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# HEALTH MATTERS

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# ENCOUNTER

**2023 NATIONAL CONFERENCE** 28-30 AUGUST 2023  
WESTIN HOTEL PERTH

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## ACKNOWLEDGEMENT OF COUNTRY

Catholic Health Australia acknowledges and pays respect to the past, present and emerging Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

## CATHOLIC HEALTH AUSTRALIA

Catholic Health Australia is the largest non-government provider grouping of health, community and aged care services in Australia, nationally representing Catholic health care sponsors, systems, facilities and related organisations and services. Our health and aged care services are operated in fulfillment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services.

Further detail on Catholic Health Australia can be obtained at [cha.org.au](http://cha.org.au)



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# Bank First and Catholic Health Australia: a partnership of pride

**In the spirit of Encounter 2023, a gathering centered on meaningful connections, Bank First and Catholic Health Australia (CHA) have forged a partnership that exemplifies the “culture of encounter” by embracing the values of seeing others with intent and listening to engage with each other.**

Bank First has become a valued partner of this important national conference, enabling individuals to come together and engage in transformative discussions. With a shared commitment to empowering nurses and the care workforce, this partnership not only supports the event but creates a lasting impact on the lives of those dedicated to delivering compassionate healthcare.

Bank First's sponsorship of Encounter 2023 reflects a deep appreciation for the value of fostering connections and promoting meaningful encounters, recognising the significance of supporting events that bring people together for a common purpose. Bank First's collaboration with CHA stems from a shared belief in the power of community, compassion, and care. Through this partnership, Bank First and CHA seek to empower nurses and the care workforce by providing them with the financial tools and support they need to thrive. Bank First's sponsorship plays a pivotal role in facilitating this empowerment by enabling healthcare leaders to convene and share their knowledge and experiences. By actively engaging with CHA, Bank First aims to understand and address the specific financial services needs of CHA members, offering access to an employee value proposition that provides staff of CHA members with banking services, financial advice, and customised solutions for their workforce.

“Bank First's partnership with Catholic Health Australia is one we're very proud of, it embodies the spirit of the ‘culture of encounter’,” said Adrian Wilson, Bank First Head of Community Partnerships.

“We're committed to the financial empowerment of nurses and the care workforce, providing financial solutions that enhance the financial wellbeing of these caring people. Through this partnership, Bank First and CHA are not only enriching the lives of healthcare professionals but also making a contribution to the advancement of compassion and quality healthcare in Australia.”

Beyond the conference, Bank First is committed to offering specialised financial solutions tailored to the needs of nurses and care workers. Their focus on financial wellbeing through financial literacy, competitive products, and favourable interest rates aims to alleviate the financial burden faced by these essential workers. By supporting their personal goals, such as homeownership or further education, Bank First helps to enhance the financial wellbeing of nurses and care workers, ensuring they can continue their invaluable work with peace of mind.

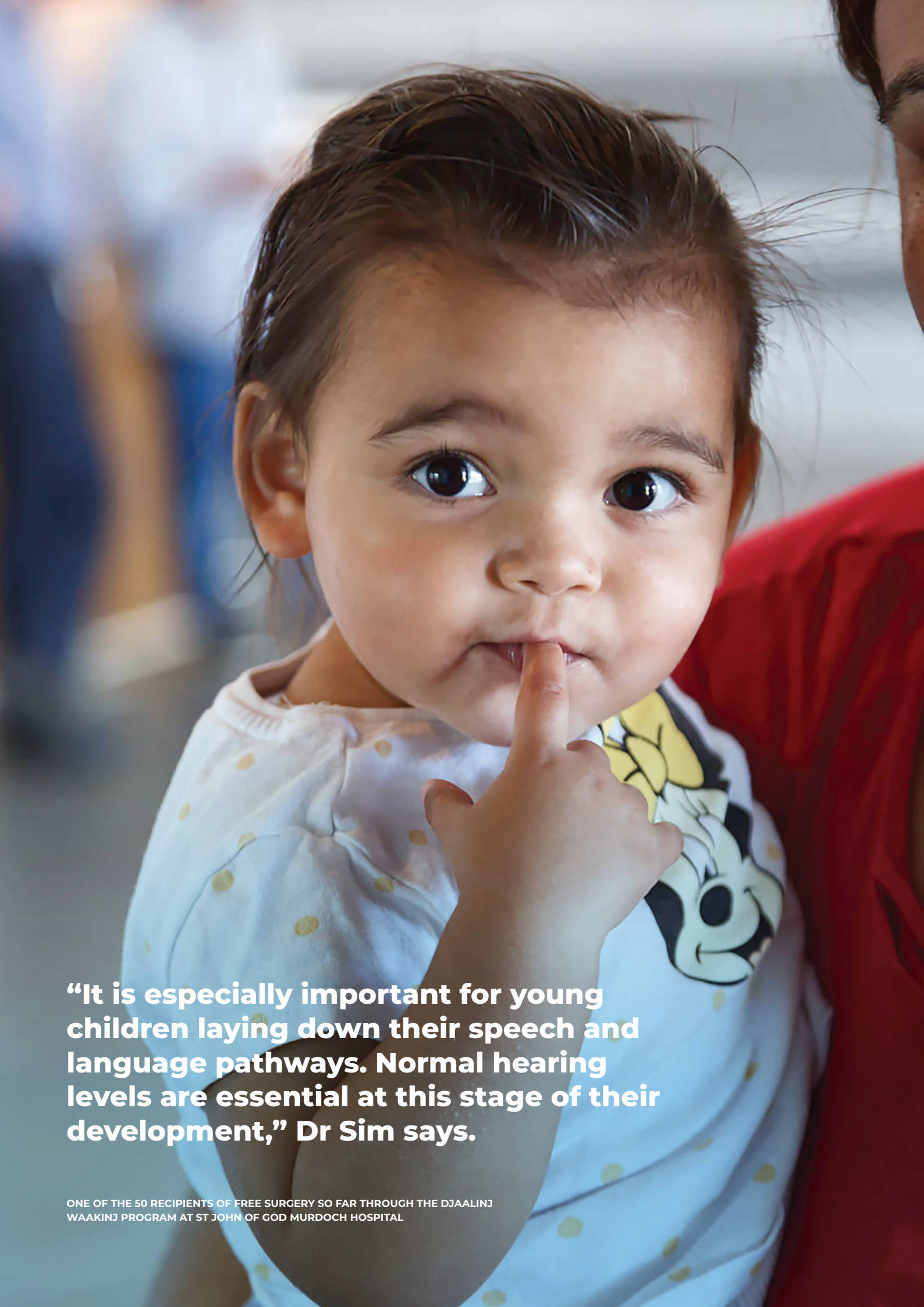
Their support goes beyond offering competitive lending and deposit products and services. Bank First also supports not-for-profit Pinchapoo, Victoria's largest charity distributing hygiene packs to hospitals and those in need. They provide funds and opportunities for their staff to volunteer with Pinchapoo several times a year. This support not only benefits Pinchapoo but also encourages their staff to actively engage with the community and make a positive impact. Bank First's commitment to empowering the next generation of healthcare professionals is evident through their financial scholarships. This year, two undergraduate nursing students at Australian Catholic University have received scholarships which they used to provide crucial financial support during their practical placements.

Although Bank First was originally started as a bank for teachers, built by teachers, in recent years they have included nurses and allied health workers in their niche Member market. Bank First deliberately brings together people who care for others in the community.

Bank First's partnerships symbolise the long-standing strength of their organisation. They are committed to honouring these partnerships, including their partnership with CHA. Bank First supports and walks alongside organisations like CHA as it comes naturally to them.



**Bank First's collaboration with CHA stems from a shared belief in the power of community, compassion, and care.**



**“It is especially important for young children laying down their speech and language pathways. Normal hearing levels are essential at this stage of their development,” Dr Sim says.**

ONE OF THE 50 RECIPIENTS OF FREE SURGERY SO FAR THROUGH THE DJAALINJ WAAKINJ PROGRAM AT ST JOHN OF GOD MURDOCH HOSPITAL

# DJAALINJ WAAKINJ: restoring hearing to Aboriginal kids

**The lives of 50 children have been significantly changed for the better, thanks to a partnership providing free ear, nose and throat surgery.**

Djaalinj Waakinj or 'listening and hearing' in Noongar language, is the program being delivered in partnership between Telethon Kids Institute, Cockburn Integrated Health, Ear Nose and Throat specialist, Dr George Sim and St John of God Murdoch Hospital.

The program provides essential surgery, with minimal wait times, at no cost for Aboriginal children suffering severe ear infections. Each surgery would normally cost approximately \$2,500.

The current wait time for specialist treatment for otitis media (OM), also known as middle ear infection or 'glue ear', can be up to two-and-a-half years. With approximately half of all Aboriginal children affected by OM, this lengthy delay for treatment can lead to significant long-term behavioural, learning and social issues.

Dr George Sim has been treating Aboriginal children in regional areas for many years and has seen first-hand the long-term impacts caused by OM that continue into adulthood if not addressed quickly.

"It is especially important for young children laying down their speech and language pathways. Normal hearing levels are essential at this stage of their development. I am grateful this partnership will allow me to operate in a very short period of time and improve their hearing levels when these children need it most," Dr Sim says.

St John of God Murdoch Hospital Acting Director of Mission Integration, Jenni Ashton says the entire hospital community, particularly its Murdoch caregivers, have grown a deep connection with the program.

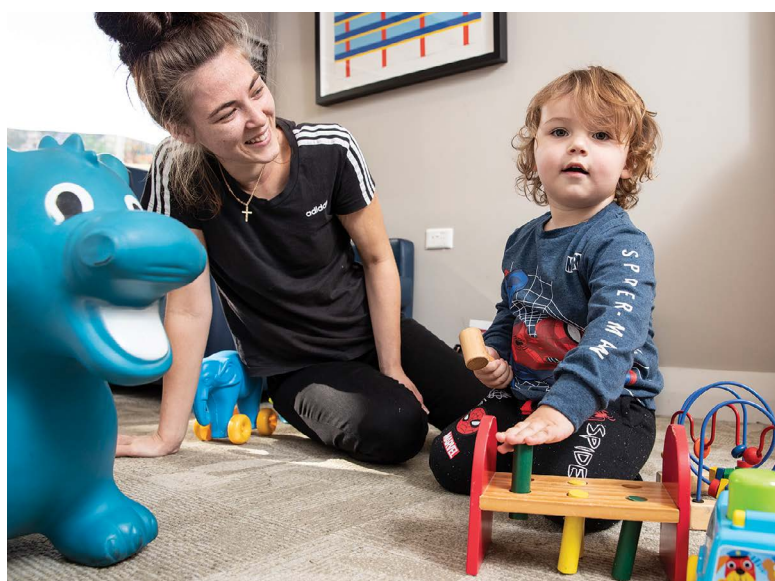
"From cake stalls, to book sales – and even a toilet paper raffle during the pandemic – the commitment and affection our caregivers have for this partnership is incredible. The number of children and families the program has positively impacted is humbling because we, as caregivers, have gained so much as well – it's an incredibly uplifting program that we have all been fortunate to be a part of in our small way."

Since the partnership commenced in October 2019, St John of God Murdoch Hospital caregivers have fundraised more than \$80,000 for the program. With additional funding contributions from St John of God Health Care, the total raised for the program is over \$100,000.

Following the success of the program at St John of God Murdoch Hospital, several other St John of God Health Care hospitals are now looking to run similar programs.



**CO-DIRECTOR OF TELETHON KIDS INSTITUTE/WESFARMERS CENTRE FOR VACCINES AND INFECTIOUS DISEASES – DJAALINJ WAAKINJ CENTRE FOR EAR AND HEARING HEALTH, VALERIE SWIFT, WITH CHILDREN WHO HAVE RECEIVED LIFE-CHANGING SURGERY THROUGH THE DJAALINJ WAAKINJ PROGRAM**



**THE DJAALINJ WAAKINJ PROGRAM SUPPORTS ABORIGINAL CHILDREN SUFFERING SEVERE EAR INFECTIONS**



**St John of God Murdoch Hospital  
Acting Director of Mission  
Integration, Jenni Ashton says  
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**A MOTHER AND HER CHILD WHO IS READY FOR SURGERY  
THROUGH THE DJAALINJ WAAKINJ PROGRAM AT ST JOHN  
OF GOD MURDOCH HOSPITAL**



# COULD OUT OF HOSPITAL CARE BE A GAME CHANGER?

CAITLIN O'DEA, DIRECTOR HEALTH & FINANCE, CATHOLIC HEALTH AUSTRALIA



**The population has a growing need for healthcare. But our health infrastructure is not keeping pace.**

This challenging mismatch between demand and supply can either continue to be bridged by building expensive new bricks and mortar hospitals, or we can look to augment the provision of care delivery. Out of hospital care can help bridge this gap by offering high-quality patient-centric care in a safe and cost-effective manner.

OOH care is hospital-equivalent care that happens outside the hospital – in the community, in people's homes. OOH care can lead to lower readmission rates, shorter stays and increased patient and clinician satisfaction. It can reduce pressure on the groaning hospital system. It has also proven to be generally more cost effective than hospital care.

Stakeholders are in violent agreement that OOH care is the way of the future.

CHA published a prescient report in 2020, 'Out of Hospital Care in Australia: Advancing health's missing sector.' The Australian Medical Association have recently released their report, 'Health is the best investment: Shifting from a sickcare system to a healthcare system' noting: "Demographics, chronic disease, and technology are all changing rapidly, and as such the way we deliver healthcare must also change accordingly. Having cleared the first hurdles for telehealth and home-based hospital care, we need to develop them further as part of a deliberate design of a better system."

Private Healthcare Australia (PHA) also recently released a report which found, "...prioritising access to out of hospital care will unlock value for patients and the health system more broadly, by offering the choice of flexible care for patients while also relieving system pressures."

Given its win-win nature the move towards OOH care is,

not surprisingly, a global trend. But Australia is lagging. In under two years, by 2025, the UK will be treating 20 per cent of all patients at home and the US 13 per cent, while here in Australia we will be struggling to hit 5 per cent.

But if we all agree on this, why isn't it happening?

As with most issues in the multi-faceted health sector, there are lots of moving parts and much finger pointing. At the end of the day though, funding arrangements do not support the widespread access to OOH care for the millions of Australians with private health insurance.

That's why CHA is advocating for legislative funding reform so that the cover consumers of private health insurance receive is agnostic about the setting in which the care is delivered.

We have commissioned an economic analysis and are confident it will show that the sky will not fall in once this sensible and measured change is made.

Achieving widespread, scalable, OOH care within the private health system sounds complicated, and some parts are. We need to design a system that is scalable but is not simply one size fits all. Patients and the health workforce need to be brought on the journey, many antiquated systems need updating with the ability to share clinical notes digitally and in real time, and clinicians need to be empowered to see patients out of hospital. But the key barrier is funding.

The timing is right to take the lead in calling for funding arrangements to change. The Department of Health and Aged Care has commissioned a review which is currently open to industry for final consultation.

These default benefit funding arrangements need to be updated to ensure patients, and the health system, can tap into the benefits of care at home.



# MEET THE NSW MINISTER FOR HEALTH

**Ryan Park became the NSW Health Minister in March when he took up the role following the state election. Here he shares with Health Matters his perspective, ethos, and goals for the sector.**

## **What are your top priorities as Health Minister?**

My top priorities as Health Minister are to invest in our human capital – supporting our frontline healthcare workers with safe staffing levels, safe working environments and fairer wages. I am committed to improving the performance of our public hospitals, easing the pressure on emergency departments and reducing the number of people on the elective surgery waiting list. As the state's first Health Minister from regional NSW, I am also committed to improving access to healthcare in our remote, rural and regional areas, because I believe everyone has the right to quality healthcare, no matter where they live. Lastly, I want to focus on giving all children in NSW the best possible start in life, no matter where they live or their family circumstances.

## **More than 17,000 people have waited longer than the clinical guidelines for elective surgery in NSW. What steps will you take to reduce this number and keep it low?**

On just our second day in office after the election, Premier Chris Minns and I announced the creation of the Surgical Care Governance Taskforce. The taskforce is made up of some of our best and brightest clinical leaders and will examine strategies to reduce the number of people on the elective surgery waiting list, particularly those who wait longer than clinically recommended for their surgery. When we came to office there were around

100,000 people on the waiting list, with 17,000 thousand waiting longer than clinically recommended. I can report that we have managed to get the number of people waiting longer than clinically recommended down to around 11,000 within our first 100 days in government and we are committed to driving further improvements.

## **What steps are you taking to improve services and outcomes for patients in rural, remote and regional areas?**

Delivering high quality healthcare to remote, rural and regional areas remains a huge challenge, but one we are committed to addressing. We made a commitment to recruit an extra 500 paramedics to rural and regional areas. We are supporting the ongoing delivery of specialist pop-up clinics and virtual care services in rural areas where we know recruiting and retaining qualified healthcare workers is a major challenge. We have recently announced a state-wide expansion of the Single Employer Model to train more Rural Generalists and we have appointed a Deputy Secretary for Regional Health – delivering on our election commitment to prioritise the delivery of healthcare to everyone across our state.

## **The COVID-19 pandemic was a devastating shock to our health system and society – but it will not be the last pandemic. What strategies are you implementing for future pandemic preparedness?**

The COVID-19 pandemic highlighted just how essential our frontline

healthcare staff are. NSW got through the pandemic thanks to their hard work and self-sacrifice – they are the ones who scaled up the vaccine centres and cared for patients battling this new virus, and words cannot express how thankful I am for their dedication and professionalism. Our frontline staff are our greatest asset when it comes to fighting future pandemics and I am committed to supporting them by implementing safe staffing levels in our hospitals, starting in our emergency departments. I'm committed to delivering a fair wages deal that acknowledges the hard work of our healthcare workers and helps to retain them in the health system. But we're also putting in place measures to stop a new virus taking hold in the community – I recently had a sneak peak of the NSW Biocontainment Centre – a state of the art facility at the Westmead Health Precinct designed to safely isolate patients with high consequence infectious diseases such as Ebola. Thankfully, we haven't yet had to use this facility but it stands ready if we ever encounter one of these highly infectious, often fatal, diseases in our community.

## **Mental health has become an increasing concern, especially in the aftermath of the pandemic. What initiatives are you planning to improve mental health services and support in NSW?**

I think it's fantastic that, as a community, we are removing the stigma of mental health and acknowledging the need for improved





**THE HON RYAN PARK MP, NSW MINISTER FOR HEALTH**

mental health support and I'm working with my colleague Rose Jackson, the Minister for Mental Health, to strengthen mental health services in NSW. When the Hunter bus crash occurred, I moved to establish pop-up mental health clinics in those communities. The trauma of that event will be ongoing for many people in the Hunter and I will be with them every step of the way making sure they are supported. I am a parent to two boys and I know how hard those early years of parenthood are, which is why I am also deeply committed to supporting new families. I recently announced the expansion of the Sustaining NSW Families initiative, which offers free nurse home visits to families who may be dealing with post-partum depression or anxiety, or who are considered at-risk or vulnerable. If we can support families, we know that we can give children the right foundation to grow and thrive.

**What role do you see digital health technologies playing in the future of healthcare in NSW, and what actions are being taken to promote their use?**

Innovative, technology-focussed solutions are the key to reducing pressure on our busy emergency departments. We know too many people are presenting to the emergency department because they have no other choice. I want to give these people the option of getting healthcare virtually, in the comfort of their home. The NSW Government has already announced the state-wide expansion of VirtualKids, a virtual

urgent care service that links parents and sick children with clinicians. We are in the process of rolling out similar virtual care services for adults and aged care residents, because we know that many people presenting to the ED could receive better and more timely care at home.

**NSW is home to some of Australia's leading medical research institutions. How will your government support innovation and research in the health sector?**

I want NSW to be a world leader in medical innovation and research and I'm working closely with David Harris, the Minister for Medical Research, to look at new ways we can support the development of new ideas and technologies. I believe that in order to attract the brightest medical staff we have to offer them the opportunity to work at the cutting edge of healthcare. Premier Chris Minns and I recently announced the establishment of the state's first paediatric heart transplant service at The Children's Hospital at Westmead. This heart transplant service will not only save lives – it will help us recruit world-leading medical staff to work in our hospitals. Surgical services such as the paediatric heart transplant service will allow NSW to compete with cities like New York in attracting and retaining medical and scientific talent.

**How do you view the contribution of the Catholic health sector to care in NSW?**

The Catholic Health sector has long been a critical part of the delivery of healthcare in NSW. Catholic health care provides compassionate and comprehensive medical care which is grounded in principles of social justice and empathy. The Catholic health sector is to be congratulated for its ongoing commitment to the most vulnerable in our community, serving to help and heal those in need. My own upbringing has been shaped by these values and is part of why I entered politics.

**Looking to the future, what is your vision for the health sector in New South Wales over the next five years?**

My vision for healthcare in NSW is a system that is centred on the delivery of accessible, equitable, high-quality healthcare and improving health

outcomes in our most marginalised and at-risk communities. I want to see a health system that supports its most valuable asset – its frontline clinicians – with the right staffing levels, resources and time to do their jobs well. I also want patients to be able to access simple and affordable healthcare options outside of the emergency department. I believe everyone in NSW has the right to a healthy life and I am committed to delivering a health system that meets the needs of our state now and into the future.

**You have a very busy job – how do you like to relax and unwind?**

When I get a weekend off, I love spending time with my family, taking my boys mountain biking, hitting the slopes in winter or watching the Dragons play at Win Stadium. I really try to protect family time, even when I'm up in Sydney for parliament, so we have lots of phone calls and facetime when I'm away.

**What's your favourite ever book and what are you reading now?**

My all time favourite book is George Orwell's 1984. I'm a bit of a history nerd and I love how Orwell's political allegories are just as relevant today as they were in 1949 when the book was published. At the moment I'm reading 'The girl who fell from the sky', which is the incredible story of Emma Carey who became a paraplegic at 20 when she was injured in a skydiving accident.

SKILLED EXERCISE  
PHYSIOLOGISTS AND ALLIED  
HEALTH STAFF ENABLE HOME  
CARE CLIENTS TO GAIN AND  
RETAIN FITNESS, EVEN AFTER  
HOSPITAL STAYS



# A purposeful life of meaning with Catholic Homes

**Respected Western Australian aged care provider Catholic Homes is building the capacity of its workforce and enabling the lives of older people through its philosophy of service called 'Care with Purpose'.**

Catholic Homes Chief Executive Paul Andrew said now more than ever, older people remain at the centre of the organisation's ministry where they can contribute and live a meaningful, fulfilled life of dignity and confidence.

The Care with Purpose approach recognises everyone as an individual and aims to advance their best life by creating enabling environments, promoting purposeful activity, supporting choice and fostering quality interactions between people.

It advances the organisation's Catholic values of joy, love and hospitality, where every life is protected as a sacred gift and every human being is created as a unity of body, mind and spirit.

"Our care model focuses on the individual, where our passionate and dedicated staff help our residents and clients reach their goals by letting them take reasonable risks and make the choices and decisions about the things that matter to them," Mr Andrew said.

"We can achieve this through a deeper understanding of those in our care and things they love now, as well as the life they have lived, with all their highs and lows.

"Staff and volunteers at Catholic Homes encourage and support people to do as much as they can for themselves; to be engaged in the activities, interests and hobbies which add value to their lives and provide purpose."

In applying Care with Purpose, Catholic Homes' staff learn more about the people in their care, their life history, their preferences and dislikes, and what brings them joy. As a result, all employees can make a positive impact on those in their care.

A significant key to success has been making it easier for people, particularly those living with dementia or other cognitive impairments, to better understand and participate in the world around them.

"At all our residences you will see name tags, signs, labels and clear information, inviting people to be involved, to do new things and develop new friendships," Mr Andrew said.

An important aspect is the call to participate: communal areas have signage and staff can ask residents to take on a big or small job role, as much as they may prefer – to assist their neighbour and do things for themselves as they may have done all their life, so they are engaged and can make a valued contribution.

"Being active improves wellbeing and reduces boredom and isolation. As well as restoring function, helping around the home can improve confidence and self-esteem."



The Care with Purpose model was introduced by the organisation several years ago, well ahead of the Federal Government’s consumer-led aged care standards that came into being in mid-2019.

Catholic Homes, which operates six aged care residences, four retirement villages and home care services, was developing its own “care innovation” model back in 2015.

Care innovation subsequently evolved to become the organisation’s guiding Care with Purpose philosophy and practical approach to care with a special focus on people’s stories, abilities and their physical, social, emotional and spiritual needs.

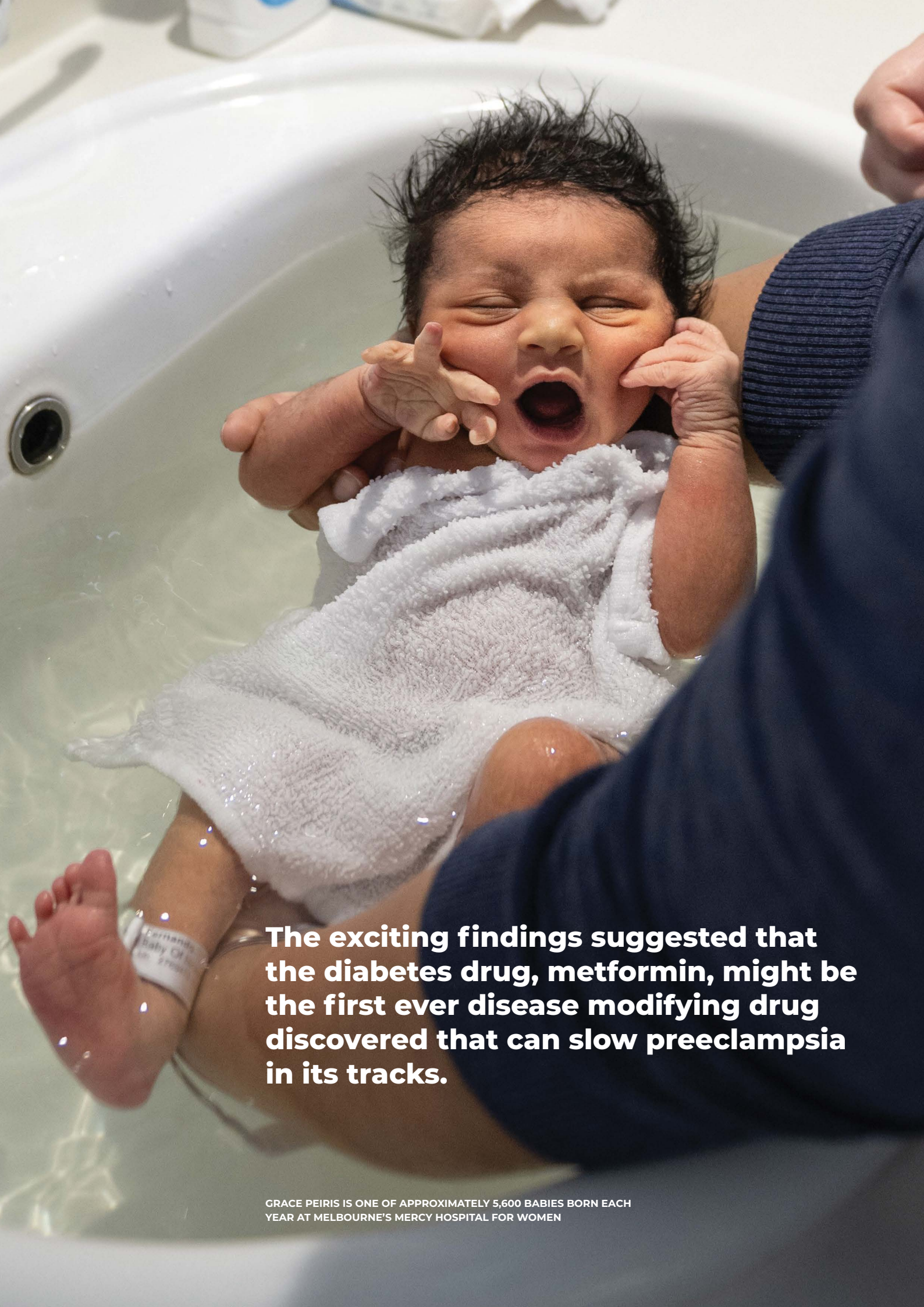
Care with Purpose works very effectively for those in their own homes and in the community, as it does for people living in residential care.

Mr Andrew extends a welcoming message to everyone: “Regardless of your age, circumstance or ability, Catholic Homes welcomes you and will encourage you to live a life of fulfillment and purpose.”

**TOP: CATHOLIC HOMES’ STAFF MAKE LASTING CONNECTIONS WITH RESIDENTS AND CLIENTS**

**RIGHT: CATHOLIC HOMES’ SUPPORT INCLUDES HELP TO MAINTAIN A HEALTHY DIET FOR CLIENTS LIVING AT HOME**





**The exciting findings suggested that the diabetes drug, metformin, might be the first ever disease modifying drug discovered that can slow preeclampsia in its tracks.**

GRACE PEIRIS IS ONE OF APPROXIMATELY 5,600 BABIES BORN EACH YEAR AT MELBOURNE'S MERCY HOSPITAL FOR WOMEN

# Mercy Perinatal making headway on preterm preeclampsia

PROFESSOR SUSAN WALKER AO, CO-DIRECTOR MERCY PERINATAL

**Achieving success in medical research requires skill, discipline and a collaboration of talented people – success won't occur without meticulous and painstaking checking of data but also just a stroke of luck can play an important role as well.**

For our team at Mercy Perinatal some good fortune occurred more than a decade ago when an impressive young doctor from Cape Town, South Africa, reached out to us while travelling in South America enquiring about some work.

Dr Cathy Cluver, an obstetrician, was planning to commence Maternal Fetal Medicine training. She was accompanying her husband to Melbourne, who came to do further specialist training in medical imaging at the Royal Melbourne Hospital.

Cathy ultimately did a year's Maternal Fetal Medicine fellowship with our team. During that time, she was regularly involved in lab discussions about our quest to find an effective drug treatment for preeclampsia. She was captivated by the endeavour. Prior to leaving Australia, she proposed to set up and run clinical trials, testing our drug candidates, in Cape Town.

Worldwide annually, preeclampsia produces terrifying statistics.

The disease claims the lives of as many as 500,000 unborn babies and 70,000 pregnant mums every year.

No drug had been discovered that slowed preeclampsia from progressing to cause life-threatening injuries to major organs in the mother - her kidneys, liver, lungs and brain.

Last year, a joint team of our researchers from Cape Town and at Melbourne's Mercy Hospital for Women (and the University of Melbourne) reported important findings in the prestigious British Medical Journal (BMJ) of a breakthrough clinical trial.

The exciting findings suggested that the diabetes drug, metformin, might be the first ever disease modifying drug discovered that can slow preeclampsia in its tracks.

The idea of metformin as an unlikely treatment for preeclampsia came from laboratory studies done by the same research team at Mercy Hospital for Women. The next step was to test the concept in a clinical trial. And this is where the now Professor Cluver in Cape Town, based at the University of Stellenbosch, stepped up – South Africa is where the disease is far more severe and common.

Cathy founded a preeclampsia clinical trials unit, which involved the recruitment of research midwives and pregnant women to participate in the trials. Mercy Perinatal helped fund both Cath and the clinical trials unit. She ran the trial at breakneck speed – it was the fastest completed preeclampsia

clinical trial of its size anywhere in the world.

She has been a hugely important lynchpin of our work.

According to Co-director of Mercy Perinatal, Professor Stephen Tong, preeclampsia that sets in at an early gestation is an extremely dangerous variant of the disease where the risks to baby and mother are high.

Stephen, a lead investigator of the trial, says when preterm preeclampsia sets in, medical teams are often forced to deliver the baby prematurely as this is the only way to reverse the disease process and cure preeclampsia.

Early delivery – he points out – saves the mother from getting gravely sick.

But by doing this, we birth babies that are not fully developed and not ready to leave the womb.

"Babies born too early are at risk of developing permanent disability or even death," Stephen says.

Finding a drug that can curb the disease's severity could enable pregnancies affected by preeclampsia to safely continue for longer. The babies can be delivered at a less premature gestation which may mean fewer disabilities and better lifelong health outcomes.

PROFESSOR SUSAN WALKER



ALBERT MCLAUGHLIN WAS BORN AT FULL TERM AND IN GOOD HEALTH AT MHW. HOWEVER, OVER A COURSE OF A YEAR 1,700 BABIES CAN SPEND TIME IN THE HOSPITAL'S NEONATAL INTENSIVE CARE UNIT (NICU) OR SPECIAL CARE NURSERY



**Cathy's group is now running larger trials involving as many as 500 participants to confirm their exciting discovery. If they do, metformin may be used around the globe as the first ever treatment for preeclampsia.**

PROFESSOR SUSAN WALKER (RIGHT) WITH PROFESSOR CATHY CLUVER



Previous efforts to find drugs to treat preeclampsia, have not succeeded.

In this trial, the researchers recruited 180 women with preterm preeclampsia between 26 and 31 weeks of pregnancy.

Half the women received metformin tablets while the other half were given dummy tablets or a placebo. The participants were not told whether they were taking an active drug or the placebo.

Also published in the BMJ was the exciting revelation that women who took metformin stayed pregnant for 7-8 days longer compared to those who took a placebo. When we are dealing with this level of prematurity, an extra week in the mother's womb is likely to be a really important gain that could translate to lifelong health benefits for the baby.

Furthermore, for those who took metformin, their babies

spent 12 days less in the neonatal nursery unit. This probably reflects the fact they were born less preterm and therefore much healthier.

It is the first time that a treatment given to mums with preterm preeclampsia to keep them pregnant for a week longer might have worked.

It could mean that preterm preeclampsia can now be treated and that we can slow the disease progression right down.

Cathy's group is now running larger trials involving as many as 500 participants to confirm their exciting discovery. If they do, metformin may be used around the globe as the first ever treatment for preeclampsia.

It may mean that the metformin could be used to save the lives of many thousands of mothers and their infants – not just in Australia and South Africa, but around the world.

# THE AGED CARE TASKFORCE – A NEW HOPE?

JASON KARA, DIRECTOR AGED CARE,  
CATHOLIC HEALTH AUSTRALIA

When discussing aged care, the conversation often starts with the word “crisis” and continues from there. In 2020, the Royal Commission into Aged Care Quality and Safety found that overall, the community’s perception of life in residential aged care is very negative and the subsequent focus on system deficits and the impact of the COVID-19 pandemic did nothing to change this.

This perception, together with changed preferences for aged care services and increasing regulatory intervention, started to impact the viability of aged care facilities across the country. Seventy per cent of aged care facilities are now losing money. This puts at risk the care of the most vulnerable in our society.

Is it any wonder that morale and staff retention are an ongoing issue in the sector?

And so it was a relieved and hopeful aged care sector that listened to the Minister for Aged Care, Anika Wells, announce the new Aged Care Taskforce in June.

“We are going to need a fair and equitable system to meet the needs of Baby Boomers who, with their numbers and determination to solve problems, have shaken every single system they’ve come across,” the Minister told the National Press Club.

The Taskforce has been created to support the standards and model of care that older Australians expect. Above all, this hinges on a funding model that is sustainable and that can support innovation and enhancements to care and quality of life outcomes.

The processes of the Taskforce will be driven by members who are experts in their field. The Hon. John Watkins AM, Chair of Catholic Health Australia, is a member and brings his experience in delivering services and as the former CEO of Dementia Australia. He joins a group reflective of the diversity in the sector.

Some key members include Pat Sparrow, COTA CEO, John McCallum, former CEO of National Seniors, and Margaret Walsh, Council of Elders member, who give a strong consumer focus. Tom Calma AO is a respected Aboriginal Elder and human rights advocate and Mary Patetesos AM brings a CALD perspective. In addition to John Watkins’ CHA links, the provider viewpoint is strongly represented by Tom Symondson, CEO of ACCPA, and Mike Baird AO, HammondCare CEO. The critical workforce viewpoint is taken up by representatives from unions, a frontline practitioner



and a senior human resources specialist. Additional expertise is delivered by former senior bureaucrats, economists and Grant Corderoy, Senior Partner at StewartBrown.

The Taskforce is chaired by Minister Wells who will have the responsibility to bring the Taskforce’s recommendations to Government for decision. The Minister has made significant progress in her first year with 69 of the 148 recommendations from the Royal Commission now underway, along with funding a 15 per cent pay increase for direct care workers. Now the financial sustainability of aged care is the next urgent challenge.

## What next?

We cannot let the opportunity to deliver a sustainable and responsive aged care system go to waste. The recent Royal Commission made 148 recommendations but could not answer how to make aged care equitable and sustainable into the future - the Commissioners couldn’t agree on a pathway. Before that, the Tune review into aged care in 2017 made several substantive recommendations that were not taken up by Government.

There were countless other attempts with similar lack of follow-through. We cannot afford this anymore.

The Taskforce has been set bold milestones. In July it met to agree on principles for funding care, hotelling services such as laundry and meals, and accommodation. In August evidence on the scale of the challenge, both now and in the future, was reviewed before investigating possible mechanisms and new system requirements in September and October. By December the Taskforce will report its findings to the Government ahead of planning for the 2024/2025 Federal Budget.

Catholic Health Australia will be working with John, other taskforce members, our membership, and the wider sector to take this historic opportunity to reshape aged care. We are already leading the public debate to increase investment by having wealthy clients contribute more towards their aged care fees. We are advocating for an improved safety net for clients without the means to pay, ensuring quality care for all Australians who need it. We recognise that to be effective in responding to the needs of our community we need the resources to invest in innovation.



# Calvary opens new integrated care precinct

BRYAN MCLOUGHLIN, CALVARY NATIONAL DIRECTOR CUSTOMER & COMMUNICATIONS

**On 10 January this year, Calvary opened the doors of Calvary Kooyong, our landmark \$154 million integrated health, retirement living, and residential aged care precinct in Caulfield South, Victoria.**

The Calvary Kooyong precinct brings together premium retirement living in the Hyson Apartments, contemporary residential aged care in the Huntly Suites, Calvary's in-home care, and GP and other health care services, as well as the sub-acute Calvary Bethlehem Hospital, which provides specialist palliative care and state-wide services for people

living with progressive neurological conditions such as Motor Neurone Disease (MND).

Calvary Kooyong is designed to support our residents' changing needs and enable them to live well and in place as they age. It has been a little over two years in construction and many years in the planning.

And while it marks a homecoming for the specialist 32-bed Calvary Bethlehem Hospital, it is a representation of Calvary's strategic priority to deliver service integration. Service integration responds directly to the consumer's desire for





**FAR LEFT: GRAHAM ARCHER IN HIS HOME AT CALVARY KOOYONG**

**LEFT: CALVARY KOOYONG MAIN ENTRANCE**

**BELOW: HUNTLY SUITES RESIDENT GRAHAM ARCHER BEING TRAINED TO USE A HEADMOUSE AT CALVARY BETHLEHEM TO HELP SUPPORT THE MND SYMPTOMS THAT WILL AFFECT HIS ABILITY TO COMMUNICATE**

holistic care, supporting them across various environments that their health needs. Right care, right time, right place.

Often referred to as the Calvary Care System, we respond to the needs of our communities across all stages of life, through an integration of our services, and those we provide through partnerships, to address the holistic needs of the people we serve, wherever they may enter our care along their life journey.

For some, like former Puffing Billy Railway administrator Graham Archer, it has been a godsend. Graham was diagnosed with MND last year and soon found he was no longer able to live at home.

Already a patient with Calvary Bethlehem, Graham also became one of the first residents to move into the Huntly Suites, the new aged care home at the Calvary Kooyong precinct, where only an elevator separates him from his specialist care team.

Graham has reflected on how his world changed dramatically following his diagnosis, and the opportunity to live in a health precinct like Calvary Kooyong.

The precinct offers integrated care services that meet changing health needs whether people are living in the Hyson retirement units, the Huntly Suites aged care home, or are receiving care at Calvary Bethlehem hospital.

Calvary Kooyong opened doors Graham never thought possible, and offered him the chance to live in a place he could call home and receive the care he needs in the one place.

“You just can’t imagine how I feel. I’ve been blown away by the care and people here. Everyone is so focussed on doing the best for me. The whole philosophy is geared towards maximising the care and what independence I can achieve within the limits of my condition and ability,” Graham said.

Calvary has a rich heritage of serving the needs of our communities for more than 135 years. To maintain this longevity, Calvary must adapt and change to the care needs of our communities and the environments in which we provide our care.

Stories like Graham’s portray the true value of the Calvary Care System. To fully realise and grow the Calvary Care System our growth strategy needs to enhance the way people enter and connect with the system, and how services are accessed, distributed and provided in the regions and communities we serve.

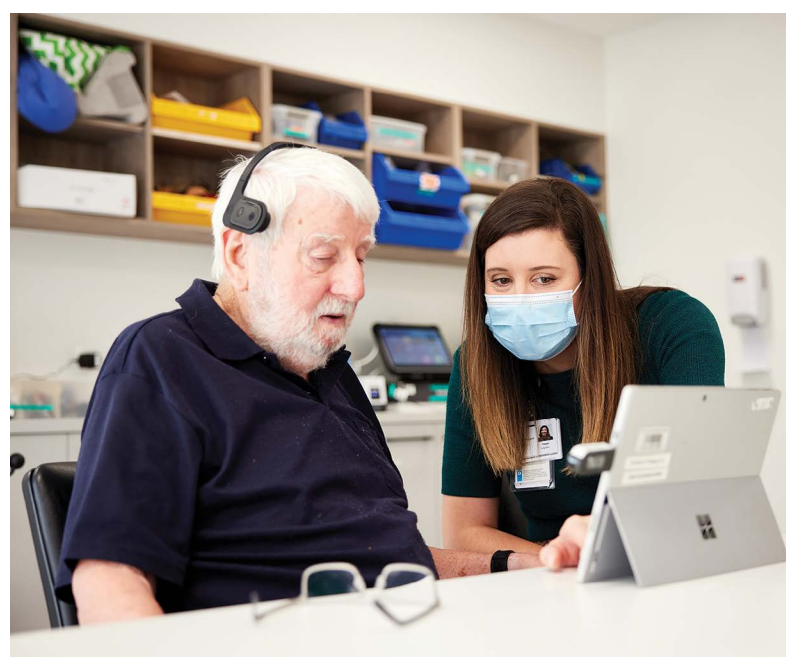
This includes strategies directed towards growing and balancing our physical and service footprint, which we

will soon see at Calvary Kooyong with the introduction of onsite GP, pharmacy and allied health services as part of the integrated and holistic concept of care that underpins the precinct. It will include strategies also that add digital connecting capability.

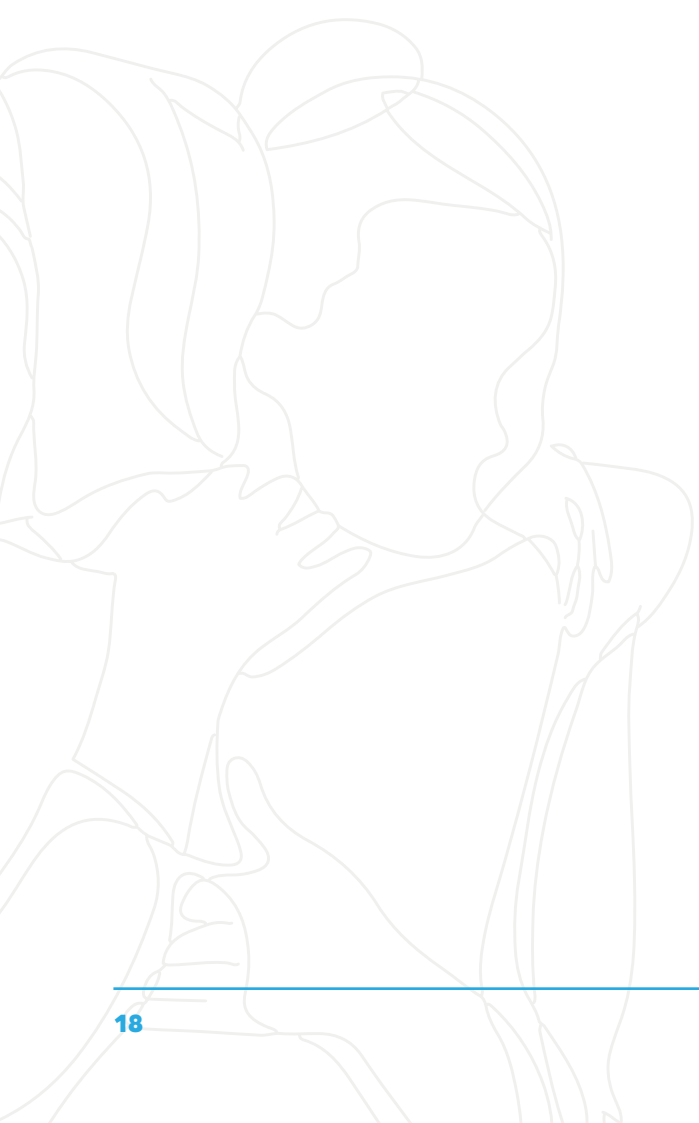
Investing in core services that specifically respond to community need, creates integration among Calvary services and adds value to the continuum of care. This helps to build Calvary’s capability to offer care across all stages of life, which extends from hospitals to home care and from retirement living to residential care.

The creation of integrated sites like Kooyong, is an example of this growth strategy, but the connection of service provision across Calvary can and will also occur across multiple sites servicing the one community.

Calvary will continue to work with various stakeholders to create an integrated care system that improves the care journey, while reducing the challenges of a complex health system. Our strategy embraces opportunities to provide the people we care for with more choice, and better access and equity.



# New Mater centre gives support to mothers in crisis



**A new era in the care of mothers who experience depression, anxiety and other mental health challenges after the birth of child has begun in Queensland.**

The state's first integrated centre for perinatal mental health patients – Catherine's House for Mothers, Babies and Families – opened at Mater's South Brisbane campus in March.

One in five new mothers and up to one in 10 fathers experience perinatal mental health challenges in the first year after their baby's arrival.

But despite the scale of the problem, there had been a critical lack of support services and in-patient beds in Queensland before the opening of Mater's new centre.

Catherine's House provides a dedicated unit with 10 rooms where public and private patients with acute perinatal mental health diagnoses can now stay with their babies for up to three weeks while receiving treatment and care.

The facility was named in honour of Catherine McAuley, the



**“Mater has been caring for Queensland mothers and babies for more than a century and Catherine’s House marks an important milestone in the ongoing support we deliver to families across this state,” Dr Steer said.**

A MUM, BABY AND MATER STAFF ARE PICTURED IN CATHERINE’S HOUSE

founder of the Sisters of Mercy, and is housed in the Sisters’ former convent building at Mater Hill.

Mater Group Chief Executive Dr Peter Steer said Catherine’s House will support hundreds of new Queensland families each year through a range of day programs, group and individual treatments, home-visiting services and emotional wellbeing support.

“Mater has been caring for Queensland mothers and babies for more than a century and Catherine’s House marks an important milestone in the ongoing support we deliver to families across this state,” Dr Steer said.

“This centre is meeting an urgent need in our community, with suicide remaining the leading cause of death for new mothers.

“Perinatal health issues also place babies at risk of many complications, such as low birth weight, premature birth and increased risk of conditions such as asthma.”

Catherine’s House was funded with \$17 million in generous community donations to Mater Foundation, as well as \$7

million in capital funding from the Queensland Government.

The State Government is also providing \$11m in annual operational funding to provide eight public beds in the in-patient unit.

Premier Anastacia Palaszczuk said the opening of Catherine’s House was a landmark moment for perinatal mental health in Queensland.

“The Queensland Government is committed to helping mothers and their babies and I’m incredibly proud of the role Catherine’s House will play in meeting the growing demand for services from those impacted by perinatal mental health disorders,” she said.

Brisbane mum-of-three Harriet Sutton, 37, knows all too well the challenges of parenthood, after living with perinatal mental health issues for four years without treatment.

“I didn’t realise until after I had my third child that something was really wrong – I had postnatal depression and anxiety,” Mrs Sutton said.



"My heart raced so much I couldn't get to sleep, despite being exhausted. There were moments when I thought I would explode. I was scared of myself and how my anger would manifest."

Mrs Sutton, a former ADF officer, was admitted to a private mother-baby unit, which she said "changed my life and the lives of my husband and children for the better".

The Catherine's House in-patient unit is able to provide assessment and treatment for mothers diagnosed with postpartum psychosis, schizophrenia, bipolar disorder, severe anxiety, depressive disorder and other complex mental health problems. The first patients were admitted on April 27.

Other services based at the centre include: day programs, delivering individual and group therapy treatments on-site to new parents; Mater's Parent Support Centre, which provides early parenting guidance in the first six months after birth, including support with breast-feeding, feeding, sleep and emotional wellbeing; and a Parent Aide Unit, which provides at-home support with trained volunteers to improve the health and wellbeing of Mater families.

These services began operating from Catherine's House on May 2 – providing support for women across South-East Queensland and the state's regions.

Mrs Sutton said she was delighted to know that other women in need are now getting the expert support and treatment they need.

"I am so excited for the support Catherine's House will provide mothers and babies at a critical time in their lives," Mrs Sutton said.

"Catherine's House is going to change so many lives immeasurably."



**TOP: MOTHERS HARRIET SUTTON, MARY-ANN RICHARDSON AND RACHEL THAIDAY, WHO SUFFERED PERINATAL MENTAL HEALTH ISSUES, HAVE ADVOCATED FOR THE EXPANSION OF SUPPORT SERVICES AT CATHERINE'S HOUSE**

**ABOVE: CATHERINE'S HOUSE**

# 'Nobody said it would be easy, they said it would be worth it' – Chris Blake on leading St Vincent's Health Australia

## After senior positions at PwC and Australia Post, what about health piqued your interest in the sector?

I've always had an interest in healthcare, mainly through my roles in research, being the Chair of the Brain Research Institute, and as a Board Member of the Florey Institute of Neuroscience and Mental Health.

My other roles have always been with organisations going through dramatic change and healthcare is certainly on the cusp of the kind of change, perhaps more than any other industry outside of energy.

There's also something very special about St Vincent's that drew me in. I'm convinced that a large part of that is the legacy of the Sisters. At St Vincent's, you can actually feel it as you walk about our hospitals and aged care. It's in the walls.

## You've been CEO for almost a year, how have you found it?

As Dr Seuss said, "Nobody said it would be easy, they just said it would be worth it".

I genuinely believe that that's the case in healthcare generally, and St Vincent's in particular.

## What's the biggest challenge facing the aged care sector?

One is the sustainability of the funding model, and the other is the challenge with the workforce. But I actually think the real challenge is that the aged care model hasn't changed that much for a very long time. The period where we need to support people with aged care is much longer and becoming more community-based rather than facility-based. St Vincent's has put its best geriatricians together with our aged care executives to think about 'What is best the model of care for an older person?' as opposed to 'What is the model of care within an aged care facility?' We have to rethink the model. I think policymakers and leaders must too.

## How do your 23 age care facilities prioritise the mental and emotional wellbeing of residents?

Everything is built on relationships and community. Building a sense of place and connection. It's the antidote to those feelings of fear and isolation that can come when you're entering a residential aged care service for the first time.

We want to get to know our residents: their passions, hobbies, what motivates them, what they love doing, what they don't, their goals, their preferences.

And then we build an environment that allows them to keep doing the things they love – whatever it is. It's not 'one size fits all' – we have to tailor an experience for every single resident.

That's our recipe for mental and emotional wellbeing. Community is the answer to it all.



## What is the most rewarding aspect of your job and why?

Without a shadow of doubt it's running into the people in the front line who you're constantly inspired by. One thing I learned early on at St Vincent's is you can't lead it from an office. You have to be out and about. Connecting with people. So I spend a lot of time on the ground. As much as possible.

## Can you tell us about your daily routine and share your personal interests?

There's no question that there is a lot to do, so the days are long. One of the great things about living in Sydney for the first time in 30 years, is that it's like having a completely new hobby in itself. I'm walking everywhere. If I've got a spare Saturday, quite a few times I've just got on the first bus to see where it goes.

My wife keeps telling me: "You need some hobbies". But one of the great things about living in Sydney for the first time in 30 years, is that it's like having a completely new hobby in itself. I'm walking everywhere. If I've got a spare Saturday, quite a few times I've just got on the first bus to see where it goes.

I read randomly and widely. I've got two kids that I'm learning from a lot as they are in their twenties. I often think about how different it is to be a 25-year-old today.

## Leadership often comes with many lessons along the way. Is there a piece of advice or a quote that has guided you in your professional journey?

There was once a time when I was really perplexed about what I should do with my career and Margaret Jackson, the Chair of Qantas, said to me that sometimes you just have to commit. She gave me a quote, by the German poet Goethe, which said:

"Until one is committed, there is always hesitancy, the chance to draw back, always ineffectiveness... whatever you can do or dream, you can begin it. Boldness has genius, power and magic in it."

# VMCH AND THE FUTURE OF AGED CARE

Uncertainty within the residential aged care setting is inspiring providers to think innovatively about living options for older people that are financially sustainable and meet changing customer expectations.

## AGEING AT HOME

Ageing in place is not a new concept, but it's become the cornerstone of recent government reforms and budget decisions.

Across Australia, residential aged care occupancy sits around a record low of 86.2 per cent, while the number of people receiving Commonwealth-funded home care packages nearly quadrupled from 2012 to 2022.

The Federal Government's 2023/24 budget shifted away from funding residential aged care places to boost investment in home care.

Sonya Smart, CEO of Catholic, for-purpose aged and disability services provider VMCH, says this reflects what her organisation is seeing on the ground in terms of older people wanting to age in place at home.

"Interest in our Home Care Packages (HCPs) is growing, with enquiries increasing by 600 from 2021 to 2022. Demand for our retirement units, apartments and affordable homes is also on the rise."

The Property Council's Retirement Census reports retirement village occupancy rates increased from 87 per cent in 2019-20 to 90 per cent in 2020-21, with waitlists in many communities. VMCH's own retirement living occupancy rate sits at 99 per cent.

## DECLINING FINANCIAL SUSTAINABILITY OF RESIDENTIAL AGED CARE

Ms Smart says while VMCH's residential aged care occupancy rate is high, running an aged care home has become "financially fraught", with hidden costs required to manage

the planned and ongoing increasing regulation and reporting, along with the dictating of how and where funding will be spent.

Since September 2022, at least 23 Australian aged care homes have closed. Accountancy firm StewartBrown has predicted a potential 30 to 50 further closures over the next 18 months (*Australian Ageing Agenda, January 2023*).

"Most providers don't want to continue to invest in the growth of residential aged care," Ms Smart says.

"People these days usually come into care when they need specialist support for dementia, palliative care or they have high physical care needs. And while HCPs can help many people stay living at home, it is not realistic to believe that everyone will age as well there with complex health conditions, social isolation and a workforce under pressure."

## A FRESH APPROACH

Ms Smart says with these factors in mind, VMCH is looking at the next iteration of housing for Australia's older generation. She notes many people want to "skip residential aged care entirely".

"We're looking at the feasibility of transforming some, or parts of, our residential aged care homes into a retirement living option, supported by various care services. We're finding the expectations of our retirement living residents are changing and they're looking for exceptional hospitality experiences, as well as care if they need it.

"Our aim is to provide holistic care that is more than just practical home care. For example, fitness classes to keep people healthy and active, social





**“Our aim is to provide holistic care that is more than just practical home care. For example, fitness classes to keep people healthy and active, social activities to keep people connected, and support to navigate the aged care system, should the need arise,” Ms Smart says.**



MS SONYA SMART, VMCH CEO

**Ms Smart says while it's important to acknowledge the vital role residential aged care will continue to provide for generations to come, it needed to shift towards more specialised, end-of-life support.**

activities to keep people connected, and support to navigate the aged care system, should the need arise.”

### **CO-LOCATED COMMUNITIES**

VMCH also has four retirement communities across Victoria that are co-located with residential aged care. Ms Smart says these are a great option for couples with different needs, but also for independent people who'd like to know the next step in their housing journey, if they need it, isn't physically far away.

Peter McLaren, 88, says he chose VMCH's Shanagolden aged care for his wife Betty, who has Parkinson's disease, because it was co-located.

Once Betty moved in, Peter packed up the family home and moved to the village next door. Each lunchtime, Peter picks Betty up and takes her home for lunch, and they enjoy supper together in Betty's residence.

“Being just 100 metres away from each other is comforting. We just want to be together,” Peter says.

“My biggest regret is that we didn't move into the retirement unit together

10 years ago. Shutting down the family home was a massive job and we left it a bit late – we could have enjoyed more time together here.”

Shanagolden Retirement Village Manager Fiona Sparrow says co-location is hugely important to residents.

“In a recent survey, literally every resident stated that the co-located aged care was a major factor in their decision (to move here). Many of our residents don't want to go into care, but nonetheless, the existence of care is also important when making a call on moving in.”

### **AFFORDABLE HOMES**

Supporting older people without the financial means to enter retirement living is also a focus for VMCH.

“We're currently undertaking an audit of our affordable homes portfolio, which provides 426 safe and secure homes across 24 locations for people aged over 55 on low incomes,” Ms Smart says.

“Most of these units were built 20 to 30 years ago and catered mainly for people in their 60s and 70s. But people are living longer now and want to age in place, so we need to make sure they're appropriate for people in their 80s and even 90s.”

### **WATCH THIS SPACE**

Ms Smart says while it's important to acknowledge the vital role residential aged care will continue to provide for generations to come, it needed to shift towards more specialised, end-of-life support.

“The concept of residential aged care is outdated. We need to move on from that institutionalised setting to one that is centred around people's individual experiences and needs.

We look forward to investing in some new models of accommodation that balance people's desire to age in place, with their changing care needs, and financial viability from an organisational perspective.”





# A sit down with Michael Krieg, Group Executive of UnitingCare Hospitals

## How does your experience as a nurse inform what you do today?

Nursing is all about ensuring the health and safety of your patients. I consciously act to think about decision making from the perspective of a patient or caregiver wherever possible. I will often walk around our hospitals, sit in the foyer or cafe talking to staff, doctors and patients so I can continually remind myself of the challenges of being in a hospital.

## When faced with tough decisions, what strategies do you employ to ensure you're making the best choice?

I always try to view any problem from multiple perspectives. Doing the right thing is always important to me, even when it has a personal cost. I'll often seek out colleagues and mentors to ensure I have my thinking right, particularly with big decisions.

## UQ is in the interesting position of being CHA's first non-Catholic member. What was the thinking behind joining?

I believe it is important for UnitingCare hospitals to be part of a faith-based advocacy group which will present our issues in a way that align with our Mission and Values. Our organisation is deeply connected with the Uniting Church and we needed to move closer to a Christian philosophy of advocacy. I had spent 10 years working in the Catholic Hospital sector in previous roles so I understood the advocacy possibilities and our Board agreed it was a logical decision to make.

## What are the biggest challenges facing UQ?

Going forward, the major challenge will be ensuring we have a well supported workforce. With the predicted shortfall of staff, we will need to find new and different ways to engage with people to work and remain in caring roles. Post pandemic it has never been easier for people to shift into totally different careers – and we want people to shift into our hospitals because it's a great place to be. We also want to invest to develop our hospitals and grow our services including by replacing aging infrastructure, a costly but necessary exercise.

## If you could enact one reform in the health sector what would you change and why?

There are so many so it's tough to choose just one! I think the biggest one would be to make the system customer centric as far as possible. I often see patients arriving at a hospital very early in the morning to meet the demands of our systems and process which just add to their stress in receiving care. With the move to a more digital system it is possible that patients can be screened more remotely so that their waiting time is minimised.

## How will UQ's hospitals evolve over the next five to ten years?

Our continued ambition is to be the best hospitals in Australia. We currently have five accredited Centres of Excellence, recognised internationally for cardiac care, and according to Medibank's data, have the lowest rate of Hospital Acquired Complications of any group in Australia. It's not a bad

start! I think we will also start to see health being location agnostic. For many this refers to home based care, but I also think remote care, where we may be operating on patients remotely is a possibility with the advances in technology and the use of robotics. There are already trials of remote surgery occurring elsewhere in the world, so it is a logical step for Australia in the future.

## How do you like to unwind in your free time, when you have a break from the high-pressure nature of your role?

Staying healthy and practicing self care is important to me. I tend to get up early every morning (5am) and either walk or cycle and I also do pilates twice a week. All of this helps unwind, but also ensures I stay healthy. I'm a keen photographer, and would always like to be a better one.

## Looking back on your journey, what advice would you give to your younger self at the beginning of your career?

I think my best advice to my younger self would be to not be so hard on myself. There is a difference between being reflective and self-critical which is important to distinguish. Being reflective allows me to question if I could have done things better while being self-critical is often that small voice in your head that tells you that you're not good enough. There are many challenging things that I've done in my career, and reflecting and seeking ways to improve how I perform for next time is most important.



**“It’s always meant a lot to me... it’s the great myth of my life. Within hours of coming into this world, I was in the newspaper.”**

TOP: ELZA WITH BABY FRANCESCA JURATE KRISTINA SASNAITIS AND NURSES, 1958

RIGHT: JURATE LOOKS BACK





# Cabrini's first baby looks back

On a cold Winter's day in 1958, baby Francesca Jurate Kristina Sasnaitis came into the world.

Her parents didn't know it at the time, but baby Francesca would forever hold a special place in our hearts as the first baby born at Cabrini.

Francesca, who goes by her preferred name of Jurate, celebrated her 65th birthday this month and said the "first baby" title is one she's worn with pride her entire life.

"It's always meant a lot to me... it's the great myth of my life. Within hours of coming into this world, I was in the newspaper," she said.

"It's quite funny, because of my Lithuanian heritage and my name, people often ask me where I'm from and I tell them that I'm from Malvern – the first baby born at Cabrini Hospital".

Jurate's mother, Elza was also extremely proud to be part of the milestone.

"It's always been a special part of my life and I know mum was very proud of it too," Jurate said.

"The name Francesca was chosen out of respect to the sisters

who helped with the birth, paying homage to Mother Cabrini by taking her Italian name."

Wonderfully, Jurate has flourished in life, completing multiple degrees, traveling the world, and owning her own bookshop for a period of time before becoming an accomplished writer.

But no matter where she travels around the globe, Cabrini continues to be a place that she looks upon with warmth.

"I've actually got photos of the maternity suite from back then. It's amazing to see it with all the empty cribs waiting for babies to arrive."

Those cribs didn't stay empty for long. Over six decades later Cabrini births over 2,000 babies each year.

A nurse at Cabrini Maternity said: "We've come a long way since Jurate was born with how far technology has evolved, but at the core of it all, it's still the same wonderful mission – bringing new life safely into this world.

"It's a really special place to work – each day brings a smile to my face."

# HEALING, HOPE AND DIGNITY: Bryan Pyne on St John of God Health Care

**Thank you for your time. What inspired you to put your hand up for the Group CEO role and has it been what you expected so far?**

I have a close affinity with St John of God Health Care – it's shaped a huge part of my own personal story. My three children were born at St John of God Subiaco Hospital and I have enjoyed the greatest portion of my professional career with St John of God Health Care. This year marks my 24th year. It is an honour and privilege to lead this organisation, which is truly mission-led and lives its values.

**Can you share your vision for St John of God Health Care under your leadership? What does the organisation look like in five years' time?**

Our vision is to offer care that provides healing, hope and dignity, especially for those most in need.

In five years, the health care landscape will certainly be different to today. We have an ageing population, new technologies are emerging, and the cost of living is putting pressure on our communities.

Just as our founders did, we are called to be responsive to the signs of the times and to continue providing the care that is authentically reflective of our mission.

**From your perspective, what is the most critical issue in health care today and how should it be addressed?**

As we emerge from the pandemic, most industries are working through various operational challenges. As a Ministry of the Church, we should never lose sight that health care is about serving the needs of our communities. This requires a courageous reshaping of our organisation.


Our industry must ensure health care remains accessible for all – which involves public and private health organisations working together for the benefit of all Australians.

All health care organisations have workforce pressures, with a shortage of health care workers globally. So rebuilding a strong value proposition for working in health care is important, and it begins with our people. The dedication and resilience our

caregivers demonstrated during the pandemic was simply outstanding. Now, more than ever, we must focus on strengthening the culture of our organisations – creating environments where people feel seen, heard, valued and supported.

Maintaining good staffing levels is important in making caregivers feel well supported every day, so recruitment for specialist clinical roles remains a top priority for us.





**“Our community and youth services are integral to our Community Services endeavours. We believe everyone deserves the compassionate care and support they need to live a full life.”**

**What are the most exciting areas of research that St John of God Health Care is working on?**

Investing in research translates to better care at the bedside and quicker recovery for our patients, being an active contributor to Australian and global research has always been an important part of our Mission.

We are focussing our investment in studies that directly improve our patient's care and recovery. Key research areas emerging include delirium, falls, improved pain relief post operation, anti-nausea post anaesthetic, improved rehabilitation methods, and innovative new health care models.

**Where do you see the most community need in health care?**

The burden of poor mental health continues to rise in our communities, so improving accessibility to high quality, affordable mental health services is an important area of focus for us. We are working hard to offer truly person-centred services.

Demand also continues to be strong in areas such as palliative care, cancer care and orthopaedics. As a Catholic organisation, we are committed to being there for patients during these moments of need, providing compassionate, holistic and dignified care.

**How important are the community and youth services that you provide and how might these evolve in the future?**

Our community and youth services are integral to our Community Services endeavours. We believe everyone deserves the compassionate care and support they need to live a full life.

That's why we make our community-based Social Outreach services free or

low cost, so they're accessible to anyone.

We see the future of health care as being increasingly delivered and strongly embedded in the community setting, with early intervention and prevention key to supporting healthier lives all around.

Our goal, now and into the future, is to empower individuals, families and communities across Australia and beyond to transform their lives. To do this we will continue to focus on person-centred care, respond to community need and work on having the right resources in place to continue extending our reach.

**Telehealth surged in popularity during the COVID-19 pandemic. What's your view of digital consultations and their role in health care moving forward?**

Yes, there was a dramatic shift from in-person to virtual care in many of our services. We launched a number of solutions quickly to make sure our patients had access to the services they needed.

As we emerge from COVID, we will continue innovating and empowering more Australians with better access to our health system, greater choice and, overall, the best health care experience possible. We know, in many circumstances, removing the burden of travel, being in a familiar environment, with people you care about around you, provides the most healing and dignified experience.

**With a demanding career in health care, balancing work and personal life can be challenging. Can you share a tradition or routine you have with your family or friends that helps you stay connected and grounded?**

Spending quality time with my family and friends is very important to me. Whilst the time commitments to the role can make this challenging, being present at family meals remains a tradition that as a family we attempt to keep when we can. It is no longer a discussion on eating vegetables, but sharing stories and being part of their lives.

**Do you have a favourite place in the country that you like to visit, and could you share why it's special to you?**

Having grown up in regional WA, getting out of the city and being in nature has always been something that I attempt at least twice a year. Broome has to be one of my favourite places, a special holiday destination during Perth's winter, always guaranteed a relaxing break with great weather and beautiful country. A short flight and patchy mobile phone reception are both added bonuses.

Whilst we are never guaranteed the best weather, the tradition of spending at least a week camping in Albany over the Christmas break with the extended family has continued for over 40 years, so that I now share the tradition with my children too.

# The opportunity for reflection can herald renewal

PROFESSOR DERMOT NESTOR, PROFESSOR OF HEBREW BIBLE,  
FACULTY OF THEOLOGY & PHILOSOPHY, AUSTRALIAN CATHOLIC UNIVERSITY

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*... e quindi uscimmo a riveder le stelle ...*

("and thence we came forth to see again the stars")

Divine Comedy Inf. 34.139 Dante Alighieri

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Reflections on the power of hope and the dream of a common humanity have never been more necessary yet simultaneously, so dispensable. Over the past months, we have witnessed myriad events that inspire the former, yet far too many examples that evidence the latter. Where the ongoing crisis in Ukraine, like all war, points to the loss of humanity, responses to the planned Australian Indigenous Voice Referendum, and to the impacts of ecological calamity signify a more fundamental commitment to an experience, and an expectation, of a shared rather than a shredded humanity.

This sense of connectedness was not lost on the Italian poet Dante Alighieri. Indeed, the medieval mind was inherently predisposed to comprehend the unity of all things. At one level, Dante's guided journey is an allegorical one that depicts the souls tortured trek through the darkened realms of misdirected love and sin to the enlightened states of grace and salvation. More profoundly, it is an existential journey that surveys the depths and the heights of all that humanity is capable of. The apogee of this dualism is illuminated by the celestial bodies in this epic poem. Described by astronomers as luminous spheroids of plasma, for Dante the stars signal a note of brilliant hope; one that contrasts sharply with the confusion and the calamity the author has endured during, and prior to, his three-day journey. The transformation and the possibilities they herald are not simply the reward for the hero's endurance but in many ways, the motivation for it.

Though challenged by gains in scientific knowledge and diminished by an Enlightenment appeal to doubt, an understanding of our world as integrated and interconnected, as participated in variously and diversely by a myriad of peoples and cultures doggedly persists. It is the defining principle of *Laudato Si'*, Pope Francis' encyclical on the primacy of care for all creation. That same reverence for the profoundly interconnected nature of all life is also one of the central and abiding propositions of healthcare in the Catholic tradition.

Catholic health simultaneously advocates for, and is representative of, a connected community. Guided by



foundational principles of dignity, solidarity and the common good, Catholic healthcare is informed and inspired by an integral relationship between staff, patients, and their families. This is a relationship that privileges and prioritises healing, and life. Catholic healthcare thus offers careers that are more than mere work, care that is beyond diagnosis and treatment, and recovery that announces inclusion and restoration. Catholic Healthcare proclaims purpose; a unifying and transformative narrative that holds people, practice, and place together as emblematic of, and as an invitation to participate in, Mission.

We see ourselves as part of, and as participating in something always beyond ourselves. Our destination may not be the distant, sun-bathed mountain glimpsed by Dante but the journey, punctuated by obstacles, hurdles and impediments, is all too familiar. These are not things we can avoid, escape, or deny. On the contrary, the ability to admit of them, to embrace them and to navigate them is what makes the journey a success and the destination a reward. That journey does not begin with a single step, but an inward glance. To be what we may be requires us first of all, to know who we are.

# Virtual care: the future has arrived

CAITLIN O'DEA REPORTS ON HER VISIT TO A "HOSPITAL WITHOUT BEDS"

**Last year I was very fortunate to visit Mercy Virtual in St Louis, Missouri. Opened in 2015, Mercy Virtual is a purpose built five storey hospital with no hospital beds. It services 43 hospitals across five US states from this central hub using two-way cameras, online-enabled instruments and real-time vital signs, so clinicians can 'see' patients in situ.**

The virtual hospital enables care at people's homes, and I met the team with the job of setting up Starlink satellites to give highspeed internet access to patients in remote areas so they could dial-in to their telehealth appointments.

In addition to enabling patient care at home though, this facility has also been the saviour of many hospitals we would classify as small, rural and/or regional in Australia. These hospitals may be ordinarily forced to wait for specialist help or need to transfer patients elsewhere, often in a situation where every minute counts. But the dedicated team of virtual-care doctors enables innovations such as patients presenting with stroke symptoms to any hospital in the network being able to be 'seen' immediately by a neurologist via a two-way video link.

As mind bending as it is, the facility operates a virtual ICU, with doctors and nurses monitoring patients' vital signs and providing multiple extra sets of eyes to bedside caregivers in 30 ICUs across five US states. The virtual ICU does not replace the need for in-house clinicians but means there is less need to call on physical backup, as bedside nurses can get immediate help from a virtual intensivist who has full access

to everything including the patients' electronic medical record, and can do most of the necessary work remotely.

These innovations mean smaller or remote hospitals can function at all hours, using local day staff and a small number of night staff backed by virtual intensivists.

The virtual hospital actually has a team of US trained clinicians based in Australia who do the virtual care shifts during our daylight hours, when it is nighttime in the US and the hospital would otherwise struggle to find clinicians to fill the shifts.


We were shown a graph of sepsis rates across the hospital network. The graph showed rates plunging down the Y axis to what appeared to be zero. The VP of Inpatient Services who was leading the tour exclaimed that yes indeed, thanks to high-definition cameras mounted above every hospital bed in the network that constantly read patients' retinas and other vital signs then use AI technology to identify early signs of sepsis, sepsis rates across their hospitals have been reduced to a rounding error.

And there have been lessons. COVID-19 showed that virtual carers could be set up at home, and as a result, much of the floor space in the five storey building sat vacant.

There's no doubt though that the virtual hospital has achieved astounding outcomes, with about a 50 per cent reduction in inpatient admissions and a 50 per cent reduction in the cost of care. The future has arrived.

**MERCY VIRTUAL CARE CENTER IS THE WORLD'S FIRST FACILITY DEDICATED TO TELEHEALTH**





**At Bank First, starting meetings with an Acknowledgement of Country is a small practical way we can show our respect for the Indigenous people of Australia. But we knew, we needed expert help.**

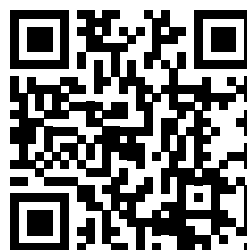
Aunty Munya Andrews worked with us to develop a meaningful acknowledgement – one that recognises the traditional healers and teachers of this nation.

We also worked with artist Merindah-Gunya, a proud Peek, Djab and Kirrae Whurrong woman of the Maar nation in south-west Victoria to use her piece ‘Fearless, togetherness, resilience’.

The artwork represents teamwork, togetherness and belonging to one, strong team.

We launched both during National Reconciliation Week.

Thank you Aunty Munya and Merindah-Gunya for your support in teaching our people and helping Bank First take steps towards playing our part in reconciliation.



**Scan QR code to watch our acknowledgement of country**



Artwork by  
**Merindah-Gunya**

**Fearless, togetherness, resilience**

 **bankfirst**