

LEADING THE WAY

2019-2020 Annual Report



Contents

What is Community Palliative Care? 2

Chairman/CEO Report 3

Statement of Purpose 4

Our Mission 4

Our Vision 4

Our Values 4

Our Partners 5

Strategic Plan Report 6

Leading the way in Clinical Services 7

Leading the way in Governance 9

Leading the way in Finance & Risk 10

Leading the way in Clinical Governance 11

Leading the way in PR & Fundraising 12

Leading the way in Ethics 13

World Health Organisation Definition 14

Leading the way in Human Resources 15

Carers and Carer Recognition 15

Over the Years 16

Staff & Volunteer Service Awards 17

Acknowledgements 18



Acknowledgement of Country

EPC acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past, present and emerging.



Community palliative care is care that is delivered in a community setting.

What is Community Palliative Care?

Community palliative care is care that is delivered in a community setting, be it a person’s own home, a caravan, a shed, an aged care facility or a disability home – anywhere you consider ‘home’.

It is a philosophy of care that is underpinned by holistic care which sees the individual as a ‘whole’ person with physical, spiritual, cultural and psychosocial needs. The goal of palliative care is to promote quality of life and independence, to help people to live as well as possible until they die.

Palliative care is offered to those people in our community who have life-threatening conditions. Most of the people we look after have advanced cancer, however palliative care has much to offer those in our community who are also experiencing chronic disease. This includes those with respiratory disease, renal disease, cardiac disease, dementia and people with progressive neurological diseases like Motor Neurone Disease.

EPC provides community palliative care in the homes of people of all ages including adults, adolescents and children. The approach to care at EPC is interdisciplinary. This means we recognise that in order to best meet the needs of individuals with life-threatening conditions, a team is the best model to do it.

Our teams are made up of many disciplines - nurses, doctors, social workers, pastoral care workers, psychologists, bereavement workers, music therapists, massage therapists, occupational therapists and volunteers. We work together to get the best possible outcomes for clients and their families, whilst ensuring that the client and their family have control and are empowered to make decisions about their care.

We understand that palliative care doesn’t just happen during the day, which is why we provide a palliative care support service (staffed by specialist palliative care nurses) 24 hours a day.

We offer an extensive biography service that is delivered by our trained biography volunteers. We also have a fabulous team of community volunteers who provide invaluable support to our clients and families in their own homes. Our work is also supported by volunteers in administrative and support roles, including our ambassadors. The volunteers are led and supported by a team of coordinators.

The biggest point of difference at EPC is the culture of our organisation. From the Committee of Management and throughout our organisation, we have a culture and climate of respect where staff and volunteers are valued and always put the client at the centre of focus.



Chairman/CEO Report

The 2019-20 financial year has surely been a very unusual and different year. The increasing maturity of EPC can be seen when we look at our growing client numbers, number of referrals and our linking with residential aged care and other services in the community.

The challenges that staff and volunteers have encountered over the past twelve months have been enormous. With steadily growing client numbers and the impact of the COVID-19 pandemic, the work and the workload has been very different this year. Our staff and volunteers are to be congratulated for their amazing effort in the face of so much community and personal anxiety as we all worked through the massive changes as this virus quickly spread throughout the world.

Initially, EPC did not need to modify its service model greatly. Many staff were transferred to working from home but clinical staff remained working from the office promoting interdisciplinary holistic care. Working from home assisted EPC with the increased distancing between staff that was required. Volunteers' face to face services were ceased in late March but many volunteers were able to transition to supporting carers by telephone and developing biographies via telephone or IT. Most client visits by clinical staff continued as community transmission of the virus was initially very low. It was not until July that visits to clients were replaced by telephone or telehealth support for stable clients, but visits remained for clients as their death neared. Keeping staff and clients safe from the virus became a focus in many conversations as EPC has a significant public health responsibility to ensure we did not spread this infectious disease to our very vulnerable clients and their families.

The Royal Commission into Aged Care Quality and Safety highlighted many issues in the sector. EPC has worked very hard to support people in residential aged care and disability homes. Over the past five years we have recognised the increasing demand for palliative care in aged care facilities and we have built our specialist team each year. This now includes four part time Nurses and a Family Support Specialist role. Our work in aged care is a little different: it is generally a consultancy model, working between the staff at the home, the general practitioner, the family of the client who are all supporting the client. On average we would be supporting 50 – 60 clients in aged care at any one time. During COVID-19 this number increased many times as family members were restricted from visiting and relied on EPC to provide updates and to involve families in decisions.

The work of the Royal Commission continues and we await their findings, which are expected early in 2021. We are hopeful that the Royal Commission will support increased funding into aged and disability services to promote quality end of life care.

In this very unusual year where we have faced considerable challenges and growth for EPC, we thank all members of the Committee of Management and all members of the sub-committees who work so diligently to keep EPC abreast of these changes, challenges and opportunities. We are very blessed to have people with such skills, abilities and expertise supporting the work of EPC with such generosity. We also thank the three Partner Bodies - The Order of Malta, St Vincent's Hospital Melbourne and Outer East Palliative Care Association - for their continued commitment to and support for the work of EPC.

A special thank you to our Chief Executive Officer Jeanette Moody and the Senior Management Team for their leadership and guidance in keeping EPC's services functioning at a level to ensure people in the community continue to be provided with the services they need and to all of our staff, clinical and non-clinical, for their work and dedication. The challenges have been enormous, the demands on everyone very heavy, and the need for flexibility and adaptability as the situation has unfolded have required extraordinary resilience and stamina, patience and perseverance, and trust and support for each other in accomplishing the superb efforts of EPC in meeting the many challenges of the situation. Together we can be extremely proud of all that EPC has accomplished in tackling the many demands to date, and confident that together we can meet those that lie ahead.



Dr Anne Hunt OAM | Chairman
Jeanette Moody | Chief Executive Officer

Statement of Purpose

‘To provide, through an interdisciplinary approach, integrated palliative care services which are focused on the needs of the person living with a life threatening or life limiting illness, their family and carers, and which maximise quality of life, alleviate pain and suffering and offer comfort and support through the period of grief and bereavement.’

EPC (Eastern Palliative Care) is a not-for-profit service which offers a full range of support programs with the aim of improving the quality of life of individuals and the families of those suffering a life-limiting or terminal illness. Clients are referred by treating doctors, local hospitals, treating specialists, allied health professionals, self-referral or by family members.

EPC is the largest single provider of community based palliative care services in Victoria. EPC services are provided in the Local Government Areas of Boroondara, Manningham, Maroondah, Monash, Whitehorse, Knox and Yarra Ranges.

EPC has developed formal relationships with a number of community and health care providers. The aim is to better coordinate care and deliver the highest level of service to enable clients to remain at home for longer, and have choices about where they die.

Doctors and nurses with specialist training in palliative care, social workers, pastoral care workers, allied health therapists and volunteers are all involved in delivering high quality outcomes to clients and their families. Programs include a coordinated Allied Health Therapies Program incorporating massage and music therapy, grief and bereavement services (group programs for adults and children) and palliative care volunteers.

Funding for EPC is provided through State Government, community fundraising, donations and bequests.

Our Mission

Eastern Palliative Care is privileged to care for and accompany the dying person and their caregivers in the final phase of life, upholding their dignity and respecting their spiritual, physical, emotional and social needs. Our care continues in the bereavement services that we offer caregivers and families.

Our Vision

Together in Service, Compassionate in Care, Leadership in Action

Our Values

Excellence | Partnering | Compassion | Dignity

Our Partners

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

The Order of Malta



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

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

In 1992 Caritas Christi and the Order of Malta Hospice Home Care Services Incorporated was formed as a partnership of the Sisters of Charity and the Order of Malta. This home based service was staffed by nurses, pastoral care and social workers and a core of trained volunteers. In 1997 the two partners became two of three founding partners in Eastern Palliative Care Association Inc.

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

Outer East Palliative Care Service Inc.



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

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

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

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



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

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

Strategic Plan Report

Our purpose

We exist so that:

People live with best quality of life before dying in their place of choice, where possible. Families and carers are supported according to their needs.

The EPC Strategic Plan 2017 – 2020 described a number of indicators of our performance in order to ensure we were meeting our desired goals.

We are now in the final year of the Strategic Plan and many things have been archived during this time. EPC’s new Strategic Plan has been delayed until early in 2021 due to the pandemic but it is important to recognise the achievement for this current plan.

Over the past 3 ½ years we have:

- Increased client numbers by 27%
- Increased referrals by 25%
- Increased referrals from Aged Care facilities by 50%
- Increased clients dying in their preferred place from 72% to 76%
- Increased Volunteer hours from 7,000 hours to over 13,000 hours per 6 months (pre COVID-19)
- Developed a dedicated and experienced Aged Care and Disability Care Team
- Expanded Nursing and Allied Health full time equivalent staffing by 40%

Performance in the last 12 months:

Strategic Direction 1: Proactively Extend the Palliative Care Service Offering

Our aim is to extend the ability of specialist palliative care to respond earlier (as soon as possible after diagnosis) and to remain in place later (where possible, until death, or until hospitalisation is delayed as long as it is appropriate). This expanded response has the objective of providing greater continuity of care, ensuring optimal quality of life leading up to death.

- 76% of clients died in their place of choice spending on average 90% of time at home
- 100% of category A clients were seen within 24 hours
- Volunteer hours for the year were 23,463
- New clients numbers are up by 18%
- Referrals up by 12%.

Strategic Direction 2: Maintain and Heighten Community Relevance

Our aim is to maximise the inclusion of the widest range of possible clients and families within our catchment, and learn deeply about their specific needs to enable us to increasingly customise our service offer to them.

- EPC’s continued involvement in the DHHS Client and Carer Experience Survey to drive quality improvement
- Increased overnight respite provided to clients
- 20 Ambassador talks undertaken with various groups in our community
- Continued Registered Nurse and Personal Care Attendant training in palliative care
- Expanded role for the EPC Aged Care and Disability Team working in Aged Care and Disability facilities to better support people living in facilities.

Strategic Direction 3: Responsively Grow to Meet Future Demand, Sustainably

Our aim is to be able to meet the demand of growth in Melbourne’s East that arises from population growth, ageing populations and complexity of need, and recognition of unmet need.

- Referrals up 12% for the year. Highest number of clients ever referred to EPC/month in June 2020 – 267 in one month.
- Further development of all volunteer roles
- Three year public relations and fundraising plan.

Strategic Direction 4: Build Organisational Capacity

People. Technology. Infrastructure.

- Scholarship program for staff continued
- Opportunities for professional development further developed with more online modules
- Leadership program implemented
- Two yearly volunteer satisfaction survey showed excellent engagement
- Vehicle fleet increased to 31 vehicles all with at least 4 star safety rating
- Developed a Cyber Security focus.

Leading the way in Clinical Services

Music Therapy

After the resignation of our Senior Music Therapist, our two remaining music therapists have been very capably providing a music therapy service across our three geographical teams. This has highlighted how well our clinical staff understand the benefits of music therapy for our clients, irrespective of having a dedicated music therapist embedded in their care team.

Our music therapist identified a gap for our culturally and linguistically diverse (CALD) clients and initiated a quality improvement project to meet this unmet need. Our music therapists are developing ‘relaxation scripts’ in the three most common languages, other than English, spoken by our clients – Greek, Mandarin and Cantonese. These scripts will be translated into these languages. Our Music Therapists will work with bilingual EPC staff or interpreters to translate and then voice record the scripts. These scripts can be put to music of the client’s choice when the need arises. It is anticipated that scripts could help EPC increase its engagement with CALD clients and enhance their sense of wellbeing, one of the many benefits music therapy can provide to palliative clients.

Priority Assessment Team (PAT)

Our Priority Assessment Team consists of a Nurse Practitioner (NP), a Nurse Practitioner Candidate (NPC) and a Specialist Clinical Support (FSW). PAT is an interdisciplinary team that provides prompt specialist palliative care to new clients who are referred to EPC and are likely to die within 7 days. PAT assessed clients in their own homes, residential aged facilities, supported residential services and disability homes.

PAT has had a busy year with the number of PAT assessments increasing by 40% from 55 clients in July/June 2019 to 90 clients in June/July 2020. Fortunately the prompt interdisciplinary assessments have supported 97% of PAT clients to die in their preferred site of death, and 98% being either at home or in an aged care facility.

PAT members also provide clinical leadership across all 4 teams to support the care of complex clients in the community. The NP and NPC have also been supporting EPC’s medical team in providing advanced nursing clinical consults to current clients who have current or impending symptom issues and engaging with GP’s and medical specialists to support care at home.

Nursing

The Nursing team of EPC have had another successful year. The nursing team have had more than 13,000 face to face contacts with our clients in the last year. The EPC nurses continue to be a stable workforce with low numbers of staff attrition. We have seen some of our long term nurses retire in this financial year, which has provided opportunities for other nurses within our organisation and for nurses new to our organisation.

Nurses provide strong leadership across our organisation and this has continued in 2019/2020. We are very lucky to have a strong team of skilled Clinical Nurse Consultants and a Nurse Practitioner who provide much support to the nursing team and more broadly across the organisation. EPC is also currently supporting a Nurse

Practitioner Candidate (NPC) within the Priority Assessment team (PAT) and he is progressing well.

EPC was successful in obtaining a grant from the Department of Health in 2019, which we used to set up a supported hospital discharge team. Our nurses have done some very good work developing relationships in these roles and providing care and assisting with the transition home for complex clients, which unfortunately has been put on hold due to the pandemic. We hope to re-commence this project when it is safe to do so.

The evening shift nurses and the float nurse position on the weekends is now well embedded into our nursing team and is working well to provide additional support to our clients and carers.

2020 has provided a high level of challenges to our Nursing team and they have risen to the challenges each time. COVID-19 has presented the nurses with an additional layer of complexity in a role that is complex at the best of times. Our nurses have adapted to providing telehealth to our stable clients during this pandemic and have become very skilled at doing so. New skills have been rapidly developed in this area in response to a need. It is important to take this opportunity to thank the nurses for the commitment they have shown to our clients, their families and our organisation and the wonderful care they continue to provide 365 days (and nights) per year.

Medical Services

With the COVID-19 pandemic necessitating significant and rapidly evolving public health and infection control responsibilities for health care services, the increased availability in the community of face to face services by EPC Palliative Medicine Specialists to full time on weekdays has provided a safety net for clients and families as they are isolated in their residences. Many of our clients have been forced into remote surveillance with their General Practitioners and hospital specialists, and have suffered compromised delivery of hospital based care due to visiting restrictions during the COVID-19 pandemic. The Medical Specialists and Nurse Practitioner/Nurse Practitioner Candidate have been utilising a newly implemented interdisciplinary team referral process. From July 2019 to June 2020, 487 referrals were made, out of which 424 clients were assessed to benefit from additional face to face input. With assistance from NP and NPC, 397 received face to face assessment and clinical support before death or hospitalisation.

Family Support Workers (FSW)

Our FSW workforce has remained consistent across EPC. Limited turnover has provided opportunities for new people to join our care teams, which has only enriched the psychosocial services we provide to our palliative clients and their families. The main component of EPC’s psychosocial service has always been the allocation of an FSW to every client and their family admitted to EPC. Our psychosocial spiritual service has been enhanced with the addition of the FSW Duty Worker role to the care teams. This innovation was initially introduced to respond to the increase in calls from clients and carers at the start of the pandemic who were experiencing increased distress, and also to support our nursing team who provide the office nurse role.

Internal survey results indicated that the Duty Worker role made a significant difference to the functioning of the team, providing support to the office nurses and increasing the responsiveness of the psychosocial service provided to clients. For example, clients no longer need to wait for their allocated FSW to be in the office again to have their issues responded to. A Duty Worker was available each day to assist them. The FSW workforce continues to be an essential part of the interdisciplinary service provided to our clients and their carers. EPC has been fortunate to welcome new Allied Health Clinical Leaders to its Allied Health Leadership Team. Its leadership has also been expanded to include the Aged Care and Priority Assessment Team Specialist Clinical Support roles, who bring their extensive experience and knowledge to their teams and, therefore, to the whole FSW workforce. The team has worked with an external consultant to lead the allied health teams through the challenges of the COVID-19 pandemic. The leadership team and allied health staff have responded to the many and varied challenges over time, providing significant support to each other along the way.

Massage Therapy

Demand for massage therapy has been as strong as ever this year. Our team added two new massage therapists who have settled in well and have increased the capacity of our massage therapists to respond to demand. One of the unfortunate impacts of the COVID-19 pandemic has been the closure of our onsite massage therapy room, which had been used to provide massages to our carers and bereaved carers. This room was regularly booked out with a waiting list of carers and bereaved clients. The massage therapy team looks forward to the time when we are able to offer this service again to our carers and bereaved carers.

Bereavement Family Support Workers (BFSW’s)

Our bereavement service welcomed the addition of a new BFSW to their team in 2019 after the resignation of our Senior BFSW. We were delighted to offer the senior role to one of our current BFSW’s who has made a significant contribution to that team and to promoting and sharing bereavement knowledge across EPC. Our BFSW transitioned the bereavement service to being provided remotely at the start of the pandemic. Bereaved clients have responded well to this change. Our BFSW’s are looking forward to the time when we can resume our bereavement groups again. The Walking Through Grief group was provided in between ‘lockdowns’ in line with government guidelines. This walk was warmly welcomed and received by our bereaved clients.

Our bereavement team also developed a quality activity to evaluate the bereavement counselling service it provides to bereaved clients. This activity demonstrates EPC ‘leading the way’ as many other community palliative care may not have extensive counselling services let alone have evaluated them.

Occupational Therapy (OT) and Client Resource Coordinator (CRC)

EPC welcomed two Occupational Therapists who have continued to develop EPC’s occupational therapy service. Our OT’s have worked closely with our Client Resource Coordinator to ensure that the resource needs of our clients continue to be met. Given

the limited number of clinical hours available for OT input in our interdisciplinary teams, our OT’s have continued to prioritise those clients with the most palliative care needs. In 2020, the funding available for EPC to fund equipment hire for clients ceased. Our OT’s worked with our clients to ensure that their equipment needs were met without experiencing undue financial hardship. The OT team will grow next year with the return of one of the OT’s who helped establish the OT service. This will increase the capacity of the OT service and allow for a more team based response from our OT’s.

Intake

The Intake Team has had another busy year. The intake team have received, read, processed and prioritised more than 2,800 referrals from 1st of July, 2019 until 30th of June, 2020. This has been an increase from 2,500 referrals processed in the previous financial year. The organisation has provided an increase of 16 nursing hours per week to accommodate this increase in workload at intake and additional administrative hours as required.

The Intake Team have also managed to collect data for the RUN-PC project and the entering of this information is now part of the process for the intake team.

EPC’s Biostatistician has analysed the accuracy of the intake nurses in prioritising referrals and has found them to be highly accurate with the existing prioritisation processes.

In addition to this work, the very skilled intake team nurses and administrative assistants have many conversations with members of our community and other service providers (GP’s, specialists, hospital staff, and aged care facility staff) on a daily basis. They provide advice and support to many callers to assist them to navigate the often complex health system to ensure best outcomes for the clients.

ACDC team

The Aged Care and Disability Care Team (ACDC Team) have also had a very busy year with a 50% increase in aged care referrals from the previous financial year.

We have had several changes to staffing including some increase in hours. The former Family Support Worker role was elevated into a Specialist Clinical Support role bringing increased expertise and skill to this significant role. We now have a stable interdisciplinary team that is working very effectively together.

At EPC we are working to continually refine the team processes and ensure that we are optimising the skills of the ACDC Team in increasing the face to face work with clients/carers and staff in residential aged care facilities and disability homes. A focus of the ACDC Team has been on responding to all appropriate referrals and increasing the follow up from this team for clients in Residential Aged Care Facilities (RACF’s) and disability homes.

The ACDC team has been involved with an ELDAC Project this year with Villa Maria Catholic Homes, which is aimed at developing a sustainable model to improve palliative care for residents and to heighten awareness of when a referral to specialist palliative care might be required.

Leading the way in Governance

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


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

Committee of Management			
Name	Organisation	Eligible to Attend	Meetings Attended
Dr. Anne Hunt OAM (Chairman)	Order of Malta	11	10
Mr. Peter Gurr	Outer East Palliative Care Service Inc.	11	9
Mr. Stephen Vale	St. Vincent’s Hospital (Melbourne) Ltd	11	8
Mr. Kevin Francis	Outer East Palliative Care Service Inc.	11	10
Associate Professor Raymond Snyder AM (Treasurer)	St. Vincent’s Hospital (Melbourne) Ltd	11	8
Mr. Harry Sampson	Outer East Palliative Care Service Inc.	11	11
Professor David Kissane AC	Order of Malta	11	11
Mr. Stuart Rowland	Order of Malta	11	9
Ms. Kirsten Rodger	St. Vincent’s Hospital (Melbourne) Ltd	11	8
Ms. Margaret Stewart	St. Vincent’s Hospital (Melbourne) Ltd	11	8
Dr. Andrew Barnden	Outer East Palliative Care Service Inc.	11	9
Dr. Margaret O’Donnell	Order of Malta	11	11




(L-R) Back row: Peter Gurr, Dr. Margaret O’Donnell, Dr. Andrew Barnden, Professor David Kissane AC, Harry Sampson, Stuart Rowland, Kevin Francis
Front row: Stephen Vale, Dr. Anne Hunt OAM, Associate Professor Ray Snyder AM
Absent: Kirsten Rodger, Margaret Stewart


Senior Management Team




Jeanette Moody
Chief Executive Officer




Kylie Draper
Manager, Nursing & Medical Services



Peita Carroll
Manager, Human Resources & Communications



Julie Rowan
Business Manager



Charlene Micallef
Manager, Allied Health & Volunteers

Leading the way in Finance & Risk

The overall financial position of Eastern Palliative Care for the year ending 30 June 2020 remains strong, with cash and financial reserves of \$7.14million and closing equity of \$7.65million.

There has been a financial surplus for this year of \$801k. This extraordinary surplus occurred as a direct result of the additional support provided by the Victorian government in response to the COVID-19 pandemic and a very generous bequest. Expenditure against these revenue sources continues into the new financial year as we continue to respond to the increased workload and protective equipment required to safely operate in this changed environment.

During 2020 EPC received 95% of its funding from the Department of Health and Human Services (DHHS), of which \$11.8m (92%) is recurring and \$979k (8%) is from one-off grants. EPC continues to be reliant on community support and fundraising activities to supplement the DHHS funding to provide quality services for its clients.

During 2019 EPC was successful in securing grant funding to enhance our infrastructure. This allowed EPC to replace fleet motor vehicles, upgrade client and office equipment and replace our client subcutaneous instruction kits during 2020. A second grant was also secured to enable the commencement of a project in 2020 to support EPC’s early identification and advocacy for people in hospital near the end of life who want to be cared for at home. This project unfortunately was required to be put on hold in March 2020 due to the COVID-19 pandemic putting limitations on access to hospitals by our staff. The remaining funding for this project has been held over to 2021 and will recommence when the environment enables this to continue in a safe and effective way.

EPC also received \$475k in March 2020 from the DHHS and \$100k cash boost from the Australian Tax Office (ATO) specifically to assist with the increased financial pressures incurred in responding to the COVID-19 pandemic. This one off funding allowed EPC to purchase much needed additional Personal Protective Equipment, increase the level of cleaning undertaken at our offices, provide equipment to allow non-front facing staff to be set up to work from home and additional staffing hours to respond to the increase in client demand. These costs will be ongoing into the future as we continue to operate as an essential community health service during this pandemic.

In addition, EPC is grateful for funding received from Rotary and Lions clubs to support specific palliative care programs and initiatives run throughout the year, Cancer Council funding and Motor Neurone Disease funding to assist with client and family financial needs. EPC continues to be a Department of Veterans Affairs (DVA) provider, which provides an additional funding stream to support our services. Unfortunately the grant from Life Assist, which we had been receiving annually for the prior four years to support client equipment hire costs, ceased in May 2020. This has

created a gap in our regular funding that requires an alternative source to be found to enable us to continue to provide this essential service to our clients in the future.

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

EPC prudently holds a combination of term deposits, on call banking investment and a share market portfolio as reserves. These reserves, less known commitments, would enable the organisation to still operate for a short period should any extraordinary change to our operating model occur. This prudent strategy was tested this year when unexpected pressures were faced both in increased operating expenditure and external market forces as a result of the pandemic. The value of the share market investment fluctuated, in particular taking a significant decline in February 2020. However our Fund Manager, DMP Asset Management, use a conservative investment approach, maximising the long-term return to support the Mission and Vision of EPC without exposing the assets to undue risk, which has resulted in the portfolio valuation slowly increasing again in the final months of the year.

The relocation of our inner team back to the Kew site (once the redevelopment has been completed) took a major step forward with the signing of the agreement to lease with St Vincent’s. EPC made a payment of \$1.5m, in lieu of advance rent, to support this development and our ongoing relationship with St Vincent’s.

During the year the Finance and Risk committee also supported the deep dive into two areas of potential risk for the organisation: Cyber Security and Wage/Superannuation compliance. We are pleased to report that both these reviews, while providing recommendations where improvements could be made, indicated no significant areas of major weaknesses. An action plan for the recommendations following the Cyber Security Audit has been developed and a number of these recommendations have already been implemented.

As always, I am very grateful for the continuing support of our various stakeholders and supporters including DHHS, donors, committee members, volunteers and staff. In particular the committee wishes to pass on our thanks to Trudy Haynes who retired during the year after 16 years of service as Business Manager with EPC. I want to recognise the work of Julie Rowan who has taken over this role and performed admirably in very challenging times. Finally, I want to thank Jeanette Moody and the members of the committee for their support and contributions during this year.

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

Finance & Risk Committee			
Name	Organisation	Eligible to Attend	Meetings Attended
Dr. Anne Hunt OAM	Order of Malta	10	9
Associate Professor Raymond Snyder AM (Chairman)	St. Vincent’s Hospital (Melbourne) Ltd	10	10
Mr. Harry Sampson	Outer East Palliative Care Service Inc.	10	10
Dr. Ian Parry	Outer East Palliative Care Service Inc.	3	2
Dr. Damian Benson	Order of Malta	1	1
Mr. Mark Switkowski	Order of Malta	2	2
Ms. Nicole Jolley	St. Vincent’s Hospital (Melbourne) Ltd	2	2

Leading the way in Clinical Governance

As EPC developed, the need for the Clinical Governance Committee (CGC) to review clinical care delivery more deeply was recognised and responded to by the Committee of Management. The CGC is now almost 5 years old and is assisting in leading EPC in it’s development of evidence-based clinical services. The complexity of treatment options and clinical care delivery have steadily risen over recent decades. The CGC is comprised of the key clinical leaders who work together in striving to ensure that EPC delivers the very best of care to its patients and families.

The Committee meets two monthly, although during the peak of COVID-19, some meetings were cancelled due to the high work demand on the Senior Management Team. The Committee looks at a number of reports including our Quality Plan, Palliative Care Outcomes Collaborative (PCOC) Report, Client Experience Report and quality initiative and surveys undertaken throughout the year. A member of the EPC Consumer Advisory Committee sits on the CGC and reports on the work of the Consumer Committee. This allows the CGC to understand issues from a consumer’s/ community perspective.



EPC has strong evidence of the benefits of its services through our six-monthly Palliative Care Outcome Collaborative reports, which monitor clinical symptom control benchmarked against other comparable services. This report is presented to the CGC twice per year with opportunities for improvement identified. EPC’s results remain very good and PCOC have involved EPC in research due to our commitment to quality improvement and our high standard of results.

The Client Experience Survey is presented each year and improvement projects based on the results are explored and monitored. EPC is currently working on a project to increase the knowledge and processes for our clients and carers around Advance Care Planning. The project outcomes have been delayed due to the COVID-19 Pandemic, but will be picked up once again when we return to normal operations.

COVID-19 Pandemic

From late February to the end June 2020, EPC initiated its Crisis Management Plan and team to work through the many issues involved in this world-wide pandemic. EPC utilised guidelines and instruction from the Department of Health and Human Services to support our services, provide safe care to our clients and protect our staff from infection.

As a member of the EPC Executive Committee of Management, the Chairman of the CGC was kept up to date with how EPC was managing the pandemic. See the report elsewhere in the Annual Report.

Although just short of five years old, the work of the members of the Committee has developed extremely well over this period. I would like to thank all members for their time and commitment and I look forward to the next years’ work knowing that we have excellent people who can assist EPC in its development and sustain this optimal delivery of care to patients and their families.

Professor David Kissane AC | Chairman,
Clinical Governance Committee

Clinical Governance Committee			
Name	Organisation	Eligible to Attend	Meetings Attended
Professor David Kissane AC (Chairman)	Order of Malta	4	4
Dr. Kevin Rose GP	Community Member- GP Representative	4	4
Mr. Ian Parry	Outer East Palliative Care Service Inc.	4	4
Dr. Chien-Che Lin	Eastern Palliative Care	4	4
Mr Stephen Vale	St. Vincent’s Hospital (Melbourne) Ltd	4	4
Ms. Sally Moore	Community Advisory Committee Representative	4	3

Leading the way in Public Relations & Fundraising

We started out this financial year running with many exciting events planned. Early in 2020 it all came to a quick end with COVID-19 causing the cancellation of most of these activities.

Run Melbourne was held again in July 2019 and was an even greater success than 2018 with more people attending and more money raised. An excellent effort from all involved.

August saw a number of information and sharing events as part of Dying to Know Day. EPC participated in one of the community events and we were very surprised at how popular it was and how many questions people had. It was a good chance to squash some of the myths around palliative care and to spread the word about EPC and our services in our community.

The Community Advisory Committee (CAC) became well established and has become an integral part of how EPC make decisions around changes. In particular all of our brochures are now reviewed by the CAC as well as the Senior Management Team and we now have a “tick” on each brochure to let everyone know that it has been reviewed by this special committee. The input from CAC is greatly valued.

In October we held a very successful Carer’s Morning Tea where much fun was had by all with a magic show provided along with a delicious morning tea and to take home, a goodie bag (of which the little knitted egg cosies were a big hit!). This was a great opportunity for carers to get together, socialise, have a break, and get some much needed peer support.

Christmas saw EPC’s first open nights where we invited the public to come and see our very competitive Christmas decorations and to vote on which team had the best theme and decorations to match. It was held over two nights and was great fun for the adults and kids alike who attended.

By the time we got to February 2020, things had changed dramatically for the staff and volunteers at EPC. As the pandemic took hold all of these people have been nothing short of “heroic” in making adjustments that were out of our control. We had to cancel all fundraising events including our wonderful and much anticipated Food, Fashion and Fundraising luncheon event planned for March. All items that were to be part of the silent auction on the day have now been auctioned online which will help with

some fundraising since all other planned activities are now postponed indefinitely. Salvaged out of this event was a raffle which was well supported and raised \$ 4,920.

EPC has increased its online profile with extra social media posts and updates on the website and this will also help to continue to encourage donations.

We received three very generous bequests during this time which we were very thankful for and these could not have come during a better time. Bequests are of great benefit to EPC and have been slowly growing in the past few years. Remembering EPC in a Will is a very thoughtful and generous thing to do in order to assist EPC to continue our high quality service.

Whilst we do not know what the year ahead will bring in these uncertain times, we are very thankful to both our loyal and new donors who have continued to support EPC even through the difficult times.

Finally, I would like to acknowledge the members of our Public Relations and Fundraising Committee who continue to inspire with their commitment and seemingly endless enthusiasm for the work of this committee.

Mr. Kevin Francis | Chairman,
Public Relations & Fundraising Committee



Public Relations & Fundraising Committee			
Name	Organisation	Eligible to Attend	Meetings Attended
Mr. Kevin Francis (Chairman)	Outer East Palliative Care Service Inc.	4	4
Ms. Lillian Antonelli	Order of Malta	4	3
Mr. Denis Street	Outer East Palliative Care Service Inc.	4	3
Mr. Peter Gurr	Outer East Palliative Care Service Inc.	4	3
Dr. Margaret O’Donnell	Order of Malta	4	3

Leading the way in Ethics

The EPC Ethics Committee has a wealth of experience among its members. The Ethics Committee has been in operation for over 20 years and aims to support and assist the work of EPC, its staff and volunteers. The Committee has led the way in community palliative care. Many community organisations still do not have an Ethics Committee to support them, and drive research. Other organisations have approached EPC to see how our Ethics Committee functions, and to discuss with the CEO the benefits our organisation receives from this support.

The impact of COVID-19 has seen disruption and the need for swift responses across the organisation. It must be acknowledged that the proactive roles of both the Federal and State governments have greatly assisted in our continued provision of care while reducing risks for our clients, carers and staff.

The number of meetings during this year was decreased to allow for the increased workload of the Senior Management Team. Only three meetings were held – normally there would be four as well as an Ethics Forum. Unfortunately the forum had to be cancelled.

The Ethics Committee recommended to the Committee of Management that the EPC Code of Ethics be updated to take account of the changing legislative landscape. It is expected that this process will be addressed in a resolution by the members of EPC at around the time of the 2020 Annual General meeting.

The Committee approves and monitors all research in the organisation. The committee is updated as each piece of research progresses. This year we have seen the development of the Palliative Care Outcome Collaborative (PCOC) research on preferred place of death. EPC places a priority on understanding the needs of clients and their families, in particular to assist clients to die in the place of their choice. A journal article will be published in the next few months summarising this research. The Manager of Nursing and Medical Services, Ms Kylie Draper, jointly presented a paper based on this research at the September 2019 International Palliative Care Conference in Berlin. This type of research is critical to EPC understanding the needs of our community and responding accordingly.

Regrettably we said farewell to Professor Claire Johnson who resigned from the Committee in May 2020. Claire moved to NSW to work further with PCOC. We thank Claire for her insight and guidance during her term on the Committee.

As Chairman of the Ethics Committee, I would like to thank all members for their generous participation. The Committee draws on a wealth of knowledge and expertise among its members whose contributions are valuable not only to this organisation but to the wider community.

ETHICS RESEARCH ACTIVE PROJECTS

Topic	Senior Researcher	Status
A Clinico-Pathological Study of the Correspondence Between 18F-AV-1451 PET Imaging and Post-Mortem Assessment of Tau Pathology	David Baxendale/Professor Masters Austin Health	Open
LR72/2017 – Identifying and Supporting Patients with Complex Palliative Care Needs in the Community with Additional Services from Eastern Health Palliative Medicine Specialists	Dr. Chien-Che Lin/Dr. Margaret Bird Eastern Health (Wantirna Site)	Complete
ID S16-52: Identifying Musculoskeletal Risk and Protective Factors for Massage Therapists Working in Home-Based Palliative Care: a Pilot Study	Lucille Wirtz Bourdel/Ruth Stuckey La Trobe University	Complete
Investigating Users, Care Pathways and Outcomes of Respite Admissions in Inpatient Specialist Palliative Care – a Retrospective File Audit	Ms. Karen Conte (EMRPCC)	Complete
Exploring the Knowledge and Attitudes of Euthanasia and Physician-Assisted Dying among Ethnic Minority Groups	Prof. Natasha Michael Cabrin Health	On Hold
SHR Project 2018/197- Stable Housing Pilot Project	Dr. Andrew Joyce, SUT	Open
Telemedicine in Palliative Care: Investigating the Clinical Impact and Efficiency of Service	Dr. Peter Poon, Monash Health	Open
Is there a correlation between a person’s Preferred Place of Care/Death and Palliative Care Outcome Measures?	Dr Emily Saurman SANPC, EPC, PCOC	Open
Retrospective analysis of responding to urgency of need in palliative care (RUN-PC)	Dr Beth Russell	Open
End of life service experiences and Autism Spectrum Disorder Triage Tool	Dr Bruce Rumbold/Cheryl Dissanayake/Jennifer Lowe	Open
Understanding and addressing the training needs of clinicians to improve end of life care for adolescents and young adults with cancer.	Dr Ursula Sanson-Daly	Open

Mr. Stuart Rowland | Chairman,
Ethics Committee

Leading the way in Ethics (continued)

Ethics Committee			
Name	Organisation	Eligible to Attend	Meetings Attended
Mr. Stuart Rowland (Chairman)	Order of Malta	3	2
Associate Professor Ray Snyder AM	St. Vincent’s Hospital (Melbourne) Ltd	3	2
Dr. John Wong	General Practitioner	3	2
Mr. Anthony Krohn	Order of Malta	3	1
Dr. Peter Sherwen	St. Vincent’s Hospital (Melbourne) Ltd/EPC	3	3
Reverend Father Kevin McGovern	Order of Malta	3	3
Dr. Andrew Barnden	Outer East Palliative Care Service Inc.	3	2
Professor Claire Johnson	Eastern Health	3	2
Ms. Margaret Stewart	St. Vincent’s Hospital (Melbourne) Ltd	3	2
Dr. Chien-Che Lin	Eastern Palliative Care	3	2



Leading the way in Human Resources

The latter part of 2019 was training based with Leadership training for all clinical leaders as well as the Senior Management Team with half days of training in July, October and November. We had also polished up our Voluntary Assisted Dying (VAD) Communications training and Jeanette Moody and the team were out and about helping to educate the community, including a visit to a large GP clinic in Templestowe who invited us in to talk about palliative care and the impact of VAD. We appointed a new Business Manager and added to our OT team. This helped to bolster us for things to come. Other training included Crisis Management training where, believe it or not, we worked through a scenario of how a flu epidemic would impact EPC. This training proved quite valuable as we moved into 2020.

February 2020 saw the beginning of unprecedented times and the start of regular crisis management meetings with our newly formed Crisis Management Team. These past months have been extremely challenging for all staff at EPC and I would only describe them all as heroic! Those that could work from home have done so, and those still on the frontline forged on and ensured all clients were cared for and kept as safe as possible. PPE was ordered in bulk and we continually prepared for what was to come. Extra support was offered for staff in the way of mental health support with group and individual counselling and special gifts handed out to all staff in celebration of National Nurses Day and Palliative Care Week in May.

This will certainly be a year to celebrate our staff and the way they all band together in a crisis and support each other. We are very proud of all of them and celebrate the positive and values based culture that is EPC.

Peita Carroll | Manager, HR & Communications

Carers and Carer Recognition

Who is a carer?

The **Carers Recognition Act (2012)** defines a carer as anyone who provides care to another person in a ‘care relationship’, including carers aged under 18 years. A care relationship exists where the person being cared for is an older person, a person with a disability, a mental illness or an ongoing medical condition.

- Principles relating to carers**
- A carer should:
- be respected and recognised:
 - as an individual with their own needs
 - as a carer
 - as someone with special knowledge of the person in their care
 - be supported as an individual and as a carer including during changes to the care relationship
 - be recognised for their efforts and dedication as a carer and for the social and economic contribution to the community arising from their role as a carer
 - have their views and cultural identity taken into account, together with the views, cultural identity, needs and best interests of the person for whom they care, in matters relating to the care relationship. This includes when decisions are made that impact on the carer and the care relationship
 - have their social wellbeing and health recognised in matters relating to the care relationship
 - have considered in decision making the effect of being a carer on their participation in employment and education.

EPC recognises the role that families and friends undertake in caring for someone who is dying. The impact of caring can be high. EPC services assist with information, practical guidance and referral to in home support services as required. EPC Nurses educate and support carers in their role while EPC Family Support Workers support the psychological, social and emotional wellbeing of carers.

EPC’s 24 hour phone number is designed to support carers and clients and fields many hundreds of calls each month including the ability to send a nurse out to visit should that be necessary.

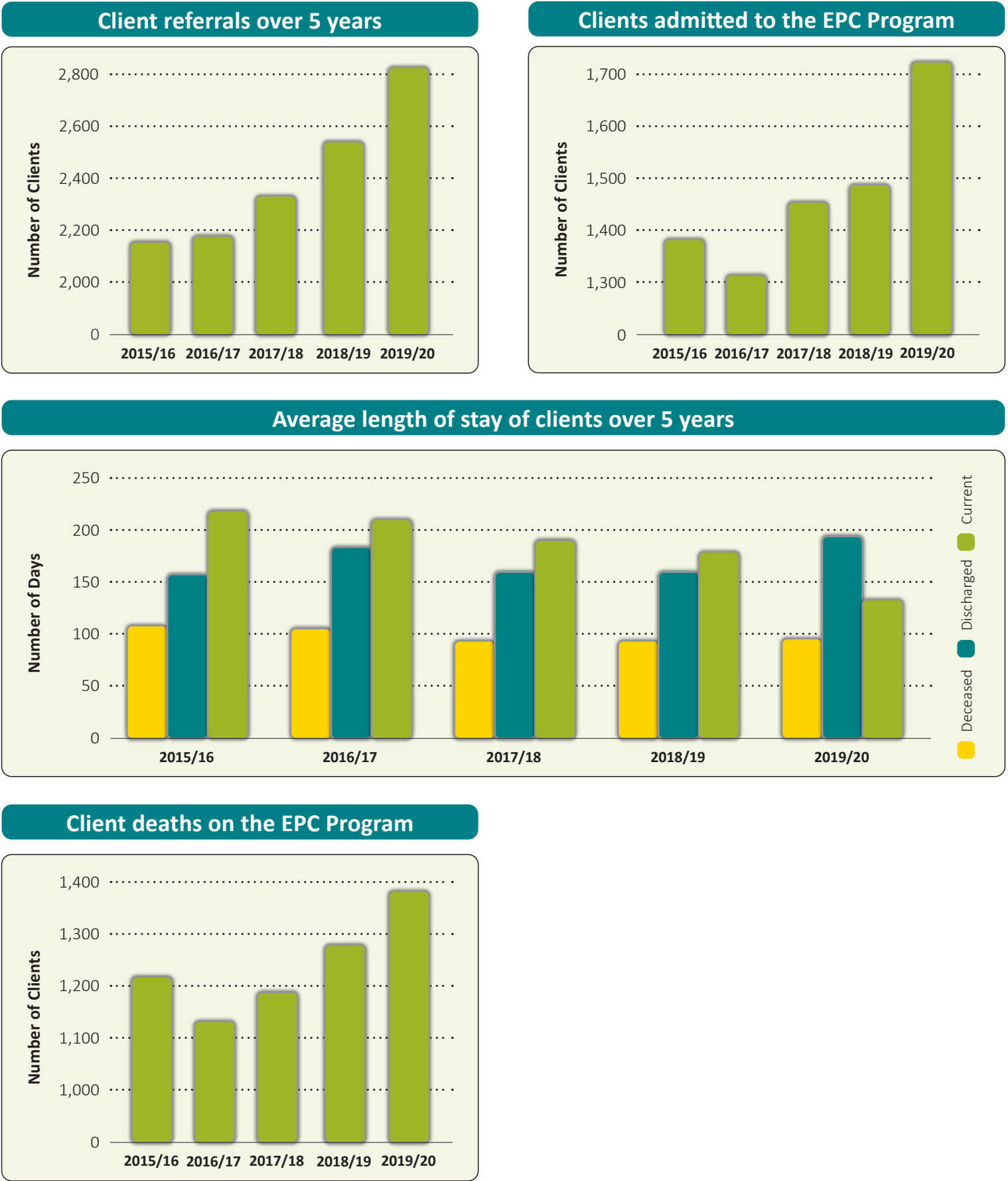
EPC also provides:

- Occupational Therapy
- Recommendations on in home equipment
- Ongoing education on medications, advice on care options and referral to other services as needed
- Regular communication with the client’s GP and other specialists
- Specially trained palliative care Volunteers.

The EPC Consumer Advisory Committee is now twelve months old and developing robust conversations on how they can have input into EPC systems and processes. Most members of the committee have been carers of people who have died, and they have firsthand experience of the impact on carers in the caring role.

Over the Years

With an ever changing palliative care sector, the demand for EPC services has continued to evolve over time as depicted in the following graphs.



Staff & Volunteer Service Awards

Thank you to our wonderful, long-serving staff and volunteers who are eligible for service awards for the 2019/2020 Financial Year.

Committee of Management



Peter Gurr
20 Years



Prof. David Kissane AC
5 Years

Staff



Sally Hodgson
25 Years



Kylie Draper
20 Years



Naomi Lindorff
20 Years



David Halliwell
15 Years



Cate Keely
15 Years



Glenda Stone
15 Years



Steven Amsterdam
10 Years



Jane Bourke
10 Years



Tania Kempton
10 Years



Bronwyn Lee
10 Years



Marion Sheehan
10 Years



Merrin Taylor
10 Years



Hayley Wegener
10 Years



Sheena Campbell
5 Years



Jessica Collins
5 Years



Lynette Garrick
5 Years



Helen Glover
5 Years



Faith Goiricelaya
5 Years



Libby Goldsmith
5 Years



Sandy Mann
5 Years



Alison Mapleson
5 Years



Catherine Nowak
5 Years



Lesley Taylor
5 Years

Volunteers



Bill Burgoine
10 Years



Jenny Doreian
10 Years



Bruce Jeffrey
10 Years



Diane Purdy
10 Years



Laura Chandler
5 Years



Ann Craigie
5 Years



Marie Everett
5 Years



Susan Fooks
5 Years



Ramsay Gunasekera
5 Years



Lynn Heyes
5 Years



Janella Hodgson
5 Years



Kathrine Hoppgood
5 Years



Betty Markwick
5 Years



Marilyn McKeown
5 Years



Dawn Pink
5 Years



Jamie Pon
5 Years



Pat Rice
5 Years



Margaret Watkinson
5 Years

Acknowledgements

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

100% of all donations, bequests and income from fundraising go directly to palliative client care in real time, to the area of most need. They help us to provide holistic care, for free*, to those living at home with a terminal illness, and to support their care giver and families. This year we also began a Fundraising Appeal for our Overnight Respite Services Program, which is an ongoing need. We thank all those that have directed their gift to this service. Every dollar is important.

There are many ways you can support EPC with a gift. You can donate personally or encourage your workplace to partner with us. You can arrange for donations to EPC in lieu of flowers, at a memorial or in lieu of gifts at your birthday or wedding. You can also hold your own individual fundraising event or leave a bequest to EPC in your will.

Thank you for supporting EPC this year.

Bequests
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The Estate of Dorothy Schwab
The Estate of Bernard Sidler
The Estate of Milos Stanko
The Estate of Margery Jean Vaccaro
The Estate of Andrew Wilson

Collection Tins
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Those acknowledged above provided gifts that totalled \$200 or more during the 2019/2020 Financial Year.

A number of donors have requested their names not to be published and are not included in this list. There are also many more who have donated less than \$200 during the 2019/2020 Financial Year. We thank all of them, plus those listed above, most sincerely for their gifts to EPC this year.

*All of our services are provided free-of-charge, aside from equipment and some of our professional training.



Palliative care. Living well every day.

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