care providers.

‘Rather than hasten or postpone death, palliative care helps to ensure the time a patient has left is lived to the full, and of the highest quality, which is done by thinking through treatment decisions. Our care aims to enhance quality of life and not just the last bit at the end’.

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After Chief Executive Dr Stephen Judd wrote in the Sydney Morning Herald that eggs served in aged care were sometimes like ‘kiln-fired organic pottery’ he helped start a national conversation about the quality of aged care food.

To continue growing our own approach to food and to provide leadership more broadly, with the help of Maggie Beer, HammondCare appointed Peter Morgan-Jones as its Executive Chef and Food Ambassador.

As well as bringing to HammondCare a restaurant-quality approach to ingredients, recipes and food service, he has become a powerful voice for change, culminating in the publication of *Don’t give me eggs that bounce.*

Peter works alongside dietitians, cooks, dementia consultants and speech pathologists who work together to help ensure food and dining at HammondCare is a memorable and nutritious experience.

There are a number of particular challenges in providing fresh, quality and nutritious food to people in health and aged care. In particular, encouraging people with dementia to eat well and regularly can be difficult.

‘There was one pivotal catalyst for me in looking for change and seeing the power that innovative food can have in this area. A gentleman in Woy Woy had early stages dementia and a restricted oesophagus, which meant he could really only eat pureed food.

‘We were able to meet those flavour cravings... in a way that he could safely eat. He was overjoyed’.

‘He was craving baked beans, bacon and eggs, because he had been on purees for 18 months. He really wanted this particular food.

‘So using my restaurant background I thought there has got to be a way we can make that happen in a way that is safe for him to eat. So I made some really nice, homemade Boston baked beans in a puree batter, then made scrambled eggs, which I then pureed. Then I made some crispy bacon, ground that into dust and served that separately.

‘We were able to meet those flavour cravings that he had, but also provide a real, nutritious meal in a way that he could safely eat. He was overjoyed. Just a simple little thing that we could do, but that got my brain thinking about how we can utilise that experience, and what else we can do in line with that idea’.

This is why it is so important that HammondCare’s food culture is always innovative and care-centred. Peter believes that great food can be hugely powerful for people with dementia, in palliative care, and with other high-care needs. Not only is good and appealing food important for our residents and patients’ nutrition, it is also a source of pleasure.

Above: HammondCare Executive Chef and Food Ambassador Peter Morgan-Jones and samples of the delicious food specifically designed for health and aged care and featured in the HammondCare Media publication *Don’t give me eggs that bounce.*
After more than a century, the Hammond name returns to Victoria

HammondCare has entered a collaboration with Alfred Health in Melbourne to provide residential aged care services in the existing Caulfield Hospital Nursing Home, Montgomery Nursing Home and Namarra Nursing Home, and then to develop an integrated aged care village for people with dementia, complex care requirements and aged person’s mental health needs on the Caulfield Hospital site.

As part of the collaboration, HammondCare will invest $30 million over three years to upgrade services on the site. Incorporating the existing Caulfield Nursing Home, the village will contain nine new, single-storey cottages based on internationally recognised design. Each cottage will have a domestic kitchen for the preparation of fresh meals, a variety of domestic and familiar living areas and private bedrooms with ensuite bathrooms.

Provision for 150 people
All up, the village will provide care and accommodation to 150 people: 70 places will be devoted to people with dementia; 20 places will be dedicated to a Special Care Program, based on our Linden model, for people with severe behaviours associated with dementia and psychiatric needs; and 60 places will serve people with complex nursing care associated with old age.

The village will also have landscaped backyard spaces and outdoor areas, an accessible store, a chapel, an art room, a laundry service and a workshop. Plans for the village have been designed by award-winning local architect Allen Kong, who has worked on numerous aged care projects.

The Caulfield Residential Care Village is the first service that HammondCare will provide in Victoria since opening our Melbourne office in January 2014. But in one sense, it represents a return to Victoria. HammondCare’s founder, Archdeacon R. B. S. Hammond was born in Melbourne in 1870 before going on to play Australian rules football for Essendon and serving in ministry at St Mary’s Anglican Church, Caulfield – just around the corner from Caulfield Hospital – from 1897-98.

Expertise in demand
HammondCare’s Melbourne expansion flows out of the 2013-18 Future Directions strategy document which highlighted the strong demand for expertise in dementia and chronic healthcare throughout Australia. In particular, it noted that the growth in the number of people with dementia in Victoria over the coming decades will be well above the national average.

In 2013 HammondCare commissioned a scoping study on expanding into Victoria which identified a strong need for targeted care for people living with dementia. The study also found that HammondCare’s unique model of care would be welcomed and endorsed by healthcare professionals and members of the public in Melbourne.

HammondCare was invited to take part in a competitive tender process in which we were successful. We then entered into a period of negotiation and planning to finalise the details for a successful collaboration that will draw on HammondCare’s experience in specialist dementia care and aged person’s mental health.

The expansion to Melbourne represents the beginning of an exciting new chapter for HammondCare, as we seek to provide high quality dementia-specific services that improve the quality of life for people living in Victoria.
Going further than the numbers

Our financial results are important. Having a solid financial platform enables HammondCare to adequately fund the day-to-day activities as well as invest in expanding and improving our services both now, and in the future. The following summarises the numeric perspective of our story of service delivery and of building future capacity to deliver services for those in need.

Financial snapshot

The 2013-2014 (2014) financial results are evidence of the prudent and wise approach to financial management and are a core ingredient to ensuring increased service delivery. The key highlights for 2014 include:

- Revenue increased 8% on the previous year to $179 million;
- Staff numbers in direct care and resident/client roles increased by the equivalent of 94 full-time employees, or 6% over the previous year;
- Our surplus of $7.1 million was achieved with a strong focus on the operational aspects of the business;
- 2014 capital spending totalled $18.4 million, representing the commencement of further expansion on the Miranda site, a major upgrade of Greenwich Hospital, and refurbishment work at our existing residential care services; and
- Net assets increased by $14.4 million (9.6%) for the year and total assets grew $24.1 million to $394 million, an increase of 6.5%.

Across our services

Residential Aged Care: Income grew by $8.5 million (16%) to $60.9 million with the inclusion of the first full year of operation for the Miranda aged care home. Refurbishment works continued at our existing sites in order to deliver a high standard of accommodation. Planning and development work for an additional 57 beds in Sydney’s north began with initial site preparation work, and planning for a new aged care home in the Hunter region continues to be the focus of our immediate residential care planning.

HammondAtHome: Revenue rose by 13.7% in 2014 to $44.3 million. During 2014 HammondAtHome was successful in winning several tenders for expanded community services, transition care, and the provision of care at home for palliative clients. HammondAtHome also completed changes in its infrastructure to support this service growth. This area continues to be a core focus and HammondAtHome is anticipating double digit growth in its services for the 2014-2015 year (2015).

Health and Hospitals: Health and Hospitals increased revenues by 3.6% to $82.5 million. The Health and Hospitals area continues to face challenges in delivering increased services to the people of Sydney. Competition for funding by Federal and State Governments, as well as pressure by private health insurers on managing rebate levels adds extra pressure on non-government operators, and HammondCare is no exception to this situation.

Independent Living Units (ILUs) have continued to experience demand, with 2014 revenues increasing 4% over 2013. During 2014 we commenced work on the construction of 38 ILUs at Miranda adjacent to our aged care home.

Revenue, expenditure and growth

HammondCare’s total revenue increased by 8% to $179 million and represents the continued success of our service offering and the further diversification of our revenue streams:

- Client, resident and patient, fee-for-service income grew $4.7 million or 16% to $34.3 million;
- Aged care subsidies grew by $10.7 million or 14.7% to $83.8 million;
- Health and Hospitals government subsidy revenues remained steady, increasing only 1% to $42.5 million;
- Our supporters continued to support HammondCare generously throughout 2014 with revenue from donations and bequests totaling $1.5 million, an increase of 11.3%;
- Learning, Research and Dementia Centre activities continued to expand with their combined income reaching $9.1 million for the year;
- Investment income and capital returns were $4.2 million. Expenditures were 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 9.9% to $132 million and make up 77% of our total costs. The growth in staff costs occurred in all portfolios.

- 2014 property costs, including depreciation, increased by $1.5 million to $14.1 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 its balance sheet during 2014. Our prudential reserves were increased by $15.2 million to $83.8 million, with bank debt reduced by $18.9 million during the year.

Accommodation bonds increased by $25.7 million. This increase was driven principally by a full year of operations at the Miranda aged care home. Bonds for Miranda increased $17.9 million as the aged care home reached full occupancy during 2014. Debtors reduced by $4.1 million as part of a focus on collecting receivables. The funds from these bonds and debtors were applied to:

- Reducing our external and bank debt by $19.9 million to $29.2 million;
- Increasing our prudential reserves to be in excess of $82.5 million; and
- Further upgrades to existing services. HammondCare has sought independent actuarial advice in developing the prudential reserving policy. The reserves policy is reviewed regularly to ensure HammondCare is financially sound, able to withstand extraordinary events and is able to repay resident debt as and when due. The reserves policy has also been established with an upper limit reflecting our commitment to our charitable purpose and potential.

Surplus and capital expenditure

HammondCare continues to reinvest its surplus back into the services we deliver for people in need, the people we support. Against the backdrop of reducing debt in 2014, capital expenditure and refurbishment work occurred and continues to occur at many sites. A substantial upgrade of Greenwich Hospital rehabilitation facilities was commenced during the year including the addition of 13 new clinic rooms, as well as improvements and refurbishment works being undertaken across all the aged care homes.

2015 revenue forecasts for our Dementia Centre and expansion of the Dementia Behaviour Management Advisory Service operation.

The Dementia Centre, in conjunction with the Centres for Learning and Research, and our university partners, provides an essential platform from which to develop our thought leadership, education, and research activities for the benefit of those we directly support, as well as the wider industry. Expenditure in Learning and Research increased by $1.1 million (39%) to $3.9 million.

Donations and bequests

Donations in 2014 were a healthy $1.5 million, making an important contribution to HammondCare’s services and continued growth. Donations are especially valuable as they allow us to pursue and develop activities and research which are not subsidised by government. It is through the support of donors, and the receipt of bequests that we lead the way in activities such as palliative care nurse education. We are able to champion areas of research aimed at improving restorative, palliative and dementia care, and enhance opportunities for positive ageing. These are all important components of how HammondCare fulfils its purpose and mission as a charity. We remain exceedingly thankful for the generosity of our supporters and are determined to be faithful stewards of our resources.

Future outlook

HammondCare will continue to grow its services, with growth achieved by the acquisition of aged care licences, construction of aged care homes, tendering for new services, and broadening the range of services provided. Prudent financial management remains a key focus in order to provide the solid foundation for the future growth of the business.

2015 will continue to see HammondCare grow further with a range of initiatives already underway including:

- Commencement of our Miranda independent living units;
- Further investment in our rehabilitation services at Greenwich Hospital;
- In Victoria, HammondCare has been chosen by Alfred Health to acquire and operate the existing residential aged care services (120 beds) at its Caulfield site and then develop a brand new purpose-designed residential care village. HammondCare will invest $30 million over the next three years;
- HammondAtHome services are targeting double digit growth, characterised by the delivery of more – and increasingly diverse – services in the community;
- The growth in our Dementia Centre services; and
- The continued investment in our research and academic education activities.

Underlying each of these goals is a passion for and firm commitment to building HammondCare’s capacity and creating opportunities that make a difference for those people in need.
Meet the Board

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 has been a HammondCare Director in 2003. Mr Mewing has been Board Chairman since 2009.

Prof Susan Elizabeth Kurrie  
Deputy Chairman  
MBBS PhD (Med) Dip Ger Med
Sue Kurrie is a geriatrician in the Hornsby Ku-ring-gai and Eurobodalla Health Services and is Clinical Network Director of Aged Care and Rehabilitation for the Northern Sydney Local Health District. She has held the Curran Chair in Health Care of Older People in the Faculty of Medicine at the University of Sydney since 2005. Professor Kurrie is a member of the Board’s Finance Committee and has been a HammondCare Director since 2008.

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 Investment Strategy, Due Diligence and Renumeration 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 is also a Member of the Governance, Audit and Compliance Committee of Barker College and was a member of the School Council from 2001 to 2013. Mr Kightley is a Church Warden and Treasurer of St. Swithin’s Anglican Church Pymble. 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 25 years experience in providing accounting, audit, tax, regulatory compliance and advisory services to mid-tier and large corporate entities. Robyn has been a director of a number of Christian charities. Robyn currently works with KPMG in the Private Enterprise division. Robyn is an active member of Forestville Anglican Church, a member of the Board’s Finance Committee and has been a HammondCare Director since 2012.

Neil Lewis  
Director  
BA FIA FIAA FAICD
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.

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 2006.

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, and also teaches in Sydney Business School’s Graduate Certificate in Business Wellbeing. 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.

Glyn Evans  
Director  
BArch Dip, Building Construction  
ARAIA
Glyn Evans is a retired former principal of Allen Jack + Cottier (AJ+C) who now provides consultancy services to the company. He has a wealth of experience in designing public, commercial and residential buildings. The focus of Glyn’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 industry. 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. Glyn joined AJ+C in 1968, became a Director in 1988, 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.

Dr Stephen Edwin Judd  
Chief Executive  
BA PhD FAICD
Stephen Judd has more than 25 years experience in the healthcare and information technology industries. Dr Judd has been Chief Executive of HammondCare since 1995 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 3,000 clients and its revenue for FY14 was $178 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.