“We have been working successfully as an organisation for the past 15-20 years on providing services to both those who are financially disadvantaged and those who are not. I don’t think that’s a problem, I just find it equitable. It reflects who HammondCare is, it reflects why we exist and it is the way we will continue to develop.”
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 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, older person’s mental health.

Front cover HammondAtHome South-West Sydney Manager Kathy Carter at the inaugural session of Real Cases, Real Time, an innovative training program which could “shape the future of aged care education”, thanks to a $715,000 grant from the Federal Government, and developed by HammondCare and UNSW.
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.
In the following pages of the 2012 HammondCare Annual Report, you will find a collection of facts, figures and anecdotes that point to a much bigger story – one of compassion, care and innovation.
These are the qualities that Rev R. B. S. Hammond embraced when he cashed in his life insurance to set up a pioneering housing scheme for impoverished, inner-city families at the height of the Great Depression.

Although 80 years have passed since then, I am thankful that these same attributes still drive us today. While the scope of our activities may have evolved, the core philosophy that underpins each and every one of our activities remains the same: our passion is improving quality of life for people in need.

As the population keeps growing – and growing older – the challenges of providing effective health and aged care services are also increasing. It is clear that new approaches are needed in response to the broad social, economic and regulatory changes unfolding before us. In this context, it is crucial that we uphold the HammondCare tradition of taking innovative risks for vulnerable people.

That is why I am encouraged by the ongoing developments in the integration of our health and aged care services. It is now more than four years since HammondCare acquired Hope Healthcare and that decision continues to deliver growth and innovation. This is good news for us as an organisation, but it is even better news for our residents, clients and patients, as it means we are able to provide an increasingly comprehensive and cohesive range of services in new and integrated settings.

A good example of this is the Lavender Palliative Care Suite, which I had the pleasure of officially opening in December. Based at Bond House in Hammondville, this suite delivers specialist palliative care services within a conventional nursing home, using a model that has never been tried before. As well as forging new links between health and aged care services, it enables frail, older people to receive the care they require, when and where they need it.

During the past 12 months, HammondCare has continued to invest in several core areas of capability that enable us to better support people in need. Chief among these is the ongoing investment in our people. This year, we have grown our Pastoral Care and Volunteer Services teams and supported more staff to undertake nursing qualifications and Master’s degrees.

More team members have participated in our Senior Leadership Development Program and record numbers of HammondCare staff attended the Dementia Centre’s Risky Business conference in June.

Another area of significant investment has been research and academic education. This year we appointed two new senior staff specialists to lead our work and training in palliative care and pain management. I welcome Professors Rod MacLeod and Philip Siddall to HammondCare and look forward to seeing the results of their efforts in coming years. At the same time, our researchers at Braeside Hospital have also secured further funding for vital research in palliative care for people with dementia, among many other projects across aged care and sub-acute health.

Throughout 2012, we made significant progress in developing new facilities that will be needed to provide a growing number of services into the future. Since my last report, the upgrade of the historic Pallister House at Greenwich was completed to accommodate HammondCare’s second Clinical Training Centre, and the final stage of our independent living units at Hammondville was also finished. As I write, work on our new flagship aged care facility at Miranda is nearing completion and looking to the future, I am excited by plans for a new aged care campus at Cardiff and our first multi-storey dementia facility on the Neringah Hospital grounds.

While bricks and mortar are important, HammondCare is primarily an organisation that is focused on people – and so I thank the people who work tirelessly to put our mission into practice, including my fellow Board members. In particular, I acknowledge the contribution of Richard Mayes who retired from the board this year after serving as a Director since 2008.

I know too, that I speak for all my fellow Directors when I acknowledge the significant achievements of our Chief Executive Dr Stephen Judd, his leadership team and the 2,200 HammondCare staff members whose outstanding dedication we greatly appreciate.

It is this level of dedication and commitment that will enable us to create new services, develop new approaches to care delivery and support even more people in need this year.

Rod Mewing
BEng (Mech)
Chairman
There have been some big policy statements about health and aged care reform over the past 12 months. What are the impacts of the changing policy landscape?

It’s easy to focus on the mechanics of government policies and forget the canvas on which these policies are painted. The biggest factor shaping health and aged care policy today is the demographics. It is a ‘given’ that we have an ageing population and this has implications for both health and aged care delivery. It affects rehabilitation services, palliative care and older persons’ mental health as well as aged care. This means that there will be an increasing and ongoing demand for the services we provide. Moving forward, it also means the capacity of the government to subsidise these services is going to be constrained by a static or shrinking tax base. While governments will inevitably continue to play a strong role in subsidising services – particularly for those who are financially disadvantaged – there will be a greater need to increase the co-contribution of those who can afford it.

The federal government’s ‘Living Longer Living Better’ aged care reforms recognise these implications. The days when the government subsidised the full cost of aged care are fast disappearing, if not already gone – that is why I prefer to talk about ‘subsidising’ rather than ‘funding’. And if the government doesn’t fully subsidise services, it simply cannot prevent providers from generating...
additional income from those who aren’t financially disadvantaged. In the health and hospital space, developments such as the substitution of sub-acute services and at-home services for expensive acute services will also improve efficiency. HammondCare is extraordinarily well-placed to demonstrate how to deliver these services better and more cost effectively.

If what you say is true, how do you avoid creating a two-class system – one for the rich and one for the poor?

I think one of the strengths of Australia’s health and aged care system is that it is means-tested but it is not ‘two-class’. Take hospitals for example: some people say that you’ve got to be private in your hospitals or that you’ve got to be public and there’s no ‘in between’, I don’t accept that. We have been working successfully as an organisation for the past 15-20 years on providing services to both those who are financially disadvantaged and those who are not. While we have increased our capacity for ‘private’ palliative care places over the past three years we have dramatically increased the number of ‘public’ patients. I don’t think that’s a problem, I just find it equitable. It reflects who HammondCare is, it reflects why we exist and it is the way we will continue to develop.

Another significant policy change is in the area of charities. What does this mean for organisations like HammondCare?

Over the past 15 years there have been a host of enquiries into the charitable sector, such as the Charitable Definition Inquiry in 2001 and the Productivity Commission’s report in 2010. More recently, the Australian Government has been consulting with the charitable sector on a range of reforms that are being legislated in the 2012-2013 year. One key element of the reforms is the establishment of the Australian Charities and Not-For-Profits Commission (ACNC) which will be the primary interface between government and charities. I think that’s a great improvement on the previous situation where the only interface has been the Australian Taxation Office.

What will be the implications of these reforms?

Well, firstly, what is the definition of a ‘charity’? Today we are still basically relying on what courts have ruled on the subject over the last 400-plus years, going back to Elizabethan times. I think it’s about time we had a ‘statutory’ or legislated definition.

Another key thing is that up to now, if you’ve wanted to find out more information about a number of Australian charities it has not been that easy. For HammondCare you can go to our website, www.hammond.com.au, where you can see our Annual Reports, our audited accounts and so on. You could also go to the Australian Securities and Investment Commission, as we report to them. But that’s not the case for many charities. The ACNC will mean Australians can go to a single website for that information which I think is good for transparency and efficiency.

Also, Australian charities that currently interact with several government departments have to submit a whole range of different reports in varying formats. One of the goals for the ACNC is to make it possible for charities to submit that information once in a format that can be used a number of times. And lastly, at the moment, a charity that raises funds nationally has to comply with separate state and territory fundraising laws. The establishment of the ACNC delivers the very real prospect of harmonising this legislation throughout Australia.

Are there any problems or challenges with these charity reforms?

We have to work with government to ensure that there aren’t any unintended consequences of the legislation. For example, the Treasury is keen to ensure that charities are truly charitable and that ‘for-profit’ companies don’t masquerade as charities or create joint ventures with charities to avoid tax – and rightly so. But we have to ensure that any new Unrelated Business Income Tax does not impair the legitimate activities of charities and that the social enterprise of charities is encouraged, not discouraged.

In addition, charities are given tax concessions by the Australian people and they should be able to give an account of the ‘social dividend’ that this favourable tax status delivers to the community. I think this gives great opportunities for all true charities, including HammondCare. How much are we doing to support people whose lives are at risk? How much are we actually providing for people who are disadvantaged? How are we actually contributing to research and to training? Over the next year we are committed to quantifying this ‘social dividend’ and I would encourage all charities to do the same.

What other ‘big picture’ challenges are there for HammondCare?

We are not immune from the financial challenges confronting the entire health and aged care sector. Wages continue to outstrip government subsidies, yet our access to other income sources is restricted. Government health and aged care budgets are also under severe pressure and financial institutions are rightly more cautious about their lending practices.
That sounds fairly gloomy! How is HammondCare responding to these challenges?

Our drivers remain the same regardless, or rather, because of the external environment: we are an independent Christian Charity that takes risks for people whose lives are at risk.

I believe these external challenges present as many opportunities as problems. Sure, these circumstances do mean we have to ensure that we are as efficient as possible. That’s why we are paying even more attention to improving the ‘back office’ systems and processes and focussing hard on our cost base. We spend about eight per cent of revenue on corporate overheads – IT, communications, finance, HR, marketing and so on – and another four per cent on risk and quality, property and maintenance, learning and development, pastoral care and volunteers. That benchmarks pretty well but can we do better in procurement, administration and other systems? We think we can. Indeed we must.

I also think we should remain optimistic, even if there are a few dark clouds around. Gloominess is self-fulfilling. I see fantastic opportunities for integrating health and aged care services, particularly when you consider the demographic trends and the desire of governments and health insurers to find better ways of doing things. So we take our cue from Proverbs 17: “A cheerful heart is good medicine, but a crushed spirit dries up the bones”.

And while there are fewer philanthropic dollars out there, that simply means supporters are more discerning. We do a lot in research and to quote one of our strong supporters, “You guys don’t do enough to trumpet how your services are informed by research and evidence”. He’s right and we think that’s a story our supporters – both current and future – want to hear.

You mentioned research there and that’s obviously an important part of HammondCare’s role as a charity. What do you see as the value of the research that you are doing?

Research is not an end in itself. It’s not HammondCare’s role to bulk up the CVs of researchers! Nor are we a passive ‘laboratory’ for the curious academic. Rather, I think the key to what we’re doing today and what we will do in the future is to be able to demonstrate how our practice is informed by research. We need to be able to show that there is evidence to support what we are doing.

For example, how do we know that small, domestic environments for people with dementia are a good thing? Well, there’s research to demonstrate that. How do we know that focusing upon the person and developing individual programs produces more benefit than organising group activities? There’s good evidence for that too. And how do we improve quality of life at the very end of life? What does hope look like for a palliative patient? Again, research holds the key.

I think the connection between research and what we do in our services is already occurring and we can point to those things. However, at the same time, we need to do a better job of telling our stories and disseminating our findings.

HammondCare’s research engagement is very broad – palliative care, rehab and dementia. If you had to point to one development in the coming year what would it be?

Well, I hesitate to do that because those engaged in something I don’t mention might think I’m playing favourites! However, the largest development – and one I’m very excited about – is the National Health and Medical Research Council (NHMRC) Partnership Centre on Dealing with Cognitive and Related Functional Decline in Older People. This is a new concept in which we are partnering with the NHMRC and two other aged care organisations – Brightwater in WA and Helping Hand in South Australia – and Alzheimer’s Australia.

What sets this centre apart from other research collaborations is that the people framing these projects are the people who are going to use the results. To date the NHMRC has been pouring around $700 million a year into research that is initiated by researchers. By contrast, this centre will be sector-driven and the governing partners are determined that this remains the case. It’s about answering the research questions that people with dementia, their carers and organisations like HammondCare, want answered. This is going to be the key focus for our dementia research over the next decade and we are putting significant resources behind it!

What other research and academic initiatives are there?

Well, there are many but you can’t go past the Clinical Training Centres. Last year we established the first, at Hammondville, along with the appointment of the UNSW Hammond Chair of Positive Ageing and Care, Professor Chris Poulos. This year has seen the opening of its sister Centre, based at Greenwich, with a specific focus on Palliative Medicine and the appointment of Rod MacLeod as Professor of Palliative Medicine, in conjunction with the University of Sydney.
Both of these Centres are not just research hubs but also teaching ones as well, ensuring that medical, allied health and nursing students – both undergraduate and postgrad – get to learn in ‘the community’, not just in acute hospitals. We are also confident that these experiences will encourage these students to think seriously about working in these fields, in a way that hasn’t happened before.

That focus on developing the future workforce continues to be a big priority, doesn’t it?

Yes, and the Clinical Training Centres are a key part of that. We also have to focus not simply on academic education but vocational training for our existing workforce, clinical professionals and direct care workers too.

It also means that we need to ensure that our staff retention rate is as high as possible. At the moment we have an annual ‘attrition’ rate of 15 per cent. While that’s not bad for our sector, it still means we have to hire more than 300 people each year just to stand still. And we are not standing still.

How is HammondCare tracking financially?

I think the last year has been a period of consolidation. Our financial performance has been constrained and as a result, this year we have grown 7 per cent, rather than the double digit growth of previous years. The main reason for that is because our costs are increasing faster than our income.

Yes, there are challenges but if you’re positive about what you’re doing, that makes a real difference. Getting back to Proverbs, we need cheerful hearts, not dried bones. And it is incumbent upon us to exhibit that cheerfulness, both organisationally and as individuals. You could say, “We’ll all be rooned”, but I just don’t think that’s a very good way of operating and I don’t think it’s in our DNA. That reason HammondCare exists is to provide compassionate and meaningful support to people in need – not to get weighed down by the challenges of doing that.

That sounds great. But how do you create a cheerful organisation? How do you promote cheerfulness?

We have got a responsibility to staff to create roles for them where they can believe in what they’re doing personally, and what the organisation is doing on a larger scale. We actually have to support our staff so that they know that they belong, that they know we appreciate what they’re doing and that they know that what they’re doing actually makes a difference – that they’re making a strong contribution. They also need to know that the organisation is achieving and that they themselves are contributing to that achievement.

And what are we doing to build those levels of engagement?

I think the structural changes that we engaged in a year ago have played a big part in that. As you may remember, HammondCare is now operationally structured into three main service portfolios – health and hospitals, residential aged care and at-home care – with nine enabling portfolios, such as risk and quality, finance and communications.

That’s provided better focus but there is improved co-operation across the organisation at the same time. I’m also pleased to say that our staff are more ‘engaged’ and positive about HammondCare than ever before, as evidenced by the recent ‘Voice’ survey that was conducted independently by the Voice Project people. There’s lots of ways that we can improve but the survey shows that overall staff believe in what they’re doing and what HammondCare is doing, they feel that what they do is recognised and appreciated, and they feel that they are playing a part in HammondCare’s achievements. I think the structural changes we made have played an important role in that.

Looking ahead, what are the key service areas that HammondCare will be focusing on for the future?

A big part of what we will be doing is continuing to integrate our health and aged care services. People are people and as they age, they have a range of conditions. They don’t simply have one condition. If we say that we are truly passionate about supporting people with complex health and aged care needs, regardless of their circumstances, that’s going to involve rehabilitation, that’s going to involve dementia care, that’s going to involve palliative care and it’s going to involve older people’s mental health.

One way that we need to change is to create more opportunities for short-term stays in residential care for restorative care and rehabilitation. If someone has a fall and goes into hospital, they might need some extra care and assistance before they can return home and I think an aged care facility is perfectly positioned to do that.

Ultimately, on a broader scale, the goal is to have services that address the needs of the person, 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.

At the end of the day, our activities are all about providing care and support that addresses people’s needs in a way that’s suitable for them. That’s where our focus has to lie.

Dr Stephen Judd
BA PhD
Chief Executive
A proud day for Allan and Deb Simpson, HammondAtHome clients, at an exhibition of Allan’s photography at the Shoalhaven Entertainment Centre.
A Snapshot

The big picture

• There are currently about 280,000 Australians living with dementia.
• That figure is expected to reach 940,000 by 2050.
• One in four people over the age of 85 have dementia.
• Dementia is the third largest cause of death in Australia.
• Each week 1,600 new cases of dementia are identified.
• Around 16,000 people under the age of 65 have dementia.

What we’re doing

Residential care  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. A new 90-bed, dementia-specific facility will open at Miranda January 2013.

HammondAtHome  Dementia-specific care, including home care packages, carer respite programs and day centres, is provided to more than 1300 people in the community.

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

The Dementia Centre  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.

“The day I came home and found a whole pile of ironing done I almost cried. It’s the little things that make a huge difference!”

Deb Simpson first realised something might be wrong one night when Allan was setting the table. He casually put the knives in completely the wrong place.

Allan was a primary school teacher, a keen and fit golfer and excellent photographer. But as the weeks went by there were more hints.

A couple of times Allan unexpectedly suggested Deb do the driving. He seemed to be losing some confidence. After nearly 20 years of marriage, Deb knew something wasn’t right.

Eventually Allan was diagnosed with anxiety and depression. It was a shock for them both. Allan kept teaching and gradually Deb realised there was more to it. Allan lost track of his appointments. He was withdrawing from his friends. He was relying on Deb more for simple daily things of life.

So it all made sense when in 2010 Allan was diagnosed with dementia. He was 58.

Deb and Allan’s marriage had ended some years earlier, but as Deb realized the extent of Allan’s problems, she committed herself to looking after him. “You can’t be married to someone for 20 years and just walk away. You need to be able to put your head on the pillow at night and know you’ve done the right thing....”

After the diagnosis, Deb was handed a stack of brochures and they returned home south of Nowra. Frustrated and not knowing where to begin, she did a course in caring at Narellan. “It’s really hard when you’re dealing with a problem like this in a regional location. The help just isn’t always there.”

After two years of looking after Allan seven days a week, Deb was desperate for a hand. Allan had become increasingly dependant and Deb knew she was in for a long haul.

In April 2012 Allan received an ACAT assessment for high care needs, and Deb learned she could apply for help. HammondCare has been sharing the load ever since.

“For the first time, I can feel comfortable that if I’m not there, he’s ok. HammondCare have worked closely with me. They’ve been particularly helpful in trying to keep the carers to a small, consistent team. As a result Allan know them and enjoys them.”

“So sometimes they’ll just take him for a drive, go do some jobs and have a coffee, they are gone for hours. And I get a break. It’s been really good.”

“It’s been a great sadness that Allan has lost one of his great loves - golf. He can’t hit the ball any longer. His eyesight is fine
but the dementia has diminished his spatial awareness. So Deb’s been keen to encourage his photography as much as possible. “It’s not what it used to be. These days we have to discard a lot more shots then we used to. But we’re keeping it going as long as we can.”

Allan’s work was featured at an exhibition of art presented by people with dementia in September 2012. It was a proud day for Deb. And Allan, though sometimes a little perplexed, seemed quietly proud as well.

HammondCare is proud to support Deb, who is doing an amazing job, in the long haul of looking after Allan, who just turned 60. We’re privileged to share the road ahead with them both.

“...I can feel comfortable that if I’m not there, he’s ok. HammondCare have worked closely with me. They’ve been particularly helpful in trying to keep the carers to a small, consistent team. As a result Allan knows them and enjoys them.”

Meet the carer

When we first met Allan he was wary, agitated and sometimes a bit confused. But Deb was at the point where she really needed a hand.

We’ve worked closely with Deb for a couple of months now, working out how to help best. And these days Allan’s much more relaxed and at home with us.

As usually happens, he sadly lost a lot of friends. But Sean, one of our team, has made a big difference there.

They go out hiking in the bush together taking photos, they have pizza and go to the footy.

Allan seems to really love Sean. Sean helps with Allan’s medicine and makes sure he gets a meal, then they go out. “Allan’s very relaxed, a really good guy. I find working with him enjoyable and also rewarding - its nice to have a job were you can make a difference” says Sean.

Tammy Makin
HammondCare
EACH Manager, South Shoalhaven
Aged+Dementia Care

“Sometimes younger onset dementia means families enter a period that can only be described as a crisis. This was one of those times.”

Sharon and her husband Ivan lived with their two sons north of Sydney and she had a busy career in the disability sector. When she developed younger onset dementia whilst still in her early fifties, her life fell apart and her family fell apart with it.

When we met her, the family had lost all direction over a number of years and was imploding. Her husband Ivan had tragically ended his own life and her oldest son, on medication for mental health issues, ended up in trouble with the law and had just come out of gaol.

What had been the family home was unrecognisable, wrecked, with broken windows, unclean and unkempt, graffiti, and holes punched in the walls.

The boys were trying to care for their mother, but their home had become a drop-in zone for homeless and out of control youth in the area since their father had died and they had lost the male figurehead in the family. The boys felt powerless to stop it and had no confidence in the law being advised to support them.

Sharon herself had been regularly out and about looking uncared for and wandering the streets with no apparent purpose. Following her diagnosis with younger onset dementia, she had been unable to work.

A service provider in the area, becoming aware of the problem, attempted to make contact with other appropriate service providers in the area for support and direction, but for various reasons this was not forthcoming. The family were not known to a GP, they didn’t know where that original diagnosis paperwork was. The ACAT in the area would not initially be involved as they required evidence she had a diagnoses of YOD as she was only 53. So things weren’t good and were getting worse.

Younger onset dementia strikes when people are active in their roles as parent or breadwinner and engaged in full time work and the busyness of a full life. They often face a lack of services, with traditional models of care not appropriate, and as a result whole family can “fall through the cracks”.

HammondCare had become aware of this, and as a result in 2012 appointed Pat Roles to a unique role as Younger Onset Dementia Adviser. To address situations like Sharon and her families. Pat continues the story...

“The service provider was given my name and we did a combined home visit the next night. The boys were un-trusting of any ‘outsiders’. Three and a half hours later the referring service provider and I left. The service provider hugged me out in the street and thanked me for doing all the talking as she didn’t know where to start.”

Pat and the service provider went to work, got ACAT involved, and a plan was set. Sharon was reassessed and is being looked after. The boys, in combination with the local Men’s Shed and the local council, have worked together to get the house cleaned, repaired and maintained.

“The boys have been given career guidance and begun training for their futures. And they are receiving support and training in Younger Onset Dementia, and how to care for Sharon”.

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Meet the care partner

Pat Roles, HammondCare Younger Onset Dementia Partnership Advisor, has 30 years experience partnering in care for people living with dementia or disability.

“It’s my aim to be an advocate for people with younger onset dementia whether it is working with researchers, peak bodies and service providers, or supporting managers and care workers, or sitting down with families and assisting them with individualised care.”

Pat was previously Team Leader for a range of HammondAtHome services on Sydney’s Lower North Shore including in-home respite, dementia-specific day centres and a dementia-specific overnight respite cottage.

“Having been a carer myself - I have a son with intellectual disability - I understand and have a passion for families as they care for loved ones in need. I work closely with families from the time of diagnosis - whether providing dementia information, referrals to services or reviews of care plans.

“What we know from research is that it can take longer for younger people to receive a diagnosis and then there can be a long period before families come to the realisation that they need assistance.

“Add to that the complexities of trying to find and understand the services available for people with younger onset dementia, and it is obvious how important this role can be.” Pat also works alongside HammondAtHome staff across NSW to provide them with specialist support for clients with younger onset dementia. She is also linked with HammondCare’s Dementia Centre which is a leading provider of dementia research, training and resources.
Snapshot

The big picture

- Around 144,000 people die in Australia every year.
- Between 25 and 50 per cent of these deaths need specialist palliative care.
- Given a choice, most Australians would prefer to die at home but only 16 per cent do.
- 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

Specialised care and services for people with a life-threatening illness when symptom relief and pain management may be required. As well as addressing physical needs, palliative care offers emotional and spiritual support to patients and their family during the final stages of the illness and during the bereavement period.

Hospital care  We provide inpatient palliative care and day hospital services at Braeside Hospital, Greenwich Hospital and Neringah Hospital.

At-home care  HammondCare delivers community palliative care services to 300 people in Sydney's north and northern beaches regions.

Residential care  The Palliative Care Suite located within the Bond House nursing home at Hammondville offers dedicated palliative care in a residential aged care setting.

Research  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.

Robyn was a big, bright personality, and she had always lived her life that way.

Robyn loved life up on Sydney’s northern beaches - she was colourful and larger than life. She enjoyed her work as a pharmacy assistant. She loved going out, loved music, and in particular, ever since she was a teenager, she loved the great Aussie band Sherbet. She loved going to see bands play live, and she loved seeing Sherbet more than anything.

Early last year Robyn began to feel unwell. She was missing her usual energy and knew something was wrong. She tried to ignore it but eventually, she knew she had to face the problem. Her GP sent her for tests and weeks later he had the job of telling Robyn the terrible news. She had cancer. Robyn was only 44.

After initial intensive treatment the prognosis left Robyn devastated. She only had months to live. Ill with nausea and losing weight, and facing what would be her final weeks, Robyn was referred to Neringah Hospital Palliative Care.

When we first met Robyn she was short of breath, withdrawn and in shock. And she didn’t want to be with us! Unable to digest her food, and suffering pain, vomiting and nausea, Robyn was frightened. Who could blame her?

At Neringah, the team of doctors, nurses, physiotherapists, occupational therapists, social worker, pastoral carers and volunteers combine to provide whole person care. We began to care for Robyn.

We treated her pain and other symptoms and in fairly quick time we were able to manage them. We developed a nutrition plan for her and gradually she began to feel a little better. So when the drinks trolley came round each day, even though she wasn’t able to participate, Robyn made sure she kept a drink for her mum Daphne.

And we started to get to know her. Robyn was very courageous. And though she was initially wary, she responded to the care and kindness she found at Neringah. It was a great moment when her personality began to reappear and she declared “I like it here - I’m not going anywhere”. But the reality was that time for Robyn was short.

We have a vision for the people in our care: for them to feel wholly accepted. And we want them to feel safe, loved, and to stay fully themselves, regardless of their condition, as long as possible.

For many people, in their final weeks and days, that’s very difficult. We talk with our patients about their hopes, and dreams, and that’s how we learned that Robyn had a fantastic dream.

Her favourite band Sherbet were playing a gig at Dee Why the following Friday and more than anything she wanted to go.
It sounded simple enough, but Robyn was very weak, needing several medications. Attending a rock concert presented a significant challenge. But in the days she had been with us we had seen her spirits lift and she found the strength to reconnect with friends. We were all determined to meet it: we had a week.

Along with Robyn’s family and friends, a plan was developed at our team meeting. Plans were laid to cover transport, medication - and the really important aspects such as outfit and makeup. It was a team effort and time was tight. Finally, as the concert approached, everything was ready to go.

Come Friday night, the car arrived, Robyn (with support team in tow) went to the gig, and the great news is it all went like a dream.

Robyn was so excited, she had a wonderful night. She got a photo with the band, as well as a kiss, which we joked about never washing off!

Robyn was still glowing on Saturday morning. “Now I’ve done that, I can’t wait to get to the club on Tuesday to tell everyone!”

Sadly, it was not to be.

Robyn died peacefully shortly after. From the time we first met her it had been three weeks. Our mission had been to try to make sure that Robyn’s last three weeks were what she wanted. And that she felt accepted, loved and looked after. It was our privilege to know her and care for her in her final days. We would like to express our thanks to Daphne for generously sharing Robyn’s story with us.

“Robyn’s time at Neringah gave her a new lease of life. Even though she was dying.

Robyn was a free spirit - the kindness she found at Neringah meant she felt safe there, and free.

Daphne
(Robyn’s mother)
Northern Beaches resident Dawn Breden was diagnosed with life-threatening cancer in 2007 and her close and loving family were devastated. Over two weeks they discussed the situation—should they try for difficult and invasive chemotherapy, or go for quality, not quantity of life. Eventually, Dawn chose no treatment.

It was a distressing time for all, especially husband Mike. How long would she have? Would she suffer? So began a period of caring for Dawn in the last stages of her life.

The family were put in touch with the Palliative Care support team early on and the family believe their support was invaluable. They provided home nursing, a friendly and understanding ear when needed, and contacts for home help that included help with cleaning, home maintenance and looking after Dawn’s beloved gardens.

This meant it was easier for Dawn and Mike to enjoy some very special time together. They travelled in their beloved caravan to see friends. Dawn fulfilled a long held ambition to go for a ride on the back of a big black Harley Davidson. Family occasions became especially valuable.

But as Dawn became weaker, frailer, and lost appetite, her needs were becoming greater. That’s when she started to attend the Day Hospital at the Northern Beaches Palliative Care centre.

Dawn thoroughly enjoyed her day centre days and while the participants were “all under the same umbrella” in terms of terminal illness, they didn’t focus on this, but rather on having fun.

It also meant she had access to professional support from doctors, nurses, physiotherapists and other support staff. That support helped her keep at home with the family—things like beds, shower equipment, training and medication.

When Mike died after complications after open heart surgery, it was a wrenching time for the family and huge blow for Dawn.

It was important to Dawn to be able to live at home during this final period of her life and as her daughter Michele moved into Dawn’s home to care for her, she discovered that the NBPCS was very supportive.

“They encourage people to stay at home and as a nurse I was quite capable of assisting with this. But it was a huge support to know they were available any time of the day.” A 24-hour advice line number is given to eligible patients.

Apart from the social aspect, the range of services were vital for Dawn as her illness progressed and for Michele as she provided loving care.

“She could see the doctor when ever she needed to, and if I thought her medication might need adjusting, the doctor would even sometimes visit. And we could pop into the centre whenever we had a question or a need,” Michele said.

“We were assisted by the social worker and the physio and we were able to borrow the equipment that we needed.”
The palliative care service also helped liaise with other services, which supported Dawn’s decision to stay at home. These ranged from community nurses through to hairdressers and gardeners.

“This is a hugely supportive service and it annoys me when there is talk of removing funding.”

Dawn died on May 31, 2010, aged 72, surrounded by her family, and having achieved her goal of staying home until the end, apart from a week at Greenwich Hospital, also a HammondCare facility.

Michele says that the funeral “was as beautiful as the lady it honoured”.

Meet the family

Even though there are times of difficulty, especially emotional challenges, I believe it is possible to care for your loved one at home, with the love and positive support of family and friends, and the wonderful compassion and expertise of your community nurses and your Palliative Care team.

It is actually an honour to make your loved one comfortable in their own home, and allow them to pass away in their own surroundings.

It seemed easier for mum to finally let go, knowing that all was good with her family and also knowing that we were able to grant her wish without discomfort to ourselves.

I had the confidence that my decision was not only backed up by my family, but I also had the support of a fantastic team of people - so many of my parents’ friends from near and far, the very close knit neighbours and of course all the community nurses and the Palliative Care team.

Michele Clendining
(Dawn’s daughter)
The 57 year old with a developmental delay had lived on the property in Sydney’s west for much of his life with his brother and carer, Michael. It was where he felt safe, secure and happy. Steve spent his time out in the yard, tinkering with old lawnmowers, tending to the veggie patch and yakking with Michael.

But one evening in June 2012, the brothers’ world was turned upside down when Steve had a stroke. Michael found his brother collapsed on the floor of the caravan, unable to move the left side of his body. He was rushed to Liverpool Hospital where he stayed for almost three weeks, receiving treatment and undergoing initial assessments.

By the time he arrived at Braeside Hospital for rehabilitation treatment, Steve was in low spirits. The left side of his face was still drooping, he had no movement in his left arm and he was unable to go to the toilet or even sit up by himself.

When the hospital staff tried to talk to Steve, he barely responded. His mood was flat and at the mention of Michael’s name, his eyes would well up with tears.

Michael was finding things difficult as well – and he was distraught when he heard there was a chance that Steve might have to move into an aged care facility: “He can’t go into a nursing home. He can’t! I’ll do anything. Whatever it takes.”

The journey back home was never going to be an easy one but from the outset, Steve took to it with determination. Working closely with a physiotherapist and an occupational therapist, he worked round-the-clock to achieve his goals.

One of the first obstacles to overcome was sitting unassisted in a reclining wheelchair for five hours straight. It wasn’t easy but after two weeks, he reached the milestone.

Throughout the therapy sessions Steve maintained a tenacious attitude, often working until he was tired or sore. Whenever the staff asked if he wanted to take a rest, his answer was the same: “No”.

It may not sound like much: a caravan sitting on a three-acre block with a makeshift kitchen and bathroom out the back. But to Steve, it was home.
As the therapy progressed, so too did Steve’s mood. He struck up a friendship with a fellow patient and started joking with the therapists.

And if he saw someone he recognised across the room, he would wave or call out to say g’day.

Over time, Steve was able to cross more and more goals off his list. After about six weeks, he got to the point where he was able to dress and shower himself without any assistance and his left arm was slowly getting stronger.

The only hurdle that remained was for Steve to demonstrate that he could put on his socks and tie up his shoelaces by himself.

Once that last goal had been accomplished, the occupational therapist accompanied Steve back to the caravan on a final visit to ensure that he was ready to go home. He passed with flying colours.

Getting into the car on the way back to the hospital though, the occupational therapist noticed that Steve had tears in his eyes. Later she asked him: “What’s wrong? Are you worried about going back home?”

“No,” Steve replied. “It’s just that I’m going to miss my friends at the hospital.”

It was difficult saying goodbye but Steve had achieved his most important result: he was going home.

Case notes

Steve was admitted to Braeside Hospital’s rehabilitation unit from Liverpool Hospital three weeks after suffering a stroke.

He was experiencing left-sided weakness with limited movement and a drooping face on that side of his body. His mood was flat and he was non-responsive.

The multidisciplinary team conducted a series of assessments to determine the level of function he had retained and to set appropriate and realistic goals. Steve had ongoing sessions with a physiotherapist – to improve his mobility – and an occupational therapist – to improve his self-care and independence. He also received assistance from the clinical psychologist when he was in a depressed state, following his admission.

He approached his rehabilitation with determination and accepted all the challenges set by his therapists. Given the significant challenges he faced, the progress he made was particularly pleasing.
John enjoyed a successful career as a senior manager with one of the big four banks. When he got restless, he left the bank and bought a business. He found success and did well, buying, building and selling businesses and real estate. “It’s something I enjoyed.”

Things changed suddenly for John one day. He was relaxing when suddenly unwell; he lost strength down his left side and began to develop a droop in the left side of his face. John was admitted to hospital. He had suffered a bleed in his brain.

After initial examination and stabilisation, he was treated for a week in the neuro surgical ward. He seemed more alert and had responded partially to treatment. However his speech was limited, he had difficulty swallowing, and he seemed immobile. He was almost permanently drowsy.

John then went to Greenwich hospital for ongoing rehabilitation.

For the first few weeks he spent much of his time asleep. No one know if he would ever recover – it seemed there was every chance that he would end up in permanent 24 hour care, unable to care for himself.

The OT and physio team got together and set a plan for John. The approach was simple - get him up and out of his room, and waking from his slumber and moving. The goal was to stand, first with support from staff and equipment, then on his own – and then, walking. We wanted John to rediscover his mobility, balance and strength – and with it, his dignity and independence, and his fundamental connection with life.

It seemed hopeless. He had lost the ability to balance and even just sitting, he was unstable. Eventually, with support of a frame and two of our rehab team he was able to stand up. But he was still very weak down his left side and though he seemed a little more responsive when he was standing, he soon relapsed to his drowsy, disengaged self. After many intensive hours of work from the full team for 2 ½ weeks, nothing had worked.

The only option was to try something different.

So two physios took John away from the therapy gym and back to his room. We felt we had reached a crisis, and so we had a talk with John. It was hard to know if he was hearing us, but we pushed ahead.

We pointed out to him that he was heading for a nursing home. Where he would be in care full time. Unless something changed. He needed to get up and walk...or he might never find himself living a normal life in his own home again.

John, sitting silent on the edge of his bed suddenly took us by surprise: with no warning, he stood up – and suddenly, unsteadily, started to walk. Stunned, we were soon terrified as he headed at increasingly dangerous speed across the room and toward the wall. We grabbed him and helped him...

Finally having something to work with, we went back to work, and John’s recovery continued. He went from walking with support from two, to walking with one, and then on his own. After five weeks of therapy,
John had amazed us all. He was standing and walking at will, unaided, with balance and control – he was even able to climb stairs.

Today, back in his own home, John has regained his independence and mobility – he has regained his life.

But what was it that made the difference? What was the trigger to John’s amazing recovery? We actually don’t know. Restorative care is a science, and it’s also an art, and sometimes, even though the whole team puts all of their training, skill and experience to work; you can’t know what will work and what won’t.

Through all the hours we worked with John, from when he was first admitted, we had no way of knowing if he would ever recover at all. And neither did he.

But together, we kept on going, trying, working, talking, encouraging, cajoling, and scolding. And we’re delighted that John is now back at home.

Case notes

John was admitted to Royal North Shore hospital following an intracerebral haemorrhage. He presented with a left side facial droop and weakness. A CAT scan revealed a 46mm right basal ganglia haemorrhage with mild local mass effect. Repeated imaging revealed a stable appearance of his haemorrhage and after a week he was discharged to Greenwich hospital for rehab. With limited mobility, he exhibited speech and swallowing difficulties, was suffering confusion and extreme drowsiness. After five weeks of intensive treatment from the doctors, physio, OT and dietician, John had made a remarkable recovery. John was then discharged home. Greenwich Hospital Rehab is delighted to have been able to support John through this recovery.
There were few things he enjoyed more than spending time with his wife, Maria, and their large extended family, or getting together with his Italian-speaking mates at the local club in Sydney’s southwest for a game of Bocce.

Frank was happy, active and for someone in their 70s, he was in good health.

So it came as something of a shock when he started experiencing chest pains, feeling anxious and keeping to himself. It had been a tough year for the whole family, with Maria undergoing bypass surgery. But while she was beginning to recover, Frank just seemed to be getting worse.

He stopped talking and would spend hours in his room, lying on his bed. He didn’t come out to see his grandchildren, he refused to go to the club and he had trouble sleeping. He couldn’t even muster the energy to watch the TV.

The chest pains continued and increasingly, they were accompanied by shortness of breath. On more than a dozen occasions, Frank was rushed to hospital, where the doctors ran numerous tests on his heart. But they couldn’t find anything wrong with him.

Frank was convinced he was dying and he was having suicidal thoughts.

His family was worried and his doctor was also concerned. So he sent Frank to see a private psychiatrist, who put him on some antipsychotic medication. The drugs helped a little but they made Frank drowsy and he continued to have suicidal thoughts.

When Frank’s GP saw that the situation was not improving, he referred him to community team for older persons’ mental health based at Braeside Hospital.

They immediately changed Frank’s medication and suggested that he spend some time in the hospital’s Older Person’s Mental Health unit for monitoring and further treatment.

Frank and Maria agreed and he was admitted voluntarily.

On his day first at Braeside, Frank complained that his chest was tight and he was extremely worried: “Please help me,” he told staff through an interpreter. He stayed in his own room, barely talking to anyone else, and when the diversional therapists encouraged him to join in group activities, he simply shook his head.

The multidisciplinary team of medical, nursing and allied health continued to monitor...
Frank’s condition, giving him time to adjust to the calmer environment and treating a painful blister on his back. At first, Frank was given medication to help him get sleep but soon he was rediscovering his old sleeping routine.

After a week of treatment and support, the staff noticed significant changes in Frank’s behaviour.

He was coming outside to go walking in the garden and he also showed more interest when Maria and his children came to visit.

One day, Frank was sitting outside watching two other patients playing a game of Bocce. Without saying anything, he got up and wandered over to join in the game, giving the other patients tips and keeping score. Although Frank didn’t win, he displayed a healthy, competitive spirit. Following the Bocce game, Frank began taking part in the unit’s regular morning teas and when Maria came to visit, he showed her around the hospital, pointing out his room and the garden.

With support from the community team for older persons’ mental health, Frank was able to return home within a month. While he still receives regular visits from the community team, Frank is doing well.

He’s no longer keeping to himself and once again, he’s enjoying spending time with the people he loves. Just like a true people person.

We received a referral from Frank’s GP who asked for a mental health assessment.

Frank had experienced up to seven months of panic attacks, severe anxiety and psychotic symptoms including hallucinations. He was also experiencing somatic symptoms such as severe chest pain.

With help from his family, a team psychiatrist, a nurse and an interpreter visited his home to conduct an assessment.

They reviewed his medication, changing the dose and type and recommended that he be admitted to Braeside for monitoring and further assessment and treatment.

With a high proportion of patients from a non-English speaking background, Braeside’s SMHSOP unit offers a culturally safe and sensitive environment with a team approach to care.

As an inpatient at Braeside Hospital, Frank gradually responded to the medical and allied health interventions, demonstrating greater initiative and social interaction with visitors and other patients.

Frank is now back home, and is receiving ongoing support from the community team for older persons’ mental health.

It is very encouraging to see the progress that Frank has made.

Dr Rasiah Yuvarajan
Director, Specialist Mental Health Services for Older People, Braeside Hospital

Dr Behnoosh Tadloie
Registrar, Braeside Hospital

Some images and details in this report have been changed to protect the privacy of people involved.
Aiden and his wife Jo lived with their two daughters north west of Sydney. Aiden worked all his life as an engineer, and when the girls left home, they loved to travel. Aiden specialised in plant and process machinery and had always been busy, so it was a setback when he was made redundant at 62. He rested for a while but was still relatively young and was restless. He took on a new job in a different career and was happy just to be staying busy and learning new skills. Jo was happy that Aiden was busy again but then things took an unexpected turn.

First Aiden was made redundant again. Computerisation had made his role redundant. He understood and tried to accept it, but it was a blow. At the same time he received a diagnosis of cancer and began treatment. Jo thinks it was the double setback that threw Aiden. Jo was disturbed to see a sudden change. Aiden became withdrawn and very quiet. He was reluctant to go out and avoided contact with people. He seemed to have lost his confidence, and just wanted to stay home and be alone. They began to lose contact with their friends. Jo was concerned but unsure where to turn for help.

When Aiden became confused and irrational he began to hear voices. He would see his own reflection in a shop window and become startled and alarmed.

Aiden’s GP referred him to a specialised nursing home and Aiden was admitted to care for six weeks. Jo visited and did everything she could to get further help for Aiden. When he was discharged he began to see a psychiatrist.

Jo sees that time as making things worse. “When he came out of the home he was no better in any way. I don’t think they really cared. When he came out he only saw the psychiatrist for ten minutes at a time who just asked him what I think were stupid questions”.

Two weeks later the level of Aiden’s distress became clear. He left home one afternoon and walked in front of a bus. Fortunately Aiden survived with only leg injuries and was admitted to hospital. But it was clear that Aiden had serious problems and needed professional, expert help.

Aiden was referred to HammondCare’s Riverglen Unit at Greenwich Hospital, which provides specialist mental health care for older people.

On admission, Aiden was assessed and a course of treatment was commenced. We assessed Aiden to have serious problems with mood and anxiety, low energy and concentration, representing psychotic depression with suicidal ideas.

A range of treatments, initially medications and subsequently ECT, were administered over a number of months and Jo was kept informed. The treatment was monitored closely and adjusted or reviewed as needed.

“He would see his own reflection in a shop window and become startled and alarmed...”
Aiden was very unwell when we first met him and required extensive care.

On admission to Riverglen, Aiden presented with anxiety, low mood with diurnal variation, disturbed sleep patterns, decreased appetite, fatigue, hopelessness and some suicidal ideas without active intent.

A strategic treatment plan which included medication, ECT and other treatment was undertaken. Aiden experienced some periods of confusion during the treatment, which gradually eased as he progressed.

We provided daily monitoring of his treatment and responses and were able to adjust his care according to his development and progress.

Aiden responded well to treatment and has been able to make considerable recovery. He was with us for three months. We are delighted to have been able to look after him and continue to treat Aiden and monitor his recovery. We wish Aiden a continued recovery.

Dr Doug Subau
Director, Riverglen Unit, Greenwich Hospital

Over time Aiden began to respond. But he was very confused and anxious and his memory was very poor. It required time to slowly let him regain his state of mind.

After three months, Aiden went home. He is still receiving treatment but Jo feels she has her husband back for the first time in two years. Aiden’s mood is almost back to normal. He is sleeping well and eating well.

He still faces significant challenges with motivation and purpose. But things continue to improve.

“At Riverglen, they are wonderful,” says Jo. “My experience was that the care we received before Riverglen was basically useless. The staff at Riverglen really care. That’s what made the difference.”
Where we provide care
Residential Care
Health+Hospitals
HammondAtHome

The Lavender Palliative Care Suite at Bond House, Hammondville: a landmark in integrated care provision.
HammondCare is the largest provider of dementia specific residential services in Australia. Residential care provides a range of services for people who cannot live independently at home and require care in a residential setting because of dementia or other complex health care needs.

A chef who cooked for the Royal family and alongside some of Australia’s best known chefs was appointed HammondCare’s Executive Chef and Food Ambassador in January 2012.

Peter Morgan-Jones was Head Chef at the Art Gallery of NSW for five years before taking up the role with HammondCare.

Chief Executive Dr Stephen Judd said HammondCare had a long-standing commitment to excellence in food service and promoting choice for residents, but this was taken to a new level when Maggie Beer presented a Forbidden Fruits reception at the HammondCare annual conference in 2011. “Maggie has said that she’d rather die than eat the food offered in some aged care facilities, but she was glad there were exceptions,” Dr Judd said. “We have been determined to be one of those exceptions and Peter’s appointment is another step in that process.”

Peter Morgan-Jones’ list of culinary highlights includes catering for Buckingham Palace garden parties with 8,000 guests, managing 120 chefs on-site for the Wimbledon Tennis Championships and working in some of Sydney’s most iconic restaurants. When starting in his new role, Peter embraced the opportunity to visit our residential care cottages, meeting residents and staff and developing innovative ways to make a difference with his vast restaurant experience, his love of “unadulterated” food and by using fresh, seasonal and sustainable produce.

Some of Peter’s key improvements include:

- New menus across all aged care
- 140 standardised recipes for all cottages
- Ongoing coaching for carers and cooks/chefs
- Healthier menu options and choices
- Regular cottage visits, attending resident and family meetings.

“I’ve worked in restaurants and hotels and have been able to share the joy of a pleasurable meal but what sold me on this role is the care factor,” Peter said. “To be able to use my food knowledge and love of cooking to improve the quality of life of older people is an amazing opportunity.”
Palliative care suite integrated into residential aged and dementia care

HammondCare opened the first palliative care suite integrated into residential care at Bond House in December 2011.

*Lavender Palliative Care Suite* is a landmark in integrated care provision as it provides nine palliative care beds in a specially designed suite within Bond House, while also linking to direct support from palliative care services at HammondCare’s Braeside Hospital.

In officially opening Lavender, HammondCare Board Chairman, Rod Mewing said, “As an organisation that has a growing network of residential and at-home aged care alongside sub-acute health and hospital services, HammondCare is well placed to move ahead with innovations such as this.

“The Lavender Palliative Care Suite combines best practice palliative care from Braeside Hospital’s palliative care team, under the leadership of Associate Professor Meera Agar, with best practice residential aged care from the team at Bond House, guided by manager Gwyn Perrin.”

The co-location of a dedicated palliative care suite within a residential aged care home means that if residents enter an acute end-of-life phase, they no longer need to leave their residential care home, but can move to the dedicated palliative care suite that will care for them during their end of life in an environment that provides dedicated, expert palliative care, and that allows for close family interaction.

Brand new dementia specific campus at Miranda

HammondCare’s innovative new aged and health care campus in Miranda features 92 dementia care beds - including for the first time, four eight-bed cottages.

The complex also includes an administration and training building while future staged development includes up to 100 independent living units and facilities for a wide range of additional health and aged care services and clinics.

General Manager of Property and Capital Works, Peter Hamilton, said hundreds of hours of planning and research had gone into development of the campus to ensure that core dementia design principles were implemented, as well as innovations flowing from the experience, research and learning of other HammondCare centres.

Peter said the introduction of the four eight-bed cottages as part of the complex was one innovation that gave greater flexibility for special care models. And solar panels were being installed on two of the cottages - a trial that was expected to produce a significant contribution to the campus’ electricity needs.

He said that in opening new facilities such as Miranda, quality is always the priority. While some design principles and innovations may cost more, they led to improved quality of life for people in need, in keeping with HammondCare’s mission.

The new Miranda aged and health care campus is meeting strong demand for residential aged care in south-east Sydney and complements our extensive HammondAtHome services in the region.

HammondCare has fire safety sprinklers in all residential care homes

HammondCare had fire safety sprinklers operational in all of its residential care homes well in advance of a NSW Government decision to make automatic sprinkler systems mandatory in all NSW nursing homes.

NSW Minister for Planning Brad Hazzard announced that aged care providers would have three years from January 2013 to retrofit sprinklers in nursing homes. The decision is in response to the tragic Quaker’s Hill nursing home fire of November 2011.

HammondCare currently installs sprinklers in the construction phase of all new homes such as at Erina, Woy Woy, Horsley and Miranda, in keeping with current regulations applying to nursing homes built after 2002.

In addition, HammondCare has retrofitted sprinklers in all of its nursing homes constructed before that date, and was able to achieve this with minimum disruption to residents and families.
An integrated care framework for people facing end of life due to advanced dementia will be made widely available to health professionals, people living with dementia, families and carers, thanks to a grant won by HammondCare from the National Quality Dementia Care Initiative. The Integrated Care Framework for Advanced Dementia (ICF-D) was developed in a previous collaborative research phase led by HammondCare’s Associate Professor Meera Agar, Director of Palliative Care at Braeside Hospital.

It is designed to guide and train palliative care for the increasing number of people facing end of life with advanced dementia. Approximately $290,000 in funding from the National Quality Dementia Care Initiative (NQDCI) round two project awards will allow ICF-D to be developed into a national web-based resource for best practice palliative dementia care.

HammondCare’s expertise in both dementia and palliative care was the platform for the much-needed development of the ICF-D. With 280,000 Australians living with dementia, an increasing number of people are facing end-of-life with advanced dementia, presenting aged care and health staff with new challenges in providing appropriate, sensitive and effective care during this time.
HammondCare appoints Professor in Palliative Care

HammondCare’s appointment of a new Professor in Palliative Care further strengthens our commitment to caring for people in their last days, while continuing to develop clearly focussed clinical training schemes.

Professor Roderick MacLeod was appointed Senior Staff Specialist in Palliative Care and Conjoint Professor of the University of Sydney, based in the new Clinical Training Centre in the historic Pallister House at HammondCare’s Greenwich Hospital.

Chief Medical Officer, Associate Professor Andrew Cole said the appointment of Professor MacLeod came after a world-wide recruitment search and was a significant step in HammondCare’s ongoing commitment to excellence in palliative care as well as clinical training and research.

Professor MacLeod held an academic appointment at Auckland University and has a long record of international prominence in the field of palliative care achieved through clinical practice, research, education and service.

Historic day as Premier opens $1.6 million Neringah Hospital refurbishment

The opening of HammondCare’s $1.6 million refurbishment of Neringah Hospital marked the beginning, not the end, of establishing the hospital as a world-class palliative care centre.

The NSW Premier and Member for Ku-ring-gai, the Hon Barry O’Farrell, paved the way for a new era in palliative care services for patients in Northern Sydney when he officially opened the upgrade of Neringah Hospital at Wahroonga on August 16, 2011.

The hospital has established a reputation over many years for providing high quality palliative care through an integrated in-patient and community palliative care service.

The state of the art renovation increases the number of beds from 15 to 19: 13 single and 3 double rooms, all with ensuite bathrooms. There is also a new clinic and reception area as well as upgraded facilities for relatives.

Neringah Hospital forms a key part of HammondCare’s palliative care services across the lower and upper North Shore and the Northern Beaches, along with Greenwich Hospital and the Northern Beaches Palliative Care Service.

Support for a global response to World Report on Disability

Senior HammondCare doctor A/Prof Friedbert Kohler was part of an international seminar devoted to the implementation of the World Report on Disability (WRD), held in Brazil earlier this year.

A/Prof Kohler was present in his capacity as co-chair of the WHO sub-committee for the implementation of the International Classification of Functioning, Disability and Health (ICF).

Medical Director of Braeside Hospital, A/Prof Kohler was one of the invited attendees and joined a total of nearly 700 participants from across the globe, including more than 100 with disabilities.

“Representatives from the partner institutions and invited experts presented new worldwide guidelines to tackle inequality for people with disabilities, especially in the area of health and rehabilitation,” A/Prof Kohler said.

A/Prof Kohler is a leading researcher in the area of ICF and the development of better classification of disability and functionality measures. One international project he is leading is ICF Core Set development project for persons following an amputation.

In May A/Prof Kohler also presented on ‘Measuring function using the ICF’ at the 7th World Conference for NeuroRehabilitation.
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.

Central West
Hunter
Central Coast
Hornsby Ku-ring-gai
Lower North Shore
South East Sydney
South West Sydney
Illawarra
Shoalhaven

Consumer Directed Care: for people like Fred, it’s innovative, flexible, and a much needed solution.

Things need to go just right in Fred’s week or disaster could strike.

Suffering from a serious chronic disease, requiring regular life-saving medical procedures and being the primary carer for his disabled wife means just getting through the day can be a major challenge.

Fred requires dialysis four times a week for which he has to travel about 30km from home. Family members have done their best to transport him, but with work and family pressures of their own, this was a short-term solution at best.

Then a new Consumer Directed Care (CDC) package became available through HammondCare. With assistance of HammondAtHome staff, Fred found he could utilise his CDC package to solve his dialysis transport dilemma.

A hire care service was willing to provide the door-to-door return transport that Fred needed and having the same driver each time added further security. The cost fitted within his package budget and Fred and his family have been very happy with the outcome.

It’s because of stories like Fred, that in announcing the Living Longer Living Better aged care reforms in April 2012, the Federal Government made it clear it wanted CDC to be the way forward for community aged care.

A strong commitment to research meant HammondCare was well prepared for this emerging trend having received 17 pilot CDC programs as part of a research evaluation commissioned by the Department of Health and Ageing and conducted by KPMG.

The pilot project investigated the process and outcomes of our CDC program for consumers, family carers and staff. Key outcomes of interest were the clients’ feelings of control, satisfaction with services, function and carer burden.

In addition, HammondCare is part of further research titled, A health economic model for the development and evaluation of innovations in aged care: an application to Consumer Directed Care led by Prof Julie Radcliffe (Flinders University).

The research is funded by the Australian Research Council as an industry linkage grant and alongside Flinders and HammondCare, other organisations involved are Repatriation General Hospital, The University of Queensland, Royal Rehabilitation Centre Sydney, Aged Care and Housing Group, Helping Hand Aged Care Inc, Catholic Community Services and Resthaven.

The results of this research will be incorporated into HammondAtHome’s service development priorities.
Better, more personal care for young people with dementia

The complex challenges faced by younger people with dementia were further addressed by HammondCare this year with the appointment of a new Younger Onset Dementia Partnership Advisor.

The position is part of HammondCare’s ongoing strategy to develop appropriate service models for younger people with dementia, a group that according to HammondAtHome General Manager, Sally Yule, can easily “fall through the cracks”.

Sally said younger people with dementia and their carers often face a lack of services, with traditional models of care in the aged and disability sectors not well resourced or targeted.

The new Younger Onset Dementia Partnership Advisor is Pat Roles, who has 30 years experience partnering in care for people living with dementia or disability.

Pat was previously Team Leader for a range of HammondAtHome services on Sydney’s Lower North Shore including in-home respite, dementia-specific day centres and a dementia-specific overnight respite cottage.

She said she was looking forward to “sharing the journey” of people with younger onset dementia - partnering with them from the first point of contact throughout the journey of their care.

International dementia award for Woonona Cottage

HammondCare’s Woonona Cottage won the Team of the Year award in the International Dementia Excellence Awards announced in June.

The cottage offers residential respite for people living with dementia and their families and is located in the grounds of Neringah Hospital, Wahroonga.

HammondAtHome GM, Sally Yule, congratulated Woonona Cottage staff on their well-deserved win. “We don’t do what we do to receive awards but as Prof June Andrews said at the award ceremony, our people who work on the front-line caring for people with dementia are ‘absolute stars’ and deserve recognition,” Sally said.

“Residential respite for someone living with dementia can be a lifesaver as it allows their carers some prized time to themselves, as much as they are committed to the care of their loved one.

“The Woonona Cottage staff, lead capably by manager Amanda Weaver, go the extra mile week in and week out to make this possible, building rapport with families and the person with dementia so that they feel confident in the respite arrangement.”

Three other HammondCare representatives were nominated for the prestigious awards.

Marina Whitehead, Manager of South-east Sydney Social Club for people with dementia, was short-listed for Employee of the Year while Hammondville volunteers, Faye Bennett and Patricia Furness, were short-listed for Volunteer of the Year.

Passionate care worker is finalist in Hunter aged care awards

A HammondAtHome care worker known for her “continual display of commitment, passion and excellence in care” was a finalist in the Hunter Aged Care Achievement Awards.

Maree Bennetts of HammondAtHome Cardiff was one of five finalists in the Care Staff of the Year Award with more than 100 nominations received across the seven award categories.

Maree received her finalist’s certificate at the awards night from former NSW Deputy Premier and CEO of Alzheimer’s Australia NSW, John Watkins, along with other finalists.

Maree was nominated by her manager Lauren Clay who described Maree as a “highly valued team member who cares for clients holistically” and that she “ensures that her clients needs are met in a conscientious and timely manner.”
Clinical Training Centres
Research
The Dementia Centre
The HammondCare Foundation
Pastoral Care
HammondCare Volunteers
Risk+Quality
Learning+Development
Finance+Board

Professor Rod MacLeod, Senior Staff Specialist in Palliative Care at HammondCare, and Conjoint Professor of the University of Sydney, at historic Pallister House, Greenwich Hospital.
HammondCare’s Clinical Training Centres (CTCs) have experienced strong growth in the past year in educating health professionals, expanding research and offering clinical services.

The CTC vision is for community-based hubs where academic teaching and learning are integrated with specialist clinical practice and innovative, translational research.

Not only does this three-pronged integration help build the aged care and sub-acute health workforce of the future, but also facilitates the undertaking of academic research that specifically addresses the needs of the people we serve, including the development and design of new models of care and support.

**New Clinical Training Centre at Greenwich**

During the past year, a second Clinical Training Centre focusing on palliative care medicine opened following refurbishment of historic Pallister House, in the grounds of Greenwich Hospital.

It is the base for Professor Roderick MacLeod, Senior Staff Specialist in Palliative Care and Conjoint Professor of the University of Sydney, who was appointed in June.

The Greenwich CTC joins the inaugural Hammondville CTC which has a focus on rehabilitation and restorative care and is led by the Hammond Chair of Positive Ageing and Care, A/Prof Chris Poulos, whose appointment is in partnership with the University of NSW.

“We are passionate about providing sub-acute services such as palliative care wherever people are, and this means training the workforce of the future and advancing best practice in clinical care through research.”

**Dr Stephen Judd** HammondCare Chief Executive

Professor MacLeod recently supervised PhD studies in spirituality in end of life cancer care; the dreams of people who are dying; a multi-targeted approach to improve cancer cachexia; collaborative practices in palliative care; and ethnic differences in palliative care.

He was also site investigator for the RAPID study and is involved in educational research.

**Professor Rod MacLeod** was appointed HammondCare’s Senior Staff Specialist in Palliative Care in June 2012, and also Conjoint Professor of the University of Sydney.

Professor MacLeod is passionate about better care for people in palliative care.

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“**Professor Rod MacLeod** is passionate about better care for people in palliative care.
Massive increase in clinical placements

The CTCs, along with our hospital, residential and HammondAtHome services, host student clinical placements for various NSW and interstate universities.

Demand is increasing from universities for clinical placements, as these learning experiences give students practical skills to better deliver care to those who need it most - the sick, the frail, the elderly.

Through provision of clinical placements, HammondCare can directly impact on the next generation of doctors, nurses and allied health professionals and inspire them to improve the health and wellbeing of older Australians as part of their future careers.

In 2011/12, HammondCare hosted undergraduate placements in nursing, physiotherapy, exercise physiology, social work, occupational therapy, speech pathology and undergraduate and postgraduate palliative care medicine and rehabilitation.

In total, HammondCare hosted 420 clinical placements, involving more than 18,500 hours, and these occurred at Greenwich, Neringah and Braeside Hospitals, the CTC Hammondville, and residential and HammondAtHome services at Hammondville, North Turramurra and Hornsby. With the Greenwich CTC now fully operational, it is expected that HammondCare will continue to host an increasing number of clinical placements across its service divisions.

Clinics promote positive ageing and pain management

A distinctive feature of HammondCare's CTCs is their location "where the people are" so that education and research is integrated with hands-on clinical practice.

Hammondville’s CTC continues to offer new models of care for younger and older patients and has expanded to include the work of exercise physiologist Natalie Robson, a new appointment in the past year. Her clinics are proving popular with aged care and independent living residents in improving mobility and sustaining physical capacity.

CTCs provide strong research impetus

HammondCare has begun to develop strong research programs and the CTCs are key avenues for further growth and development in this area.

Notably, three new projects focusing on aged care workforce reform and training and based out of the Hammondville CTC won nearly $1.5 million in Commonwealth funding and have a strong research component with likely benefits for the sector.

Other investigator-initiated researcher has secured funding support from the Dementia Collaborative Research Centre (CTC-Hammondville) and from Pfizer Australia (CTC-Greenwich).

Specialist rehabilitation and restorative care clinics continue to be run by A/Prof Chris Poulos and A/Prof Andrew Cole. Braeside Hospital and the Hammondville CTC have co-shared two registrars, Dr Jeyanthi Arockiam and Dr Abdul Haidary, under the RACP's Specialist Training Program.

These registrars partake in clinic practice at both sites and have gained clinical experience in community and sub-acute clinical settings.

Another innovation is the new pain clinic at Greenwich run by Prof Philip Siddall, a Specialist Pain Medicine Physician, along with a physiotherapist and clinical psychologist.

The pain management program aims to reduce pain, improve physical function and activity levels, improve mood and develop more resilient ways of thinking about life and pain.

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Embedding research in our care settings ensures the questions being asked by researchers are ones that make a real difference for people living with dementia, facing their last days, recovering from injury or illness, coping with chronic pain or seeking to age positively.

An indication of HammondCare’s commitment to research is seen in the growth of total expenditure on research and education in the past year to almost $4.4m. This is an investment in the future of health and aged care as Australia faces the challenges of an ageing population, increasingly complex care and health needs and serious workforce pressures.

As part of communicating the extent and value of our research, HammondCare produces an Annual Research Report as a companion document to this Annual Report. Following is a summary of research highlights.

**From pharmacology to end of life spirituality**

Palliative care research occurred extensively across Braeside, Greenwich and Neringah Hospitals and Northern Beaches Palliative and Supportive Care Service. There was also increased integration with our dementia services with the emergence of a growing need for evidenced-based palliative dementia care. Specific areas of research included the pharmacology of palliative care medicines, pain and symptom management, end-of-life spirituality and distress, end-of-life communication and advance care planning, and the ongoing development and evaluation of palliative care education for clinicians and students.

Palliative care research highlights include the Integrated care framework for advanced dementia (ICF-D) project will develop a national web based resource for best practice palliative dementia care and is led by A/Prof Meera Agar. A successful bid resulted in a grant of $270,000 from Alzheimer’s Australia’s National Quality Dementia Care Initiative to allow the ICF-D to be developed for use by health professionals, people living with dementia, families and carers.

Another important new project is Piloting of clinical pathways to manage cancer pain to be led by Greenwich Hospital’s Dr Melanie Lovell. For a full list, see our Research Report.

**From stroke recovery to mobility assessment**

Rehabilitation and restorative care research has focused on the development of better classification of disability and functionality measures, with many important studies in this area led by Braeside Hospital’s A/Prof Friedbert Kohler.

Other research areas include validation of current rehabilitation and care approaches, and the use of emerging technologies in delivering specialist expertise to patients. HammondCare participated in important collaborative research projects such as the Road Accident and Rehabilitation Initiative (Funded by the Motor Accident Authority and led by A/Prof Steven Faux of St Vincent’s Hospital) which looks at the importance of early assessment of motor vehicle accident victims and The Out and About Trial (led by Dr Annie McCluskey from Sydney University) which studies stroke rehabilitation and training.

“Many organisations do one or the other – deliver services or engage in research. We do both, and for strategic reasons. One reason is that the people we care for deserve service provision that is not guess work, but is carefully designed around the best evidence available. Another reason is that Australia, like many nations of the world, faces a rapidly ageing population - a serious challenge for future care provision. And so more research now and in the future will be directed towards how to better train and educate the health and aged care workforce to be as effective as possible.”

A/Professor Andrew M Cole
MB BS (Hons) FAFRM
Chief Medical Officer, HammondCare
Senior Consultant Rehabilitation Medicine, Conjoint Associate Professor, UNSW

Real Cases, Real Time: a pilot training project utilising case study tutorials through state-of-the-art multisite videoconferencing
Better aged and dementia care

Research in aged and dementia care and older person’s mental health focused on developing better care and management strategies for community and residential care as well as integration with palliative care.

Dementia Centre Senior Consultant Meredith Gresham will embark on the Going to Stay at Home project after a successful funding bid to the Department of Health and Ageing (DoHA).

Likewise, A/Prof Meera Agar has also received funding from DoHA for a new project, Improving palliative care for people with advance dementia living in residential aged care.

Other new and ongoing projects include a review of current seating for people living with dementia in residential care led by A/Prof Chris Poulos and use of bidets in dementia care led by Meredith Gresham.

Growing workforce issues

An increasingly important area of research applies to aged care workforce and training and the first of a number of new projects in this area is Real Cases, Real Time led by Chief Medical Officer, A/Prof Andrew Cole, in partnership with UNSW.

This pilot training project utilising case study tutorials through state-of-the art multisite videoconferencing won $715,000 funding from the Federal Government’s Teaching and Research Aged Care Services (TRACS) initiative. Rigorous evaluation will be reported back to government and the model could be considered for use across the aged care sector.

Other research highlights include the opening of the Greenwich Clinical Training Centre, which will have a palliative care research focus, and the related appointment of Professor Rod MacLeod.

Developing new models of treatment for pain

The Greenwich Hospital Pain Clinic began and alongside side its clinical services it too has a strong research component, with the related appointment of Professor Phillip Siddall.

With many new research staff, new projects and growing links with UNSW and University of Sydney, HammondCare research continues to enhance our provision of care and improve the quality of life for vulnerable people.

For some people, dementia can be associated with behaviour which is considered “difficult” - people like Mr Bui.

Mr. Bui’s behaviour was particularly disruptive and intrusive, he had altercations with other residents and was involved in other inappropriate behaviour.

Between 2009 and 2011 he was cared for and treated by the medical team at Braeside Hospital in conjunction with the Special Care Program at the Linden Unit at Hammondville. A series of treatments and programmes were trialled and by late 2011 a successful treatment plan meant that his behaviours of concern gradually settled.

Mr. Bui became easier to engage and has gone from a man who was once described as “difficult to engage” with a “limited capacity for interaction”, to someone who now has a role and a purpose in his community which he enjoys.

It may have taken a lot of time to get to this stage, but I believe the dedication and involvement of staff throughout all levels and services of HammondCare have worked together to give this man a quality of life which may have been denied him, had we given up when things seemed too hard.

Vi Vu
Occupational Therapist, Southwood Special Care Program

HammondCare developed Linden Cottage following a research project conducted by Researcher Meredith Gresham through the RANZCP, to care for the people with the most severe and persistent ‘challenging behaviours’ associated with their dementia – people like Mr Bui.
We are delighted to have been able to contribute over the past year to excellence in dementia care through a wide range of initiatives, including advice, consultancy, information and training, publications and research.

Colm Cunningham
Director,
The Dementia Centre

The past year began with the continuation of strategic restructuring of the Dementia Centre and has ended with encouraging growth across all its services, motivated by the vision of seeing people living with dementia, their families and carers being treated with respect and dignity.

Consultancies that help families and services

Whether a phone call to provide advice to care staff or case management over many months for a family seeking support and training, consultancy services provided by the Dementia Centre have grown extensively in the past year.

These sought-after consultancies are available both to HammondCare aged care and health services and beyond to external service providers both in Australia and internationally.

As a HammondCare enabling portfolio, Dementia Centre consultants provided more than 50 consultancies that supported staff and services by providing advice, training and information on dementia issues such as behaviours of concern, building design, seating, sexuality, assistive technology and utilisation of the DC’s Care Planning Assessment Tool (CPAT).

Another example of consultancy was the year-long involvement of a senior design consultant in the construction of HammondCare’s new dementia care campus in Miranda.

External consultancies extended to Singapore and New Zealand but also featured work with many dementia services across Australia including design support for a new indigenous dementia care facility.

Training in many forms

The Dementia Centre continues to be a leading provider of dementia training through provision of courses, schools and conferences.

Certificate III and IV dementia skills training continues to be offered to aged care workers across NSW, including regional and rural areas, following the renewing of our Dementia Care Essentials government contract.

Complementing this vital training is a range of other training opportunities including study days, design schools, post-graduate courses and a flagship international dementia conference.

Dementia study days for care staff on night-time care, life engagement and acute care are extending from NSW and in the coming year will be offered in Perth, Adelaide and Melbourne.
The Dementia Centre produced Risky Business, HammondCare's 2012 international dementia conference.

Two intakes for the Master of Science in Dementia Studies Program, conducted in partnership with the University of Stirling, have attracted strong enrolments with the Dementia Centre being the exclusive provider of the course in the Asia Pacific region. Dementia Design Study Schools continue to sell out and are an important avenue for ensuring evidenced-based dementia design principles are introduced into new and existing care facilities.

Annual international conference breaks new ground

The international dementia conference, Risky Business, organised by HammondCare's Dementia Centre, enhanced the already outstanding reputation of the biennial conference. Feedback from participants was highly positive with the impact of international speakers being highly regarded as well as the "hands-on" focus of many of the presenters: "From a Care Manager's perspective, presenters were 'hands on' in the working field of dementia and not just academics" wrote one delegate.

The next conference on June 26-27, 2014 will build on the success of Risky Business and previous conferences, and in the meantime the Dementia Centre will be available through exhibiting and presenting at external conferences.

Making research accessible

While the Dementia Centre continues to be involved in new research, such as a dementia seating study, a key role into the future will be improving the uptake of existing research into residential and community dementia services. HammondCare is seen as a benchmark for implementing research-based dementia care and design principles and the Dementia Centre is committed to assisting other service providers through publications and presentations.

Another research role is to help shape the direction of future dementia research through active involvement in partnerships such as the NHMRC's Partnership Centre: Dealing with Cognitive and Related Functional Decline in Older People and the Dementia Collaborative Research Centres.

Publishing that helps people

The development by the Dementia Centre of HammondPress has been a key part of making the benefits of dementia research accessible to service providers but also people living with dementia and their carers.

In the past year 11 original dementia-related books were made available to Australian and New Zealand audiences through a publishing agreement with the Dementia Services Development Centre in Stirling, UK. Publishing also branched out to include three new locally sourced publications and this is in addition to a number of free books available online. In one case, a book on dementia design at home was made available to carers for free thanks to a large donation.

In summary, the key to growth in each of the Dementia Centre’s key endeavours has been its integration with the frontline service provision of HammondCare and its strong commitment to improving the quality of life for people in need.

Dementia consultancy: Singapore 2012

Many of the dementia care principles championed by The Dementia Centre are simple and easily implemented and a good example was when consultants visited Singapore in the past year.

Consultants assisted a health care organisation which provides residential dementia services for people who, because of behaviours of concern to others, are unable to live anywhere else. Accommodation was based on an institutional and clinical model but staff were keen to find other ways to provide care. They sought out The Dementia Centre consultants to discuss best practice, research-based design and care principles.

Dementia Centre Senior Consultants spent several days providing consultation services but saw decades of change unfold in a short time. As they discussed dementia building design principles, architects were called to the meeting and immediately began drawing up proposals that might capture what was being learned.

Staff of the facility wore full uniforms and face-masks but after advice from the Dementia Centre consultants, management opted for a more home-like feel and staff were asked to come to work in ordinary clothes.

Many residents were not permitted to go outdoors because it was felt it would be unsafe for them, due to staffing levels. With help from DC consultants, the location of staff hubs and other furniture was reorganised making it possible for residents to enjoy views outside and have doors left open to allow outdoor access.

Other issues such as culturally relevant food choices and other practices were also discussed and readily adopted. Senior Consultant Natalie Duggan said she was impressed by how committed local staff were to providing best possible care through evidence-based principles and how they moved quickly to put new ideas into practice.

Alongside this and other consultancies, staff and managers involved in dementia care in Singapore have been regular attendees at Dementia Centre Design Schools and also came to the Risky Business international dementia conference.
Being a HammondCare supporter is more than making financial contributions, it’s being part of an engaged community who know they are making a positive difference for people going through the toughest days of their life.

Foundation: supporting innovative services, research, training

One example is HammondCare’s provision of innovative services for younger onset dementia, an area of care where there are huge funding gaps.

This includes Australia’s only younger onset dementia residential care home, Streton Cottage in Horsley, and the provision of a Younger Onset Dementia Partnership Advisor to liaise with services across NSW. HammondCare has the capacity to meet these needs thanks to the strength of charitable support from our donors.

Another distinctive is our Pastoral Care Team who cares for hundreds of people every week. The provision of this service occurs with the generous help of supporters, and a new Pastoral Care Partners regular giving program has been launched to raise funds to strengthen this important work.

Palliative care across our hospitals and aged care provides improved quality of life for people at end of life, and once again our supporters are engaged in making a difference.

The National Health and Medical Research Council’s new $25 million research partnership on ‘dealing with cognitive and related functional decline in older people’ is focused on practical outcomes. HammondCare is one of four partners sharing the project and the Foundation supports this through the generous donation from the Thomas Foundation.

HammondCare Foundation’s Dream Project fulfills the dreams of people with terminal illness. Veronique Spooner’s dream was to visit the Picasso exhibition at the NSW Art Gallery. The HammondCare Dream Project, in association with our friends at State Street, arranged the whole thing. We flew Veronique’s daughter down from Darwin. Even Ian Martin, Vice President and Head of State Street Global Services, South Asia and Pacific got involved – he was the driver for the day! Here is Veronique positively glowing after the tour, accompanied by her partner Brett and their children Jocelyn and Miranda.

“I never dreamed that I would have my own personal guided tour of the Picasso exhibition!”

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The new Dreams Project fulfils the wishes of people facing their last days and in many cases this is made possible by supporters, such as the new State Street Dream Team.

A generous donation from The Profiled Foundation made possible the purchase of 12 specially equipped palliative care beds for and fundraising is under way to purchase another 24.

Of course one of the most important factors in HammondCare providing world-class care is the quality of our staff, and supporter Richard Jamieson has made a generous donation to provide further specialised training for our exceptional palliative care nurses.

Highlights of an active fundraising year

The HammondCare Foundation is dedicated to building relationships with supporters and providing meaningful opportunities to connect with the care we provide.

Led by Julian Martin, the team counts it a privilege to be a bridge between a growing community of supporters and frontline HammondCare staff.

“It is an absolute privilege to raise funds for HammondCare because as a team we get to communicate and interact with a diverse cross section of the community as well as just about every HammondCare service and site,” Julian said.

One example is the Neringah Hospital Reflection Garden which has been funded by The Erica Foundation and the Friends of Neringah and is now due to be developed in the coming months.

“This will be a wonderful place for patients, their families and staff to retreat to when needed. Being involved with this and to see it come from nothing to an approved and funded project of significance has been a wonderful outcome, with thanks again to our supporters.”

Other highlights of the past year were 60 Hammond Hurricanes participating in the City to Surf and raising more than $18,500, the inaugural annual Christmas catalogue raising a record sum, and a growing level of support through bequests.

Exiting supporter opportunities planned

As an increasing number of supporters experience the value of engaging with HammondCare, the Foundation team has a range of opportunities planned for the coming year.

A new program known as In Memory will be launched across NSW, as will the Forget Me Not League for bequests. New dedicated fundraising pages on the HammondCare website will improve access while ambitious goals have been set for palliative care fundraising as well as a fresh food kitchen at Braeside.

“We are very thankful for the past, present and future involvement of supporters from all levels of the community including mum and dad donors, families and friends groups, major corporations, trusts and foundations,” Julian said.

Pastoral Care Partners are a dedicated group of supporters that provide regular financial and prayer support for the vital work of our pastoral care team - seen here at their 2012 training retreat.

“As part of seeing where the needs are, we get close to the staff and the amazing stories of care that are at the heart of HammondCare and then translate these needs to the greater community. It’s very rewarding work.”

Barbara Jamieson was cared for in her last days at Greenwich Hospital palliative care, husband Richard was constantly by her side.

It was a daunting experience for them both, “…not something you are trained for, nor something you really think about beforehand.”

The small things of life became increasingly important in the ebb and flow of each day and the understanding and sensitivity of nurses and other staff was vital to daily quality of life. This highlighted for Richard the importance of nursing care for palliative patients, and the unique range of skills required. After Barbara passed away, he decided that a special way to honour her would be to provide a significant donation towards special training for nurses in their challenging roles.

Richard’s feedback, along with his generous donation, helped in the establishment of the CARE: Palliative Nursing@Hammond training and research project which will proceed during 2012/13. CARE stands for Communication, Acknowledgement, Rapport, Empathy and it is these skills and many others that are vital in palliative care which will be the focus of the special training project.
The privilege of sharing people’s greatest joys and darkest moments is the calling of the Pastoral Care Team as they serve in HammondCare’s health and aged care services. Through a commitment to care for the whole person, pastoral care is a necessary and integral part of HammondCare’s philosophy of care - whether it is in a dementia care cottage, hospital ward or a client’s home.

The Pastoral Care Team supports every aspect of HammondCare’s activities through a range of formal and informal activities. In our residential care services, this may include regular visitation, support groups, worship services and Bible studies. In hospitals, particularly in palliative care, the pastoral team provides support to patients and their loved ones by visiting, praying and listening. And in HammondAtHome, the pastoral team regularly visits clients providing extra care in the comfort of their own home.

Behind all this activity is a willingness to get to know people, build bridges of connection and offer appropriate care for all people regardless of their status, position, faith or circumstances.

New leader brings vast experience
In the past year, former Head of Pastoral Care Carol Allen retired after five years of excellent leadership. Rev Craig Maher commenced as the new Head of Pastoral Care from early May.

Rev Maher brings a wealth of experience to the role having been involved in pastoral ministry and hospital chaplaincy for 20 years. He was previously the National Training Coordinator of Chaplaincy Australia where during the preceding seven years he developed curriculum and trained 1100 chaplains across Australia and in New Zealand.

Rev Maher said the role of pastoral care was to support residents, clients, patients and staff with the love and compassion of Jesus Christ.

“Literally every week the 17 member Pastoral Care Team cares for hundreds of people...including HammondCare staff.”

“Every week the 17 member Pastoral Care Team cares for hundreds of people...including HammondCare staff.”
Partnering for further care

Rev Maher said the past year had seen significant growth and he thanked all those who had served in the pastoral care team. He welcomed new Pastoral Care Coordinator Lesley Scott who supports the residents and staff of Bond House, The Hammondville Village, as well as Bill McCuddin, Pastoral Care Coordinator for the Northern Beaches Palliative Care Service. The Pastoral Care Partners regular giving program began in the past year and Rev Maher said he welcomed more and more people being involved in praying for and financially supporting the Pastoral Care Program so it can continue to expand and flourish.

Exciting plans for the future

Alongside the day-to-day role of hands-on pastoral care, planning for the coming year includes a range of training and growth opportunities. Rev Maher said work would begin on developing a Pastoral Care Volunteers Training Program which will enhance training opportunities for the growing number of volunteers specifically involved in pastoral care.

A Pastoral Care Interns Program is also being developed which would enable students training at various institutions in pastoral care, theology or chaplaincy to undertake clinical placements. Rev Maher said work would begin on developing a Pastoral Care Volunteers Training Program which will enhance training opportunities for the growing number of volunteers specifically involved in pastoral care.

Meet a Pastoral Care Team Member

Bev Mills knelt next to Tom’s chair in his home in the Central West and read to him quietly to comfort and encourage him.

With advanced dementia, Tom was no longer able to speak or offer much response but Bev is an experienced Pastoral Care Coordinator and could sense the peace they were sharing.

She turned to a page where The Lord’s Prayer was written and began to read it slowly to Tom, hoping he would sense God’s love. To Bev’s surprise, Tom reached down and took her hand in his, then moved her finger along the words on the page, tracing the prayer as she read.

Bev was stunned and with tears streaming down her face, continued to read the words of Jesus’ famous prayer while Tom prayed with her in the only way he knew how, tracing the words with Bev’s finger.

It was another reminder to Bev that despite the ravages of dementia, there is a person inside who can at times be reached and for whom the presence of God is real. This is one of many “magic moments” that Bev Mills can describe in her role as HammondAtHome’s Central West Pastoral Care Coordinator.

Sometimes driving up to 600km a week between Orange, Bathurst, Oberon and Lithgow, Bev visits clients, families and even staff to bring comfort, support, advice and prayer.

Some clients who live by themselves at home can become socially isolated but Bev’s visits provide a chance to share a cup of tea, tell stories and reminisce. Alongside this social interaction, Bev enjoys bringing the love of God to older people in the latter stages of their lives and often finds, as Tom showed above, that she taps into their memories of Sunday school or church as a younger person.

Always respectful of people’s wishes - pastoral care is never forced on anyone - she has discovered that through building relationships and offering consistent support, even people of no faith come to appreciate her care.

One client had not requested her involvement in his early days of care but during a bout of serious illness had come to appreciate her visits and prayers. Other aspects of her work include being with people as they dying, praying and offering support and counsel and often then being asked to conduct their funeral.

She sometimes meets up with carers, taking them out for a cup of coffee, so they can “download” about their experiences. Or it might be a member of staff who needs a visit to talk through the loss of a much-loved client.

As pastoral care is an integrated part of service delivery within HammondCare, Bev is part of all team meetings with carers, managers and other staff.
The number one activity of HammondCare’s dedicated volunteers is to spend quality one-on-one time with the vulnerable people being cared for across our health and aged care services.

Volunteers from all walks of life use their unique skills and life experience to benefit those in need and this is expressed in many creative ways. For some volunteers it is chatting, praying or reading at a bedside, driving someone to an appointment or visiting lonely people at home.

For others it can include bringing around the drinks or lollies trolley in palliative care, transporting people in wheelchairs or playing games. Or it could be comforting a bereaved family, organising fun outings or just listening to someone’s story.

Our volunteers are an ‘amazing resource’

Head of Volunteers, Barry Costello, said the growing band of volunteers were one of HammondCare’s “amazing resources” in supporting people in need.

“Our volunteers come from diverse backgrounds and experience and absolutely love serving people with HammondCare.”

“Here you have a wonderful group of people who come to ‘work’ who are always happy to be there, enthusiastic, motivated and willing to do whatever is asked of them for no financial reward. What’s not to love about that?

They are the candles that bring light into the darkness and bridge the gap between the operational and human aspect of the aged care industry.”

Celia Gillan
Volunteer Leader
Health+Hospitals North,
HammondCare

“Our volunteers come from diverse backgrounds with wide-ranging experience and absolutely love serving with HammondCare,” Barry said.

“It’s our goal to provide experienced and well-trained volunteers who are members of local communities and who support staff by caring for residents, patients and clients and families in many creative ways.”

Creative support that changes lives

Volunteers make a difference across many HammondCare services, often having the time to go the extra mile in offering patients, residents and clients life-changing experiences during their time of care.

In the past year the Dreams Project began in the palliative care wards of Greenwich and Neringah Hospitals and volunteers are often involved in helping fulfil a special wish for someone in their last days. Examples include a night out at a favourite restaurant, an overnight stay at Taronga Zoo and a VIP visit to the Picasso exhibition.
Art for patient’s sake.

Jill and Jim Mercer are a creative couple as is evident in their successful careers, as well as their volunteering to support the patients at Greenwich Hospital.

Jill was a high school arts teacher in Sydney and the Hunter Valley as well as being an accomplished watercolour artist who exhibits and sells works through local galleries.

About 22 years ago, their lives were changed forever as Jill’s mum was stricken with cancer and in her last days, she was the first community palliative care patient of Greenwich Hospital.

So touched was Jill and her family by the daily care of nurse Eva Cranston, that Jill wanted to find a way to give something back and to help other people facing such difficult times.

She decided to use her artistic ability to work with the palliative care patients who would come to a clinic for support and symptom management. As hospital and community service have grown, Jill’s art group has remained a consistent feature for patients, as has Jim’s commitment to bring Jill and her gear to Greenwich, helping with set-up and chatting with participants.

“There’s such a variety of people that come, from professional artists, to those who have done no art since their school days but want to learn. Some artistic people who have suffered a stroke are reluctant to take up the brushes again, and I hope just to encourage them to get back to painting,” Jill said.

“My star pupil was a patient who learned to paint in our group and went on to win the North Sydney Art Prize Local Artist Award.”

Jill recalls a woman with such bad arthritis that she would cry it hurt so much to hold the paintbrush. Another man would paint ships from his experiences in World War II.

“Just to see her really need to paint so much that she put herself through this pain was amazing. And the man who painted ships found he could speak about some of the horrors he experienced that he had never told anyone about.” And that’s why for Jill and Jim, talking with patients is just as important as the art.

Many of our aged care residents have fond memories of trips to Manly by train and ferry and volunteers were a big part of recreating this experience for 26 residents from Bond House, right down to a fish and chips lunch on Manly’s famous corso!

The individualised support that volunteers provide is also vital, such as the Horsley volunteer who brought his motorbike to our dementia cottages to the delight of a few keen enthusiasts.

Bright future and innovation

Mr Costello said the future of volunteering at HammondCare was bright and he expected the number of volunteers to continue growing in the coming year.

An important part of this growth is the success of dedicated Volunteer Leaders. The number of Volunteer Leaders has grown to six in the past year and will increase to 10 within the next six months. An innovation of the past year that will expand in the future is the introduction of volunteering to HammondAtHome through a pilot project in the Illawarra in which volunteers visit isolated people at home.

Saying thanks and listening

Another aspect of volunteering at HammondCare is the role of thanks and recognition, Mr Costello said. Apart from the daily recognition of volunteers as a valued component of care teams, another opportunity was National Volunteers Week in May with special volunteer events held at many of our services.

And for the first time, volunteers were invited to participate in HammondCare’s annual volunteer staff Voice Survey.

“Volunteers have been a key part of the success of HammondCare from the construction of the first cottages at Hammondville in the 1930s and the founding of the first hospice, in Petersham in 1907,” Mr Costello said. “And as we grow and expand, volunteers will continue to be a vital part of helping fulfil our mission to ‘improve the quality of life of people in need’.”
Learning + Development

“Leadership development is critical to HammondCare’s success.”

The Leadership Development Program

HammondCare is committed to developing highly effective leadership across the organisation and one forum for this is through its annual Leadership Development Program.

The aim of the program is to build skills, knowledge and capability in leaders to:
- think in an organised and centred way about themselves, their roles, and leading in the present and the future,
- develop “thought leadership” as well as leadership in their actions,
- understand the value of team work, independent thought and “loyal dissent”,
- realise that the “how” of their actions is as important as the “what”; and
- build sophistication and emotional intelligence to be part of working on future challenges.

The program is facilitated by David Martin - General Manager People, Learning and Culture - and each module is taught by experienced external trainers and consultants with expertise in executive leadership development.

Topics covered by the selected participants include the role of the leader, understanding self and others, project management, customer service, negotiation, strategic planning and much more. David Martin said HammondCare understood the importance of raising up its own leaders at every level across the organisation, now and into the future.

“Leadership development is critical to HammondCare’s success,” David said. “And it involves intentionally equipping ‘rising stars’ with the skills, attitude and alignment necessary for leading in a visionary and faithful manner into the future.”

“Leadership development is critical to HammondCare’s success.”

Becoming an RTO expands opportunities

A significant achievement in the past 12 months was our receiving formal endorsement as a Registered Training Organisation, under the guidance of Head of Learning and Development, Cas Conde. This opens the way for expanded training opportunities for staff and other services as well as improving efficiency. Other highlights include the development of a Clinical Leadership Program to support our registered nurses working in aged care and expanding the Graduate Nursing Program to include EENs in Health and Hospitals.

From orientation to graduate programs

A network of Workplace Trainers and Learning and Development Consultants is actively involved in the day to day training and equipping of staff. They provide orientation and support for new staff and run a range of in-service seminars and theme days on operational skills and knowledge.

Learning and development is also provided through formal courses such as the HammondCare Frontline Managers Program, Certificate IV in Training and Assessment and the innovative Graduate Program for Registered Nurses and Endorsed Enrolled Nurses.

Meanwhile the valuable role of our residential and at-home aged care support workforce is enriched and strengthened by the provision of accredited training including Certificates III and IV in Aged Care or Home and Community Care. The inclusion of the Certificate IV courses was another achievement of the past year.

“I learned a lot about myself, others and how we can work together. I also learned to appreciate the differences between people, why they might be, how differences can be positive and how to work with someone who is different to you.

I have found this particularly useful with my team. We have some really different personalities and work methods. I sometimes felt like I had been banging my head against a brick wall.

This opened possibilities up for me where I had struggled for clarity. I am a much better manager now after the LDP.”

Cate Giovanelli
Communications Manager, HammondCare

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A key HammondCare distinctive is its highly effective and specialised team dedicated to managing risk and promoting quality improvement across every part of the organisation.

The Risk and Quality team work enthusiastically to enable frontline services in health and aged care to “do the work they are meant to be doing” for the benefit of patients, residents, clients and their families.

The network of Risk and Quality officers are most satisfied when they achieve through others – by higher standards, safer practice and continually improving service.

What’s new in R&Q

For the first time in the past year Risk and Quality moved to work with Corporate Services and also was called on to exercise their special skills on behalf of another care provider.

A newly appointed Risk and Quality officer has been appointed to work with corporate and enabling portfolios such as payroll, finance and communications to help define a service and quality framework in each area.

In most cases, the processes of risk management and continued quality improvement are already in place, but R&Q will ensure that these developments are documented, measured, reported and reviewed.

During the year a small team lead by R&Q was deployed to assist an external care provider facing a crisis in its care delivery. The team was able to review risk and quality processes and assist the organisation in successfully completing challenging government audits.

A key focus in the past year has been improving the interface between frontline services and the many IT programs and services that are so vital to modern service delivery.

An experienced R&Q consultant and a project officer have worked hard to bring Riskman – HammondCare’s feedback, quality and risk database – to the Health and Hospital part of the organisation so that there is a common system across all services. Increasingly this consultant is working as a bridge between HammondCare’s IT portfolio and residential care services to ensure they get the most out of the clinical IT systems to the benefit of staff and residents. These include systems such as Nurse Call, CPAT and many others.

A registered nurse has also been added to the Health and Hospitals R&Q team in the past year to assist with the clinical review of services whenever needed.

Array of risk and quality tools

All of HammondCare’s aged and health services undergo regular and rigorous external accreditation processes and the Risk and Quality team play a major role in the stream of successes in this area. The outcome is that the service provider owns the success with R&Q content to work alongside and support.

The tools of the trade for a Risk and Quality Officer include compliance audits, perceptions of care surveys that give a voice to residents, patients, clients, families and our staff, as well as various other forms of formal and informal feedback, and assisting services to interpret the measures of their performance. They also oversee the risk register across the organisation and respond to and assist in the management of complaints.

More growth ahead

Risk and Quality have a key role in the opening of HammondCare’s new dementia facility at Miranda. The team helps frontline workers to build quality systems, running a series of audits in the implementation stage. They know from experience how challenging it can be when there are many new staff and an influx of new residents.

Naomi Rynne heads up HammondCare’s Risk and Quality team

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The reason HammondCare exists is to improve quality of life for people in need. That mission underpins each activity we do and every service we provide. It is why we are passionate about providing people with a sense of security, promoting dignity in challenging circumstances and offering a place which people can call home when there is nowhere else to go.

But none of this would be possible without solid financial management and a wise approach to future planning. HammondCare is committed to being wise with its resources and that is a crucial part of our identity as a charity.

These are the numbers that tell that side of our story; the numbers that not only reflect the work that we have done but also explain how we got there.

Financial snapshot

While HammondCare continued to grow its services, FY12 saw more modest financial results than previous years as income did not keep up with expenditure. During the year renovations occurred at Neringah Hospital and our community palliative care services grew. In response to the changing outlook, management has continued to realise efficiency gains through the integration of support activities.

The key numbers for the year are summarised below:

- Revenue increased by 4 per cent on the previous year to $146 million.
- Expenditure increased 9 per cent to $139 million.
- A surplus of $6.3 million was achieved.
- Spending on capital works reached $31.5 million. This record capital spend was driven by construction work on the Miranda aged care facility along with the completion of the independent living units (ILUs) and the Village Centre at Hammondville.
- Net assets increased by $7.6 million for the year to reach a total of $138 million.

Across our services

At Home Care: Revenue rose 12 per cent in FY12 to $38.8 million. The demand for At Home Care continues to grow at rates which outstrip supply. In FY12, management launched a modest pilot of a fee-for-service, private care program to assess and evaluate how to provide more flexible and innovative services. The development of these services will continue in FY13.

Residential aged and dementia care services remained steady at 681 places during a second year of consolidation, planning and building. The construction of our new 90-bed residential facility at Miranda is well advanced, with the first residents expected to move in early in 2013. In another positive step, HammondCare demonstrated its commitment to providing residential services in the Hunter Region with the acquisition of land at Cardiff late in FY12.

Health and Hospitals improved its financial performance in FY12, reducing last year’s $1 million deficit to a $300,000 deficit for FY12. This result was particularly encouraging given the re-establishment of community palliative care services and with the completion of the $1.6 million upgrade at Neringah Hospital. Over the last three years, HammondCare has delivered an additional 1,234 public bed days to the NSW communities that we serve.

Independent Living Units (ILUs) experienced strong sales once again, following the completion of the final 45 units at Hammondville.

Revenue, expenditure and growth

HammondCare’s revenue increased 4 per cent to $146 million in FY12. This revenue growth is not as pronounced as previous years but reflects the success of our strategy to diversify revenue streams. In FY12:

- Fee-for-service income from clients, residents and patients grew $1.2m, or 5 per cent, to $26.6m.
- Aged care subsidies grew by $3.7m, or 6 per cent, to $68.6m;
- Health and hospitals subsidies increased $1.5m, or 4 per cent, to $37.4m.
- Our supporters continued to support HammondCare generously throughout FY12 with revenue from donations and bequests reaching $1.7 million;
- In a tough investment climate, HammondCare saw investment income decrease by $1.4m to $2.8m in FY12.
- Expenditure in FY12 grew at a faster rate than revenue and this is a challenge we are continuing to address.
- Employee benefits & other staff costs continue to be HammondCare’s largest expense, representing 79 per cent of total expenditure. In FY12, they rose 8 per cent to $109 million.
- Property costs, including depreciation, rose by $357,000 to $10.4 million.
- Other cost areas such as catering, medical costs and client services, grew in line with the expansion of services.

Balance sheet and prudential reserves

This year the assets, liabilities and equity on HammondCare’s balance sheet all increased on the back of solid operating results and our ongoing capital works program, which was principally funded by:

- A strong operating cash surplus of $13.6 million.
- Resident debt in the form of accommodation bonds and entry contributions, which grew by $9.3 million to $105.9 million.
- External debt which increased by $14.8m to $55.6m.

During this period of heightened activity, there was a clear focus on maintaining prudential reserves. HammondCare’s reserves policy is informed by independent actuarial advice and reviewed regularly, ensuring that the organisation maintains a financially sound position and is well prepared to withstand even extraordinary events. At the same time, our reserves policy has an upper limit reflecting the organisation’s commitment to its charitable purpose and potential.

Surplus and capital expenditure

HammondCare continues to reinvest its surplus into improving the quality of services for those we support. Developing new capital works and maintaining existing infrastructure is a core feature of HammondCare’s activities and the $31.5 million spent on building and construction in FY12 was a highlight.

Investment in our Research and Academic activities also continues to be an important commitment. During FY12, we spent almost $4.4 million on these important activities which benefit all care recipients, both now and into the future. Work on the second Clinical Training Centre at Greenwich, foreshadowed in last year’s Finance Report, was successfully completed in FY12.
Donations and bequests

Our FY12 donations were a healthy $1.7 million, making an important contribution to HammondCare’s continued growth, especially in activities which are not subsidised by government and in areas of innovation. It is the support of donors, bequests and other forms of giving that allows us to lead the way in services such as Younger Onset Dementia. It enables us to champion areas of research aimed at positive ageing.

These are all important components of how HammondCare fulfils its purpose and mission as a charity. In the coming year, there will be a strong focus on quantifying our social dividend and the ways HammondCare supports the communities we serve.

We remain exceedingly thankful for the generosity of our supporters and are determined to be faithful stewards with all our resources. We will continue to capitalise bequests so the benefit endures long into the future.

Future outlook

HammondCare will keep growing across all its service areas and we anticipate that this growth will be maintained by prudent financial management. At the same time, we will continue to adopt conservative and responsible approach in light of the uncertain economic outlook.

Throughout 2012-13, HammondCare will continue to further develop our Health and Hospital operations while continuing to improve the care and performance of our aged care services.

Upcoming highlights and key milestones include:

- The sale of our remaining Independent Living Units at Hammondville;
- Increased investment in our research and academic education activities. FY13 sees HammondCare participating in 14 significant research projects. Throughout the year, we will continue to lead in the delivery of dementia training and education through The Dementia Centre. Completion and opening of our newest residential facility in Miranda in the third quarter of FY13.
- Continued improvements in the delivery of At Home Care services and further development of services for people with Younger Onset Dementia.

Underlying each of these goals, milestones and commitments is a firm commitment to making a difference for people in need. That is what HammondCare is all about.
Rodney John Mewing

Chairman
BEng (Mech)

Rod Mewing has more than 35 years experience in marketing and senior management positions. Currently a Business Consultant in 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, Finance, Board Development, Foundation, Research and Property committees. Mr Mewing became a Director of HammondCare in 2003 and has been Board Chairman since 2009.

Susan Elizabeth Kurrle

Deputy Chairman
MBBS PhD (Med) Dip Ger Med

Sue Kurrle is an experienced geriatrician whose work and research in gerontology is recognised internationally. Associate Professor Kurrle is the Director of the Rehabilitation and Aged Care Division at Hornsby Ku-ring-gai Health Services, and holds the Curran Chair in Health Care of Older People in the Faculty of Medicine at the University of Sydney. She is also a member of the Board of the Northern Sydney Local Health District. Associate Professor Kurrle is Chair of HammondCare’s Research Committee. She has been a HammondCare Director since 1998 and Deputy Chairman since 2004.

Rosemary Bond

Director
Grad Dip Admin (Social), Assoc. Dip. Nursing Admin., Dip. Theology

Rosemary Bond has over 40 years experience in nursing and administration roles. She worked for 15 years at Sydney’s Royal North Shore Hospital and 18 years at HammondCare, where she was Director of Care Services before working in Service Development and Pastoral Care. Miss Bond is a Fellow of the Australian College of Nursing and Chair of HammondCare’s Risk and Compliance Committee. She became a Director of HammondCare in 2006.
Michael J Monaghan

**Director**
BA FIA FAAA FAICD

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

Dr Louise Parkes

**Director**
BSc (Psychology) PhD (Psychology)

Louise Parkes has extensive experience in researching and assessing organisational culture. Dr Parkes is currently a Senior Consultant, Voice Project, where she manages projects in leadership, engagement and service quality, and leads their Research and Development Team. Her previous roles include lecturing in organisational psychology and developing executive talent with DDI Asia Pacific. A member of the Australian Psychological Society, Dr Parkes has a particular interest in the not-for-profit sector. Dr Parkes is a member of the Risk and Compliance Committee and the Research Committee. She was elected to the HammondCare Board in November 2010.

John Kightley

**Director**
BCom, MPhil (Oxon), CA (SA), CFA Institute USA

John Kightley has extensive experience in investment management. Until 2009, Mr Kightley was the CEO of Maple-Brown Abbott, where he currently serves as a Non-Executive Director. He has previously held senior positions with Norwich Investment Management and Allan Gray Investments (Cape Town, South Africa). Mr Kightley has been appointed to the School Council of Barker College and the Board of Together for Humanity Foundation, a multi-faith charity that teaches children in public schools to accept people from different religious and cultural backgrounds. He is also a Warden at St. Swithun’s Anglican Church, Pymble. Mr Kightley is a member of HammondCare’s Board Development Committee and Chairman of the HammondCare Foundation. He was elected a Director of HammondCare in 2009.

Neil Lewis

**Director**

Neil Lewis has more than 30 years of experience in commerce, merchant banking, aviation and financial markets, both in Australia and overseas. Mr Lewis is a founding shareholder of Lloyd Energy Systems and currently provides advice and consultancy to the board of ASX-listed company, CBD Energy. He is also a member of the large, wholesale AMP Infrastructure Equity Fund investment committee. In recent years, Mr Lewis has focused on assisting emerging businesses, the renewable energy sector and not-for-profit Christian organisations. He is a member of HammondCare’s Finance Committee and is the acting Chair of the Property Committee. He was elected a Director in 2005.

Dr Stephen Edwin Judd

**Chief Executive**
BA PhD

Dr Stephen Judd has more than 25 years experience in the health care and information technology industries. Dr Judd has been Chief Executive of HammondCare since 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 2800 clients and its projected revenue for FY13 is $150 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 boards of Community Council for Australia and the Aged & Community Services Association of NSW & ACT, and is a member of the Australian Government’s Minister’s Dementia Advisory Group.

Thank you to Mr Richard Mayes.

Richard Mayes joined the HammondCare Board on 30 August 2008 and resigned from the Board on 24 February 2012. Richard continues his involvement with HammondCare as a Member of the HammondCare Association. HammondCare acknowledges and thanks Richard for his significant contribution to the organisation, especially in his role as Chair of the Board’s Property sub-committee.