

Mission Report

2017 – 2018



ST VINCENT'S
HEALTH NETWORK
SYDNEY

Mission Report

Our Mission has strong foundations

In 1838, five courageous Irish Sisters of Charity arrived in Sydney with a clear Mission from their founder, the Venerable Mary Aikenhead. These women were impelled by the love of Christ to serve the most vulnerable people here. They came with a black cross which demonstrated their commitment to the First Australians.

They were shaped by a vision which saw that love could address the effects of poverty and dehumanisation. Working firstly with women transported as convicts to Australia at the Parramatta Female Factory, the Sisters showed the power of recognising the dignity of people who were seen to have little worth. In 1857, Sr Baptist deLacy, supported by people like John Plunkett, a member of Parliament and social reformer, opened the first St Vincent's Hospital in Australia. The admissions policy stated, "*The sick poor are the only persons who can be admitted to this charity.*" The hospital was supported across the spectrum of society and welcomed people of all beliefs.

This commitment has been carried forward by the staff, volunteers and supporters of St Vincent's establishing services for people at the end of life, encountering mental illness, addictions, HIV and homelessness. Excellence in clinical care, education and research has demonstrated that compassion requires rigorous systems and hard work. Pastoral and spiritual care has also been part of the array of disciplines at the service of our patients.

Our Mission today is vibrant and growing

Healthcare is a dynamic and demanding space in the 21st Century. Being faithful to our founding vision of service of the poor and vulnerable is no less demanding today than in 1857. This publication captures a small sample of the Mission of St Vincent's Health Network Sydney today. It speaks of dedicated staff and volunteers who believe deeply in our Mission and the importance of the people we seek to serve.

Our work in serving the poor and vulnerable is generously supported by the St Vincent's Curran Foundation and their benefactors and supporters who generously give of their time, energies and resources to support our Mission. I am very grateful for all that the Foundation and our supporters do to grow and deliver on our commitment to innovative models of care for the marginalised and advocating for improved health care of the most vulnerable in our community.

A/Professor Anthony M. Schembri



Facts & Figures

Mission statistics (2018 financial year except volunteers)



19224.25 hrs

Volunteers contributed in 2017
(calendar year)



\$45.3m

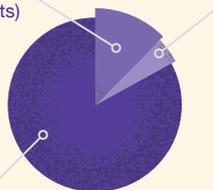
Allocated to care for patients from
priority vulnerable groups

Inclusive Health Program grants for SVHNS

\$174,535 (AMR administered IHP research grants)

\$72,500 (Share of joint projects)

\$685,980 (Sydney projects)



\$933,015



17 Weeks

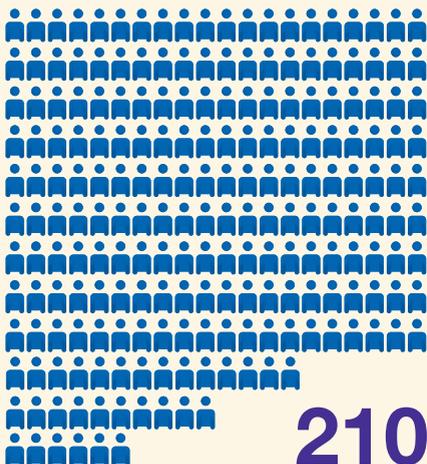
Average length of stay at
Stanford House



\$820,719

Solomon Islands 10 bed
program expenditure

Tierney House Residents



210

7314

Patients received
Pastoral Care visits



804

Staff attended Inspired
to Serve Mission
Formation Workshop



663

Gorman Unit Admissions



Inclusive Health Program



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Service of people who are poor or vulnerable is central to the Mission of St Vincent's. It was the vision of our founder Mary Aikenhead to give to the poor for love, what the rich can buy for money. This commitment has continued in the enVision 2025 strategic plan of St Vincent's Health Australia and the St Vincent's Health Network Sydney Clinical Services Strategy.

The SVHA board is committed to the ongoing support of the poor and vulnerable and through the Inclusive Health Program has ensured there is ongoing financial support available to grow our service research, innovation and advocacy initiatives for vulnerable populations. These very valuable resources allow St Vincent's staff to seek better ways to respond, particularly to the needs of people who are: Aboriginal and Torres Strait Islanders; in contact with the criminal justice system; experiencing homelessness,

addiction or mental health problems. Some projects have also focused on the needs of people experiencing domestic and family violence and elder abuse, as well as refugees and asylum seekers.

To date, the Inclusive Health Program has enabled significant projects to get started, such as: identifying and responding to people experiencing domestic violence in the emergency department; a lawyer has joined our team to respond to elder abuse; we are seeking to better understand the sources of alcohol related harm and the ways in which we are interacting with people soon after they leave prison, just to name a few.

St Vincent's has a very strong tradition of finding better ways of responding to the needs of vulnerable people. Matthew Kearney (Director of Mission) and Will Tregoning (Senior Researcher, Inclusive Health) look forward to working with more staff who have great ideas that will change lives. As an organisation we also look forward to working with our community partners to develop even more integrated ways to support people who need our assistance.

St Vincent's Health Network Australia



A love letter to my hospital

By Jane Kibble

Something struck me yesterday when I was at my specialist appointment. It was how fortunate I was to have a medical service that wrapped around me and worked to help me be the healthiest version of myself.

There were two extra people in the room while I was seeing the gastro guy: someone on an internship and a 4th year medical student doing some research into hepatic encephalopathy. Did I mind, they asked. Not at all. As a teacher I'd always been happy to take students on their practicums. How else do they learn if they don't have mentoring and the opportunity to try their skills out?

“Everyone is treated with the same level of respect and gets the same level of quality care. It doesn't matter who you are or what you do. Everyone matters.”

While the specialist was out of the room, they both asked me why I travelled so far to come to St Vincent's. I told them my old familiar story of being so sick way back in 2014, with such advanced liver dysfunction, that I needed treatment for my Hepatitis C urgently. And about how I'd approached St Vincent's.

I told them how my now-specialist Greg replied to a panicky email sent from some random woman in Tamworth (me) less than 12 hours later it was sent, offering hope when none had seemed likely.

I talked about how I was made to feel welcome when I walked in the door, nervous and scared.

I told them about my first appointment down there and how I felt after years of fear I had a path forward.

I said that what I valued most about IBAC was its commitment to bring health care to anyone who needed it. I spoke to them about how everyone is treated with the same level of respect and gets the same level of quality care. It doesn't matter who you are or what you do. Everyone matters.

Perhaps I paint a rosier picture than the reality might be. As a faceless bureaucrat myself (just joking, a little) I know something of the challenges that any organisation faces behind the scenes to keep things operating smoothly. But I also know this: no matter what might happen behind the curtain, quality patient care and a commitment to equity of access drives IBAC and all who sail in it.

I also know that there is a whole team of people that can be relied upon to work together to help people like myself. To make my appointments and tests happen yesterday I needed two specialists, pathology, a haematologist and numerous admin staff to work together. And they did. No siloing. There may be many things wrong with our health care system, but there are many things that are right too.

J. Kibble

Improved Screening for Victims of Domestic Violence



In 2015, Australia appeared to wake up to the prevalence and impact of domestic and family violence (DFV) in our community after a number of high profile deaths of women and children. Domestic and family violence is the leading cause of illness, injury

and death for women aged between 16 and 45. For Indigenous women, DFV contributes 15% of the burden of disease and is the single biggest contributor to the gap between indigenous and non-Indigenous women between 15 and 45 years of age.



In 2017, St Vincent's Hospital participated in a multi-site project aiming to increase the identification of women experiencing domestic violence, by asking every woman presenting to the Emergency Department questions about domestic violence, regardless of the reason for their presentation.

Every woman who disclosed domestic violence through screening was offered a social work service and interventions including assessment. The Social Work intervention consisted of assessment, counselling and education about their rights and referral options. Assistance was provided to meet women's immediate needs such as housing, advocacy, child care, legal advice or reporting to police and longer term needs such as counselling, case work and other referrals.

In total, more than 700 women were asked questions about their experiences of intimate partner violence. 106 women disclosed domestic violence from a current or former partner and received support and counselling from a social worker, including 'Claire'.

Claire presented to ED with facial injuries. She was screened by the triage nurse upon arrival and referred to the social worker. Claire reported that she had been sleeping rough since fleeing a violent relationship and that she had no address to be discharged to. She had gone back to her partner as she had "nowhere else to go."

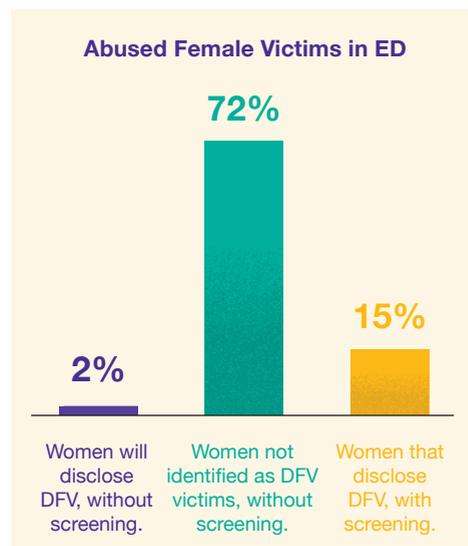
The social worker referred Claire to community organisations for temporary accommodation and case management support. She was provided support to obtain personal identification documents and also received food vouchers, toiletries, a pre-paid mobile phone, an opal card and weekend phone support from the community organisation. Claire was particularly concerned about being able to fulfil her commitment to supporting her uncle/elder in the community with dementia and was provided with assistance to arrange care for him hence,

Claire was referred to an Aboriginal Health Worker for further support.

The early identification by the nurse of Claire's situation gave the social worker adequate time to refer the patient to appropriate services for immediate support over the weekend as well as ongoing follow-up support.

Without screening around 2% of female patients will disclose DFV, while 15% of women disclosed through this screening program.

Studies have shown that up to 72% of women who attended an ED after an incident of abuse were not identified as victims of DFV without screening. Without screening around 2% of female patients will disclose DFV, while 15% of women disclosed through this screening program. It is hoped that we can continue screening women for DFV in our Emergency Department and that this will be rolled out across NSW health facilities to continue this great work.



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St Vincent's Health Network Australia



Managed Alcohol Program – A Novel Approach to Tackling Homelessness & Alcoholism



The highest concentration of rough sleepers in New South Wales is located in the City of Sydney, and recent estimates suggest that up to 44% of people experiencing homelessness in Sydney are alcohol dependent. Co-occurring homelessness and alcohol dependence has become an increasingly prominent issue in the landscape of Australian healthcare.

People experiencing homelessness who are alcohol dependent experience higher rates of chronic illness, injuries and assaults, longer hospital stays, increased mortality, and higher levels of contact with the criminal justice system. Furthermore, those experiencing homelessness often resort to drinking non-beverage alcohol (NBA). NBA comes in the form of rubbing alcohol, hand sanitizer and mouthwash and can be easily obtained at a relative low cost. This consumption of NBA adds the risk of additional health issues due to the high concentration of ethanol.

St Vincent's has been working to establish a pilot 15 bed residential Managed Alcohol Program which involves the regular dispensing of beverage alcohol alongside accommodation and other programming, thereby minimising alcohol related harms by reducing consumption of non-beverage alcohol, binge drinking and public intoxication. The program extends the principles of extending the principles of "Housing First" initiatives where shelter and provision of services are prioritised over reduced alcohol consumption. The broader aim of the MAP is to improve residents' access to services to enable them to manage and stabilise their drinking, improve their overall health, wellbeing, and quality of life.

The acknowledgement of the complexity around managing severe alcohol addiction combined with the provision of alcohol allows MAP participants to focus on other aspects of their life. This might include achieving stable housing, reducing their non-beverage alcohol consumption, and in some cases, overcoming their addictions. For this reason, MAPs are often viewed as a compassionate response that improves the lives of a cohort with severe and complex needs.

There are a number of MAPs operating around the world, including in Canada, the United States, Norway, and the United Kingdom. Pilot studies around existing MAPs suggest that MAP participation is associated with fewer hospital admissions, reduced detox episodes, fewer police interactions leading to custody, reduced non-beverage alcohol consumption and decreases in alcohol related harms.

There are currently no MAPs operating in Australia, however, owing to the rising rates of homelessness and high rates of severe alcohol dependence among the homeless in Sydney, there is a clear need for an alternative approach to how we work with this cohort. A study led by St Vincent's Health Network Sydney was conducted in 2014 to ascertain the technical, operational and economic feasibility of implementing a MAP in Sydney which showed a high level of acceptability for a MAP among a sample of homeless alcohol dependent people in inner Sydney.

A multi-tiered stakeholder engagement structure has been set up to ensure that the proposed MAP pilot has broad support, expertise and guidance from the community and government sectors. The MAP pilot will be first in Australia and will test the effectiveness of such a program to expand nationally.

SVH partners with the Catholic Institute of Sydney and the Good Shepherd Seminary



Partnering with the Catholic Institute of Sydney and the Good Shepherd Seminary has been of mutual benefit to the Seminarians in their training toward priesthood as well as the Pastoral Practitioners and Chaplains at the Hospital.

St Vincent's is proud to be contributing to the formation and development of the Seminarians pastoral identity and capacity to be present with people experiencing serious illness and or injury. During the twelve week semester, Seminarians accompany St Vincent's Pastoral Practitioners, visiting patients in a variety of clinical settings.

Aware of the enormous challenge of this setting, the Pastoral Practitioners help model pastoral practice for the Seminarians, providing them with an opportunity to observe, reflect, and later engage with the Practitioner to explore their insights, questions and clarify their learning.

The Seminarians are also supported by Dr John Collins, Lecturer, Practical and Pastoral Theology, Catholic Institute of Sydney. John provides the Seminarians with an opportunity to reflect upon and process what is being evoked by this ministry experience in the "here and now" moment.

During the semester, Pastoral Practitioners presented Case Studies allowing the Seminarians to gain another window into their work. In preparing and presenting Case studies the Pastoral Care team have used this opportunity to reflect at a deeper level on their ministry to one patient and integrate this experience with current Pastoral/Spiritual Care literature. Jenny Washington, Pastoral Care

Manager stated that 'the Case presentations have enabled the staff to not only deepen their own knowledge but also to gain a greater appreciation of the knowledge and expertise of their colleagues'.

Mentoring students particularly the Seminarians provides Pastoral Practitioners with an opportunity to share their practice, what they did, why they responded in the way they did and what they noticed for the patient. As they respond to the Seminarian's questions, the Pastoral Practitioners effectively become more aware of the tacit knowledge that they possess.

While on placement the Seminarians also accompany the Catholic Chaplain and learn first-hand how integrated this role is in the hospital community. On a practical level they also experience the meaningfulness for patients and families receiving the Sacrament of the Sick within the hospital context.





Peer Support at Tierney House Paves the Way for a More Empathic Approach

The recruitment of a ‘Peer Support Worker’ (someone with a lived experience of homelessness) to work within Tierney House was viewed as an opportunity to engage residents on a whole new level and to provide an outreach arm for the service.

The decision was also made to recruit the Peer Support Worker as an Aboriginal identified position, again enhancing the service being provided for our Aboriginal and Torres Strait Islander residents.

Residents of Tierney House, (those experiencing homelessness), are traditionally avoidant of mainstream services for many reasons. Many residents may have had previous negative experiences, an inability to communicate their needs or various other motives. The Peer Support Worker therefore advocates on their behalf, helping to provide a voice that would otherwise go unheard.

“The objective of recruiting a Peer Support Worker is to ensure that residents felt appropriately heard, understood and offered suitable options.”

The objective of recruiting a Peer Support Worker is to ensure that residents felt appropriately heard, understood and offered suitable options. The rationale being that the plight of those sleeping rough, with all its ensuing psycho-social elements can often be misunderstood by staff that have not had similar life experience.

People with lived experience of homelessness hold specific expertise that is highly valuable.

In particular, people who are living well despite their period of homelessness represent hope that is often missing in people’s lives.

The ability for staff to identify such concerns and then engage the Peer Support Worker to provide support and comfort has meant that residents are seeing much more positive outcomes. Even something as simple as phoning a government service can be fear provoking.

Attempting to reconcile with Centrelink or Housing NSW in person is so fear-provoking that often residents simply would not attend and therefore the problem was compounded. With the newly created capacity to be accompanied by a peer ensures that the correct message is conveyed and that the outcomes are more positive than previously realised.

For the staff within Tierney House, there are significant benefits from the Peer Support Framework. It allows for growth, education, and ultimately better service provision whilst also increasing the staff knowledge base and an ability to offer greater empathy.

Peer Support is proving a game-changer in terms of the ultimate objective in Tierney House - to assist residents to stay healthy whilst providing insight and empathy towards the other factors in a resident’s life.



Tackling elder abuse through our Health Justice Partnership



Elder abuse is a problem that is under-recognised and under-reported in Australia. It can manifest as neglect or physical, psychological, financial or sexual abuse, and its impact on older people can be devastating. Data collected in NSW to date suggests up to 5% of the older population may be affected, however the true extent of the problem is unknown. In most cases perpetrators are family members, most commonly adult children.

In 2017, SVHNS and Justice Connect, a community legal centre, established a Health Justice Partnership (HJP) to improve our response to this issue. An HJP is an innovative model of legal service delivery that integrates a lawyer into a hospital or other health setting, to offer free legal assistance to vulnerable people unlikely to access such help elsewhere.

One such group who have proven difficult to reach through traditional legal services is people experiencing elder abuse. Elder abuse is a complex issue generally demanding a multi-disciplinary response, however legal intervention can be one effective tool to address it. Unfortunately however, numerous barriers often exist to older people disclosing abuse and seeking legal help, including fear of retribution, social isolation, and failure to identify a 'life problem' as a legal one. As is often the case with those experiencing disadvantage, older people most vulnerable to abuse are unfortunately those least likely to reach out and ask for help.



Given the serious health consequences of abuse and the trusted relationships that often develop between health professionals and their patients, health staff are among the best-placed people in the community to identify abuse and to offer an intervention. An admission to hospital may present a crucial window of opportunity for an older person to disclose abuse, as it may be the only time they are separated from the perpetrator. Even where no disclosure occurs, hospital staff are well-placed to pick up on the warning signs of abuse: they may witness family dynamics, overhear conversations, or observe changed behaviour in patients when a particular person is around. Where abuse is identified and where the older person is willing to accept help, in an HJP the lawyer can be brought in quickly to provide urgent, free legal assistance as part of a holistic response to the issue.

Hospital staff are well-placed to pick up on the warning signs of abuse: they may witness family dynamics, overhear conversations, or observe changed behaviour in patients when a particular person is around.

The HJP lawyer at St Vincent's Health Network, Yvonne Lipianin, started on-site at St Joseph's Hospital in September 2017, and in July 2018 the partnership expanded to include St Vincent's Hospital and Sacred Heart Health Service. Working with specific members of the Social Work Department at St Vincent's and St Joseph's; Yvonne plays a key role in delivering education to staff on legal issues, improving their ability to identify legal problems experienced by patients and to make appropriate referrals to her. Nearly a year in to the partnership, SVHNS' response to elder abuse continues to strengthen as staff members' awareness of the issue grows, and as Yvonne becomes increasingly embraced and accepted as part of the health team.



Margot's Story

Margot is a 73 year old woman who was admitted to St Joseph's Hospital late last year suffering a relapse of schizophrenia. As Margot's condition improved, the team in the geriatric psychiatry unit learned of an agreement that she had reached with her son to allow him and his family to come and live with her.

Margot began to make comments about her son's controlling and aggressive behaviour.

The team's concerns about this arrangement grew as Margot began to make comments about her son's controlling and aggressive behaviour, and these concerns were confirmed in a family meeting with Margot and her son in which staff witnessed him verbally abuse, insult and demean his mother in front of them.

Following this meeting, the social worker encouraged Margot to seek legal advice from Yvonne Lipianin a lawyer with the Health Justice Partnership based at St Joseph's. Initially Margot was reluctant, however she eventually agreed to do so and spoke with Yvonne on several occasions.

For the sake of her grandchildren Margot did not wish to renege on the agreement with her son, however over the course of a number of advice sessions she became increasingly resolute that she was tired of her son's abuse and wanted things to change. She agreed to put in writing a number of conditions on which she was permitting him to live with her – including that he must respect her property and her privacy, and speak to her civilly at all times – and require that he sign it before moving in with her.

This legal intervention served to both empower Margot and educate her about her legal rights, and to put her son on notice that his behaviour was unacceptable and if it continued, would not go unchallenged.



Sacred Heart Biography Service – making a telling difference

Beginning at St Vincent's in 2009 with just a few dedicated volunteers, the Sacred Heart Biography Service was born out of the desire of the Community Palliative Care staff to support their patient's in leaving a personalised and lasting memory, for their families and carers when they died.

In 2016 two experienced volunteers were recruited as part-time coordinators and since then, the service has grown from eight to 45 volunteers who set about creating a sustainable service which matches volunteers with palliative patients.

The Sacred Heart Biography Service has since been augmented to focus on supporting and mentoring the volunteers, ensuring that a team of experienced volunteers is consistently available. Implementing this model enables similar services to be established in other Local Health Networks.

This unique service, which is the only one in NSW, is offered free of charge to all clients enrolled with the Community Palliative Care Service – providing them with the opportunity

to reflect on aspects of their lives at a vulnerable stage. The process of being heard and acknowledged and finding meaning is hugely beneficial and the resulting legacy document is highly valued.

Patients are referred to the service by members of the Community Palliative Care Team. A volunteer is then assigned to the patient, with the coordinators taking into consideration which of the available volunteers would best suit. Over a number of hour-long sessions (usually between four and six), the volunteer visits the client at home and records them telling their story. The volunteer then transcribes each session and finally lightly edits the material to create a biography. Photos and other memorabilia are scanned and added and the complete document is proofed and printed by the coordinators.

Not surprisingly, the feedback from patients and their families has been overwhelmingly positive with many commenting on the huge difference this service made to them at such a pivotal time in their lives.

Making big inroads in treating anal cancers

Darlinghurst, NSW 2010 is at the epicentre of anal cancer cases in Australia – a condition that is often highly stigmatised and typically presents late. As part of the Hospital's commitment to serve the local community better, St Vincent's has been investing in the specialised Dysplasia and Anal Cancer Services (DACs). The mission of DACs is to diagnose cancers as early as possible, improve treatment outcomes and, ideally, prevent cases ever occurring.

The St Vincent's team led by A/Prof Richard Hillman, utilise state-of-the-art treatment and diagnostic facilities which includes a purpose built DACs procedure room. These are unique to NSW, and help deliver one of the busiest of such services in Australia.

Chief amongst the Team's endeavours is the NHMRC and Cancer Council NSW-funded natural history study which is slowly concluding after eight busy years. The Study has generated a vast wealth of data, which is now being analysed to help develop new screening strategies.



In bringing these findings into practise, the Team is now rolling out an Australia's first – targeted screening for two different cancers at the same time. Although this will initially be offered only to patients attending the St Vincent's HIV clinic, the Hospital is in discussions with local General Practitioners, in an effort to extend screening further into the local community.

Treatment of pre-cancers is technically demanding, often painful and expensive. The Hospital is therefore particularly excited to be teaming up with a Californian biotech company to develop a simple cream-based treatment that is potentially revolutionary. Such is the enormous interest in this study, volunteer patients are travelling from places as far away as Grafton & Coffs Harbour in order to participate.

Building on from these collective endeavours, and bolstered by funding from SVHA's Inclusive Health Innovation Fund; 2019 will involve the Team screening even more high-risk individuals, and hopefully improve the quality of life of many of our most vulnerable patients.



Papal Honours for St Vincent's Sisters

Long-time Darlinghurst Campus Sisters of Charity; Sr Sesarina Bau, Sr Anthea Groves OAM, and Sr Jacinta Fong were this year awarded Papal Honours from the Holy Father Pope Francis, in recognition of their distinguished service to the Church in the Catholic Archdiocese of Sydney.

All three Sisters have individually devoted

many decades of tireless work across the St Vincent's Campus, in particular Sr Jacinta in the Emergency Department; Sr Ses in the Intensive Care Department; and Sr Anthea in her role as a patient advocate.

The three Sisters have all long been an inspiration to so many – guiding staff in providing the most compassionate care.

From left: Sr Sesarina Bau rsc, Sr Anthea Groves OAM rsc, Sr Jacinta Fong rsc



**ST VINCENT'S
HEALTH NETWORK**
SYDNEY

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