Celebrating our Strategic Plan

2021-2022 Annual Report





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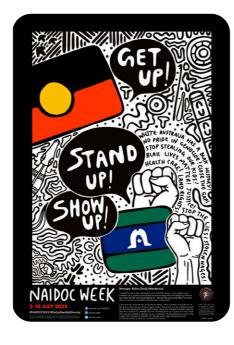


'Our focus of care is improving quality of life'



Acknowledgement of Country

EPC acknowledges Aboriginal and Torres Strait
Islander peoples as the Traditional Custodians of
the lands and waters where we live and work. We
respect their historical and continuing spiritual
connections to country and community. We commit
ourselves to the ongoing journey of Reconciliation
with those who hold the memories, traditions,
culture and hopes of Aboriginal Australia and pay our
respects to their Elders past, present and emerging.



Chairman/CEO Report

It's been a very busy year since we last reported to you.

COVID-19 continues to have a profound impact. Learning to live with it means that our staff and volunteers are impacted in the same way as the rest of the community. It has put us under enormous pressure at different times this year; but our staff and volunteers have done an extraordinary job ensuring continuity of care and services to all our clients.

Referrals to EPC have continued to increase, placing high demands on our workforce whose numbers are not increasing. Our funding is not matching our increased need and, like all specialist community palliative care services, we continue to advocate for increased funding.

We have developed EPC's next Strategic Plan and this Annual Report showcases our strategic directions for you. The Committee of Management, our Consumer Advisors and the Senior Management Team held robust, wideranging and fruitful discussions. We are all agreed that, as more and more people choose to stay at home for end-of-life care, EPC must strive to provide the full suite of care and services designed to make our clients and carers confident that this can be their reality.

The Strategic Plan 2022-2025 was approved in December 2021 and has four themes.

Our Care

We are committed to providing the highest quality, holistic, person-centred services, commenced in a timely manner, and delivered safely to the community we serve.

Our Engagement

We engage our community and stakeholders to understand and value the role of specialist palliative care.

Our People

Our people are engaged, valued and supported. Our staff and volunteers are provided with up-to-date skills, training and development opportunities to ensure they are competent and confident to deliver specialist palliative care.

Organisational Sustainability

A positive culture underpins the work of EPC. We will explore innovative strategies to ensure our organisational funding, resources and capabilities are sustainable in this unprecedented environment. Changes to our funding model are expected and we will be change-ready.

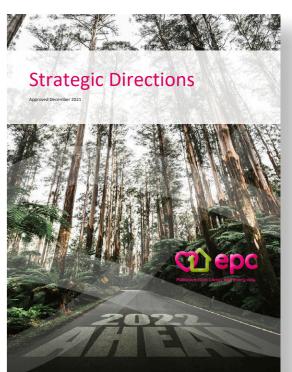
Our strategic priorities for the next four years include:

- Keeping connected to our community to ensure we are delivering what consumers want and need.
- Supporting the diversity in our community.
- Strengthened support for carers.
- · Improved interface with GPs and Practice Nurses.
- Advocating for improved funding for the community palliative care sector.

In this first year of implementation we are actively renewing our collaborations with the Eastern Melbourne Primary Health Network, Eastern Health, Caritas Christi Palliative Care Unit, Bolton Clarke, Palliative Care Outcomes Collaborative and other organisations where our collaborations were impacted by COVID restrictions and limitations.

As more and more people choose to remain at home for care and to die at home, more resources and expanded services are required. We are involved in a project lead by KPMG to better represent the work of specialist community palliative care. Other partners in the project are Palliative Care Victoria and the other community palliative care providers.

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Chairman/CEO Report Continued...

The data being collected will provide the evidence base to validate the need for funding reform. It's our view that providing palliative and end-of-life care at home will financially benefit other areas of the hospital system.

We are delighted with the uptake by GPs from the Eastern Melbourne Primary Health Care Network (EMPHN) at our four-session education program. It commenced in National Palliative Care Week. The sessions are interdisciplinary involving EPC's Palliative Care Physicians, Nurse Practitioners, the Manager of Nursing and Medical Services and the Manager of Allied Health. Topics covered included: Decision-making at the End of Life, Dying well at Home, Opioids and Symptom Management in Palliative Care, Emergencies in Palliative Care, Medical Certification of Death, and Bereavement Services available at EPC. Feedback has been excellent for this important aspect of our Strategic Plan.

This year we have started sending regular newsletters to the 148 aged care facilities in our area. At any one time EPC generally has around 65 clients in aged care facilities. Our specialist Aged Care and Disability Team admit these clients; and our Community Educator provides education to the staff of aged care facilities. Happily in 2022 we recommenced face-to-face education for staff in aged care facilities. We are currently developing a suite of options for community education that offers more flexibility and availability to potential participants.

Our wonderful volunteers have been excited to leave the virtual world and return to face-to-face work with our clients and carers. We did lose some volunteers over the past two years due to the impact of the pandemic, but we have retained a very active and committed group. We've also recruited new volunteers and oriented and inducted them – virtually and face-to-face when we could.

We hope you saw our Biography Program featured on Channel 10's "The Project". It featured two EPC clients who spoke about the value of biography as it helped them recollect parts of their life. Volunteers are also running cooking classes and gentle exercise sessions to support bereaved carers.

Strategic Planning highlighted the many challenges we are currently facing including the effects of COVID-19 and our funding shortfall. The need to increase fundraising was highlighted and we have developed a Public Relations and Fundraising plan for the next two years to:

- increase fundraising
- Increase our public profile
- Increase the community's knowledge about community palliative care.

Villa Maria Catholic Homes (VMCH) is a local provider for Carer Gateway in our region. We have developed strong relationships with Carer Gateway through VMCH. EPC's clients and carers are prioritised by VCMH so they can more easily access Carer Gateway support, funding and resources.

A Department of Health grant to provide in-home, overnight respite by a registered nurse for clients in the terminal phase of life has proven highly successful. 90% of clients whose carers have accessed this respite were well supported died at home.

Living with this pandemic has increased the volume of work and the complexity as we do our best to keep clients in their own home safe and supported by high quality care. As our client numbers increase, and the number who wish to die at home increases, the Committee of Management cannot thank our CEO, Jeanette Moody, her Senior Management Team and each and every member of staff and our volunteers enough for their resilience, dedication and spirit of collaboration.

Margaret Stewart | Chairman
Jeanette Moody | Chief Executive Officer





Our Purpose

We exist so that:

Our clients live with the best quality of life, before dying in their place of choice.

Clients, their families and carers are supported according to their needs and choices.

Our Roles

To people with a progressive, life-limiting condition, we provide a holistic, person-centred, specialist palliative care service which:



Our Values



Compassion

Empathy for others in their end of life experience by listening, accepting, and actively responding to their needs



Excellence

Delivering evidence based quality care, underpinned by ethical practice, research and leadership



Dignity

Upholding the unique personality, situation and choices of people, valuing their lives in the face of death, and respecting their rights



Empowerment

Building trust with people, that puts them at the centre of decision-making and enables control and choices

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Carers Recognition Act

EPC is required to report on the services and supports it provides to carers.

Caring for someone at end of life is both satisfying and exhausting. It can be emotional and fatiguing. It can be short or long term. Carers are critical to EPC's work. EPC may be in the home once or twice per day to provide care and support but, without family and friends as carers, the client is unable to stay at home longer term, unless they can afford to pay for 24-hour professional support services.

EPC knows and understands the role of carers and therefore our new Strategic Plan pays credit to carers and emphasises how EPC needs to support carers to be able to undertake their role.



As part of our ongoing education for staff and

volunteers, we emphasise the importance of carers and that by providing support to carers they are supporting the client. EPC's 24-hour phone number is designed to support carers and clients and on average we have just over 300 calls per month. This includes around 41 nursing visits out of hours (between the hours of 11 PM and 7:30 AM) per month. Many carers have told us that the telephone support and the out of hours visits are critical to their being able to continue to provide care at home.

EPC also supports carers who are bereaved. If a client dies on our program the carers are offered a number of options, including grief education, counselling and a walking though grief group for up to 13 months after the death.

The Carers page on our website has been designed to support carers and was developed in consultation with our Community Advisory Committee. The website lists resources for carers and EPC has also had great connection with organisations that support carers. In the last 12 months we have met a number of times with Carer Gateway through Villa Maria Catholic Homes (VMCH) supporting their understanding of the priority of need of our carers.

Carer Gateway provides a range of free services and supports just for carers. Services are delivered in-person, online and over the phone. Dedicated teams of Carer Gateway service providers provide in-person services across Australia.

By partnering with VMCH we are supporting our carers with the following:

- The provision of equipment
- Support services such as personal care
- Tailored support packages
- Access to respite including emergency respite.

EPC services also include:

- Occupational Therapy.
- Regular visits by Nursing and Allied Health staff
- · Ongoing education on medications, advice on care options and referral to other services as needed.
- Regular communication with the client's GP and specialists.
- Specially trained palliative care Volunteers, many of whom have been carers.
- Counselling and advice on My Aged Care and Centrelink.
- 24 hour/day telephone support.
- Support to GPs from our specialist palliative care doctors.
- Nurse Practitioners

All include elements of support for carers.

EPC thanks all carers for their dedication and willingness to play a pivotal role in community palliative care.

Our Partners

In 1997, Eastern Palliative Care was formed through a Heads of Agreement between four existing palliative care providers: the Order of Malta, Outer East Palliative Care Service Inc., St Vincent's Hospital (Melbourne) Ltd and Melbourne Eastern Palliative Care Association. In 2010, Melbourne Eastern Palliative Care Association ceased to exist and the Rules of EPC were amended to accommodate this. The remaining three partner bodies continue as independent legal entities.

The Order of Malta

The Order of Malta was founded in Jerusalem in 1098 just before the First Crusade. Since 1113, it has been a lay religious Order of the Catholic Church. It is also an international hospitaller and relief organisation, and a sovereign entity under international law. Its full title is the Sovereign Military Hospitaller Order of St. John of Jerusalem of Rhodes and of Malta.

It came to Australia in the early 1970's where its focus became the care of the terminally ill, the frail elderly and their families. It is based at Caritas Christi, Kew, where it has an office and a Board

In 1992 Caritas Christi and the Order of Malta Hospice Home Care Services Incorporated was formed as a partnership of the Sisters of Charity and the Order of Malta. This home based service

was staffed by nurses, pastoral care and social workers and a core of trained volunteers. In 1997 the two partners became two of three founding partners in Eastern Palliative Care Association Inc.

The Order of Malta in Australia has some 350 members and some 90 members in Victoria where it enjoys considerable volunteer support and is able to carry out a variety of programmes. The Order is directly involved in the work of EPC as well as assisting others within its founding ethos: 'Our Lords the Sick'.

Outer East Palliative Care Service Inc.



Outer East Palliative Care Service Inc was incorporated in July 1991. The service originated from a strong community need for palliative care services, to provide people with a terminal illness in the outer east with a choice between hospitalisation or home based palliative support. Outer East Palliative Care developed strong community links to service clubs, local government, General Practitioner's, local hospitals, nursing homes, hostels and supported accommodation services.

The local General Practitioners helped Outer East Palliative Care develop team models for delivery of home based services. Home based palliative care services commenced in 1994 across the areas of Ringwood, Croydon, Knox, Sherbrooke, Lilydale, Healesville and Upper Yarra. Outer East Palliative Care continues to advocate strongly for local services in the

This strong link to the community remains today and as one of the 3 partner bodies provides Eastern Palliative Care with general community input and an ability to keep connected with our community and the growing expectation of specialist palliative care.

St Vincent's Hospital Melbourne Ltd. (The Sisters of Charity)



The Sisters of Charity, a Catholic order of religious sisters, have been providing care to those in need since their arrival to Australia from Ireland in 1838 where they provided services to female convicts at the women's prison in Parramatta, Sydney. In 1893, St ST VINCENT'S Vincent's Hospital was founded in Fitzroy. Caritas Christi Hospice Kew was opened in 1938 and since 2001, St Vincent's Hospital has been responsible for St. George's Health Service in Kew. These 3 healthcare facilities form St Vincent's Hospital Melbourne. St Vincent's Health Australia (SVHA) is now a national organisation with healthcare

services extending across Victoria, New South Wales and Queensland. As the largest not-for-profit healthcare organisation in Australia, SVHA continues to grow and meet the needs of the community across 36 facilities nationally, including public and private hospitals, innovative primary and home based care, residential aged care, mental health services, palliative care, drug and alcohol services, research institutes and correctional health services. As for all SVHA facilities, the Mission of St. Vincent's Hospital Melbourne places a special emphasis on the poor and disadvantaged, underpinned by the Values of Justice, Integrity, Compassion and Excellence.

Consumer Advisory Committee

The Consumer Advisory Committee (CAC) has been functioning since April 2019. The COVID pandemic resulted in the using of a video format for its quarterly meetings from 2020 until February 2022. There has been one blended meeting – video and in person, at the EPC office in May 2022.

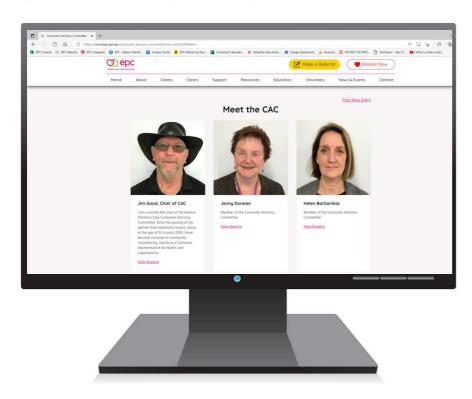
What this has shown is that for some Consumer Advisory Members, direct connection with EPC is important and EPC needs flexibility in the format it is offering, as video works for others.

Several new community members have joined the CAC. We average about 10 community members for the meetings, along with senior management from EPC.

During the past year, in line with the Strategic Directions on community engagement, EPC has worked to broaden consumer representation on internal committees such as Ethics. This has resulted in the development of role descriptions to provide guidance on the meeting purpose and outline the support structures and expectations. Given the relatively small size of the CAC, bringing consumers onto different committees is a gradual step. Currently Consumers are on the Clinical Governance & Ethics committees, with opportunities for other committees when members are willing.

Jim Good, the Chairman of the CAC, spoke at a Nurses Forum in April 2022, not only about being a carer but of his role as Chair of the CAC. A second person spoke poignantly on their experience of support given from EPC to their family.

From May 2022, the CAC began reporting directly to the Committee of Management. This is achieved by having Dr Tamsin Bryan from the Committee of Management on the CAC and taking key points and the minutes back. The May meeting was her first meeting and she was joined by Margaret Stewart, Chair of the Committee of Management, who introduced the importance of EPC hearing and listening to our communities.



The carer page on the EPC website received extensive content input from the CAC and perspectives about the layout and usability. A Consumer Advisory Committee page was also added to the website as one way to alert people that EPC values input that contributes to care improvement, support, and services at EPC.

The CAC would not exist without the determination of CEO Jeanette Moody. The CAC had a chance to acknowledge her upcoming departure at their May meeting and wished her well for the future.

Jim Good | CAC Chair & Christine Clifton | EPC Quality Coordinator

Community Education

The community education services at EPC have seen an increase in requests in 2022 despite the ongoing challenges of COVID-19 related workplace restrictions and other demands on health care providers, particularly aged care services. This increased interest could partly be a result of the outcome of the Royal Commission in Aged Care Quality and Safety which recommends compulsory palliative care training for the aged care workforce.

A total of 27 education sessions were delivered to the Aged Care sector with 20 delivered via Zoom and 7 delivered face-to-face in the last year.

The on-site RN course was delivered in May 2022 with 10 participants and the PCA courses were delivered in September 2021 and April 2022 with a total of 20 participants. New clinical staff employed by EPC (both Nursing and Allied Health) are enrolled in these courses contributing to their orientation to EPC and understanding of palliative care.

A newsletter for Residential Aged Care staff and for Nurses working in General Practice was a new initiative targeted at increasing the awareness and knowledge of palliative care in generalist settings. The newsletters were delivered to

services within our region. The aim of the newsletters is to promote palliative care in the community and support timely referrals to EPC. This has also contributed to requests for training and will be followed up with regular newsletters every 6 months.

The multicultural training continued into 2022 with the CALD partners of Palliative Care Victoria (PCV). A number of communities participated including the Chinese, Vietnamese, Serbian, Russian and Migrant and Refugee Centres. Of particular note was the large number of participants who enrolled from the Chinese Community. A total of 90 staff (mix of case managers and care workers) received the training which was delivered in Mandarin by EPC staff. The multicultural training received overwhelmingly positive feedback from the participants. The sessions were recognised by PCV and highlighted as the feature article in their March Newsletter.

The next 12 months will see our Community Education program continue to support the local community and promote the integration of Specialist Palliative Care into Primary Health Care settings.

Jane Bourke | Community Education



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Volunteer Services

Volunteer services in organisations around Australia are working hard to regroup and rebuild. COVID restrictions posed many obstacles to multiple programs with many actually ceasing to function. EPC volunteers, however, continued to work, adjust and provide their invaluable support to clients and carers. As a result, EPC is approached by multiple organisations around Australia with statements such as 'we know you are the gold standard of volunteering' and requests for assistance and advice.

EPC volunteer services was on the conference planning committee for the PCV Volunteer conference. This was delivered face-to-face in May 2022 with a great deal of encouraging feedback as a result. This year has also seen the birth of the National Biography Practice Group led by EPC. This is a network of organisations, from around Australia, who are all involved in delivering a biography program. Most were trained by EPC and it is a way of learning and support continuing on.

The Biography PhD Research Project, being conducted by researcher Karly Edgar, is now in its final phase and we eagerly await the delivery of the results that are emerging. As a result of this research, and in partnership with

La Trobe University, a podcast series is being developed to discuss the EPC biography program. Innovation is strong, and new volunteer programs and methods of working have also been instigated in support of our clients and carers.

These include:

Bereavement

- Chapter 2 Biography for bereaved carers
- The Collective online self-care classes for bereaved carers delivered by experienced volunteers. Thus far Qi Gong and Mindfulness have been run with plans for a third in the wings.
- Comfort Cushions volunteers making cushions out of special items of clothing that belonged to the loved ones of our carers

Biography

- Gold Diggers a new team that exists to research historical information that is requested by our clients.
- Hear my Voice as well as writing up a client's biography we are now able to capture their voice to put alongside the electronic version

- Carer Bearers a team of volunteers researched extensively for carer support ideas to place on our website.
- The Project EPC was highlighted on The Project due to the work we do with clients on their stories. We thank the Mafrici and Reynolds families for assisting us by sharing their journey so publicly. This produced other publicity and interest which we will continue to foster.
- MND Educational Videos this was a 2.5 year project tracking the progression of MND with one of our volunteers, Margaret Young. The resultant professionally filmed educational videos are frank, honest and full of good insights for those of us who will be caring for clients with MND.

Sadly, Margaret Young and another long-term volunteer, Pat Moore, died in this last year. Both volunteers were instrumental in the development of the

volunteer program at EPC and have left a legacy that is rich and robust. They are deeply missed.

Volunteering Australia have estimated that a volunteer contributes \$38.80 worth of work per hour. Based on those figures, EPC volunteers have gifted \$707,944 worth of work to EPC in the last financial year. We thank you for every single minute.

EPC Volunteers: Enriching lives with every day acts of kindness.

Krystal Wallis | Volunteer Services Coordinator

Some Images From the Year













NATIONAL VOLUNTEER WEEK

Writing precious memoirs



Volunteer Biography writer Steve Gurr in





Photos a gift for families

Volunteer Smilemakers Photographer



James Richards in the media

Governance

Committee of Management members are trustees representing the interests of the organisation's stakeholders, both constitutional and moral. As such, the Committee of Management and its members are entrusted to ensure that the organisation is soundly managed for the benefit of all.

We thank each of the members for their ongoing commitment and their leadership.

Name	Organisation	Eligible to Attend	Meetings Attended
Ms. Margaret Stewart (Chairman)	St Vincent's Hospital (Melbourne) Ltd	11	11
Dr. Andrew Barnden (Deputy Chair)	Outer East Palliative Care Service Inc	11	10
Assoc. Prof. Raymond Snyder AM (Treasurer)	St Vincent's Hospital (Melbourne) Ltd	11	11
Mr. Kevin Francis	Outer East Palliative Care Service Inc	11	11
Professor David Kissane AC	Order of Malta	11	10
Dr. Tamsin Bryan	St Vincent's Hospital (Melbourne) Ltd	11	10
Mr. Peter Gurr, OAM	Outer East Palliative Care Service Inc	11	6*
Dr. Margaret O'Donnell	Order of Malta	11	11
Mr. Martin Smith	St Vincent's Hospital (Melbourne) Ltd	11	7
Mr. Timothy Gorton	Order of Malta	9	9
Dr Anne Hunt, OAM	Order of Malta	11	11
Mr. Harry Sampson	Outer East Palliative Care Service Inc	5	5**

* Leave of absence ** Replacement for Peter Gurr



<u>Back Row Left to Right</u>: Mr. Kevin Francis, Dr Anne Hunt, Prof. David Kissane, Mr. Harry Sampson, Dr Andrew Barnden, Mr. Timothy Gorton, Dr Ian Parry <u>Front Row Left to Right</u>: Assoc Prof. Ray Snyder, Ms. Jeanette Moody, Ms. Margaret Stewart & Dr Tamsin Bryan Absent: Mr. Martin Smith, Dr. Margaret O'Donnell, Mr. Peter Gurr, OAM

Senior Management Team



Jeanette Moody Chief Executive Officer



Kylie Draper
Manager,
Nursing &
Medical Services



Peita Carroll

Manager,

Human Resources,

Volunteer Services



Julie Rowan Business Manager



Tania King Manager, Allied Health

Finance & Risk

The overall financial position of Eastern Palliative Care for the year ending 30 June 2022 remains strong, with cash and financial reserves of \$7.96million and closing equity of \$8.00million. An operating surplus for this year of \$47k was achieved.

During 2022 EPC received 96% of its funding from the Victorian State Government, primarily through the Department of Health (DH), of which \$12.66m (97%) is recurring and \$436k (3%) is from one-off grants. The non-recurring grants were provided to assist with delivery of additional services as a consequence of COVID-19 and additional overnight respite to help our clients in the terminal phase remain at home.

EPC continues to be reliant on community support and fundraising activities to supplement the government funding to support the specialist palliative care programs delivered to our clients. A total of \$299k was raised from these activities, including \$110k from 10 significant bequests and donations. A grant from the Bendigo Bank was also gratefully received which allows us to help support our clients who are facing significant hardship and additional financial burden as a result of their terminal illness.

In addition, EPC is grateful for the funding received from Motor Neuron Disease Victoria to assist with client and family financial needs and continues to be a Department of Veterans Affairs (DVA) provider, which provides an additional funding stream to support our services.

Salaries, together with on-costs and related provisions, continue to be the major expense item representing 82% of total expenditure. These costs continue to rise in line with wage awards, EBA increases and structural changes to meet increasing client demand, together with service and program expansion.

EPC prudently holds a combination of term deposits, on call banking investment and a share market portfolio as reserves. The Finance and Risk Committee is currently reviewing the investment approach taken for these investments to ensure they continue to be fit for purpose for a not-for-profit, balancing return on investment with level of risk. The committee is also currently reviewing the underlying purpose of these reserves and developing parameters to ensure they are used effectively to enable the organisation to deliver against the Strategic Plan objectives.

Capital expenditure during 2021/22 included replacement of 3 syringe drivers, 8 pagers for our on-call nurses, 16 motor vehicles, small items of office furniture, and IT resources for staff. EPC rationalized the leased space previously occupied at our Mitcham offices. This required a small fit out cost but has had significant improved efficiencies having staff now all on the same floor.

As always, I am very grateful for the continuing support of our various stakeholders and supporters including DH, donors, committee members, volunteers and staff. In particular, I want to thank Jeanette Moody and Julie Rowan and the members of the committee for their support and contributions during this year.

Associate Professor Raymond Snyder AM | Treasurer, Finance & Risk Committee

Name	Organisation	Eligible to Attend	Meetings Attended
Ms. Margaret Stewart (Chairman)	St Vincent's Hospital (Melbourne) Ltd	6	5
Dr. Anne Hunt OAM	Order of Malta	11	11
Assoc. Prof. Raymond Snyder AM (Treasurer)	St Vincent's Hospital (Melbourne) Ltd	11	11
Ms. Jeanette Moody	Eastern Palliative Care Association Inc.	11	11
Ms. Julie Rowan	Eastern Palliative Care Association Inc.	11	11
Dr. lan Parry	Outer East Palliative Care Service Inc	11	11
Mr. Mark Switkowski	Order of Malta	11	11
Ms. Nicole Jolley	St Vincent's Hospital (Melbourne) Ltd	11	9
Mr. Peter Gurr	Outer East Palliative Care Service Inc	7	5*

* Leave of absence

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12 & Communications

Clinical Governance

The role of the Clinical Governance and therefore the Clinical Governance Committee (CGC) continues to evolve due to the impact of COViD-19. Much monitoring of infection control processes and staff vaccination rates occurred over the past year in response to the pandemic. Community palliative care is experiencing more and more clients with complex medical, psychosocial and mental health issues. More deaths in the home have occurred, with fewer clients going to hospital, and so the demand on EPC services continue to increase.

The National Model Clinical Governance Framework, published by the Australian Commission on Safety and Quality in Health Care states "Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services."

EPC is guided by this document and the Victorian Clinical Governance Framework and adapts our model of care to ensure its suitability to our complex community service. An essential element of both frameworks is the management of risk. The EPC Clinical Governance Committee reviews clinical risk twice per year and also considers risk when reviewing complaint investigations or service reviews.

As part of our annual workplan for the CGC each year, EPC produces a Clinical Services Report which highlights work in many areas. This is an important document for the Clinical Governance Committee as it allows a deeper dive into all clinical areas including medical services, the Priority Assessment Team, our Aged Care and Disability Team, the use of interpreters, and the Quality Use of Medicines Committee. Any new clinical initiatives or developments are also reported each year. The impact of COVID-19 on our services has been highlighted for the last 2 years.

The Committee also reviews our Palliative Care Outcomes Report (PCOC) each six months to ensure our services are producing outcomes in line with national statistics. This is very important to ensure our clients are receiving excellence in care.

Other issues discussed by the CGC in the past year include:

- Staff training for serious mental health issues such as suicidal ideation and family violence.
- Review of appropriate clinical policies and guidelines.
- · Community education, particularly for residential aged care and disability facilities.
- The impact of Voluntary Assisted Dying on delivery of clinical services
- Complex complaints

In line with the new Strategic Plan, our Consumer Advisory members are expanding their roles to include other governance Committees. The Clinical Governance Committee was the forerunner with involvement of a Consumer Advisor for several years and provided a good model for other governance committees to follow. This consumer voice is so important in the development of appropriate services.

We sincerely thank all members of the Clinical Governance Committee for their time, knowledge and expertise and their willingness to share. We acknowledge the initiative of Jeanette Moody in establishing this CGC and her sterling contribution through the years. This is a key governance committee for EPC and one that provides an opportunity to have external views on how services should be developed.

Professor David Kissane AC | Chairman, Clinical Governance Committee

Name	Organisation	Eligible to Attend	Meetings Attended
Professor David Kissane AC (Chairman)	St Vincent's Hospital (Melbourne) Ltd	6	6
Ms. Jeanette Moody	Eastern Palliative Care Association Inc.	6	6
Ms. Kylie Draper	Eastern Palliative Care Association Inc.	6	4
Ms. Christine Clifton	Eastern Palliative Care Association Inc.	6	6
Dr. Kevin Rose	Community Member - GP Representative	6	1*
Mr. Ian Parry	Outer East Palliative Care Service Inc.	6	6
Dr. Chien-Che Lin	Eastern Palliative Care Association Inc.	6	6
Ms. Sally Moore	Community Advisory Committee Representative	6	6
Prof. Jennifer Phillip	St Vincent's Hospital (Melbourne) Ltd	6	5
Mr. Martin Smith	St Vincent's Hospital (Melbourne) Ltd	6	5
Ms. Tania King	Eastern Palliative Care Association Inc.	6	4
Dr Dan Jeyaseelan	General Practitioner	6	4

Public Relations & Fundraising

After all events for 20/21 having to be cancelled, we started the year on shaky ground with Run Melbourne happening in July and, for a moment there, it looked like it might go ahead as planned. However, with another lockdown in place, we still held the event though people had to run in their own 5km area rather than heading into the city. This actually proved quite successful and many who joined in told us they preferred a more local venue than the city. This has brought us to a decision to hold our own fun run on 9 October 2022 and to hold it locally at Lillydale Lake.

Given the success of EPC's 2020 Online Auction, we held another in March 2022. It was equally successful and raised a slightly higher amount than last time, cementing this event as one we will continue to do every 2nd year. This time we raised funds for the Equipment Hire Financial Hardship Appeal which helps those who wish to die at home but cannot afford to hire the equipment that will allow them to do so. It has been much appreciated by many EPC clients.

This last year saw lots of action in the media and social media area. We updated our website which is now managed externally, with most changes still able to be made internally. This new platform and service contract allows us better security and a more robust system. We also added a Carers Page where we have included support, activities and education for those caring for a loved one at home with a terminal illness.

Our social media has ramped up and we have seen an increase in followers as well as "likes", "comments" and "shares". In April we were lucky enough to have two EPC families interviewed on The Project on Channel 10 which showcased two of our wonderful volunteers who provide our Biography service. We are very grateful to those families and EPC volunteers for participating. This, along with monthly live interviews on 3WBC, has seen more interest in palliative care and the work we do.



In May 2022, for the first time since 2019, we held our Donor Appreciation High Tea and Expo. This comprised of a talk from our CEO followed by

a delightful afternoon tea catered by Mary Eats Cake in Montrose. Attendees were then invited to go into the Expo area and talk to EPC staff from each discipline. This gave them a better understanding of what EPC does from those who actually do the work. 22 supporters attended which was lower than last time but allowed the event to be quite exclusive. The feedback was extremely positive with all attendees saying they would love to come again next time.

The media presence and Donor Appreciation event may have also contributed to the increase in donations during this financial year. Our tax time appeal for June 2022 raised \$72,000 in donations which was an increase from the \$65,000 raised at the same time last year. Our results this year included a \$21,400 'Living Legacy' program of donations from Ellen Lew to honour her mother Joanna Youie, who was an EPC client. This most certainly helped EPC with the continued increase in demand for our services during the pandemic seeing more people wanting to be at home with family, friends and beloved pets.

Bequests have continued to increase with a number of generous bequests coming through to boost what would have otherwise been another difficult year for donations and fundraising. EPC has also partnered with Safewill and have rolled out a campaign that allows clients and their family members to complete their Will online at a very reduced price, fully checked by Australian solicitors, with an option to donate to EPC if they wish. This offer was then extended to staff, volunteers, donors and all other supporters of EPC. It is early days but there has been some good interest and it will be one to watch over the coming months.

I would like to thank our dedicated Public Relations and Fundraising Committee who continue to inspire with new ideas and innovations. We also thank our very generous EPC donors for supporting EPC and allowing us to provide clients and families with our services, at home, when and where they are most needed.

Kevin Francis | Chairman, Public Relations and Fundraising Committee

Name	Organisation	Eligible to Attend	Meetings Attended
Mr. Kevin Francis (Chairman)	Outer East Palliative Care Service Inc.	6	6
Ms. Lillian Antonelli	Order of Malta	6	5
Mr. Denis Street	Outer East Palliative Care Service Inc.	6	6
Mr. Peter Gurr AM	Outer East Palliative Care Service Inc.	6	2*
Dr. Margaret O'Donnell	Order of Malta	6	4
Ms. Jeanette Moody	Eastern Palliative Care Association Inc.	6	6
Mrs. Peita Carroll	Eastern Palliative Care Association Inc.	6	6
Mrs. Emily Gurr	Eastern Palliative Care Association Inc.	6	5

*Leave of Absence

*Resigned

Allied Health Report

The Allied Health team worked tirelessly throughout the year. With experiences of the previous year in tow, switching from telehealth models of care to face-to-face care and back again, the allied health team demonstrated agility and resilience in the most difficult of circumstances.

Much like the nursing and medical services teams at EPC, the allied health disciplines experienced resourcing challenges with staff absences caused by illness and caring responsibilities. Supporting clients and their families proved an even greater challenge with depleted resources across the health and social services sector in Victoria. Notwithstanding the shrinking workforce at times, EPC clients were and remain the top priority for clinicians and adaptations to our model of care ensured clients' needs were met.

The Duty Family Support Worker role, now in it's second year in operation, has proven invaluable in ensuring immediate needs of clients were addressed in real time. Where appropriate, support was provided via telephone, saving on travel time and mitigating risk of contagion for both staff and clients. The role has also served to support EPC's aged care clients residing in residential care facilities, during times when visitation was challenging due to facility lockdowns.

With the State finding its way to a `new normal' amid the health crisis, many clients remained reluctant for face-to-face visits for fear of contagion. Whilst the number of clients refusing face-to-face contact was small, we have observed a number of clients that were desperately wanting face-to-face support, irrespective of the public health crisis.

Limited access to a very strained mental health system and isolation were likely factors in the surge of complex presentations, including suicidal ideation. Our teams responded with increased telephone contact to our most vulnerable clients. Even though staffing levels were low at times, our clinical leaders were formidable in leading strong communication between disciplines. Safety of clients was paramount and achieved through prompt responses to crises.

In response to staff movement and increasing demand, the Allied Health team recruited new staff from a wide variety of sectors; much needed family support workers and an experienced occupational therapist.

With easing of restrictions across the state, the allied health team returned to monthly team meetings, forums and much needed team building days. This provided opportunities for shared learning, debriefing, reflection and training. Team meetings offered opportunities to explore emerging trends with clients and their carers, with staff sharing their learnings and resources. Team days, which include EPC's nursing staff, created opportunities for geographic teams to come together and strengthen bonds with shared activities and team lunch.

The Allied Health forums focused on the importance of self-care for health care workers, strong communication between disciplines for quality palliative care, process improvements across the organisation, including upskilling in the utilisation of PalCare, risk assessment screening and suicide prevention training.

The Allied Health team will continue to build on resilience, change readiness and agility as we work with the nursing and medical services team to strengthen interdisciplinary care for palliative care clients.

Tania King | Manager Allied Health

ACDC Report

Our Aged Care/ Disability Care (ACDC) team has continued to provide consultative care to clients in residential aged care facilities (RACF's) and disability homes right through the last year. This care, like all of the care delivery at EPC, remains impacted by the pandemic. Our ACDC team maintains vigilance in protecting this vulnerable community through consistent COVID-19 rapid antigen testing (RAT) prior to admittance to each RACF as well as donning personal protective equipment (PPE) as directed by the facility and indicated by infection control guidelines.

Our current numbers of clients in RACF's are slowly but steadily climbing to meet pre-pandemic levels. We understand the decline in referrals may have been due to a hesitancy to expose clients to external sources as a means of protection, as well as the increased burden on RACF staff time and responsibilities. Interestingly we are seeing a slight increase in referrals from external sources (other than the RACF themselves) for residents in RACF's, potentially due to the pressure on the wider health system. In reaction to this trend EPC has put in place measures to connect with and support RACF's and their staff to help them provide care for their palliative residents in this trying time.

Actions currently in place include prompt assessment with regular follow up of referrals from services for residents in aged care, engagement with RACF GPs through support, advice and education, and Newsletters circulated through RACF'S as a means of outreach and support. We have also consistently had a fully staffed ACDC team this year to support these actions which has helped immensely.

EPC staff continue to safely support clients, their carers and families and staff in disability homes to ensure care provision is person-centred and delivered in the client's home as desired and where possible.



Ethics

EPC's Ethics Committee has reviewed and reworked its scope and agenda over the past year to ensure the organisation is supported in responding to the complexities and challenges of community palliative care. Legal and ethical issues often coincide in complex community palliative care so the Ethics Committee studies complex cases. Its discussions lead to supportive conversations and guidance for the CEO, Senior Management Team, clinical staff and family support workers.

EPC does not have a fully constituted Human Research Ethics Committee. Therefore the Ethics Committee's role is to ensure our participation in research aligns with the principles and parameters of our Code of Ethics.

Areas of research currently underway at time of writing include:

- End of life service experiences and Autism Spectrum Disorder (with Latrobe University)
- Routine Clinical Assessment of Psychosocial and Existential Symptoms in Palliative Care: A National Quality Improvement Project through Education and Supervision (with Notre Dame University)
- Storytelling in Life and Death (with Latrobe University)
- My-Neuro-Palliative-Care: an integrated approach for people living with a progressive neurological disease (with Calvary Health Care Bethlehem)
- Telemedicine in Palliative Care: investigating the clinical impact and efficiency of service (with Monash Health)

Partnering with consumers and listening to their voice are key to the success of EPC's Strategic Direction as we enter our next era. Two members of EPC's Consumer Advisory Committee have joined the Ethics Committee this year. This great addition adds a depth of experience into the conversation that we have not had previously. There will eventually be a consumer voice on all Committees that connect to the Committee of Management.

The Committee has developed a policy to address Conflict and Duality of Interest and a Register of Conflicts of Interest to ensure we are always aware of any real or potential conflicts for staff or members of governance committees at EPC.

Membership of an Ethics Committee can be daunting with usually a good deal of preparation in advance of meetings and robust conversations during meetings. I am so very grateful for the knowledge and skills of all Committee members and their support of EPC. Particular thanks to Dr John Wong who retired from the Committee in May 2022. We thank John for his expertise and service to the Committee over so many years.

Margaret Stewart | Chair, EPC Ethics Committee

Name	Organisation	Eligible to Attend	Meetings Attended
Ms. Margaret Stewart (Chair)	St Vincent's Hospital (Melbourne) Ltd	4	4
Assoc. Prof Raymond Snyder AM	St Vincent's Hospital (Melbourne) Ltd	4	4
Dr. John Wong	General Practitioner	4	3*
Mr. Anthony Krohn	Order of Malta	4	3
Dr. Peter Sherwen	St Vincent's Hospital (Melbourne) Ltd/EPC	4	1
Revd. Kevin McGovern	Order of Malta	4	4
Ms. Jeanette Moody	Eastern Palliative Care	4	4
Dr. Andrew Barnden	Outer East Palliative Care Service Inc.	4	3
Dr. Chien-Che Lin	Eastern Palliative Care	4	4
Ms Tania King	Eastern Palliative Care	4	3
Mr Timothy Gorton	Order of Malta	4	3
Mr Kevin Francis	Outer East Palliative Care Service Inc	4	2
Ms Katina Stefanidis	Community Advisory Committee Representative		1**
Mr. Jim Good	Community Advisory Committee Representative		1**

*Resigned **New Member

Ethics (continued)

EPC participates in diverse research projects to ensure our clients are afforded opportunities for improved and enhanced care. This year's summary is no exception.

ETHICS RESEARCH ACTIVE PROJECTS

Topic	Senior Researcher	Status
Telemedicine in Palliative Care: Investigating the Clinical Impact and Efficiency of Service	Dr. Peter Poon, Monash Health	Open
End of Life Service Experiences and Autism Spectrum Disorder	Dr. Bruce Rumbold, Cheryl Dissanayake, Jennifer Lowe, LaTrobe University	Open
Routine Clinical Assessment of Psychosocial and Existential Symptoms in Palliative Care: A National Quality Improvement Project through Education and Supervision	Professor David Kissane AC, Clare Johnson, Jonathon Lennon, The University of Notre Dame, Australia	Open
Storytelling in Life and Death	Ms. Karly Edgar	Open
My-Neuro-Palliative-Care: My NP Care - an Integrated Approach for People Living with a Progressive Neurological Disease	Maryanne McPhee, Calvary Health Care Bethlehem, Department of Health	Open



Human Resources

For EPC, the aim is to become and maintain "employer of choice" status and to build capability, resilience and talent within our current team as well as recruiting well to suit the desired culture. With our new Strategic Plan now in place, we have the tools to achieve this and more. EPC continues to strive to be a leading service defined by excellence and innovation. With all of the strategic planning meetings and workshops wrapped up, we are very excited to get on with the new visions for EPC's next 4 years. Leadership training has resumed as face-to-face training with a workshop held in July, online courses being developed and rolled out and more to come in the next year.

Our Inner team have moved back to Kew and so we are physically separated once again. Having resumed face-to-face team days and forums for staff, this has been very important in bringing everyone together for collaboration, learning and of course, some fun. This is more important when we are not all co-located.

We have also welcomed back our Consumer Advisory Committee (CAC) to face-to-face meetings which all of us enjoy. The input from our CAC has proven very valuable and as members of this committee are now attending other EPC committee meetings as representatives for the CAC, the collaboration is increasing and valuable input has been put into practice. This has resulted in a new Carer's Page for our website which is attracting lots of positive feedback with much of the input coming from our wonderful CAC members.

EPC also put into place our first Transition to Retirement matched with someone who is Transitioning to Leadership. This means that whilst one very experienced person reduces hours gradually to eventual retirement, all that wisdom is being passed down to someone else who will take over the leadership position when they leave.

We recognise that the COVID-19 pandemic has had a significant impact on our services and the wellbeing of the staff and volunteers over the last year. Communication has been paramount and will continue to be so, ensuring staff are supported and confident in their roles and the decision making of management. High staff absences due to COVID and other flu-like illnesses have hit



EPC hard and we have had to adapt in order to continue to service our clients in the best way possible. COVID-19 vaccinations being made mandatory has brought about some anxiety and created a large amount of work, but we are pleased to say that 100% of EPC staff are triple vaccinated and this provides a level of security for our clients as well as the staff themselves.

We look forward to a new year ahead with many more changes afoot and we will continue to grow and adapt as we always do.

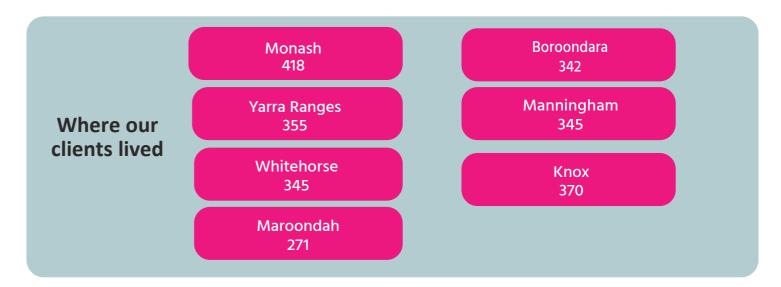
Peita Carroll | Manager Human Resources, Volunteer Services and Communications

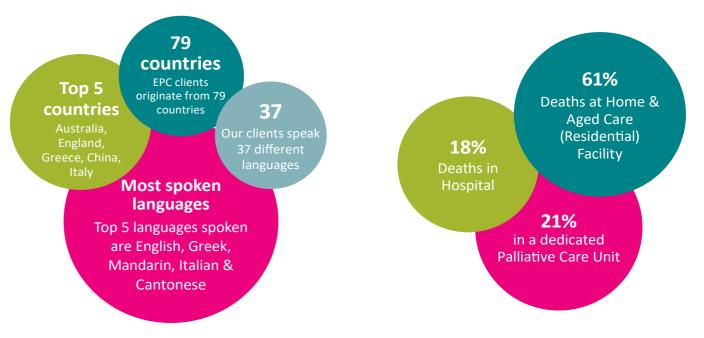
Data & Statistics

EPC Client Profiles for 2021-22



Total Clients 2,447





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Staff & Volunteer Service Awards

Thank you to our wonderful, long-serving staff and volunteers who are eligible for service awards for the 2021/2022 Financial Year.

Staff



Lorraine Davey





Jodie Nimmo Josta Barton



Joanne Kuropatoff



Carly Katz



Annabel Bakes



Krystal Wallis

Rachel Huang 5 Years







5 Years Volunteers



Saurabh Mishra 15 Years



Angela Reidy 15 Years



Carol Duthie

5 Years

Doreen Wilson 15 Years



Smitha Kapitan

Lee Ewing



Kirsty Le Gassick

Christine Johns 10 Years



Ayumi Watanabe-

5 Years

Robert Lasky-Davison





10 Years



Janine Stevenson Felicity Needham





Carmel Abraham







Wendy Cooper



Sandra Dexter



Helen French





Rosie John **Eunice Maclean**





10 Years



Richard Harrison



Anne Wallis 10 Years

Lynne Jackson

5 Years





Lisa Martin

Sauro Antonelli



5 Years

Reta Bird

Naga



Nagasundaram

5 Years

Barry Clarke

Jane Reilly



5 Years

Bev Enbom



Richard Guy





Acknowledgements

Janet Cundall

Carmel Danaher

We recognise and thank the following supporters whose financial contributions assisted us to make a difference this year.

Gary Jones

Bequests

The Estates of: David Bird Beverley Cartlidge Elizabeth Royce Milos Stanko Frances Tsang

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Janine & Peter Johnston Wendy Ponsford **Evangelos Prasinos** RP Pratten Athena Prountzos Alan Quantrell Parvati Rajyaguru J.T. Ralph Veronica Reid Nanette Rex Dianne Richards Pamela Roos Mark Ross Angela Rudock Geoffrey Saliba Prue Satchwell Cheng Shao Kate Sheldon April Shortis Judith Simonds Janice Simpson Gursharan Singh Elizabeth Siviour

Peter Skate Anne Smith Colin Smith Rae Smith Raymond Snyder Charles Spencer David Stewart Denis Street James Taylor Maree Thorp Anna Tie Peter Tierney Beverley Uhe John Usher OAM Robert Welsh

Gary Westbrook Janice Wheeler Val White Doris Wilson Elaine Windson Ian Wood John Yates **Greg Young**

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Elizabeth Quadling ELK **Grow Master**

Gumbuya World Heide Museum of Modern Art Holly Lane Mews Kingston Funerals Kristin Olds

Le Pine Funerals Luna Park Madame Flavour Mary eats Cake **Natures Organics** Priceline- Eltham Puffing Billy Railway Sheena Appleyard Shiny Gift Box

The Hon. Michael Sukkar MP Waverley Patchworkers Inc

Living Legacy

Ellen Lew on behalf of Joanna

Organisations ATO Staff Club - Box Hill

Freemasons Benevolent Fund **Bunnings Nunawading** Camberwell Chorale Social Fund F & I Foundation St Leonard's Catholic Church Parish Surrey Park Lacrosse Elders Group Vermont Lions Club

We also thank individual donors that donated less than \$200 or asked not to be published. 100% of all donations, bequests and fundraising go directly to palliative client care in real time.

Mike Peele

Kathy Pepi

Lap Ky Peng

Geoff Peterken

Marianne Piening

Tim & Trish Pitt

David Peters

Thank you for supporting EPC this financial year.

Annemarie J Hunt

Valerie Jackson

Martha Jam

Wendy Jarvis

Albert Johnson

Clare Johnson

Joan Ikin



Palliative care. Living well every day.

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Eastern Palliative Care acknowledges the support of the Victorian Government







