

St Vincent's Health Australia Annual Report 2013-2014



CELEBRATING 175 YEARS OF PIONEERING SPIRIT AND COMPASSIONATE CARE



**ST VINCENT'S
HEALTH AUSTRALIA**

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES



As a Catholic health and aged care service our mission is to bring God's love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.



Nightingale Ward, by Max Dupain c.1953 courtesy of St Vincent's Campus Archives.

Acknowledgement

St Vincent's Health Australia commits to work with our Aboriginal and Torres Strait Islander partners in a spirit of reconciliation, especially in the provision of health care. We acknowledge that our health, aged care and research facilities are built on traditional Aboriginal and Torres Strait Islander lands, and pay our respects to their elders past and present. We renew our commitment to walk the journey of learning and healing together.

The archival images in this report are reprinted with courtesy of St Vincent's Campus Archives and the Congregational Archives of the Sisters of Charity of Australia.

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A message from our Trustee, Chairman and Group CEO

This was a very special year for our health service as we celebrated 175 years of pioneering spirit and compassionate care by the Sisters of Charity in Australia.

On 31 December 1838 the first five Sisters sent from Ireland reached Australia on a mission to provide healing to those most in need. From humble beginnings the Sisters have today established themselves as one of the most significant health care providers in the not-for-profit sector and a major force in the Australian education and welfare system. We pay tribute to the Congregation of the Sisters of Charity. SVHA and the Trustees of Mary Aikenhead Ministries are proud to be part of this remarkable heritage and to continue the legacy the Sisters have entrusted to us of compassion, justice, integrity and excellence in the delivery of our health and aged care services.

St Vincent's continuing purpose is to change the lives of those we serve each day, helping people to live fuller, healthier lives as active participants in the community. In 2013-14 we continued to strengthen and grow our mission to bring God's love to those in need through the healing ministry of Jesus.

During the year we made significant structural changes to transform our organisation from a regional structure towards a service-line structure with three divisions – public hospitals, private hospitals and aged care & shared services. We are confident that this is the right model to advance our mission and support the growth of our health service working together as one national group under one identity. In a challenging and dynamic health care environment we believe this change will bring huge benefits in improving operational effectiveness for Person Centred Care and fostering greater collaboration across our facilities.

We continue to extend our mission and our work to a wider range of people and communities. In June, we announced major development plans that include building a new private hospital and co-located aged care facility in Werribee, Victoria at a total investment of \$95 million and the \$115 million redevelopment of St Vincent's Private Hospital, Sydney. Recognising the huge demand that is coming to meet the needs of an ageing population, we plan to increase our overall aged care capacity to approach 2,000 residential beds over the next five years through capital projects in New South Wales, Victoria and Queensland.

These significant expansion projects will ensure that we are equipped not only to serve our mission of responding to community need, but to strengthen it – commencing a new chapter in our rich 175-year history.

The year ahead holds much promise for our group as we focus on facility growth and renewal, furthering our commitment to advocacy and social justice, growing our aged care services and the adoption of Person Centred Care as our differentiator.



We would like to acknowledge and thank every one of our 17,000 staff and 1,300 volunteers who provide more than one million occasions of care each year to our patients and residents. The service they give, the difference they make in people's lives and their commitment to our values helps bring our mission to life every day.

You will find further details in this report covering:

- our financial performance
- our patient quality and safety performance
- our work place health and safety performance
- our investments in mission based services, and
- our Reconciliation Action Plan performance.

David Robinson,
Chairperson,
Trustees of Mary Aikenhead Ministries

Paul Robertson AM,
Chairman,
St Vincent's Health Australia

Toby Hall,
Group Chief Executive Officer,
St Vincent's Health Australia

In September 2013 we farewelled SVHA's Group Chief Executive Officer, Dr Tracey Batten. We wish Tracey all the best in her future endeavours. In April 2014 we welcomed our new Group CEO, Toby Hall. We welcomed two new Board directors in 2013, Melissa Babbage and Sr Mary Wright. Board directors Belinda Hutchinson AM and Sr Maureen Walters retired during the year and Fr Frank Brennan AO retired from the Board on 30 June 2014. We acknowledge the valuable contribution made by these directors and thank them for their dedicated service to our mission.

Who we are

About us

St Vincent's Health Australia is the nation's largest Catholic not-for-profit health and aged care provider.

We are proud to serve as a ministry of the Catholic Church in Australia under the stewardship of Mary Aikenhead Ministries.

Our services

- 6** Public hospitals
- 8** Private hospitals
- 13** Aged care facilities
- 4** Co-located research institutes
 - Victor Chang Cardiac Research Institute
 - Garvan Institute of Medical Research
 - O'Brien Institute
 - St Vincent's Institute of Medical Research

1 million episodes of care

- 2,500** hospital beds
- 1,100** aged care places
- 17,263** remarkable people
- 2,500** medical practitioners
- 1,300** generous volunteers
- 264,848** inpatients
- 132,790** theatre procedures/scopes

Our public hospitals

New South Wales

- Sacred Heart Health Service
- St Joseph's Hospital
- St Vincent's Hospital Sydney

Victoria

- Caritas Christi Hospice
- St George's Health Service
- St Vincent's Hospital Melbourne

Our private hospitals

New South Wales

- Mater Hospital, North Sydney
- St Vincent's Private Hospital, Sydney

Queensland

- Holy Spirit Northside Private Hospital (A partnership with the Holy Spirit Missionary Sisters)
- St Vincent's Private Hospital, Brisbane
- St Vincent's Private Hospital, Toowoomba

Victoria

- St Vincent's Private Hospital, Melbourne
- St Vincent's Private Hospital, Fitzroy
- St Vincent's Private Hospital, Kew

Our aged care

New South Wales

- St Joseph's Village
- Stella Maris Aged Care (Managed for the Sisters of Mercy Parramatta)

Queensland

St Vincent's Care Services comprising:

- Lourdes (Managed for the Diocese of Toowoomba)
- Marycrest Retirement Centre and Lilian Cooper Nursing Home
- Oxford Park Retirement Village, St Joseph's Villa and Madonna Villa Nursing Home
- St John the Baptist Retirement Community
- St Patrick's Villa
- St Paul's Villa and Magdalene Court Retirement Community
- Villa La Salle

Victoria

- Prague House

St George's Health Service comprising:

- Auburn House
- Cambridge House
- Riverside House

Co-located research institutes

- Victor Chang Cardiac Research Institute
- Garvan Institute of Medical Research
- O'Brien Institute
- St Vincent's Institute of Medical Research

Our mission

As a Catholic health and aged care service our Mission is to bring God's love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.

We draw on the talents of our people and collaborate with others who share our vision and values to continue the pioneering spirit of Mary Aikenhead and the Sisters of Charity. We are committed to providing compassionate and innovative care, enabling hope for those we serve.

Our vision

To lead transformation in health care inspired by the healing ministry of Jesus.

Our values

Our four common values guide our behaviour and unite us as one.

Compassion

Justice

Integrity

Excellence

Our heritage



Mary Aikenhead

Founded by the Sisters of Charity, St Vincent's Health Australia has been providing compassionate, high quality health and aged care to the Australian community since 1857.

Now under the governance of Mary Aikenhead Ministries, we are proud to continue this tradition of care, making a difference each day in the lives of those who access our services.

Mary Aikenhead, the founder of the Sisters of Charity, continues to be a figure of inspiration and example to our people. Inspired by her deep faith and love of Christ, Mary Aikenhead walked the streets of her home city of Cork, Ireland in the late 18th century reaching out to Ireland's poor. She drew a community of Sisters and supporters around her, establishing Ireland's first hospital to care for the poor, opening schools for the poor and providing support to those without employment.

Through her vision and her efforts, lives were changed. Those living in poverty

were able to find a way to break free from generations of entrenched social disadvantage through access to health care, education and social support. Mary Aikenhead's efforts drew those living on the fringes of her community into greater participation and inclusion.

Mary Aikenhead lived the call of the Gospel to set people free from the physical and social constraints that entrap them, bringing them to fullness of life. It is this same Gospel imperative, to see every person experience healing and wholeness of life, that continues to inspire and guide our efforts.

Our highlights



175 years
impelled by Christ's love

We celebrated 175 years of pioneering spirit and compassionate care by the Sisters of Charity in Australia.



3

We put in place a new service-line structure with three divisions – public hospitals, private hospitals and aged care & shared services.



75

Caritas Christi Hospice in Kew celebrated 75 years of compassionate palliative and aged care service.

\$95m

We announced plans to build a new private hospital and co-located aged care facility in Werribee, Victoria at a total investment of \$95 million.

6,000+

babies were born in our hospitals.

First Victorian Clinical Training Award

St Vincent's Hospital Melbourne won the first Victorian Clinical Training Award – the 'Gold Logie' for education of doctors, nurses and allied health professionals.



National recognition for innovative music program

Prague House aged care facility received national recognition for an innovative music program that sees residents write, sing and record their own music.

80.5%

of our patients would definitely recommend our hospitals to their friends and family.

source: SVHA Patient Experience Survey Report 2014 (administered by Press Ganey on behalf of SVHA).

Organ storage

A new way of storing organs pioneered at St Vincent's Hospital Sydney could increase the number of heart and lung transplants it performs by as much as 50%.

Couples aged care facility

The opening of our first purpose-built aged care facility at St Paul's Villa, Bardon in Queensland enables couples to receive care together on an ongoing basis.

Help with Huntington's

A new purpose-built unit opened at St Joseph's Hospital Auburn provides an enriched environment for people suffering with the incurable and devastating effects of Huntington's Disease.

First live transmission of 3D surgery

Colorectal surgeons performed Australia's first live transmission of 3D laparoscopic colorectal surgery at Holy Spirit Northside Private Hospital.

\$18m

Construction commenced on a new \$18 million wing of the Mater Hospital, North Sydney featuring a world leading Special Care Nursery for sick and premature babies.



30

We celebrated 30 years of heart lung innovation at St Vincent's Hospital Sydney since the first heart transplant was performed on Fiona Coote.



Heritage timeline

1815 to 1889

- 1815** Founding of the Sisters of Charity in Dublin, Ireland by Mother Mary Aikenhead
- 1835** Founding of St Vincent's Hospital, Dublin, Ireland – first Catholic hospital in Ireland
- 1838** Five Sisters sent by Mother Mary Aikenhead to establish a mission in Australia – first women religious in Australia, first mission of the Congregation beyond Ireland
- 1857** St Vincent's Hospital established at Tarmons, Woolloomooloo, Sydney
- 1870** St Vincent's Hospital is relocated to Darlinghurst
- 1886** St Joseph's Consumptive Hospital, Parramatta

1930 to 1959

- 1937** St Vincent's Maternity Hospital, East Melbourne
- 1938** Caritas Christi Hospice, Kew
- 1944** St Vincent's Private Hospital, Launceston – transferred to Little Company of Mary Healthcare in 2005
- 1952** St Vincent's Maternity Hospital, Toowoomba
- 1957** Mount Olivet Hospital, Brisbane
- 1958** St Vincent's School of Medical Research, Melbourne – now St Vincent's Institute of Medical Research



1800

1900

- 1890** Sacred Heart Hospice, Darlinghurst
- 1892** St Joseph's is relocated to Auburn and upgraded to a general hospital
- 1893** St Vincent's Hospital, Fitzroy
- 1906** Mt St Evin's Private Hospital, Fitzroy
- 1909** St Vincent's Private Hospital, Darlinghurst
- 1921** St Vincent's Hospital, Lismore – Sisters withdrew 1980
- 1922** St Vincent's Hospital, Bathurst – Sisters withdrew 1979
- 1922** St Vincent's Hospital, Toowoomba
- 1925** Sacred Heart Hospital, Cootamundra administered by the Sisters of Charity until 1928

1890 to 1929

- 1963** Garvan Institute of Medical Research, Darlinghurst
- 1970** Microsurgery Research Centre, Fitzroy – now the O'Brien Institute
- 1971** St Vincent's Private Hospital, Fitzroy – amalgamating the services of Mt St Evin's Private Hospital and St Vincent's Maternity Hospital
- 1976** Prague House, Kew
- 1977** Marycrest Retirement Centre and Lilian Cooper Nursing Home, Kangaroo Point

1960 to 1989

1990 to 1997

- 1990** St Vincent's Clinic, Darlinghurst
- 1990s** Incorporation of individual hospital facilities
- 1990** Sisters of Charity Outreach, Sydney
- 1991** Tarmons, St Joseph's Village, Auburn
- 1993** Sisters of Charity Outreach, Melbourne – 1997 became Sisters of Charity Community Care
- 1993** St Joseph's Village, Auburn
- 1994** The Victor Chang Cardiac Research Institute, Darlinghurst
- 1996** Sisters of Charity Outreach, Toowoomba
- 1996** The Sisters of Charity establish the Sisters of Charity Health Service

2001 to 2008

- 2001** The Holy Spirit Private Hospital Northside opens – a partnership with the Holy Spirit Missionary Sisters
- 2001** St Vincents & Mater Health Sydney formed through an amalgamation of the health services conducted by the Sisters of Charity and the Sisters of Mercy
- 2001** Mater Hospital North Sydney is acquired from the Sisters of Mercy, North Sydney
- 2001** St George's Health Service, Kew is transferred by Victorian State Government to be auspiced by St Vincent's Health Melbourne
- 2008** Sisters of Charity Health Service changes its name to St Vincent's Health Australia



2000

- 1998** St Vincents & Mercy Private Hospital, Melbourne established as a joint venture between the Sisters of Charity and the Sisters of Mercy
- 2000** St Vincent's Hospital, Robina – transferred to Queensland Health in 2002
- 2000** The Sisters of Charity and Holy Spirit Health Service is formed – a collaboration between the Sisters of Charity and Holy Spirit Missionary Sisters
- 2000** Acquisition of aged care services in Queensland by Mt Olivet Community Services (now SVHAC) including: St Paul's Villa, Rainworth; Magdalene Court, Rainworth; St Patrick's Villa, Gympie; St John the Baptist Retirement Community, Enoggera; Oxford Park Retirement Village, Mitchelton (St Joseph's Villa Hostel, Madonna Villa Nursing Home)

1998 to 2000

- 2009** Mary Aikenhead Ministries established by the Sisters of Charity of Australia
- 2009** Opening of the Mater Clinic, Poche Centre and Melanoma Institute of Australia
- 2009** Mt Olivet, Brisbane renamed St Vincent's Hospital Brisbane
- 2010** Regional health service boards dissolved, single group board established to oversee the health and aged care services
- 2011** Acquisition of 50% share of St Vincent's & Mercy Private Hospital from Mercy Health
- 2011** Acquisition of Villa La Salle Retirement Village, Southport
- 2012** Opening of Kinghorn Cancer Centre, Sydney – a joint venture with the Garvan Institute of Medical Research
- 2012** Launch of the new St Vincent's Health Australia identity including our new Mission, vision and values
- 2013** Move to a service-line structure with three divisions: Public Hospitals, Private Hospitals, Aged Care & Shared Services
- 2013** 175 years since the arrival of the first five Sisters of Charity in Australia

2009 to 2014

Our strategy

Our strategy is underpinned by four Key Result Areas that assist us in delivering on our mission.

The SVHA strategy is our roadmap to uphold our exceptional care, invest in our people, and continue to strengthen and grow our mission within the communities we serve. Our strategy is underpinned by four Key Result Areas outlined below. Our progress against the key goals in our strategy is reported in the pages that follow in this report.

Key Result Area 1: Mission & Social Justice

Objectives

- a culture that is underpinned by our Catholic identity, mission and values
- positive and active relationships with the Church
- Social Justice through Health programs that advocate with and for Aboriginal and Torres Strait Islander peoples, homeless persons and refugee and asylum seekers in the community, and
- deliver community outreach programs and projects that meet local community need.

Key Result Area 2: Exceptional Care

Objectives

- a culture of patient and resident centred care
- an integrated system of governance that actively manages patient and resident safety and quality risks
- a just and transparent culture for incident reporting
- clinical education and training programs that develop remarkable clinicians, and
- support and foster research and innovation to improve health care.

Key Result Area 3: Remarkable People

Objectives

- a culture that recognises the contribution of people
- a work environment that offers training and professional development opportunities
- support succession management
- build senior leadership capability, and
- a workplace culture that promotes safety and wellbeing.

Key Result Area 4: Sustainability & Growth

Objectives

- advocate for our community
- be environmentally responsive
- improve financial and operational performance
- consolidate our position as a recognised leader of sustainable public health care services
- grow relative market share of our private health care services, and
- grow our aged care services to a sustainable scale.

Right hand page: Supervising the wards, 1978 courtesy of St Vincent's Campus Archives.



Mission & Social Justice

Goal 1: Strengthening and growing our mission

In this year of celebrating the 175 years of service by the Sisters of Charity to the people of Australia, SVHA has had the opportunity to reconnect with our founding stories. Those stories are still setting directions for our health care ministry today and our shaping of mission for the future. In November, our Board and Executive undertook a pilgrimage up the Parramatta River in Sydney to the original places of service by the Sisters. That service at the Female Factory for women convicts 175 years ago still resonates in our actions as we lead in the provision of health care to those incarcerated in Victoria. The commencement of the Youth Health and Rehabilitation Service (YHaRS) is just one more way that our mission draws us more deeply to those who are often excluded in society (see full story on page 19).

Pastoral Care continues to be a dynamic service within SVHA. Following a review of our Pastoral services a development program will be implemented over the coming years.

Board formation

The Board and Senior Leadership of SVHA benefited from the work of Chris Lowney on Ignatian Discernment and Ignatian Leadership. Chris is the Chair of one of the largest US based Catholic health families – Catholic Health Initiatives and the author of Heroic Leadership. His application of Ignatian principles in leadership and strategic decision-making is part of the ongoing skill-building of SVHA leaders.

This page middle right: Pauline de Weerd, Aboriginal Health Network Coordinator, St Vincent's Hospital Sydney.

Right hand page, top right: Sr Clare Nolan RSC and Sr Deidre Hickey RSC with some of the Solomon Islander patients.

Middle right: [from left] Cameron McIntosh, Clinical Psychologist, Troy Grant MP Minister for Hospitality, Gaming & Racing, and Abigail Kazal, Gambling Treatment Program Manager.

Bottom right: Hospital volunteer Claire Church with Kimba.

Goal 2: Advocating for the poor and vulnerable in our community

SVHA continues to build on its pre-existing commitments to the provision of health to those who are homeless. The Brisbane based Common Ground initiative in partnership with the Mater Hospital Brisbane and Micah Projects was recognised as a leading project in the national SVHA Quality Awards as well as being recognised in the Catholic Health Australia Awards and receiving the Australian Government National Homelessness Services Achievement Award for Excellence. The initiative undertook an economic valuation of its Homeless to Home health care services. Common Ground is delivering a better quality of health care to those who are homeless; alleviating pressure on inner-city emergency departments with a decrease of 24% in admission rates for those using the service; and freeing up over \$6 million per year of important financial resources in health care that can be used elsewhere in the health system (see stories on page 40).

Enhancing care to Aboriginal communities

Our commitment to improve the quality of our health care services to Aboriginal communities in Sydney was further enhanced by the signing of a new partnership with Redfern Aboriginal Medical Service, three other Local Health Districts and the Sydney Children's Network. These partnerships celebrated the outcomes of the Aboriginals in Hospitals Quality Improvement Project that we participated in and allow Aboriginal communities to seek a comprehensive model of care. The request for partnership models by Aboriginal Health services means that St Vincent's can more effectively meet the needs that communities identify rather than try and ascertain needs in isolation from the community.

A decrease of
24%
in admission rates to hospital emergency departments for those using Common Ground homeless service.



Partnership allows Aboriginal communities to seek a comprehensive model of care.



Lakoa's story

As part of an agreement between St Vincent's Hospital, the Ministry of Health Solomon Islands and NSW Health, St Vincent's Hospital Sydney provides free specialised care to 10 men and women each year from the Solomon Islands, who can't get the treatment they need at home.

Sr Clare Nolan RSC and Sr Deirdre Hickey RSC are the caretakers of the Solomon Islands patient accommodation. As part of this project they provide a welcoming and loving environment, extending the patients' medical care to include comfort, support and company while they are away from home.

Lakoa travelled to the hospital two years ago for treatment of his kidney stones but his condition worsened and renal failure followed, leaving him dependant on haemodialysis. As treatment continued and time passed, Lakoa and his family formed a deep bond with Srs Clare and Deirdre as well as his medical and support teams. The longest patient stay as part of this program, Lakoa made a big emotional impact on many St Vincent's staff across the Campus. Then Lakoa was diagnosed with terminal cancer. Lakoa's specialist team of doctors, nurses, physiotherapists, social workers, palliative care, executive staff and the Sisters worked together to ease Lakoa and his family through to the end of his illness. During the exchange of care and compassion between Lakoa and his family, and the St Vincent's team looking after him, Lakoa became part of the St Vincent's family. "In two years there has never been a door closed to me at St Vincent's", Lakoa said in his final days.

In the end, Lakoa made the decision to die at home. With the help of an anonymous donor, Lakoa and his family were flown home along with a nurse to support him, managing his pain and allowing him a peaceful passing surrounded by his loving family.

Gambling treatment program

The St Vincent's Hospital Sydney Gambling Treatment Program is a free and confidential service, staffed by clinical psychologists providing individual, evidence-based treatment for problem gamblers and their concerned others.

The program has been operating for 15 years and makes a positive difference to many lives – not only those directly affected by problem gambling, but also their families and loved ones.

In 2014, the Clinic received State Government funding of \$541,000 annually to allow the Clinic to continue serving this vulnerable group in our community for at least a further four years.

Up to 12% of the NSW population have a problem with gambling or are at risk of developing one. In the workplace, productivity loss including time away or poor work performance due to gambling related health issues is estimated to be in the millions of dollars across the state.

Claire's story

Twenty five years ago a young man named Warren lay in his hospital bed listening to the chatter of his old friend Claire Church. "You can talk to people," he said with a smile. And that's what Claire has done every week since – talked to patients as a volunteer in the Palliative Care Ward at St Vincent's Private Hospital Brisbane.

Claire's volunteering days have a simple yet meaningful rhythm. She walks up and down the 30-bed ward visiting as many people as she can with her dog Kimba – a visit enjoyed by those on the ward. Claire, now 78, sees nothing extraordinary in her dedication and finds volunteering a wonderfully giving and rewarding experience.

More than 50 volunteers – from 21 to 88-years-old give their time daily, weekly or monthly to support patients and staff. Soon, the hospital will conduct nationally accredited palliative care volunteer training that will provide volunteers with skills and knowledge to use on the palliative care ward.

Our Reconciliation Action Plan

St Vincent's Health Australia has a strongly based practice of acknowledgment and cultural awareness. Our original Reconciliation Action Plan (RAP) set the clear target – that has been sustained and strengthened – of acknowledgment at all public events and formal meetings. Acknowledgment protocols, publicly displayed recognition statements, documentation of recognition in minutes and celebrations that start with a Welcome to Country are well practiced within SVHA. The following events of 2013-14 demonstrate further activity to turn our commitment to reconciliation to practical health outcomes for Aboriginal and Torres Strait Islander communities and to build on a culturally safe and welcoming workplace for the First Australians.

Governance in 2014 RAP

- All official meetings and functions of SVHA Board, Board Committees and the Executive include an acknowledgment of country and traditional owners.
- The Board and Group Executive Committee of SVHA undertook the Aboriginal Cultural Walking Tour during its December meeting in Melbourne.
- The Group Executive also dedicate one further formation session to a focus on Reconciliation – this year John Pilger's film *Utopia* was used as a resource on the unfinished business of reconciliation.
- A commitment has been made to refresh the SVHA-wide Reconciliation Action Plan in 2014-15.

Cultural awareness training has seen a strong commitment to further reconciliation.

Highlights

Public Hospitals

Our Public Hospitals division has a strong tradition of health service provision to Aboriginal communities. This history is now strengthened by the ever deepening nature of the relationships these hospitals have with the local Aboriginal communities. Closer people-to-people relationships mean that our service model is far more informed and can become more appropriate to the needs of the local Aboriginal communities. This is not a finished work. A way of knowing the impact is the willingness for local Aboriginal communities and organisations to enter into partnerships and develop models of care that meet community need.

In Sydney the active participation in the Aboriginals in Hospitals Quality Improvement Project (AIHQIP) culminated in St Vincent's Health Network Sydney signing a partnership with the Redfern Aboriginal Medical Service and three other Local Health Districts and the Sydney Children Network to meet a more comprehensive model of health care to the local Aboriginal community.

100% of staff will have completed Respecting the Difference Cultural Awareness online training by December 2015.

At St Vincent's Hospital Melbourne, a partnership with the Victorian Aboriginal Health Service still continues to shape our relationship – building with Aboriginal communities.

Key activities over the year included:

- Strengthening Cardiac Care for Aboriginal and Torres Strait Islander Patients with Acute Coronary Syndrome project: This quality improvement project involved working with St Vincent's Centre for Nursing Research and the Victorian Aboriginal Health Service. The project has a Cardiac Nurse and an Aboriginal Hospital Liaison Officer working together to improve patient outcomes for Aboriginal patients.
- Aboriginal Mental Health Liaison Officer Trial: This project trialed an Aboriginal Liaison Officer in the Acute Mental Health Inpatient Unit and the evaluation indicated improved culture awareness by both clinicians and patients.

- Working closely with the Victorian Aboriginal Community Controlled Health Organisation Education and Training Unit, St Vincent's Hospital Melbourne developed an Aboriginal Health Worker clinical placement program as part of its Certificate III and IV courses.

St Vincent's has provided assistance to other health services in Victoria and New South Wales to adopt a quality improvement approach to Aboriginal health to develop and implement systematic reforms that bring about sustainable change.

Private Hospitals

St Vincent's Private Hospital, Melbourne has extended its partnership with St Vincent's Hospital Melbourne to commit to a multi-year funding of an Aboriginal Liaison Officer and scholarships and mentor programs for Aboriginal students.

At our private hospital in Toowoomba, the participation of 395 staff in cultural awareness training has seen a strong commitment to further reconciliation activity.

Aged Care

Ongoing accompaniment with the Minjerribak/Moorgumpin Elders and the Quandamooka People of North Stradbroke has allowed the establishment of formal partnerships and support to the Nareeba Moopi Moopi Pa Aged Care hostel management team that has seen improved funding outcomes.



Our Corrections ministries



Liza Stacey, Psychologist at St Paul's Psychosocial Rehabilitation Unit, Port Phillip Prison.

From their early days where they tended to women convicts in the female factory in Parramatta, the Sisters of Charity have prioritised the care for people in prison as core to the delivery of their mission. Their witness of going into the toughest places began as soon as they arrived in Australia 175 years ago and carries through our work today.

St Vincent's Hospital Melbourne has provided primary health care to prisoners at Port Phillip Prison in Melbourne for more than 14 years. Correctional health medicine is recognised as one of the most difficult working environments in health care, with some of society's most disadvantaged and marginalised people, many of whom have complex physical and mental health needs. Our staff work without judgement to serve people in prison to meet their health care needs including inpatient medical care, psychosocial rehabilitation and dental services.

St Augustine's secure ward, located at St Vincent's Fitzroy campus, is the only location where prisoners in Victoria receive major medical treatment. A specially designed ward with 10 beds, St Augustine's provides health care for both males and females in prison custody.

Our work with vulnerable youth

In January 2014, St Vincent's Hospital Melbourne joined forces with the Youth Support and Advocacy Service and leading forensic psychology organisation, Caraniche, to provide primary health care to children and young people in custody.

The consortium formed by this collaboration, Youth Health and Rehabilitation Service (YHaRS), delivers health care taking into account the specific, multiple and complex needs of these young people.

Often lacking positive family and social supports, many young people in custody have never been to a dentist before or been immunised. The YHaRS team tries to make a positive impact on their health and wellbeing and to give them a better understanding of their health. A primary focus is continuity of care, ensuring young people and their families are connected to appropriate support services once they're released so they can make a smoother transition back to the community. Our move into youth justice health builds on the hospital's work in primary health care at Port Phillip Prison.



Adin Strang, St Vincent's Health Services Manager at YHaRS.

Social advocacy

Social advocacy has always been central to our organisation's endeavours. During the year, St Vincent's Health Australia took a prominent stewardship role in to two key health and welfare issues: inner-city homelessness and alcohol related harm and violence.

Driving inner-city homelessness policy change

A recent situation where the NSW Government reversed its policy in relation to funding for inner-city women's shelters provides a good insight into how effective St Vincent's can be when it lifts its voice in a strong and coordinated way.

In recent years significant efforts have gone towards helping our homeless at a Federal and State Government level with new initiatives like Common Ground and Housing First models. Consequently, for the first time in decades, the community is seeing examples of long-term inner-city homeless people moving from homelessness into housing.

The NSW Government's policy Going Home Staying Home seeks to address homelessness by looking after people in their own community effectively – to create an environment where they do not need to come to the inner-city to get the love and care they need.

In doing so, the policy aims to bolster community homeless services in the suburban and regional setting.

By increasing this funding, the NSW Government planned to reduce some of the inner-city NGO funding, particularly in relation to providing women's shelters.

While supporting the Government's broader policy and acknowledging that the best models involve caring for people in their own community, our Group CEO Toby Hall pointed out at the time that the situation is different for women fleeing violence. For this group who need our care, it is imperative that they are not left vulnerable by a reduction in inner-city services.

"What we need is to ensure a plan for providing a long-term period of support for inner-city services is in place while the transition to looking after people in their own community takes place," Toby said.

Together with A/Prof Peter McGeorge, Director of St Vincent's Hospital Sydney Inner-city Health Program, the two articulated this message in public forums and in the Sydney media, joining forces with other key NGOs.

Their message resonated with the NSW Government, who agreed to reinstate the \$8.6 million for Sydney's inner-city homeless shelters. In doing so, SVHA is now confident that the Government's decision will help ensure a solid transition and protect the city's homeless women while it rolls out its Going Home Staying Home policy.

Reducing alcohol harm

In the summer months of 2013-14 St Vincent's Hospital Sydney which is nestled in an area that has the highest concentration of licensed premises in Australia, treated an unprecedented amount of patients with serious injuries stemming from alcohol related assaults.

For many years the hospital has been outspoken in relation to its concerns about the severity and volume of alcohol related assaults and the need for legislation to limit the amount of alcohol availability and changes in the community's drinking behaviour as a whole. However, early in the new year, the issue came to a head after several high profile incidents involving young men being 'king hit' within, or near licensed premises, and ended up in St Vincent's ICU.

Tragically, in several cases the families of the young victims had to make the devastating decision to switch off life support.

In the early months of 2014, the collective narrative of these families speaking out as well as the voice of concerned St Vincent's Hospital specialists began to resonate strongly with the community, gaining national media traction and leading to significant public discontent about the level of alcohol-related violence in the community.

“

For women fleeing violence... it is imperative that they are not left vulnerable by a reduction in inner-city services.

”

St Vincent's has seen a reduction in overall alcohol related presentations including a sharp decline in serious alcohol related assaults.



Dr Mark Winder

This momentum led to the NSW Government introducing key alcohol initiatives reducing trading hours including 1.30am lockouts and 3am closures of licensed venues around the city as advocated by St Vincent's and other front-line services.

In welcoming the Government's initiative at the time, St Vincent's Neurosurgeon Dr Mark Winder, who had been involved in treating many king hit victims, said: "For every hour we see a reduction in alcohol trading in the Kings Cross and CBD area, we are confident of seeing a major reduction in the amount of

alcohol related presentations that will come through our Emergency Department doors."

Dr Winder predicted: "The Government's new legislation will go a long way to reducing some of the horrific injuries that I, and many of my surgical colleagues, have had to contend with in recent times."

Since the legislation was introduced, St Vincent's has seen a reduction in overall alcohol related presentations including a sharp decline in serious alcohol related assaults.

Drawing upon the experience and expertise of our clinicians and other health professionals in St Vincent's Hospital Melbourne as well as in Sydney, SVHA formed a Working Party on Reducing Alcohol Related Harm and Violence and is preparing a comprehensive advocacy approach to promoting behavioural change in relation to the misuse of alcohol with the aim of reducing alcohol-related hospital presentations and admissions, and ongoing innovation in clinical screening, early intervention and treatment.

Exceptional Care



Goal 1: Effective clinical governance

Our clinical governance program is designed to ensure that the care provided to all our patients, residents and clients is safe and of the highest standard. In 2013-14, we provided care for over 250,000 admitted patients in our public and private health facilities across a diverse range of services. The majority of care delivered in SVHA is very safe and effective. However, despite developing systems for reliability, and the excellent skills, training and best intentions of our staff, occasionally, as in health systems across the world, things may not go as expected. When this happens, it causes distress for patients, families and staff, particularly when the consequence is severe.

Patient safety

A key component of effective clinical governance is patient safety. At SVHA we strive to understand the way our health care is delivered and to develop systems that will reduce the likelihood of future adverse events that result in patient harm. We have programs in place to identify areas of clinical risk including a sophisticated incident management reporting system that also captures

complaints and feedback, monitoring of medico-legal claims and regular surveys to understand our patients' experience of care. The information and analysis from these systems are used to drive quality improvement throughout the organisation.

Incident management

SVHA has worked hard to develop a culture and systems that actively encourage staff to report incidents – known in health care as adverse events. Insights gained from analysing incident information are used to improve patient care and provide us with opportunities to learn about and correct problems. We use an incident management system called RiskMan to manage safety and quality risks to maximise patient/resident safety and care across the entire SVHA network.

The information gained from our systems allows clinicians and managers to learn about and to use this knowledge to improve the safety and quality of clinical care. In the last 12 months, over 90% of all incidents notified resulted in minimal or no harm. Data from these events is aggregated to identify opportunities for improvement. Analysis of this data in 2014 has identified that the pattern of incidents reported at SVHA is broadly similar with other publicly available

reports. Data of this nature identifies opportunities for improvement across the organisation. For example, the analysis identified that 41% of falls occurred within the first 24 hours of admission. Each SVHA facility has a falls assessment program in place to identify patients at risk of a fall and this information is used at the facility level to improve local processes around falls risk assessments.

Serious adverse events

Serious incidents do sometimes occur in our facilities, and these incidents have an enormous effect on the lives of the patients involved and their families as well as the staff caring for them. These incidents, known as serious adverse events, represent less than 0.5% of all notifications across our facilities. This rate is largely consistent with other large scale health systems' reporting rates of adverse events such as New South Wales public hospitals and the UK National Health System. When these incidents do occur, there is a rigorous process for investigation. There is also an open disclosure process that ensures patients and their families or carers are provided with timely information on what has happened, why it occurred and what steps are being taken to prevent it happening again.

90%

In the last 12 months, over 90% of all incidents notified resulted in minimal or no harm.

250,000

In 2013-14, we provided care for over 250,000 admitted patients in our public and private health facilities.

0.5%

Serious adverse events represent less than 0.5% of all notifications across our facilities.

In October 2013, St Vincent's Hospital Melbourne was surveyed under the new national standards and the EQulP National framework. The survey coordinator said she had not met a more "consistently enthusiastic, committed and dedicated" team. Other surveyors said that staff, whether they were engaged in clinical care or not, saw their role in a patient care context. "The respect and inclusion you clearly display to your clients is a credit to you and I feel privileged to have been able to witness it."

Accreditation

Australia's 10 National Safety and Quality Health Service Standards (NSQHS) were designed to protect the public from harm and improve the quality of health service provision. During 2013-14, all but one of SVHA's facilities underwent a scheduled accreditation event¹. Four facilities underwent an organisation-wide survey and three facilities an interim or 'periodic' review under the NSQHS Standards.

In addition to the National Standards, SVHA made a decision for each acute and sub-acute facility to participate in the Australian Council on Health Care Standards EQulP National program comprising five additional Standards that focus on the performance of non-clinical systems as part of the comprehensive organisation-wide assessment. The program comprises 15 standards in all.

As part of the National Accreditation Program, facilities undergoing a periodic review are only assessed against Standards 1, 2 and 3 (Governance, Partnering with Consumers, and Preventing and Controlling Healthcare Associated Infections). All SVHA facilities undergoing accreditation met all of the required core standards with no high priority recommendations being made.

Across our facilities surveyed to date there have been 13 criteria assessed as 'Met with Merit'.

This indicates that in addition to achieving the actions required, measures of good quality and a higher level of achievement were evident. This indicates

that a culture of safety, evaluation and improvement is evident throughout the organisation in relation to the action or standard under review.

Key themes identified from the 'core' recommendations include:

- systems to review policies, procedures and guidelines
- credentialing (mostly addressed by our e-Credentialing system)
- incorporating consumer feedback in patient information/publications
- training on patient centred care
- food storage
- patient identification systems/ time out
- clinical handover, and
- evidence based wound management.

Quality improvement is an ongoing process. This means that the activities aimed at reducing risks to our patient, residents and clients will be at various stages of implementation across facilities. Where recommendations have been made at individual sites, our facilities have developed a quality improvement plan that identifies actions and initiatives to address the issues. These recommendations and plans are shared across our facilities so that all can be part of the learning and improvement process.

¹ St Vincent's Private Hospital, Melbourne is due to undergo its accreditation survey in October 2014.



Nocturnal dialysis helps patients

In the 2013 Victorian Public Healthcare Awards, the St Vincent's Hospital Melbourne Nephrology team won the Award for Excellence in Patient Centred Care for the Nocturnal In-centre Haemodialysis service.

This program, the first of its kind in Victoria, provides an opportunity for optimal overnight dialysis for those whose social circumstances had previously made the option impossible.

There is increasing evidence of improved survival and better clinical and psychological outcomes in patients who have longer dialysis sessions.

The service represents a paradigm shift for those involved with care of satellite dialysis patients – essentially bringing what was an exclusively home-based therapy into the dialysis facility environment.

Patient satisfaction with the service has been very high and it has delivered meaningful improvements in blood pressure control, blood chemistry, cardiac function and quality of life.

Looking after regional patients

At St Vincent's Private Hospital, Melbourne, 40% of patients from our key specialities Cardiac Services and Neurosurgery are from regional areas of Victoria and New South Wales. To better understand the experiences and specific needs of these patients, five focus groups were held in Bendigo, Swan Hill and Shepparton.

Regional patients were asked to rate their experience at the hospital. The average score was 9.25 out of 10, a clear thumbs up for the care and service we provide. The participants provided suggestions for improvements which will enable us to assist regional patients with some of the logistical challenges they face.

Patient feedback included:

"One nurse played cards with me after finishing his shift."

"Staff made sure I got my evening cup of coffee like my wife does for me at home."

"Staff went out of their way to get some ice creams for the grandkids."

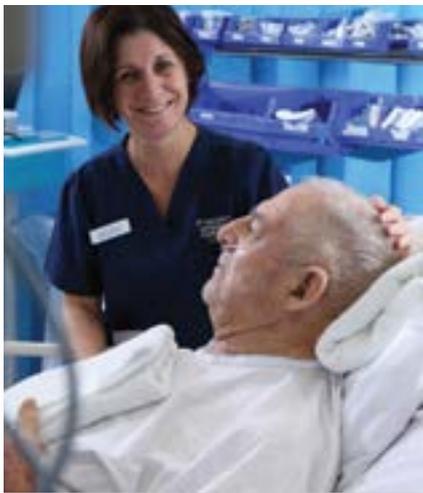
Delivering patient satisfaction

In a raft of recent independent patient surveys St Vincent's Private Hospital, Sydney has out-performed peer Australian hospitals, peer American Hospitals, and even peer Magnet designated hospitals internationally.

The Magnet Recognition Program is operated by the American Nurses Credentialing Center and is internationally considered the highest recognition for nursing and health care excellence.

"For a hospital that has focused on patient centred care for 105 years, this is a huge affirmation of what we're all about," said A/Prof Jose Aguilera, Director of Nursing at the hospital.

The hospital outperformed most hospitals within the Equip National ACHS Accreditation program. The focus is on assessing a hospital's capacity to provide patient centred care by gauging both patient satisfaction and experience. With scores in the 96-99 percentiles and a peerless net promoter score of 81.2%, the hospital can take pride in knowing that 105 years on, it is still fulfilling its mission.



Annual Quality Awards

Our annual Quality Awards recognise and celebrate the work of our people who are leading the way in quality, excellence, innovation and safety across our health and aged care services. In 2013, we received more than 55 award submissions from across the organisation. The entries encompass innovative programs with demonstrable benefits, particularly real-life impact on patients, health service provision and the community, using sustainable approaches that can be translated to other health services.

Diabetes breakthrough

St Vincent's Hospital Melbourne is home to a new centre that will deliver a revolutionary medical treatment to people across Australia suffering from life-threatening Type 1 diabetes.

This novel procedure, which began as a collaboration between the hospital and St Vincent's Institute of Medical Research eight years ago, involves isolating islets from a donated pancreas, then infusing them into the recipient. Once transplanted, the islets begin to produce insulin and can actively regulate the level of glucose in the blood.

Unstable Type 1 diabetes, in which patients are unaware they have dangerously low blood glucose levels, is a complex condition that can cause frequent unconsciousness and if not managed adequately can be deadly.

The life changing procedure gives hope to patients with unstable Type 1 diabetes who cannot be treated with traditional insulin injections.

Hospitals rated best by patients

Australia's largest not-for-profit health fund HCF, recently released the results of its 2013 patient survey of the hospital experiences of more than 11,000 of its members from across Australia.

St Vincent's Hospital Sydney and Mater Hospital, North Sydney were both rated in the top 10 of all the public and private hospitals across Australia. Of these top 10 hospitals, St Vincent's is the only public hospital.

St Vincent's Private Hospital, Sydney was rated in the top 10 medical teams in Australia based on the likelihood of members recommending the medical team that treated them to a friend or a colleague.

30 years of heart lung innovation

Major transplant milestone

2013 marks 30 years since the late Dr Victor Chang launched St Vincent's National Heart Transplant Program and performed life-saving surgery on Australia's youngest heart transplant recipient, Fiona Coote.

Today, Fiona is the longest surviving transplant recipient in the Southern Hemisphere, and the expanded Heart Lung Transplant Unit has performed more than 870 heart, 763 lung and 84 combined heart-lung transplants with survival rates that surpass international benchmarks.

At a special event to mark this significant milestone, NSW Health Minister Jillian Skinner acknowledged some of the remarkable achievements and Australian firsts at St Vincent's Hospital Sydney, including the first bilateral lung transplant, the first heart lung transplant, the first single lung transplant, the first implantation of mechanical assist devices and the first implant of a total artificial heart.

"The pioneering efforts of Dr Victor Chang - which have been continued by the Unit's multi-disciplinary approach to patient care - have ensured that St Vincent's Hospital is recognised internationally as a leader in heart lung transplantation", Minister Skinner said.

Fiona recounted her extraordinary story that began as a 14-year-old girl, who, with the dedication of the doctors, nurses and support staff, overcame all odds to go on to live a full and healthy life. "St Vincent's has supported and cared for me for 30 years, and for that I will be forever grateful", she said.



Heart transplant recipient Fiona Coote, NSW Health Minister Jillian Skinner and A/Prof Phillip Spratt - a surgeon on Fiona's original transplant team and now Director of St Vincent's Hospital Heart Lung Transplant Unit

"St Vincent's has supported and cared for me for 30 years, and for that I will be forever grateful."

Fiona Coote



St Vincent's transplant recipients [from left] Daniel Sammut, Rachel Gralton, Jessica Sparks, Fiona Coote AM, Stephen Ellwood and Lisa Kontos.

Rachel's story

Born with Cystic Fibrosis, Rachel Gralton was struggling to breathe, let alone live the life of a normal 19-year-old.

With a severely reduced lung capacity, Rachel was critically ill and placed on the waiting list for a bilateral lung transplant. In 2013, under the care of Professor Allan Glanville, Medical Director Lung Transplantation, Rachel had a bilateral lung transplant at St Vincent's Hospital's Heart Lung Unit, now in its 30th year of operation.

"When Rachel came to us she was a very sick young woman, unable to breathe without assistance and with a very poor quality of life. Bilateral lung transplantation is a massive undertaking for both the patient and our specialist staff, but the results are extraordinary. Watching patients like Rachel go on to live full, healthy and happy lives would not happen without the wonderful gift from the organ donor and their family", said Professor Glanville.

With the world-class expertise, care and support from the St Vincent's Transplant team, Rachel made a swift recovery. Today she is a bright and healthy young woman, and is in perfect health.

"It's amazing, I go for a run every day and it's just so liberating not to feel breathless," says Rachel, "It has changed my life."

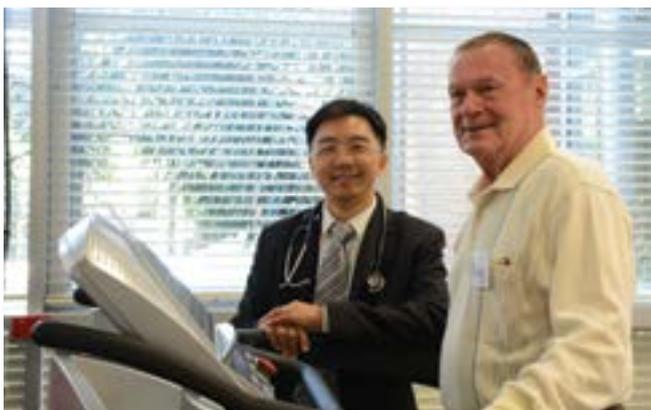


Cardiac rehab unit opens

Holy Spirit Northside Private Hospital offers an exceptional Day Cardiac Rehabilitation Program, specifically designed to help people with cardiac disease get back on their feet and lead an active and healthy life.

The hospital's approach to cardiac rehabilitation is multidisciplinary and includes a cardiac rehabilitation clinical nurse coordinator, physiotherapists, dietitian and pastoral carers. The monitored, six-week cardiac program is tailored to each individual, and focuses on achieving goals.

Adequate rehabilitation means most cardiac patients can return to their normal activities, lead enjoyable and productive lives and have reduced risk of further cardiac events. Cardiac rehabilitation provides patients and their families with a program of education, information, physical activity and emotional and spiritual support.



Dr Roderick Chua, Cardiac Advisor with Ray Hannah, the first cardiac rehab patient at Holy Spirit Northside Private Hospital.

Heart in a box

St Vincent's Hospital Sydney's Heart Lung Transplant Unit is pioneering the use of a novel portable console to house and transport donor organs, significantly expanding the pool of organs that can be used to increase the number of heart transplants performed in NSW.

The ex-vivo Organ Care System involves the transplant retrieval team connecting the donor heart to a portable circuit where it is kept beating and warm. This limits the detrimental effects of cold ischaemia which occurs with the standard organ preservation mode of packing the heart on ice in an esky. Once the donor heart is connected to the device, it remains beating until it is ready to be placed inside the recipient.

The greater versatility provided by the Organ Care System is projected to see St Vincent's increase its heart and lung transplants by as much as 50%.

Already the Unit has conducted four heart transplants using the system. All four gravely ill patients received marginal donor hearts that previously could not have been used were it not for the availability of the new device.



“ Person Centred Care acknowledges my humanity and respects my individuality. ”

Don Berwick, a leading authority on health care quality and improvement in the US.

Goal 2: Fostering a culture of Person Centred Care

To improve the patient and resident experience of care across all of our facilities, we have embarked on a comprehensive Person Centred Care Initiative. Our first step in this initiative was to understand the patient/resident and their families' experience of care. We knew that we needed to elicit and understand our consumer views and feedback in order to develop targeted strategies to improve that experience and ensure we are providing the highest quality of Person Centred Care.

Working with a recognised international leader in the provision of surveys in the health and aged care sectors, we developed a national Patient Experience Survey. This customised survey tool was the first of its kind to be used in Australia and has enabled us to not only widely benchmark here but also internationally. The survey tool pioneered by SVHA, is now being used by Press Ganey across many more of its clients which will enable greater national benchmarking in the future.

So far we have heard from more than 6,000 patients and their families and we are grateful for their feedback about the care they experienced at SVHA hospitals. A summary of the key quantitative data from the survey responses so far is shown on page 29.

Compliments and complaints from our Patient Experience Survey

- “I had two admissions to St Vincent’s Hospital. On both occasions the courtesy and respect I was afforded from the staff across all disciplines and departments were faultless and outstanding.”
- “One of my daughter’s nurses went above and beyond her duties by donning some fairy wings at my request as my daughter believed it to be a fairy hospital.”
- “All staff that attended to me were professional, respectful and easy to understand when they explained things to me.”
- “I would recommend to all of my friends what wonderful treatment and care I had.”
- “Overall, I felt they didn’t really care and when I the pressed buzzer, I felt like a burden. The nurses would come in and say “Yes? What do you want?”
- “It took three days for anyone to notice that I was unable to eat because I had a chronically sore tongue and mouth.”
- “While the staff treated me well, I wasn’t involved in any decision making processes but was simply advised of what would happen next.”
- “Strange to be taken to the toilet or shower by nurse, undies and gown removed, bottom wiped and body dried without asking.”

Survey feedback

Feedback from the survey suggests that we are performing very well in the following areas:

- courtesy of all our staff, in particular, the nurses, doctors, staff at the admission desk, the x-ray staff, staff taking blood and the religious and pastoral care staff
- nurses attitudes toward patient requests
- staff’s concern for patients’ privacy
- the likelihood of the patient recommending our hospitals to their friends and family, and
- patients overall rating of the care provided during their stay.

The areas where we need to focus our improvement efforts are:

- the helpfulness of staff at mealtimes
- staff addressing patient’s emotional, spiritual and cultural needs
- how well staff involved patients and their family in their own care and decisions regarding treatment

- staff’s attitude towards patients’ visitors
- staff’s response to any concerns or complaints raised while in hospital
- the communication and coordination between all staff looking after a patient, and
- preparing patients appropriately for discharge.

The results of our Patient Experience Survey assist us to identify priorities at a group and facility level and ensure we focus our improvement efforts on what really matters for patients and their families – improving the SVHA patient experience and satisfaction over the coming years.

We have developed a range of resources including templates, toolkits, guidelines and factsheets to support both staff and consumers to work in partnership and advance the practice of high quality Person Centred Care. These resources are currently being trialled by staff across SVHA. For more information about our Person Centred Care, please visit: www.svha.org.au

“If we are serious about transforming health through the healing ministry of Jesus there is no doubt how we care for and interact with our patients and residents is vital. We need to ensure we are practicing Person Centred Care everywhere, all the time.”

Group CEO, Toby Hall

Remarkable People



Goal 1: Investing in our people

Our remarkable people bring our mission to life each day. It is through our people that we are able to lead transformation in health care inspired by the healing Ministry of Jesus. We employ more than 17,000 dedicated and skilled staff who integrate our mission, vision and values into every interaction with our patients, their families and the community.

Directors of Mission

St Vincent's employs Directors of Mission in our public hospitals, private hospitals and aged care facilities to support staff in the delivery of care that upholds the Catholic health and aged care tradition of caring for people in need. Our Directors of Mission work with staff and the leaders of our health services to ensure that they understand and nurture our culture of care, especially our respect for the dignity and uniqueness of each person we serve. The Directors of Mission help staff to continue the tradition of care founded by the religious congregations that established our services, realising Jesus' vision of hope and love for each person that lies at the heart of the Gospels. Directors of Mission provide education, policy advice, and strategic leadership for our staff that promotes and celebrates our mission in healing environments where our values of compassion, justice, integrity and excellence are clearly evident.

Executive Leadership Program

Our first Executive Leadership Program aimed to identify and develop senior leadership capability was completed in 2013. Participants from across the organisation partnered with a senior executive and worked in groups on projects relating to specific workplace issues then presented their findings

to the annual Senior Leadership Conference. The next program will start in November 2014.

Career and succession planning

We implemented our first group-wide approach to career and succession planning enabling us to:

- invest in SVHA's current and future leaders to strengthen our Catholic Identity and the long charism of Mary Aikenhead
- identify, retain and develop talented staff
- identify key roles and establish a strong pipeline of successors for such roles
- develop agile responses to urgent resourcing needs, and
- manage underperforming staff.

Leadership Development Assessment

We developed and implemented a customised multi-rater questionnaire for the leadership group in SVHA. The results of the assessment are provided to each individual to assist in their development as leaders. The questionnaire was developed with reference to behaviours we expect from leaders in living our mission and values and in displaying the core capabilities we require our leaders to exhibit.

Employee Assistance Program

SVHA's Employee Assistance Program offers a voluntary counselling and advisory service that provides assistance with personal and work related problems to employees and their immediate families.

To support this program we launched This Way Up, a clinician guided, proven internet based learning program run by the Clinical Research Unit for Anxiety Disorders (CRUfAD) based at

St Vincent's Hospital Sydney. This provides staff and their families with an alternative online service if they require treatment and support for depression, panic disorder, social phobia, generalised anxiety disorder and mixed depression and anxiety. The program has been widely used by our staff and is a great support to the existing Employee Assistance Program.

Outstanding clinical training

St Vincent's Hospital Melbourne won Victoria's prestigious 2014 People in Health Clinical Training Award – known as the 'ViCTA' (aka the 'Health Gold Logie'). The Award reflects the outstanding quality and originality of the hospital's education and training programs.

The hospital's Clinical School is Victoria's most sought after. For the last 10 years its student physicians have achieved a 92–100% pass rate, compared to the national average of 65–70%. The graduate nursing program is the most popular in the state, and the many stand-alone and collaborative education programs clearly demonstrate the hospital's commitment to providing, promoting and inspiring lifelong learning across all health professions.

In addition, St Vincent's Hospital Melbourne's Aboriginal Nursing Cadetship Program was a finalist in the Koolin Balit Achieving Results in Health Award. Now in its third year, the program is a significant feature of the hospital's Aboriginal Employment Plan and has recently expanded to include Aboriginal allied health students.



We employ more than **17,000** dedicated and skilled staff who integrate our mission, vision and values into every interaction with our patients, their families and the community.



The ICU dietitian team at St Vincent's Hospital Melbourne.

Leading the way in ICU nutrition

St Vincent's Hospital Melbourne is recognised as a global leader in intensive care nutrition. The hospital placed fourth in the 2013 International Nutrition Survey 'Best of the Best' award amongst a field of 116 qualifying Intensive Care Units and was the highest ranking health service in Australia.

Management of the critically ill patient requires complex care from a multidisciplinary team of clinicians with specialist skills and knowledge. An essential aspect in this collaborative care is optimal nutrition, which has been shown to improve clinical outcomes of patients in intensive care.

Conducted every two years, the International Nutrition Survey is an audit of nutrition practices based on a number of criteria, including how quickly nutrition commences, use of a feeding protocol, overall adequacy of nutrition received, appropriate management of feeding intolerances and sufficient control of blood sugar levels.

Goal 2:

Fostering a workplace culture of no harm

Throughout our organisation, we identified that we have a serious problem with the safety of our people. Our focus on patient care and safety has always been paramount and this will never change but we have neglected to manage the safety of our people as effectively as we do our patients.

To address this poor Workplace Health & Safety (WH&S) performance a multi-faceted approach has been initiated:

- WH&S KPIs for the Group Executive and the Board have been reviewed and are now presented based on best practice, clearly defining lag indicators, operational risks and leading indicators.
- Safety is now an agenda item at the start of all formal meetings in the organisation.
- DuPont, a leading organisation in safety culture change, has been engaged on a 36-month change program for our three private hospitals in Melbourne and a 30-month change program at Holy Spirit Northside Private Hospital in Brisbane.
- A WH&S Management System Audit tool has been developed based on Australian Standard 4801:2001 *Occupational Health & Safety Management Systems*. An audit was conducted by SAI Global using the tool at St Vincent's Hospital Melbourne.
- Our national WH&S sub-committee has been reinvigorated and meets regularly to share information and devise strategies. SVHA's local WH&S committees are well established and working effectively.
- The concept of Zero Based Harm as an aspirational goal has been endorsed by the Board and is being introduced to the organisation.

We have embarked on a significant change program across the organisation to improve our workplace safety performance. The initiatives we have put in place are the first steps in this program and have resulted in a 20% reduction in our Lost Time Injury Frequency Rate (LTIFR) across the organisation over the last 12 months.

LTIFRs for each of the Divisions in SVHA as at 30 June 2014:

Private Hospital Division	15.08
Aged Care & Shared Services	13.08
Public Hospital Division	6.59
Overall Group result	9.89

These LTIFRs are unacceptably high and the focus is on improving each year towards our goal of Zero Based Harm.

Expert implants mini monitor

Dr Uwais Mohamed, an Electrophysiologist at St Vincent's Private Hospital, Melbourne was amongst the first experts in Australia to implant the world's smallest cardiac monitor.

The monitor is capable of wirelessly diagnosing potentially dangerous irregular heartbeats and disarming the 'ticking time bomb' for those Australians who live unknowingly with chronic heart conditions.

Without appropriate diagnosis and treatment, the effects of undetected or misdiagnosed heart rhythm disorders can be fatal and occur without warning. The new insertable cardiac monitor will be used to aid clinicians in detecting minute changes in a patient's heart rhythm by continuously monitoring, recording and storing data inside the device for up to three years. In addition, due to its wireless monitoring capabilities, physicians can be notified quickly if patients need medical attention between regular appointments.

“In nursing you are taught very early on not to be judgemental.”

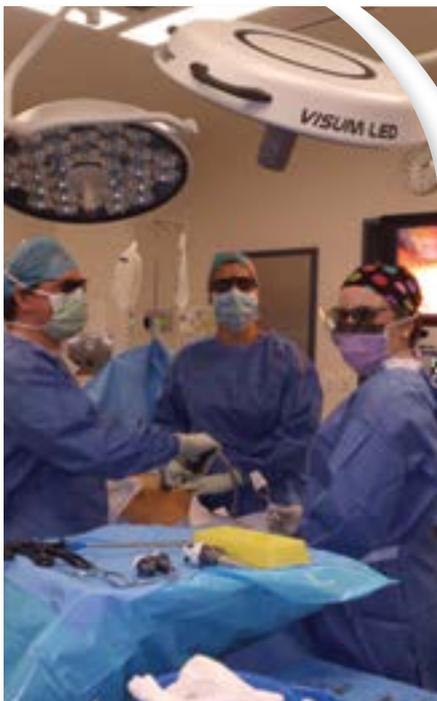
Live 3D surgery

Colorectal Surgeons, Dr David Clark and Dr Andrew Stevenson performed Australia's first live transmission of 3D laparoscopic colorectal surgery at Holy Spirit Northside Private Hospital. The surgery was telecast into the hospital's Sister Edith Centre for Education with 30 national and international colorectal surgeons in attendance.

The Colorectal Masterclass was a one-day workshop for delegates to learn and gain competencies in the latest laparoscopic approach and techniques using new 3D video laparoscopic and ultrasonic technology. Local and international colorectal surgeons moderated the two live and concurrent 3D surgical procedures, in addition to providing clinical education as the two cases progressed.

Dr Clark and Dr Stevenson have been teaching and training national and international surgeons, laparoscopic and surgical techniques to improve patient outcomes for the past 11 years.

Below: Dr David Clark performing Australia's first live transmission of 3D laparoscopic colorectal surgery.



Like us @SVPHMelb

St Vincent's Private Hospital, Melbourne's online community continues to grow via Facebook, blogging, Twitter and Instagram.

The blog and Facebook focus on the maternity market and share information for patients relating to pregnancy, birth and early parenting. One recent blog received over 50,000 Facebook views.

Staff use Facebook to share health messages with patients and visitors including reminders about the importance of hand hygiene and infection prevention, pelvic floor health, safe sleeping for babies as well as general health and wellbeing suggestions. During tram works or traffic incidents, we have been able to remind women due to give birth to allow extra time to arrive at the hospital, or where parking is available.

Social media is an important tool to share messages and stories about the importance of our mission and what we do. As a result, patients continue to donate generously to the hospital's outreach work and fundraising.



35 years of compassion

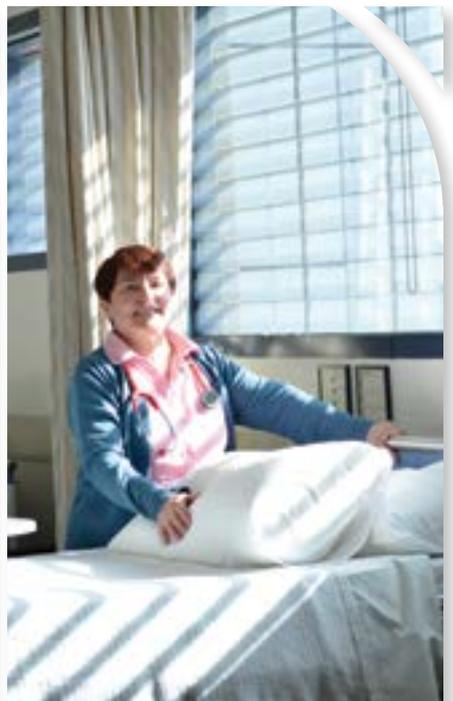
St Augustine's secure ward, located at St Vincent's Public Hospital Melbourne, provides health care for men and women in prison custody.

Mary Bickham was Nurse Unit Manager for almost 30 years at St Augustine's, caring for some of the most marginalised and disadvantaged people in society with complex health needs. Mary recently retired after 35 years of dedicated service at St Vincent's, a career that has been characterised by deep compassion and a commitment to social justice.

Mary said: "In nursing you are taught very early on not to be judgemental. I preferred not to know too much about what a patient may have done to end up in prison and looked at them as patients who need our care."

"One of my sayings is that they all have a mother, a father, maybe a brother or a sister, and by the grace of God, it could be me or someone I love in there."

Below: Mary Bickham





Aboriginal workforce initiatives

St Vincent's Hospital Melbourne's commitment to promoting cultural understanding among staff and supporting the next generation of Aboriginal clinicians was rewarded in Victoria's People in Health Awards.

Senior Aboriginal Hospital Liaison Officer Michelle Winters won the Aboriginal Mentor Award. Michelle has been instrumental in shaping the hospital's cultural awareness training and the development of partnerships with Aboriginal community controlled organisations, while also providing mentoring and support to the Aboriginal Hospital Liaison team. The ever-popular Aboriginal Heritage Walking Tour led by Michelle is a testament to her engaging and experiential approach to learning.

Above: Michelle Winters

Nursing cadetships

St Vincent's Hospital Melbourne Aboriginal Nursing Cadetship Program was among the top three contenders for the Koolin Balit Aboriginal Health Workforce Initiative Award.

Now in its third year, the program provides 12 weeks of paid clinical placements for Aboriginal nursing students. Cadets observe and work alongside registered nurses across an array of clinical specialties, giving the cadets the chance to build their confidence and skills in nursing, identify possible future specialty interest areas, and assist with their adjustment to the clinical environment.

The nurse coordinator, an Aboriginal Identified position, provides valuable cultural and clinical mentoring to the cadets and also delivers cultural awareness training to units receiving the cadets.

Sustainability & Growth

Goal 1:

Building an effective and efficient organisation

Strategy

SVHA is currently in the fourth year of a five-year strategic plan approved by the Board and Trustees of Mary Aikenhead Ministries. Our strategy focuses on four key result areas:

- Mission & Social Justice
- Exceptional Care
- Remarkable People
- Sustainability & Growth

The Board monitors progress against the strategy with the Group Executive on a quarterly basis.

The health and aged care environment in Australia and across the world is complex and fluid. In Australia, with both Commonwealth and state based funding, an ageing population, a greater understanding of the social determinants of health and the inequities evident in the health status and health outcomes of different communities across our country, it is clear we need to be both proactive and responsive if we are to truly make a difference to those in need.

We are developing a new strategic planning process to ensure our services remain relevant, sustainable and responsive to the needs of the poor and disadvantaged. The first draft of new strategic directions for the organisation will be presented to the Board in early-2015.

New divisional structure

In September 2013 SVHA moved from a regionally based structure to a service-line structure with three divisions – public hospitals, private hospitals and aged care & shared services.

The Divisional structure will support us to advance our mission through:

- leveraging specialist expertise in public health, private health and aged care to achieve excellence and growth
- using a shared services model to support us to deliver our services, ensuring a more effective stewardship of resources
- improving operational effectiveness for Person Centred Care
- sharing expertise and knowledge across the organisation
- aligning Group Support Services to better support the divisions, and
- providing a national advocacy voice on key social and health policy issues.

Electronic Patient Journey Board

The Electronic Patient Journey Board was rolled out across St Vincent's Hospital Melbourne in 2014, making important information about the patient's care pathway available at a glance, using any networked computer across the health service.

The board incorporates the key information captured in established patient journey boards – patient demographics, nurse and contact number, allied health referral status and discharge planning information. However, as an electronic tool, it allows for remote login, therefore enhancing access for the multiple staff groups and teams involved in the patient's care, who are not always physically co-located on the ward.

Other benefits of the electronic board include improved bed management across the hospital, through easier anticipation and monitoring of bed demand and enhanced data collection and reporting.

The electronic board is an excellent example of how technology can be used to improve the quality of care we provide across the entire inpatient journey, from admission to discharge.





New capital projects

- \$115 million redevelopment of St Vincent's Private Hospital, Sydney.
- Building of a new \$75 million private hospital in Werribee, Victoria.
- Building of a new \$20 million aged care facility co-located with the new private hospital in Werribee, Victoria.
- Planning a redevelopment of St Vincent's Private Hospital, Fitzroy campus in approximately two years' time.
- Increase overall aged care capacity to 2,000 residential beds over five years in New South Wales, Victoria and Queensland.

Goal 2: Growing to support community demand

The community need for medical, surgical and aged care services changes over time and we aim to grow and position our services to meet those demands.

A prime example is the demographic shift taking place toward a larger population of older Australians. The number of Australians aged over 85 years old is anticipated to double within the next 20 years due to increasing life expectancy and the ageing of the baby boomer generation.

As much of a person's need for care is concentrated in their later years this means more Australians will require hospital and residential or community aged care services.

St Vincent's is ideally placed to provide a continuum of care from community, outpatient, public and private hospital care through to aged care, rehabilitation services and palliative care. All our health care is delivered by a network of professionals backed up by strong research and education links.

Private Hospitals

Aside from aged care, the other major impact of a growing and ageing population comes from higher rates of chronic illness and disability which results in greater rates of hospitalisation and episodes of medical treatment. We are growing our private hospital services to meet this need. This year we opened new oncology beds at Holy Spirit Northside Private Hospital, our joint venture with the Holy Spirit Sisters in Brisbane.

We recently announced two major capital development projects:

- a \$115m redevelopment at St Vincent's Private Hospital, Sydney
- a new private hospital and co-located aged care facility in Werribee, Victoria for a total investment of \$95 million.

These significant expansion projects ensure that we are equipped not only to serve our mission of responding to community need, but to strengthen it – commencing a new chapter in our rich 175-year history.

Aged Care

To meet growing and changing demand, we have been expanding our supply of residential aged care beds. Recently announced expansions and new builds will take the St Vincent's aged care portfolio to 2,000 beds over the next five years. Our expanded footprint includes the construction of new facilities in Bronte, New South Wales (106 beds), Werribee, Victoria (80 beds – subject to granting of bed licences), and Maroochydore, Queensland (120 beds). This year we will commence building extensions to our facilities at Mitchelton in Brisbane (40 beds) and Southport, Queensland (40 beds). In March 2014 we commissioned 36 new apartment style residential aged care beds at Bardon in Brisbane. We have also applied for 80 beds at Werribee and 120 beds at Kew in Melbourne.

Our strategic approach is to extend current facilities where we have the land available and to build new facilities in partnership with other Catholic entities rather than focussing on acquiring facilities run by others. This is because buying existing facilities does not grow the number of beds available to the community. We will however acquire existing facilities if there are expansion opportunities or there are synergies with our existing portfolio. We have recently agreed to the transition of a parish owned 39-bed home to the St Vincent's aged care network in Sydney.

St Vincent's has an explicit focus on ensuring the less advantaged in our community are accorded the same opportunity as those who are more fortunate. Our aged care facilities run with the maximum number of supported residents they can while balancing that mission imperative with the need to operate on a financially sustainable basis. At present over 40% of our residential beds are provided to supported residents who enjoy the same facilities as those contributing to their care.

Within the aged care service we ensure that we offer as many community care places as we can and our residential offering encompasses the growing demand for dementia and other high need conditions. As an example we recently opened the Sr Maria Cunningham Centre in Auburn which offers specialist residential care for those afflicted by Huntington's Disease.



Expansion plans in Werribee

In June 2014, we announced plans to build a new private hospital and co-located aged care facility in Werribee for a total investment of \$95 million.

SVHA will invest \$75 million in the 112-bed private hospital and \$20 million in an 80-bed aged care facility on land it purchased two years ago in Werribee. The two projects will create full time employment for 350 staff as well as additional contract staff involved in the design and development of the projects.

St Vincent's Private Hospital, Werribee will include services for orthopaedic, obstetrics, cardiology, ear nose and throat, oncology, gynaecology, general surgery and rehabilitation. The hospital will include seven operating theatres, a day procedure unit and a cardiac catheter laboratory to provide additional health services to the people of Wyndham.

The hospital is expected to treat more than **16,000** patients annually from areas surrounding Western Melbourne.

The new aged care facility will support residents with dementia respite care needs and those residents who are financially disadvantaged.

Recognising that Wyndham is the fastest growing Local Government Area in Victoria, we are pleased to be providing contemporary aged care and much needed health services to the local community. These projects will allow SVHA to significantly expand our mission to those in need over the coming years.

Growth highlights

Major new wing for Mater

Construction is underway on Mater Hospital, North Sydney's North West Wing. The project features a purpose built, special care nursery with six additional special care cots for sick, premature and low birth weight babies or newborns with clinical conditions requiring special care and monitoring.

These enhanced capabilities will minimise the need to transfer critically ill babies to another hospital, ensuring that the majority of premature and low birth weight babies born at Mater Hospital are able to receive the care they need without delay.

With 16 individual patient rooms, parents of special needs babies will be able to stay close to their newborns, protecting the natural bonding experience between baby and parents during what can potentially be a very stressful time.

This component of the new North West Extension will bring Mater's Special Care Nursery to the forefront of patient care, further enhancing the hospital's reputation for world class medical and nursing care for mothers and babies. The North West Extension Project is scheduled for completion mid-2015.



Mater Hospital's new neonatal nursery is being generously supported by The Friends of the Mater Foundation.



[left] Project Director for the redevelopment of St Vincent's Private Hospital, Sydney, Dale McMahon with the hospital's CEO Robert Cusack.

Private plans

At St Vincent's Private Hospital, Sydney a new \$75 million East Wing is planned plus a \$40 million major renovation of the hospital's existing main building. Combined, these redevelopments will see the hospital provide a 20% increase in capacity to meet current and future demands with an additional 48 beds, three additional operating theatres, new ambulatory service of 10-15 treatment rooms and chairs, and space for 12 additional consulting suites.

Heart centre opening

St Vincent's Hospital Melbourne opened its new Heart Centre providing a 'one stop shop' for the prevention, diagnosis and treatment of cardiovascular diseases. The Heart Centre will help address the unmet demand for services with unacceptably long waiting list times and will treat approximately 8,000 patients per year through testing and consulting services.

New Fitzroy facilities

As part of its vision for safer, more integrated care, St Vincent's Private Hospital, Melbourne invested \$4 million in upgrades including four new obstetrician consulting suites, a new education facility and refurbishment of maternity rooms.

Electronic perinatal data collection

St Vincent's Private Hospital, Melbourne is the first private hospital in Victoria to implement a new electronic Maternity Clinical Information System which collects perinatal data in real time and electronically sends it to the Victorian Department of Health and the Department of Justice (Births, Deaths and Marriages). Data collected is available to staff and consumers and can be used for clinical indicators, research, education and benchmarking.

Designing for dementia care

Continuing the vision of the Sisters of Charity, St Vincent's Care Services (SVCS) is providing havens of high quality care for older people who are often the most vulnerable in our society. SVCS focusses on providing respectful homelike environments with staff that are trained in caring for the aged.

Contemporary, well-designed facilities that meet the unique needs of residents are important in all aged care facilities and particularly so in dementia care.

We estimate that 60% of residents in our aged care facilities have some form of dementia care needs including memory support programs and assistance with activities of daily living.

SVCS has been collaborating closely with Prof Richard Fleming, a leading expert on training and environmental design in dementia care based at the NSW/ACT Dementia Training Study Centre, University of Wollongong.

Prof Fleming has had significant input into the design of our new St Vincent's Care Services facility in Bronte, New South Wales.

"30 years of research has left us in no doubt that a well-designed environment will reduce confusion, agitation and depression while improving social interaction, engagement with life and wellbeing. Surprisingly, and disappointingly, this research is not always put into practice," says Prof Fleming. "Working with St Vincent's to apply the research findings to the new facility has been very satisfying."

Aged care for couples

To continue our mission, we must address the emerging and unmet needs in our community. Our commitment to providing modern, high quality aged care is a very practical translation and integration of the mission into our everyday activities.

Our new facility at St Paul's Villa, Bardon in Brisbane is an excellent model for the future. Aged Care Studio Apartments cater for ageing in place and will become an integral part of the St Paul's community enabling residents to remain in the facility and move through the different levels of care as their clinical needs change. This is our first purpose built aged-care facility to enable couples to receive care together on an ongoing basis.

We also opened 16 new Independent Living Units in Mitchelton, Brisbane as an extension to our Oxford Park retirement facility, comprising 58 Independent Living Units, hostel and high care accommodation.

New Huntington's unit

A new purpose-built Huntington's unit, was officially opened at St Joseph's Hospital, Auburn in November 2013.

Huntington's Disease is an incurable, genetic brain disease that typically affects people in their 30s and 40s and often has a devastating impact on the family members of those diagnosed.

The centre features four sub-acute beds for patients with Huntington's Disease who require psychiatric support. There are also 14 specially configured residential rooms that provide an enriched environment for people with Huntington's who require long-term care.

In keeping with our mission to respond to community need, this facility addresses the unique needs of those in our community with Huntington's Disease and provides support to their families and carers.

Right: Purpose built aged care studio apartments at St Paul's Villa, Bardon enable couples to receive care together.



We estimate that 60% of residents in our aged care facilities have some form of dementia care needs.



Social Responsibility Account



Each year SVHA makes decisions to stand with and serve those who are living on the margins of our society. Our organisational commitments to health service provision for those who are in prison, those who are homeless and to build effective care through partnering with Aboriginal medical services are important ways of promoting social justice and good health outcomes for men and women who are often lost in the health care systems of our cities.

Our decisions mean that we partner with government to support such initiatives. Over and above these government funding relationships in 2014, SVHA committed another \$9.1 million and tens of thousands of voluntary hours from our own organisational resources. It is these decisions and allocations from our own resources that make our commitment to Social Justice real and tangible in the lives of those living on the margins in our society.

Our service to society

Social Responsibility is the difference that St Vincent's makes because our mission directs us to. We seek out and serve those Australians who are still so often subject to exclusion and poverty and living on the margins of our community.

Ours is a contribution to the challenges of poverty and injustice. There is much we need to learn and develop to be more effective in our programs for those who we wish to accompany to better health outcomes.

Over the coming years we will invest more in our evaluation and research on the causes of poverty and injustice with regard to health outcomes.

Community Health Benefit

Our Community Health Benefit programs reflect the difference we seek to make to people's health and wellbeing over and above our contracted services. We especially seek out those people who struggle to link in with health services due to social or geographic isolation or cultural circumstance. Our programs and services are evidence based and designed to meet the needs of the specific population groups served. Our programs and services include the provision of patient concessions, health outreach programs, clinical education and research.

Safe withdrawal at Gorman House

Gorman House based at St Vincent's Hospital Sydney is a 20-bed non-medical residential withdrawal unit. The unit provides a safe, supportive and non-judgemental environment for residents to withdraw safely and comfortably from short-acting substances like alcohol, heroin, cocaine, and amphetamines.

Clients of Gorman House include people who do not access health care services effectively, for a range of health and psychosocial reasons. Engaging

this group in health care and other support services requires persistence, mutual respect and the generation of a trusting relationship. Often, simply engaging an individual in health care is a significant measure of success. To achieve continued engagement and active involvement in care is intrinsically a positive outcome for both client and service alike.

People who come to Gorman House are often homeless and have mental health issues. It is accepted that those who do access the service are at different stages within their alcohol or drug use. During their stay, residents work with staff to address their substance use and minimise substance use related harm.

The service is funded by the NSW Ministry of Health with ongoing support from the Order of Malta through fundraising which provides \$100,000 per annum.

Below: Sr Maurus Tierney RSC, providing food to unemployed men near St Vincent's Convent, Potts Point, Sydney c. 1933.

Gorman House provided
1,310 episodes of care
(as of 30 May 2014)



We committed \$9.1 million of our funds, and tens of thousands of voluntary hours of service to help 2,522 people directly and at least 10,000 people indirectly.



Louise McMaster, Residential Support Worker at Tierney House with Cameron French, Homeless Health Service Manager.

Social Justice through Health

Through the provision of care, advocacy and research, we seek to change the structures and systems that lead to some people experiencing poorer health outcomes than others as a consequence of poverty, marginalisation or vulnerability. Our focus is on addressing the health care needs of Aboriginal and Torres Strait Islander people, people experiencing chronic homelessness and people living in the community seeking asylum.

Our efforts in regard to each of these communities are directed through our work in:

- 1. Clinical care:** through the delivery of services and community partnerships committed to bringing about long-term changes in health outcomes.
- 2. Research:** examining the social determinants of health to improve health services and guide initiatives.
- 3. Advocacy:** advocating for and contributing to health and social policy that aims to improve health services for all people, especially those experiencing poor health outcomes.

Mental health Koori beds

St Vincent's Hospital Melbourne provides five state-wide patient beds that offer a culturally appropriate and responsive service for Aboriginal people requiring acute mental health care. The specialist beds have dedicated consultant psychiatrist, psychiatric registrar and nursing staff trained to work in a culturally appropriate and sensitive way with Aboriginal patients.

The hospital aims to ensure continuity of care by working closely with clinical and support staff at the Victorian Aboriginal Health Service - Family Counselling Service and promotes engagement with follow up care and treatment. Continued monitoring and evaluation indicates that the service is making a positive difference in the lives of our clients.

We stand with and serve those who are living on the margins of our society.

Our work in homelessness

The Integrated Nursing Service at Brisbane Common Ground provides a range of health care services for 60 tenants, half of whom have come from a background of chronic homelessness. Many of these people have health care needs which were not well managed before moving into Common Ground. People who are homeless tend to not be well connected with general practitioners and seek health care from a hospital Emergency department when they are in a state of crisis. The nursing service helps tenants gain access to primary health care, learn about better managing their own health and coordinate visits to specialist services as required.

The nursing service is provided by St Vincent's Private Hospital, Brisbane in a partnership with Micah Projects and Mater Health Services Brisbane. Micah Projects is a significant provider of homelessness services in Brisbane focussing on social support and advocacy. The service is funded by Mater, St Vincent's Health Australia and the John T Reid Trust.

St Vincent's Private Hospital, Brisbane has also received funding from Queensland Health for a three-year pilot project to enhance the provision of health care services to Brisbane's homeless. Working in partnership with Micah Projects, the pilot involves collaborating with the Princess Alexandra and the Royal Brisbane and Women's Hospital on discharge planning and ongoing support for homeless people to avoid rapid re-admission to hospital and to enable better health outcomes.

Our work with Asylum Seekers

St Vincent's Clinic in Sydney continues to provide pro bono specialist medical services for clients of the Asylum Seekers Centre in Sydney who cannot access Medicare. The program offers pathology, radiology, ultrasound, CT scans and MRI and Nuclear Medicine. The hospital's Pharmacy provides a service to the Centre enabling clients to have their prescriptions filled at no charge. The costs are billed to the Asylum Seeker Centre at substantially less than normal price, allowing the Centre to channel the savings into other areas of need for its clients.

St Vincent's Private Hospital, Sydney assists newly arrived refugees to gain employment in the wider community. Many have no translatable skills or their qualifications are not recognised. The program helps clients to prepare resumes and job applications, coaches them on interview etiquette and provides an overview of the Australian workplace.

The hospital has employed several people that have been referred from the program including two staff in the Food Services area and four casual employees in the Distribution department.

Our work with the Indigenous community

The Aboriginal Hospital Liaison Officer (AHLO) Program at St Vincent's Hospital Melbourne provides services to Aboriginal and Torres Strait Islander inpatients and in the Emergency Department as well as assisting Aboriginal outpatients to attend clinics.

The Aboriginal Liaison Officers assist in dealing with complex patient care and play a key role in community liaison and in linking with Aboriginal community agencies. There is increasing awareness of the Aboriginal Liaison Officers in the community and the program continues to grow in response to community demand. To ensure the program is addressing community needs, regular feedback is provided from Aboriginal community organisations via the hospital's Aboriginal Health Advisory Committee.

The program is also supported by St Vincent's Private Hospital, Melbourne through funding of the Aboriginal Liaison Officers to help expand the hospital's services to where the need is greatest.

Below: Mandy Punch, Aboriginal Health Liaison Officer, St Vincent's Hospital Melbourne.



Social Benefit

As a health and aged care service committed to bringing our mission to life, St Vincent's recognises that our response to those in need often extends beyond immediate health and support needs. We are proud to serve and participate in the community, endeavouring to respond to the needs of individuals and groups as they arise. Our community support includes direct donations to community providers, supporting our staff in volunteering in the community, and developing volunteer programs to draw on the generosity, skills and talents of those keen to work with us in our hospitals and aged care facilities.

Life-changing surgery

As part of its social responsibility program, St Vincent's Private Hospital, Melbourne performs surgery for up to eight children each year from overseas. These expensive and complex operations would be impossible for the children in their home country.

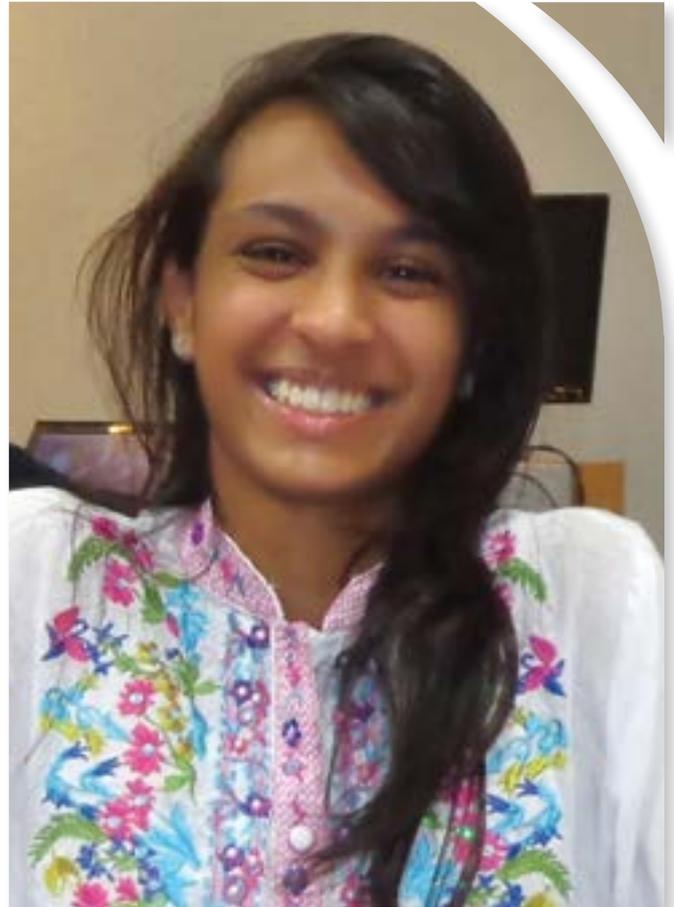
Kashmala's story

16-year-old Kashmala (pictured right) was critically injured while leaving her Church in Peshawar, Pakistan in September 2013 when suicide bombers detonated two bombs loaded with shrapnel.

The attack killed more than 100 churchgoers and seriously injured 150, many of them children. Kashmala, a high-achieving student sustained horrific leg injuries, eventually having her right leg amputated, and under threat of losing her left leg due to infection. Medical treatment, equipment and a prosthesis were beyond the financial capacity of Kashmala's family.

Kashmala was evacuated to Melbourne into the care of Children First Foundation and orthopaedic surgeon Prof Leo Donnan. Kashmala's first operation was performed successfully at St Vincent's Private Hospital in April 2014 and she is recuperating at Children's First Rehabilitation Farm in Kilmore. Kashmala has a goal to return to her family, and home in Peshawar, walking tall.

The hospital's Physiotherapy and Allied Health Team visit the rehab farm regularly to monitor the children's rehabilitation exercise programs and to train and educate staff and volunteers to support the children's health needs.



In 2013-14,
eight children
from overseas had
11 operations
costing **\$96,500**

Our environmental performance



Our footprint

Like many large health care organisations our activities generate a significant amount of waste and emissions and consume substantial amounts of energy, water and resources. In 2012, we committed to an environmental strategy to reduce our large environmental footprint and improve our environmental performance in four key areas:

- supply chain and procurement
- waste management
- buildings and physical environment, and
- utilities and greenhouse gas emissions.

In 2013-14 SVHA consumed 107 million kilowatt hours of electricity, enough to supply the domestic needs of a city of approximately 40,000 people. This consumption released approximately 120,000 tonnes of carbon dioxide equivalent (CO₂-e) into the atmosphere.

Our mission... our environment

Environmental stewardship is implicit in our mission to bring the healing ministry of Jesus to all we serve. Changes in the environment can have positive or negative impacts on health and social wellbeing. As a large health care provider, St Vincent's has a duty to ensure that the provision of that health care is offered in an environmentally responsible and safe manner.

We aim to fulfill our mission by addressing environmental issues within our facilities knowing that we do so, on behalf of those who are most often negatively impacted by poor environmental decision-making. It is often the poor, the young and those on the margins of society that are most affected by changes in the environment, both socially and in terms of physical and mental health.

We see environmental management as integral to social justice. The concepts inherent in Catholic Social Teaching such as stewardship, solidarity, justice, and

equity are also present in the main tenets of ecologically sustainable development. There are clear connections between what we aim to achieve as a Catholic health care provider and the practical delivery of health care in ecologically sustainable ways.

Managing waste

Bringing uniformity and a holistic approach to the management and monitoring of major environmental impacts at SVHA has been challenging due to the disparate number of energy and waste providers used across the organisation. In 2014 we rationalised our electricity supply and waste management service providers. We are now working in partnership with our new suppliers to achieve a more coordinated approach to the application of our environmental programs.

Energy auditing

During the year, we undertook major energy audits at two of our private hospitals in Toowoomba and Brisbane. The audits identified opportunities to make major energy reductions. We are currently considering several projects for St Vincent's Private Hospital, Toowoomba including:

- installation of large-scale solar PV installation generation
- a gas boosted solar hot water system to augment boiler performance and supply of hot water to the onsite laundry
- wholesale lighting upgrades
- interconnection of air conditioning systems on-site to allow staged use rather than multiple systems running in isolation
- upgrades to the building management system, and
- use of variable speed drives.

In April 2014, we appointed SteriHealth Limited as the sole provider of total waste management services for the SVHA group. Major benefits as a result of this initiative include providing us with:

- a single source of all waste generation statistics across both general and clinical waste allowing more accurate assessment of our overall waste footprint and to assess the impacts of any national programs aimed at reducing that footprint
- the ability to ensure that any measure implemented at one facility is replicated nationally and uniformly generating much greater impact on overall waste levels, and
- more cohesive and holistic education on waste management particularly to staff.

St Vincent's Hospital Melbourne is trialling the recycling of our PVC-based equipment such as hospital masks which would otherwise be incinerated or placed in landfill. The PVC is being used by a pipe manufacturer in Melbourne.

Segregating waste correctly is one of the biggest obstacles preventing SVHA from increasing our levels of recycling and diverting waste from landfill. To address this, we are working with our waste management provider to develop an education program for hospital staff to ensure that they are well versed in recycling and particularly in how to segregate waste correctly.

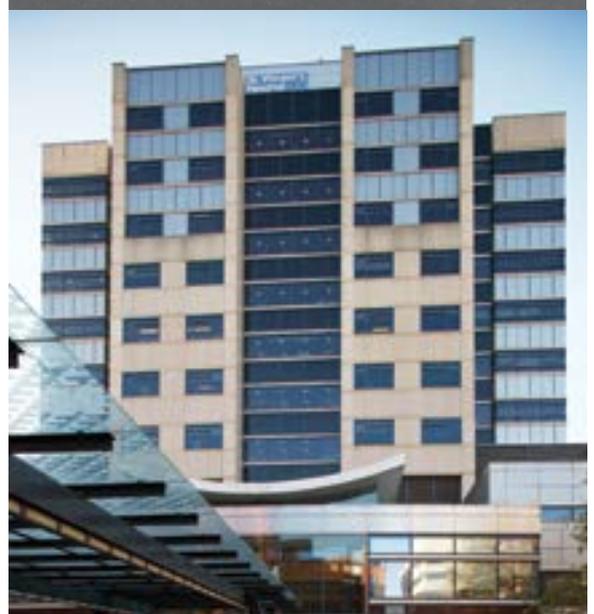
In the coming year, SVHA will implement a recycling and waste diversion program in three main ways:

- more tailored education systems on waste management, particularly for staff
- provision of equipment to better facilitate correct waste segregation, and
- partnerships with external providers of recycling or lower impact waste management solutions.

Right: St Vincent's Hospital Melbourne

Case study: Clinismart waste segregation projects

We are currently trialling the use of the Clinismart C64 waste segregation system at St Vincent's public and private hospitals in Sydney and our public hospital in Melbourne. The system allows better segregation of general and clinical waste that can be diverted to recycling and significantly reduces costs of clinical waste disposal. Clinical waste represents up to 30% of total waste generated, however general waste represents between 60%-95% of the waste found in clinical waste bins which means it must be processed as clinical waste. Due to the need to render clinical waste inert it is either autoclaved and/or incinerated. These processes require much greater direct energy input and generate greater levels of emissions compared to general waste. Reducing the level of clinical waste by correct segregation means major reductions in environmental impacts. Education is key to the success of this project and is part of a wider program to assist staff in correctly segregating waste and driving greater levels of recycling and diversion from landfill.

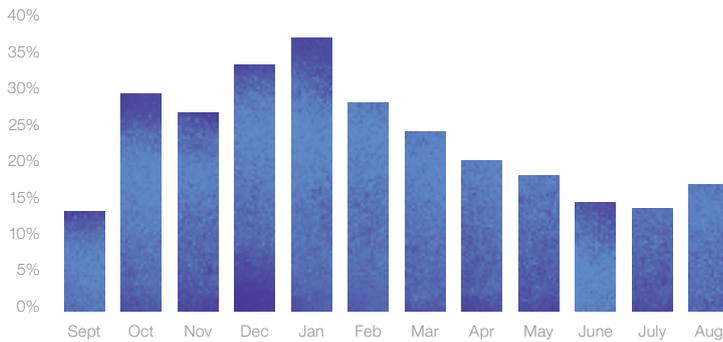


HVAC upgrades

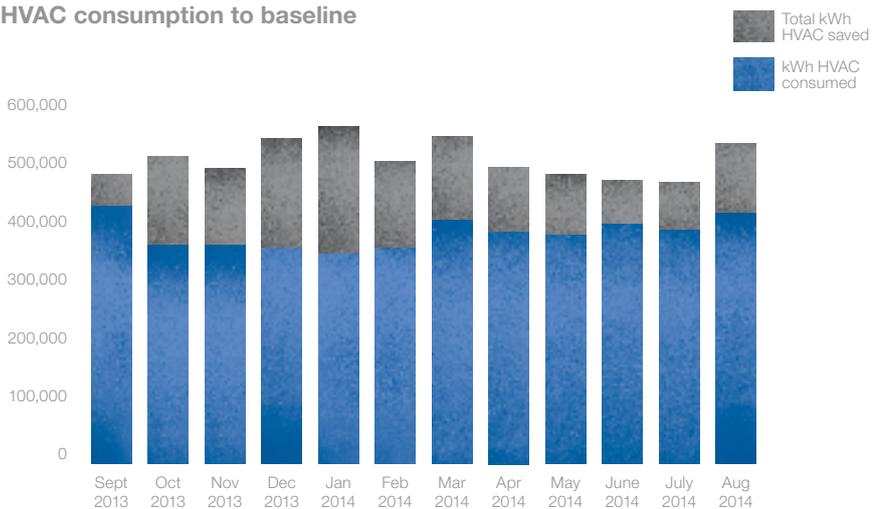
Through the use of additional software and more accurate building controls, Heating, Ventilation and Air Conditioning (HVAC) performance and efficiency has improved at St Vincent's Hospital Sydney. This increase in control and response has led to substantial savings in energy as well as delivering greater levels of comfort for those in the hospital.

Between September 2013 and August 2014 the system has generated savings in energy terms of 1.449 million kilowatt hours and cost savings of \$188,000 which in turn has led to emissions reductions of 1,380 tonnes of CO₂-e.

St Vincent's Hospital Sydney, Xavier Building: monthly energy savings on HVAC



St Vincent's Hospital Sydney, Xavier Building: HVAC consumption to baseline



SAVINGS
3,600,000
 Kilowatt hours saved in the Xavier Building due to energy efficiency projects in the last two years.

Xavier project

It is estimated that HVAC accounts for at least 50% of the energy use in the Xavier Building of St Vincent's Hospital Sydney. Upgrades to the building management system (BMS) together with lighting changes in September 2013 have generated major energy reductions in the Xavier wing of the hospital. The BMS upgrade has led to a 25% or 1.44 million kilowatt per hour decrease in HVAC consumption. The lighting upgrade led to reductions of 2.6 million kilowatt hours across the Xavier and St Vincent's Private Hospital sites, with the Xavier representing just over 80% of that (approx 2.15 million kilowatt hours).

Taken together, the lighting and BMS upgrade represent an annual saving of 3.6 million kilowatt hours per annum. Against the baseline total building consumption, this represents a reduction in total building energy use of 30%.

While all our buildings are different it is likely that similar savings can be generated at other SVHA facilities. If the potential of the St Vincent's Hospital Sydney example was realised across the SVHA portfolio this would see an energy reduction of almost 36 million kilowatt hours or around 34,000 tonnes of CO₂ emissions annually. This is our goal.



Targets

SVHA's 2012 environmental policy sets targets for reductions in environmental impact and increases in sustainable health care provision. To determine progress we divide our level of patient episodes by our totals for energy, waste, water and emissions. This ratio is then compared with that from the previous year to determine a year on year percentage change.

We use a ratio of patient bed day numbers to each environmental metric (energy, waste water and emissions) to allow for changes in productivity. As patient episodes go up (i.e. we treat more patients) it is likely that there will be an increase in energy and water consumed, and in waste and emissions generated. By using this ratio we can see if we have reduced the environmental load we generate in treating each of those patients, if we use only gross figures rather than taking into account patient levels, we really don't know if we are getting better environmentally. For example, the number of patients we treated grew by 1.9% in 2013-14, but our total electricity consumption dropped by 1.3% in the same period, which shows that we actually reduced electricity consumption even though we treated more patients.

2012/13	
Total electricity consumed (kWh)	109,072,861
Total patient bed days	1,102,882
Ratio generated	98.9
2013/14	
Total electricity consumed (kWh)	107,667,995
Total patient bed days	1,124,409.00
Ratio generated	95.8
Year on year increase in patients bed days	1.9
Year on year decrease in electricity consumed	1.3

Percentage change year on year
 $(98.9 - 95.8)/98.9 =$
3.13% Reduction

The baseline year for our targets is the 2013-14 financial year, with the targets compounding annually. The targets are:

- **1% reduction in the energy and water consumption ratio annually**
- **1% reduction in the ratio of waste generation and levels of CO₂-e emissions, and**
- **1% increase in recycling and reduction in waste going to landfill.**

Prior to the implementation of a group-wide environmental management program, our energy consumption had been going up at an average of approximately 3.5% per annum. However, the introduction of lighting upgrades and BMS augmentation on our Darlinghurst, Sydney campus, has seen this trend reversed and in 2013 for the first time electricity consumption within SVHA declined. The reduction of 0.71%, while modest, represents a reduction of over 4.3% against that trend.



Energy

We used more than 107 million kilowatt hours nationally in 2013-14, equivalent to the domestic consumption of a town the size of Orange, New South Wales.

There are many drivers that are pushing greater energy use in health care, primarily relating to the use of technology in diagnosis and treatment of illnesses, some with very large energy profiles. This means that without ongoing efforts to address energy consumption, these levels will continue to rise. The table below outlines by comparison the energy consumption of SVHA in the 2012-13 and 2013-14 financial year including fuels, natural gas and electricity.

Energy type	2011/12	2012/13	2013/14
Electricity (kWh)	109,908,736.00	109,074,651.00	107,667,995.00
Gas (MJ)	191,919,241.00	192,600,888.00	179,015,280.00
Diesel (L)	71,389.00	94,436.00	174,956.00
Petrol (L)	517,473.00	529,339.00	541,461.00

The 2013-14 FY will be used by St Vincent's as the baseline year for comparison purposes in determining our performance against environmental targets. However, as noted in 2012-13 we saw a reduction in our electricity use of approximately 0.7% while in 2013-14 this was further reduced by 1.3%.

SVHA is currently making changes to the way we collect and analyse our environmental data which will deliver greater accuracy around waste and energy for the 2014-15 FY.



Measuring the impact of our operations

Through our environmental management database we are able to track all major environmental impacts primarily relating to buildings and operations. Following is an outline of our overall annual environmental impact for waste, energy, water and emissions, along with historic indications of the change in these areas.

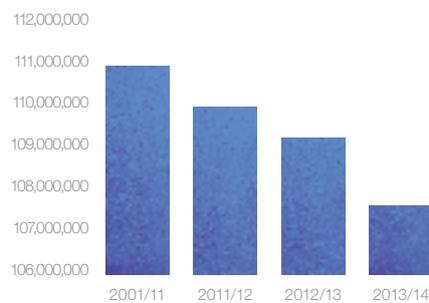
We are about to change from manual to bulk data upload from our service providers in waste management and energy. This will streamline the provision of data and make the information we work with more robust. The inclusion of meter data for our larger sites within the platform will also allow individual sites to monitor their energy consumption and address issues as they occur.

Electricity

As can be seen in the graph (right), SVHA has made inroads in addressing overall energy reduction. Looking ahead, we will be introducing new measures across all our major facilities to drive even greater reductions in energy use. As electricity is our major energy source and also our biggest source of greenhouse gas emissions we will concentrate efforts to address this in both cost and environmental terms. Such projects include delivery of large scale photovoltaic generation

at major sites, large scale lighting upgrades, better HVAC management and upgrades to BMS generally, voltage optimisation and power factor correction. As demonstrated at our site in Darlinghurst, Sydney, it is possible to make major impacts on energy use and consequently on indirect emissions of greenhouse gases.

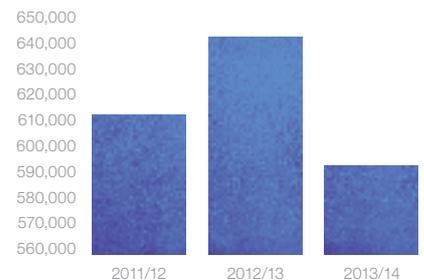
Annual electricity consumption (kWh)



Natural gas

Natural gas consumption is modest compared to our use of electricity and is primarily used to provide hot water and steam services within our facilities. To address the issue of gas fired boiler use and the provision of hot water services generally, SVHA will be tendering for the provision of gas boosted solar hot water systems to offset the use of boilers for hot water and reduce gas usage by raising the temperature of the feed water converted to steam also reducing energy use.

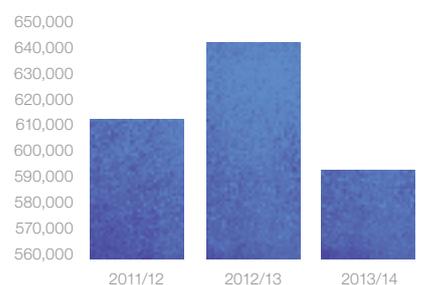
Annual natural gas consumption (GJ)



Water

In 2012-13, we reduced water wastage by sterilisers at our sites in Victoria by 30 million litres per annum. We continue to address water wastage in our laundry facilities through water recycling and storage systems and more efficient washing machines. This financial year we ran trials of water aeration systems in our hospitals with possible reductions in water use in showers of 40%, which could generate savings of 14,000,000 litres per year. The results of the trials will be used to drive the rollout of this solution in 2015.

Annual water consumption (GL)

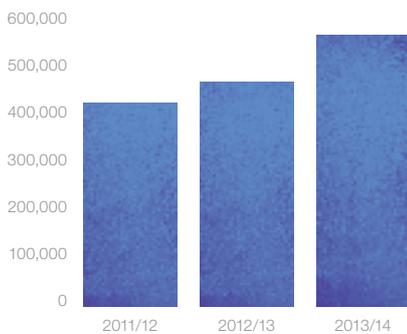


Waste

Audits conducted of our waste streams at several facilities showed that waste was not being correctly segregated and that levels of recycling and diversion from landfill could be increased greatly.

To address these issues, our provider for waste management has contractual requirements to provide education and training on recycling and correct segregation including the provision of visual aids. We are now on track to deliver outcomes such as better waste practice and improved levels of waste diversion such as the removal of PVC from landfill. The levels of recycling across the group have remained relatively static over the year but we expect these to improve these in 2014-15.

Annual waste - Clinical (Kg)



Challenges and opportunities

Health care facilities and hospitals in particular have an environmental footprint about 70% greater than that of commercial office buildings and represent some of the most energy

intensive enclosed spaces. Despite this, the amount being done to drive reductions in the health care sector is well below that seen in commercial real estate. This is partly due to the core nature of the services offered in hospitals where the focus is on healing the sick. Unlike the commercial office sector there has often been a lack of financial incentives to fully address energy and environmental impacts. Additionally, despite having one of the largest environmental footprints of any built space, hospitals are often overlooked by schemes designed to assist with driving greater energy efficiency and reductions in environmental impact. However, this is changing and the continuation of the NSW Energy Saver Scheme has assisted SVHA in driving a major energy reduction at our hospitals in Sydney. Other schemes are in place that do not specify the building type only the outcome, however with the demise of the carbon tax these sources may no longer be available.

Sustainability

Overall, St Vincent's and the wider health care community are proactively pursuing solutions to our environmental impacts and working to place our operations on a more sustainable footing. SVHA has put in place a single provider for our waste management enabling the implementation of major waste reduction initiatives in 2014 which were previously impossible under a patchwork of smaller providers. A single provider will also ensure that we capture more accurate and complete data on the waste we produce. We expect to report on major falls in waste levels over and above

current targets in the 2014-15 FY. We have implemented a similar approach in the procurement of electricity and the way we obtain information on our consumption which will allow us to more accurately assess the impacts of our projects in this area.



Supply chain

One area that must be more fully addressed by our organisation and across the board in health care is the sustainability of the supply chain. SVHA procures more than \$600 million in goods and services annually. This means that when the resources used to produce these are taken into account the full environmental footprint of SVHA grows significantly. SVHA and the health care community need to work more closely with our suppliers in bringing some pressure to bear to reduce the level of resources used and the overall sustainability of the products we are purchasing.

For more information on our environmental and energy management email: environmental@svha.org.au or visit our website: www.svha.org.au

We consume approximately
600
million litres of water each year.

We generate
5,000
tonnes of general waste p/a across SVHA facilities nationally.

We reduced water usage in medical sterilisers at our facilities in Victoria by
30 million litres.

Our governance



St Vincent's Health Australia (SVHA) is a group of not-for-profit non-listed companies. The SVHA Board concurrently sits as the board of the eight subsidiary companies that operate our private and public health facilities and services and our aged care services. The Board endorses the Corporate Governance Principles and Recommendations established by the Australian Stock Exchange Corporate Governance Council. The principles of this document have been adopted into the SVHA Board Charter. This document may be viewed at www.svha.org.au.

The Board exists to ensure there is effective integration and growth of the mission of Mary Aikenhead Ministries throughout the health and aged care services and to govern the SVHA group of companies pursuant to the Corporations Act 2001 (Cth), the Australian Charities and Not-for-profits Commission Act 2012 (Cth), Canon law and all other relevant civil legislation. The Board must at all times operate within the Mary Aikenhead Ministries Ethical Framework and the Catholic Health Australia Code of Ethical Standards of Health and Aged Care Services in Australia (2001).

The Board also conducts itself and considers its decisions in accordance with the principles of Catholic Social Teaching, including:

- the dignity of the human person
- solidarity and service
- the common good
- a preference for the poor
- responsible stewardship of resources, and
- subsidiarity.

The Board is accountable for its key purpose to the Trustees of Mary Aikenhead Ministries. Mary Aikenhead Ministries builds on the charism and traditions of the Sisters of Charity and Mary Aikenhead, founder of the Sisters of Charity. The Trustees are the canon law and civil stewards of SVHA.

All directors serve as independent non-Executive directors and are appointed by the Trustees of Mary Aikenhead Ministries. Thirteen directors served throughout the 2013-2014 year. Biographies and special responsibilities of our Board Directors can be found on page 52 of this report.

The Board meets at least eight times per year. Board meetings take place across the three states in which SVHA operates with meetings this year taking place in Sydney, Brisbane, Toowoomba and Melbourne. Board meetings are preceded by visits to SVHA facilities and services so that our directors can meet staff, patients, clients and partners and gain a greater understanding of the organisation's operations and functions.

A calendar of formation activities supports the spiritual development of our directors. The calendar is determined annually in collaboration with the Group Leader Mission and forms an integral component of the Board meeting schedule. This is further supplemented by attendance at activities and seminars conducted by Catholic Health Australia as well as interactions with local Bishops and parishes.

Regional Advisory Councils

Our operations in Sydney and Melbourne are supported by Regional Advisory Councils (RAC) that consist of leaders and supporters from our broader community. The purpose of the RACs is to assist the Board and Executive through the provision of advice, support and insight into the local community and health services. The RAC also provides strategic links to local Church, government and community resources so as to inform the Board and Executive in relation to the strategic direction of SVHA. Whilst there is currently no RAC constituted in Queensland, the Queensland health and aged care facilities have appointed community members to participate and contribute to peak hospital and health service committees.

Code of Conduct

All our people operate under a Code of Conduct that applies to the Board, the Executive, senior management and staff of SVHA. The Code is based on our four core values of compassion, integrity, excellence and justice. The Code identifies behavioural standards that reflect our values in action and assists in developing and maintaining trust between staff and management and our organisation and those we serve.

Delegations Manual

Trustees of Mary Aikenhead Ministries, the Board and the Executive operate within a set of approved delegated authorities which are codified as the St Vincent's Health Australia Delegations Manual. The Manual was last reviewed and updated in October 2013 and is annually reviewed to ensure it continues to meet the needs of the organisation and complies with Canon law and the principles of good stewardship.

Our Board Committees

All Board Committees operate under their own Charter that is annually reviewed and approved by the Board. Committees are permitted to co-opt external experts as Committee members in order to assist them in their consideration of matters and decision making. External experts are appointed following approval by the full Board. SVHA is grateful to those individuals that have given their time, skills and expertise freely in order to ensure our Committees are operating at the highest level so as to meet the needs of those we serve.

The Board is supported by five standing Committees:

Audit & Risk

The purpose of the Audit & Risk Committee is to ensure that effective audit, risk management and compliance systems are in place to protect SVHA's assets and to minimise the possibility of SVHA operating outside of legal requirements or beyond Board agreed risk parameters and ensuring the integrity of the SVHA Group statutory financial accounts.

Quality & Safety

The purpose of the Quality & Safety Committee is to ensure that systems are in place to deliver safe quality health and aged care services.

Finance & Investment

The main purpose of the Finance & Investment Committee is to ensure all SVHA group companies financially operate within accepted risk, legal, accounting, investment and solvency parameters. The other purpose is to guide the strategic investment strategy for the organisation and to ensure our companies and facilities achieve financial performance objectives.

Mission, Ethics & Advocacy

The purpose of the Mission, Ethics & Advocacy Committee is to ensure the mission is promoted and strengthened throughout SVHA whilst also advocating for the poor, disadvantaged and marginalised. The Committee aims to foster and strengthen links to the broader SVHA community, the Catholic Church, supporters and stakeholders.

People & Culture

The purpose of the People & Culture Committee is to set SVHA's standards of conduct and ensure that these are adhered to in order to protect stakeholders and safeguard the reputation of the Company. The Committee oversees practice that ensures all SVHA operations meet best practice benchmarks in relation to people management, workplace relations and safety and employee development and performance. The Committee also plays a role in Board review and development, director appointments to related boards and executive performance and remuneration.

Our Board

The SVHA Board closely monitors the organisation's performance against the four Key Result Areas identified in our five-year Strategic Plan. The Board ensures that SVHA achieves our mission to bring God's love to those in need through the healing ministry of Jesus.



1 Prof Maryanne Confoy RSC

First appointed in February 2012
Member, Mission, Ethics & Advocacy Committee

Prof Maryanne is a Religious Sister of Charity and Professor of Pastoral Theology at Jesuit Theological College and MCD University of Divinity, Melbourne. Prof Maryanne is also visiting Professor at the School of Theology and Ministry, Boston College, USA. She is a fellow of the MCD University of Divinity. Her governance roles have included member of the Australian Catholic University Senate and Chair of MCD Board of Postgraduate Studies. Prof Maryanne is a Council member of Edmund Rice Education Australia and a member of RMIT University Ethics Committee.

2 Fr Frank Brennan SJ AO

First appointed in January 2009 - retired 30 June 2014
Chair, Mission, Ethics & Advocacy Committee

Member, People & Culture Committee
Fr Frank is a Jesuit Priest, Professor of Law at the Australian Catholic University and Adjunct Professor at the Australian National University College of Law and National Centre for Indigenous Studies. Fr Frank is an advocate for Social Justice and Reconciliation and is Advocate in Residence for the Society of St Vincent de Paul, Catholic Health Australia and Catholic Social Services Australia. Fr Frank is also a Director of Jesuit Social Services and Global Foundation.

3 Mr Gary Humphrys

First appointed in October 2010
Chair, Audit & Risk Committee
Member, Mission, Ethics & Advocacy Committee

Member, Finance & Investment Committee
Gary has 35 years' experience in senior executive roles covering a number of disciplines including finance and accounting, treasury, taxation, IT, procurement and audit in the energy and mining industries in both the public and private sector. Gary is a Director of Ergon Energy Corporation Limited, Director of Holy Spirit Northside Private Hospital, Director of Electricity Supply Industry Superannuation (Qld).

4 Ms Patricia Faulkner AO

First appointed in October 2010
Deputy Chair, St Vincent's Health Australia Group of companies
Member, Quality & Safety Committee
Member, Mission, Ethics & Advocacy Committee

Patricia was a previous National Partner-in-Charge Health Sector at KPMG and a previous Secretary of the Victorian Department of Human Services. Patricia has held a number of roles with the Victorian Government over a period of almost 20 years in the Department of Labour and Department of Community Welfare Services. Patricia is Chair of Superpartners, Jesuit Social Services, Health & Hospitals Infrastructure Fund and National Health Performance Authority and a Member of the COAG Reform Council and the Commonwealth Grants Commission.

5 Prof Suzanne Crowe AM

First appointed in January 2013
Member, Audit & Risk Committee
Member, Quality & Safety Committee
Member, Mission, Ethics & Advocacy Committee

Suzanne is an Associate Director of the Burnet Institute, Principal Research Fellow with the National Health Medical Research Council, Principal Specialist in Infectious Diseases at The Alfred Hospital and Adjunct Professor of Medicine and Infectious Diseases at Monash University, Melbourne. Suzanne is Head of the international Clinical Research Laboratory at the Burnet Institute and the World Health Organization (WHO) Regional Reference Laboratory for HIV Resistance Testing and an adviser and consultant to the WHO Global Program on AIDS.

6 Mr Paul McClintock AO

First appointed in January 2013
Chair, Finance & Investment Committee
Member, Audit & Risk Committee

Paul is a previous Chairman of Medibank Private Limited and currently Chair of Thales Australia, Myer Holdings Limited, I-MED Network, the Institute of Virology and NSW Ports. Paul is a Director of the George Institute for Global Health. Paul served as the Secretary to Cabinet and Head of the Cabinet Policy Unit reporting directly to the Prime Minister as Chairman of Cabinet. In this position, Paul was responsible for supervising Cabinet processes and acting as the Prime Minister's most senior personal adviser on strategic directions in policy formulation.

7 Mr Paul Robertson AM

First appointed in October 2009
Appointed Chair, St Vincent's Health Australia Group of companies in October 2012
Chair, People & Culture Committee

Paul is a former Executive Director of Macquarie Bank with extensive experience in banking, finance and risk management. Paul is Chair of Social Ventures Australia, Chair of the Trustees of St Vincent's Hospital Sydney and holds several private company directorships.

8 Ms Melissa Babbage

First appointed in October 2013
Member, Finance & Investment Committee
Member, Audit & Risk Committee

Melissa is a highly experienced financial services professional with a 19-year Investment Banking career spanning both international and domestic financial markets. As a managing director at Deutsche Bank for 10 years, she had responsibility for growing several different business lines across both Australia/New Zealand and Asia. Melissa is a Non-Executive Director of Swiss Re Life and Health Australia Ltd and Athletics Australia, a Trustee of Q Super and a Non-Executive Director of Q Super Ltd. Melissa is also a Member of the NSW Treasurer's Business Advisory Panel. Melissa was recently appointed to the Board of Mercer Investments (Aust) Ltd.

9 Ms Belinda Hutchinson AM

First appointed in August 2009 - retired 15 October 2013
Nil special responsibilities held in the 2013-2014 year

Belinda was appointed Chancellor of the University of Sydney in February 2013. Belinda is a former Executive Director of Macquarie Bank Limited, head of Macquarie Underwriting, former Vice President of Citibank Australia, head of Financial Institutions Group, and head of New South Wales Corporate Finance Group. Belinda was previously Chair of QBE Insurance Group Limited.

10 Prof Peter Smith

First appointed in October 2010
Chair, Quality & Safety Committee
Member, People & Culture Committee

Peter is Dean of the Faculty of Medicine at the University of New South Wales. Peter is a Director of the Garvan Institute of Medical Research (chair, Kinghorn Centre for Clinical Genomics Committee), Neuroscience Research Australia, The Sax Institute of Health Research (chair, Research Governance Committee) and Ingham Health Research Institute. Peter is President, Medical Deans, Australia and New Zealand and a Group Captain, RAAF Specialist Reserve.

11 Sr Mary Wright IBVM

First appointed in October 2013
Member, Audit & Risk Committee
Member, Mission, Ethics & Advocacy Committee
Member, People & Culture Committee

Sr Mary has extensive experience in leadership in Catholic Church institutions including the positions of School Principal Loreto College Ballarat and Loreto College Kirribilli, Australian Province Leader (Loreto Sisters) and eight years in Rome as International Leader (Loreto Sisters). She has practiced in the area of Church law in Australia including lecturing at Yarra Theological Union and most recently in the Vatican in the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life. Her specialty is in the area of institutional governance.

12 Mr Brendan Earle

First appointed in October 2010
Member, Finance & Investment Committee
Member, Audit & Risk Committee

Brendan is a partner with the national law firm, Herbert Smith Freehills and has over 15 years' experience providing commercial legal advice across a range of industries. Brendan specialises in large or strategically important negotiated transactions including acquisitions, sales, joint ventures and corporate restructuring and acts as a relationship partner for several clients of the firm. Brendan has a long-standing interest in the Australian health care industry and has advised the Commonwealth Government, private insurers, aged care providers, private consulting practices and pharmaceutical manufacturers on a diverse range of projects.

13 Sr Maureen Walters RSC

First appointed in 2011 - retired 1 August 2014
Member, Quality & Safety Committee
Member, People & Culture Committee



Sr Maureen has been a Religious Sister of Charity for over 60 years and was previously Director of Nursing and Sister Administrator of St Vincent's Hospital Melbourne and St Vincent's Private, Launceston. Her current ministry is in the Archives Department of St Vincent's Hospital Melbourne. Sr Maureen initially trained as a nurse and then gained qualifications in Health Administration and Theology.

Our Management



The SVHA Group Executive Committee provides management and leadership of our public hospitals, private hospitals and aged care & shared services divisions. The Executive shapes and implements the Board approved strategy and executes the day-to-day operations of the organisation with the highest possible levels of safety, effectiveness, efficiency and concordance with our mission. The Executive team meets monthly to consider and approve operational decisions delegated to it on matters of strategy, risk and mission.

1 Mr John Leahy

CEO St Vincent's Aged Care & Shared Services

John commenced as CEO of SVHA's Aged Care and Shared Services Division in September 2013. Prior to this, John was the CEO of St Vincent's Health & Aged Care in Queensland and SVHA's Group General Manager Aged Care. In this role, John was responsible for SVHA's three private hospitals in Queensland, seven aged and retirement facilities as well as an extensive community care service.

2 Mr Rob Beetson

Group General Manager Corporate Governance

Rob commenced as Group Manager Legal and Governance for SVHA in August 2010. In October 2013, Rob became SVHA's Group General Manager Corporate Governance. Rob has responsibility for all aspects of corporate governance including the monitoring of strategy and group operational planning. Rob has an extensive background in the health sector in clinical, education, executive, and risk management and governance areas. Rob is the Company Secretary for St Vincent's Health Australia Limited and its eight subsidiary companies.

3 Mr Jack de Groot

Group Leader Mission

Jack commenced with SVHA in July 2013 with responsibility for leading St Vincent's growth and development in mission. Prior to joining SVHA, Jack was the Chief Executive Officer of Caritas Australia, one of the nation's largest international aid and development agencies. Jack's previous career experience includes executive roles at the Catholic Education Office of Western Australia and Commission for Justice, Development and Peace at the Catholic Archdiocese of Melbourne.

4 Dr Annette Pantle

Group General Manager Clinical Governance/Chief Medical Officer

Annette joined SVHA in November 2010 with responsibility for providing leadership in clinical governance matters and enabling effective governance of clinical quality and safety outcomes across all SVHA facilities. Annette has extensive experience in clinical practice improvement for quality and safety in health care including in roles with the NSW Clinical Excellence Commission and NSW Health.

5 Mr Toby Hall

Group Chief Executive Officer

Toby commenced as Group CEO of SVHA in April 2014. Prior to joining SVHA, Toby was CEO of Mission Australia – Australia's largest national community welfare services organisation. Toby has an extensive background working as a senior executive in the private, public and not-for-profit sectors. Toby's commitment to the poor and vulnerable, both in Australia and internationally, has seen him in leadership roles at World Vision and governance roles with two regional hospitals and health care services provider, Sterihealth.

6 Prof Patricia O'Rourke

CEO St Vincent's Public Hospitals

Patricia commenced as CEO of SVHA's Public Hospitals Division in September 2013. Prior to this, Patricia was the CEO of St Vincent's Hospital Melbourne for five years. Patricia has more than 20 years' experience in the health care industry, including nursing and senior management roles.

7 Mr Peter Forsberg

Group Chief Financial Officer

Peter joined SVHA in July 2010 and is responsible for leading the financial strategy of the organisation. An experienced and qualified public company chief financial officer, Peter has worked in health care, manufacturing and distribution, FMCG, professional services, and in publicly listed and private equity owned companies both in Australia and internationally.

8 Mr Martin Day

CEO St Vincent's Private Hospitals

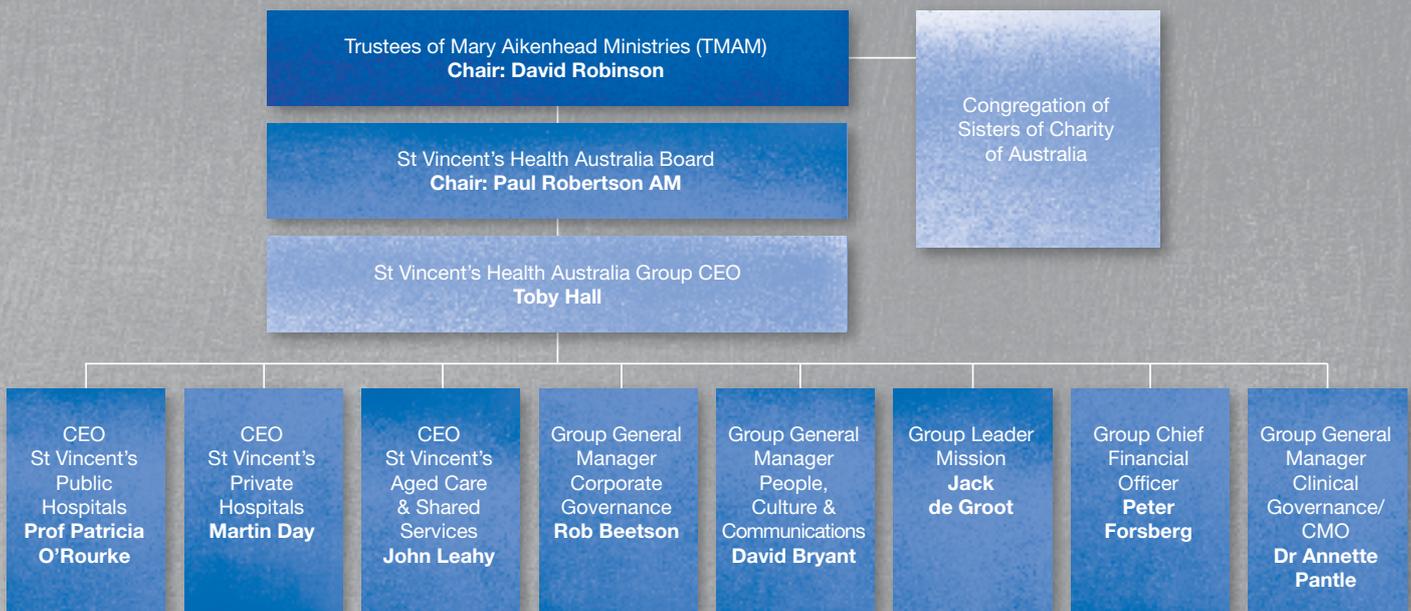
Martin commenced as CEO of SVHA's Private Hospitals Division in September 2013. Previously, Martin was CEO of St Vincent's Private Hospital, Melbourne (formerly St Vincent's & Mercy Private Hospital) for 11 years. Martin has held leadership roles in the health service industry for over 20 years including senior positions with Mayne Health in Victoria, Western Australia and Tasmania.

9 Mr David Bryant

Group General Manager People, Culture & Communications

David commenced with SVHA in April 2013 with responsibility for providing strategic leadership and direction to the human resources functions across the group. David's extensive experience covers the full scope of human resource management working with senior teams and boards in several major organisations including Qantas and Insurance Australia Group.

Our structure



Our facilities and services

Public Hospitals

Sacred Heart Health Service	Darlinghurst, New South Wales	Sacred Heart Health Service is a publicly funded sub-acute facility, co-located with St Vincent's Hospital Sydney. The service is one of Australia's largest and leading palliative care and rehabilitation providers and offers inpatient and outpatient services. Sacred Heart also incorporates the Cunningham Centre for Palliative Care – an academic centre that offers palliative care professional development opportunities and research in medicine, nursing and allied health.
St Joseph's Hospital	Auburn, New South Wales	St Joseph's Hospital is a major sub-acute public hospital in western Sydney with core services in palliative care, medical rehabilitation, aged care and aged care psychiatry, support groups and outreach programs.
St Vincent's Hospital Sydney	Darlinghurst, New South Wales	St Vincent's Hospital is a full service acute teaching public hospital. The hospital provides significant training and research activities and centres of excellence in heart and lung transplantation, bone marrow transplantation, cardiology, cancer, acquired immune deficiency syndrome/HIV, respiratory medicine, mental health and drug and alcohol services.
Caritas Christie Hospice	Kew and Fitzroy, Victoria	Caritas Christi Hospice provides palliative care, aged care services, home care, allied health services, and bereavement and support across two inner Melbourne campuses, Kew and Fitzroy.
St George's Health Service	Kew, Victoria	St George's Health Service is integral to the operation of St Vincent's Hospital Fitzroy, acting as a recipient of onward referrals. The sub-acute service provides a comprehensive aged care service, including inpatient care, evaluation and management, residential aged care, rehabilitation, acute psychiatry, as well as a broad range of community-based assessment and treatment services.
St Vincent's Hospital Melbourne	Fitzroy, Victoria	<p>One of five A1 tertiary hospitals in Melbourne, St Vincent's Hospital Melbourne provides general and specialist medical and surgical state-wide services, and extensive training and research. The hospital has extensive networks with outer metropolitan and rural and regional Victoria to provide specialist tertiary referral services. The hospital is a major provider of correctional health services, including 10 tertiary service beds in a secure ward at Fitzroy and 65 beds located in correctional facilities. It owns and operates a private pathology network, private radiology services, general practice services, dialysis and BreastScreen satellite sites.</p> <p>St Vincent's Hospital Melbourne operates an area mental health service for the northern and eastern corridors of metropolitan Melbourne, operating 44 acute beds (including five beds providing a state wide Aboriginal mental health service) and a 20-bed Community Care Unit in North Fitzroy.</p>

Private Hospitals

Mater Hospital, North Sydney	North Sydney, New South Wales	Mater is a full service private acute hospital, providing a wide range of general and specialist medical and surgical services. The hospital specialises in cancer services, joint replacement, bone and sports injuries, maternity and women's health, heart, lung and vascular services and urology intensive care, renal haemodialysis and cochlear ear implantation for both children and adults. Mater also provides a number of day only programs for patients. A teaching facility of the University of Sydney, Mater Hospital North Sydney is co-located with Mater Clinic and Poche Centre (Melanoma Institute Australia).
St Vincent's Private Hospital, Sydney	Darlinghurst, New South Wales	St Vincent's Private is a full service acute hospital, providing a wide range of general and specialist medical and surgical services as well as a young adult mental health service. The hospital is a leader in areas including cardiac care, cancer, neurosurgery, orthopaedics, head, neck and reconstructive surgery, urology laser, laparoscopic and robotic surgery. St Vincent's Private is a teaching hospital of UNSW, Notre Dame, University of Tasmania and Australian Catholic University. The hospital is co-located with both St Vincent's Clinic and St Vincent's Public Hospital Sydney.

Holy Spirit Northside Private Hospital (A partnership with the Holy Spirit Missionary Sisters)	Chermside, Queensland	Holy Spirit Northside Private Hospital is a leading acute tertiary private hospital providing comprehensive critical care in specialist areas such as cardiac, cancer and orthopaedic services. The hospital has eight operating theatres, two cardiac catheter laboratories, a 15-bed ICU, a day procedural and endoscopic unit, a 17-chair day oncology unit and a 24-hour, private emergency centre – all fully equipped with the most advanced technologies.
St Vincent's Private Hospital, Brisbane	Brisbane, Queensland	A sub-acute medical facility, St Vincent's Private Hospital, Brisbane offers services in neurosciences, pain management, rehabilitation medicine, general medicine, geriatric evaluation management program and palliative care and neurosciences.
St Vincent's Private Hospital, Toowoomba	Toowoomba, Queensland	An acute private facility, the hospital provides orthopaedic surgery, general and advanced surgical and medical services, specialist inpatient paediatric unit and neonatal special care nursery, obstetric and gynaecology services, 24-hour emergency service, day surgery and procedural unit, specialist adult intensive care and coronary care unit.
St Vincent's Private Hospital, East Melbourne	East Melbourne, Victoria	The hospital is an acute care leader in orthopaedic care and other key specialities including ear, nose and throat care, urology, ophthalmology, plastic reconstructive surgery, medical oncology, haematology and paediatric care.
St Vincent's Private Hospital, Fitzroy	Fitzroy, Victoria	St Vincent's Private Hospital is a full service acute care hospital and a leading provider of private cardiovascular, neurosciences and maternity and gynaecology services in Melbourne. The hospital provides orthopaedic care, eye care, gastrointestinal and hepatobiliary care, plastic and reconstructive care, urology care, oncology and haematology. It has a day procedure unit, two cardiac catheter laboratories, intensive care unit, and an endovascular laboratory.
St Vincent's Private Hospital, Kew	Kew, Victoria	St Vincent's Private Hospital Kew primarily provides orthopaedic services and has the potential to expand sports medicine and acute surgical services, particularly ear nose and throat, ophthalmology, maxillofacial, and reconstructive plastic surgery.

Aged Care Services

St Joseph's Village	Auburn, New South Wales	A Commonwealth funded residential aged care facility comprising independent living units, hostel apartments, dementia care and community services. The facility works collaboratively with St Joseph's Hospital and is part of the residential aged care services provided by SVHA on the Auburn Campus.
Stella Maris Aged Care (Managed by SVHA for the Sisters of Mercy Parramatta)	Cronulla, New South Wales	A 55-place Commonwealth funded residential aged care facility comprising independent living units and hostel beds owned by the Sisters of Mercy Parramatta but managed by St Vincent's Private & Mater Hospitals Sydney.
St Vincent's Care Services comprising: <ul style="list-style-type: none"> • Lourdes (Managed by SVHA for the Diocese of Toowoomba) • Marycrest Retirement Centre & Lilian Cooper Nursing Home • Oxford Park Retirement Village, St Joseph's Villa & Madonna Villa Nursing Home • St John the Baptist Retirement Community • St Patrick's Villa • St Paul's Villa & Magdalene Court Retirement Community • Villa La Salle 	Brisbane, Southport and Gympie, Queensland	<p>St Vincent's Care Services provides a range of fully government-accredited aged care and retirement communities comprising:</p> <ul style="list-style-type: none"> • Residential Aged Care rooms • Independent Living units • Community Aged Care packages
Prague House	Kew, Victoria	Prague House provides residential care to people who are socially and financially disadvantaged, many of whom have experienced homelessness and have a mental health condition.
St George's Health Service comprising: <ul style="list-style-type: none"> • Auburn House • Cambridge House • Riverside House 	Hawthorn, Collingwood and Richmond, Victoria	St George's Health Service is a suite of three small, publicly funded residential aged care facilities providing residential and aged persons' mental health care.

Our financials

The summarised financial report for the year ended 30 June 2014 is presented below. The figures in this report were extracted from SVHA's full consolidated financial statements, which will be available on the Australian Charities and Not-for-Profits Commission website. These full consolidated financial statements were given an unqualified opinion by our auditors.

Consolidated statement of comprehensive income

	2014	2013
	\$'000	\$'000
Revenue	1,661,922	1,574,601
Other income	29,372	20,946
Total revenue and other income	1,691,294	1,595,547
Employment costs	1,027,613	969,212
Goods and services	518,626	504,280
Finance costs	15,844	16,590
Depreciation and amortisation	66,252	59,910
Other expenses from ordinary activities	39,380	35,556
Total expenses	1,667,715	1,585,547
Share of surpluses of associates	4,265	1,104
Operating surplus	27,844	11,105
Capital funding	1,323	6,026
Realised gain on available-for-sale investments	0	8,249
Fair value of contributed assets	350	0
Total surplus	29,517	25,379
Other comprehensive income/(loss)	774	(5,311)
Total comprehensive income	30,291	20,068

In addition to its own consolidated group results shown in this report, SVHA manages St Vincent's Private Hospital, Sydney and Holy Spirit Northside Private Hospital as partners in its health care mission. SVHA Group and partners generated revenue of **\$2.0 billion** and an operating surplus of **\$43 million**.

Review of operations

SVHA is not-for-profit and so strives to make a surplus to keep the health service sustainable, to generate funds to replace assets, to undertake charitable works, and to further invest in the mission to promote the healing ministry of Jesus.

SVHA grew its revenue and other income by 6.0% from 2013 to 2014 and the graph alongside illustrates the sources of our funds.

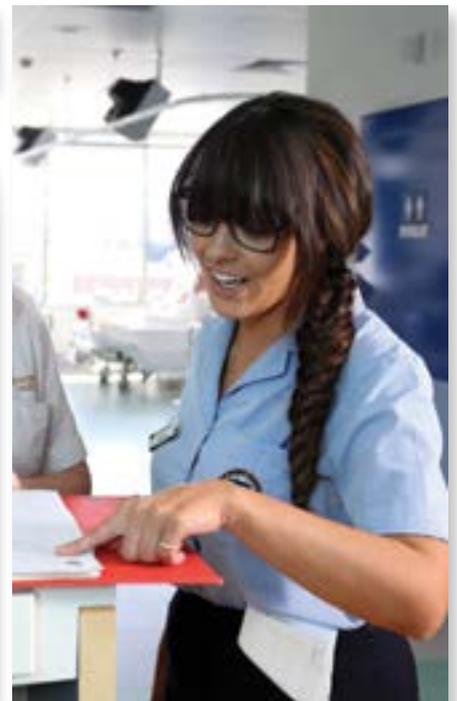
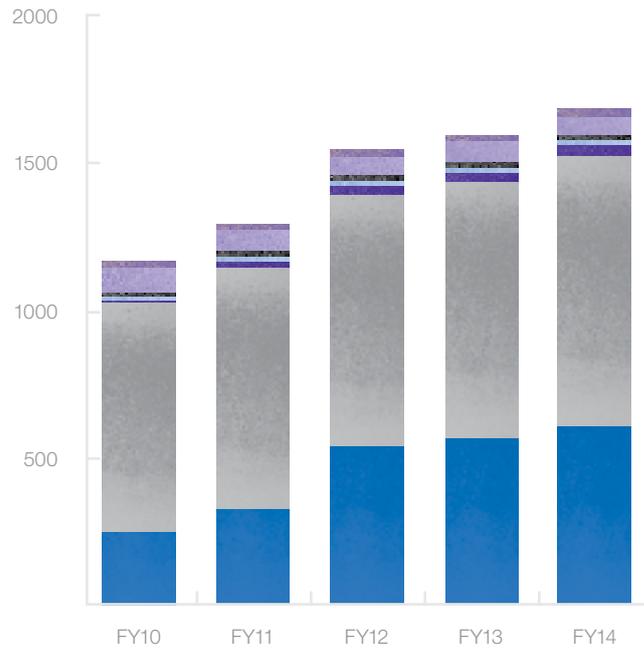
This performance improvement derived from three main areas.

First, a sustained effort by management, staff and the clinical teams at St Vincent's Health Network Sydney to return the organisation towards a break even operating position from the years of significant deficits experienced in the past. It is never an easy task to run a public hospital within the funding provided and the Board are appreciative of the hospital's achievements in this regard and the NSW Ministry of Health's assistance.

Second, a general improvement in the financial performance of the private hospital division and in particular of the Mater Hospital, North Sydney.

Third, this year the St Vincent's Curran Foundation was consolidated into the Group accounts for the first time and the Board would like to express its appreciation for the significant contribution the Foundation makes to the Sydney hospitals. The important work of the Group is greatly enhanced with the generous assistance of donors and foundations and the St Vincent's Curran Foundation along with the St Vincent's Clinic Foundation are vital contributors to keeping the hospitals at the leading edge of research and practice.

Revenue and other income \$'000s



Consolidated statement of financial position

	2014	2013
	\$'000	\$'000
Cash and cash equivalents *	123,424	127,033
Trade and other receivables	103,303	103,266
Inventories	18,471	18,166
Investments *	158,282	127,531
Current assets	403,480	375,996
Property, plant and equipment	896,686	884,262
Investment properties	25,969	25,599
Intangible assets	80,945	79,184
Investments *	49,832	44,876
Other	49,955	51,241
Non-current assets	1,103,387	1,085,162
Total assets	1,506,867	1,461,158
Trade creditors and accruals	135,407	130,323
Member loan	4,710	4,600
Borrowings	24,209	14,782
Accommodation payables	104,980	87,163
Provisions	216,419	203,723
Other	31,832	56,671
Current liabilities	517,557	497,262
Member loan	79,777	269,118
Borrowings	171,819	209,029
Provisions	26,370	25,493
Other	22,690	28,478
Non-current liabilities	300,656	532,118
Total liabilities	818,213	1,004,318
Net assets	688,654	456,840
Equity		
Opening balance	456,840	436,772
Total surplus attributable to the members	29,517	25,379
Other comprehensive income	774	(5,311)
Transaction with the members	184,656	0
Consolidation of St Vincent's Curran Foundation	16,867	0
Total equity	688,654	456,840

Consolidated statement of cash flows

Net cash inflows from operating activities	98,552	78,313
Net cash outflows from investing activities	(84,840)	(51,441)
Net cash flow used in financing activities	(17,321)	(1,941)
Net (decrease)/increase in cash	(3,609)	24,931

* The combined cash and investments balances was \$331.5m at 30 June 2014 (2013: \$299.4m) of which \$153.9m (2013: \$135.9m) is free and \$177.6m (2013: \$163.5m) is tied to specific purpose or trust and can only be spent on those activities.

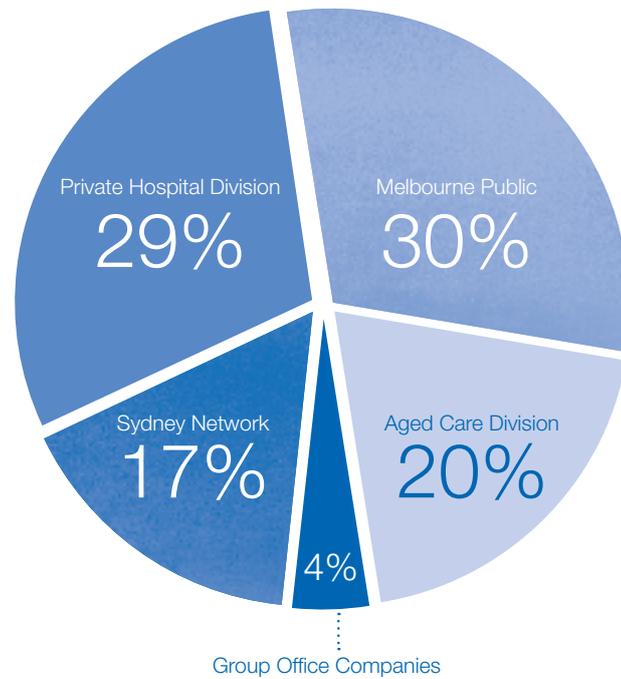
SVHA invested \$83.2m in capital expenditure on items such as:

- new state-of-the-art Heart Centre at St Vincent's Hospital Melbourne
- new linear accelerator at St Vincent's Health Network Sydney
- Huntington's Disease Unit at St Joseph's Hospital in Sydney
- 32 new residential aged care beds at Bardonia in Brisbane
- special care baby nursery at Mater Hospital, North Sydney
- additional obstetric suites at St Vincent's Private Hospital, Melbourne

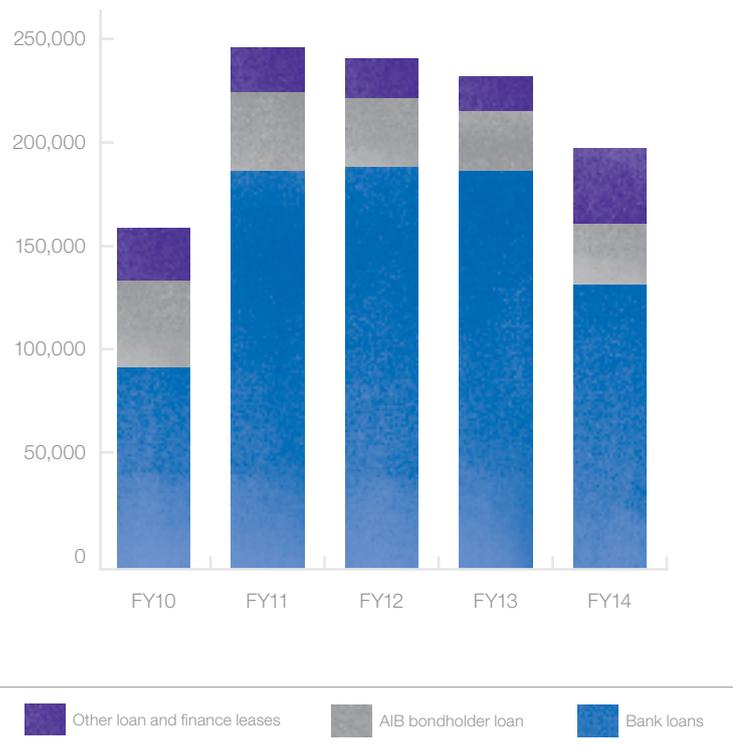
SVHA has announced its intentions to construct a new private hospital at Werribee in Victoria co-located with a new residential aged care facility, to grow the number of residential aged care beds over the next five years with extensions to existing facilities and new builds, to commence planning on a redevelopment and extension to the private hospital at Fitzroy in Melbourne, and to review all facilities at the Darlinghurst Campus in Sydney to develop a coherent plan covering the future needs of our public and private hospitals on site and the needs of our research partners. This will also include a proposed major redevelopment and expansion of the private hospital at Darlinghurst which SVHA manages on behalf of the Sisters of Charity.

SVHA paid down part of its borrowings to leave a balance of \$196.0m at 30 June 2014. SVHA also maintains a free cash and investments balance of \$153.9m at 30 June 2014. SVHA also has a loan from its parent entity, the Trustees of Mary Aikenhead Ministries, which following changes to the terms and conditions (including its interest free basis) was discounted from \$269.2m to \$84.5m at 30 June 2014 generating a \$184.7m reduction in non-current liabilities and a corresponding increase in equity.

FY14 Capital Expenditure by Division



Borrowings \$'000s



During the year, SVHA invested **\$83.2m** in capital expenditure on expanding its services and upgrading its medical equipment.

Overview of activity

Activity FY2014 as at 30 June

	Separations	Outpatient occasions of service	Accident & Emergency Department presentations	Births	Theatre procedures	Cardiac catheters	Scopes	Beds ¹	Aged care packages ²	Headcount
Private Hospitals										
St Vincent's Private Hospital, Sydney	24,174				18,124	2,314		270		1,553
Mater Hospital, North Sydney	32,318			2,490	17,017	1,423	3,344	207		946
St Vincent's Private Hospital, Melbourne, Fitzroy	33,899			2,790	14,695	3,679		284		
St Vincent's Private Hospital, Melbourne, East Melbourne	21,188				16,645			164		1,872*
St Vincent's Private Hospital, Melbourne, Kew	6,366				6,337			54		
St Vincent's Private Hospital, Brisbane	4,123	572			533			143		434
St Vincent's Private Hospital, Toowoomba	16,512			935	7,319		4,115	170		610
Holy Spirit Northside Private Hospital ³	28,710				10,358	2,290	6,640	225		970
Public Hospitals										
St Vincent's Hospital, Melbourne	52,497	115,777	39,191		11,912	2,284	3,905	483		5,228
St George's Health Service ⁴	1,070	6,656						197		627
Caritas Christi Hospice	537							28		172
St Vincent's Hospital, Sydney	41,080	511,096	43,464		8,080	1,346	3,766	387		3,437
Sacred Heart Health Service	1,156							70		237
St Joseph's Hospital	882	10,000						72		366
Aged care										
St Vincent's Care Services	264							470	145	609
St Joseph's Village	72							102	35	95
Prague House								45		39
Group Support Services										68
Total	264,848	644,101	82,655	6,215	111,020	13,336	21,770	3,371	180	17,263

¹ Aged care beds include hostels, high care and low care

² Packages include CACPs, EACH, EACH D

³ Joint venture with Holy Spirit Missionary Sisters, managed by St Vincent's Health Australia

⁴ Includes three aged care residential facilities

*N.B. Total headcount for St Vincent's Private Hospital, Melbourne including Fitzroy, East Melbourne and Kew

Right hand page: Sister Paulina Pilkington with graduate nurses c.1965 courtesy of St Vincent's Campus Archives.



Our contacts

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www.svha.org.au

New South Wales

St Vincent's Hospital Sydney

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Darlinghurst NSW 2010
Tel 02 8382 1111
Fax 02 9332 4142
www.stvincents.com.au

Sacred Heart Health Service

170 Darlinghurst Road
Darlinghurst NSW 2010
Tel 02 8382 9444
Fax 02 8382 9518

St Joseph's Hospital

Normanby Road
Auburn NSW 2144
Tel 02 9649 8941
Fax 02 9649 7092

St Joseph's Village

21 Alice Street
Auburn NSW 2144
Tel 02 9646 8200
Fax 02 9649 9614

Stella Maris Aged Care

6 Coast Ave
Cronulla NSW 2230
Tel 02 8522 1200
Fax 02 8382 7234

The Kinghorn Cancer Centre

370 Victoria Street
Darlinghurst NSW 2010
Tel 02 9355 5600
www.tkcc.org.au

St Vincent's Private Hospital, Sydney

406 Victoria Street
Darlinghurst NSW 2010
Tel 02 8382 7111
Fax 02 8382 7234
www.stvincentsprivatehospital.com.au

Mater Hospital, North Sydney

Rocklands Road
North Sydney NSW 2060
Tel 02 9900 7300
Fax 02 9959 4110

St Vincent's Clinic

438 Victoria Street
Darlinghurst NSW 2010
Tel 02 8382 6222
Fax 02 8382 6402

Victoria

St Vincent's Hospital Melbourne

41 Victoria Parade
Fitzroy VIC 3065
Tel 03 9288 2211
Fax 03 9288 3399
www.svhm.org.au

St George's Health Service

283 Cotham Road
Kew VIC 3101
Tel 03 9272 0444
Fax 03 9817 5325

Caritas Christi Hospice Kew campus

104 Studley Park Road
Kew VIC 3101
Tel 03 9853 2344
Fax 03 9853 1509

Caritas Christi Hospice Fitzroy campus

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Fax 03 9288 4696

St Vincent's Private Hospital, Fitzroy

59 Victoria Parade
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Tel 03 9411 7111
Fax 03 9419 6582
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St Vincent's Private Hospital, East Melbourne

159 Grey Street
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St Vincent's Private Hospital, Kew

5 Studley Avenue
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Fax 03 9853 1415

Queensland

St Vincent's Aged Care & Shared Services

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Tel 07 3326 3739
Fax 07 3326 3782

St Vincent's Private Hospital, Brisbane

411 Main Street
Kangaroo Point QLD 4169
Tel 07 3240 1111
Fax 07 3891 2066
www.svphb.org.au

St Vincent's Private Hospital, Toowoomba

22-26 Scott Street
Toowoomba QLD 4350
Tel 07 4690 4000
Fax 07 4690 4400
www.svph.org.au

Holy Spirit Northside Private Hospital

627 Rode Road
Chermside QLD 4032
Tel 07 3326 3000
Fax 07 3326 3295
www.hsnph.org.au

St Vincent's Care Services

35 Cambridge Street
Red Hill QLD 4059
Tel 07 3355 8151
Fax 07 3367 3336
www.svcs.org.au

Marycrest Retirement Centre and Lilian Cooper Nursing Home

411 Main Street
Kangaroo Point QLD 4169
Tel 07 3240 1268
Fax 07 3391 3449

Oxford Park Retirement Village, St Joseph's Villa and Madonna Villa Nursing Home

46 Church Road
Mitchelton QLD 4053
Tel 07 3355 8100
Fax 07 3355 3418

St John the Baptist Retirement Community

133 South Pine Road
Enoggera QLD 4051
Tel 07 3855 2252
Fax 07 3855 2317

St Patrick's Villa

Cnr Calton Hill Road
and Bligh Street
Gympie QLD 4570
Tel 07 5482 9144
Fax 07 5482 9114

Villa La Salle

32 Bauer Street
Southport QLD 4215
Tel 07 5532 0466
Fax 07 5531 3893

Affiliated Research Institutes

Garvan Institute of Medical Research

384 Victoria Street
Darlinghurst NSW 2010
Tel 02 9295 8100
Fax 02 9295 8101
www.garvan.org.au

Victor Chang Cardiac Research Institute

Lowy Packer Building
405 Liverpool Street
Darlinghurst NSW 2010
Tel 02 9295 8600
Fax 02 9295 8601
www.victorchang.edu.au

St Vincent's Institute

9 Princes Street
Fitzroy VIC 3065
Tel 03 9288 2480
Fax 03 9416 2676
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O'Brien Institute

42 Fitzroy Street
Fitzroy VIC 3065
Tel 03 9288 4018
Fax 03 9416 0926
www.bobim.org

Right hand page: Nursing trainees, St Vincent's Hospital Toowoomba 1928 courtesy of the Congregational Archives of the Sisters of Charity of Australia.



We wish to thank all those who have assisted in preparing this report, especially our staff whose images appear on these pages.

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