

Goulburn Valley Hospice Care Service Inc.

23rd Annual Report



2nd November 2011

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VISION

Excellence in Community based Palliative Care

MISSION

The provision of a 24-hour Community based Palliative Care Service.

OBJECTIVES

1. The Service will be provided 24 hours a day, 7 days a week;
2. Palliative care will be available to all persons free of charge;
3. To support the needs of the terminally ill person, to limit pain and distress;
4. To support and assist their family and friends throughout the illness, death and bereavement;
5. To provide a comprehensive service, which is integrated with all appropriate community services. In particular specialist medical, nursing and pastoral care, bereavement counselling and volunteer support.
6. Adherence to the wishes and priorities of the ill person.
7. To recognise and respect cultural and religious beliefs in respect of death, dying and bereavement.
8. A strong commitment to education for both itself and the community.

ETHICS

1. Respecting the autonomy of the ill person, medical treatment will be in consultation with them, and be directed towards management of the illness in order to provide effective symptom management.
2. Experimental procedures will not be a part of the palliative care program.
3. The Service adopts Palliative Care Australia recommendations on euthanasia and end of life decisions. <http://www.pallcare.org.au/>

Death should become simply a discreet but dignified exit of a special person from a helpful society without pain or suffering and ultimately without fear". (Phillip Aires)

ANNUAL GENERAL MEETING**AGENDA****The Twenty Third Annual General Meeting of the Goulburn Valley Hospice Care Service Inc.**

**is to be held at 5.30 p.m. on Wednesday, 2nd November, 2011
at Hospice House, 102 Balaclava, Shepparton.**

1. Opening and Welcome:
 2. Apologies:
 3. Confirmation of Minutes of last Annual meeting:
 4. President's Report (to be presented by John Hetherington)
 5. Treasurer's Report (to be presented by Greg Luscombe)
 6. Executive Manager's Report (to be presented by Carmel Smith)
and including the reports of the:
Grief and Bereavement Counsellor;
Co-ordinator of Volunteers.
 7. Fund Raising Reports comprising:-
Opportunity Shop;
Friends of Hospice;
Murray to Moyne Sub Committee;
Hospice Fruit Loop Sub Committee;
Hospice Car Rallye.
 8. Appointment of Auditor:
 9. Annual Subscription: In accordance with the Rules of the Association, to confirm that the Annual Subscription for the year 2011/2012 is \$10; for volunteers the subscription is \$2.
 10. General Business:
 11. Election of Committee of Management:
 12. Presentation of Certificate of Appreciation:
 13. Presentation of Long Service Certificates:
 14. Closure.
- Refreshments.

GOULBURN VALLEY HOSPICE CARE SERVICE INC.

Minutes of the 22nd Annual General Meeting of the Goulburn Valley Hospice Care Service held at 5.30 p.m. on Wednesday, 3rd November, 2010 at Hospice House, 102 Balaclava Road, Shepparton.

The President Dr. John Hetherington welcomed everyone to the 22nd Annual General Meeting.

PRESENT: John Hetherington, John Beaver, Greg Luscombe, Wendy Cook, Patricia Gibson, Robert Sands, Les Young, Michael Blake, Dr. Paul O'Dwyer, Margaret Watts, Lindsay Symons, Mr. Peter Ross-Edwards A.M., Mrs. Joy Ross-Edwards, Mrs. Jeanette Powell, State Member for Shepparton, Mr. Les Lambert, Department of Health, Monsignor Peter Jeffery, Ellen Sanders, Hume RICS, Carmel Smith, Narelle Graham, Bunty Gundry, Kerrie Frappell.

APOLOGIES: The Hon. Wendy Lovell M.P., Ms. Odette Waanders, CEO, PCV, Mrs. Kerryn Healy, CEO, G.V. Health, Mr. & Mrs. Brian Bradbury, Mr. Frank Purcell, Ms. Catherine Hattersley, Regional Palliative Care Co-ordinator, Mrs. Christine Ryan, ADON, G.V. Health, Ms. Hayley Coates, Canon Andrew Neaum, Mr. and Mrs. Ian Barker, Mr. Trevor Morris, Chairman Fruit Loop Committee, Julie Poon, Sonia Strachan, Tanya Holt, Sharon Bover, Annette Cudmore, Sharyn Oxenbury, Julie Argus, Wendy Virtue, Darlene Crossley.

CONFIRMATION OF MINUTES OF LAST MEETING:

Moved by Les Young seconded by Michael Blake, that the Minutes of the last Annual meeting be received as a true and correct record of the proceedings. Carried.

REPORTS:**PRESIDENT'S REPORT:**

Dr. Hetherington presented his Annual Report of the Committee of Management, and noted that whilst our core business remains the same, the way we go about it is forever changing. Clinical care becomes more complex because of changes in ethnic patterns. Our Staff who are continually learning deal with these different challenges.

The President acknowledged the contributions of two Committee of Management Members - Richard Moloney who resigned as a result of a career move in December; and the inestimable contribution of Patricia Gibson who retired from the Committee of Management at the last AGM, after 18 years' of Service. In the New Year we welcomed Mr. Lindsay Symons and Ms. Hayley Coates to the Committee.

Moved by John Beaver, seconded by Les Young, that the report of the President be received. Carried.

Reports cont.**TREASURER'S REPORT:**

Greg Luscombe presented the Audited Financial Statements for the financial year ending 30/06/2010.

Moved by Greg Luscombe, seconded by Les Young, that the Audited Financial Statements be approved. Carried.

EXECUTIVE MANAGER'S REPORT:

Carmel Smith presented her report which also incorporated the report of the Bereavement Counsellor, the Co-ordinator of Volunteers and the Clinical Advisory Committee which comprises Dr. Adrian Buncle and Dr. Paul O'Dwyer.

Moved by Robert Sands, seconded by John Beaver, that the report of the Executive Manager be received. Carried.

HOSPICE OPPORTUNITY SHOP REPORT:

The Opportunity Shop report was tabled.

FRIENDS OF HOSPICE REPORT:

The Friends of Hospice Report was tabled.

FRUIT LOOP AND MURRAY TO MOYNE REPORT'S:

The Fruit Loop and Murray to Moyne reports were tabled.

HOSPICE CARE RALLYE REPORT:

The Hospice Car Rallye Number 15 report was tabled.

Moved Robert Sands, seconded by John Beaver, that the reports of the fundraising committees be accepted. Carried.

APPOINTMENT OF AUDITOR:

Moved by Paul O'Dwyer, seconded by Greg Luscombe, that Mr. Frank Metzke of Metzke & Allen be appointed Auditor for the 2010/2011 financial year. Carried.

ANNUAL SUBSCRIPTION:

Moved by Michael Blake, seconded by Robert Sands, that this meeting confirm that the Annual Subscription for membership of the Goulburn Valley Hospice Care Service Inc. is \$10. with the exception of volunteers' subscription which is set at \$2. Carried.

GENERAL BUSINESS:

No items of General Business had been received as per the Rules of the Association.

ELECTION OF COMMITTEE OF MANAGEMENT:

The President declared all positions vacant; moved by Robert Sands, seconded by John Beaver, that Mrs. Patricia Gibson take the chair for the election of the Committee.

Carried.

Mrs. Gibson stated that Nomination Papers had been received for the following people: Dr. John Hetherington, John Beaver, Greg Luscombe, Dr. Paul O'Dwyer, Robert Sands, Les Young, Michael Blake, Andrew Neaum, Margaret Watts, Wendy Cook, Lindsay Symons and Hayley Coates.

As the number of nominations did not exceed the number to be elected, Mrs. Gibson declared the above persons duly elected to the Committee of Management.

Dr. John Hetherington resumed the Chair.

PRESENTATION OF SERVICE CERTIFICATES:

The Chairman advised that the following members have completed 15 years' volunteering service:

DR. PAUL O'DWYER - Committee of Management & Clinical Advisory Committee (15 Years).

MRS. LYNNE LOWE – Patient Care Volunteer and FOH (15 years)

The Chairman presented Paul O'Dwyer with his 15 Year certificate.

As Mrs. Lynne Lowe was not in attendance the Chairman will present her certificate on another occasion.

CLOSURE AND THANKS:

The Chairman closed the meeting, thanking those who attended for their continued support and issued an invitation to remain for light refreshments.

MEETING CLOSED AT 6.15 p.m.

The Report by the Executive Manager provides a comprehensive insight into the internal workings of our Service and of our relationships with our peer organisations and also with the bureaucracy to whom we are responsible. Rather than repeat what is in that report I would like to “top and tail” it – in order to emphasise our place in our community and within the greater Palliative Care scene.

I'll start with the “tail” – our place in the local community. We are responsible to the health bureaucracy because over half our funds come from government and it is the Health Department which defines the State-wide standards of care and ensures that we meet them. But we are also owned by and are responsible to our local community which has defined higher standards and trusts us to meet them. While demanding higher standards members of the community continue to fund them by generous donations, either by simple donation of small or large sums or by taking part in our fundraising activities or by contributing to the United Way Goulburn Valley Community Fund, of whom we are frequently the beneficiary. Our Friends of Hospice work hard for us and our Clinical Volunteers' work allows our “nursing dollar” to go further. Our professional and administrative staff all give generously of their time over and above what they are paid for. All of these are valuable and welcome, but we dare not lose sight of the fact that we use these locally raised monies to pay the salaries of nurses so we need an assured income stream. Therein lies the value of our Opportunity Shop, which year in, year out provides the backbone of the “extra” funding.

As for everyone, all our costs are rising and we foresee future increases as well. Palliative Care, like all other medical care is becoming more complex and so more expensive. Thanks to prudent financial management we have not suffered greatly amidst the turmoil which has battered so many businesses and voluntary organisations. By “prudent” in this context is meant accepting the lower returns available for conservative investments. No apology is needed or given for pursuing such a policy but it does mean that we must accumulate capital in order to continue to provide the level of service which is required of us. We can see no other suitable source of funds.

There is a common thread running through the last two paragraphs: Voluntary Work. Our Op Shop has three paid workers whose services we value highly – and a small army of volunteers who keep the shop running and without whom it would fail. An even larger army is made up of the platoons already mentioned. Our financial management is the responsibility of our Committee of Management, guided by our Treasurer. All twelve members are volunteers who bring to the forum a wide range of skills as well as knowledge of what it is that various members of the community want of us.

Now – to the “top”: where do we sit within the concept of modern Palliative Care? As a medical student 50 years ago we were not taught about Palliative Care; it was just not on the syllabus. I can't recall it being said out loud by our tutors but the feeling was abroad that death implied a failure of medical care. Perhaps to a lesser extent nurses felt the same way. The great big heavy machine of medical care bored on but those who could not stay on board were set down and left to fend for themselves in wretched fear, or if they were lucky, cared for as best they could by a loving family with few resources. Perhaps not quite all: there was a grim granite four story building in suburban London, which I used to walk past frequently, with large gold lettering on its façade reading “St Joseph's Hospice for the Dying”. There must have been thousands of similar institutions throughout the western world. One can only imagine the feelings of a wretched individual being carried in there on a stretcher.

Since those grim days things have improved out of all knowing but there is still much work to be done. There is still reluctance by some doctors to invoke Palliative Care and there is still the fear among some patients that to be admitted to a Hospice or Hospice Care (or Palliative Care) Service is little more than a death warrant. The reality is so different. Modern Palliative Care enables patients with life limiting disease to spend their limited time with dignity, with as much mobility as possible and with their symptoms well controlled. The illness, of course, affects not only one patient but the whole family as well. Those family members require support and education both before death and afterwards – bereavement care. Governments have been slow to acknowledge these needs but at last things are changing. In recent months the provision of Palliative Care has been debated twice in the Senate. We have good reason to believe that soon the Victorian Government will announce the provision of significant extra funding. These two developments may feed only our aspirations but they do suggest that Palliative Care is shifting from its longstanding position as an add-on into the mainstream, where it belongs. In the meantime the Health Department is devoting more resources to Palliative Care, both financial and in scope. As is normal much public money comes with strings attached – to be used for a designated purpose or in a preferred manner. Because our model of care is so effective, and is known to be such, we have no trouble in meeting the criteria and as a consequence attracting our share of the funds.

An essential component of our service is that it is provided in the home, which is usually the best place for the patient to be. “Best Place” infers that the patient wants to be at home, that it is appropriate in medical terms and that the family are ready, willing and able to provide the necessary care. Most families are, by default, willing; but fear, unfamiliarity and lack of knowledge limit the readiness and the ability. The especial skill of our staff is to go beyond caring for the patient and to teach the family how to do that to the highest standard. Home is where most folk want to be; it is a much more humane place to be in and compared to any sort of institution it is a much cheaper place. Like any organisation we have to be conscious of costs. We do not charge our families anything but obviously there are costs which must be borne by the taxpayer and our benefactors. When home is not the best place to be our staff are able to follow the patient into hospital or aged care facility and continue involvement in care.

It is the ability of our organisation to provide service which complies fully with Government requirements and combines that with 24/7 specialist care that makes us special. We remain proudly autonomous yet able to integrate fully with the publicly funded health system and the requirements of our community. I hope this Annual Report properly illustrates this and gives assurance that we will continue to look after our Community according to its expectations. I commend it to you.

DR. JOHN HETHERINGTON

PRESIDENT

The last 12 months has been another year of change for palliative care due to policy changes within the Department of Health, Victoria and within the Commonwealth Government. End of life care continues to attract a lot of interest amongst our politicians and when this happens it sometimes is reflected in increased funding for palliative care. The Department of Health Victoria maintain their support of community palliative care service providers and have worked with us to refresh the Strengthening Palliative Care Policy. We also have a new Service Delivery Framework and future funding model for Victoria. I am hopeful that the outcomes of this work will enhance palliative care provision in the future.

While all this change is happening around us, our staff and volunteers continue to provide 24/7 care to all our patients and their families and carers, and this is never compromised. We do not have a waiting list and all who require our services receive help in a timely manner, depending on their need. It is always inspiring for me to witness the dedication of our staff, the commitment of our many volunteers and the overwhelming generosity of our community, friends and supporters.

Our numbers continue to grow as we receive referrals from hospitals, General Practitioners, community and families. Many patients now come into our service for support and symptom management before they are in the final stages of their illness. Their early contact with the Service enables us to set the patient and family up with appropriate help and in doing so, improve their quality of life, and also allow us to establish a rapport with the family. By providing appropriate support, we are sometimes able to discharge them until their condition deteriorates and they need us actively involved in their care again. The emphasis for us is that we are not caring for the dying, but allowing patients to live as well as they can, with all the support and care they need, until they die. If a patient's disease becomes stable, they need to focus on enjoying their time when they are well, with the knowledge that we are only a phone call away should they need us.

This year we welcome two new members of staff. Kerrie Fitzpatrick has joined the team as an experienced Division 1 nurse. Kerrie has worked in aged care in Shepparton in the last few years, and has been actively involved in the care of many of our patients in the aged care sector. Kerrie has also completed the Banksia Palliative Resource Nurse Course. Our other new staff member is Dale Florence. Dale is working one day a week with us as our Quality and Risk Coordinator. Dale also works with the Goulburn Valley Division of General Practitioners. We welcome Kerrie and Dale to our team.

REGIONAL AND PROFESSIONAL DEVELOPMENT:

Professional development continues to be an important part of our working year. All of our nurses are now registered under the new national registration which commenced at the end of 2010. It is a requirement of their registration that they are actively involved in professional development relevant to their field of work and expertise. Narelle Graham, one of our clinical nurses is completing a Specialist Certificate in Palliative Care through the University of Melbourne and the Centre for Palliative Care and I have commenced an Advanced Diploma of Business and Leadership.

Annette Cudmore has been successful in receiving a scholarship through the Rural Health Academic Centre to commence a research project. The title of her research is "Exploring Information Needs of Family Caregivers in Rural Community Based Palliative Care". She chose this area to research following comments from consumers at our annual planning day and responses from carers and patients in our annual satisfaction survey. We look forward to the outcomes of Annette's research.

All our staff, clinical and non clinical, benefit from a generous yearly education allowance the Committee of Management has granted us. It remains a commitment of the Committee to ensure the professional development of our whole team.

Annette Cudmore and Sonia Strachan maintain the delivery of excellent education to ensure that the generalist nurses in the City of Greater Shepparton, Moira and Lower Hume Shires, have an understanding of palliative care and that they keep their skills updated. All of our education days are fully booked and we have had to run a repeat day this year in Shepparton because of overwhelming demand. This all points to a healthy attitude amongst the nursing profession in the west of the Hume Region, and we hope ongoing education will result in people receiving appropriate end of life care when and where they require it.

We continue working with the Goulburn Ovens Institute of Tafe to provide the palliative component to their Enrolled nurses training. Many of these nurses work in the aged care facilities and as they increase their knowledge and understanding of palliative care, are often a source of referral to our Service for patients in their facilities who are dying and need our specialist support and involvement.

Our formal relationship with Banksia Palliative Care continues to see us sponsor them to deliver their fifth Banksia Palliative Resource Nurse Course in Shepparton. We can now boast that we have facilitated 83 Division 1 and 26 Enrolled nurses to complete this valuable validated palliative care course. It is also wonderful to see Division 1 nurses across the Hume Region being employed with their local specialist palliative care services after completion of this course. We have benefitted by being able to employ Narelle and Kerrie to our clinical team after they successfully completed the Banksia Course.

Dr Joseph Ding continues to work for the region to provide education and consultancy as needed. Our Journal Club which he facilitates is still well supported by the specialist nurses in the Hume Region, as well as nurses from other regions including Mildura. We are currently recording the presentation and placing it on the GVGP's website so that people who are unable to join in on the day, can listen to it in their own time. Dr Ding is also actively involved in working with the new doctors who come from overseas to work in Shepparton. He gives them a better understanding of palliative care in our area, and advice about what is required of them should one of their patients require end of life care.

Within the City of Greater Shepparton we work closely with the acute sector nurses, district nurses and many other community services. These strong partnerships continue to strengthen, with the common theme of ensuring that there is consistency of care and that the care is planned and delivered by people who are appropriately skilled and experienced in palliative care.

STATE AND REGIONAL GOVERNANCE AND NETWORKING:

Palliative Care Victoria (PCV) has a new Chief Executive Officer. Odette Waanders has taken on this role and is building a wonderful relationship with those involved in the palliative care sector. We were very fortunate this year to be asked to present at a forum which Odette had facilitated with the new Minister for Health, the Honourable David Davis, MLC. Mr Davis was keen for the new parliamentary ministers to have an understanding of palliative care as it is in Victoria. We were invited to have one of our carers talk to the ministers about his personal experience of receiving palliative care for his parents who both died peacefully at home within two days of each other. Their son presented a wonderful account of his experience with our Service.

We were also privileged to have a visit from Odette and PCV's Policy and members' services manager, Merrian Oliver-Weymouth, to Hospice House to look at our Service and meet our team. It is always such a pleasure to showcase our wonderful Service to people who come into the field, so they can appreciate the work that the Service is doing, and has done for the last 23 years. It was a very productive and enjoyable visit and we look forward to continue to work closely with our peak body, PCV.

We remain committed to our state and regional representative groups, and are actively involved with the Hume Consortium and Regional Clinical Advisory Group. Annette Cudmore remains the chair of the clinical group and my position on the consortium is still the vice chair. Catherine Hattersley, the manager of our consortium, continues to guide and support Annette and I in these roles and we are grateful for her support and help.

The region participates in projects involving "Afterhours Delivery of Palliative Care" and the implementation of the "Nurse Practitioner Model" for regional palliative care services. We are actively involved in these projects through the Regional Clinical Advisory Group. This year saw the completion of the Division of GVGP's palliative project which was established to support and enhance GP's engagement with palliative patients and their education needs in this area of medicine. We continue to work with the Division to ensure that the work done during the project continues to be recognized and developed.

I also represent the service as a regional voice on the Centre for Palliative Care and Research Advisory and Research groups, and also on the advisory group for the Patient and Carer Satisfaction Survey. I hope that my presence on these groups ensures that the issues that surround supporting people to die in a regional and rural area are recognized and addressed.

SERVICE ENHANCEMENTS:

GVHCS maintains its vision of excellence in palliative care. The service was successful in achieving 4 years accreditation with the Australian Council of Health Care Standards (ACHS). We received only minor recommendations and were commended on the standard of our Service and our community connectiveness. We had our mid cycle review earlier this year and again achieved all the requirements of this rigorous appraisal of our Service.

We also completed our first report on our self assessment against the Australian Palliative Care Standards. This National Standard Assessment Program (NSAP) is not compulsory for services, but unlike our formal accreditation, this commonwealth program assesses us on delivering palliative care which is our core business. Our report was excellent and reflected the wonderful work done by our clinical and volunteer teams.

Our 3rd Palliative Care Outcomes Collaborative (PCOC) report also showed that within the services across Australia who participate in PCOC, GVHCS is rated in the top 10% for meeting all the benchmarks. The most pleasing thing for our Service is that we exceed every benchmark in how we are able to manage the symptoms of our patients. We believe that this is strong evidence of why so many of our patients achieve their wish to die at home, or in their place of choice. Good symptom management will usually result in a peaceful and dignified death for our patients and a positive experience for the wonderful families and carers who deliver that care for a loved one.

This year the service had to purchase new syringe drivers for managing symptoms at the end of life, as the Therapeutic Goods Administration deemed that the Grasbys which we have used for many years no longer met their safety requirements. This has not only required the education of our clinical staff on use of the new devices, but also the education and support of clinicians in the acute and aged care sectors. Our staff have been actively involved in the rollout of an on line package to educate nurses on the safe use of these syringe drivers.

A generous donation from the United Way GV Community Fund also allowed us to purchase two new portable oxygen concentrators, which are wonderful for our patients to use, and enables them to manage symptoms of shortness of breath and to keep active.

This year also saw our clinical staff participant in an advanced driving course at the Driver Education Centre of Australia in Shepparton. Our staff are our most valuable asset and it is so important that we make sure they are as safe as they can be. Our clinical staff spend most of their day driving around the community to provide care to our patients and families. The course reinforced road rules and also gave them skills to use if they find themselves in difficult driving conditions. The staff were grateful to the Committee of Management for providing them with this opportunity. We hope to repeat this training every two years.

Our electronic patient history continues to evolve via the PalCare program according to our needs. Sonia and I remain on the users group with all the other services who use the program. This ensures that improvements to the program are relevant to our practice and our model of care. Our patient histories can now be made available to other professionals who are involved in our patients' care. The electronic histories provide them with up to date information about current issues. This hopefully ensures that our patients may be relieved of the burden of continually telling health professionals their story over and over again. This is especially relevant for patients who require admission to Goulburn Valley Health. Medical and nursing staff are able to access our current history to get up to date information on the patient before the patient gets to the ward. This collaboration ensures that there is continuity of care for our patients as they move through the health system during their palliative journey.

Our 2nd report from the Patients and Carers Satisfaction Survey was very positive and supported the positive experience our patients and families have while engaged with the service. It also provided some constructive feedback that we can use to improve our care.

Our Annual Memorial Service was held in May this year. This is always such a great event on our yearly calendar and is a chance for us to gather and honour those who have passed away in the previous twelve months. The service is always beautifully organised by one of our clinical nurses, Bunty, and is well attended by many of the staff and our wonderful volunteers. It is always a good opportunity for us to support the families and carers of those who have died.

CLINICAL ADVISORY MEETINGS:

Our regular meetings with Dr Adrian Buncler and Dr. Paul O'Dwyer continue to provide the nursing staff with ongoing clinical support and medical expertise. Adrian and Paul are always there for us when we need them, and we are grateful for their ongoing support for the Service. They both do this in their own time and at no cost to the service.

STATISTICS:

Patient Admissions: 176

Total number of patients discharged: 40

Total No of deaths.119

We are able to continue our work at Hospice because of the many groups who are made up of passionate people who do all they can to ensure that we are able to achieve our mission.

From the Committee of Management to all our fundraising groups to our opportunity shop volunteers. All united for the same cause, and all working in the background to support our nurses.

It is a pleasure to be part of such a wonderful organisation, and I thank my staff for their passion and vision and support, and all our volunteers for allowing us to continue working as we do.

CARMEL SMITH
EXECUTIVE MANAGER

Goulburn Valley Hospice staff and volunteers continue to provide care and support that is individualized and sensitive to the needs of people who have experienced the death of a loved one. This support is usually maintained for a 12 months period, but is not restricted to this time frame. The provision of information and follow-up contacts are the basis of this support, and this is supplemented by other activities such as groups. Currently the walking group is well attended and held every three months for four sessions. The creating memories craft group is run by our volunteers and held on the third Wednesday of each month. These groups offer participants with the opportunity to share their thoughts and experiences with others who are also grieving. The Kids Grieve 2 group is currently held on an as needed basis rather than each month, as there are less children this year requiring this support on a monthly basis.

The following statistics are presented for the year July 2010-June 2011:

64 bereavement counselling days worked during the period

There were 158 visits, 209 telephone contacts and 212 written communications for the year

81 families received support after the death of their loved one.

I would like to thank all nursing staff members and volunteers for their continued involvement in the bereavement support program. Their willingness to assist with family contacts is much appreciated by the families we care for.

JULIE POON

BEREAVEMENT COUNSELLOR



Winter Walk Group



2011 Memorial Service

Once again, it is a privilege to report on the activities of the Patient Support Volunteers who have worked hard all year to enhance the service that Goulburn Valley Hospice Care provides.

This year I was involved in recruiting and training more volunteers, this new group included people from both Moira and Lower Hume Palliative Care Services as well as 'locals' from Shepparton, Mooroopna and Kyabram. Anyone can be a volunteer but this type of volunteering certainly isn't for everyone, and the application process is very thorough to help ascertain suitability to the role.

There is a standard training program for Palliative Care Volunteers across Victoria which covers information about topics including but not limited to: what palliative care is, what the volunteer's role is, diversity, spirituality, communication, loss and grief. Following training volunteers attend monthly meetings which include ongoing education.

Many of our volunteers participated in a Regional Volunteers Day in September. This day brought together volunteers from across the Hume Region to learn from and inspire each other as well as being inspired by Molly Carlile, the keynote speaker.

In November we said goodbye to, and celebrated the contribution of, our zealous volunteer Margaret Brewer, who tended her resignation after being involved with Goulburn Valley Hospice Care practically since its inception. Margaret was a dedicated volunteer who worked in many capacities over the years- from participating on the Committee of Management, reception and administration support, raising awareness and fundraising, and supporting our patients and their families. We thank Margaret for all her work and wish her all the best.

Along with supporting families directly, our volunteers continue to be involved in our bereavement program including both the craft and walking groups, and the 'Kids Grief 2' program. We have been involved in the 'Community Christmas Tree' project and a La Trobe University Research Project called 'Entrust U'.

On behalf of the entire staff team, I would like to take the opportunity to thank our Patient Care Volunteers, with whom I work most closely, for their diverse involvement in Goulburn Valley Hospice Care. I would also like to express our gratitude and acknowledge the tremendous support GV Hospice Care receives from an enormous number of volunteers who give their time in many and varied ways. Without such community support our Service would not be able to function as it does.

The commitment and dedication of the staff and volunteers is truly commendable. It is a pleasure and a privilege to be involved with such a wonderful, passionate group of people and such a remarkable community based palliative care service.

TANYA HOLT

CO-ORDINATOR OF VOLUNTEERS

FRIENDS OF HOSPICE
ANNUAL REPORT—2010—2011

Fund-raising activities conducted during this year were:

October: SPRING GARDEN PARTY at KELSO PARK—Profit \$2,906.

Bruce and Ann Starritt were very generous in organising this function.
Friends of Hospice served Afternoon Tea to guests seated at tables on the lawns.

December: Proceeds from Hospice cards, sold at the Combined Charities' Christmas Card Shop, amounted to \$705.

May: HOSPICE TEA AND HARMONY was conducted at EAST BANK on 17th May.
Guest Speaker was Anson Cameron; Guest Artists were Jordan and Mark Berry.
The Opportunity Shop conducted a stall at this event and raised \$1,300.
Profit from this year's TEA and HARMONY was \$13,290.

FRIENDS OF HOSPICE meet at Rotary Hospice House in Packham Street on the second Thursday of each month at 10.00 a.m.

A warm welcome awaits new members.

PAT GIBSON
HONORARY CO-ORDINATOR.

Once again, the Opportunity Shop continues to perform well thanks to the continued dedication of Staff and Volunteers. Income for the year was up 1.25% on the previous year, however expenses rose by 10.36% to provide a net return of just over 9% less than last year. Steps are being taken to have tighter control, and minimize expenses; however, we were still able to provide the necessary income to the Service to allow it to provide the 24 hours/day, 7 days/week support.

Sharyn Oxenbury Julie Argus and Darlene Crossley continue to do a tremendous job, and the atmosphere at Fryers Street reflects this. A great group of volunteers ably assist Sharyn, Julie and Darlene and it is pleasing to note that most of the volunteers are now becoming 'long term' and all seem to be enjoying their time at the Opp. Shop. Our sincere thanks go to all those people who contribute to the success of the Shop.

Late 2010 saw work commence on the extension to the rear of the building. Whilst the work took a little longer than expected to complete, we now have a significantly improved facility, with some room to move. Our thanks go to the staff and volunteers who, at times, worked in fairly trying conditions while the building work was being carried out. Our thanks also to Graeme and Dianne Marshall (Builders) for their contribution in making the completion of the extension a success.

To everyone involved in the operation of the Op. Shop a big thank you for all the things you do. Our shop and administration staff and volunteers all contribute significantly to help make our Op. Shop the success it is.

To all those volunteers and supporters of the Op. Shop, thank you for all you do to help. We believe that as an organisation the Op. Shop provides much more than 'pre-loved' clothing, bric-a-brac, books etc. The Op. Shop provides a support base for many of the people who work there, and provides security and a feeling of being wanted, and doing a good job for others. We try to serve the needs of the community and make the Op. Shop a place where they like to go, either to shop or to work, and take our place as a responsible community citizen. None of this is possible without the huge support provided by a large number of individuals and organisations.

Thank you to you all.

JOHN BEAVER

OPPORTUNITY SHOP REPRESENTATIVE

Woody's Murray to Moyne Bicycle Relay 2011:

They say cycling is an addiction – and so it seems is the annual Murray to Moyne.

This “event – not a race” has become a fixture in the calendar of the Shepparton cycling community and 2011 saw another 24 riders enthusiastically committing to the GV Hospice cause.

Riders are recruited into three teams of eight, with experienced riders nominated to lead each group and look after the novices. With 540 Km to cover in 24 hours there is a lot of handy information to share to ensure everyone has a safe and enjoyable experience.

Our route started on Saturday morning in Echuca. Other teams also start in Swan Hill and Mildura – meeting in Hamilton for a rest break and then completing the ride into Port Fairy on Sunday morning. All up around 1500 riders from all over Australia completed the ride, raising funds for their local charities as well as the Moyne Health Services, organizers of the event since 1987.

Saturday takes riders from Echuca through Mitiamo, Pyramid Hill (lunch), Boort, Charlton, St Arnaud (dinner), Navarre, Stawell (supper), Moyston, Willaura, Dunkeld and Hamilton. It is a great way to see rural Victoria in the best company!

Teams cover the distance in relay fashion. Each team rotates after around 40Km to maintain energy levels. Individual riders complete around 150Km on Saturday and then everyone enjoys the final 96 Km trek into Port Fairy on Sunday. This year Brian Slade managed to cover the whole 540Km, joining in with each of the relay teams - a remarkable endurance feat.

Each team requires lots of support – buses, drivers, cooks, masseurs... all contribute to ensure safety, success and comfort. The rules of this event are quite strict to protect participants, fellow road users and the town residents. Marshalls are placed at the townships and points where the route takes a new direction. The Ride Director is constantly visible throughout the event with local community groups and police assisting with the safety aspects.

Of course the ride is not about the ride, it is about our community putting in to help each other in times of need. A long cherished Australian tradition that history records we all take very seriously.

Donations this year totaled approximately \$16,000.00. This could not have been possible without our many loyal supporters including Pat and Tina's BP Service Station who have supplied all of the fuel for support vehicles for many years, Fords for generously supplying two buses, the second at the last minute and John Batson for supplying a bus, plus thirty other local Shepparton and Mooroopna businesses and individuals who continue to dip their hands into their pockets year after year.

Thank you to all of our supporters.

CHRIS HALPIN

MURRAY TO MOYNE REPRESENTATIVE

FRUITLOOP RIDE ANNUAL REPORT 2010

The 2010 Fruitloop ride, our tenth, was conducted six weeks later than usual due to the Shepparton floods. Swooping magpies were not a problem as we postponed until October 31st. We raised an amount of \$30 840 to support the Hospice Care Service in Shepparton and district.

A total of 154 riders set out on our three rides: a 50 km event, a 100 km event, (featuring ex Tour De France Rider, Phil Anderson) and the 180 km event, which traversed the challenging Strathbogie Ranges. Seventy riders who entered did not attend, as a major storm event was forecast. Unfortunately the wet and windy weather appeared as predicted, still 32 intrepid riders entered on the day. An amazing effort from our locals!

It's fair to say that this year the ride broke the drought! Many riders chose to ride the lesser distance which, as the day unfolded, proved to be a wise decision. The fact that no falls were reported on such a wet day was remarkable.

The Shepparton Lions, Shepparton Police, the Kiwanis Sunrisers and the Shepparton Bicycle User Groups again supplied manpower to help run the event. So too, did the fantastic Hospice staff - administration, nurses, committee etc. In all, a team of 30 plus volunteers was involved. Our new ride jersey sold well and the Oppy bicycle we auctioned, kindly donated by Malvern Star, fetched \$1700.

The event encompassed all the usual features that attract our riders from all around the state. The pasta night, the VFA's fruit character suits, the start/finish banner, post ride massages, the photo service, hot showers, ambulance services, sag wagons, coffee van, bike maintenance vans, raffles, a silent auction of Bike Hub items, sales of the new Fruitloop ride jerseys and bike displays, were all followed by a delicious BBQ lunch.

GEOFF HOLLAND HONORARY SECRETARY



Picture: L to R

Don Kilgour receives a plaque acknowledging his ten years on the Fruitloop Committee as the Ride Director. Dr Paul O'Dwyer (Hospice Rep.) and Trevor Morris (Chairman) congratulated him.

Goulburn Valley Hospice Rallye 2011

Number 16

Another Great Rallye

The rallye held over the weekend of the 30th April & 1st of May with 35 Cars and 82 participants helped raise just over \$30000.00 for Hospice. We had a lot of new entrants this year which added new enthusiasm to the event.

This years Rallye took us to Mansfield for our Saturday overnight stay. We enjoyed morning tea at "Sunnymeade Gardens" Strathbogie and lunch at the Alexandra Masonic Hall with the meal being supplied by the Local Committee.

On Saturday Night we enjoyed Dinner at the Alzburg Resort Mansfield. The Fancy dress theme "High Country" plus auctions, raffles, entertainment and good food made it a great Night.

On Sunday after a leisurely drive from Mansfield to Wahgunyah we enjoyed lunch at the All Saints Winery. We dined in the Barrel Room. A lovely setting. Following lunch presentations were made.

Competition involved reading the instructions, travelling the designated route and answering questions to prove that the instructions had been followed. Points were allocated for correct answers and for adherence to the generous travel times.

The profit came from entry fees, donations, raffles and an auction. All prizes, raffle and auction items were donated.

A very enjoyable weekend was had by all and hopefully can be repeated in 2012.

BILL PARSONS

CHAIRMAN 2011

Committee Of Management

President: John Hetherington

Vice President: John Beaver

Secretary: Wendy Cook

Treasurer: Greg Luscombe

Michael Blake

Hayley Coates

Andrew Neaum

Paul O'Dwyer

Robert Sands

Lindsay Symons

Margaret Watts

Les Young

Hospice Staff

Executive Manager:

Carmel Smith

Bereavement Counsellor:

Julie Poon

Clinical Nurse Consultants:

Julie Poon

Helen (Bunty) Gundry

Sonia Strachan

Annette Cudmore

Sharon Bover

Kerrie Fitzpatrick

Narelle Graham

Co-ordinator of Volunteers:

Tanya Holt

Administration:

Kerrie Frappell

Wendy Virtue

Dale Florence

Opportunity Shop:

Sharyn Oxenbury

Julie Argus

Darlene Crossley

Gloria Baker

Shirley Guy

June Brewer

Virginia Hayman

Ailsa Cook

Glenys Holyman

Wendy Cook

Barbara Lorains

Mary Cross

Lynette Lowe

Margaret Davy

Peta McKenzie

Ella Egan

Margaret McMaster

Pat Gibson

Lois Malloy - Vibert

PATIENT CARE VOLUNTEERS

Wendy Anquetil

April Halliday

Maxine Beaver

Janine Jamison

Denise Bowman

Rodney Kelley

Margaret Brewer

Peter Koster

Gwen Chapman

Lynne Lowe

Wendy Cook

Marija Matejic

Bunty Corbet

Annette Montgomery

Robyn Ford

Robyn Neville

Val Gibbs

Lorraine Noonan

Chris Hall

Joanne Barker	Nola Laws
Helen Bray	Val Mathews
Maxine Beaver	Annette McDougall
Celie Cameron	Robin McDougall
Carol Carnegie	Shirley McGown
Helen Colley	Audrey McLaren
Rita Cormick	Ross McLaren
Julie Dunn	Joan O'Reily
Bobby Dohnt	Lynda Ruggi
Peg Edwards	Lorraine Sawaski
Joan Feldtmann	Bill Virtue
Kevin Finteln	Gwen Wallace
Robyn Ford	Margaret Watts
Chris Hall	Anita Wilson
Robyn Harrop	Joan Wilson
Wilma Johnstone	Pamela Wood
Rod Kelley	Hospice Patient Volunteers
	Notre Dame College Students

**Audited
Financial Statements**

**For the financial year ending
30th June 2011**