

# Peninsula Home Hospice

Annual Report  
2019-2020



# The Value of Community at Peninsula Home Hospice



People involved with Peninsula Home Hospice create our community.

In various ways they work together and individually to contribute to our success. Each person leaves their special mark integral to the delivery of palliative care.



Peninsula Home Hospice (PHH) provides home based specialist palliative care that optimises quality of life and honours the hope for comfort, choice, dignity and peace.

Report from The Chair for 2020	2
CEO's Message	4
Introduction to Peninsula Home Hospice	7
Board of Directors	8
Clinical Report	10
Client Care Volunteers	16
Music Therapy Case Study	20
Our Community	22
I.T. Report	26
Our People	28
Financial Summary	30
Our Donors & Supporters	34

*PHH acknowledges and pays respect to the traditional owners of this land, the Boon Wurrung/Bunurong people of the Kulin Nation. We pay our respect to the Elders past, present and emerging for they hold the memories, traditions, culture and hope of Indigenous Australians. We are committed to engaging with Indigenous Australians through our services and bestow the same courtesy to all people.*

# Report from The Chair 2020



Mark Smith

Chair - Board of Directors

This year has been a particularly challenging one for Peninsula Home Hospice (PHH). As with all aspects of our lives, COVID-19 has required PHH to embrace constant change to ensure the safety of staff, clients and their families/carers. I have been incredibly proud of the way PHH's management team, staff and volunteers have provided a seamless service to our community throughout the changing landscape. We all hope that life (and work) will return to closer to normal before too long.

Despite the disruption of a pandemic, PHH's service has continued and clearly validates the new service delivery model introduced last year. I once again thank all of our staff and volunteers who have stepped up to meet the challenges and for the excellent support and stewardship provided by Rachel Bovenizer and her management team.

With the ongoing financial support of the Victorian Government's Department of Health and Human Services (DHHS), PHH continues to provide a vital service to our local population, and the important and significant contribution the community makes to PHH ensures a high quality responsive service can be provided. Sadly, the disruption of COVID-19 has brought a temporary end to all of our fundraising efforts but we look forward to working with our many fundraisers through the auxiliaries, Op Shop and various events post COVID-19. Your efforts really make a difference.

I am pleased to report again this year that PHH remains in a strong financial position and I am confident the organisation has a culture that equips it well with the resilience and adaptability to ensure its sustainability. It is hard to predict what challenges will be thrown up for us over the next 12 months (after all, 12 months ago there was no talk of coronavirus lockdown!) but I am confident we are up to the challenge. However, having said that, we will need to be doing that with another leader, as sadly Rachel will be retiring shortly. I give my heartfelt thanks and admiration for the wonderful job that Rachel has done over her 13 years of service and wish her all the best. She has left big shoes to fill, but I look forward to introducing our new CEO to you in the coming months.

Sincere gratitude, as always, to our skilled and committed Board of Directors who continue to give their time, effort and expertise freely. Particular thanks to Michael Pollard and Nicky Martin who are stepping down from the Board. They have both contributed significantly to PHH during their tenure. I wish them well and hope they stay connected with PHH in some way.

And lastly, many thanks to you – our members, supporters and friends.

**Without your support PHH would not be able to provide the high quality service that optimises quality of life and honours the hope for comfort, choice, dignity and peace.**

# PHH Values



*Values are like fingerprints. Nobody's are the same, but you leave them all over everything you do.*

*Elvis Presley*

# CEO's Message



Rachel Bovenizer  
Chief Executive Officer

*Over the last year we have made a difference to the lives of many people of all ages, cultures and beliefs by providing palliative care and bereavement support.*

This report highlights the diverse achievements of PHH. The work described in the report can only be realised by the dedication and hard work of the clinical team, volunteers, admin team, managers, and our community. Each individual makes their unique mark.

2019 has seen the consolidation of the organisation's systems and service model, underpinned by PHH values and in line with Victoria's end of life and palliative care frameworks. The work of palliative care is dependent on skilled and committed employees and this year we have focused on a workforce plan that promotes a healthy and safe workplace plus succession goals to achieve sustainability.

The need for community palliative care remains constant, and although we have not experienced major growth since last year, workloads have been demanding. The quality of care and response to referrals is carefully monitored by the leadership team and data indicates that key performance measures have been met. The mark of our success however, is best judged by our clients. In the recent results of the client feedback survey conducted by DHHS, 98.6% of survey respondents recorded a high degree of satisfaction.

Highly trained and skilled staff and volunteers have again demonstrated their commitment to the work that they do. Several staff members have managed not only their high workloads, but also to juggle the demands of study to gain specialist palliative care qualifications. This is indeed a real achievement.

Work pace and progress at PHH has continued steadily, intercepted this year by the experience of dealing with the COVID-19 pandemic. It challenged our thinking, our systems and resources but also highlighted the current expertise of our staff who adapted their work flow and put aside their own fears to deeply enrich the lives of families in our care. We were able to be responsive to the needs of clients by adapting our model of care accordingly, through the use of phone and other technology and allowing for face to face visits to continue where possible. This resulted in people being cared for safely, staying connected with our service and enabled families to receive professional care and support.

We have learnt from the experience of COVID -19 that it is likely that the response of palliative care services could be different in the future. Some of these changes may include responding to the challenges of limited face-to-face contact, the need for remote consultations, working in diverse settings and with likely staffing constraints. It is important that we move rapidly to review and understand our options, identify where change is necessary, and seek effective solutions to improve both service-related issues and client and family care needs.

Our faithful community have not been daunted and despite the necessary restrictions there has been no loss of the original inspiration and community support that PHH enjoys. Our supporters have not lost sight of their vital role in helping community palliative

care to help others. The innovative use of a range of communication methods has allowed PHH to maintain our service profile and community engagement with a broad network of individuals.

A huge thank-you to everyone for what we have achieved together for our clients, our volunteers, supporters, partners, other health care professionals and staff. I also wish to acknowledge the work of the leadership team; their energy, resilience and loyalty plays a central role in the success of PHH.

We are grateful to DHHS for their assistance and ongoing funding, to our community and other organisations that influence the provision of health care in Victoria. Our partnerships have never been more important.

The level-headed governance of PHH has allowed for change and development within a defined strategic framework that keeps our clients in the centre of priorities. My deepest appreciation goes to Mark Smith, Chair of the Board, for his guidance and encouragement and to all of the directors for their wisdom, careful judgement and commitment.

**The difference we will make together in the coming year and beyond will be enhanced by service flexibility, a commitment to quality service provision and maintaining a safe and positive work place for our staff.**

It is a privilege to work at PHH and I offer my sincere appreciation to our clients for their trust in us to provide their care.



*Our finger prints don't fade  
from the lives we touch.*

*Judy Blume*





# Introduction to Peninsula Home Hospice

## What We Do

Peninsula Home Hospice provides home based palliative care that optimises quality of life for those in our care and honours their hope for choice, dignity, comfort and peace.

The organisation is governed by a volunteer Board of Directors who are committed to the core values that underpin the culture of Peninsula Home Hospice.

## Geography

The service is provided to people living in the City of Frankston, up as far as Mordialloc Creek in the City of Kingston and down to the southern tip of the Mornington Peninsula at Portsea.

It is a community of almost half a million people.

## Our Community

We are privileged to have a loyal, committed and generous community that are our advocates, fundraisers and support network.

# Board of Directors



Back row — Richard Lindner (Treasurer), Michael Pollard, Dan Romanis, Mark Smith (Chair), Tony Vaughan  
 Front row — Vicki Sayers, Celestine Moon, Kath Ferry (Vice Chair), Helen Fairlie (President), Dr Nicky Martin

## Board Meetings 2019/2020

Director	Total Attended	Out of Possible
Helen Fairlie	5	6
Kath Ferry	4	6
Richard Lindner	5	6
Nicola Martin	2	2
Celestine Moon	6	6
Michael Pollard	4	6
Dan Romanis	5	6
Vicki Sayers	4	6
Mark Smith	5	6
Tony Vaughan	4	6

## Mark Smith - Chair

Director since October 2012, Board Chair since November 2018

Qualifications: MBA, Grad Dip Nursing Admin, BN, FACN, AFIML, MAICD.

Experienced healthcare executive with a particular interest in community and primary health care.

**Special Responsibilities:** Board Chair; Governance and Risk Committee; Audit and Finance Committee



## Helen Fairlie – President

Director since November 2008, Chair November 2011 to November 2018, President since November 2018

Committee member and Chair of Sorrento Pre School 1986 – 1990

School Council for Sorrento Primary School,

Committee member and Chair 1990 – 1998

Women of Action Fundraising for PHH 1997 – 2018

Sorrento Portsea Chamber of Commerce Committee since 2000

Arts Nepean Sub Committee Chair 2009 - 2011

**Special Responsibilities:** Board President; Audit and Finance Committee; Fundraising Committee

## Kath Ferry – Vice Chair

Director since October 2016, Vice Chair since November 2018

Kath has extensive management experience and knowledge of the not for profit and government sectors, and currently works in the disability field. She is a member of the Australian Institute of Company Directors.

**Special Responsibilities:** Vice Chair; Audit and Finance Committee

## Celestine Moon

Director since October 2010

Celestine has had 30 years' experience in the hotel industry, 15 years employment as a Solicitor both in a private practice and as a community lawyer and is now retired.

**Special Responsibilities:** Governance and Risk Committee

## Dan Romanis

Director since February 2016 and also November 2000 to November 2012, Chair of Governance and Risk Committee since December 2019

Over 40 years' experience in the non-profit sector including CEO of Royal District Nursing Service for 17 years and CEO of Marriott Support Services for 6 years. Ministerial appointee to Victoria's Health Services Review Council 2012-2016. Various Board and Committee appointments over 40 years. Semi-retired whilst undertaking consulting roles in the not-for-profit sector.

**Special Responsibilities:** Chair of Governance and Risk Committee

## Richard Lindner - Treasurer

Director since October 2016, Treasurer since November 2019

Richard was a Chartered Accountant in public practice for over 30 years. His clients included organisations in community services, health, emergency services and local amenities sectors. His particular professional interest in these sectors has been governance and the financial sustainability of their operations.

**Special Responsibilities:** Treasurer; Chair of the Audit and Finance Committee

## Dr Nicola Martin

Director since October 2013

General Practitioner since 1985, Medical Educator with Eastern Victoria General Practice Training Program, Clinical teacher Monash University Medical School, visiting Medical Officer Peninsula Health and past Board Chair of Toorak College.

**Special Responsibilities:** Governance and Risk Committee

## Michael Pollard

Director since October 2011, Treasurer November 2016 to November 2019

Managing Director of Port Phillip Group Chartered Accountants and Financial Planners since 1993.

**Special Responsibilities:** Audit and Finance Committee

## Tony Vaughan

Director since October 2013

Experience at senior executive level in both public and private sector. Specialist in business development and strategic planning in property and asset management.

**Special Responsibilities:** Building and Maintenance Committee

## Vicki Sayers

Director since October 2017

Vicki was born and raised on the Mornington Peninsula and has previously worked as a Palliative Care Nurse and is now a Licensed Real Estate Agent. Community and connection are important to her.

**Special Responsibilities:** Fundraising Committee

# Clinical Report



Inge McGinn  
Clinical Services Manager

Just as the saying goes “it takes a village to raise a child”, it also takes a community to care for the dying. Death is a loss that affects the whole of community. As a person is nearing the end of their life, they depend on their community for support and become a part of a new community that they may never have experienced before. These communities can be formal, like the health system or informal, like their neighbours in the street. They can be communities of faith, occupation or friends, but they are all systems of interacting people. Bereaved families also need the support of their community and often they too build new groups.

Peninsula Home Hospice is part of this network working together both formally and informally; we rely on, as well as give to, the communities that our clients are a part of.

## Working together to care for people needing palliative care in their home

**Peninsula Home Hospice provides care to clients as part of a system. We recognise the importance of working together and alongside a range of organisations to add to the client experience.**

Clients told us through our regular survey that having fewer different health care professionals visiting them improved the quality of their care. In response to this, we changed our model of care so that each family now has a primary nurse in addition to a counsellor/caseworker as their key contact.

During the time when PHH had a shared care model, on average families were visited by four

to five nurses during their episode of care. Once PHH commenced providing specialist palliative care nursing in July 2017, we adopted a team nursing model which reduced this average to 3.4 nurses. In November 2018, we moved to a primary nurse model, reducing this average to 1.8 nurses. A comparison of these three models also showed that:

- Under a shared care model 50% of families were seen by more than four nurses
- Under a team nursing model 26% of families were seen by more than four nurses
- Under a primary nursing model, no families were seen by more than four nurses



Reported high client satisfaction



Reduction in formal complaints



Reduction in clients needing after hours support

Fewer new faces at the door allows for the development of therapeutic relationships and with that, improved continuity and care coordination.

Data indicates some other positive outcomes of our model of care:

- Improved client outcomes with fewer clients reporting moderate or severe pain, fatigue or breathing problems.
- Positive feedback from clients: *“knowing the nurses allows them to work out the problem.”; “It’s a big thing to allow people into your home so it was important to develop a relationship... they were amazing.”*
- Positive feedback from staff who reported more job satisfaction.



Client intake over 12 months

Every day we are involved in care coordination to assist people to navigate the complex health system and access the support they need to improve their quality of life.

The diagram below highlights the number of other services we work with closely to enhance the care available for clients, while ensuring that we remain true to our core business of providing specialist palliative care. It is an opportunity for mutual learning; we learn from others as they learn about palliative care from us.

## Working together to care for people requiring Palliative Care in their home



## Residential aged care facilities (RACF)

RACF are a community of residents and carers sharing values of safety, good health and quality of life.

PHH becomes a part of the resident's care team by providing specialist palliative care advice and support. Connecting and building relations with residents and staff of RACFs improves that sense of a safe and supported community, knowing that PHH staff are an accessible and valued resource. There are 44 residential aged care facilities within our catchment area. During the previous 12 months, we have had 264 contacts with residential aged care facilities. These have taken place in business hours, weekends and after hours. Due to Covid - 19, facilities were very hesitant to have staff from other services visit but were eager to receive phone support.

## Palliative Care Outcomes Collaborative (PCOC)

In November 2019 there was an inaugural PCOC Outcomes & Benchmarking Conference held in Sydney. This event brought together an international community whose focus is on using evidence to improve the future of palliative care. PHH presented on "The benefits of retaining a specialist palliative care model in community palliative care" in the Innovation and Service Model stream of the conference.

Peninsula Home Hospice was able to show that by retaining a specialist palliative care service model that works with other community services, we have been able to achieve the following:



Distress from severe pain for clients has decreased



Distress from breathing problems has decreased



Distress from moderate pain has decreased



Distress experienced by family and carers has decreased

## The Peninsula Hot Springs Wellness program

Thanks to the generosity of the Peninsula Hot Springs, we have been able to provide 57 carers/ family members the opportunity to enjoy time bathing in the hot springs, connecting with each other and sharing a light lunch. Over this past year, we have held five sessions of up to 15 people, alternating between carers and family members who are bereaved. Two members of the Counselling and Allied Health Team have supported each group. Feedback about this unique program has been extremely positive.

“A perfect space for carers to relax and care for ourselves”.

“The day gives people like me such a sense of community and that people do care”.

## Medical physician's support

I have been in the position of Specialist Palliative Medicine Physician since February 2019. Over this time there have been some unique challenges providing opportunities for innovation. We are conducting holistic client assessments with improved collaboration with other primary health care providers and general practitioners. There is also increased and improved integration with other health services and referring specialists, allowing clarity of client circumstances, better prognostication and suitable provision of in-home care. We plan to have ongoing education to improve evidence-based practice and establish interest groups to better support the community clinicians in the delivery of specialist palliative care.

**Dr Akshay Kulkarni**  
Palliative Care Physician



PHH nurse Eric with a client

## Palliative Care during the Pandemic

As we became aware of COVID-19 it changed the landscape of how we worked with our community and the community worked with us. Our principle during this time is to maintain a focus on our core business, and ensure that all clients receive the support that they need, where possible, by providing a face-to-face visit. The time spent for each visit may be different and physical distancing is a high priority.

## Stories about the impact of COVID-19

Like the client who requested the staff member pull their car up to the front garden and roll down the window while they sat to discuss care. “It worked, we chatted away and the client felt safe.”

For other clients it has compounded social isolation and thwarted plans for the last trips of their lives.

For some because of visiting restrictions in hospitals, it took courage for family members to choose to provide end of life care at home so that they could spend the last few days of life together.

For clients who have died, family and friends needed to make hard decisions about who attends the funeral and how they can best honour the person they love and share their grief with each other.



*Immortality is to live your life doing good things  
and leaving your mark behind.*

*Brandon Lee*



# Client Care Volunteers



Greg Roberts  
Manager of Client Care  
Volunteers

*It's always a pleasure to report on the work of the PHH Client Care Volunteers and provide an overview of the past year in the Volunteer Program.*

The Client Care Volunteers are trained to assist and support people with some of their daily/weekly activities, which may otherwise be challenging due to the health issues they are experiencing. Importantly, our volunteers facilitate social connectedness for clients and carers and help to address the sense of isolation that can be present for people living with a life limiting illness.

## What our volunteers do

PHH takes a whole-team approach that leads to an appropriately matched volunteer being placed to provide some of the following in conjunction with our other clinical services;

- Weekly informal visits to clients who may be living alone and can benefit from a friendly visitor coming to talk, do activities or just touch base and see how everything is going.
- Supporting clients to get out in the community (prior to COVID-19) to take part in usual activities that might not be possible without the support of someone – this may include going for a coffee, attending appointments or perhaps getting shopping or errands done.
- Weekly home-based visits to provide conversation, care and company for the client, while their carer has some time out for everyday activities or self-care (Respite Care).
- Assisting clients to collate information, type up stories from their lives or simply gather together the things that they want other family members to know and remember about them.

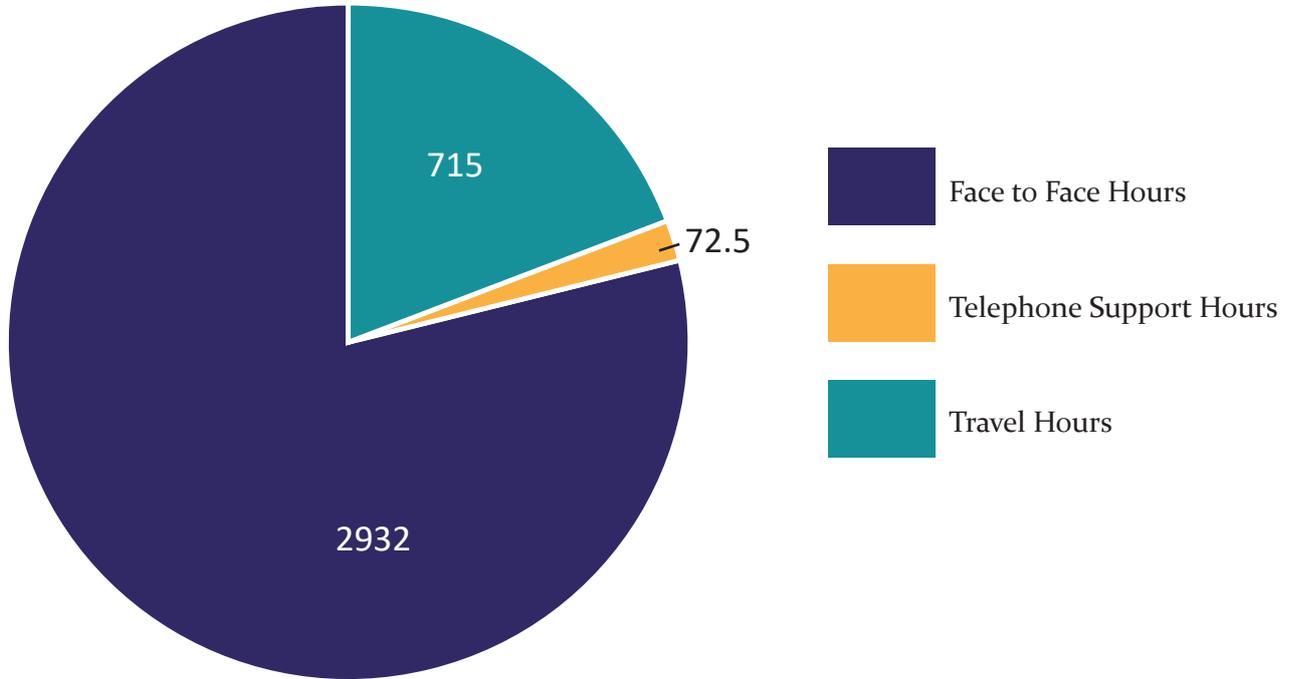
- Where there has been a significant connection to a volunteer over time, they can continue to offer short-term, informal companionship in bereavement to carers, when it is requested. (A PHH Counsellor-Case Worker provides more formal bereavement support for up to 18 months following a death.)



Volunteers helping at the Christmas Stall 2019

# Total Hours for Client Support

3719.5hrs



Volunteers at the Dreamscaping Workshop

Our PHH Client Care Volunteers bring a diverse range of life experiences, skills and interests which allows the matching of suitable volunteers for a variety of client situations. The solid reputation of the PHH Volunteer Program over many years, seems to ensure that we always have a steady number of local people applying to undertake our volunteer training program each year.

This year we are grateful to have 11 new volunteers complete the nine week Palliative Care Volunteer training course with us. So, we warmly welcomed: Jan Badenhop, Lorraine Borthwick, Ann Brown, Albert Bruehwiler, Wendy Cracknell, Joy Gamble, Sonny Hart, Sara Heuskes, Suzanne Mills, Holly Southurst and Meropi Van Nooten. The training this year had the added challenges of COVID-19 with the last few sessions needing to be completed via video-link. Thank you to these volunteers for being so flexible and enthusiastic. Overall, we have a team of 79 Client Care Volunteers.

I want to thank all of our volunteers for the wonderful support you offer to our community; your heartfelt care and commitment to clients and carers is appreciated. In particular I want to congratulate and thank the following volunteers who have reached milestones in their long-term commitment and dedication to the work of PHH:

## Ongoing training and what keeps the program ticking

We have provided training opportunities for our volunteers over the past year, providing information relating to Voluntary Assisted Dying, Manual Handling and Dreamscaping. This year we have commenced training a small group of volunteers in relation to our Life Connections Program that is being developed (assisting clients to collate information and stories about their lives). Our volunteers also attend monthly group meetings for peer discussion and supervision. Each month we have a topic for discussion that relates to the work being done with clients.

I am grateful every day that I get to work with a passionate, caring and interesting group of people. My sincere thanks to Vicki Brown and Joanne Welsh who are often the wind beneath the wings of the volunteers' office. I'm always mindful that our Auxillary members, Board members, Management Team and all our staff members are part of the team effort that supports and encourages the Volunteer Program to do what it does, so thank you to all.

<b>Sue Gilbert</b>	<b>10 years</b>
<b>Sheila Hartill</b>	<b>10 years</b>
<b>Elizabeth (Lu) Linton</b>	<b>10 years</b>
<b>Jill Corcoran</b>	<b>20 years</b>
<b>Pauline McLaughlin</b>	<b>35 years</b>

## The difference a volunteer can make

*I've been asked to include a client story to help illustrate the work of PHH and the volunteers in particular. I have to respect the privacy of our clients and the following story has had details changed to de-identify the client and the volunteer, but it is all based on actual events.*

## Caesar salad – A story of living life to the very end.

Dave, a client of PHH, was quite socially isolated and spent most of his days alone. A PHH client care volunteer was allocated to visit Dave each week with the aim of offering some conversation, some company and to also assist Dave to get to his medical appointment every two months. The other clinical staff from PHH also continued their regular visits. Dave and his volunteer bonded over many things, including music, with Dave able to share his love of classical music. Trips in the car were a time for listening to and talking about music. Dave would also talk about how he was going with life overall and his battle with a rare degenerative disorder that he knew was going to end his life sooner rather than later.

On one particular trip home from a medical appointment Dave suggested they stop and have some lunch. Dave chose a Caesar Salad and wow, what a salad it was! Dave couldn't stop talking about what a fantastic Caesar Salad it was and what a rare joy it was to eat such a nice meal. Dave vowed that on their next trip they should stop at the same café and do the same again. Sadly, for Dave, on their next trip some two months later, they found that the café had closed down. So, they made do with lunch elsewhere, but no Caesar Salad!

Dave's health started to deteriorate until eventually he was admitted to a Palliative Care Unit for end of life care. The volunteer continued to visit him and Dave spoke several times of "that amazing Caesar Salad I had and oh what I would give to have a Caesar Salad like that again, just once more". The volunteer noticed that Dave was getting weaker, but still able to move about slowly, so with Dave's encouragement, together they planned for Dave to have a 'day pass' from the Palliative Care Unit, to go out for a drive, one last time.

The day came for the volunteer to pick up Dave at the Palliative Care Unit. The volunteer walked alongside Dave as he slowly managed with a walking frame to get to the car. He steadied Dave as he got into the car. They only had two hours before Dave would need to be back at the Unit.

That day the volunteer had a surprise in store for Dave. He'd found a café that made an excellent Caesar Salad and he wanted Dave to have at least one more go at his favourite meal. Dave was obviously very happy. While it wasn't the same Caesar Salad, the pleasure of being out in the world, with someone whose company he enjoyed, eating a good Caesar Salad, allowed him to experience a little slice of 'living'. Afterwards they returned to the unit with Dave tired but very happy. Dave died seven days later in the Palliative Care Unit and the volunteer attended his funeral out of respect for Dave.

I'd like to end my report for 2019-2020 with a quote from Leo Buscaglia –

*"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around".*



# Music Therapy Case Study

One of the many supports offered by Peninsula Home Hospice over the years has included the services of a music therapist who has provided ongoing psychosocial support to families who have been referred by clinical staff. This therapy as an adjunct to clinical services also aims to establish rapport with our clients and their families during such challenging times. As an example, Jean our Registered Music Therapist had worked with Janet, a 67 year-old woman with a severe lung condition. After retirement, Janet's passion in arts and craft led her to share her interest in cross stitch patterns with the world by taking her work online. Janet lived in a retirement village with her dog Jack after her husband passed away three years ago. She was also a proud mother of two sons and grandmother of two grandchildren.

In the course of her interaction with Jean, Janet was able to share her varied interests and reminisce about her past interests including her love for dancing and how she was remembered as a great dancer. The rapport built over the course of these sessions also enabled Janet to find coping strategies for her anxiety through gentle breathing exercises and music-assisted relaxation sessions which were also offered. Janet was also able to later utilise this personalised relaxation music through a CD recorded for her by Jean.

Live singing accompanied by Jean on guitar often included Janet's favourite songs through which she was able to at times engage in discussion around the meaning those song lyrics held for her. Another aspect of these sessions for Janet was that she was able to engage in life review and reminiscence, while expressing her thoughts about her family and loved ones and being able to put these expressions and thoughts into song through the song writing process in sessions with Jean.

Janet often expressed great appreciation for the ongoing holistic support that Peninsula Home Hospice provided. She said that the music therapy sessions helped her bring clarity to her thoughts relating to how she was coping. She found song writing provided her with a way to express her feelings about her family and loved ones and create a legacy that she has left for them.

*Thank you to Janet who generously granted permission for us to tell her story.*

**Jean Lin**  
Music Therapist

*Music and rhythm find a way  
into the secret places of the soul.*

*Plato*



# Our Community

*2019/2020 has been a landmark year for fundraising, with all planned events coming to a grinding halt in early March and life as we know it changed.*

One thing that has not changed is the support of our generous local community including our wonderful fundraising auxiliary members, our donors, local businesses, and other organisations as well as the philanthropic trusts and foundations that are still helping with grants.

The first eight months of this financial year were business as usual for our auxiliaries and there were some great and successful fundraising initiatives.

Our friends at the Westernport Auxiliary continued to meet regularly to play Mahjong and raise funds for us. Our Red Hill Auxiliary has also kept busy with their catering activities, as well as making jam and other preserves for sale on their stalls for Christmas. Sadly, these activities have also been curtailed for the near future.

Luckily, the Women of Action Biennial Luncheon at Elgee Park was held in February just before restrictions came into place. It was a fabulous day, with great food in an amazing location. Sandra Pankhurst stepped in at the last minute and was a memorable speaker.

Our great supporters at the Red Hill Opportunity Shop also had to shut down when COVID-19 restrictions came into place, however, their volunteers had been working away behind the scenes to ensure they are ready to open with a fully stocked shop once lockdown is lifted.

Some of our wonderful local artists gave their time to create some lovely artwork for our second Unframed Art Exhibition which was scheduled to take place on 21 March 2020. Everything was in place for the show when we were compelled to cancel. These lovely paintings are now in storage ready for showing when we are finally able to meet each other face to face in safety. We would

like to express our gratitude to the artists for their support of us.

We were lucky enough to run our exceedingly popular Annual Charity Golf Day at Frankston in October 2019 with some help from HMAS Cerberus who sent us some able-bodied sailors to help. We were most grateful for their assistance. We had to cancel our 2020 Charity Golf Event at Yarrowonga in June, however, the organising team at the Mornington Auxiliary are already planning for 2021.

During this year we have also had generous support from local organisations such as the Mt Eliza Bendigo Community Bank, the Rotary Club of Mt Martha, and Flinders District Lions Club to mention just a few. Our thanks are extended to all those wonderful people and organisations that have helped to support us throughout 2019/2020.



HMAS Cerbrus at Annual Charity Golf Day



Mornington Auxilliary at the Annual Charity Golf Day



Blue Illusion Fashion Parade



Members of the Women of Action



Women of Action Biennial Luncheon



Golfers enjoying the Annual Charity Golf Day

Date	Event	Organized by
30 Aug 19	Annual Luncheon, Rosebud Country Club, with speaker Susan Berg	Mornington Auxiliary
29 Sept 19	Bunnings Sausage Sizzle, Mornington	Mornington Auxiliary
7 Oct 19	Annual Charity Golf Day, Frankston	Mornington Auxiliary
2 Nov 19	Massive Book Sale	Red Hill Op Shop
28 Nov 19	Blue Illusion Fashion Parade, Mornington	Mornington Auxiliary
7 Dec 19	Christmas Stall, Balnarring	Red Hill Auxiliary
18 Feb 20	Women of Action Biennial Luncheon, Elgee Park, with speaker Sandra Pankhurst	Women of Action Committee
13 Mar 20	Light Luncheon, Mornington Yacht Club, with speaker John Howell	Mornington Auxiliary

# Staff Training

*Learning presents a special opportunity to expand the knowledge base of all employees at PHH.*

**Nikki Grant completed her Graduate Certificate in Palliative Care November 2019**

*“It has greatly enhanced my understanding of cancer related palliative diagnosis. It has improved my communication skills around somewhat difficult conversations including sexuality.”*

**Clare O’Toole completed her Graduate Certificate in Palliative Care December 2019.**

*“I learned so much from this course. It gave me a greater depth and understanding of clients diagnosed with cancer, their cancer-related treatments, anti-cancer therapies, supportive care and end of life care. The communication module of the course provided me with valuable skills and tools for approaching difficult conversations with our clients and their families. It also gave me the confidence to consider further study in the future.”*

**Patricia Maddock and Shannon Thomas are currently studying for their Graduate Certificate in Palliative Care.**

**Kerri-Ann Blackwell is currently studying for her Certificate of Community Development.**

*“This study will support my projects to engage the community to understand palliative care and be more open about discussing death and dying.”*

**Fiona D’Arcy has just started studying for her Certificate IV in Human Resources.**

*“I have always had an interest in Human Resources and am grateful for the opportunity to enhance my knowledge in this area which will in turn assist PHH in developing a stronger support system for staff”*

## Conferences / Workshops 2019-2020

Health Informatics Conference in August 2019

Focusing and Mindfulness Workshop June 2020

Oceanic PC conference August 2019

Dreamscaping Workshop August 2019



Patricia Maddock  
Specialist Palliative Care Nurse



Shannon Thomas  
Specialist Palliative Care Nurse



Nikki Grant  
Specialist Palliative Care Nurse



Clare O'Toole  
Specialist Palliative Care Nurse



Kerri-Ann Blackwell  
Executive Admin Officer



Fiona D'Arcy  
Business Support Officer

# I.T. Report 2019-2020

At the beginning of 2019, we created our I.T Strategic Plan that helped us to develop a vision for the ways in which technology could support the team to deliver better care by improving communication and increasing the mobility of our workforce. We also identified a number of high priority I.T infrastructure issues relating to security, business continuity/disaster recovery, and monitoring and support. We contracted Majestic Computer Technology to assist us with implementing our plan through the provision of I.T strategic advice and specialist technical support.

## **With Majestic's assistance, we have:**

- Moved our essential systems to the Cloud, including implementation of collaboration tool Microsoft Office 365, as well as document management and sites using SharePoint.
- Equipped the team with secure, remotely monitored laptop computers
- Replaced aging network infrastructure and increased our network capacity
- Implemented a number of security measures against cyber intrusion

Fortunately, the bulk of this work was well in train when the COVID-19 pandemic hit, enabling us to leverage our new technology to work seamlessly from home and on the road and communicate with our clients and each other through video conferencing as needed. Majestic's I.T Helpdesk support has kept us working regardless of our location and helped the team to cope with the many changes the pandemic has brought.

CITY



ONLINE SHOPPING



SOCIAL



GLOBAL



LOCATION

*Some people come into your life  
and leave a mark.*

*Sara Zarr*



SMART PHONE

# Our People

## Management Team

Rachel Bovenizer — Chief Executive Officer

Donna Nolan — Business Support Manager

Greg Roberts — Client Care Volunteers Manager

Inge McGinn — Clinical Services Manager

## Administration

Wendy Barnes — Payroll Officer

Kerri-Ann Blackwell — Executive Admin Officer

Annabel Brown — Quality & Risk Officer

Vicki Brown — Volunteer Co-ordinator

Fiona D'Arcy — Business Support Officer

Kathryn Lawlor - Senior Clinical Admin Officer

Pamela McDermott - Project Manager

Cara Russ - Senior Clinical Admin Officer  
(Maternity leave)

Margaret Spalding — Casual Admin Officer

Jenny Stampe-Knox — Marketing & Publicity Officer

Joanne Welsh — Clinical & Volunteer Admin Officer

Mary Wright — Fundraising & Community  
Relations Officer

## Counselling & Allied Health

Catherine Davies – Client Resource Advocate

Kirsten Hampson — Counsellor/Caseworker

Anne Jeremiah — Counsellor/Caseworker

Angela Karanikolos — Counsellor/Caseworker

Ann Kenna — Counsellor/Caseworker

Jean Lin - Music Therapist

Yvonne Maclean — Art Therapist

Andrea Murphy — Family Support Team Leader

Jenni Olerhead — Spiritual Support Worker

Denise Rogers — Occupational Therapist

Anna Slattery — Counsellor/Caseworker

## Medical

Akshay Kulkarni — Palliative Care Physician



## Nursing

Joanna Berenyi - Specialist Palliative Care Nurse  
(Casual Bank Nurse)

Janette Betts - Specialist Palliative Care Nurse  
(Casual Bank Nurse)

Gaylene Cowan - Specialist Palliative Care Nurse

Monique DeRoche - Specialist Palliative Care Nurse

Nicole Grant - Specialist Palliative Care Nurse

Emma Harvie - Specialist Palliative Care Nurse

Emily Hewitt - Specialist Palliative Care Nurse

Pam Hosking - Clinical Nurse Consultant

Eric Hutchison - Specialist Palliative Care Nurse

Nikki Jenkins - Clinical Nurse Consultant

Patricia Maddock - Specialist Palliative Care Nurse

Clare O'Toole - Specialist Palliative Care Nurse

Shannon Thomas - Specialist Palliative Care Nurse

Deb Williams - Specialist Palliative Care Nurse

## Staff that have moved on

Amanda Firth - Specialist Palliative Care Nurse

Gillian Holden - Specialist Palliative Care Nurse

Paula Street - Counsellor/Caseworker

Karen Sariego - Specialist Palliative Care Nurse

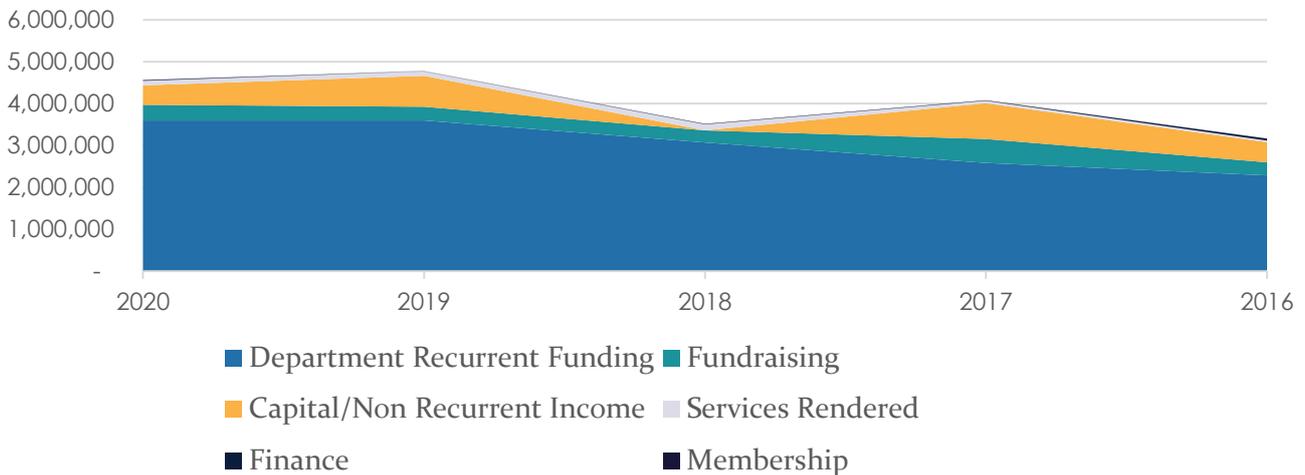
# Financial Summary



Richard Lindner

Treasurer

## Income Analysis



We live in interesting times. For all of it's existence Peninsula Home Hospice has operated to meet the immediate needs of the community but has, over 35 years, cautiously built a financial resilience so that it could continue to meet those needs regardless of the short-term economic effects of events occurring around it. The financial resilience is part of a broader resilience that includes capacities in staffing, knowledge and process, physical resources and security of tenure.

In the last six months PHH, like all community health organisations, has been called on to respond to the community's needs in a setting of restriction of movement, contact and very significant challenge to the wellbeing of its own staff and volunteers. The response has come in the form of changes to the work patterns associated with attendance at the PHH premises and client contact and a ramping up of hygiene strategies so that our service could continue at its best within the confines of public regulation. Those responses were enacted

without regard for the immediate financial implications because PHH has this financial resilience and because the government provided some additional funding in anticipation of specific costs. The costs for PHH include an acceleration of the rollout of mobile technology, communication costs and an accumulation of staff leave. Reductions in revenue as a result of severe restrictions on fundraising events were also a factor. The financial position at the end of the 2020 financial year remained robust and the organisation is well placed to meet the foreseeable challenges that lie ahead.

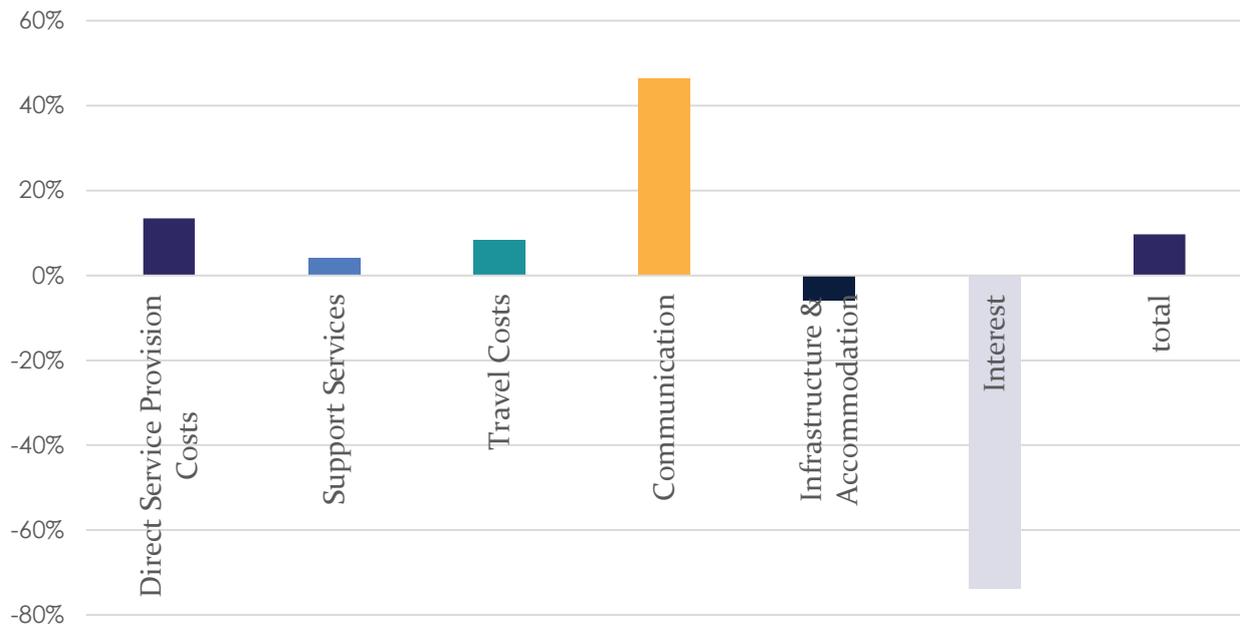
The team has demonstrated the ability to innovate and adapt. This includes the finance and support staff who, coincidentally, were in the process of upgrading support systems when the COVID-19 pandemic was declared. I commend the composure and leadership of our CEO and Business Services Manager and the commitment of the finance team to you all.

Richard

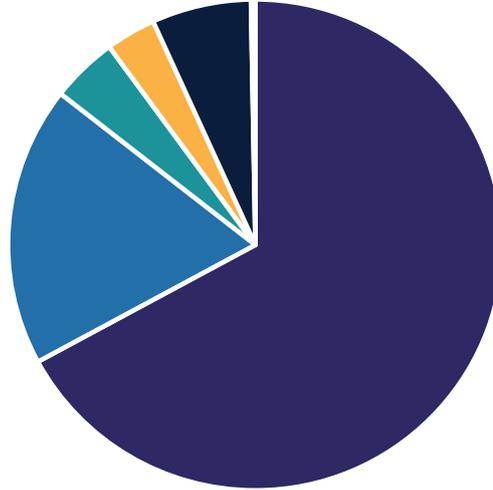


Donna Nolan  
Business Service  
Manager

Change in Cost from Previous Year

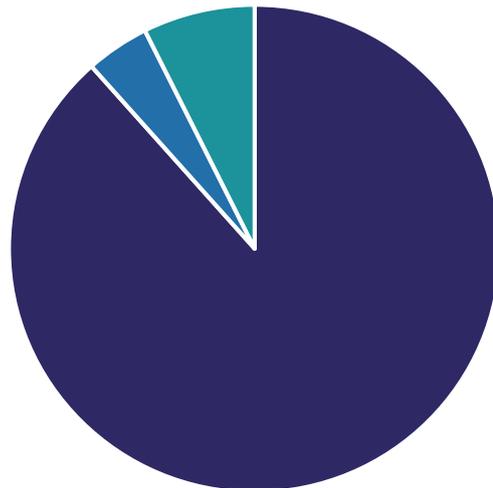


### Expenditure Analysis for the FY 2020



- Direct Service Provision Costs
- Support Services
- Travel Costs
- Communication & Data
- Infrastructure & Accommodation
- Interest

### DHHS Funding for 2020



- DHHS base funding
- Supplement Income
- Infrastructure





# Our Donors & Supporters

We would also like to thank and acknowledge all the sponsors, supporters and participants involved in the fundraising events held by our fundraising auxiliaries throughout the year. Your contribution is greatly appreciated.

## Individual Donations

Adamson, Mrs S	Clark, Cathy	Mary Hart	Milligan, Muriel
Adamson, Ms K	Cleary, William	Howard, Steve	Moon, Celestine
Anderson, Joan	Collard, Thalia	James, Val	Morgan, Trevor
Arthur, Dorothy	Crittenden, Garry	Jarvis, Lyn	Munro, DH & VJ
Baillieu, Kate	Cormack, Mr & Mrs G & M	Johnstone, Eileen	Myer, Baillieu
Batty, Wendy	Cross, Val	Kelly, B	Nannes, Dirk
Beaglehole, Janet	Cutbush, Norm	Knit One Give One	Nayagam, Dr Mrin
Beer, Debbie	Deverson, Madonna	Knobel, Jack	Nielson, Jennifer
Beer, Eric	Di Gregorio, Shaun	Knudson, Mickey	Paterson, Rob
Beet, Pauline	Dijkgraaf, Fred	Konstantinov, Kathleen	Penman, Buntz
Begg, Helen	Draper, Margaret	Law, Mr & Mrs J & R	Picking, David
Begg, Judy	Dunsmore, V	Lea, Anne	Peisley, Rosemary
Bendle, Sally	Eastoe, Sally	Lecky, Russell	Pollard, Michael
Blackwell, Irene	Ellis, Sharon	Lennon-Bowers, Trudy	Portway, Robin
Bossink, Janneke	Evans, Sally	Linton, Elizabeth	Quarrell, Lindy
Briant, Joyce	Facy, Denise	Lyons, Lois	Ray, Rae and Douglas
Broom, Corinne	Ferguson, Ian	Macartan Club	Redston, Rosemary
Brown, Adele	Ferrier, Marcella	Macindoe, Anne	Reed, Pauline
Bugeja, Kathy & Jim	Foster, Eliza	Malaysian Warriors - Aust Rules	Roberts, Scott
Burgess, Rikki	Florrimell, Jill	Football Club	Robinson, Margaret
Burton, Mr & Mrs G & B	Fuller, Margaret	Marshall, Christy	Romanis, Dan
Butcher, Janice	Gilbert, Jean	Martin, Dr Nicola	Ross AM, Margaret
Butcher, Mary	Gilbert, Sue	Maydom, Christa	Roulston, Mrs J
Cadzow, Maxine	Gillingham, Elizabeth	McCarthy, Susan	Runciman, Edna
Campbell, Glythyn	Goodman, Maureen	McIntosh, Ms H	Salisbury, Kathleen
Caps Australia	Griffiths, Christine	McKeand, Annette	Shaw, Ruth
Caraher, Mrs J	Grinter, Andrew	McLeod, Lyn	Sheppard, Rachel
Carlton, Rob & Lorraine	Handscombe, Amelia	McLoughlin, Pauline	Smith, Fiona J
Carr, Jenny	Hanson, Will	McNulty, Jan	Smith, Mark
	Harcourt, Edward	McVey, Ann	Spalding, Margaret

Stear, Mrs Veronica  
Thompson, Vanessa  
Troy, Sonia  
Tselepis, Heather  
Turpie, Colin & Janis  
Volk, Sue  
Von Sierakowski, Tristan  
Walmsley, Lisa  
Watson, Jessica  
Watts, Erica  
Wicks, June  
Williams, Barb  
Wills, Greta  
Withycombe, M L  
Womersley, Maggie  
Van Nooten  
**In-Memory Of**  
Archer, Gweneth  
Balka, Penelope  
Bunney, Malcolm  
Cameron, June  
Caple, Melinda  
Carter, Greg  
Ciaglia, Joanna & Tony  
Coventry, E M  
Davies, Shirlye & Graeme  
Fewster, Cynthia  
Finocchiario, Nola  
Gissing, Anthony  
Hall, Margaret  
Hopkinson, Mark  
Howard, Steve  
Hudson, Hudith  
Jackson, Fas  
Jarvis, Lyn  
Johnston, Marjorie  
Kynnersley, Glenn  
Larder, Kerry

Lobb, Ann & Nick  
McCracken, Pamela  
McTaggart  
Morse, A E  
Newman, Kerri  
O'Bryan, Louise & Tom  
Paine, Joan  
Parker, Nyree  
Poad, Megan  
Power, John  
Riley, Wendy  
Robertson, Simone  
Rowntree, Jennie  
Schenfeld, Evelyn  
Siebel, June  
Sundbery, Allan  
Thompson, Melville  
Todd, Sue & John Todd  
Tuckett, Valerie  
Valder, Peter  
Walton, Patricia  
Whelan Snr, Carmel Simon-  
White, Anne  
Wilson, Rosemary  
**Supporters**  
Aust Govt Dept Social Services  
Audi Centre Brighton  
Audi Centre Mornington  
Balnarring Bakehouse/Cafe  
Balnarring Village Dispensary  
Beleura House & Garden  
Belle Real Estate  
Bendigo Bank Balnarring  
Bendigo Bank Mornington  
Bentons Sq SC  
Blackwell, Irene  
Blue Illusion - Mornington  
Brown, Adele

Brumby's Bakery  
Cellar and Pantry  
Chelsea Uniting Church Parish  
Opportunity Shop  
Chemist Discount Centre  
Crittenden Wines  
Devil Bend Golf Club  
Dickens, Julie  
Peninsula Home Ctr  
Discount Drug Stores  
Donna Maria Flinders  
Elgee Park Vineyard  
Fairways Resort  
Frankston Golf Club  
Flinders District Lions Club  
Fundraising Committee  
Giving Hope Pty Ltd  
Golden Star Bakery  
Green Olive @ Red Hill  
Grosvenor Foundation  
HMAS Cereberus  
Ivory Design  
James Crowder - Community  
Real Estate  
Jackalope Hotel  
Jeff Wignall KIA  
Lateoba Pty Ltd  
Lindenderry Estate  
Lythogo's Row Cottages  
Tasmania  
Monash University  
Mornington Auxillary  
Mornington Golf Club  
Mornington Medical Group  
Mornington Newsagency  
Mornington Village Pharmacy  
Mornington Yacht Club  
Mount Eliza Bowling Club Inc  
Natio Australia

National Australia Bank  
Nunan, Gail  
PayPal Giving Fund  
Peninsula Hot Springs  
Pennicott Wilderness  
Journey Tasmania  
Point Leo Estate  
Port Phillip Estate  
Prentice Real Estate  
Quealy Wines  
Ranfurlie Golf Club  
Red Hill Auxillary  
Red Hill Opportunity Shop  
Incorporated  
Ritchies Stores Pty Ltd  
Rotary Club of Mount Martha  
RT Edgar Real Estate  
Silverwater @ Crittenden  
Sober Mule Cafe  
Sorrento Trattoria  
Stringers Stores  
Tallis Foundation  
Terry Bateman Pharmacy  
Tourello Farm  
TJ Sparkes Real Estate  
The Baths, Sorrento  
The Dunes Golf Links  
Underground Wines  
Walters Foundation, Elaine  
Westernport Auxilliary -  
Mah-jong  
Westernport Quilters  
Wise Choice Caterers  
Women of Action Committee



## Peninsula Home Hospice Ltd

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ACN 153 071 928

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Hon. Solicitors White Cleland Pty Ltd

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Fax 03 5973 2444

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Peninsula Home Hospice acknowledges  
the support of the Victorian Government