

# Mission Report

2018 – 2019



ST VINCENT'S  
HEALTH NETWORK  
SYDNEY

# Introduction

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Caring for the vulnerable is the St Vincent's way. The first five Sisters of Charity who established our health service and the generations of Sisters and staff that have followed, defined what makes St Vincent's the iconic health service we have become and continue to be.

Known as the first Walking Nuns who went beyond convent walls to visit the sick and alleviate poverty, the Sisters of Charity had an astute ability to see where people were suffering, but also the vision to understand what was necessary to meet their needs. Having the courage to take calculated risks, they made choices based on love and a determination to deliver care where it was needed the most.

It's because of this legacy that St Vincent's is the home to so many controversial firsts in Australian healthcare. The first homeless health service, the first methamphetamine service, the first needle exchange, the first methadone service, the first HIV service - the list goes on. This is the defining legacy of those whose shoulders we stand on.

Today, St Vincents' commitment to serving the vulnerable and delivering health care beyond hospital walls is as strong as it ever was.

Indeed, in 2019 we commenced St Vincent's Correctional Health services at Parklea Prison. We grew our telehealth services, the State delivering care for people with specialised needs living in remote and rural NSW, we extended our homeless health services to after hours, another State first, and we allocated a record \$51 million of our 2018/2019 financial year budget to care for our most vulnerable patients.

This publication captures just a few of the stories that demonstrate the St Vincent's way, and the staff that serve our Mission with a passion for social justice.

It's the bravery that our Sisters demonstrated unflinchingly, caring for people before anyone else would, that keeps us compelled to continue in their footsteps, delivering health care on the edge.

This work would be far more challenging without the wonderful support of St Vincent's Curran Foundation and their supporters who give of their time and resources so generously to ensure the needs of our marginalised communities are met. With their support we are able to grow our services to the most vulnerable, and we are grateful.

A/Professor Anthony M. Schembri AM  
CEO, St Vincent's Health Network Sydney

Matthew Kearney  
Direction of Mission,  
St Vincent's Health Network Sydney

# Facts & Figures

## Mission statistics



# 16,260 hrs

Volunteers contributed in 2018  
(calendar year)



# 911

Staff attended Inspired to Serve  
Mission Formation Workshop



# 6288

Patients received  
Pastoral Care visits



# \$51,059,302.96

Allocated to care for patients from  
priority vulnerable groups



# 99

Young people using methamphetamine  
counselled at Burton Street Centre in 12 months

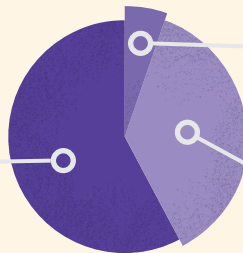


# 877

Palliative care referrals  
(FY to 2019)

### SVHA Inclusive Health Grants for SVHNS

\$1,500,000  
Sydney IHP  
Capital Grant



\$143,727  
AMR administered  
IHP research grants

\$953,088  
Sydney IHP Projects

# \$2,596,815

# Dry Blood Spot Testing

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In partnership with the NSW Ministry of Health and NSW Sexual Health InfoLink, St Vincent's has developed a program to improve the access and uptake of HIV and Hepatitis C testing in people who may not otherwise get tested.

Early diagnosis and treatment of HIV and Hepatitis C in both instances, provides the best outcomes for people with the disease who, with treatment are able to live long and relatively healthy lives. However statistics show that 36% of HIV diagnoses in NSW, still occur at a late stage of the disease.

Known as Dry Blood Spot Testing (DBS), we are now able to personalise the testing experience by empowering individuals to test themselves in the privacy of their own home or setting. With a high level of uptake from Indigenous communities, men in correctional health settings and people living in remote areas, this simple program is seeing people who may not otherwise have been tested being linked with care and receiving the treatment that they need.

DBS are alternative samples to regular blood samples, and means that samples can be collected using a 'finger-prick' blood collection method that enables people to collect samples at a place of their choice, post back and receive results without having to attend a health service.

A self-collection kit can be posted out to users at no cost to the patient, eliminating barriers to getting tested for patients who may be embarrassed, worried about cost, transport or other logistical issues. Confidential results can be issued by phone, text or email.

Between September 2017 and June 2019, 2,684 tests were completed, with eight people found detectable for HIV and 206 detectable for HCV. All patients were linked into the care they needed to help them continue to lead a healthy life, who may never have sought testing through traditional services.

The success of this program saw the team named as a finalists in the 2019 NSW Health Awards in the Health Research & Innovation category.



## St Vincent's Junior Medical Officer Centre of Excellence



In 2019 the population of Aboriginal and Torres Strait Islander people was just over 760,000, but there are fewer than 400 Indigenous doctors. That's less than 0.5 percent of the more than 100,000 registered doctors in Australia.

We know that Indigenous patient outcomes are enhanced when they have access to Indigenous health care workers, and paving the way for more Indigenous people to join the medical profession plays an important part of our efforts to close the gap in life expectancy between Indigenous and non-Indigenous Australians.

That's why St Vincent's has established The Centre of Excellence for Aboriginal Junior Doctors. The key focus of the Centre is to attract and retain Aboriginal junior doctors to complete their prevocational and, where appropriate, their vocational and specialist years at St Vincent's. Encouraging our junior doctors to take on leadership roles within the healthcare system.

Some of the key strategies of the Centre include - establishing mentoring relationships with senior doctors; assistance in achieving specialist training goals; financial assistance for continued professional development; and extra options for leave where appropriate.

We hope to study the effectiveness of this program to understand which parts of the program are most valuable in supporting the well-being and growth of our Aboriginal junior doctors.

St Vincent's believes that with a little bit of extra support our Aboriginal junior doctors will be the leaders in tomorrow's health care system.

**“Here at St Vincent's we really believe that our Aboriginal doctors are the future of the health care system and we're really proud to be investing in them”.**

Dr Sarah Michaels, Director of Medical Services & JMO Workforce

# Supporting young people with addiction

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St Vincent's Stimulant Treatment Program (STP) recently opened a brand new service, providing free and confidential counselling for young people aged 16 to 25, who are using methamphetamine, cocaine, ecstasy and other drugs.

Having opened in late 2018, the Burton Street Centre and is seeing an average of 11 clients each month, starting as young as 14 and including concerned others, be they parents, siblings or partners. The centre's inclusive model of care provides individual therapy for both the young person and concerned others, via family or network based therapy. Individuals can access or cease these supports at any given time as part of a stepped model of care – an approach that operates on the principle that treatment should be individualised, evidence based, non-restrictive, and yet effective. Treatment is tailored to intervene at the approach and level best suited to the needs of each client.

To date Benzodiazepine (often known as 'benzos') which provides a sedative affect for the user, is trending as a drug of concern for clients of the service, with polysubstance use, where more than one type of drug is consumed at the same time, is proving to be a commonality amongst young people accessing the service.

**"I cannot thank you enough for the guidance you gave me not to mention the strategies and processes I can use if I feel tempted or anxious. You made me feel comfortable and confident especially during my court proceedings. I honestly couldn't have done it without you".**

Burton Street client





## Case study

Vince is a 19 year old man who came to the Burton Street Centre with significant difficulties with polysubstance use, in particular injecting methamphetamine. Prior to contacting the service Vince had attempted an inpatient detox in another facility which was unsuccessful due to his aggressive behaviour.

Vince had unstable accommodation, frequently moving from hostel to hostel which was paid for by his mother, the only significant person in his life. Vince has a history of complex trauma and difficulties in developing meaningful relationships which plays a significant role in his substance use. He initially self-referred through the Burton Street Centre's drop-in space and started one-to-one counselling to address his substance use and other issues.

As Vince continued in individual therapy, his mother was in frequent contact with the service and became increasingly concerned about the impact Vince's problematic behaviour was having on himself, the family, and his wider social circle. Consequently, the Burton Street Centre Team were able to offer family therapy for Vince and his mum. Following two family therapy sessions it was identified that Vince's mother would benefit from individual support, and the service was able to offer Vince's mother separate counselling sessions to strengthen her ability to deal with her family situation and effectively support Vince.

Vince is currently still accessing the Burton Street Centre's drop-in service with the plan to soon enter a private rehabilitation facility.



# Mental Health Prevention and Recovery Care Centre

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Currently, one in five Australians experience some type of mental health issue each year, and approximately 3% of Australians will experience severe and persistent mental health issues at some point in their lives. In the St Vincent's Darlinghurst catchment specifically, acute psychiatric admissions are forecast to increase by 48% above current levels by FY2026/27.

This growing prevalence of mental illness places increased pressure on existing community based services, primarily resulting in hospitalisations. Hospitalisation often dislocates this group from their family, friends, work and education and can have real and negative consequences for their recovery after a period of being unwell. However, there is overwhelming evidence to suggest that prevention and early intervention strategies can prevent a person becoming so unwell that they require hospitalisation.

In response to this, St Vincent's is establishing a Prevention and Recovery Centre (PARC) – a community-based mental health service delivering a step-up, step-down model of care. It will be the first of its kind in NSW.

The short-stay residential Centre will provide supported living for people with escalating mental health issues to seek care before they reach a point where hospitalisation is required. And likewise, will provide a temporary home for people who have been discharged from an acute mental health service, who would benefit from a supported living environment, receiving psychosocial and clinical supports, while still remaining an active member of the community.

One of the unique elements of the PARC is the provision of both psychosocial supports in tandem with clinical supports, which are focused on treating the underlying mental health diagnosis. More specifically, the

services each participant accesses will be tailored to suit the needs and recovery goals they themselves have identified with support from their family and carers and treating team.

The Centre will not be located on the hospital grounds so that residents remain independent and connected within the community. However it will be close enough to St Vincent's to remain easily accessible by staff and participants 'stepping down' from acute care.

The PARC is being developed thanks to the generous support of the Order of Malta and the St Vincent's Curran Foundation. Planning for the Centre is underway with our community housing partner, Independent Community Living Australia. The Centre will feature 10 individual rooms, a communal kitchen and living areas, with indoor and outdoor break-out space. Residents will benefit from the social inclusion, and giving them an increased ability to live independently.

PARC is due to be open in late 2020.

**"I'm really proud that St Vincent's will be offering this innovative service in the very near future, in line with our Mission and our commitment to our Mental Health Strategic Plan, which outlines our intent to continue to provide mental health care – beyond our Hospital walls."**

Anthony Schembri AM,  
St Vincent's Hospital CEO.





# Interview with Professor David Kissane

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Professor Kissane holds the position of inaugural Chair of Palliative Care Research, a joint collaboration between the University of Notre Dame Australia and St Vincent's Cunningham Centre for Palliative Care Research.

## What is your goal as Chair of Palliative Care Research?

I think that the goal is to establish a centre of excellence in palliative care research, and that's because palliative care is at the heart of the mission of the Sisters of Charity and the MAM Ministries. The first hospice that was established in Australia was established here on this site, Sacred Heart in 1890 (check) and that points to the long tradition and the wishes of Mother Mary Aikenhead to care for the very sick and the dying.

My own expertise is in recognising and responding to psychosocial and existential distress, where the fear of dying, the fundamental aloneness at the end of life, the risk of loss of meaning, loss of control, loss of self-worth - these are all common challenges for people who become frail and sick. It's the bodily weakness and frailty which they've not been accustomed to which threatens them.

Additionally, The Cunningham Centre has recently appointed A/Prof Annmarie Hosie as Professor of Palliative Care Nursing which will complement the multidisciplinary nature of palliative care. Annmarie has expertise in studies of delirium in people with advanced illness and she'll bring new skills and collaborators into our work.

Our goal in building this centre of excellence is to have a dedicated group of researchers, building expertise for the future, who will continue to improve the delivery of palliative care and in that way, lead to optimal care of the sick and the dying. We want to ensure future clinicians who work in the palliative service are skilled at research and can combine that research to constantly improve clinical practice.

## Can you describe some of your current research?

We're currently conducting a study called the Meaning and Purpose Therapy Trial. The pilot work showed that we can help people to deepen their appreciation of the life they've lived and retain a sense of ongoing purpose despite their illness. We help them to live out their life with intent, and with a sense of meaning and fulfilment – attending to important relationships in their life.

## How is this achieved?

We do that via a six session counselling method which, in the pilot work looked very promising, so now we're doing a randomised controlled trial to formally prove that there is clear benefit that comes from this intervention

Another body of work that we've got is a study of what we call Demoralisation - the lowering of morale and loss of the point to life, where people cope poorly and start to give up on life, with a risk of suicidal thinking. We're commencing studies with Notre Dame Medical Students where they're going into different medical specialty areas and learning to recognise the presence of demoralisation. Because medical illness, whether its renal disease or cardiac disease or neurological disease – lots of these medical conditions affect people existentially, lowering their morale, and sometimes making it harder for them to maintain a sense of point and the value of life.

## What are the big challenges in palliative care delivery?

I think an important theme is that palliative care is feared and misunderstood. And it seems as if, ordinary folk out there in the community find it easier to think about having medically assisted suicide to bring about a comfortable end to their life, than to actually receive palliative care. Some of that is because of the stigma of palliative care.



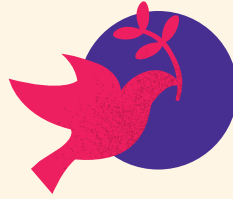
It's because our society is not familiar with the dying process, and our society has not grown up as people did 100 years ago when infections were the leading cause of death and most families were familiar with death. It was not taboo, it was handled with a spiritual underpinning and people came to terms with it very well. It's the success of medicine, in keeping people alive that has left our society unfamiliar and frightened of the dying process.

We've got quite a bit of work to do, to help people to better understand palliative care so that gradually they become less frightened of it. So we don't get that reaction "oh you're not referring me to palliative care, Doc? You're not giving up on me." Rather than appreciating that palliative care is really optimising symptom control and improving quality of life.

#### Why is this (palliative care research) so important?

Because of the dignity, worth and value of each person! That every life, in every family is precious and so we have to optimise the medical, nursing, and allied health care that we deliver to those people. It is the end phase of life where, for many people it's the hardest phase of life.

I would argue that the largest and most unrecognised vulnerable community is that group of people going through palliative care who have psycho-existential distress which is unrecognised, under-identified and under-treated. This is our opportunity to honour, respect and say thank you to people who have contributed to society, and people to whom I think we owe a great debt.



## We are what we value.

### Mission Formation

**M**ission is at the heart of our service. The world of mission is to be responsive to our times, to be dynamic and nimble. As our Sisters of Charity remind us, while the way of mission may have changed, the heart of mission remains.

Our sense of mission comes alive each and every day across our communities here in Sydney. Our staff and volunteers serve the people in our care with their head, hearts and hands. Indeed, the Venerable Mary Aikenhead as the Foundress of the Sisters of Charity, spoke of serving God with a great heart and willing mind. This foundation of our hospitals and aged care services is witnessed each day.

As part of the enVision 2025 Strategic Plan, St Vincent's Health Australia introduced a specialised program for staff learning, known as formation training. The program is intended to create an opportunity for staff to be curious and grounded in our organisation, as a Catholic health care provider.

The training has common elements across all SVHA sites, such as understanding what we mean by offering those under our care the healing ministry of Jesus and exploring our foundations with our Sisters of Charity by discussing how we respond to our current times and keep the commitment to provide excellent care for the most vulnerable in our society.

Formation training has also enabled staff to deepen their appreciation of our foundational stories as they relate to the Sisters arriving and establishing their services in Parramatta, Darlinghurst and Auburn.

Over the last year, 919 staff have completed this formation learning. Our hope is that having completed the course and engaged with colleagues, our staff will have a stronger sense of our continued mission affirmed that all of us serve the mission across our varied roles, whatever they may be, that allow the people we serve to have a sense of hope and healing.



# Communication and Assistive Technology (CAT) Clinic

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The St Joseph's Communication and Assistive Technology (CAT) Service was established to meet the needs of people with neurological conditions, primarily Motor Neurone Disease (MND) but also MS and stroke, by providing access to computer-assisted technology to help them to communicate.

For MND patients in particular, as well as loss of speech, the ability to write as an alternative is also lost. Patients can hear and experience their surroundings, but are unable to respond. The disorder affects voluntary muscle activity including speech, walking, swallowing, and general movement of the body. It is progressive in nature, causing increasingly debilitating disability and eventually, death.

The CAT Clinic consists of an Occupational Therapist and Speech Pathologist who assesses each individual at their stage of disease to prescribe assistive technology tailored to their needs and include adaptations to mouses, computer screens and text-to-speech apps.

Patients with very little movement can use other muscles, including eye muscles to operate a computer to input text and convert that text into speech enabling the person to communicate basic needs such as hunger, thirst and pain to advanced communication and conversation.

Likewise for people who have limited hand or finger movement, computers with switches (a button type device) can be linked to control routine home operations, such as answering the phone, switching on lights, using a TV remote control, or answering the door.

The CAT Clinic has made a monumental difference to patients with these debilitating and life limiting conditions by making them as physically and emotionally comfortable as possible through communication with their medical teams, pastoral support, family and friends.

**“We are passionate about facilitating communication for people who would otherwise not be able to express themselves. The gradual loss of the physical self is extremely difficult for people with MND. Offering a person the opportunity to communicate empowers them and hopefully allows them to move through the disease with greater peace”**

– CAT team, St Joseph's Hospital.



## Songs for the soul

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This year we welcomed into our service members of a volunteer Music Charity - A Sound Life (ASL). St Vincent's has been working with A Sound Life over the last year to create many opportunities for our patients, visitors and staff to experience the joy and healing power of music.

This form of support, through the calming nature of music, began in November 2018 in the Neurology ward. The ASL St Vincent's music program has since been heard in various clinical spaces around the main Hospital, Sacred Heart Health Service and

The Kinghorn Cancer Centre - lifting the spirits of patients, families, carers and staff.

The feedback is that the presence of these musicians have brought a positive influence and presence for all who have the opportunity to experience their talents. Our aspiration from here, is to continue to broaden the frequency of visits across the various departments of our St Vincent's communities.

We have been so fortunate to implement this service and look forward to this partnership continuing as part of our Volunteer Services.







## Spiritual Care Research

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As a Catholic healthcare service, St Vincent's provides Pastoral Care, inclusive of the religious, spiritual, pastoral and emotional needs of our patients. In contemporary Australia, optimal Pastoral Care services respectfully engage with patients who identify as religious or spiritual as well as those who identify as neither religious nor spiritual.

A core part of pastoral practice is being able to compassionately and non-judgementally accompany patients as they experience a range of different healthcare events such as elective surgery, an emergency admission, mental health treatment, chronic disease management and end of life care. These healthcare events also take place in the social context of the life of each individual with many of our patients experiencing significant social vulnerability.

In many ways Pastoral Care is an emerging profession, while there is an identified set of skills required, pastoral practice varies a great deal. There is a growing body of research literature, particularly from the United States, about responses to the spiritual needs of hospital patients. However, very little of these findings have been tested in an Australian context where there is a lower representation of people who would consider themselves religious.

Another area for development exists in the identification of patients who have higher spiritual needs so that appropriately

trained staff can be directed to offer support. While some work has been done overseas to determine best practice methods for screening or assessing spiritual needs, this needs to be evaluated for use in the Australian context.

To that end, St Vincent's has partnered with the Institute for Ethics and Society at the University of Notre Dame Australia to address some of the key identified gaps in Australian Spiritual Care research. A project has been completed which investigated the way in which Pastoral Care Workers document the care they give and the methods used to collaborate with other members of the healthcare team. Another project is investigating patient preferences for the language used to discuss their spiritual wellbeing.

Going forward, insights gained from these studies will inform the design of educational approaches to equip clinical staff to identify the spiritual needs of their patients. There is a great deal more work that needs to be done to develop hospital Pastoral and Spiritual Care in Australia. Through the partnership with University of Notre Dame, St Vincent's is well placed to make an important contribution to this work.



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A building filled with the most talented, caring and empathetic people in the world. I am grateful to this amazing team on a daily basis. Massive love and respect for them all.

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A big thank you to the wonderful, professional and caring surgeons, doctors and nurses who looked after me. I felt so safe and confident in your hands.

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Just wanted to say a huge thank you to all the nurses, doctors, and surgeons who looked after me. Such a wonderful hospital with such caring staff. Especially being on my own and scared, the nurses and doctors were there to make me laugh and smile and feel comfortable throughout my stay. Very grateful and very thankful.

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