“We cannot decline to do things because they’re too hard or involve risk. We will continue to take manageable risks to help those whose lives are at risk.”
HammondCare’s symbol is the Forget-me-not flower, which represents our commitment to the needy and vulnerable, and those unable to care for themselves.
As a charity, we exist to care for people in need and we provide our services to everybody who needs them, irrespective of their background or financial status.

In 2012/13 HammondCare helped improve the quality of life for people in need in their homes, through our sub-acute hospitals, and in our residential care cottages throughout New South Wales.
"A common thread that runs through all the pages is the strong commitment to supporting people in need. This focus on care and compassion goes to the core of HammondCare’s DNA, along with a willingness to respond to challenging situations with enthusiasm and innovation."

Rod Mewing
BEng (Mech)
Chairman
It is my great pleasure to introduce you to HammondCare’s 2013 Annual Report. This report contains the important milestones, indicators and personal stories that, together, give an insight into the work of the organisation and the difference that it makes.

A common thread that runs through all the pages is the strong commitment to supporting people in need. This focus on care and compassion goes to the core of HammondCare’s DNA, along with a willingness to respond to challenging situations with enthusiasm and innovation.

These are the drivers that propelled Canon Robert Hammond to establish his pioneering housing scheme for impoverished, inner-city families in the middle of the Great Depression. And I am thankful to be able to say that they continue to motivate and inform the work of HammondCare today.

For that reason, I was particularly pleased with the successful opening of HammondCare’s newest dementia care facility in Miranda earlier this year. Built in response to a clear need for more dementia-specific services in Sydney’s southeast, HammondCare Miranda incorporates the accumulated knowledge of over two decades of specialised dementia care in a state-of-the-art development.

The Miranda facility includes four eight-bed cottages which will enable us to provide tailored care for people with particularly challenging needs. I would like to extend my appreciation to the Residential Care and Property & Capital Works teams for their dedication to getting this service up and running.

Looking to the future, I am also excited by plans for a new aged care campus at Cardiff and HammondCare’s first multi-storey dementia facility at Wahroonga.

Looking back on the past 12 months it is also fitting to draw attention to the Health and Hospitals team, which is managing the challenge of increased demand for its services while public and private health budgets are under financial pressure. They have displayed significant flexibility and dedication in this area, with a willingness and ability to provide new services in response to patient needs.

Equally pleasing is the progress that has been made in HammondCare’s work around research and clinical education. In our Centres for Learning and Research, Professors Rod MacLeod, Philip Siddall and Associate Professor Chris Poulos have contributed greatly to our research in palliative care, pain management, and rehabilitation. At the same time, our academic staff and researchers at Braeside Hospital have continued their ground breaking work looking into palliative care, dementia and rehabilitation.

The challenges of providing high quality health and aged care services to an ageing population are only going to intensify in coming years. In the same way that the demand for services is set to grow significantly, so too will the pressures on funding and resources. Our experience in providing dementia care, palliative care and rehabilitation means we are well placed to provide appropriate services where they are most needed. In addition, HammondCare’s proven ability to provide excellent care in a cost-effective way puts the organisation in good stead.

Another exciting challenge for HammondCare is the shift towards ‘consumer directed care’ in the recent aged care reforms. While the name may be unfortunate, the concepts behind it – giving more choice and control to the people using our services – are to be applauded. These ideas fit well with HammondCare’s philosophy and their widespread adoption will afford us a wonderful opportunity to demonstrate our capabilities in this area.

Finally, I would like to express my thanks to all the people whose hard work contributes to HammondCare’s mission, including my fellow Board members. In particular, I would like to acknowledge the Chairs of the Board Sub-committees overseeing risk and compliance, research, finance, property and the HammondCare Foundation.

I know too that I speak for my fellow Directors when I acknowledge the significant achievements of our Chief Executive Dr Stephen Judd and the HammondCare staff and volunteers whose dedication we greatly appreciate.

It is this level of commitment that will enable us to create new services, develop new approaches and support even more people in need in the coming year.
“Now more than ever, charities must be able to demonstrate their value to society. The question that we have to ask ourselves – and the question that all charities must be able to answer – is: ‘If HammondCare didn’t exist, would the community be worse off?’

I think the answer to that question is an emphatic ‘yes’!”
HammondCare frequently refers to itself as a charity: do charities really make a difference today?

Now more than ever, charities must be able to demonstrate their value to society. The question that we have to ask ourselves – and the question that all charities must be able to answer – is: if HammondCare didn’t exist, would the community be worse off?

I think the answer to that question is an emphatic ‘yes’! The community would be worse off. For example, if a for-profit provider were running our services, I can confidently say that they would have less staff visiting people in their own homes and they would have fewer staff in our residential aged care homes. You only have to look at the industry surveys on staffing levels to see the evidence for that. In addition, about 40 per cent of people in our residential aged services are financially disadvantaged: the profit imperative means that another provider would almost certainly have less than that.

Now, I don't want you to think that I'm having a go at for-profit health and aged care providers. They have owners and a purpose to provide those owners with a return on their investment by way of a dividend. On the other hand, we have a ‘social dividend’ and over the last year we’ve worked to quantify the various elements of that social dividend across all our activities. It comes to about nine per cent of our revenue – and that’s not an insignificant contribution to our communities.

But the value of what we do is not simply measured in dollar terms is it?

No, that's right. At its most fundamental level, the contribution we make is actually about relationships; relationships that bring people and communities together. And charities, along with churches and other community groups, have an important role to play in that process. Of course, where this occurs it can be expressed in a financial manner as well – if you really believe in relationships that contribute to society, then you will put your money where your mouth is.

So how is HammondCare helping to build a sense of community? How are we engaging with the people around us?

Well the first thing I’d like to say in response to that – and I’m very pleased to say this – is that we have 500 active volunteers working throughout our services. That’s a fantastic achievement and it’s a credit to Barry Costello (Head of Volunteer Services) and his team who are doing a great job.

These volunteers are drawn from the local communities and churches where we provide services and they play a very important role. Volunteers do not replace the work of paid employees but they do the things that paid employees cannot – things like sitting down and reading with someone for an extended period of time. Or if there’s a group of residents who want to go fishing and there are volunteers who share that passion, then that’s another opportunity for them to make a difference in a way that our staff may not be able to do on their own.

Also, at the end of the day, HammondCare is not big enough to do everything on its own. We need to develop strategic partnerships with individuals and organisations who are working towards the same goals as us. And by making wise connections, we not only increase our capacity but we also strengthen the relationships we have with the people around us. One of the great advantages of being independent is having the freedom to choose who we partner with.

That’s an interesting point. How then do we look to build partnerships with the community?

Like I said earlier, it’s about finding people and groups who are aligned with what we are doing. Let me give you an example. A few months ago I went to a fundraising dinner with members of the Vietnamese community in South West Sydney. On that night about 800 people showed up to support the construction of a kitchen at Braeside Hospital. Now that is a group that understands community! They came to support a cause which they felt passionate about: providing fresh and culturally appropriate food to people who are dying or recovering from accident, illness or injury.

Everyone I talked to on the night had a story. They had either been in the South Vietnamese Army or they had escaped on a boat, running the gauntlet of pirates in the South China Sea. Today this group of people includes many highly engaged members of the Australian community who contribute greatly to our society.

The message I took out of the night was from Tanya, who was one of the MCs for the night who quoted a Vietnamese proverb along the following lines: ‘When you eat the fruit, remember those who planted the seed’. That is the attitude that these men and women had. They had benefited from the generosity of the Australian community who welcomed them in the
1970s and 80s and now they want to make their own contribution. That’s why they’re supporting us in our efforts to provide good food.

I think it makes sense for us in our fundraising efforts to partner with those groups whose interests align with ours and who are therefore keen to work with us. Those are the types of communities that we will continue to work with and build relationships with.

**While we’re talking about engaging with the community around us, how does a Christian charity connect with an increasingly post-Christian society?**

The work of HammondCare has always been and continues to be informed by the principles and values of Jesus Christ, as outlined in Matthew 25:

‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’

As an organisation we foster an environment where staff are engaged to offer those qualities and at the same time, the reason why we do what we do – our purpose and its foundation in the love of Jesus – is clearly articulated throughout the organisation. We are not a church; we are an organisation that provides excellent care. We need people who value being part of such a service and we also need people who share the Christian values as well as leaders who are passionate about promoting our Mission In Action.

I think it’s a great opportunity that we have because many people in our society misunderstand Christianity. So often when people consider Christianity, they think of exclusion. But I actually think that the underlying message of the gospel is about God’s grace, Jesus’ love and the invitation to have relationship. Part of our role as an organisation is communicating that message and demonstrating what it means by the work we do.

Not everyone who partners with us or works for us will be Christian. But if those people are attracted to what we are doing because they recognise that we are striving to achieve excellence in care and they know that our passion stems from Christian values, I think that is great.

**What is HammondCare doing to maintain a standard of excellence in care?**

One interesting development is the move to develop our allied health programs – services like physiotherapy, occupational therapy and exercise – across our services. We have a very strong and active allied health presence in our hospital services but this is an area that has traditionally been under-resourced in aged care.

At HammondCare, we are well placed to respond to those needs. In the last year, we’ve begun deploying more allied health programs into our aged care facilities in a structured way. They have been able to provide care to residents that was previously difficult to access or unavailable and they’ve also been able to provide training and support to the staff in those services. It’s early days but I think it’s an example of using our virtually unique position – a provider of both sub-acute health and aged care – to continue providing innovative services that actually address the needs of the people we are supporting.

I think a significant challenge for us into the future will be improving the communication between our home care services, residential services and our health and hospital services. We have made progress in that area but I think we can do much better. The reason we want to get better at that is because when we do that, we will be better able to provide good transitions for our clients, residents and patients. If someone is in one of our hospitals, they should be aware of the home care and residential services that we provide and how they can access them, should they need them – and vice versa.

**What other challenges do you see for HammondCare?**

The key challenge is an on-going one: we must ensure that we develop people and the organisational capability in a way that is efficient and effective. We must develop the leaders of the future and we must encourage and develop and promote the future leaders of HammondCare. It is crucial that we also ensure continuity and alignment throughout HammondCare around our identity and purpose, both now and into the future. Because when that occurs, figuring out what we do and how we do it is easy. Well, relatively easy!

**What about if we take a look at the bigger picture? How are government decisions and policies affecting the work of HammondCare?**

I’m actually quite optimistic about recent developments from government – both at a state and federal level. In the area of health and hospitals, the NSW Government is continuing to look for opportunities to purchase health services from third parties, such as charities, who can provide them more effectively and efficiently. This presents an excellent opportunity for organisations like HammondCare. An example of this is the recent contract we signed as part of a consortium with the NSW Ministry of Health to provide palliative care home support packages throughout seven Local Health Districts. The practical in-home assistance with personal care and domestic
support will enable more patients to fulfil their wish to remain at home at the end of life. I think these kinds of initiatives are a real positive for the community, as they enable groups like us to develop new ways of responding to unmet needs.

And what about the recent aged care reforms?
There are a number of significant positives in the Living Longer, Living Better reform package as well. Chief among those are the changes to pricing for accommodation in residential care. As well as bringing greater transparency to prospective residents and their families, I think they will help us to tell people about the benefits of our dementia-specific services and that is a positive.

I am however concerned about the package’s broadscale adoption of the term ‘consumer’ to refer to people receiving aged care services.

Why do you see this as a problem? Isn’t that empowering?
My main concern is that ‘consumption’ is an economic concept and by its nature, it puts the focus on transactions and contracts. Our focus should be on serving people, on having relationships and building partnerships where values like trust, belonging and commitment are important. And I think that framing what we do in terms of ‘consumption’ obscures those ideals.

I also think it overlooks the inherent worth and value of every individual, which is a fundamental part of our philosophy. The relationship between consumers and sellers tends to be one-dimensional: sellers sell and consumers buy. Under this paradigm any relationship that takes place – whether it is by means of feedback or loyalty programs – is aimed at getting the consumer to consume more. Taken to its most extreme, consumers have no worth or value beyond their capacity to consume. I don’t think that’s how care should be and I don’t think that’s the direction we should be heading in.

In light of what we’ve discussed, how do you envisage the future for HammondCare?
I think the biggest challenge will be providing care and services to people in the core areas of dementia, palliative care and rehabilitation at a time and in a place that suits them. It’s about uniting services from programs and locations and enabling flexibility.

In the end, we want to have services that meet people’s needs regardless of where they happen to be located. That means that if they wish to remain in their own home or if they want to be in a residential aged care facility, that we would still be able to provide them with palliative care of as high a standard as they would receive in an inpatient ward. I think that when we can say we’re able to do that, that we will be doing a good job.

What are you currently reading?
Right now I’m partway through Dementia: Living in the Memories of God by John Swinton, a Professor in Practical Theology at the University of Aberdeen. In the book Swinton explores the way a lost identity impacts on sense of self and relationship with God.

One of his concerns about dementia is that just about every book on the topic – whether they’re looking at building design or pastoral care – starts from a medical perspective. They almost always begin with a medical definition of dementia which means that people end up framing the issue in that way. But Swinton says that if you do that, you are consistently looking at the deficiencies rather than what’s retained.

I think it’s an important perspective and one that we constantly need to be reminded of.

What about your writing projects?
One of the books that I co-authored in 2012, Driven by purpose: Charities that make the difference, was recently awarded second place in the Australian Christian Book of the Year and is now in its second print run. I think that shows that charities and the way they operate is an important issue at the moment and one that many people are thinking about. It has a lot of currency.

I’m also in the early stages of editing a book on how organisations caring for people with dementia actually work – or should work. It will look at why it is so hard to do dementia care well, while providing practical steps on how we can overcome some of those difficulties.

Earlier this year Faith in Action, a book telling the history of HammondCare, was launched.

Why is it important to have books like that?
It comes back to our identity and purpose. While we are not bound by our past, I think it’s important for us to be aware of who we are and who we have been. The activities we do may change over time as the needs change but I think it’s important that the core principles that make up your identity and purpose remain the same. That’s why it’s important to know where you’ve come from.
HammondCare welcomes a new era for Australian charities with the Australian Charities and Not for Profits Commission legislation. “The ACNC will be the primary interface between government and charities and I think that will be a great improvement on the previous situation where the only interface was the ATO,” says HammondCare CE Dr Stephen Judd.

November 2012

The first residents make themselves at home in HammondCare’s newest aged care home in the southern Sydney suburb of Miranda. The 92 place dementia specific home is arranged in four 15 bed cottages and four eight bed cottages featuring best practice, evidence-based dementia design, right down to the colour-coding of taps.

January 2013

HammondCare is a key partner in a palliative care research collaborative which receives new funding worth nearly $300,000 from the Cancer Institute NSW. Improving Palliative Care through Clinical Trials (ImPaCCT) is chaired by Associate Professor Meera Agar, Director of Palliative Care at HammondCare’s Braeside Hospital.

February 2013

Director of Palliative Care at Braeside Hospital, Associate Professor Meera Agar, wins the prestigious Young Researcher Award from the European Association of Palliative Care for her research of delirium. “This award recognises the importance of delirium, and how it negatively impacts on people living with life-limiting illness and their caregivers,” A/Prof Agar said.

April 2013

91 year old Hammondville volunteer Betty Biffin is awarded the Order of Australia Medal General Division (OAM) in the Queen’s Birthday Honours. “The years I have been serving our Lord at Hammondville have been a great pleasure and as long as I can help others I will continue to do it.”

June 2013

Australian Federal and State Health Ministers make dementia Australia’s ninth National Health Priority. “We believe this will assist stakeholders across Australia to work together and deliver the right support at the right time for people with dementia and their carers,” said HammondCare’s Dementia Centre Director, Colm Cunningham.

August 2012

HammondCare is a key partner in a palliative care research collaborative which receives new funding worth nearly $300,000 from the Cancer Institute NSW. Improving Palliative Care through Clinical Trials (ImPaCCT) is chaired by Associate Professor Meera Agar, Director of Palliative Care at HammondCare’s Braeside Hospital.

April 2013

Australia’s first Better Health Partnership Centre with the theme, Dealing with Cognitive and Related Functional Decline in Older People is launched. HammondCare is one of four providers partnering with the National Health and Medical Research Council to establish the centre, which will address crucial aged and health research concerns.

April 2013

The $600,000 extension and refurbishment of the Northern Beaches Palliative and Supportive Care services takes place in the final weeks of June. The work provides new, purpose-designed consultation and treatment rooms covering medical, physiotherapy, occupational therapy, social work, counselling and bereavement.

June 2013
The innovative Nurses@Hammond training and research project is launched thanks to a generous donation from supporter Richard Jamieson, to train palliative care nurses in their pivotal role in caring for patients facing their last days, amidst complex health, social and spiritual needs.

August 2012

Latest dementia research, transitioning to palliative care and enhancing spiritual care were key themes of HammondCare’s 13th Annual Palliative Care Seminar, Making Every Moment Matter. “An ageing population means an increasing interaction between palliative care and dementia.” Associate Professor Sue Kurfe, one of Australia’s leading dementia physicians and researchers, told delegates.

November 2012

Seven Graduate Registered Nurses embark on a highly-valued 12 month rotation program with HammondCare. “HammondCare’s integration of sub-acute health care with aged care is a way of wrapping services around a patient’s journey – providing care where and when it’s needed,” said General Manager of Health and Hospitals Stewart James.

March 2013

HammondCare contributes to the national release of new resources to help palliative care health professionals deliver evidence-based care for people with advanced dementia. Developed from a HammondCare research project, The Dementia Filter improves clinician efficiency by providing a one-touch, quick and effective search of evidence-based dementia literature.

May 2013

Northern Beaches Palliative and Supportive Care Service volunteer Jo-Ann Steeves is named Palliative Care NSW’s 2013 Volunteer of the Year. “It was great to receive the award, really on behalf of the wonderful volunteers at Northern Beaches, some who have served almost since the service opened in 1989,” Jo-Ann said.

May 2013

HammondCare takes responsibility for the NSW Dementia Behaviour Management Advisory Services (NSW DBMAS) from July 1. When behaviours impact the care and quality of life for people living with dementia, Dementia Behaviour Management Advisory Services (DBMAS) are there to help.

June 2013

HammondCare becomes a foundation member of a partnership that hopes to bring innovative new recycling technology to Australia’s aged care and health sectors. The new technology allows more than 95 per cent of Absorbent Hygiene Waste to be diverted away from landfill, halving the associated carbon emissions, and at a lower cost.
HammondCare
Aged+Dementia Care
Palliative+Supportive Care
Rehabilitation
Mental Health for Older People
Our Aged+Dementia Care services help older people and people living with dementia to remain at home. We also provide homes when they can no longer care for themselves, through HammondAtHome, Residential Aged Care services and The Dementia Centre.

The big picture

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<td>There are currently about 322,000 Australians living with dementia. That figure is expected to reach 900,000 by 2050.</td>
<td>Each week 1,700 new cases of dementia are identified.</td>
<td>Around 24,000 people under the age of 65 have dementia. Three in ten people over the age of 85 have dementia.</td>
<td>Dementia is the third largest cause of death in Australia.</td>
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What we’re doing

We operate around 800 residential aged care places throughout NSW, the overwhelming majority of which are dementia-specific, including a Special Care Program for people with severe behavioural disturbances and a pioneering cottage dedicated to caring for people with younger onset dementia. In 2013 we welcomed the first residents to our newest care campus at HammondCare Miranda.

On any given day, we provide dementia-specific care, including home care packages, transitional care, and various carer respite programs to more than 1600 people.

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

HammondCare’s Dementia Centre promotes high quality care by participating in innovative research activities, translating existing research into practical care strategies, conducting a biannual international conference, producing accessible publications and providing consultancy services, both within the organisation and externally.
Duda and her husband Bechir were looking for a place to build a family. They came to Australia in 1970 from Yugoslavia, made their home in Sydney, soon found work, and joined the local community.

Before long they knew they had made a good decision: the family was thriving, as was their abundant fruit and vegetable garden. It fed their six children, as well as much of the local community. Duda in particular was very family oriented. There was nothing she wouldn’t do for her children, and the family was very close.

Sadly Bechir died when only in his fifties. Heartbroken, Duda was never quite the same. She started to suffer headaches, often couldn’t get herself out of bed, and her bright personality was dimmed. Soon she became confused and forgetful. Her daughter Nevzeta looked after her. “She always did anything she could for us: now it was time for me to look after her.”

Nevzeta cared for Duda daily for 14 years. In 2011 Duda suffered liver failure and was diagnosed with dementia. She survived, but the month she spent in hospital was very distressing. Reluctantly, Nevzeta realised that the complexity of her problems meant that it was time for Duda to go into permanent care. Duda came to HammondCare in 2011.

It was the beginning of a very difficult time for the whole family.

Duda, always a most beautiful person, was unhappy in care. Over time, her dementia brought with it extreme behaviour. Restless, hyperactive and irrational, she became aggressive to the whole world: her carers, her family, other residents. She threw her food, yelled and screamed, threatened other residents, and left a trail of distress and exasperation behind her.

It’s deeply distressing for all when a loved one’s dementia brings ‘difficult’ behavior. Duda’s family were at their wits end. So were we.

Linden Cottage is a special unit at HammondCare that specialises in caring for people in these circumstances. At Linden, we began to look after Duda’s special needs.

At Linden Duda’s extreme and ‘difficult’ behaviour continued unabated. Aggressive, angry, and abusive, she was at war with the world. Refusing to take medication, increasingly frail and complaining of pain, she was facing a serious crisis.

One of our carers noticed a common grievance was that she kept complaining that she was “being robbed”. Looking for an opening point to engage with Duda, and trying to understand what was behind her behaviour, an idea struck.

He offered her some facsimile money...copies of bank notes...in exchange for taking her medicine. It was a long shot, but to our surprise, Duda was delighted. She took the money, tucked it into her clothing and happily swallowed her medication. It was the first rational engagement we had had with her for a long time, so we were delighted too.

Over a period of months, building on this initial exchange, Duda enjoyed the regular payments that came her way, and bit by bit, she enjoyed the human contact that came with it.

She began to smile, and rediscovered the simple pleasure of daily connecting with her carers at Linden. Gradually her whole pattern of behaviour changed. The yelling and screaming, the throwing of food and the pain and complaints, all subsided, and a subdued, gracious and beautiful Duda remained.

For the care team at Linden, it was a momentous outcome in what had been a long, intractable, and deeply distressing problem.

Nevzeta takes up the story. “I’m so pleased, so thankful and relieved to have got mum back. The people here at Linden Cottage do their work from the heart. It’s amazing to see the goodness they bring to people.”
Duda came to HammondCare in 2011. She was initially listless and passive and did not interact with anyone. Late the following year, she became hyperactive and irrational. She developed extreme behaviours that would usually be described clinically as “difficult”. In fact she was aggressive and virtually unmanageable, created fear in other residents, and much distress for her family and carers.

Duda was admitted to hospital to investigate her sudden change in behaviour. The hospital found ’no organic cause for behaviour’. Duda was on multiple potent long term medications, most of which she was refusing to accept.

Relocated to Linden Cottage for closer observation, Duda’s behaviour remained ‘challenging’, exhibiting yelling, swearing, throwing food/drink at staff and all others, and threatening behaviour towards other residents. It was becoming a life threatening crisis: she was becoming frailer through malnourishment and dehydration.

Despite her extreme behaviour, our staff focused on understanding her concerns and looking for effective ways to address them. They took the time to listen to Duda, accept her distress and not be dismissive.

The simple strategies developed by the staff proved life changing. They have given this beautiful lady, who was experiencing significant suffering, comfort and peace that and has eventually enabled the staff to develop a lasting bond with Duda, and her family.

John Nadjarian
Director, Linden Cottage, HammondCare

“I’m so pleased, so thankful and relieved. The people here at Linden Cottage do their work from the heart.”

Case notes

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John Nadjarian
Director, Linden Cottage, HammondCare

“I’m so pleased, so thankful and relieved. The people here at Linden Cottage do their work from the heart.”
Early one evening in 2007, Margot left a performance at the Sydney Opera House to drive home to Pymble.

A lifelong lover of the opera, ballet, symphonies and theatre, Margot had made this journey hundreds of times over the past thirty years. But on this particular night, Margot didn’t arrive home until 1am.

In the early hours of the morning she told her worried husband Geoff how she had made a wrong turn, gotten lost, and ended up at the opposite end of Sydney. Suddenly she had no understanding of where she was, and couldn’t quite remember where she was meant to be going.

Panicking, Margot drove on for hours, not knowing what else to do, until eventually the familiarity of Sydney’s roads and the location of her home came back to her.

Shortly after this distressing night, Margot was diagnosed with Alzheimer’s disease.

Over the past year, there had been times when Margot would forget a name or a date, and occasionally feel lost in places she knew very well. Remembering that night, Geoff says, “But that was the first time we realized things were really changing.” In the quiet hours of that morning, he and Margot began to talk about the future that lay ahead of them. For Margot and Geoff, life had changed forever.

Margot was born in Rockhampton, Queensland in September 1930, one of three girls. In the 1950s she became a nurse, and moved to Sydney, where she met her husband Geoff, an engineer. They were married in Rockhampton in 1954, and since then have had four children.

In the years that followed, Margot retired from nursing to concentrate on running a happy home and looking after Geoff. During these years she was involved with the P&C association at Gordon West, and was president for many years.

Margot always loved languages and travelling. Once her children were older, Margot enrolled at Macquarie University and studies German and French, and was awarded a Bachelor of Modern Languages in 1995. After this she began learning Italian, and was still studying Italian right up until her diagnosis.

Married for more than 50 years, Geoff had no choice but to find care for Margot. It was the saddest decision of his life.

Margot entered Waldegrave House at HammondCare’s North Turramurra service in February 2011.

Since entering Waldegrave House, Geoff observes that Margot’s life has been characterised by greater calm, and a sense of community. She made friends quickly with some other residents, would start lively German conversations with a German staff member, and even won an afternoon golf putting tournament. “She really cleaned up at that tournament!” remembers Geoff, with a laugh.

Geoff says, “Margot loved participating in the life of the place. She loved helping and being of use, and that is really encouraged at Waldegrave House. It’s what she was used to, and I know she tremendously valued that feeling of working. It’s important.

“Margot would help in the kitchen, or with folding linen, and the staff were wonderful, and patient and encouraging. Some of the staff are just outstanding, especially Jessica, she’s out of the box in the way she cares for Margot. They have a special connection, I know Margot loves that.”

Margot enjoys the gardens at Waldegrave House. Geoff says, “The garden is beautiful, and a really big asset, it’s really lovely especially in spring and autumn. Margot loves the garden. I know it’s safe, and I think she feels freedom there. I love sitting out there with Margot when I visit. More than once when we’re sitting in the garden together, she’s turned to me and said, ‘This is a nice place.’ Those are her exact words, and that’s very reassuring to me.”

Sadly, life has been more challenging for Margot in recent months. She has become less able to do things for herself, and the cognitive symptoms associated with dementia are becoming a little more pronounced, resulting in a few more bad days.

This is very challenging for Geoff and their adult children. The staff at Waldegrave House are proud to be able to care for Margot at this time and support Geoff. Despite the challenges, Geoff says, “She’s very well looked after here. And she’s happy. And that’s the main thing, the only thing really.”
Margot visited Waldegrave House a number of times for respite, before a permanent placing in 2011. She was always exceptionally pleasant and very easy going. She has a nursing background, so in those earlier days she was very willing to help the staff, especially with cooking and cleaning. She was an encouragement to have around, and a number of us immediately formed a good bond with her. She was actually often protective of the staff when she thought another resident was being rude or creating problems.

Margot has declined since these early days as a result of her Alzheimer’s progressing. She’s still the same person, but she has gradually become more confused, which can sometimes lead to sleeping problems, and feeling upset and angry. This can be difficult for the staff, especially because we know Margot as being such a kind and warm person. But if one day she’s feeling upset or angry, we listen, we try to give her what she wants, and we remember that these are symptoms of the dementia, and nothing to do with Margot herself. We know she’s not responsible for these moments, and so we respond appropriately.

In the last 6 months she has begun to lose some of her communication skills, and sometimes has some difficulty forming sentences. We overcome this by expressing affection physically: holding her hand or putting an arm around her. This goes a really long way. Margot’s always been a people person, and this has remained relatively unchanged throughout her time with us, which we love to see.

Reegan Williams
Team Leader, Waldegrave House
HammondCare North Turramurra
Our **Palliative + Supportive Care** services provide symptom relief and pain management where required. They also offer emotional and spiritual support to patients and their family during the final stages of an illness and during the bereavement period.

### The big picture

| **144,000** | Around 144,000 people die in Australia every year. |
| **25-50%** | Between 25 and 50 per cent of these deaths need specialist palliative care. |
| **16%** | Given a choice, most Australians would prefer to die at home but only 16 per cent do. |
| **1/5** | Of the remaining 84 per cent, a fifth of all deaths occur in palliative care units, a tenth are in nursing homes and the rest are in acute hospitals. |

### What we’re doing

- We 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 the Bond House nursing home at Hammondville offers dedicated palliative care in a residential aged care setting.
- 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 at the end of their lives.
Gordon lived with his wife Carol on Scotland Island in Northern Sydney’s Pittwater.

A law lecturer at Macquarie University, he was active in the island’s close-knit community where he relished the opportunity to express his creative side.

He played the bass in a local band, belonged to the island’s choir, performed with the community theatre group and participated actively in the offshore artists’ group. Gordon was also on the residents’ association and coordinated the roster for the island’s community vehicle.

During his student days Gordon travelled extensively throughout India, where he learned to play the sitar, studied Hindu philosophy and met Carol. Within a few years, the two had married and settled in Australia. Gordon enjoyed his university role and had embraced island life enthusiastically since moving offshore with Carol in 2004.

Midway through 2011 though, Gordon began to have trouble swallowing. At first he didn’t think much of it. But when the problem persisted he had a blood test which came back showing elevated cancer markers.

What followed was a series of further tests – a CT scan, a colonoscopy and an endoscopy – which revealed a particularly nasty form of cancer in his oesophagus. Results from a subsequent laparoscopy showed more bad news: the cancer had spread to his stomach and surgery was out of the question. In less than a month, Gordon’s life had turned upside down completely.

“He was very philosophical about it,” says Carol. “He didn’t fight against it. He really considered not having any chemotherapy but the doctors persuaded him it was worth a try. He was never angry. He never said, ‘Why me?’ He just accepted it.”

Faced with a poor prognosis, Gordon agreed to take part in a chemotherapy trial – but it left him feeling dehydrated and weak. During the treatment cycle, he was rushed to the emergency department at Mona Vale Hospital and the intervention was cut short.

Gordon then came to see Dr Peter Moore, a palliative care specialist with HammondCare’s Northern Beaches Community Palliative Care team. While the specialists Gordon had seen up to that point were extremely busy and had little time to talk, Dr Moore listened closely to Gordon, explaining his symptoms and taking the time to review his medication thoroughly.

“It helped Gordon to feel that someone was there to care about him,” says Carol. “He trusted Peter. And Peter was concerned with Gordon’s quality of life…with helping him to stay at home and remain comfortable.

After a second round of chemotherapy, Gordon showed little sign of recovery and his body grew weaker. Then a scan in June 2012 confirmed that the cancer had spread further. He only had months to live. Gordon had one final wish – to end his days at his home on Scotland Island.

To make Gordon’s wish possible, HammondCare’s palliative care team arranged for hand rails to be installed in his bathroom and provided a bed wedge and other equipment to provide support as his mobility declined.

As it became harder for Gordon to eat, Dr Moore prescribed medication to boost his appetite, and when he suffered infection, Dr Moore prescribed a strong antibiotic that proved to be a great relief. All the while, he liaised closely with the nursing service that was making daily home visits. Staying at home meant that Gordon was able to spend time with neighbours and friends in his last few months. They were able to go for walks, paint and even play music together.

As his condition worsened, Gordon’s pain increased, his strength decreased and he slept more. Eventually he became bedridden. Dr Moore continued to review his condition on a regular basis, helping to maintain comfort until the end.

Gordon died at home in August 2012, with Carol by his side.

“I was able to spend a lot of time with him,” she says. “He was peaceful and accepting until the end…he had a very peaceful death. His courage and dignity in the face of his disease made it easier for me to bear.”
Gordon had gastro-oesophageal cancer and by the time he was diagnosed, it had spread throughout his abdomen. The cancer was already advanced, making it inoperable. Throughout the time we saw him, we focused on relieving his pain and nausea. He started to go downhill in June 2012 – by this stage he was not eating and he was having particular trouble with hiccups. I gave him medication to ease his pain and increase his appetite and as a team, we did a lot of work on helping him to stay at home.

During that last bit we were working by remote control with the home nurses who were going across to Scotland Island to see him and then reporting back to us. We had a continuous review cycle every few days. Eventually we set up his medications for him at home where he died peacefully.

Gordon was a delightful guy. It’s a real privilege to be able to help people like him, who are trying so hard to get on with their lives in spite of negative circumstances.

Palliative care is not a one-way street – it’s all about saying to somebody: ‘If you’re going to get anything out of this, we need to work together’. If something works, then you keep going with it, but if it doesn’t, we need to try something else. It’s a therapeutic alliance. We can be much more effective when that’s the case.

Dr Peter Moore
Staff Specialist
Northern Beaches Palliative+Supportive Care Service

Case notes
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Dr Peter Moore
Staff Specialist
Northern Beaches Palliative+Supportive Care Service

“It helped Gordon to feel that someone was there to care about him. He trusted Peter.”
For Debra McKenzie, the past 10 years were like a rollercoaster ride.

A keen basketballer in her younger days, she had always led an active life.

For 10 years she managed her daughter’s Little Athletics club and there were few things she enjoyed more than soaking up the sun at the beach. Diagnosed with breast cancer in 2002, the mother of two from Edensor Park in Sydney’s southwest began a long fight against cancer.

Enduring multiple bouts of invasive surgery and radio and chemotherapy, Debra continued working as a teacher’s aide and maintained regular family traditions like the annual trip to the coast with her husband Graham and their kids during the Christmas holidays.

The harsh treatment proved effective for a while. Then in 2011, things took another turn for the worst. Debra started to feel a tingling sensation in her right arm and she lost all feeling in her hand.

Tests revealed lesions in Debra’s right shoulder were eating away at the nerve. She was then given a referral for 25 strong doses of radiotherapy on her right shoulder and the lymph nodes under the arm. As a result, Debra developed lymphoedema and her back was badly burned, requiring round the clock treatment for two months.

By 2012, despite her best efforts, Debra began to experience high levels of pain and following more radiotherapy, she was admitted as an inpatient to HammondCare’s Braeside Hospital to receive treatment for pain management, lymphoedema and associated skin disease on her hand and arm, which now needed to be bandaged 24 hours a day.

It was a distressing setback. Finally Debra had to quit the job she loved. “I thoroughly enjoyed helping kids with special needs and I was working with a great team of people – we were like a family,” she said. “But I just had to leave.”

Debra’s spirits were boosted by the support of her family and our staff who cared for her until her skin care was more manageable. Once her condition improved and the wounds became more manageable, Debra was able to return home.

The staff told Debra about Braeside Hospital’s Palliative Care Day Hospital, which became an invaluable support as she started out on chemotherapy for the third time. In a world of painful setbacks and poor health, it was a positive part of the week that Debra always looked forward to.

Every Tuesday she spent time with the medical and nursing staff as well as the physio, diversional therapist, social worker and massage therapist who provided holistic care and support. Debra also made separate visits to Braeside’s physiotherapy clinic where our staff taught her exercises to assist with her declining mobility.

After a long battle, Debra was facing her final days.

The team who worked with her and the friends she made at the day hospital provided the vital support she needed as she faced the hardest times of her life.

Her positive attitude and friendly ways lifted all of our spirits through these times. “They’ve got all the services I need here at Braeside in the one spot and I get picked up and given lunch,” said Debra. “Having everything here is ideal for me – it means I don’t have to go anywhere else.”

“This disease is what’s going to get me in the end. I don’t like to talk about weeks or months or years; I just try to remain positive…and the day hospital is really helping with that.”

Debra’s battle came to an end when she passed away in July 2013. It was our privilege to know Debra and to care for her and her family through her end times.

In some stories names, images and details are changed to protect privacy
Debra first came to Braeside Hospital as an inpatient after she had undergone radiotherapy. She required ongoing wound management for lesions and burns on her skin but she no longer needed to remain in an acute hospital setting. Over time the wounds healed well and Debra was well enough to go home. We liaised with the local community nurses who saw her on a regular basis. The team approach to managing Debra’s needs ensured that she received continuity in her care.

After she was discharged from Braeside, Debra attended our day hospital and physiotherapy clinics regularly where she was seen by the nursing, medical and allied health staff. Everyone knew her and she really enjoyed the social aspect of her visits.

Sadly, Debra’s cancer spread again in July 2013 and she passed away soon after.

Claudette Elias Milan
Nurse Unit Manager
Palliative Care, Braeside Hospital

“This disease is what’s going to get me in the end. I don’t like to talk about weeks or months or years; I just try to remain positive…and the day hospital is really helping with that.”
Our **Rehabilitation** services help patients to overcome or minimise the effects of disability following serious trauma, accidents or illness. The goal of rehabilitation is to enable people to live as full and independent lifestyles as possible.

### The big picture

| Close to 230,000 people enter rehabilitation programs in non-acute hospitals throughout Australia every year. | Stroke is a common reason for rehabilitation programs, and around 150,000 Australians live with a disability following a stroke. | Disability rates increase steadily with age. Only 7% of people aged 15 – 24 are affected by disability, compared with 40% of those aged 65 – 69, and 88% of those aged 90 and over. |

### What we’re doing

- We provide inpatient units, outpatient clinics and a day hospital at Braeside Hospital and Greenwich Hospital.
- Greenwich Hospital also offers a home-based rehabilitation service.
- HammondCare is participating in a number of key research projects focusing on areas like stroke recovery and functional independence. The Centre for Learning and Research at Hammondville is also developing an evidence base for new approaches to community rehabilitation and restorative care, along with programs to support healthy ageing and restorative physical care.
It was her second trip to Australia and Nina was enjoying a relaxing holiday.

The retired engineer, 75, from the Ukraine and her husband, Albert, were staying with their daughter, Viktoriya, on Sydney’s Northern Beaches.

Nina and Albert spent their time going for walks, swimming in the ocean and catching up with their relatives. It was a lovely time for everyone. But after three-and-a-half months in a foreign country where they didn’t speak the language, both Nina and Albert were starting to feel homesick.

Then – just two weeks before they were due to leave – their happy holiday turned into a nightmare. At 7.30am on 12 March, Albert knocked on Viktoriya’s bedroom door. What happened next, she will never forget.

“He told me that Mum wasn’t feeling good,” she says. “She was dizzy and she couldn’t walk by herself. Dad explained that he had to help her go to the toilet and that she was leaning on him because she couldn’t use her left arm or leg properly.

“I went straight to their bedroom and I could see that the left side of her face and body weren’t working properly… I called the ambulance straight away.”

By the time Nina arrived at the hospital, she couldn’t move left side of her body at all. The doctors ran a series of tests which confirmed that Nina had suffered a severe stroke. She was unable to get out of bed by herself and she couldn’t go to the toilet. All she was able to do was turn slightly to one side in bed.

After two weeks of intense care, she was transferred to the rehabilitation unit at HammondCare’s Greenwich Hospital. By this stage, Nina’s condition had improved, but she was still in low spirits.

“Mum was extremely depressed,” says Viktoriya. “Before the stroke occurred, she was 100 per cent active. She was doing the gardening and knitting and cooking – and even taking care of her grandchildren back in the Ukraine.”

Though her parents were only visiting from the Ukraine, did not speak English, and had no other connection in Australia, Viktoriya was struck by the dedication of the multidisciplinary team at Greenwich.

From the moment her mother arrived, they did everything they could to help Nina.

The medical staff took the time to explain the impacts of the stroke, the nursing staff were attentive while the occupational therapists and physiotherapists designed and implemented a tailored exercise program.

The medical team spent hours on the phone negotiating with Nina’s health insurer to obtain appropriate conditions for her flight home, while the allied health therapists learnt basic Russian phrases and played music by her favourite Russian artist to help her through the arduous exercises regime.

Even the staff members who weren’t assigned to Nina’s case took an interest in her progress.

“Everybody knew her story,” says Viktoriya. “When I walked through the hospital, people would ask how she was going – and even how I was going! The team was just wonderful.”

Over time, Nina responded to the program with slow but constant progress. By the middle of May, she was able to get out of bed by herself and walk with minimal assistance using a walking stick.

The allied health professionals prepared for Nina’s discharge and return to the Ukraine, helping the family to obtain vital equipment including a wheelchair, an electrical stimulation machine and an arm sling. At the same time, the medical team provided extra medication – including anti-clotting medicines – to help with the long trip home.

Four days after she was discharged, Nina flew back to the Ukraine with Albert on a commercial flight.

“It was the most stressful time of my life – and of course for my parents, it was incredibly stressful as well,” says Viktoriya.

“But the staff at Greenwich thought about everything and were so organised and that helped us so much. While their professional care stood out, most of all I’m grateful to them all for the human and emotional care they showed. They were like family.”

In some stories names, images and details are changed to protect privacy
When Nina first came to the rehabilitation ward, she required full assistance from two people to get around in the bed and could only transfer with a mechanical hoist. At that point, walking seemed impossible to her. She had to be wheeled on a commode from her bed to the bathroom, and she needed significant assistance with showering, dressing, toileting and grooming.

Intensive physiotherapy training started as soon as Nina settled in, targeting both strengthening and functional training using electrical stimulation, suspension slings, a tilt table and a slideboard with slidesheets. Nina also participated in upper limb therapy with an occupational therapist daily, and attended upper limb group sessions.

Through Nina’s intensive therapy, her strength and function improved daily. Her progress in function impressed everyone including Nina herself and made her try even harder. At the end of our rehabilitation program, Nina was able to do the following with standby assistance or supervision: get in and out of the bed, go up and down stairs, transfer without any aids, walk with a walking stick and ankle orthotic, go to the toilet, shower and get dressed.

Nina was given a comprehensive exercise booklet that summarised the therapy she had participated in at Greenwich Hospital.

Therapists involved:
Juliet Chen – Physiotherapist
Angelica Riveros Molina – Occupational Therapist
Greenwich Hospital

“Everybody knew her story,” says Viktoriya. “When I walked through the hospital, people would ask how she was going – and even how I was going! The team was just wonderful.”
The day that Brett had a stroke began just like any other.

The 60 year old excavator and plant operator from Bonnyrigg in Sydney’s southwest set off for work feeling fit and healthy.

Brett was an experienced sub-contractor who had worked in the building industry for over 30 years, taking part in several iconic projects including the construction of Sydney’s Entertainment Centre, the M4 Motorway, Harbour Tunnel and even the chimpanzee enclosure at Taronga Zoo. It was a good career and he enjoyed working outdoors.

On this day in September 2012 though, there was a disaster in store. When he climbed down from the backhoe he’d been working on, Brett was suddenly wobbly on his feet and found it hard to keep his balance. “It felt like I was walking on rubber,” he says. Seconds later, the stroke hit, leaving him paralysed down his left side.

His workmates rushed Brett to the closest hospital. Although it wasn’t far from the site where he’d been working, it was a long way from his home, his family and his pets – a pitbull named Jake and Rocky, a talkative cockatoos.

Despite the distance, Brett’s wife Robyn visited frequently. It was an agonising time for them both because in spite of all the tests and medical attention, Brett still had no movement down much of his left side.

Two weeks after he was admitted, the doctors decided it was time for Brett to move on and Robyn knew exactly what she wanted.

“They started talking about sending him to a rehab hospital,” she says, “and I insisted that he come to HammondCare’s Braeside Hospital. Our daughter had had an aneurysm seven years earlier and the support she received there was wonderful…I knew it would be the best place for Brett too.”

When Brett arrived at Braeside though, the outlook was bleak. There was no movement in his left arm or leg, he couldn’t talk, he wasn’t able to sit up properly by himself and he needed a sling hoist to move from his bed to a water chair. In his own words, the situation was “hopeless” and he feared he would never be able to go back home.

During the first week, Brett showed little sign of improvement.

Seeing that Brett was in particularly low spirits, our team gave him antidepressants to help him through the demanding exercise program. With the ongoing support of the multidisciplinary staff team and Robyn – who continued to visit him every day – Brett slowly began to regain movement in his left leg.

As he made progress, Brett’s enthusiasm grew and he developed a good relationship with his physiotherapist. The physio helped Brett to stand up straight again and then together they focused on getting him to walk. After four months of persistence and painstaking progress, Brett reached that milestone with the aid of a special four-point walking stick.

“I nearly cried, I was that happy,” he says. “My emotions really came out. It’s hard to be motivated to do all the exercises on your own. But with the encouragement of the staff, you see how important it is to keep going and set further goals.”

Now that he’s back at home, Brett continues to visit the outpatient clinic at Braeside Hospital every week, where he spends time with the rehabilitation specialist, a physiotherapist, an occupational therapist and a psychologist.

While he knows there’s still a long way to go, Brett remains optimistic.

“Things have improved for me 200 per cent now,” he says. “The stroke was the worst thing I’ve ever gone through but they put me back on track at Braeside.”
Brett presented to Braeside in October 2012, following a paralysing stroke. Just days before the accident, he was fit and working. When he arrived, he was unable to move himself in bed, sit up and balance, stand or walk. He was despondent and pessimistic about the chance of returning home. His wife was supportive but clearly worried about the future.

Although he had no active movement in his arm or leg, the multi-disciplinary team at Braeside started rehabilitation with enthusiasm and optimism. Little functional progress was made in the first week but as Brett began to benefit from antidepressant medication and got to know the staff, he started to become more engaged and active in his rehab. Slowly a little function returned to his leg, starting with flickers of movement in his hip, then a gradual increase in strength down to his knee and eventually even his ankle had some movement. Rehab followed his pattern of muscle recovery, and with every small gain made Brett’s enthusiasm and mood lifted.

Over his four-month stay at Braeside he regained enough strength to walk independently with a four-point stick and was able to return home.

Sharon Krope
Rehabilitation, Nurse Unit Manager
Braeside Hospital

“The stroke was the worst thing I’ve ever gone through but they put me back on track at Braeside.”
“I got the best back-handed compliment ever from one of the residents, who said, ‘You used to annoy me. But now I can look into your eyes, know you connect with me and understand me. And you bring some sunshine into my life.’”
Our Older Person’s Mental Health care services cater to those with serious mental health issues, including extreme cases of dementia. They provide multidisciplinary treatment aimed at helping patients return to living in the wider community or mainstream residential care.

The big picture

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<th>1000s</th>
<th>10-15%</th>
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<td>Several thousand people in Australia are estimated to have very severe behaviours of concern related to dementia, requiring management and care in specialist psychogeriatric hospital care units.</td>
<td>Around 10 – 15% of older Australians experience anxiety and depression.</td>
<td>Up to five per cent of older people have some form of anxiety.</td>
<td>Around 15 per cent of older Australians report using antidepressants, compared with just five per cent of the general population.</td>
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What we’re doing

- Comprehensive inpatient and outpatient services are provided at Braeside Hospital and Greenwich Hospital.
- Referral to linked community specialist mental health services for older people.
- The Special Care Program located within the Southwood nursing home at Hammondville provides therapeutic care for people with severe behavioural disturbances 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 stress and anxiety, and encouraging improved 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.
After fleeing the former Yugoslavia during the Balkan Wars, Dzana and her husband came to Sydney in search of a new life.

The refugee couple moved into a neighbourhood near Liverpool with friends from their village back home and began to build a new life for themselves.

Dzana spoke very little English and relied on her husband for help with everyday jobs like the shopping and banking.

When he died unexpectedly from heart complications last year, Dzana’s situation reached crisis point: a widow in her 70s, she was unable to communicate or manage her own affairs. For someone who had already been through so much, the grief and isolation proved too much to bear.

Despite assistance from her close neighbours, Dzana was struggling to function normally. On three occasions the police found her wandering through the streets, confused and agitated. On the third time they took her to the local public hospital.

After weeks of treatment and little sign of improvement, the medical staff and her neighbours decided that a nursing home was her only valid option.

But Dzana was dead against that option. Only days out from being placed into residential care, a rehab specialist who was examining Dzana suspected that she was suffering from depression so he called the Specialist Mental Health Services for Older People (SMH-SOP) at HammondCare’s Braeside Hospital.

When she arrived at Braeside, an initial assessment showed that Dzana was indeed severely depressed. Immediately the team set about devising a plan to treat the depression and re-establish her links with the outside world.

The multidisciplinary approach involved reviewing Dzana’s medication, providing counselling with interpreters and re-establishing the links with her close neighbours. Within three weeks of her admission, Dzana was already starting to show signs of improvement. She was less agitated, much more certain of herself and steadier on her feet.

While she was in Braeside, Dzana’s sister and brother-in-law came out from Sweden to support her through the recovery. Based on their own experiences in Scandinavia, they believed that a nursing home was Dzana’s only option. But she was still horrified at the thought.

Dzana stressed that she wanted to return home and her close neighbours – who could see how much she’d improved – now threw their support behind her.

The team at Braeside met with Dzana’s relatives, arguing her case and explaining how they would arrange for ongoing community support in her home.

Inside the unit they monitored her ability to wash and bathe herself, take her medication and do basic tasks such as cooking and cleaning. They then conducted a home assessment before arranging for carefully managed home leave – first overnight and then for the weekend. Dzana demonstrated she was ready to return home and her sister and brother-in-law went back to Sweden satisfied.

Dzana’s story could have ended there. For a month after she left Braeside Hospital, she remained well and continued to cope well at home. But on the Anzac Day long weekend she became highly agitated after watching a distressing program on TV. Back in Braeside, Dzana went onto her old treatment program under the supervision of the same team. Within a week her situation had picked up significantly.

Once Dzana had improved, the team at Braeside suggested to her that perhaps it was time to consider moving into an aged care facility. After an emotional discussion with her neighbours and our staff, Dzana agreed that a nursing home was her best option.

The choice that had once terrified her now seemed manageable, thanks to the ongoing care and support from our staff team. The team at Braeside assisted Dzana to move into a local nursing home. She has settled in well and she still receives regular visits from the community mental health team and her old neighbours.

And as much as she fought to stay at home, it’s a good outcome. Her neighbours are happy and remarkably, so is Dzana.

In some stories names, images and details are changed to protect privacy.
When she arrived at Braeside, an initial assessment showed that Dzana was indeed severely depressed.

When she came to us, Dzana had severe depression with psychotic processes, which had been triggered by the loss of her husband and the associated changes. Amazingly, this was the first psychological contact she had received since she entered the health system around four months earlier. With help from her friends and neighbours, we devised an active plan addressing and responding to her biological, psychological and cultural needs with a multidisciplinary team including a psychiatrist, registrar doctors, nurses, occupational therapists, social workers and psychologists. We used a ‘recovery-based approach’, looking at Dzana’s strengths and her potential rather than focusing on the losses. We acknowledged her strong wish to stay at home and when our risk assessments did not produce any strong evidence to the contrary, we supported her to do that.

When Dzana was readmitted to Braeside, she had developed an implicit sense of trust with the team. She knew us and there was a continuity of care that helped her to make the transition into a nursing home that had previously seemed impossible.

Dr Rasiah Yuvarajan
Director
Specialist Mental Health Services for Older People
Braeside Hospital
Mary can trace her decline into severe depression back to a single event.

Although she regrets it now, the retiree from Sydney’s Northern Beaches knew something was wrong with her health, but she couldn’t bring herself to seek medical advice.

For a whole year Mary ignored a lump she had found on her back, but despite her best efforts to continue as normal, it kept niggling away at the back of her mind. One day, when she was at home by herself it all became too overwhelming.

“I thought to myself, ‘I can’t do this anymore’,” she says. “I just couldn’t cope with the thought of doing anything. I got to the stage where I was afraid to drive, I didn’t want to think about managing my money and I wasn’t eating properly. Everything just seemed too much.”

A lover of books, she couldn’t even bring herself to read. Not knowing what to do, Mary picked up the phone and called her elder son, telling him for the first time about the lump on her back. Understandably, Mary’s son was shocked and he invited her to come and stay with his family.

The following day she went to see a GP who arranged some tests and a biopsy. The tests confirmed that Mary had cancer.

But the doctor’s more immediate concern was for Mary’s state of mind: the terrible news had plunged her into a state of depression. Soon afterwards Mary’s son found her comatose and unresponsive in her bed.

She was rushed to the nearest hospital which referred her to HammondCare’s Greenwich Hospital.

When she arrived at Greenwich Hospital’s Riverglen Unit, specialising in mental health care for older people, Mary was in low spirits. She kept to herself as much as possible and she was extremely unresponsive.

From the moment Mary arrived, our multidisciplinary staff team began reviewing her medications and monitoring for signs of improvement. They encouraged her to take part in activities while providing counselling and psychological support.

After two weeks in the supportive environment at Greenwich Hospital, Mary decided to go ahead with the surgery she had long been avoiding. The staff at Greenwich rallied around her.

Knowing Mary’s fragile state, our nurses spent extra time with Mary, taking time to talk her through the confronting experience and helping her with exercises that would help after the operation.

What followed was an intensive four-month chemotherapy program, and then five weeks of radiotherapy. It was a terrible period for Mary, but with support from the staff, her family and the volunteers at Greenwich, she stuck faithfully to the treatment plan. Every time she returned from cancer treatment, they welcomed her back warmly, offering the things she needed most - words of encouragement and listening ears.

“Once the radiotherapy was finished, I started feeling much better,” says Mary. “I did have my medication changed as well but I think the biggest thing for me was that it was all over as far as the treatment was concerned. I felt like my normal self again.”

Throughout her stay at Greenwich, Mary had been encouraged to try returning home by the staff and her son. But every time she resisted. She felt safe and comfortable at Greenwich. We were very happy Mary felt so secure, but ultimately, we believed she was ready to live her own life again.

Then one day in July we suggested she try going home just for a one-night stay. This time Mary said yes.

“As soon as I stepped into the house it just felt right,” she says. “Everyone was happy about that.” Following the successful overnight trial, the team at Greenwich worked with Mary’s family to arrange a permanent return home.

With a discharge plan in place, which provided ongoing support if needed, she returned to her home – and her books – on Sydney’s Northern Beaches.
Mary had severe depression and she had also been diagnosed with cancer – it was a double whammy. When she came in she was not very animated and she had a very flat affect; she was unresponsive. Every day Mary would sit in the same location in the dining room. She was very softly spoken and she did not want to be included in any activities with other people. She was unengaged and oblivious to her surroundings. When the doctors asked about her mood, she said she was feeling like a 1 or a 2 out of 10.

We tried her on various medications and monitored her to watch out for signs that they were working. It took a long time for her mood to lift so that meant we were unable to get to know much about her. And in the middle of it all, she had surgery, chemotherapy and radiotherapy. Throughout that process we supported her, offering counselling and advice.

One of the first signs that things were improving was the day when she moved positions to a lounge chair. She was a bit more engaged too. I brought in some English period dramas on DVDs and she enjoyed those and then she started doing puzzles as well.

Every time we suggested that she return home, she closed up. Then one day, quite out of the blue, she agreed to go home on leave. In preparation for home discharge, Mary passed the occupational therapy assessment with flying colours. We also arranged for follow up visits from the Northern Beaches Community Mental Health Team.

“I thought to myself, ‘I can’t do this anymore... I just couldn’t cope with the thought of doing anything.’ ”

Case notes

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Ella Wallin
Nurse Unit Manager
Specialist Mental Health Services for Older People
Greenwich Hospital
Where we provide care
Locations
Residential Care
HammondAtHome
Health+Hospitals
Years of researching, planning, building and preparing by hundreds of committed staff have all been focused on one goal - making HammondCare Miranda a great place to live and, also, to work.

The innovative and beautifully equipped 92 place dementia specific home is arranged in four 15 bed cottages and four eight bed cottages. They feature best practice, evidence-based dementia design, right down to the colour-coding of taps.

Private rooms with ensuites, kitchen and dining room at the heart of the cottage, abundance of light, access to relaxing outdoor spaces and plenty of opportunity to be involved in meaningful activities are hallmarks of life for Miranda residents.

Bev and Dot: living together with dementia at Miranda

Bev and his wife Dot first met as students at Sydney High School almost three quarters of a century ago. In the late 1950s, Bev and Dot built a home in the Sutherland Shire, where they lived until the beginning of this year.

Things first started to change for the couple around 10 years ago. Bev suddenly noticed Dot was starting to forget things. She became confused and she wasn’t able to cook anymore. It was a terrible blow for the family when Dot was diagnosed with dementia.

Then Bev began to show the first signs of dementia. Wanting to be together and stay in their home, it was a crisis. Dot’s daughter Jan explains.

“Things that had been so simple before, like cleaning the house, washing clothes and personal hygiene we now becoming major problems. Before long I realised that their safety was at risk.”

Bev and Dot moved into our brand new Miranda dementia care facility at the beginning of March.

“They had to be together,” she says. “I could have got them placed more quickly but they would have been at separate sites – possibly many kilometres apart. Dad would never have sanctioned that. And it would have been difficult for me too, running backwards and forwards all the time. I really needed somewhere that could take two people with dementia on the same site. That’s why having dementia-specific services like HammondCare does is such an important concept.”
Food: a vital ingredient in effective care.

Bringing back the pleasure of eating in dementia care.

Peter Morgan-Jones may be HammondCare’s Executive Chef and Food Ambassador, but when he cooks for his clients, he enjoys nothing more than taking off his chef’s jacket and hat and serving the food himself.

Peter is leading an aged-care food revolution as he promotes organic produce, cooked fresh, and presented beautifully. “Every day across HammondCare we provide over 2,850 meals. And many people with dementia have special needs when it comes to eating - some have lost the ability to use cutlery while others can no longer chew.

But that doesn’t mean that they have to miss out.” Tasty, fresh and nutritious finger foods and puree meals and desserts that look and taste like the real thing, are allowing many people living with dementia to find new joy in eating.

“Our finger food evenings are a highlight of my year. It’s amazing to see the enjoyment gained by the residents as well as their family and carers,” Peter said.

“The moral of the story”, says Chief Executive Dr Stephen Judd, “is that the ideal of a community where we are living together respectfully and compassionately with people with dementia, is within reach. But it takes individualised care, evidenced based principles and creative resourcing. Together, we can make it happen.”

“What drives me is that the quality of our food is a really important part of the care we provide.”

HammondCare Accredited Practicing Dietitian Emily Colombage explains her passion for her work.

“Food is not a side issue. Between 40 and 70% of people in residential aged care are malnourished”. Better food means better functioning; it means better strength, it reduces muscle loss and supports tissue condition. Quality and nutrition is vital.”

“Much of my time is face to face with our residents - I really enjoy that. We have a regular practice of weighing all residents at least once a month, more often if needed. So we will spot any loss of weight.

“Recently I came across a lady in one of our dementia cottages who had lost some weight so I needed to prepare a food plan for her. She told me she was a vegetarian. It’s a bit tricky. She was sometimes a bit confused. On some occasions she asked for meat!

“There was an ethical issue for me - I was keen to respect her wishes, but I needed to get her eating again and stop further weight loss. So I spoke with the family.

I discovered she was indeed vegetarian, but she was happy with fish. We found some really good vegetarian sausages for her, and a variety of fish and some legumes. We provided variety, quality and flavour. She responded really well and her eating and overall health improved.

That’s really what I’m all about. Quality of food and eating at the heart of care.”

*Journal of the Dietitians Association of Australia, Dec 2009*

Going To Stay At Home: caring for the carer

“This has been an amazing experience. Everything was done so professionally. You taught me so much and either reinforced or reminded me of things I can do to help my darling husband.”

Program participant.

The Going to Stay at Home program provides much needed support for people caring for someone with dementia. Family carers come with their loved ones to the week long, fully catered live-in program at HammondCare Miranda, where they attend a series of training sessions designed to assist them in their caring role.

Run by The Dementia Centre, each session is delivered by a specialist in the field with topics ranging from communication skills and coping strategies to organising the home for a person living with dementia.

While the carers take part in the training, the people with dementia participate in activities, like painting, gardening and playing card games, with qualified carers.

Assistant Project Coordinator, Deb Moore says participants leave the program feeling supported and empowered.

“By the end of the week there is a celebratory feel with people laughing, talking and having a good time even though they’ve just been through an intensive education program.

And they feel better equipped to look after the person they care for and to manage their situation.”
Snapshot

HammondAtHome works as part of the broader HammondCare service model to provide a range of subsidised and private services to assist people, many with complex health or aged care needs, to remain living in their home.

Services for older people; people with dementia including younger onset dementia; people diagnosed with an incurable illness and needing palliative care; people rebuilding lives through rehabilitation following accident, illness or trauma: and people with complex disabilities.

Older people needing care want to remain at home as long as they can, with greater control and choice regarding the health and aged care services they receive.

HammondAtHome is providing new models of care with a radically different approach, that provides people in need with increased flexibility and choice.

For people like Lois Bayfield, that means significantly better care.

Discovering choice and independence in care

“It makes me feel good! I like to be in control of my life,” says Central Coast resident Lois, 81, about the more flexible approach she now receives from HammondCare.

Choice is particularly important for Lois, who does not have family living locally, cannot drive and has had a number of serious falls and injuries. “I love my home and I love my garden and it means a lot to me to be able to continue living here,” Lois said.

And having worked as a manager in Credit Unions “all my life” Lois says she “did budgeting for people who were in dire straits so of course I budget myself very carefully.”

With the assistance of HammondCare Care Manager, Leanne Dawson – who Lois says is a great listener - Lois herself now maps out how to spend the funds available in her care package.

Together a flexible and unique package of care is developed.

This includes a two hour care worker visit to take Lois shopping, fortnightly professional cleaning of her home, another care worker visit to assist Lois in paying bills and running other errands, connection of Vitalcall to her unit, the on-demand visit of a gardener and provision of taxi vouchers for weekend travel.

“It makes me feel good! I like to be in control of my life.”

Lois is enjoying mapping out how to spend the funds available in her care package.

“I’m very frightened of falling. I’ve had quite a few falls and the physiotherapist is working with me to help prevent this. It’s an awful feeling when you know you are going to fall.”

For this reason, Lois arranges to have a care worker with her as she enjoys a waterfront walk. Working together, Lois and Leanne have found that it’s a more flexible and personal approach that provides better care, when and where Lois needs it.
Older people who want to remain at home have increasingly complex clinical and care needs.

Today nearly all Australians over 65 have at least one long term health condition. 49% of Australians 65-74 have 5 or more long term conditions and 70% of Australians over 85 have 5 or more long term conditions.

(AIH-W 2012, Australia’s Health 2012)

People needing care are seeking greater control and real choice regarding the health and aged care services they receive.

HammondAtHome has developed new and innovative service delivery mechanisms to creatively meet the needs of older Australians within this context.

This process has led to four significant changes within HammondAtHome.

1. The introduction of integrated mobile technology for carers, to provide a breakthrough Client Relationship Management system.
2. The establishment of the Supportive Care Agency, dedicated to seamless and effective combination of subsidised care, private care and brokered service care.
3. A revised service model and staffing structure focused around Geographic Service Teams, Local Support Teams and Centralised Support Teams
4. The planned establishment of the HammondAtHome Client Response Gateway, to operate 24 hours a day, 365 days a year.

Care and support for people living alone, and unable to care for themselves.

Roy Simmonds’ passion for the organ was first ignited at the age of eight, when he joined the local choir at St Michael’s church in Vaucluse. Although he was there to sing, it was the church’s small but majestic pipe organ that caught Roy’s attention.

In fact, it was after playing the organ at his church in Roseville that Roy had his first fall. Recovering in hospital, he was put in touch with HammondCare Community Options Case Manager Karen Nix. Apart from his fall Roy appeared to be in good shape – both mentally and physically – but we discovered things were worse than they seemed.

An age pensioner, Roy’s home was a first-floor apartment that could only be accessed up a flight of stairs. And the rent was rising faster than his income.

Karen also discovered Roy had significant financial debts which he was not able to meet. Then Roy had a second, more serious fall that left him seriously injured. He had fractures to his ribs, a collar bone and a shoulder blade and a cracked skull.

“Everything suddenly went head over heels,” Roy says. “It made me examine where I was. I simply realised that this situation was way outside my control. I couldn’t play the organ and I couldn’t pay my rent.”

With no family on hand, Karen Nix first put Roy in touch with a financial planner who started to help Roy with his financial situation. The next step was to negotiate with Centrelink and Housing NSW to find a more appropriate living arrangement.

Following the falls, managing the steps at his apartment block was starting to take a toll on Roy’s health.

When he was discharged from hospital, Karen worked with Roy to begin a second application for public housing. After just nine months, he was offered a ground floor apartment in Lane Cove where he’s living today.

Once his debts were cleared and he was settled in stable accommodation, we contracted a range of other services for Roy including housekeeping, a linen service, Meals on Wheels and community transport.

Now Roy is well and truly back on his feet, leading a full and happy life. Most importantly, he’s been able to hold onto his own electric organ and he’s back to playing at church again.

And Roy is very grateful. “I believe that without Karen’s intervention from the beginning and her perseverance throughout, I would not be alive,” Roy says. “I don’t think that’s too dramatic. With the stage I was at, I don’t think I was competent enough to have survived on my own.”

“The working relationship between Lois and Leanne is a respectful and balanced partnership which provides the foundation for the support Lois chooses, in a way which enables her to retain as much independence and control over her life as possible.”

Sally Yule, General Manager
HammondAtHome
Rehabilitation

A doctor with a passion for numbers…and people

“We are developing a better idea of the things that work, and how well they work. The vision is for a profound and excellent customer rehab experience.”

When Joseph Sard phoned asking for help for his mother, Garry Pearce was initially reluctant. Aged 90, Mrs Sard had suffered a stroke. The family was devastated, but it’s extremely unusual for a 90 year old to go through the rigours of rehab four months after a devastating stroke. Then Garry reflected on the meaning behind the HammondCare logo – the Forget-me-not, symbol of HammondCare’s commitment to care for those unable to care for themselves, who would otherwise be forgotten. He conferred with the family and his staff and Mrs Sard was admitted for care three weeks later. “Our mother was just disappearing before our eyes. No-one else would take her, we called seven other services. Thank you for looking after her.”

Dr Garry Pearce is passionate about the numbers: because he knows they are often the key to better outcomes in the restorative care that changes damaged lives.

Before joining HammondCare, Dr Garry Pearce was part of the committee that helped set up AROC (the Australasian Rehab Outcomes Service) which today provides de-identified information about the function of every patient in every private and public rehabilitation hospital throughout Australia and New Zealand.

This provides the numbers that define benchmarking data and measure performance outcomes -something Garry sees as vital for the delivery of quality rehabilitation services into the future. Each hospital now receives a six monthly report of their performance compared to a similar hospital based on similar demographics.

It’s the key to quantifying the success of a rehab procedure. Which means across the state we are developing a better idea of the things that work, and how well they work. And that’s why Dr Garry Pearce is passionate about the numbers in rehabilitation: the result is better outcomes and changed lives.

Now Senior Consultant in Rehabilitation Medicine and Director of Rehabilitation Services at HammondCare’s Greenwich Hospital, and heading up a young and enthusiastic team of nursing and allied health professionals, Garry Pearce is helping to develop the restorative care services at Greenwich.

This is focused on developing expanded bed and support facilities; new strategic balance, falls and exercise programs; extension of day hospital and home based rehab programs; a focus on teaching and research, and assisting in developing the specialty of pain management with Professor Phillip Siddall.

The vision is for a profound and excellent customer rehab experience. “I was drawn to HammondCare because I believe passionately in the values of the organisation and I have real confidence in the leadership of the organisation. Working with other Rehabilitation Specialists at HammondCare is like working in the “dream team” as they are amongst the best rehabilitation doctors and the best people I have ever met.”
Mental Health Care for Older People

This is the best job I’ve ever had!

Sarah Dean is Recreational Activities Officer at the Riverglen Older Persons’ Mental Health Unit, Greenwich Hospital.

“I was working as a Recreational Activities Officer in Palliative Care but I wondered what was going on down at Riverglen. So I asked to come here.

The sorts of challenges the people here are facing include psychosis, schizophrenia, anxiety, aggression… when I first got here lots of the patients were just sitting. They will sit in front of the TV and sometimes it’s not even on.

I started by asking the same people every day to join my group. At first they said no, but after a while they were interested and before long I have a whole ward of 19 people doing something together.

I’m thinking ‘yes I’m getting through to them’. It’s great!

Communication is key – my enthusiasm is a big tool. I try to make it seem like the greatest idea ever to do some cooking… we do exercises, have some quiet times where we’re just talking or reminiscing… some of them look really puzzled at first!

We also do “active leisure” – we all go outside and throw around a big exercise ball and suddenly we are all having fun! They have to remember each others name and so it stimulates their mind as well.

I love it. There is actually now a lovely little community here. I don’t feel there’s a sadness here. They all have their issues, but they all work together and support each other. It’s the best job I ever had.”

The Pain Clinic

Just 12 months old, HammondCare’s Pain Clinic at Greenwich Hospital is having a big impact.

And Director of the Pain Clinic, Professor Philip Siddall, is delighted.

“We were excited when we started, because coming across to HammondCare from a large public hospital, we really wanted to try a different approach. We wanted to address issues such as meaning, hope, purpose. Could they really help make a difference to something as profoundly debilitating as chronic pain?

The numbers tell one part of the story. Over our six week program, we’re seeing a 35% drop in depression and anxiety. Increases of up to 50% in physical function. And pain dropping by over 30%. They are remarkable numbers.

But the other side of the story is seeing damaged lives turned round. Where there was despair and grief, we are seeing hope and meaning. Patients beginning to make new plans – plans for travel, plans to study, plans for a future.

For the Pain Clinic team, this is so exciting, because this is what we wanted to discover – a new approach, away from the mainstream in pain treatment, and the results speak for themselves.

Looking ahead, we are developing links into the Aboriginal Medical Service at Broken Hill, and have also been invited to establish a new pain management service and program at the Medical University of Hanoi. At home we are developing a state wide model of care focused on spinal cord injury, which will see the HammondCare Pain Clinic become a hub for better spinal cord injury pain care statewide.

This is part of the exciting vision for the Pain Clinic that we look forward to in the year ahead. Thanks to the hard work of our wonderful team at the Pain Clinic!”

Thank you and farewell to Dr Peter Moore

After spending 18 years on Sydney’s Northern Beaches helping hundreds of terminally ill patients and their families through the hardest times, Dr Peter Moore is now preparing for retirement.

“Peter’s different. He can sit beside a person who is dying and demonstrate not only empathy and sympathy but also compassion. He has an amazing ability to enter into their world,” says Stewart James, HammondCare General Manager, Health and Hospitals.

The much loved and highly respected palliative care specialist says the most important part of his work has been “optimising” people’s lives.

According to Dr Moore, it’s about taking the time to talk about the changes that are occurring and the challenges that lie ahead.

“Time is something that’s in such short supply throughout the whole health system,” he says. “We probably have a bit of a luxury in palliative care because we have a bit more time. But we have to.

I’m not going to make anything happen for somebody until I take the time to speak with them and explain where things are at and what the options are for them. To do that, you need time.”

(Below) Braeside Hospital’s Associate Professor Meera Agar was awarded the International Young Researcher Award by the European Association of Palliative Care. A/Prof Agar was presented with the award and delivered the plenary address on her research into delirium in palliative care at the EAPC Conference in Prague earlier this year.
Learning + Research
The Dementia Centre
Vocational Education
Pastoral Care
The HammondCare Foundation
Volunteers
Research summary

HammondCare’s academic Learning and Research Program continues to implement research-based solutions to pressing clinical issues across health and aged care services.

Unlike many organisations that do one or another, HammondCare both delivers services and engages in research, ensuring the care we deliver is carefully designed around the best evidence available.

HammondCare has again published a 2013 Research Report that details the extent and focus of our research over 2012-13. Contact HammondCare for a copy or download a pdf from the Research section of our website.

Translating research into care

A national strategic Dementia initiative

This translation of research into everyday practice is seen in our involvement with the NHMRC Partnership Dealing with Cognitive and Related Functional Decline in Older People.

Our General Manager of Residential Care, Angela Raguz, is a System Investigator for the partnership along with Dementia Centre Director Colm Cunningham, Senior Dementia Consultant Meredith Gresham and Project Officer Rebecca Forbes. As System Investigators, our staff will seek to sharpen the research program’s focus on the real-life needs of people in need and their service providers.

National online resource for better palliative care in dementia

Another major translational project is the Integrated Care Framework – Dementia, led by Braeside Hospital’s Director of Palliative Care, A/Professor Meera Agar.

The project is developing an online resource that will ensure the ICF-D, which provides research-based knowledge for providing better care for people with dementia in their last days, will be easily accessible for thousands of health professionals, care workers and family carers.

The ICF-D website is nearing completion and evaluation with participating aged care facilities is underway.

Research recognised with awards and funding

The high-quality of HammondCare research and researchers can be seen through new projects, significant funding and major awards received in 2012/13.

- Braeside Hospital’s Director of Medicine, Associate Professor Friedbert Kohler began an internationally funded, global study on the development of a new mobility assessment tool for use for people with amputations.
- Braeside Hospital’s Associate Professor Meera Agar was awarded the international Young Researcher Award by the European Association of Palliative Care for her research into delirium in palliative care.
- HammondCare is collaborating with the University of Sydney and UNSW to the NSW Health and Education Training Institute to develop extramural capacity student placements in oral health and interdisciplinary care.
- Associate Professor Josephine Clayton of Greenwich Hospital was part of a successful ARC funding bid to develop end-of-life care planning for people with disability.
- Professor of Palliative Care Rod MacLeod with Dr Andrew Broadbent was awarded research funding to investigate the quality of end-of-life (EOL) care in three NSW hospitals in Northern Sydney Local Health District.

Learning and research momentum continues

Other planned highlights for the coming year include the opening of stage two of the Hammondville Centre for Learning and Research, which includes one of the nation’s first primary health services embedded in aged care, providing general practice medicine and dental health.

Palliative care and pain management telehealth services will begin from the Greenwich Centre for Learning and Research. Building links and leveraging HammondCare’s academic Learning and Research Program will occur through the new HammondCare Registered Training Organisation.
“Our translation of research is of tremendous value in developing innovative and tailored models of care. In 2013 we have placed significant focus on developing our staff as educators and clinical leaders.”

A/Professor Andrew Cole
Head of Research
HammondCare

Our Research and Education program is developing a growing regional and rural focus, as far away as Broken Hill. This includes state-wide palliative care education for health professionals in support of the NSW Government’s plan for greater access to palliative care across the state.

Embedding education in services
A key role for HammondCare’s Learning and Research Program is to provide medical, nursing and allied health students and graduates with educational opportunities within aged care and sub-acute services. Our hospitals and care facilities continue to provide many thousands of hours of clinical placements for students from University of Western Sydney, University of Sydney, University of Technology Sydney, Charles Sturt University, University of New South Wales, University of Newcastle, Australian Catholic University and Macquarie University.

Opening wide the opportunities for oral health
Kosta Costonis joined HammondCare’s Learning and Research program in February 2013 as clinical placement coordinator for one of the NSW Health and Education Training Institute grant projects.

In a very short time, Kosta excelled in developing the oral health placements project. His passion for helping older people with oral health was quickly shared by the students working with him in their educational placements.

Kosta’s efforts have resulted in our staff increasing their knowledge about oral health conditions in aged and dementia care and being empowered to participate in routine oral health care planning and management for our residents.

At the same time, the students get first-hand experience of working in aged care, a vital component of training the aged care workforce of the future and one of the main goals of our Learning and Research Centres and Program.

Centre for Learning and Research Greenwich

Making more home deaths possible
Professor Rod MacLeod passionately believes that palliative care should be available to all people who need it at an appropriate time and place. So he has relished the opportunity to plan and oversee an education program for providing supportive care to people who wish to die at home.

The program will cover palliative care, theories around dealing with grief and loss, managing symptoms like pain, and how to communicate with people who are dying and their families.

Professor MacLeod has also designed a course for community professionals working in end-of-life care including doctors, nurses, allied health workers and welfare staff.

“Currently it looks as if less than 20 per cent of people in NSW are able to die at home yet more than 70 per cent would like that,” he says. “What we are hoping is that our teams will be able to make that happen – to support people to die in the place they want to.”

At the end of his first full year with HammondCare, Professor MacLeod also says he has been encouraged by working with first rate teams in all disciplines who embrace the organisation’s mission and live out its values on a daily basis.

Centre for Learning and Research Hammondville

Better care for vulnerable people
“The work we are doing now will improve our knowledge significantly and ultimately that will lead to better systems and services down the track,” says HammondCare and UNSW’s Hammond Chair of Positive Ageing and Care, Associate Professor Chris Poulos.

Over the past year Associate Professor Poulos has been working on three major research projects designed to build the skills and capacity of the health workforce. The first project is looking at ways to train community care workers to identify and manage early functional decline among older clients living in their own homes. The second is developing strategies to foster more effective teamwork in residential aged care.

A third project has been investigating how caring for someone with dementia affects the caregiver’s health. The comprehensive study is looking at the physical, intellectual, cognitive, emotional, vocational and spiritual dimensions of wellbeing. At the same time, he’s been continuing to provide clinical rehabilitation services to the general public and for aged care residents.

“These projects are specifically targeting disadvantaged and vulnerable groups of people – people who are in isolated caregiver roles and people at risk of functional decline,” he says. “These really are the sorts of people that HammondCare exists for.”
A growing international focus as well as broadening Australasian opportunities has meant a busy year for The Dementia Centre in its role of improving quality of life for people living with dementia. With strong international interest in our services, Dementia Centre Director Colm Cunningham now strategically shares his time between the expanding work in Australia whilst concurrently forging relationships with our international dementia partners. One aspect of Colm’s international work is a progressive review of global best-practice in dementia care which enables The Dementia Centre to make available life-changing, dementia-related research, advice and action.

New state-wide dementia support service

A significant new service offered by HammondCare through The Dementia Centre is the NSW Dementia Behaviour Management Advisory Services (DBMAS).

The HammondCare DBMAS program is a state-wide service across NSW, accessible through the national DBMAS number 1800 699 799. Callers are connected with consultants in our highly skilled, multi-disciplinary team who make assessments and provide advice about interventions and support. This federally-funded service offers vital support to staff and carers, including family carers, in the community, residential, acute and primary care settings.

Researching better care

The core activities for The Dementia Centre continue to be research, consultancy and education, and alongside major services such as DBMAS, these provide direct benefit to people living with dementia, their families and carers.

The NHMRC’s Partnership Centre Dealing with Cognitive and Related Functional Decline in Older People is a major research initiative launched in the past year, and through HammondCare’s involvement Colm Cunningham and Senior Dementia Consultant Meredith Gresham are System Investigators. The Going to Stay at Home Project combines education with research to deliver a week-long, residential training program for the person with a dementia diagnosis and their primary carer. Dozens of couples from across NSW have come and lived for a week in a cottage at our new Miranda dementia care home and received vital support, training and encouragement from our expert team.

Dementia Centre researchers are involved in a range of other projects covering dementia seating, use of bidets, through to new resources for providing end-of-life care for people with advanced dementia.

Delivering education and resources

The Dementia Centre continues to deliver Dementia Care Essentials to hundreds of aged care workers in all parts of NSW and this is contributing strongly to a greater understanding and awareness of the special needs of people with dementia. The Dementia Centre also develops partnerships with leading international universities and academic institutions and is the facilitator for a number of international post-graduate dementia qualifications.

A new book for carers, 10 Tips for Dementia Design at Home was launched nationally in cooperation with Alzheimer’s Australia, and this outstanding resource was made available to many carers for free, thanks to a generous bequest. Another important resource flowing directly from Dementia Centre involvement in the Encouraging Best Practice in Aged Care research project is the ‘Better for Everyone’ Toolkit. This free resource will assist any care service to apply the lessons learned during the EBPRAC project.

Bringing the best advice to the front line of care

Meanwhile, consultancies have helped raise dementia design and care standards in services across Australia and South East Asia. Many organisations are seeking to engage with HammondCare’s best-practice approaches. Dementia Centre consultants are deployed to work alongside service providers, bringing recommendations and advice that greatly enhance the facility or service being developed.

Supporting HammondCare services

And while much of The Dementia Centre’s focus is outward, it also plays an important role in ensuring HammondCare’s own dementia services strongly reflect our core design and care principles. This includes providing training and resources to our staff, helping to see our care philosophy reach into every corner of the organisation as well as running pilot projects in services to find ways to constantly improve our own application of best-practice dementia care. This unique hand-in-glove relationship between HammondCare, as a leading dementia care provider, and The Dementia Centre, as its research, education and consultancy arm, ensures both entities excel in delivering tried and tested, energetic and excellent services that promote dignity and respect for people with dementia and their families.

Building an international network of Dementia Care

Dementia Centre Director Colm Cunningham with Tessa Gutteridge, Director of Young Dementia UK.
“It is exciting to see The Dementia Centre expand its capacity to respond to the growing needs of dementia care organisations in Australia and beyond.”

Colm Cunningham Director - The Dementia Centre

Learning: Essential support for professional carers

Most aged care support workers are passionate about their work and want to offer their clients the best care possible. So when given the opportunity to do the Dementia Care Essentials course, they jump at the chance of improving understanding and skills. One care support worker couldn’t help but share her excitement when she discovered the trainer from HammondCare’s Dementia Centre was just as committed to providing excellent dementia and aged care as she was. The trainer, Deborah Soper, “is the most inspiring, passionate trainer I have had in a long time, and all I can say is thank you Deborah for your passion and commitment.”

Consultancy: Valuable support for other providers

It was a significant day when Ray Harris, CEO of Cowra Retirement Village, rang the Dementia Centre to ask for support with a new 14 bed, purpose-built, dementia-specific cottage that was under construction.

Ray had “fallen in love” with HammondCare’s approach to dementia design and care, and for many years had worked patiently, raising funds and awareness, so that he could bring this approach to Cowra.

This started a process of consultation around design and training issues, and then earlier this year we visited Cowra to provide an in-person consultation on the building project. Together we identified a number of issues where improvement could occur, which Ray and his team enthusiastically implemented.

Several months later we returned to provide training for staff on the importance of the environment for the person with dementia, and our model of care.

The Dementia Centre produces an extensive range of valuable resources available online at our website.
Our Vocational Education program is powerfully aligned to the individual needs of our front-line care managers and workers, as well as the corporate view of managers, thanks to a multi-layered training approach.

The Vocational Education team consists of educators and trainers operating at every level of our organisation in each stream of care.

**Education embedded at every level**

The team is focused on Residential Care, HammondAtHome and Health and Hospitals and works closely with the General Managers of these areas to ensure training responds to their changing needs.

A large team of Consultants are then embedded in individual services providing face-to-face courses that orientate workers to the culture and care philosophy of HammondCare and also respond to specific needs for skills training. And then across our residential care services, Workplace Trainers who have been care workers themselves, are responsible for providing one-on-one orientation to new care workers.

They mentor staff, doing their job with them, modelling our unique approach to care and providing best-practice advice for each task.

Workplace Trainers have been hand-picked for the role not only because they are exceptionally skilled care workers, but because of their passionate belief in HammondCare’s approach to care.

**Highly aligned and responsive**

This highly aligned and responsive approach to vocational education is rare in the aged care and health sectors, particularly the way workers are provided one on one support as they go about their job.

The education ‘conversation’ occurs daily, whether it is VE managers meeting with senior management, consultants discussing needs with service managers and staff or trainers guiding the hands of front-line care workers. This conversation is also informed by the needs that staff identify in their Individual Learning Plan as part of employment review processes.

An annual analysis of training needs along with evaluation of every course offered, ensures there is continued improvement in our education process.

**New scope for Registered Training Organisation**

HammondCare’s Registered Training Organisation (RTO) is an integral part of vocational education across the organisation and increasingly to an external audience. The RTO delivers quality Certificate III and Certificate IV courses.

In the coming year it will deliver the federally-funded Dementia Care Essentials program that provides a module of dementia training to aged care workers across NSW. Exciting new areas of community health and aged care training are anticipated through the RTO in the near future.

At whatever level it occurs, our education program is designed to keep the person in need at the centre of what we do.
Vocational education at HammondCare is a truly collaborative approach to training.

We consult with General Managers to understand needs of their staff and the people being cared for. The local manager can nominate specific priorities for training in their service. And individual workers can identify their own training gaps and know that this will be heard. At whatever level it occurs, our education program is designed to keep the person in need at the centre of what we do.

A powerful example of this is the way our Workplace Trainers will help busy care workers who have become task focused, to step back and see the person they are caring for. As our team has moved through a period of restructuring to adapt to new phases of growth, they have not once lost their passion and enthusiasm for equipping our workers and modelling our person-centred approach to care.

HammondCare welcomes nurses to Graduate Program

Seven Graduate Registered Nurses embark on a highly-valued 12 month rotation program with HammondCare. Experience will cover palliative care, rehabilitation and special mental health services for older people, residential aged care and HammondAtHome services.

“Vocational education is essential as it provides our workers with the skills needed to do their job now.”

Dr Stephen Judd
Chief Executive

“The only thing you can’t teach is passion, but you can model it and I know our team models passion every day.”

Natalie Duggan
Head of Vocational Education

Trainer Alan Burt presents Dementia Essentials training to HammondCare staff, providing vital training and insight into dementia care skills.

Debbie Root and Insoon Jong enjoyed the support they gained from our CARE: Palliative Nursing@ HammondCare Project, a specialised training program to support Palliative Care Nurses in care and communication for patients facing their last days amidst complex health, social and spiritual needs.

Debbie “The training let me explore new ways of doing things in a safe environment that you might not try in the real world. You’re always worried about how you’re saying things to patients and relatives. I used to worry what I said would leave a lasting impression. But it’s not what you say, it’s how you say it. That really helped me.”

Insoon “English is not my first language so I don’t have so many choices of words. I learned how to communicate more effectively to the patient and their families. We want to be gentle and handle it softly, but I also learned how to use a direct communication, that will help them understand.”

Vital training for carers facing challenging circumstances.

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HammondCare’s Pastoral Care Program has significantly expanded in the past year so that it now supports more people through the most difficult moments in life than any time in our 81 year history.

The number of Pastoral Care Coordinators has almost doubled to 25, ensuring we are well on the way to providing loving, holistic and meaningful pastoral care across every one of our residential aged care, community, and health and hospitals services.

The tireless and compassionate work of our Pastoral Care Coordinators, under the leadership of Rev Craig Maher, is further bolstered by the growing involvement of specially-trained pastoral care volunteers. This includes close links with many local churches, such as EV Church in Erina, which provides up to 20 pastoral care volunteers to supplement the work of local Pastoral Care Coordinator Donna Allen.

Innovative church partnerships

Innovative partnerships with local churches have also strengthened the pastoral care team through shared employment arrangements. HammondCare partners with Macquarie Anglican Churches to employ Rev Gary Nicholson, enabling him to spend three days week offering care and support in palliative care at Greenwich and Neringah Hospitals.

Another three year partnership with West Ryde Anglican Church has released Rev Stephen Bell to serve for three days a week in Greenwich Hospital rehabilitation and older people’s mental health services.

Another important role for our Pastoral Care Program was to place about 10 interns from theological colleges and centres providing chaplaincy training, and these placements are expected to grow in the future.

Pastoral Care Sponsors add strength

Another vital factor is the generosity of the growing band of Pastoral Care Sponsors who directly contribute financially to pastoral care at HammondCare. Pastoral Care Sponsors contribute regularly throughout the year through the HammondCare Foundation to support the work of pastoral care, which does not receive government funding.

Caring for and training the carers

Pastoral Care Coordinators will usually be found listening at the beside of a patient, or walking in the garden with a resident or sharing a prayer with a client in their own home.

Pastoral Care Coordinators are also freely available for one-to-one support for managers and care staff as well as the family and friends of our residents, patients and clients. Also, they often run carers groups, church services, Bible chats and other activities that meet the many needs for pastoral care.

A major project in the past year has been the training of the entire management and staff of HammondAtHome in the areas of Grief Care and Avoidance of Compassion Fatigue. Rev Maher conducted the training, to groups ranging in size from 10 to 80, in all our at-home care services across NSW.

The training, which powerfully supports the caring work of our staff, will be extended to other care staff across HammondCare.

Human to the end

A growing role for the Pastoral Care Program within HammondCare is to provide thought leadership on the theme of providing ‘holistic care with a spiritual dimension’. One example was the commissioning of the Centre for Public Christianity to write a paper on what it means to be made in the image of God, and especially in the context of end-of-life and dementia.

Human To The End: Made in the Image of God was presented to about 600 staff and volunteers during lunchtime seminars in the lead up to Christmas 2012.
Vittorio: a patient's story

“Has anyone told Jesus I’m in Fairfield Hospital?” I asked the smiling woman who came to visit me.

As a client of HammondAtHome Southeast Sydney, I’d ended up in hospital due to some health problems and at times was a bit confused about things.

But I wasn’t confused about how happy I was to see a familiar face, even if I couldn’t remember her name. Her visits are very special to me as I don’t receive many visitors in hospital or at home.

As she chatted she reminded me her name was Lina Cavallaro and she was the Pastoral Care Coordinator with HammondCare. She then explained it had taken her 25 minutes to find a car space! I’m glad she didn’t give up.

Lina reassured me that Jesus knew exactly where I was, which is good news of course, but then I remembered my beautiful cat who I thought must be all alone at home.

Again Lina had the answer, letting me know that my neighbours were keeping an eye out for the rascal, and feeding him on my front verandah. I always enjoy talking to Lina about God so, after she told me how good I looked with a fresh haircut and shave, I asked her, “Where will I go when I die?”

Knowing how much I enjoy hearing her read the Bible, she opened up the one she had with her and read about how Jesus prepares a place for us, a beautiful mansion, and when it’s ready, I’ll join him there. She then gave me a large book of beautiful cat pictures with large labels with Bible verses in Italian for me to read and enjoy. I love that book.

As a carpenter, I love hearing about Jesus, after all He was a carpenter like me, and the words Lina shared were very comforting: ‘Do not let your heart be troubled, if you believe in God, believe also in me. I am going there to prepare a place for you. I will come back and I will take you to be with Me.”

Lina also speaks Italian like me, so I enjoyed it when Lina shared these lovely words in my own language: ‘il vostro corie non sia turbato; vo I credete in Dio, credete ancora in me. Lo vo ad apparecchiari il luogo. Vero di nuovo, e vi accoglierò appresso di me.’ Her Italian is not so good so I helped her with the difficult words.

Life has improved greatly for me, thanks to my care manager Di Todd and her care team, and also Lina. I am so grateful for all my HammondCare friends, they are like family to me.

Arrivederci! Vittorio

“Working in pastoral care gives me the opportunity to offer people a little bit of joy in their day by finding a way to connect with them personally.”

Donna Allen Pastoral Care Co-ordinator, HammondCare Erina

Roy, Cheryl, and Wendy: Pastoral Care on a daily basis.

HammondCare’s Pastoral Care Coordinators have the privilege of sharing people’s greatest joys and darkest moments as they provide comfort and support across our health and aged care services.

Cheryl Atkins, Residential Care Southwood, described ‘supporting a staff member after they were diagnosed with an aggressive cancer.’ She took on the challenge by ‘offering prayer and comfort before surgery and healing’ and was excited when the staff member returned to work.

Roy Baillieu, HammondAtHome Hunter, had been visiting a bed-bound, vision-impaired client for several years, building a relationship of trust.

With not long to live, the man revealed that he and his partner – who was his carer and who also had a disability – had been together for 30 years but had never married, something they were now keen to do.

‘Over our time together the client shared a lot about his spiritual needs as well as his emotional needs. He then asked me to be his best man and help organise his wedding with the help of HammondCare, which we did.

‘We organised for them to be married by a Catholic priest at home with a few friends and some HammondCare staff present.’ It was a great comfort for the client and his new wife, Sadly he has since passed away. But it’s not always easy, and sometimes the people we help are angry and frustrated due to the circumstances they face. Wendy Simmons, HammondAtHome Central Coast, recalls that a client had expressed a great deal of frustration to care staff and they suggested a visit from Wendy.

‘I gave her the opportunity to air her grievances, listening to her in a non-judgemental way - she talked for two hours.

‘Then we discussed what her losses had been in past years and talked about her grieving and how it was absolutely normal for her to be feeling the way she was.

‘Slowly she began to relax and talk about what she would like to do with her life. We discussed contacting the local church as she felt she would really like to do something for others as she realised from talking that she no longer had a purpose and she recalled how she loved helping others.’

Wendy was able to leave the client that day with her expressing gratitude for what she had come to realise during their talk.

These are just a few among many examples of the ‘holistic care with a spiritual dimension’ offered by HammondCare’s Pastoral Care Team.
The HammondCare Foundation plays a key role in supporting our vision of care.

The HammondCare Foundation thanks our generous and dedicated supporters whose ongoing support over the past 12 months has significantly extended the mission of HammondCare to improve quality of life for people in need.

The most precious gift of all

The Foundation’s first report, Transform, provides comprehensive feedback on how our supporters have helped HammondCare deliver this most precious gift of all – quality of life. It also chronicles the extensive opportunities available for ongoing support.

Support for research, training, and vital resources

Research is an important part of HammondCare’s mission and the Foundation has played a major role in seeing significant new research develop in the past year.

The NHMRC Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People was officially launched in April 2012 and HammondCare’s key partnership in this Centre is supported by a major donation over five years from The Thomas Foundation.

Nurses are vital to the provision of our high standard palliative care and to support them in their role, Nursing@Hammond is now under way, providing valuable training and research, made possible by the generous support of Richard Jamieson.

Spiritual care at the end-of-life is the focus of new HammondCare research aimed at improving the quality, delivery and focus of spiritual care for our patients, residents, carers and their families. The Friends of Greenwich made a significant donation towards this program and, as a group, have now merged their support with the Foundation.

New resource materials flowing from cutting-edge HammondCare research have also been supported through the Foundation. These include the Better for Everyone Toolkit made available for free to dementia care staff and family carers, thanks to the JO and JR Wicking Foundation, managed by ANZ Trustees.

Three, million dollar projects

The HammondCare Foundation is leading the way in three very different but equally important projects.

One in five older people living with dementia has undiagnosed chronic pain. INTERVENE is the Foundation’s three year campaign of research, information and training to drive systemic change through the aged care sector to establish new practices of care for these silent sufferers. The target - $1.01 million.

Braeside Hospital urgently needs a new state-of-the-art kitchen to ensure meal times can be an enjoyable highlight of the day. The Foundation is supporting the community as it seeks to raise $1.06 million to provide healthy fresh food.

HammondCare is deeply committed to the provision of pastoral care as so many people in need face grief and loss. Our Pastoral Care Program costs more than $1.5m a year. Thanks to the ongoing support of the Foundation’s Pastoral Care Sponsors, this vital work has expanded in the past year.

Beds, gardens, dreams and more

Other significant Foundation projects include 32 new palliative care beds at Greenwich and Neringah Hospitals ($160,000), a new reflective garden at Neringah Hospital ($60,000) and raised garden beds at Horsley, the provision of dreams for people facing their last days (priceless), special staff training in younger onset dementia and more.

For more information phone the Foundation on 1300 426 666 or download our report Transform at www.hammond.com.au/about/support
There is no better example of the generosity of our supporters than the remarkable fundraising story of Vietnamese Australian Hoang Nguyen.

Hoang’s father was admitted to HammondCare’s Braeside Hospital with lung cancer.

“He was there about three weeks before he passed away,” Hoang recalls. “The doctors and nurses provided the best service I have ever seen. Every time we needed something they were there to help.”

Some years later when Hoang learned Braeside needed a new kitchen, he saw his opportunity to give something back.

He decided to harness the generosity and support of the local Vietnamese community by organising a fundraising dinner for the new Braeside Hospital kitchen.

“I organised the fundraising to say thanks to all the doctors and nurses who work really hard around the clock to keep patients comfortable,” he said.

Liaising with Braeside Operations Manager Connie Chan and the Foundation’s Julian Martin, Hoang organised a dinner for about 350 people that raised more than $11,000 for the hospital.

Building on Hoang’s successful beginning, a second dinner attracted 800 people and raised more than $91,000, ensuring the $1.06 million appeal is off to a flying start.

This spectacular event was organised by the NSW Chapter of the Vietnamese Community of Australia.

Foundation Head Julian Martin said, “Hoang’s example shows that people can contribute in more ways than giving money. Helping us fund raise through their local community is a huge contribution and we gladly offer our organisational expertise to help make this a reality.”

For Helen Carter the decision to leave a gift in her Will to the HammondCare Foundation was at first unexpected but now it is essential.

“I don’t know what will happen when I am gone. I can only consider my values now and relate those to the organisations I know and trust today. I am certain that HammondCare will remain at the forefront of aged and dementia care – it will always be an ethical organisation serving and enriching the lives of the elderly at the difficult and often stressful times of their lives.”

Helen is one of our valued supporters and friends – she is also a member of our special benefactors’ club – the Forget Me Not League.

“I’ve supported HammondCare since I worked there some years ago,” says Helen. “But that was not the first time I had come across HammondCare – my grandmother spent the last years of her life, in good and caring hands, at Hammond’s Sinclair Home.

“In the eight years I worked at HammondCare I was privileged to meet many staff who saw the true nature of the men and women in their care. I can truly say this way of looking at people changed my life.”

Helen was motivated to leave a gift in her Will to the HammondCare Foundation when she and her husband rewrote their Wills recently. She realised that she would never be able to make as meaningful a gift during her lifetime – so a bequest would be her way of giving a significant gift to a community – the HammondCare community - one she trusts and values.

You too can become a member of the Forget Me Not League by simply naming the HammondCare Foundation as one of the beneficiaries of your Will. For more information, contact the Foundation on 1300 426 666. Your communication will be held in the strictest confidence.
There’s a contagious spark alight in HammondCare’s volunteers.

You can see it in volunteers like 16-year-old Jarita Lay, leading activities for rehabilitation patients at Braeside Hospital, or 91-year-old Betty Biffin (OAM), sharing a prayer with a resident at Hammondville.

It’s the spark of life well-lived, that generous happy feeling that comes from knowing your are brightening someone else’s day - not because you have to, but because you want to.

And it’s the spark of joy that comes from receiving as much back as you give while spending a special moment or two with an older Australian in aged care, or someone facing their last days or a patient recovering from injury or illness.

No wonder that HammondCare volunteers are often heard using the word ‘privilege’ to describe how it feels to do what they do as volunteers – whether in aged care or health and hospitals.

Exciting expansion of volunteer services

It’s not surprising then to learn that HammondCare has never had more volunteers and volunteer leaders – even going back as far as the very first volunteers who visited patients in our first hospice in 1907 or built the very first cottages at Hammondville during the Great Depression.

By the time this Annual Report is published, Head of Volunteers Barry Costello expects that our 500th volunteer will have signed up, a doubling in number in just a couple of years.

Barry’s team of volunteer leaders is growing too, and this is a big reason for the growth in volunteers as these dedicated workers build connections with local communities, match interested people to opportunities and share their passion for improving quality of life for people in need.

There are now 10 Volunteer Leaders across NSW, with an additional three anticipated in the coming year. And this is not just a reflection of growing volunteer numbers, but of the expansion of HammondCare and the opening up of new areas to serve.

Volunteers are feeling right at home

For many years volunteers have complemented the work of our caring staff in residential aged care or our hospitals, but now a new program to involve volunteers for our clients living at home has been successfully launched.

After a successful pilot in the Illawarra which involved volunteers being carefully matched with clients to visit them in their own homes, there are now more than 30 volunteers working in our community services across NSW.

And with at home care the preferred option for government and most older people, this is likely to be an area of volunteer growth into the future.

One key reason for its importance – while many older people love living at home with the support of services, they can find themselves isolated due to reduced mobility and so the regular visit of a friendly volunteer is a welcome supplement to their formal care.

We take all kinds!

Just as our residents, clients and patients are incredibly diverse, so too are our volunteers – bringing their rich range of experiences to share with others.

A retired palliative care doctor decides to continue in a caring role by volunteering in one of our hospitals.

Volunteering at HammondCare can be summed up by the words purpose, hope, satisfaction and fun.

I believe volunteers find it a deeply satisfying experience and a great personal adventure. And we take volunteering seriously - endeavouring to provide meaningful experiences during a volunteer’s time with us.

I think our volunteers are the best kind of people who love to help us in our mission to improve quality of life for people in need.

HammondCare has valued the role of volunteers since we started as Depression-era housing relief charity in 1932 and it is still true today as a leading health and aged care charity.

We provide training, coordination and support for volunteers to ensure they have the best opportunity, not only to make a difference in someone else’s life, but in their own as well.

Barry Costello Head of volunteers
John I am ex-military like George and some time after I came out of the service, I was sorting out some health issues and found I had some time on my hands. I wanted to get out of the house and do something useful, to give something back, and my aunt suggested HammondCare was a good place to volunteer.

George I don't feel lost anymore. It's very encouraging that he comes to see me, he's almost like a son.

John Leanne, the Volunteer Leader, was really good in how she matched my skills and background with George. When I learned he was all alone in Australia without any family to visit, I could see why there is a real need for men to get involved as volunteers.

George I don't feel lost anymore. It's very encouraging that he comes to see me, he's almost like a son.

John We love to sit and have a coffee looking out over the water at The Haven. The sound of the surf helps George relax and recall fond memories. We talk about our respective military experience and he also recalls his time as one of the founders of the Maroubra Seals club. We've kind of latched on to each other and become great mates.

George Thank you.

John That's alright.
HammondCare, more than just the numbers.

Our financial results are important. However the financial results do not define who we are.

HammondCare exists to improve quality of life for people in need. It’s the mission and motivation that underpins each activity we do, and every service we deliver.

It is why we are passionate about providing people with a sense of home, promoting dignity in challenging circumstances and offering a place called home when there is nowhere else to go.

The numbers which follow tell the story of service delivery and of building future capacity to deliver services for those in need.
In 2012-13 HammondCare helped improve the quality of life for over 8,500 people throughout NSW.

HammondCare devotes 2% of its total income to research that provides an evidential basis for better care.

Our Pain Clinic and other similar clinics were fully funded by HammondCare at a cost of $1.3m in 2012-13.

More than 1 in 3 of our community aged care package clients paid reduced or waived fees.

Around 40% of residents in HammondCare’s aged care facilities are financially disadvantaged.

In 2012-13 we provided 14 unsubsidised public hospital beds at a cost of around $1.25m.

We are pioneering a dedicated residential care home for people with Young Onset Dementia with a $500k subsidy gap.

1 in 5 residents in our independent living units are financially disadvantaged.

More than 80% of the residents in HammondCare’s aged care facilities have dementia.

Our vital Pastoral Care and Volunteer Services were fully funded by HammondCare at a cost of $1.6m in 2012-13.
HammondCare is driven by its purpose – to make a difference for people in need.

**Financial snapshot**

The 2012-2013 (FY13) financial results were underpinned by prudent financial management, complemented by increased service delivery, and featured $17.8 million of capital expenditure to ensure continued service development.

- Revenue increased 14% on the previous year to $165 million, while expenditure grew by 12%.
- Our surplus of $10.2 million was achieved whilst incurring additional opening and commissioning costs associated with our new Miranda aged care facility.
- FY13 capital spending totalled $17.8 million, and is attributable to our new Miranda facility, the upgrade of our existing aged care facilities, and the upgrade of our hospitals. Important investments in HammondCare’s IT infrastructure were also commenced in FY13.
- Net assets increased by $13.8 million for the year and total assets grew $36 million to $370 million.

**Across our services**

The revenue of our ‘at home’ services rose a modest 1 per cent in FY13 to pass $39 million. It was a year of planning for a future of home care services which will depend on improved infrastructure and systems. It is projected that HammondAtHome will see double digit growth in its services in the 2013-2014 year (FY14).

In FY13 residential services for aged and dementia care increased to 773 places, in a year which saw the opening of our newest facility at Miranda. Refurbishment works continued at our existing facilities in order to deliver a high level of accommodation. Planning for an additional 30 beds in the Hunter region and 54 beds in Sydney’s north continue to dominate our immediate residential care planning.

Health and Hospitals again faced the challenging scenario of meeting increased demand for its services at a time when public and private health budgets are under financial pressure. We added an additional 20 rehabilitation beds to the existing 25 rehabilitation beds at Greenwich through agreement with the local health district to meet this demand.

FY13 also saw the opening of a specialist pain clinic operating from Greenwich Hospital.

**Revenue, expenditure and growth**

HammondCare’s revenue increased by 14% to $165 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 $3m or 11% to $29.6m.
- Aged care subsidies grew by $5.2m or 8% to $73m, while;
- Health and hospitals subsidies grew by $5m or 15% to $38m.
- Our supporters continued to support HammondCare generously throughout FY13 with revenue from donations and bequests totaling $1.4 million;
- Learning, Research and Dementia Centre activities continued to expand with their combined income passing $4.8 million for the year.
- The improved FY13 investment climate saw investment income and capital returns increase by $4.4m to a total of $7.2m.

While our revenue grew by 14%, our expenditure was well contained:

- Staff costs increased by 9% to $120 million and make up 78% of our total costs; FY13 property costs, including depreciation, increased by $2.1 million to $12.6 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 strengthen its Balance Sheet during FY13. Our prudential reserves increased by $13 million and bank debt was reduced by $7.5 million during the year.

Accommodation bonds and debentures increased by $23 million and $13 million respectively, with the growth in debentures related to outstanding bonds. These increases were driven principally by the opening of our Miranda aged care facility. ILU entry contributions grew by $7.5 million. These funds were applied to:

- Reducing our external and bank debt by $7.5m to $48m;
- Increasing our prudential reserves to be in excess of $60 million;
- Funding the construction and completion of our Miranda aged care facility; and
- Upgrades to existing services.

Informed by independent actuarial advice, the reserves policy is reviewed regularly, ensuring that HammondCare is adequately provisioned and able to withstand unexpected events. At the same time, the reserves policy has an upper limit reflecting our commitment to our charitable purposes.

**Surplus and capital expenditure**

Our surplus of $10.2m was achieved whilst incurring additional opening and commissioning costs at our new Miranda aged care facility. In relative terms, the financial year’s surplus is slightly below the 2011-2012 surplus, after the write back of previously recorded liabilities of $4.8 million, which are no longer payable.

HammondCare continues to reinvest its surpluses into the services we deliver. Against the backdrop of reducing debt in FY13, capital expenditure and refurbishment work occurred and continues to occur at many sites. A substantial upgrade of Greenwich Hospital rehabilitation facilities was completed, adding an additional 20 beds in FY13, as well as the construction and commissioning of our Miranda aged care facility.

FY13 saw further investments in our Dementia Centre, and further capital works at our Centres for Learning and Research, which are now largely complete. The Dementia Centre, in conjunction with the Centres for Learning and Research and our university partners provide 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 health and aged care sectors as a whole.

**Donations and bequests**

Our FY13 donation and bequest income was $1.4 million making an important contribution to HammondCare’s services and continued growth. Donations increased significantly in FY13 offsetting significantly
reduced bequest income. We continue to apply general bequest income to The HammondCare Foundation so that this endowment can support our work in areas of research and innovative care programs both now and into the future.

This means that those who remember HammondCare in their wills can be confident that the benefit of their gift endures long into the future. At the end of June 2013 the Foundation’s assets stood at $5.6m.

We remain exceedingly thankful for the generosity of our supporters and are determined to be faithful stewards of our resources.

Future outlook

As HammondCare grows its services, we will continue to exercise prudent financial management coupled with a strong focus on our ‘social dividend’.

FY14 will continue to see HammondCare develop the Health and Hospital operations while continuing to improve both the care and performance of our aged care services.

FY14 key objectives include:
• Commencement of our Miranda independent living units;
• Further investment in Greenwich hospital;
• HammondAtHome services will see significant growth, characterised by, the delivery of more services, and increasingly diverse services, for example, the delivery of palliative care services in the community setting;
• The growth in our Dementia Centre services, exemplified by the delivery of Dementia Behavioural Management Advisory Services to the people of New South Wales; and
• The continued investment in our research and academic education activities.

Underlying each of these goals, milestones and commitments HammondCare is driven by its purpose – to make a difference for people in need.
MEET THE BOARD

Rodney John Mewing  BEng (Mech)
Chairman
Rod Mewing has over 35 years of experience in senior management and marketing roles. Currently a Business Consultant within Business Enterprise and Government Sales 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 Risk and Compliance, Board Development, Property, Finance, Foundation and Research Committees and became a Director of HammondCare in 2003. Mr Mewing has been Board Chairman since 2009.

Susan Elizabeth Kurrle  MBBS PhD (Med) Dip Ger Med
Deputy Chairman
Sue Kurrle 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. Associate Professor Kurrle is a Board Member of the Northern Sydney Local Health District and is the Director of the National Health and Medical Research Council Partnership Centre on Cognitive Decline. She is Chair of HammondCare’s Research Committee and has been a Director since 1998 and Deputy Chairman since 2004.

Rosemary Bond  Grad Dip Admin (Social), Assoc. Dip. Nursing Admin., Dip. Theology
Director
Rosemary Bond has over 40 years of experience in nursing and administration, including 15 years at Royal North Shore Hospital. This was followed by 10 years of experience with HammondCare as Director of Care Services and eight years in Service Development and Pastoral Care. Miss Bond is a Fellow of the Australian College of Nursing, Chair of HammondCare’s Risk and Compliance Committee and became a Director of HammondCare in 2006.

John Kightley  BCom, MPhil Oxon, CA (SA), CFA Institute USA
Director
John Kightley has extensive investment management experience and is currently a non-executive director and member of the Investment Strategy, Due Diligence and Remuneration Committees of Maple–Brown Abbott. Until 2009, Mr Kightley was Managing Director and CEO of Maple-Brown Abbott and has previously held senior positions with Norwich Investment Management Ltd 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. Swithun’s Anglican Church Pymble. He is a member of HammondCare Board’s Development Committee and Chairman of the HammondCare Foundation. He was elected as a Director in 2009.

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

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 developing renewable energy sector and infrastructure. He is a founding shareholder of Lloyd Energy Systems Pty Limited and a consultant/adviser to the board of directors of ASX listed CBD Energy. He is also 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  BA FIA FIAA FAICD  
**Director**

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

Dr Louise Parkes  BSc (Psychology) PhD (Psychology)  
**Director**

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 in leadership, culture and engagement and facilitates 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 a member of HammondCare’s Risk and Compliance and Research Committees. Dr Parkes has been a member of the HammondCare Board since November 2010.

Keith Reynolds  BSc, C.Eng, CDipA&F, FAICD  
**Director**

Keith Reynolds has extensive experience as a business leader, board director and chartered civil engineer, with more than 30 years of international responsibility gained across planning, design, and construction in the infrastructure and building sectors. Mr Reynolds’ business leadership and governance experience has predominantly been within professional services consultancies and construction. He was appointed Managing Director, Australasia-Asia for Hyder Consulting in 2000 and was later elected to the group Board as Executive Director. From 2009 to 2011 Keith was CEO and Executive Director, Beca Group Ltd., New Zealand. Mr Reynolds understands property issues, from a construction perspective as well as a business point of view given his leadership roles in international firms. Mr Reynolds is a committed Christian. He and his wife attend St Alban’s Lindfield and serve in the church community. He was elected to the HammondCare Board in 2012 and is Chair of the Board's Property Committee.

Dr Stephen Edwin Judd  BA PhD  
**Chief Executive**

Stephen Judd has more than 25 years of 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 $9 million. Today, it provides care and services to more than 2,800 clients and its revenue for FY13 is $165 million. Dr Judd has written and contributed to books on dementia care, aged care design and the role of charities in contemporary Australian society. He sits on the board of Community Council for Australia and is a member of the Australian Government’s Minister’s Dementia Advisory Group.
Early days: Rev RBS Hammond, with residents at Hammonville 1935
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 1930’s.

Bob Hammond was a man of great courage and determination whose vision and leadership established the organisation at the cutting edge of meeting the community’s needs. HammondCare today is an independent Christian charity.

We serve people with complex health or aged care needs - specialising in aged and dementia care, palliative care, rehabilitation, and older person’s mental health.

Independent

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

Christian

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

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

Charity

HammondCare has always been a charity. While needs have changed over the years, HammondCare has and will continue to focus on those who need our help. Like the good Samaritan, we cannot “walk on the other side”. We cannot ignore or decline to do things because they are too hard, or they involve risk, or they are unprofitable. We continue to be risk takers for those whose lives are at risk.
Our mission
Our passion is improving quality of life for people in need.

Our motivation
The work of HammondCare is motivated by the Christian principles and values expressed in the words and deeds of Jesus Christ. HammondCare believes in the value of all people as made in the image of God and as loved by God. We are therefore called to show the same love, with compassion and respect, for people in need.
The card wall at HammondCare Greenwich