

# Year in Review



















































### Welcome from RSL Care + RDNS

Just over 130 years ago in Victoria, the Royal District Nursing Service (RDNS) started with a single nurse taking to the streets of Melbourne to tend to the sick and poor in their own homes.

Four decades later, as Australia reeled from the effects of one devastating war and sat poised on the precipice of another, RSL Care was founded in Queensland with the purpose of providing accommodation, care and support for ageing ex-servicemen and women.

This year, the merger of these two thriving for-purpose organisations marked the creation of a new generation of not-for-profit enterprise enriched by a shared heritage of care that empowers people to regain health, independence and dignity.

As needs and expectations around health and ageing change rapidly in Australia and overseas, we are excited that our merged organisation has the capability, capacity and evidence-based approach to build services that will excel in meeting those needs and rising to new challenges.

We believe it is only by building genuine relationships with our customers that we can support them to achieve their individual goals, no matter what their age, health circumstances, cultural background or geographical location.

From translational research to our telehealth, training services, and excellent clinical care in the community and in our residential communities, we continue to grow those relationships to enrich our service offerings and give customers the lives they want now and into the future.

# Contents

Chairman's report CEO's report

How we operate

Our highlights

Our service locations

RSL Care + RDNS timelin

Pearl Harbour nurse enjoy life in Hervey Bay

Steve's definitely no lazy

Our year in review

Meeting the needs of our communities

Twist of fate launched nu

Community services

Vera's licensed to drive

Active and healthy retirer

Village lifestyle keeps Line

Innovating in residential a

Keith's kicking back on th

Our links with China

	4	Smart way of working in New Zealand	51
	6	Laughter is still the best medicine	
	8	for Jenny	52
	10	New opportunities to research and	
	12	promote healthy ageing	54
e	14	Certainty with a smiling face	56
ys peaceful		Regaining confidence one step at	
	18	a time	60
boy!	22	Learning organisation	62
	24	Ernest still has plenty of tales to tell	64
diverse	28	Four generations under one roof	68
rsing career	32	Top of their game	72
5	36	One hundred years young	74
	38	Generosity of spirit	78
ment living	40	Always looking on the bright side	
dsay active	42	of a wonderful life	84
aged care	46	Family is a focus for Elizabeth	86
ne coast	48	Board of Directors	88
	50	Executive Management	93

### Chairman's report



When we started the 2015-16 financial year. RSL Care and **RDNS**, as two respected organisations, each had a vision to forge an innovative future in their respective service fields. Those visions would positively respond to the changing needs and expectations of their customers and communities in a way that was not driven by profit.

RDNS, Australia's oldest provider of nursing, was known for rigorous quality and professional excellence in health care services enabling independence and guality of life at home. The organisation had worked with veterans since the First World War and proudly served the veteran community and disadvantaged groups including people who were homeless. Likewise RSL Care, with an enduring legacy built on caring for veterans and the respect for dignity of the individual that implies, had grown from the Queensland War Veterans' Homes Trust to offer a wider range of services across home care, retirement living and residential care for all older people, primarily in Queensland.

Separately, each was working to innovate and explore new ways to serve people in Australia's changing and challenging health and ageing environment.

Both organisations shared a passion for providing an exceptional customer experience and compassionate support for diverse communities, promoting wellbeing and independence for the broader community.

When RSL Care secured the services of Stephen Muggleton as Chief Executive Officer, an opportunity emerged to draw these visions together to create a new 'for purpose' provider that could define the future of health and ageing services in Australia.

After thoughtful consideration, and with the support of RDNS Chairman Paul Montgomery, our two boards independently concluded there were significant benefits to merge.

Both organisations came to the process from a position of strength, and with the conviction that the creation of one trusted organisation would enable us to leverage our combined scale and experience to deliver more health and wellbeing services for even more people, across a more diverse social spectrum.

RSL Care has strong capabilities in aged care and retirement living, a robust asset base and has developed unique insights into the specific characteristics of different customer groups in order to deliver customer-centric programs supported by innovative technology.

RDNS brings exceptional clinical capability and successful execution in deploying technology and research to deliver quality nursing and health services to people of all ages and in a range of accommodation settings including hospitals, residential aged care and at home.

Together, we can grow and harness the opportunities created by the shared commitment of our employees, higher community expectations, changing regulation and increased competition.

The announcement of the merger decision in October 2015 started a process of transition, integration and reformation that would transform every level of our operations, with the creation of the new RSL Care RDNS Limited Board, which draws on expertise representative of the new and expanded capacity of our combined organisation.

Much of the initial foundation has been laid, but the journey is just beginning.

### **Stewardship of our shared** history and growing organisation

These are game changing times for our sector with increased demand, an ageing population, changing consumer preferences, technology disruption and new market entrants shaping dynamics, all within and alongside national legislative reforms.

Nationally, our industry has developed a roadmap that, if realised, will see the shift to consumer-directed care that has begun in community care

### "We are constantly scanning and analysing the environment in which we work so we are future ready and able to chart the best possible course."

expanded to cover the full continuum of support services, from help at home to residential aged care.

At the same time, changes to government funding are making new and innovative approaches increasingly important if we are to continue to give people the choices and opportunities they increasingly expect.

To perform well in response to the major changes and opportunities occurring, we are constantly scanning and analysing the environment in which we work so we are future ready and able to chart the best possible course.

In this environment more than ever, the primary focus of the Board is the effective stewardship of RSL Care RDNS Limited, founded on the guiding principle of maintaining and growing our significant legacy of providing more than two centuries of exceptional care and support to communities across Australia and beyond.

In 2015-16, we have built a foundation to support sustainable future growth of our merged organisation with joint management, executive risk and audit, and clinical governance committees and a Portfolio Decision Group continuing to ensure our governance processes are best in class.

### Moving forward – focus on service and innovation

Charting our new course is a task requiring strong leadership and a steady and informed vision. Working together to finalise our 2020 direction for the next five years has been a key focus for our Board members.

The roadmap we are building will enable our organisation to explore even further new opportunities and directions that consumers want, deliver more innovative and responsive health and wellbeing services and create built form solutions supporting more people with personal choice to live life to the full.

This includes expanding our range of services and the locations where they are delivered and investing in our people to ensure we have a workforce that is engaged, empowered and equipped to deliver consumer-directed care.

Underpinning this work is a deep commitment to service quality, customer-led innovation, professional education, research-led practice, community responsiveness, lateral thinking and a desire to work in partnership with others remaining at the forefront of everything we do.

Our goal is to serve more customers and grow our footprint by:

• Applying innovative, customer-led design, ground-breaking research and lifelong education that enables our employees to consistently deliver a great customer experience

• Creating a positive blended culture where our employees love to come to work and that attracts others to join us as a leading provider

- Deploying state-of-the-art technology and systems to make a practical difference to the care and services we deliver
- Providing high quality health and wellbeing services in the places our customers call home
- Being connected and valued in the local communities where we operate
- Strategically deploying our assets and operational capabilities to be sustainable and profitable and to enable growth
- Continuing to invest in our social capacity, especially for veterans and people who are most disadvantaged and marginalised by society, and by
- Creating a trusted brand which will attract like-minded organisations and people to join us, because we have differentiated ourselves on what it means to enable better health. independence and wellbeing.

Our journey as a joint organisation has just begun, but already we are on the way to creating a contemporary organisation that seeks innovative ways to make the health and ageing experience of our customers the best it can be.

Pat McIntosh AM CSC Chairman

# CEO's report



Welcome to a historic year in review. It was a year when RSL Care and RDNS, two remarkable organisations in their own right, merged to form one of Australasia's largest independent not-for-profit service providers. One of the most exciting things is that it was a merger of equals who came together from positions of strength.

Both organisations realised the potential benefits of merging extended well beyond establishment of a new company being able to offer a full continuum of care services across Australia and New Zealand. It was never just about adding RDNS' 130 years of Community Care excellence to RSL Care's 75 years of residential aged care and retirement living expertise. The merger has a multiplier effect where the whole is greater than the sum of its parts. The combined range of services allows the creation of new innovative care and support options. Examples include development of health promotion,

healthy ageing and mental health programs and the creation of innovative partnering models to support chronic disease management, rehabilitation and transition care.

There is no denying that the sheer size of the merged group will also generate advantages for the benefit of the group's customers and beneficiaries. The combined assets, in terms of financial strength and genuine care leadership, will enable the merged group to deliver responsive care solutions to a rapidly growing ageing population. To illustrate the point, the merger of RSL Care + RDNS has created an organisation with:

- \$1.1B in total assets
- \$455M in annual revenue for our combined organisations with \$40M EBITDA
- More than 6,200 employees and 400 volunteers supporting more than 23,000 people every day
- More than 4M client visits per annum
- More than 30,000 people accessing veterans' support and more than 11,000 episodes of care being delivered through telehealth.

#### Our achievements in 2015-16

From an organisational perspective, 2015-16 was a year in which our efforts were focused on merging the two organisations.

The fact that most of this incredibly complex work was completed at

commercial pace while continuing to grow and develop new services that improve outcomes for our customers is testament to the dedication of all our teams from both organisations.

In New Zealand we have rolled out new mobile technology that is already improving the service experience for employees and clients.

Closer to home, we have continued our technology focus with the roll-out of the AutumnCare clinical care system, the Vocera mobile communications system and the development and roll-out of the Procura community care system.

Further, our telehealth work attracted a \$1 million grant through Perpetual's IMPACT Philanthropy Program which will be used to build our capacity to deliver a remote specialist consultancy for chronic disease management.

It is a testament to our employees' commitment and efforts that we have retained our outstanding record of compliance and accreditation across our residential aged care and home care operations.

The depth and breadth of our employees' shared expertise was also showcased at a number of conferences throughout the 2015-16 year, culminating in the International Federation on Ageing Global Conference in Brisbane in June.

Representatives from the RSL Care + RDNS delivered presentations at the

### "The merger has a multiplier effect where the whole is greater than the sum of its parts."

conference on topics from built environment to ageing well, disaster management, the dignity of risk, inclusive responses to elder abuse and health care reform in China.

Finally, we have continued to leverage our collaborative relationships and partnerships to create better services and brighter futures for our target communities.

Our significant health promotion work with Bowls Australia saw our nurses deliver wellness education sessions to more than 2,000 people in Victoria, South Australia, Queensland and Tasmania. Meanwhile, our partnership with Queensland University of Technology is allowing us to explore new built design opportunities that will promote wellness and community engagement by encouraging people to actively engage with their immediate environment.

### Ageing and wellness: a changing landscape

The magnitude and rate of change we are confronting is unprecedented.

The world in which we operate is moving swiftly and decisively. We are poised on the cusp of significant change.

In Australia and internationally, our population is ageing. Over the next 20 years, the cohort of people aged over 65 years will grow to 25 per cent of the population. Behind this, the number of people over 85 years will guadruple. This ageing population means exponential growth in the demand for care and increased prevalence of chronic diseases including dementia.

Compounding that, preferences for care and support services are also changing, with people entering residential aged care later and with higher needs.

In the shorter term, the new age of the truly empowered consumer is only months away, with late February 2017 marking a milestone through the introduction of portable Commonwealth Home Care Packages (CHCP) funding and the release of \$1.3 billion on to an open and competitive market.

This significant initiative is but the first in a series of encouraging reforms designed to deregulate the marketplace, release funding into the hands of end-users, increase choice and put consumers at the heart of decision-making.

preferences and research are leading a health revolution built on the provision of wellness services and ageing well, supporting people to stay more active, independent and engaged in their communities as they age. It really is an exciting time to be in the health and aged care sector.

I want to acknowledge the contribution of all the funders, donors, volunteers, collaborators and industry

At the same time consumer

partners who support our efforts to improve the health and wellbeing of so many people. I also want to thank my Executive colleagues and their teams who worked incredibly hard during the merger implementation process while simultaneously managing a large complex dispersed organisation creating new innovative programs. The success of the merger is a clear demonstration to their skill, tenacity and commitment. On a more personal note I want to thank the Chairman. Pat McIntosh, for his invaluable support and counsel and all the Directors for their vision, stewardship and encouragement through this critical foundation year.

Above all, I want to thank all the frontline employees who define RSL Care + RDNS. While this report describes the significant size of the merged RSL Care + RDNS, our success is only ever a function of the kindness, support and reassurance our care employees provide to people who need support - 24 hours a day 365 days a year. Thank you.

/ten Mugdit

**Stephen Muggleton** Chief Executive Officer



### How we operate



RSL Care + RDNS Board (left to right) Mr Peter Wetherall, Ms Gillian McFee, Ms Kathleen Baker, Mr Peter Brindley, Mr Pat McIntosh, Dr Cherrell Hirst, Mr Jeff McDermid, Mr Russell Pearce, Mr Stuart Lummis, Ms Anne Blackburn, Mr Robert Lourey, Prof Michael Reid

**RSL Care + RDNS is a customer**led not-for-profit organisation. We listen to our customers and provide services based on individual needs.

We have the unique privilege of being able to innovate and create new programs to improve health and wellbeing outcomes that support the wider community, thanks to our combined heritage and expertise as

well as our access to research and insights around comprehensive living services.

Our structure recognises the importance of the relationship our frontline employees have with our customers. Working with the communities we serve and maintaining local autonomy within our business is essential to develop responsive programs and services which are aligned to local need and which

honour local customers and stakeholders.

This year, we have continued to successfully operate and grow led by a strong and stable team of Board members and executives operating in line with ASX Corporate Governance principles and recommendations to the highest corporate standards.

### Customers, residents, clients, carers

Service managers

Support services and Executive



\*Based on the performance of both RSL Care and RDNS for the 12 months to June 2016. Full statutory accounts for our merged organisation reflect 12 months RSL Care and three months RDNS and are available on our website.



Our teams received **SIX** major industry awards

52 peer reviewed 13 projects

100 per cent

\$3.5 million

expand services to our communities

### Our service locations



### Queensland

Cairns Farnorha Community

Cairns HomeCare

Rowes Bay Community **E** Townsville HomeCare

Bowen Cunningham Villas Community

Mackay Bicentennial Community Breezes Community

Mackay HomeCare

Pioneers Community

Sunset Ridge Community

Bundaberg Fairways Community

**Hervey Bay** 

Baycrest Community

Maryborough Chelsea Community Wide Bay HomeCare

Sunshine Coast

Centaur Memorial Community, Caloundra Tantula Rise Community, Alexandra Headland Sunshine Coast and Cooloola Region HomeCare

#### Moreton Bay

Bongaree Community, Bribie Island Fernhill Community, Caboolture Inverpine Community, Murrumba Downs Caboolture and Redcliffe Peninsula HomeCare

#### **Brisbane City**

Cazna Gardens Community, Sunnybank Hills

#### Redlands

Moreton Shores Community, Thornlands **B**risbane Metro HomeCare, South

#### Logan

Talbarra Community, Waterford Brisbane Metro HomeCare, Logan

### Ipswich

Milford Grange Community, Eastern Heights Ipswich and West Moreton HomeCare Gold Coast Galleon Gardens Community,

Currumbin Waters

Toowoomba

Westhaven Community **20** Toowoomba HomeCare

### New South Wales

Brunswick Heads Brunswick Heads HomeCare

Banora Point Darlington Community

Winders Community

**Port Macquarie** Port Macquarie HomeCare

Lake Macquarie Bolton Point Community

Hunter Central Coast HomeCare Sydney

New South Wales HomeCare

Illawarra HomeCare

### Victoria

Greater Melbourne East Melbourne HomeCare North Melbourne HomeCare South Melbourne HomeCare West Melbourne HomeCare Homeless Persons Program

Geelong Geelong HomeCare

Tasmania Devonport

Devonport HomeCare

Hobart HomeCare

South Australia

Adelaide Adelaide HomeCare

Western Australia

Perth Perth HomeCare

### Legend

Residential Aged Care Retirement Village

HomeCare service zones

All our HomeCare sites provide services to people in the city or town and its surrounding areas.



**Greater Auckland** Auckland HomeCare (including area from Warkworth to Bombay)

### Otago

Dunedin HomeCare (including regional and central Otago)

#### Southland

Invercargill HomeCare (including regional Southland)

### **Collaborations in China**

Beijing

Qingdao

Nanjing Shenzhen

Hong Kong

### Singapore

ASPIRE 55 virtual retirement village – partnership to establish home care services Nanjing **■** 

Qinqdao

Shenzhen

Beiiinc

Perth



# RSL Care + RDNS timeline

### 1885

Reverend Dr Charles Strong and 15 eminent Melbourne citizens met on 17 February 1885 with the aim to help alleviate the distress and illness experienced by those living in the slums of the city. As a result the Melbourne District Nursing Society was established to 'nurse the sick poor in their own homes'.



### 1885

Miss Ferguson was the first nurse appointed, at £100 per annum. In her first year, she alleviated the suffering of over 100 sick, underprivileged people in their homes. She was later joined by nurse Miss Cannon in 1886. Together, they cared for 600 patients a month.



### 1889

Well-known philanthropist Lady Janet Clarke is elected president of the Melbourne District Nursing Society (MDNS), having served as one of the founding Vice-Presidents from 1885-1888. A giant of RDNS' early history, she remained in the role of President until 1908 and was made a Life Governor.



### 1891

By 1891 annual visits had increased to over 8,000. The nurses navigated inner Melbourne's laneways and slums on foot, visiting clients, providing medical care, food and comfort to people who were infirm, elderly or those unable to care for themselves.



Photo supplied from the State Library of Victoria

### 1903

An additional nurse joined the Melbourne District Nursing Society in 1903, bringing the total to seven. A new home for the nurses was purchased at 5 Royal Terrace, Fitzroy in Melbourne. Yearly client visits by the nurses totaled 28,383. With the outlying suburbs of Elsternwick, Hawthorn and Northcote included in the service area, the cable trams were no longer a suitable form of transport so bikes were purchased at a cost of £13 each.



### 1913

Certificate of service



### 1914

The War Council sought assistance from the Melbourne District Nursing Society to visit the families of soldiers who were ill.



### 1916

Lt Colonel William Kinsey Bolton forms the Returned Sailors' and Soldiers' League, the forerunner of the RSL, and becomes its first National President, Born in 1860, Lt Colonel Bolton had commanded the 70th Regiment AIF at Gallipoli.

### 1919

As a result of the large number of patients visited by the Melbourne District Nursing Society during the influenza epidemic, nurses were provided with cars for the first time. Patient numbers increased nearly fourfold from 1,104 in 1918 to 3,992 in 1919.



### 1922

Miss Reynolds was appointed Matron and with her 12 nurses made 25,000 visits that year.



### 1923

The by-laws were changed to permit Melbourne District Nursing Society to offer convalescence care to patients unsuitable for nursing in their own homes and those discharged from hospital needing further nursing. A property at 45 Victoria Parade, Collingwood in Melbourne was

purchased for £3.300 and an appeal was launched to raise £25,000 for building and fit out of the new Melbourne After-Care Home



### 1934

This year 62,500 client visits were made as well as midwifery duties. Melbourne **District Nursing Society** nurses made post-natal visits to check on the health and welfare of newborns. In 1934 they made 14.344 obstetrics visits to 650 patients. Post-natal services continued right up until the mid 1990s.



A nurse weighing a baby at a post-natal appointment

### 1938

Prominent businessman Queensland's finest private Mr George Marchant residences. This philanthropic donated Kingshome, RSL gesture continued the proud Care's first veteran's hostel in tradition of supporting the Brisbane's western suburbs. ex-service community. Kingshome opened on 18 June 1938 and was a home for 64 ex-servicemen providing stability, security and a sense of community



#### 1941





Sister Dorothy Tupper was appointed Matron of Melbourne District Nursing Society in 1941 and along with the 40 nurses under her charge, they made over 70.000 visits.



Matron Tupper is seen chatting with several of her staff in 1944

### 1947

Upon learning that Kingshome was overcrowding, the grazier, mining leader and World War I veteran Mr Malcolm Newman donated Fernhill at Caboolture - one of south east



### 1950

On 5 May 1950, 59 veterans moved into new cottages at Fernhill taking the number of residents living in the complex to its full capacity of 80.



### 1958

The Victorian Hospitals and Charities Commission requested the Melbourne District Nursing Society change its focus in order to relieve the acute hospital bed shortage. As a result, district nursing work and that of the Melbourne After-Care Hospital were separate. The Society's name changed to Melbourne District Nursing Service and the home nursing service moved to 452 St Kilda Road. Melbourne.



A group of nurses leaving headquarters on their patient rounds

# RSL Care + RDNS timeline

### 1960

Matron Miss Mary Evans introduced a rehabilitation course. Employees completing the course were better prepared to care for the increasing number of spinal care patients and others requiring rehabilitation.



### 1966

Her Majesty, the Queen, aranted the use of the 'Roval' prefix and the 'Roval District Nursing Service' (RDNS) was adopted.



### 1968

After careful consideration the decision was made to replace one of the original buildings at Fernhill with a purpose built 40 bed nursing home to support the needs of ageing residents.



### 1970

During this decade, eight new Royal District Nursing Service sub-centres were opened -Frankston, Caulfield, Heidelberg, Knox, Rosebud, Broadmeadows, Collingwood and Dandenong.



The Frankston Centre, located at 78-80 Beach Street, was formally opened by Major-General Sir William Refshauge, Commonwealth Director-General of Health in 1970

### 1980

In September 1980, RSL Care opened a residential community at Pinjarra Hills, located in Brisbane, Queensland. Comprising of 120 beds, the community was later renamed Fairview. A 30 bed residential extension and day therapy centre was added in 1982.



### 1988

The healthcare team of the Council of Homeless Persons transfers to the auspice of Royal District Nursing Service. The Homeless Persons Program becomes an ongoing component of Royal District Nursing Service.



Ms Theresa Swanborough, Manager of the Homeless Persons Program, providing care to the most marginalised in our society. This relationship returned to, and strongly advocated for the vision of the founders

### 1988

Plans for the first of RSL Care's retirement communities began when Mackay RSL Bicentennial Community was gifted as a retirement village of 25 independent villas, to which another five villas and a caretakers villa were also added.



1990

The Royal District Nursing Service Hospital Liaison Department continued to facilitate community focused assessment and discharge planning, providing a key link between the acute and community sectors.



### 1998

RSL Care home care services commenced on the Gold Coast and guickly expanded over the next few years to provide support for communities located from North Queensland right through to Northern New South Wales.



### 2009

Royal District Nursing Service is selected by the Auckland District Health Board, in New Zealand, to assess clients personal care needs, deliver personal assistance services and provide care management to clients. The expansion into New Zealand is the first international business opportunity secured by Royal District Nursing Service. Today, Royal District Nursing Service New Zealand supports

over 2,400 people each week with a team of over 400 dedicated community support workers as well as registered nurses and occupational therapists.



### 2012

The Royal District Nursing Service move into home care is evidence of a deliberate strategy of diversification to provide a broader range of services to people requiring support to remain in their own homes.



### 2012

In 2012 RSL Care forged a new path with an independent Board, encompassing ANZAC principles in a new broader service mission for all older Australians.





#### 2015

After significant project trials and testing, the Royal District Nursing Service incorporates telehealth to form part of everyday client support. Through this use of video conferencing nurses can conduct real-time consultations over the internet to help customers maintain their independence, no matter their location.



#### 2015

In October 2015 the Royal District Nursing Service (RDNS) joined forces with RSL Care, bringing together two iconic not-for-profit organisations dedicated to serving the community and supporting health, wellbeing and independence.

With a proud 209 years of combined history, experience and proven expertise, RSL Care + RDNS is delivering high guality and comprehensive services to over 23,000 people every day from home nursing and support, through to retirement living and residential services. As RSL Care + RDNS takes bold steps into a bright future, we do so guided by the same principles that were the foundation of our organisations - improving the health, wellbeing and independence of our community.



### Pearl Harbour nurse enjoys peaceful life in Hervey Bay

For Mary, 95, the balmy temperatures and laid back lifestyle of the coastal community of Hervey Bay in Queensland, where she lives at our Baycrest Residential Community, evoke memories of her childhood in Hawaii.

Mary was born in Washington State, United States in 1921 to a father who was an Army reserve officer and a mother who was a nurse. The family moved to Honolulu. Hawaii. in 1923 when her father took up a posting in Wahiawa near the Scholfield Barracks.

This year, the world will remember the 75th anniversary of the bombing of Pearl Harbour on 7 December, but for Mary it's a day she has never forgotten.

At the start of the Second World War, Mary's father had been recommissioned as a Colonel and taken charge of military transportation across the island and she had entered nurse training at the Queen's Hospital School of Nursing. On what she calls 'that fateful day', she had been given a Sunday off and was one of seven passengers and four children crowded into a taxi as events unfolded.

"The first bomb had already dropped on Pearl Harbour and we could see black smoke up ahead. However we didn't realise how serious the situation was until the military policemen turned us off the main road and into a back road through a cane field," Mary recalls.

"Just as we were coming out of this road a single Zero aircraft came towards our taxi, it was flying so low that we could clearly see the pilot as he dropped a bomb over the road we had just been driving down. "

She tells how the taxi driver became very scared and stopped the car before trying to flee the scene. Another passenger had to pull him back into the vehicle.

"We later learned the pilot was not trying to bomb us, he was aiming for an ammunition storage dump burrowed in the side of the hills which he missed.

"On our way back we had to drive past Pearl Harbour. The battleship USS Arizona had already been destroyed and other ships were breaking up and burning.



"It was here that we also saw the horrors of war, there were sailors jumping off the ships into the burning oil on the surface of the water. It was truly a terrible sight."

On her return home past the air force base Mary noticed all the planes on the tarmac had been destroyed. A

radio announcement informed her that martial law had been invoked and war with Japan was declared.

"We were informed all nurses and medical personnel were requested to return to work immediately. When I reached the hospital the wounded were already coming in," she remembers.

"The beds were non-existent and the wounded were on stretchers in the verandahs, on the ground floor. Those requiring surgery had to be carried up five flights of stairs to the operating rooms as we were fearful of power failures and using the lifts.

"The hardest part about that day was treating the civilian victims, those who had been caught in the crossfire suffering from wounds and burns from misdirected bombs. I worked all through the day and night and when I finally returned home I collapsed from exhaustion.

"When I look back on those experiences I realised I should have been scared but I wasn't."

In March 1942 Mary boarded a military commanded cruise liner to evacuate people but the boat was overloaded and she remembers there were not enough life jackets to go around.

The journey took twice as long as it should have as the crew feared attacks from enemy submarines. The passengers were uncertain of their destination and it was only when the welcoming span of the Golden Gate Bridge appeared they realised they were headed for San Francisco, California.

Back on the mainland as a young woman, Mary headed to the decidedly frostier climate in the Midwestern state of Minnesota and completed her nursing degree in 1944. She earned a degree as a Registered Nurse and Bachelor of Science in Nursing Education. She

Mary has a passion for learning and keeps her mind active through reading and crosswords

taught nursing in Minnesota and later worked in a hospital in Virginia.

She migrated to Australia in 1964 and moved first to Brisbane, in Queensland, and then further north to Cairns, where she met and married Jack McDonald.

Mary says her decision to move to our Baycrest community has allowed her to receive extra support when she needs it and still pursue the interests she loves, particularly books and history.

Her lively intelligence and love of learning allow her to continue to study, learn and engage with fellow residents and employees.

"The team is always on the look out for new books I can read, they treat me very well here," she says.

Keeping abreast of technology is another focus, and Mary uses her iPad every day to keep in touch with friends and family and to stay informed of current events.

Moving to our Baycrest community has meant Mary can access extra support when she needs it, such as working with Physiotherapist Meegan Ryan



"The team is always on the look out for new books I can read, they treat me very well here."

# Steve's definitely no lazy boy!

"Check out my new chair!" is how Steve greets visitors to his comfortable flat above a machinery shed on his family's Hedgehope dairy farm, near Invercargill in New Zealand's south.

The new La-Z-Boy recliner is his pride and joy - Steve and his Carer, Helen, spent many of their weekly visits to town in Invercargill shopping for it and then making monthly repayments.

Finally, the big day to collect the chair arrived – just in time for Steve's 39th birthday.

"The team at Harvey Norman made a big deal of it for him," sister-in-law Jackie says.

"They all gathered around and sang him Happy Birthday."

Steve, who was born with an intellectual disability, grew up at Invercargill back when the family ran sheep.

He went to school at Invercargill and Hedgehope, then to a school for boys with special needs in Christchurch from the age of 10. He returned to Invercargill after completing school and lived and worked in town for 18 years before moving back to the family farm, which recently converted to dairy. His parents, brother Bevan and wife Jackie and their children. also live on site - Bevan and Jackie in the home that originally belonged to Steve's grandparents when they moved there shortly after the Second World War.

"He's in his element here - he can do what he wants and have his freedom," Bevan says.

"In town he used to go up to the pub on Saturday nights in town but he's grown up a bit now and knows he'll wake up with a headache - once a month he'll go in and stay the night at a motel and go up to the pub and watch the rugby."

Rugby is a passion for Steve - his prized birthday present is a glossy coffee table book about his All Blacks hero Richie McCaw. Now that McCaw has retired, he's not sure who his next

football hero will be, but he's watching closely. At Christmas Steve, his family and friends hired a bus and travelled to Dunedin to see the All Blacks play Wales.

On the farm, Steve works with the farm hands to keep a close eye on the cows, and herds them up to the milking yard on the Yamaha guad bike he loves. He's not above a little showmanship when he has an audience.

The day starts early. "I'm up bright and early - milking cups on by 5am," Steve says. He's also been helping with the calving, though he's told the



Living on the family farm means Steve can be part of the activities he loves such as herding the cows to the milking vard.



### Steve Invercargill, NZ

office team that counting is not his favourite activity. "Counting to 100 is a bugger," he laughs.

Helen takes Steve into town to do his shopping every Friday, and they often pop into our local office for a coffee and a chat. Steve also collects his main meals for the week from a meal service based at Invercargill, which is roughly 35 kilometres away.

They might also go to the library, go for a swim or take a walk.

"When Helen comes it's good time away from the farm for him, it's his time out for the week." Jackie says.

"They go swimming, they went to the Transport Museum the other day. which he loved."

Our team at the Invercargill office maintain close contact with Steve and his family. In fact, former case worker Raewyn still likes to have a chat and enjoys accompanying Steve to the paddocks when she visits.

"We really enjoy spending time with Steve," she says. "It's great to help someone in a different way and make a difference in their lives."

For Steve, who is a much-loved uncle to Jackie and Bevan's three young children, having the support he needs to live independently while continuing to be part of farm and family routines makes for an idyllic lifestyle.

"I love it," he says - and the smile as he chases a recalcitrant heifer into the tunnel says it all.

### Our year in review

The changes underway in Australia's health and aged care sectors to increase consumer choice. decrease regulation and streamline quality frameworks have implications across our organisation.

Our work with customers to innovate. lead and transform to meet their current and future needs continues as we grow our capability to provide adaptable health services to support changing preferences and an increasingly diverse customer base.

Joining forces means our operations have also become incredibly rich and diverse, providing customers with support across a new, broader demographic and geographic spectrum.

The scale of our newly merged organisation becomes clear when you spare a thought for our aged care expert Judy Wong, working in China in a sweltering 38 degrees, while our home care teams in Dunedin, New Zealand struggle through freezing temperatures with snow.

In 2015-16, as we worked to build our shared future and find new ways to support healthy communities, we have achieved a number of significant highlights.

### **Operating across the health** services continuum

The merger of our two organisations gives us the opportunity to broaden our service types in existing locations and expand into new regions.

Our union has strengthened our capability, allowed for scale and growth and created an improved environment for delivering innovative, customer-centred products and services.

Importantly, our merged organisation will provide all customers, and particularly those who are ageing, with high quality services from a single trusted source that can meet their changing needs, from healthcare and support services delivered at home to retirement living and residential service options.

Our combined expertise operates across the residential and health care services continuum including health and wellbeing, personal care and domestic support, chronic disease management, sub-acute care and hospital substitution.

Customers also have supported access, as part of the referral pathway, with hospital services through Local Health Districts and Primary Health Networks and universities.

### **Preparing for change**

The face of ageing is changing rapidly and we are evolving to meet changing customer needs as a future-focussed care, health and wellness provider.

Community services at the Gold Coast in Queensland is one example of the organisational agility we need, having put in a huge effort this year to integrate our services and offer a dynamic new way of working for the wider organisation to follow.

The first phase of community services integration involved bringing our Gold Coast services together as one team in one location. This phase was completed in June, creating a strong team with impressive depth of experience that will work closely with colleagues across the services from community care to retirement living and residential aged care.

### Leveraging technology to create better futures

The face of ageing is changing rapidly and we are evolving to meet changing customer needs as a future-focussed care, health and wellness provider.

### **Promoting community health** and wellbeing

It's been a year of new beginnings and new relationships that will take us forward as we develop solutions to meet the needs of our customers.

Over the past year we have created innovative health and wellbeing services through collaborations and growing relationships with a number of other community organisations.

In October 2015, we announced a partnership with Bowls Australia to deliver health and wellness sessions at bowls clubs in every state. The Be Healthy and Active program was rolled out in February 2016, and hundreds attended sessions at clubs in New South Wales, Victoria, Queensland and Tasmania in the months to end of June. with feedback from the sessions verv positive. In addition, we've teamed up with the Maggie Beer Foundation to support us in delivering healthy eating sessions in Queensland, Victoria and New South Wales, promoting the importance of nutrition and quality food as a foundation for good health.

Built environments that promote active and connected lifestyles have also been a focus, and we have worked with the Queensland University of Technology on active ageing design guidelines that will inform future retirement living and residential aged care projects.



National Account Manager Samantha Carson gets a few pointers from members of the Malvern Bowling Club in Melbourne before delivering a wellness session

### The heart of us

While growing and expanding our service base, our organisation has continued to serve the disadvantaged communities that have historically been at the core of our purpose.

Our Homeless Persons Program (HPP) supported 2,846 clients working in partnership with 15 other organisations. Our RDNS Institute has also begun research work that will help the veteran community navigate support services and ensure services are targeted to meet the particular needs of veterans and their families. Additionally we also provided secretariat functions for the Australasian Services Care Network, which continues to bring together global thought leaders working to improve health outcomes for veterans and the first responder community and their families.

### Leaders in quality and service Excellence

We maintained a record of 100 per cent compliance in Australia and New Zealand with the relevant Aged Care Acts, the Aged Care Principles, Department of Veterans' Affairs (DVA) Home Care Standards, DVA Community Nursing Standards and Home Care Common Standards in 2015-16.

Our retirement villages maintained full Lifemark accreditation.

We also continued to lead the way in the provision of innovative healthcare solutions, winning recognition at a number of national and international industry awards throughout the year.

### Informed practice - our translational research

In support of building capability, we have continued to undertake crossdisciplinary and collaborative approaches to research with internal and external partners, focussing on translating research into practice and evidence-based training.

Our RDNS Institute. Education Learning Centre and Customer Insights Team, working and collaborating with customers, partners and staff, have a pipeline of projects focused on developing new products and services to meet identified needs.

Current projects cover topics including:

- Culturally and Linguistically Diverse (CALD) nurse-led positive dementia practice
- a talking book on dementia in Vietnamese
- skin health
- veterans' mental health
- medication management
- managing risk
- falls prevention
- diabetes
- using a wellness and reablement approach
- delivering integrated physical and mental health care.

We continued to lead the way in the provision of innovative healthcare solutions, winning recognition at a number of national and international industry awards throughout the year.

Our team has been in demand, sharing knowledge at conferences across Australia and around the world. At the same time we have found new ways to create knowledge sharing within our organisation.

In April 2016 Fiona Hearn, Executive General Manager Care Innovation and Quality, led a Masterclass on the future of home health and social care for attendees from Singapore, Malaysia, Indonesia and Australia at the AgeingAsia Conference.

Another highlight was the International Federation of Ageing Global Conference in Brisbane in June. where a number of our employee experts joined the stellar line-up of presenters.

### Sharing our knowledge

Representatives from our RDNS Institute and other business areas across the merged organisation were invited to deliver presentations on topics including built-form environments for ageing well, disaster management in aged care, dignity of risk, inclusive responses to elder abuse and health care reform in China.

New resources and platforms such as our Clinical Knowledge Centre have been developed to provide a comprehensive and evidence-based online resource for our clinicians to enhance client care.

The resource features educational videos, website links and fact sheets, information on training opportunities, online journals and the latest clinical news, quality and risk information, a medicines search function and contact details for Clinical Nurse Consultant teams.

Our clinical and care team members across the merged organisation have also established a clinical learning partnership which has drawn on the resources of the Education and Learning Centre to deliver training sessions including wound management across Queenslandbased residential aged care and home care operations. The partnership will help to up skill clinical and care team members and promote continuing professional development.

### Meeting the needs of our diverse communities

Our customers, clients and residents come from increasingly diverse cultural and socio-economic of individuals and groups, providing backgrounds. We are working with them to provide accessible. culturally appropriate care, information and support.

#### Making a difference

**Our Homeless Persons Program** (HPP) delivered more support than ever this year for people who are homeless or at risk of homelessness in Melbourne. The program involves a

team of specialist community health nurses who work with and on behalf holistic health care and working to improve people's access to general community services.

The team has provided this service for more than 40 years and works with a range of organisations where the homeless live and gather - the streets, squats and rooming houses of Melbourne – providing health assessments, first aid, clinical care,

supervision of medication, health education and promotion.

This year HPP nurses worked with 2.444 clients and delivered 36.451 visits. a 15 per cent increase on the previous year. Of those, 22 per cent needed help in managing chronic disease, 19 per cent had mental health issues, 30 per cent had social issues and 19 per cent had substance use issues.

At this year's 'Where the Heart Is ... Community Festival' at Fitzroy our HPP team's activities were once again



Client Graham with John Curits and Bill Brennan from the Homeless Persons Program

a highlight, attracting more than 500 guests who enjoyed delicious meals including pancakes, while hairdressers and beauty therapists delivered more than 150 haircuts and manicures.

A full program of entertainment kept everyone amused for the day and a vet offered free checks and pet food for homeless persons with companion animals.

The festival showcases and celebrates the skills and talents among people who are homeless and provides opportunities for them to connect with others, develop relationships and explore opportunities for participation.

Our customers originate from 168 countries and speak more than 133 languages.

appropriate services and care. Our customers originate from 168 countries and speak more than 133 languages. For many culturally and linguistically diverse communities, there are particular and specific barriers to accessing health services and support.

specific communities.

One way we are working to break down barriers and make services accessible for everyone has been through the design, development and delivery of a diversity training workshop for community aged care employees.

Funded by the Federal Government, this unique workshop is designed to give employees the skills to identify diversity characteristics in customers that may affect their ability to access appropriate healthcare. It also promotes working together with customers to seek solutions.

### **Diversity matters**

In an environment of consumer choice, we are finding new ways to ensure our workforce aligns with the needs of our customers for culturally

Our diversity team provides targeted resources to meet the needs of these Workshops have been delivered across Australia involving more than 150 participants. In the sessions, care workers are encouraged to develop an awareness of their own perceptions and assumptions and how these can influence their actions. The training also provides opportunities to practice inclusive language.

### Health information more accessible with talking books

Our diversity team is continuing its vital community education work with the release of a new 'talking book' which provides essential information on home medicine management in a format accessible for people with sensory impairment.

The new resource, 'Information on medicines in English', is a multi-media tool that can be viewed on a computer or tablet and covers areas such as types of medicine, pricing and generic brands and managing medicines at home

It features 20 simple information sheets in non-technical language, with options to read or listen to the information to make it broadly accessible.

The book is the sixth in a series. Information on Diabetes in Italian, Greek Vietnamese and Macedonian and Information on Dementia in Vietnamese have previously been released.

Users have the choice of reading the information on screen or listening to it. Listening to the information will especially benefit older customers who have difficulty reading or have a visual impairment.

The information sheets can also be printed out for easy use and future reference.

We are committed to assisting all people to better manage their medicines to improve their health. The talking book is used by our nurses with their clients and families, but is also available online for anyone to use.

The project was funded by the Ivor Ronald Evans Foundation, managed by Equity Trustees.

Its development also involved community members from the Willum Warrain Aboriginal Association, the Spanish-speaking Planned Activity Group (run in partnership with the Southern Migrant and Refugee Centre and the Narre Warren North Baptist Church) and the Peninsula Advisory Committee for Elders who participated in the testing of the information.

We are committed to assisting all people to better manage their medicines to improve their health.



The team at Treetops Residential Community at New Farm, Queensland celebrated Harmony Day with residents

### Diversity and harmony come together at Treetops

Our Treetops Residential Community located in New Farm, Queensland, is a shining example of employees and residents from different cultural backgrounds working to promote and share aspects of culture, from costumes to gnocchi-making.

At last count there were 23 nationalities represented in the team of over 100 and a diverse cohort of residents, including a strong Italian community. Each year on Harmony Day, employees come to work in their traditional dress, not only to the delight of their other team members but for the residents too. They have the opportunity to learn more about other cultures and sample foods from around the world.

representation from the area's thriving Italian community.

### Twist of fate launched nursing career

When American-born Johnny Fu left high school he had firm plans to become a jet engineer or a fire fighter in the United States Air Force.

"What I didn't know was that I am colour blind. That ruled out a lot of roles in the United States military but a career in health wasn't one of them."

Choosing the path of a military medic was something Johnny says he never expected.

"I was only 18 when I joined the Air Force and had never considered nursing as an option - not even for a second!"

Working in military hospitals, Johnny trained 'on the job', learning while studying and experiencing firsthand the many facets of the military medic role including emergency medical care, surgery and dispensing pharmaceuticals.

In the mid-2000s, Johnny joined United States and Allied Forces in Afghanistan, where he spent six months working in hospitals and clinics in Kandahar and also on Bagram Air Base - the largest United States military base in Afghanistan.

"Being in Afghanistan was very challenging. As part of the medical

team we treated many soldiers who had suffered terrible injuries. Beyond that, we worked extensively to deliver much-needed health care to the local people."

Understandably, the confronting experience of working in a war zone began to take its toll.

"I got to a point where I wanted to keep helping people, but I didn't want to see them suffer," explains Johnny.

After moving to Australia to be with his wife in 2012, joining our organisation was a conscious decision that reflected Johnny's desire to provide high quality healthcare at a more personal level.

"Working in hospitals, you don't get to know your patients. You don't have the luxury of talking to them, finding out their story and seeing them return to good health."

"In our organisation I do have that opportunity. I am privileged to visit clients in their own homes, where they feel comfortable and relaxed enough to open up and tell me a bit about themselves and their lives."



"Community nursing is so important because it helps people stay well, and stay out of hospital. That's what I love about this job – it's very rewarding from that perspective."

At the home of client, Angelene, it's easy to see how Johnny makes a difference in the lives of others.

Thirty-two year old Angelene, a qualified animal technician, was diagnosed with Crohn's disease in 2009 and also lives with a range of chronic conditions including sleep apnoea and heart failure. In early 2010 she contracted an autoimmune infection of the skin called pyoderma gangrenosum – a rare complication associated with Crohn's disease. As a result, she has two chronic leg wounds that require continuous treatment.

Johnny is among a small team of nurses who visit Angelene three times each week at her park side apartment in Melbourne's Caulfield - a light and welcoming home that she shares with her dad. The lounge room wall features photographs of dogs, cats and even pictures of Angelene with lions and tigers, which hint at her former role in a veterinary clinic.

Each visit, Johnny re-dresses Angelene's legs and helps her with ongoing wound management. All of Angelene's nurses access electronic progress notes to keep abreast of the status of her wounds including appearance, measurement and current treatments. "What's important for Angelene is the continuity of care," explains Johnny. "With regular visits from a consistent team we can pick up on any deterioration in Angelene's wounds and act on it very quickly. Without that continuity she would potentially have more difficulty keeping her wounds under control."

It's a sentiment Angelene wholeheartedly agrees with.

"I've had periods in the past without continuity of care and the situation with my legs has really gone downhill. My nurses are wonderful and help me stay out of hospital as well as saving me the hassle and cost of having to constantly travel to appointments."

Johnny and Angelene chat easily as he checks and dresses both wounds. Johnny and the other nurses who care for Angelene apply a best practice approach to wound management, reflecting our clinical leadership in this area. The RDNS Institute has undertaken significant research into effective wound management, rapidly translating findings into clinical practice for the benefit of clients such as Angelene.

With this treatment Angelene's leg wounds have improved significantly



Johnny is part of a team of nurses who work together to provide ongoing wound management for Angelene, in the comfort of her home

Johnny and Angelene have formed a strong rapport and enjoy discussing a wide range of topics during their visits

"Community nursing is so important because it helps people stay well, and stay out of hospital. That's what I love about this job." over time, reducing the number of dressing visits she needs each week and giving her greater freedom to do the things she enjoys.

The rapport between Angelene and Johnny is obvious – the pair discuss everything from the day's headlines to what's happening in the park over the road.

"I've learnt a lot from Angelene," says Johnny. "She loves a good chat, and being fairly new to Australia, she's taught me all sorts of things about Australian culture and history."

For Johnny, helping clients like Angelene embodies everything he loves about community nursing.

"It's rewarding to provide the care our clients need in the convenience of



their own homes. I love being out and about visiting clients in the community – it's such a personal approach, and so different from providing care in a hospital environment. I wouldn't swap it for anything."

### Community services

Our community services teams continue to grow and innovate as they prepare for the future.

#### **Realising our potential**

Our community services teams are well positioned to work within the new paradigm to offer customers the services they want to a quality standard that will support their wellbeing, independence and choice.

This is an exciting and busy time as we work to realise our combined potential to deliver even more home care. district nursing, case management and special programs (including for homeless persons, HIV outreach, cystic fibrosis and other fee for service programs).

Customers as individuals remain at the heart of our business, with our main

objective to provide a positive experience with care in the place of their choice, while supporting their needs such as maintaining connections with family and friends and being a part of the community.

A positive step towards being able to offer those opportunities across a wider geographic area came when RSL Care + RDNS received 101 Home Care Packages in the final Aged Care Approvals Round (ACAR) for Home Care, including packages in regional areas during the year.

As we move ahead to individual funding and package portability in 2017, our community services teams serve more than 100,000 customers at 26 physical sites in six states and deliver 1,380 Home Care Packages.



Nurse Colleen Brown with client Peter, who has chronic kidney disease. Home dialysis allows him more freedom

### **Home Dialysis Program**

Our work with Austin Health in Melbourne's home dialysis program has helped patients requiring haemodialysis improve their quality of life in a first-ofits-kind service for Victoria.

Working together, both organisations noted an ageing population coupled with an increase in type 2 diabetes cases would mean a projected 54 per cent increase in End-Stage Kidney Disease (EKSD) over the next 10 years.

Current treatment options for ESKD are haemodialysis, peritoneal dialysis at home or a kidney transplant. Haemodialysis is expensive for both the consumer and the health system, with home dialysis options potentially saving the industry hundreds of millions of dollars each year and offering significant client benefits.

The program was piloted using 10 patients and 35 employees who were trained to deliver Assisted Peritoneal Dialysis (APD) in the home, with the overall objective of providing options for clients who were forced into haemodialysis because of a lack of suitable assistance.

Typically, haemodialysis requires three five-hour hospital visits per week as well as travel time, and the process itself is physically demanding and exhausting for the patient.

APD is a gentler and lighter form of dialysis that more closely mimics kidney function and results in a better quality of life and reduced costs.

### Help for parents and baby too

Our Pregnancy Birth and Baby Helpline telehealth service, delivered on behalf of Healthdirect Australia, launched in December 2015.

The enhanced service uses our Maternal Health Care Nurses to provide a one-stop information shop for parents and families including advice on pregnancy and parenting, children's behavioural, growth and developmental issues and referrals to local health service providers.

Customer Service Centre Manager, Maureen Wilkinson, leads a team of qualified nurses providing this support.

"The program delivers a comprehensive and informed pregnancy and parenting advice and is run by highly qualified and experienced maternal and child health nurses." she said.

"With the use of emerging technologies we can improve national access to pregnancy and parenting information and provide quality information and advice over the phone or via video-conferencing."

The service provides equal access to information and advice regardless of geographic location and inclusive of population subgroups including

communities, women with disabilities and indigenous and teenage parents." By the service's second month it had experienced a 10 per cent growth in calls answered by nurses.

culturally and linguistically diverse

Customers as individuals remain at the heart of our business, with our main objective to provide a positive experience with care in the place of their choice.

# Vera's licensed to drive

Every wall and table on Vera's carefully maintained unit in the Melbourne suburb of Burnside is filled with family photos, revealing a full and happy life, but this wasn't always the case.

Vera, who is 92 years of age, speaks with genuine fondness about growing up in Crimea - a picturesque peninsula surrounded by the Black Sea in the Ukraine. At 16, her childhood came to an abrupt end when she was captured and taken to a Polish prisoner of war camp.

Amongst the sadness and deprivation, Vera found love when she met a dashing Polish officer in the Marines. They married and had a son, Henry. Sadly Vera's first husband died when their son was just five. Along with thousands of displaced Baltic nationals, she made the choice to immigrate to Australia at the end of the war to create a safe and promising future on the other side of the world.

Her first few years in Australia were spent at the Bonegilla Migrant Centre near Wodonga, Victoria.

"This was very tough," she says. "I didn't speak any English and I had no money to support me and my son. I had to find work. Sometimes I would be gone all day working and he was such a good boy, never complaining that he was hungry or lonely."

Meeting another Polish immigrant, Vera was married for the second time to Henry and moved to Sunshine in Melbourne's north-west. She has lived in the area ever since. Vera and her new husband had a daughter - Diana.

Between Henry and Diana, Vera has three grandchildren and four greatgrandchildren - all of whom live in Melbourne. She also remains in contact with her brother's family who remained in Crimea. which she visited 30 years after the war to be reunited with her extended family.

Today Vera lives independently with the help of a personalised Home Care Package administered by our

organisation. In addition to helping with Home Care Package support services such as cleaning and basic home maintenance, our team together with Vera's daughter Diana, have helped her purchase a head-turning bright red scooter with an all-weather enclosed capsule that has given Vera increased mobility and independence. She can now visit the nearby shops and cafes whenever she wants.



Vera and Case Manager Megan Baker, who helped arrange her scooter



"I am so, so happy with my scooter," smiles Vera. "I never had a driver's licence but now with my scooter I can drive everywhere! Everyone stops me in the street to admire the scooter. I call it my 'limousine'!"

Almost every day Vera is out and about catching up with her friends at

the Polish Club or participating in council run activities and outings. At the St Albans Polish Seniors Club, she is part of a strong migrant community.

"We are all friends from Russia, Poland, Italy, England and Germany. We sit and talk, enjoy meals together and play cards. I am the oldest!"



Next on her wish list is an iPad with internet connectivity to be able to see, and talk with, her relatives in Crimea.

# Active and healthy retirement living

From innovative built design to partnerships that help residents live the retirement lifestyle they want within a supportive environment, our retirement communities are leading the way in encouraging health, wellness and independence.

### Reaching out to droughtaffected communities

When residents at our Fairview, Pinjarra Hills retirement village in Brisbane's west heard about the difficulties being faced by Queensland's drought-affected communities, they knew they needed to take action. Dordee, who has lived at Fairview since it opened in 1998, came up with the idea of packing shoeboxes with small gifts for mothers and families. Many residents at the Pinjarra Hills site come from rural properties and identified with those on the land doing it tough.

"Just because it's rained recently doesn't mean people's challenges have gone away – it may be several years before people can purchase livestock for restocking and generate an income again," Dordee said.

"So I spoke about it at dinner and put some shoeboxes out, and the next day they started to arrive filled with gifts."



Fairview, Pinjarra Hills resident Dordee reads some of the thank you letters from drought-affected communities

The community completed 28 gift boxes for drought-affected families and packed them off to Dordee's son in Miles, who in turn drove them the nine hours to Longreach for distribution by local aid organisations.

It wasn't long before the thank you letters started arriving.

"We live on 50,000 acres between Ilfracombe and Aramac," wrote one resident.

"Like many others in western Queensland we have just come out of four years without rain. We are completely destocked, selling the last of our cattle and sheep in April 2015. God bless you at Fairview, Pinjarra Hills.

"We find such generosity and thoughtfulness quite overwhelming," said a Longreach recipient.

The residents hope to keep contact with the families, many of whom sent photographs, by sending Christmas cards.

### Put your feet up, or your joggers on

Our Fairways, Bundaberg Retirement Village Manager, Jude Riley, and 88 year old resident Mary teamed up this year to do Bundaberg's Cane to Coral Fun Run and raise money for charity.

The pair walked in the 8km section of the event, which allows participants to pass by the iconic cane fields of Bundaberg in Queensland and finish triumphantly at Neilson Park in Bargara overlooking the beautiful Coral Sea while making a difference to their nominated charity.



Fairways, Bundaberg resident Mary warming up for the Cane To Coral Fun Run

### Health and wellness starts with good design

Our merged organisation means we are able to provide an even broader spectrum of health and wellness, retirement accommodation and supported living services which has been a significant factor in attracting residents to our retirement communities in 2015-16.

Our award-winning work in designing communities to enhance participation, health and wellbeing has helped us lead the way in the development of co-located communities that encourage health and wellness and support independence.

Occupancy levels in our villages remain strong, with more than 2,200 residents living in our 1,800 retirement living units across Queensland and NSW.

Work commenced during the year on new builds including 15 new units at Moreton Shores, in the Brisbane bayside community of Thornlands in Queensland. Residents at Bongaree at Bribie Island celebrated the opening of their eagerly anticipated community hall, which continues to enhance lifestyles by providing a new base for activities and social events.

Challenges that have faced potential retirement village residents in regional areas hoping to downsize, include a soft real estate market impacted by the resources decline. We have worked to support customers making the move with a series of information sessions across regional areas and by piloting a free home valuation service for those looking to sell their home.

Our co-located sites remain a major drawcard for people seeking assurance of ongoing assistance if their needs change within the same supportive community.

To support our veterans, 185 retirement living units were made available for rent as accommodation assistance. These units represent about 10 per cent of total accommodation units and have a 96 per cent occupancy rate.

Our merged organisation means we are able to provide an even broader spectrum of health and wellness, retirement accommodation and supported living services.

# Village lifestyle keeps Lindsay active

For Lindsay, hitting his century hasn't curbed his independence or his curiosity in areas including tracing his family's history. In his home, at our Moreton Shores Retirement Community, he proudly displays a newspaper from the day of his birth alongside his letter from the Queen, photographs and family memorabilia.

The past 100 years have taken him on a circuitous route to Moreton Shores, located in the bayside suburb of Thornlands, south of Brisbane, in Queensland.

Born in Wycheproof, Victoria on 29 March 1916, Lindsay was one of seven brothers who grew up on a wheat farm. When the Second World War broke out he was working in the general store, and was shifted to the menswear department.

"I was like Mr Humphreys in the TV show 'Are You Being Served', I learned to measure a man's inside leg and measure them for suits," he says with a grin.

He joined up with the 7th Battalion of the Australian Army in 1941, accompanied by his younger brother, and they went into camp at Seymour, Victoria then boarded a troop train to Adelaide, South Australia. From there they travelled to Quorn, where he still remembers the delicious lunch provided by the Country Women's Association, before the train headed to Alice Springs, in the Northern Territory.

A day or two later the boys were loaded onto an army truck at 7.30am for the next leg of the journey, to Darwin.

"We sat on our sausage bags which held all of our clothes, placed on the floor of the truck.

"The highway between Alice Springs and Darwin was an unsealed dirt road at the time and not too smooth at that. It wasn't long before we were all covered in dust which was stirred up from the trucks in the front of the convoy.

"Exactly a week later, on 19 February, I was standing outside the headquarters and I saw three sets of nine planes heading towards Darwin. In those days before mobile phones we had runners, and you had a different one every day



so headquarters could get messages between the companies. On that day I was the runner."

"I clearly remember one of the messages I carried that day from headquarters to each company, probably the most important one, which was to issue each man with 10 rounds of ammunition.

"The day after the bombing raids on Darwin, the gate guards at our Noonamah camp stopped a man driving a truck south loaded with live chickens, and other goods. He was

asked 'Where are you going mate?' and he replied, "As far south as this bloody old thing will take me!"

"Later that same day, we hitch-hiked on an army vehicle and went to Darwin to see the damage for ourselves. The whole city was deserted, the devastation, amazing; it seemed all the houses were empty. We walked into one house and there was still food on the table and a glass of water with a man's dentures on the sideboard. It was as if everyone had immediately dropped what they were doing and run."

There were more than 200 raids across the top end over the next 18 months. Lindsay remained in Darwin for the duration of the war.

Lindsay returned to work at the general store in 1946 and was crossing the street one day when he met the lady who was to become the love of his life.

"As I crossed I met my boss' wife, and she had with her this very attractive young blonde lady. She introduced me and we started dating and within three months we were engaged."



Lindsay fondly recalls the day he met the love of his life, his wife Joyce (pictured)

He and Joyce married in 1948 and moved immediately to Adelaide. Joyce's home town.

"I arrived the week before the wedding and applied for a job as a grocer."

Within five years he was a store manager for a local grocery chain, and eventually he and Joyce bought two delicatessens.

They retired in 1980 and spent time travelling before following their two children to Queensland in 1993 and settling at Morningside, in Brisbane.

"We decided we were getting older and needed the family," Lindsay explains.

Later, they moved to Moreton Shores Retirement Community and settled into a new, light-filled unit with a balcony for the plants and easy access to the community hall and gardens. Joyce passed away in 2015, but Lindsay continues to live independently in the village with help almost refused. "I said to my daughter 'I can't go to Townsville' and she said 'Why not?' So she arranged everything and we went."



Lindsay recently celebrated his 100th birthday with family and friends

from his daughter Jennifer, who does the shopping and cooking for him once a week. He also receives inhome visits four times a week to provide him with support in the activities of daily living.

"Dad is so active, he is always doing something and I think that's what keeps him going. He and my mother moved into Moreton Shores a few years ago and I think living here added years to her life," Jennifer says.

One of his proudest moments was when he was invited to lead the Victory in the Pacific Parade in Townsville in 2015 - an invitation he

He is now looking forward to his next trip which is to Cairns in North Queensland to celebrate his son's 60th birthday in November.

They moved to Moreton Shores Retirement Community and settled into a new, light-filled unit with a balcony for their plants and easy access to the community hall and gardens.

# Innovating in residential aged care

Our residential aged care sites have maintained their exceptional quality compliance record this year with 100 per cent compliance, and have worked to continue to improve resident wellness through a range of clinical care initiatives and community events.

Across the board, we continued to work to provide optimum health and lifestyle outcomes for all residents enhanced by the roll-out of electronic clinical care management paving the way for improved support, better communication and more time for responsive, individualised care.

### Helping residents stay active, healthy and engaged

Enabling our residents to live active and healthy lives is a focus in our 24 residential aged care communities.

Our diversional therapists and care employees work hard to help residents stay socially, mentally and physically engaged by maintaining their lifelong interests and developing new ones. Our facilities are incredibly diverse communities, and the projects and activities residents undertake are just as varied – from nurturing vegetable gardens to making jams and preserves, competing in inter-site sporting events and caring for animals.



Pet therapy with former dog breeder and Fairview community resident, Patricia and a visiting RSPCA representative

### New technology to deliver improved clinical care management

The implementation of the new AutumnCare electronic clinical care system has been a major development for our residential aged care facilities this year, with local employees serving as champions of the change.

The team at Fernhill, Caboolture in Queensland was the first to use the system from December 2015 and have tested and trialled AutumnCare in 'real world' conditions.

Implementation of the new system will help us deliver a consistent and improved clinical, medication service and data management system.

It means more time with our customers while providing employees with faster and easier access to more accurate information.

The roll out of AutumnCare is on target for the 24 residential aged care sites by the end of 2016.

Implementation of the mobile communications system Vocera is also progressing. This allows employees to communicate handsfree across the site which means employees can maintain real-time communication while continuing to support residents leading to faster response times and a more connected community.

Enabling our residents to live active and healthy lives is a focus in our 24 residential aged care communities.

### Keith's kicking back on the coast

Keith has never shied away from change, which is good given that he moved last year from rural Tasmania, where at times he found himself waist deep in snow, to our Galleon Gardens Retirement Community at Currumbin, on the sunny Gold Coast.

It's a move that has taken Keith, 82, full circle - he grew up at Cronulla Beach in New South Wales, a selfproclaimed 'beach bum'.

Two chance encounters at the beach changed his life.

The first was with a shark. "I used to spearfish but I had an encounter with a bronze whaler and sold my gear -I'm a coward by nature," he says. "I haven't been back in the water since I saw Jaws."

The second happened as he was walking out of the surf club one sunny day in the 1950s.

"I came out and saw a girl sitting on the beach wearing a white floppy tennis hat, zinc on her nose, eating an apple and reading a book," he says with a twinkle. "I said to myself 'Who comes to the beach to read a book?' I managed to kick some sand on her and apologise and introduce myself."

The resulting courtship proved frustrating for railway passengers

thanks to Keith's job with the NSW Railways.

"I worked the railways and on a Saturday I'd stop the train at Gymea, in southern Sydney. I would walk up the eight carriages and find where Beryl was sitting, and ask her if we were going to the dance or the pictures that night. Once she'd told me I'd wave my green flag and eight carriages of anxious passengers would set off again."

By the time they married on 20 September 1958 Keith had already served seven years in the Army in Malaysia, then known as Malaya, finishing as a Regimental Sergeant Major, and returned to join the New South Wales Police Force in what were treacherous times. He started his career at Darlinghurst and worked at stations around inner and western Sydney. He was the New South Wales Coroner's Sergeant at Westmead for 10 years and later served in head



Keith is involved in many village activities and enjoys the strong community atmosphere at Galleon Gardens



office in roles including community liaison.

Meanwhile, Keith and Beryl were raising four children - all born in March. His son later joined the police force and married a fellow officer.

It was Keith's belief that you should always have a back-up plan that led him to pack up after his retirement in his 50's and head to Tasmania to buy a farm. Learning as he went, he built the working property near Sheffield from 100 acres to 770, running sheep and beef cattle. He sold wool to Japan, China, Russia and Italy.

When he lost Beryl and spent time in hospital last year, the doctor told Keith he needed more clinical support, and he started investigating aged care options.

It was something he had sworn he'd never do. "When I was a very young constable I used to go around the Sydney nursing homes inspecting their drug books and I vowed I would never live in a nursing home."

Fortunately, he was pleasantly surprised when he found Galleon Gardens.

"I love it here. I really do," he says. "I read three library books a week, I feed the birds and the goldfish and I have three gardens I look after." He enjoys trivia both with the Galleon Gardens community and at the local pub, spends time with his family regularly and still throws a line in the water at nearby Currumbin Creek.

### Our links with China

The China senior living industry continues to evolve. and we continue to make inroads in developing and emerging business and growth opportunities.

The strength of our merged organisation enhances our capability to offer a comprehensive range of support which includes training and education and home and community care provision as well as different cooperation models in residential senior care ventures.

A highlight in 2015-16 was the visit of Australian Consul-General, Graeme Meehan, to our joint venture with

Zhongshan College in Nanjing in December. The project is set to support the design and operation of a 1,500-place development including 400 rehabilitation and 400 aged care beds. Services to be delivered include education, research, human services. aged care and rehabilitation.

The Zhongshan Yiyang Elderly Home in Nanjing and our Hong Kong home care service continue to explore new terrains to meet local customers' expectations and expand our presence. RDNS China remains part of the advisory support in the Phase Two development of the Nanjing residential community as the project advances.



Wallace Tam (Beacon Group), Judy Wong (RDNS Hong Kong and China), Paul Montgomery (former RDNS Chairman), June Leung (founder and Chairperson), Pat McIntosh (RSL Care + RDNS Chairma

We also played an active role in Australia Week in China 2016, the largest business mission ever organised by Austrade with almost 1,000 delegates from 750 Australian companies coming together in Shanghai in April. Two partnership agreements were signed between RDNS China and our business partners Xintu Shanghai and Beacon College Hong Kong during

The first agreement builds on the natural expansion of our Registered Training Organisation's training and education programs working Hong Kong's largest colleges with over 700,000 students.

The second signing ceremony sealed a three-way agreement between RDNS, Xintu Centre for Community Health and Zin-xin Medical, a large private hospital group, to establish and support a range of in-home services in Qingdao, a coastal city with a population of more than nine

# Smart way of working in New Zealand

Our New Zealand team has spent the 2015-2016 year working hard to strengthen its operating platform.

Over the year our organisation provided care and support to more than 2.400 clients each week throughout New Zealand and delivered over 475,000 visits by a team of more than 400 employees. Clinical care and co-ordination was provided by our registered nurses, enrolled nurses and occupational therapists.

Our increasingly diverse customer base means this year we cared for customers originating from 168 countries who speak 117 different languages. They ranged in age from children to over 100, with more than 60 per cent being over 70 years.

Once again, technology has played a significant role in our service improvements.

The roll out of 300 mobile phones to care workers has allowed our offices to adopt a paperless reporting system, supported by a training program to help carers master the new technology.

The new system provides real-time updates and has enhanced communication lines in particular supporting scheduling, providing employees with up-to-date information at their fingertips. There



Our New Zealand team continues to build on its partnerships with District Health Boards. the Accident Compensation Corporation and the Ministry of Health as New Zealand shifts towards an integrated health system with a focus on restorative care.

The New Zealand community care market is expected to grow by 2.4 per cent per annum over the next decade, with a projected value of \$900 million by 2026.

Our service offering provides homebased healthcare solutions for people living at home across the Southland, Otago and Greater Auckland Districts and has offices in Invercargill, Dunedin and Auckland.

have also been considerable flow-on effects for internal processes, creating new efficiencies.

From the 38 degree heat of China to ice and snow in Dunedin. our teams are delivering solutions in New Zealand and south east Asia.

Laughter is still the best medicine for Jenny

A lifetime of hard work has left Invercargill client Jenny with severe rheumatoid arthritis. Jenny has been confined to a wheelchair for the past five years and deals with crippling pain but has not let this dull her spirits. Instead she is known for her wide grin, wicked sense of humour and for enjoying a giggle with her Carers, who visit her in her unit several times a day to assist with personal care.

Jenny, 68, grew up in Riverton 30 kilometres west of Invercargill, New Zealand and left school at 15 to work as a nurse's aide in the local hospital.

"I couldn't wait to get away," she says.

She married at 17 and moved to Invercargill where she worked in a fish and chip shop, a jewellery shop and a laundry. By the time she took work as a nanny she was on her own with her infant son, born when she was 18.

"That was the best time. That was fun," she says of working with the children.

"In those days we had to work, otherwise you didn't have a chance, but if you were willing to work it wasn't hard - I never had any trouble getting a job."

At one point she took on the backbreaking role of roustabout at a shearing shed.

"It's a hot, dirty job," she remembers.

Fortunately the cook didn't like his job and left, and she was asked to fill the gap and the stomachs of 15 hungry shearers.

"It's not just mince and spuds - it's a roast, and they'd eat it down to the bone."

It was while she was working as a nanny again that she met her second husband, Burt.

"He was on the railways and needed somebody to look after his children - the youngest was three years older

than my son. Five years later we were married.

"Burt had different jobs - he was on the signal box, he was a guard and he was even (like his surname) a porter. That was when things were delivered by train.

"We were married for 40 years - it was a honeymoon."

Jenny still has a van parked in her garage, but jokes that it's "just for show". These days her arthritis makes it difficult to perform basic tasks, but



Jenny continues to live independently in her home, enjoying her favourite pastimes, with support from our care team



her electric wheelchair is a big hit with her great-grandson, who calls her "Nanna Beep Beep" and who she admits is "the apple of my eye".

"We took him out last weekend and he sat on my lap and pulled my hand off the wheel and had us going around in circles - I couldn't stop laughing!" she says.

These days, she enjoys completing complex jigsaw puzzles - particularly images of ships and places around the world - and is part of a local singing group that meets every Monday night and performs at community events.

smiles.

"Nothing much puts me out," she

Jenny's son, Richie, visits her every night after he finishes work and her grandchildren visit regularly. A Carer visits every night "to tuck me into bed" and is there up to five times a day with medication, nutrition, personal hygiene and safety - helping this feisty greatgrandmother remain as independent and pain-free as possible.

### New opportunities to research and promote healthy ageing

The work of our researchers at the RDNS Institute informs services across our organisation to enhance community wellbeing and positive health outcomes.

Headed by Professor Colette Browning, the RDNS Institute has continued to work in line with its purpose: Enhancing the wellbeing of the community by creating and translating evidence into improved health practices, policies and outcomes.

The merger has expanded the Institute's arena beyond community nursing and community care to include residential aged care and retirement living. This has resulted in more opportunities to develop services and interventions to promote healthy ageing in line with the organisation's wellness focus. It has also provided opportunities to incorporate consumer expectations and aspirations into service design, creating an even stronger need for translational research in health ageing and chronic disease management.



The RDNS Library supports clinical practice, professional development and research by providing a fully integrated, high quality information service available to all employees

The Institute's primary objective is to conduct high quality translational clinical, health services and aged care research in order to inform credible innovation and improve quality in service delivery in the business, influence practice and policy in the health and aged care sectors and identify future services opportunities for our organisation.

A focus this year is the mental health of veterans, who make up a large proportion of RSL Care + RDNS customers. To that end, the Institute has formed a strategic partnership with Phoenix Australia, the Centre for Post-traumatic Mental Health at the University of Melbourne to further its research objectives in this area and contributed to global deliberations at the 2016 Australasian Services Care Network's Tri-Nations Symposium on Veteran Health and Wellbeing. RSL Care + RDNS continues to provide the Secretariat service for the peak body whose purpose is to raise awareness around the health and ageing issues facing the services and ex-services communities.

It has been a year of strong growth in terms of the quantity and quality of research outputs. The team achieved 52 refereed journal article publications in 2015, representing a 206 per cent increase in publications output.

These achievements have been facilitated by strategic research partnerships with leading national research organisations including Monash University, the Australian Research Council Centre of Population Ageing Research, the Australian National University, the University of Melbourne, the University of Newcastle, the University of Sydney, RMIT and top 50 global universities including Peking University and University College London.

The RDNS Institute is also a founding member of the International Longevity Centre (ILC) Australia, part of the ILC Global Alliance.

The RDNS Institute has a key role in supporting the next generation of researchers through PhD supervision and support for employees engaged in postgraduate education.

### Visiting Pharmacist program leads to better outcomes

One example of a recent research project that has the potential to influence how we deliver services is the Visiting Pharmacist for Older People in the Home project, led by our research fellow Dr Cikie Lee.

The project involves a partnership between our nurses, pharmacists, GPs and our clients to enhance medication safety. It has successfully identified medication-related problems for clients, leading to new pharmacist recommendations to the GP, the majority of which have been accepted.

"I think it was a beneficial program for that patient, definitely better outcomes," a participating GP said. "I would say it was a positive outcome in all directions."

"I'm taking less medication and I seem to be managing a lot better within myself," a client said. "I'm doing things and I feel better for it – you know, like gardening and bowls. Sometimes I didn't feel like doing it because the medication was just too much."

# Certainty with a smiling face

If there's one thing Ethel likes, it's certainty. While her beloved Carlton Football Club hasn't given her much of that this year, she knows she can rely on her telehealth nurse, whose smiling face pops up on the screen in her kitchen, six days a week.

Marion Jarvis, Registered Nurse, is our telehealth coordinator for Melbourne's north. At 9.45am every day, except Tuesdays, she uses video conferencing technology to dial into Ethel's cosy Coburg kitchen from her office.

During her 15 minute virtual visit, via a secure internet connection, Marion observes as Ethel takes her blood thinning and cholesterol management medications. She watches her client check her own blood glucose levels. Finally, she supervises the drawing up and administration of the insulin Ethel injects into her body twice a day to manage the Type 2 Diabetes she has been living with for more than 30 years.

For 72-year-old Ethel, Marion's presence each morning gives her peace of mind. "I used to be nervous doing the finger pin prick test and the insulin injection on my own, but for her to be watching me do it all makes me happy," Ethel explains. Not that Ethel is alone in her home of 58 years. Sadly Ethel's husband Max passed away three years ago but it's a wiry little Jack Russell Maltese Terrier mix named Romeo who is her constant companion now.

"He's eight years old and I've had him for a year," says Ethel. "My son went and got him for me. He's a little rescue dog from the Lort Smith Animal Shelter."

As if to acknowledge his presence, Romeo gives a sharp bark. "He's a good guard dog, I always know if anyone's at the door," laughs Ethel. "He keeps me happy, he knows if there's someone around."

Romeo is kept pretty busy as there are always plenty of comings and goings at Ethel's place. She has three granddaughters and a one year old great-grandson on whom she dotes. "He's a darling little boy. They are all perfect, I just couldn't do without them," Ethel admits.



When the outgoing great-

grandmother isn't entertaining family at home, she's off to the football with her sister - a "one-eyed Carlton fan" to watch her beloved Blues play. "I have been a Carlton supporter since I was a little girl living in Brunswick,"

Ethel enthuses. "My dad was Carlton too."

Lucky for Ethel, when she met and fell in love with the foreman at Mitchell's broom factory, in Victoria Street, Brunswick, he was a Blues fan too. "It was my second job after packing chocolates at Rowntree's in Broadmeadows. I was making brooms and mops and I met Maxwell. I always called him Max. I married the boss!" laughs Ethel. Chatting away happily about her life it's hard to imagine the pain and discomfort Ethel has previously endured with her history of cardiac failure, chronic back pain and diabetes.

Luckily, with the face-to-face contact she and Marion have through the week, her health care professional knows everything about Ethel and can immediately spot any issues of concern.

"I can see her, I know her, and I can see if she's having a down day. If there's something bothering her, I can talk to her about it. It's still one-to-one

Our telehealth nurses listen to clients and provide health care, support and other services that help keep them living in their own home and living positive, well lives.



Ethel is well supported in achieving her wellness goals including daily consultations with Marion, one of our telehealth nurses

personal contact, just like a home visit," Marion explains.

Marion and Ethel met in May this year and the daily consultation means they are already firm friends. "I came out and set up the tablet in Ethel's home and I see her almost every day so there's great continuity of care," says Marion.

Our telehealth nurses listen to clients and provide health care, support and other services that help keep them living in their own home and living positive, well lives.

Marion's care is backed up with an in-person visit from a nurse each Tuesday, to set up Ethel's medication for the week and dress any wounds. Then Ethel's off on the council bus to the exercise bikes at the gym or out to get some fresh air with Romeo. "I want to keep fit and well," the sprightly septuagenarian confides.

There are plenty of people supporting Ethel's wellness goals. Along with Marion and her regular nurse, Ethel sees her GP, a diabetes specialist, and has blood tests regularly to ensure her heart condition is monitored and she's medicated appropriately, giving her the confidence to get on with her very full life.

"It feels beautiful, I'm happy-go-lucky, and Marion's happy," smiles Ethel.

Medications taken and tests done, Marion is indeed happy that Ethel is set for the day ahead. Her smiling face exits the screen with a cheery farewell "See you in the morning Ethel, have a lovely day!"

## Regaining confidence one step at a time

An early morning walk in February 2012 changed Geoff's life but thanks to a combination of his determination, the generosity of others and the support of our Fairview community he is moving ahead one step at a time.

Geoff, who had always been physically fit and active, was returning from a walk at Mount Coot-tha in Brisbane when he fell and landed on his back while scaling a fence. As a result he was paralysed from the chest down and spent almost 10 months in the Princess Alexandra Hospital's spinal injuries unit.

"The accident changed everything; I lost all my mobility and independence," he says.

"Before my accident I was very physically fit and active, I even walked the Kokoda track and was able to spend time in Papua New Guinea where my father served in the war.

"I have had to re-learn how to walk by training my legs and forcing them to move. The action of walking is no longer instinctive to me and every step is a struggle."

Determined to make a recovery, Geoff began fundraising through the Kenmore Moggill RSL for an assisted walking device.

With generous support from the local RSL branch. the machine was purchased and donated to our Fairview Day Therapy Centre, located at Piniarra Hills in Brisbane's western suburbs, where Geoff can use it under the direction of Ron Jansen. physiotherapist.

The first of its kind at a Queensland aged care site, it works by supporting the user to walk and allowing the Physiotherapist to increase resistance by adjusting weights. Already it is

proving a valuable resource not only for Geoff but for other Fairview residents who are able to use the machine to improve their strength, mobility and quality of life.

"It had been so frustrating as I have a young grandchild who has learnt to walk in the space of a year; it has taken me four years to be able to walk upright with this machine.

"The machine has been a life saver for me. I have seen dramatic



Physiotherapist Ron Jansen and Pinjarra Hills client Geoff with the life changing assisted walking machine



improvements and I am now able to walk up to 100 metres at a time. I need to keep up with my appointments though, if I miss a week I have to work twice as hard the next week."

Ron and Geoff have physiotherapy sessions twice a week and are constantly setting milestone goals for Geoff's mobility and fitness.

It was Geoff's goal to stand on Christmas Day for the Queen's toast and, through hard work, and perseverance with Ron, Geoff was able to achieve this milestone.

"When Geoff first came to me for physiotherapy sessions it was too risky to let him walk unassisted. I feared he would fall and exacerbate his injury," Ron says.

"This has by no means been an easy process for him. There have been some very hard days and this has been a great struggle. It is just as important to keep his spirits up and have him motivated as it is to have him walking.

"I think he enjoys coming here as well for the mateship. He has someone to talk to and he can be himself here."

### Learning organisation

**Our Education and Learning** Centre helps keep our own teams and workers across the health and aged care sector informed and upskilled.

The Centre provides accredited courses through the Registered Training Centre as well as providing our own employees with clinical and leadership courses, many of which are endorsed by the Australian College of Nursina.

The programs are available to our community services and residential aged care team members providing access to ongoing clinical

development training to expand knowledge and skills in order to provide quality service standards across all areas of care.

### **ACN Endorsement**

Ten of our training programs have been assessed and endorsed against the Australian College of Nursing's rigorous Continuing Professional Development (CPD) Endorsed Course Standards.

### **New Courses**

Three new *Be Active* health and wellbeing courses were added to the suite of training offerings this year: Mastering Your Mind, Good Brain

Health and Healthy Habits for Life. The programs rated highly in terms of knowledge increase, facilitation, course content and overall training experience.

Our Direct Conversations/ leadership program has run twice with both programs filling guickly. The training has been highly popular with nurses as well as support services employees.

Our Encouraging Inclusive Practice program was piloted and will be rolled out to sites. Designed to align to the Consumer Directed Care model, the program aims to raise awareness of the language and behaviour that



Community services and residential care team members attend clinical training session facilitated by our Education and Learning Centre

encourage inclusive and supportive service provision and work environments.

#### **Diversity Program**

The Department of Social Services provided funding to design, deliver and evaluate diversity and inclusiveness training in the health care sector. Our ELC and RDNS Institute collaborated on this project with a total of 24 sessions held nationally.

### **Enrolled Nurse Student Clinical Placements**

An agreement has been made with Navitas to pilot Enrolled Nurse student clinical placements in 2017.

### **External Training**

Caring For You, a nursing agency with over 3,000 employees, has engaged the ELC to conduct clinical and accredited training for their employees. The organisation has a strong interest in continuing a training partnership. Training has been delivered in Victoria and Queensland.

### **Social Responsibility**

Fitted for Work (FFW) is a not-for-profit organisation whose mission is to help women experiencing disadvantage get work and keep it. The ELC hosted a job preparation workshop for clients of FFW where volunteers from ELC provided training in positive psychology, tips for interviews and resume writing.

Our Encouraging Inclusive Practice program was piloted and will be rolled out to sites. Designed to align to the Consumer Directed Care model, the program aims to raise awareness of the language and behaviour that encourage inclusive and supportive service provision and work environments.

# Ernest still has plenty of tales to tell

After 68 years of marriage, Ernest and Eileen know most of each other's jokes - but they still have plenty of laughs and enjoy their visits from Care Worker Lucy Chapman.

The couple downsized four years ago to a neat retirement village unit at Austral, south of Sydney, where they are surrounded by the accumulated treasures of their long life together.

At 95, Ernest is a self-taught poet, artist and organist and enjoys dabbling in computer graphics. He served in the Coastwatchers in Papua New Guinea during the Second World War and has a sharp recall of some close escapes as he reported on activity behind enemy lines.

Meeting challenges has been in his nature practically from birth. Ernest almost didn't make it to the war - as a baby, he had diphtheria that caused severe damage in his throat and was unable to speak until he was six. He overcame that obstacle and grew up in a house on the main street of Guildford, New South Wales, playing local cricket and training to become a plumber and drainer and a gasfitter.

Illness intervened again at 19, when he joined the Army and was on his way to serve in the Middle East.

"I got ill just out of Fremantle and was put to shore in Western Australia." he says.

"They were asking for volunteers for the Commandos and I volunteered. but finished up in the Coastwatchers instead."

About 400 Coastwatchers served in total - mostly Australian and New Zealand servicemen, Pacific Islanders and escaped prisoners of war - and they played a vital role in monitoring activity in the Pacific.

The organisation was nicknamed 'Ferdinand', taking its name from the popular children's book about the bull that sat under a tree and smelled the flowers. The nickname reminded Coastwatchers that their duty was not to fight and draw attention to themselves, but to sit unobtrusively and gather information.

"One time we counted 85 enemy planes flying to bomb Guadalcanal, in the Solomon Islands," Ernest says. "We reported them going down and we only saw one plane come back."







Daily HomeCare support allows Ernest and his wife Eileen to continue doing what they love

Sometimes they were noticed, and the consequences were severe.

"We were preparing to move into a village and set up when two of the natives who went up came running back saying enemy troops were there. That gave us away and the enemy started to throw mortar bombs. We were on the side of a mountain so if we'd stayed still they would have gone over the top of us, but we decided to evacuate in a hurry and I got a couple of bits of shrapnel in my left leg." After his first stint in Bougainville, Papua New Guinea Ernest remembers arriving home on leave.

"My mother met me at the door and said 'I don't know you'. I had gone from 14 stone back to 11 stone 10. The next thing I knew I was in Concord Hospital."

Six weeks later Ernest was back at Port Moresby, in Papua New Guinea, where he and his companions were told they would be flying to Nadzab, which had been occupied in 1943. They weren't told the plane wouldn't be landing.

"They presented us with some parachutes and we thought they were just in case of a crash. Then when we got there, they said 'hook up and jump'. Before we could protest any more, our equipment and then our bodies were in the air. We landed in the kunai grass and it cut our uniforms to pieces."

After his return from the war Ernest met Eileen at a dance at Auburn Town Hall.

"We used to go dancing three times a week," Eileen says. "Two of the dances were non-stop. There was a revolving stage and an old time orchestra would play, and then they would stop and the stage would swing around and a jazz band would start. If you wanted to you could be on the floor for four hours without stopping."

The pair raised five children in the Wentworth area.

"People often ask why we've been married so long, but we never had a minute to spare," Eileen says.

Ernest served as President of the Parramatta RSL Youth Club and started the club's soccer teams, but his wartime experiences began to affect his health and he retired in 1988. Trophies for darts, snooker and golf are proudly displayed in his living room.

However the war wasn't finished with Ernest and in 2006 he was affected by blood clots on his legs that led to chronic non-healing ulcers.



dressing.

Ernest has been recognised for his proud service to his country

Ernest received hyperbaric treatment for the ulcers, with our team assisting with dressing the wounds and treating them with iodine powder. These days his wounds are healed but he is confined to a wheelchair and Lucy his Care Worker visits five days a week to help him with showering and

"It's such a help," Eileen says. "I can just get breakfast and sit in the chair and relax while Lucy is here." She also enjoys keeping up with the grandchildren on Facebook.

Meanwhile having daily support has helped Ernest further hone his artistic skills – his most recent work includes a portrait of Lucy. He also enjoys writing poetry and a number of his poems about the effects of war have appeared in veterans' publications. Having daily support has helped Ernest further hone his artistic skills – his most recent work includes a portrait of his Care Worker.

### Four generations under one roof

The first thing you notice when you walk into 94-year-old Mary's flat is the row upon row of teddy bears.

"I love my dolls and my teddies," she comments. So too, does her twoyear-old grandson, Jacob who lives across the hall. He'll happily re-arrange them if given the chance.

Up in pride of place on a tall boy. away from toddler hands, is a beautiful antique doll Mary loved as a child. There's also a doll that she made herself. In the past she's made and given away many teddy bears, not to mention knitting hundreds of booties and beanies for charity.

Nestled in the row of teddies are three with special significance - they are Legacy teddies, wearing uniforms of the Australian Defence Force. Up on the wall are other clues to Mary's close connection with our nation's military history - photos of her father, Wally and husband, Clarrie looking dashing in their Australian Army uniforms.

Mary's father, Wally served in France in the First World War and her husband. Clarrie in the Middle East and Papua New Guinea in the Second World War. Fortunately, both survived their ordeals, although her father suffered terribly from the gassing he received. On returning to Tasmania's capital, Wally worked for another 20 years as a compositor at the local newspaper. This family tie forms an important part of Mary's daily ritual when she starts her day with a cup of tea, a couple of biscuits and a peruse of the local newspaper which is delivered to her door each morning.

Just out the window, across the river Derwent, looms Hobart's majestic Mount Wellington. It's a view Mary grew up with in West Hobart and now decades later it's keeping her company again, after a life lived in many different parts of the island state.

It was actually her father, Wally, who accidentally introduced her to the man she would marry. The day after World War II was declared, Wally took his nearly 18-year-old daughter out to Brighton on the edge of Hobart, home to the local army barracks. It was here she struck up a conversation with a young Clarrie from North West Tasmania. The next




day Clarrie turned up on her doorstep for a visit. The rest, as they say, is history. Shortly afterwards, Clarrie was posted to the Middle East. But not before Mary gave him a special keepsake – a small silver boomerang bearing his number and initials - TX 212 C. L. M. Fortunately

the boomerang was true to its nature the state. First it was Sheffield in the and Clarrie was returned to Mary when the war ended. She still wears the boomerang on her wrist to this day.

When Clarrie returned, he became a district forester, which saw the couple posted to different locations around

North, then Queenstown on Tasmania's remote West Coast. While some might have been put off by the isolation and famous barren landscape, Mary remembers the town as "a wonderful place to live". By this stage Mary had three children: Paul,



Mary still wears the silver boomerang, a wartime keepsake given to her husband, on her bracelet

Rosemary and Janine and became closely involved with the local child health committee. She was also a local leader with the Brownies and an active member of the local church. "It was such a warm community," Mary remembers.

She later lived in Devonport. Clarrie's home town, only moving back to Hobart when Clarrie died 20 years ago.

These days she still finds herself in the middle of a busy family home, with four generations living under the one roof. Her daughter, Janine lives upstairs, while her granddaughter lives in the other ground floor flat with her great-grandson, Jacob.

It's an arrangement that suits everyone, with Mary sharing the cooking with Janine several times a week.

With everyone tied to a busy schedule, Mary's happy home life has been made possible with some regular visits from our Carers. Three days a week Mary has help with showering and personal care and once a fortnight she also has help with domestic cleaning.

Leanne McDiamond is one of our Carer employees who work at different locations around Tasmania. She is among a small team of Carers who have been helping Mary continue her independent life for the last 15 years. The pair actually went to the same primary school, albeit decades apart. "You meet so many lovely people in this job," says Leanne.

"Leanne is just so bright and cheerful," Mary adds.

In the past. Mary has needed extra support from our nurses with wound care after an ongoing issue with some leg ulcers. These days she is fighting fit and regularly heads out to the local shops. She also has a regular Wednesday lunch date in the city with her sister, Barbara who at 84 is "just a spring chicken," Mary laughs. Their favourite catch up involves an antipasto platter at a local Italian café.

Mary is still a valued member of the War Widow's Guild. After 30 years, she's tried to retire but the committee won't let her.

She might need a walker these days but otherwise she's still unstoppable. With the help of Carers like Leanne, you can expect to see Mary on the streets of Hobart for some time to come.

With everyone tied to a busy schedule, Mary's happy home life has been made possible with some regular visits from our Carers.

### Top of their game Celebrating our award winners

Our excellent teams have won recognition across the health care spectrum this year, taking out major state, national and international awards.

In recognition of our Homeless Persons Program's (HPP) outstanding work Cath Flanagan, Community Nurse, from West Melbourne was named 2015 Community Oral Health Champion at the Dental Health Services Victoria Awards. The award not only recognised Cath's excellent work with young people marginalised by homelessness, but demonstrated the success of our partnership with Melbourne's Merri Community Health Service.

Also in 2015, our collaboration with Austin Health to deliver the home peritoneal dialysis program took silver for innovative models of care at the Victorian Public Healthcare Awards.

To cap off our success Catrin Dittmar. Registered Nurse, from our Bolton Point Residential Community at Lake Macquarie was named HESTA 2015 Nurse of the Year.

In 2016 we were delighted to see Tracy Foster, Clinical Manager, from our Darlington Residential Community in Banora Point win the award for clinical leadership and innovative practice at the Aged & Community

Services Australia (ACSA) Queensland Aged Care Awards.

Vanessa Nugent, Retirement Village Manager, from our Westhaven Retirement Community in Toowoomba was also named a finalist in the Retirement Living Manager of the Year Awards.

Internationally, our organisation took out the Globals Award for the world's Most Outstanding Healthcare Education Provider. The awards, presented in London, showcase the best company and individual performances in the over-50s housing sector. We placed second in the Asia Pacific Eldercare Innovation Awards at the AgeingAsia Innovation Forum in Singapore.

> HESTA 2015 Nurse of the Year Lake Macquarie NSW



Registered Nurse Catrin Dittmar from Bolton Point Lake Macquarie celebrating her HESTA 2015 Nurse of the Year award



ity oral health champion Cat Flanagan with Dental Health Services Victoria Chief Executive Dr Deborah Cole

**Dental Health** Services Victoria 2015 **Community Dental** Health Champion



Banora Point awarded 2016 ACSA Organisational Employee of the Year, credits **Community Services** er success to her tean

QLD Aged &

Australia Awards 2016 **Employee of the Year** 



The Globals 2015, London Most Outstanding Healthcare Education Provider in the World in 2015

### Victorian Public Health Awards 2015 Innovative Models of Care, Silver



A number of our employees were also named as finalists in major Australian and international awards programs throughout the year

QLD Aged & Community Services Australia Awards 2016 Volunteer of the Year

# One hundred years young

Down a quiet, leafy street in Melbourne's Ascot Vale, Lance greets us at the door of his house with a broad smile. He is mid-way through sharing a laugh with nurse Ashleigh, who has been visiting him regularly for the past 12 months.

Lance is not what you might expect from a man who has recently marked the century milestone. Still living in the home he once shared with his wife of 54 years, Florence, Lance relishes his independence - and he doesn't see that changing anytime soon.

"I intend to stay in this house till the end," he says. "I've lived here for 79 years. My parents rented it before me and my wife and I took over when they passed on."

It's a home filled with as many memories as Lance has stories to recount. Each tale is told with his signature, cheeky and self-deprecating sense of humour - an unmistakable trait that surfaces as soon as he begins to recall his early childhood. Describing one occasion travelling to school on the family horse, he remembers, "one particular day my older sister bumped me up on the horse and I fell over the other side and landed on my head. I never recovered!" he concludes with a wry grin.

Not true of course. Lance was a talented student, able to skip the sixth grade and expected by everyone who knew him to forge a promising and successful career. Until history intervened.

The Wall Street stock market crash of 1929 left his father and two brothers without work and saw Lance forced to leave school in order to find any odd job that would help make ends meet.

"There was no dole in those days," Lance explains. "What we actually got was a thing called sustenance. My father and I went to the local council every Saturday morning to receive a loaf of bread and half a pound of butter and sometimes a cabbage". These rations were supposed to last the family for the week.

Growing up through the dark days of the Great Depression, Lance can still recall when nearly every house in certain streets bore a 'for sale' sign and families were forced to share homes just to have a roof over their heads.



Sitting in his living room today it is hard to imagine the turmoil of his past. A string overflowing with birthday cards hangs from his ceiling, hinting at the love he has surrounding him and a love of his own - for sport. that is.

An avid sportsman. Lance has tried his hand at football, cricket and social tennis - until the age of 85 when he decided to slow down and play a little golf. With Ashleigh's prompting he reveals that the end of his golfing career was not so long ago, at the ripe old age of 95!

Perhaps this is unsurprising from a man who still does all his own cooking and cleaning, with the occasional help of his friend, Pat, who works at a local supermarket and kindly offered Lance his own personal delivery service.



Lance receives ongoing, in-home prevention care from nurses including Ashleigh which enables him to remain in his family home

Still living in the home he once shared with his wife of 54 years, Florence, Lance relishes his independence - and he doesn't see that changing anytime soon.

"He's a jewel," Lance says. "He brings the groceries into the house for me and happily does an odd job or two to help out." A cleaning service also pops in once a fortnight "to do the vacuuming", Lance explains.

Despite general good health, there are challenges for this spry centenarian. In particular, as his legs have weakened with age, Lance has found himself in a few precarious positions. It was one such experience that led him to seek the assistance of RSL Care + RDNS.

"Four years ago I as was walking around to the local shop I turned a corner and the next thing I knew I was lying face down on the footpath," he recalls.

After his fall. Lance found himself blindsided and unable to get up. Luckily, two nurses happened to be driving past, noticed his predicament, and helped him back to his home.

Despite their efforts. Lance's accident had caused him to sustain a leg wound. This injury ultimately lead to a venous leg ulcer - a chronic condition which is often very difficult to heal.

In Lance's case he has already had the condition reoccur, and has just recovered from his second bout of leg ulcers. This time, the wound took more than 18 months to heal. During this period, nurse Ashleigh visited his home regularly to administer best practice leg ulcer treatment.

nurse.

"She does a wonderful job," says Lance, whose beloved wife was also a As a chronic condition, a preventative treatment plan is essential to minimise lea ulcer wound recurrence. Our nurses have particular expertise in applying compression bandaging and associated strategies to effectively prevent the reoccurrence of leg ulcers, thanks in part to pioneering research in this area undertaken by the RDNS Institute.

"Lance is now receiving twice-daily preventative treatment to minimise the risk of his leg wounds recurring," explains Ashleigh. "We visit morning and night to apply compression stockings and to ensure the integrity of the skin on his legs."

Such ongoing, in-home preventative care delivers much more than healthy legs. More than anything, it allows this cheeky centenarian to stay living independently in the family home he treasures.

## Generosity of spirit

It is wonderful to know that we can rely on the generosity of so many amazing people to help us give the care that is needed in the community.

Through the act of giving we have raised over \$3.5 million predominantly from public donations, philanthropic partners and bequests. With these strategic investments and thousands of bighearted gifts from our loyal donors, we have enabled more people to live independently and continued to provide services to those who need them.

This year thousands of customers, irrespective of age, ethnicity, religion or financial situation, have relied on our services to remain comfortable. connected and confident in their own home. Their health and wellbeing is dependent on the care we provide and thanks to our supporters, who share our commitment to helping people to remain at home, we can continue to improve and offer our services to more people each year.

Over the past 12 months, many people have chosen to leave us a long-lasting legacy as part of their estate, knowing that their donation will benefit future generations.

Bequests are a major source of financial support and are an effective way of helping to secure our future. Thanks to these gifts, we can plan for many possibilities and carry on delivering the highest quality of care in the community for years to come.

With strategic philanthropic investment, we continue to expand our services and trial new models of care. We were thrilled to be awarded a \$1 million capacity building grant as part of Perpetual's 2016 IMPACT Philanthropy Partnership Program. Thanks to this transformational gift, people living with chronic disease will have better access to specialist clinical nurse consultancy via telehealth.

This significant social investment advances our goal to reduce the economic and individual burdens of living with complex chronic disease, through expanded telehealth and telemedicine services. Funding will support videoconferencing for clinical nurse consultants and field employees working remotely, to facilitate secondary consultation in wound management, diabetes, continence, and care for customers living with dementia.

It also supports implementation of specialised wound software, to advance our remote clinical care delivery for chronic wounds, including the way we can undertake

assessment, disseminate education. and standardise wound datacollection, clinical care and treatment protocols.

Building our telehealth system capability for access to specialist consultancy will improve our quality of care, leading to improved health outcomes for customers.

With thanks to trusts administered by Perpetual - the Lionel & Yvonne Spencer Trust. Fred P Archer Charitable Trust, Percy Baxter Charitable Trust, Mabel & Franklyn Barrett Trust, and the Estate of the Late Margaret Augusta Farrell - this support will help improve efficiencies of care, and increase specialist care episodes by 300 per cent, while significantly reducing cost-per-visit. Long-term, we expect thousands of our customers requiring care for wounds, diabetes, continence and dementia, will benefit annually.

RSI Care + RDNS would like to sincerely thank everyone who supported our work throughout the year - donors, partners, philanthropic trusts, bequestors and volunteers.

Your support and assistance has a significant impact on our present and future customers and the care that we can provide them.



#### \$25,000 +

The Fred P Archer Charitable Trust The Mabel and Franklyn Barrett Trust Percy Baxter Charitable Trust Estate of Judith Ann Carlson Estate of Stephen Thomas Alfred Earp Estate of the Late Margaret Augusta Farrell Estate of Raymond George Griffiths The Lionel & Yvonne Spencer Trust Estate of Harold Thomas Swanton Trajan Scientific and Medical Estate of Spencer Tempest-Warman

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Pierce Armstrong Foundation Rye & District Community Bank, Bendigo Besen Family Foundation Jack Brockhoff Foundation Estate of Ormond Charles Butler Collier Charitable Fund City of Yarra Ivor Ronald Evans Foundation, managed by Equity Trustees Marian & E H Flack Trust Estate of William Robert Arnold Henderson Clive Johnson Trust Kimberley Foundation Flora & Frank Leith Charitable Trust Lord Mayor's Charitable Foundation Mrs Yvonne Mee Sidney Myer Fund and Gay and Lesbian Foundation of Australia (GALFA) Miss Jane Sheridan Joe White Bequest

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- Mr & Mrs Neil & Bernadette Tate



# Always looking on the bright side of a wonderful life

The first thing that catches your eye when you walk into Margaret's Adelaide home is a painting of a large, blooming, yellow rose. It is a bright, constant reminder of her beloved late husband Norm, who painted it and all the artworks that decorate what was their home for decades.

The yellow rose, a symbol of cheerfulness and joy, is the perfect metaphor for how Margaret reflects on her 91 years.

Like most people blessed with longevity, there have been ups and downs. Margaret sees her life as one graced with the joy and simple pleasures that comes to "those of us lucky enough to have lived a wonderful, full life".

The daughter of a railway man, Margaret grew up with not much wealth but in a family rich with love.

She started her working life in a chemist shop and it was there that she would connect with the love of her life.

"One day, I heard this young man whistling at me," Margaret recalls. "He kept coming into the shop and buying things. Eventually, the owner said, 'I think you need to go out with that young man so he will stop coming in here pretending he needs to buy things just to see you'. I was a bit smitten, so I did, and I am glad I did.

"Norm was an Air Force man. He joined up at 16 years of age and went to war at 18. Thankfully, he came back and we got married in 1947.



Team member Deb Howard talks regularly with Margaret on the phone to organise her home visits

"We had two really great sons, Paul and Bruce. They were good sons. Bruce still is; we lost Paul a few years ago to leukaemia. And Norm has been gone for a while.

"They are the only sad moments in what has been such a happy life. And overall, I think I have been very lucky.

"We always wanted to travel and one of my absolute highlights was finally getting to do it, in Australia and then to just about every part of Europe.

"But what I cherish most is the time we spent volunteering for the lleostomy Association. We did it for 50 years.

"I answered the phone and talked to people and helped them to cope. It's really hard for people when they first get the procedure (which brings the end of the small intestine to the skin so waste can collect in an external pouch) but with a bit of support and a friendly ear, people become a bit more at ease with it.

"Volunteering was something I got to do with Norm and I loved being able to help people. It is one of the best things we did."

Margaret has spent all her life in South Australia and when their children grew up, she and Norm decided to move to



the retirement village that has been her home for over 30 years.

"I love living here and being independent. I'm not old enough for a nursing home yet," she quips mischievously.

"There are always events going on and I am constantly out having tea and a good time with my friends.

"We also do work here for charities by knitting squares for people who need them to keep warm. I like that I can keep helping people."

Margaret maintains her independence in her home with support from our nurses, who visit every three days. She was delighted when she visited Bruce in Melbourne for her 90th birthday and

was able to still receive visits from our nurses there over the eight days.

"My doctor recommended them to me and I haven't regretted it - they are like friends to me," she says.

# Family is a focus for Elizabeth

Family is central to Elizabeth's life and it's no wonder, given she is one of 10 children. Elizabeth was born in Sawyers Valley, about 40 kilometres from Perth, in Western Australia. She continues to live there and at 88 years of age is proud to be one of the oldest community members who was born in the town.

These days our Carers visit her each morning to help her get ready for the day and she maintains her strong community and family ties with a busy schedule throughout the week.

The only girl among nine brothers, keeping busy has always been a part of her life.

"My Mum and Dad had a property with orchards and they raised their own sheep and chooks and pigs," she says.

"There was plenty of food as they used to grow heaps of potatoes and onions and every kind of vegetable you could think of.

"There wasn't a lot of money, but there was a lot of fun!"

She attended high school at Midland, catching the train at 7.30am daily, until the war intervened and it was decided the students would be at risk in case of bombing raids.

The school was relocated to Mundaring and Elizabeth attended until she was 14.

"I came home to help Mum, because by that time the boys were home from the war.

"My three eldest brothers went to the war, two of them to the Middle East. The other was on his way to Singapore when it fell, so the boat didn't go there." Fortunately, all the boys survived which meant there was plenty of washing and cooking to be done at home in the post-war years.

Later, Elizabeth worked at a number of jobs including at a hotel and as a fruit picker. She was doing housework and picking at a local orchard when she met husband Harold, who was also picking fruit, and they married when she was 23.

Harold was a keen amateur sportsman who worked at the pine mill at Mundaring Weir. When the mill burned down he took a job with Mundaring Shire as a backhoe driver, where he worked for 23 years until his retirement.

"We were very much involved in sport, that was your Saturday afternoon entertainment and we took the kids along. We never had a motor car until our youngest was two years old, and then we got a FB Holden and we had that until Harold retired."

These days Elizabeth still lives in her Sawyers Valley home and enjoys visits from her children, who all live in Perth, and eight grandchildren. She has had two knee reconstructions, both hips replaced and has problems with her ankle and shoulder. This makes mobility a little more difficult for Elizabeth, so our Carer visits every morning to help her prepare for the day. Her daughter takes her shopping once a week and on Thursdays she goes to a seniors club and enjoys day trips and meals out. On Tuesdays, some friends visit to play cards.

"I can't lift my arms above my head, so I get help with dressing in the morning. I've been very well looked after," she says. "For the rest of the week, by the time I do a bit of washing and do things around the house my days are full."

With plenty of family around, Elizabeth will welcome another baby into her extended family, due in December – something she is eagerly anticipating.



Regular visits from her Carer Linda Hobbs help Elizabeth to stay mobile



## **Board of Directors**



Mr Pat McIntosh AM CSC B.Bus, GradDipMgnt, MBA, MAICD

Chairman of the Board

Mr McIntosh was a Commissioned Officer in the Australian Army for 27 years. He then worked in the finance sector for 13 years and was an equity owner of a financial planning business. He is a Graduate of the Australian Army Staff College and the Australian Defence College.



Adjunct Professor Kathleen Baker AM Registered Nurse, M EdA, BHA, CC, CT, DipNE, ACN (DLF), Wharton Fellow, MAICD

### Chair. Clinical Governance, Client Safety and Wellbeing Committee

Adjunct Professor Baker has held executive management positions in Area Health Services and the NSW Health corporate office, where she was the Chief Nursing Officer for NSW. She established the Advice Centre for the Australian Commission on Safety and Quality in 2012 and is currently Nurse Advisor to the Commission.

She is the President and a director of the Australia College of Nursing, is a director of the Western Sydney Local Health District Board and Chair of its Health Care Quality Committee. Awarded an Honorary Fellow with the University of Technology Sydney for her extensive contribution toward nursing education reform within the health industry, she has been awarded Adjunct Professorships with the University of Technology Sydney, the Western Sydney University and the University of Sydney. She was appointed as a Member in the General Division of the Order of Australia in 2010 for service to the nursing profession through contributions to education and the promotion of clinical excellence.



Ms Anne Blackburn MA (Asian Studies), Diploma in Journalism, BA (Chinese and French)

Ms Blackburn has a background in journalism, public service, banking, governance and strategic advice. In the mid 1990's she returned to New Zealand after 15 years working in international investment banks in New York and London. Concurrently with senior positions in a major New Zealand bank she took up Board roles, becoming a full time director 10 years ago. Her work is mainly in the financial services and capital markets, infrastructure and built environment, and health and education services. Ms Blackburn is also an experienced director and trustee in the not-for-profit sector.



Mr Peter Brindley BCom (UNSW), GradDipBus (Deakin), FCPA, FAICD

#### Member, Risk and Audit Committee

Mr Brindley has extensive experience across a breadth of consumer product and service businesses, in both local and international environments. With a strong background in general management, finance and strategy Mr Brindley has worked in key executive roles of major organisations such as RACV, Dulux New Zealand, Orica and ICI Plc. Mr Brindley has held a range of directorships across Australia, New Zealand and Fiii. in commercial and not-for-profit organisations. He is currently working with Origin Energy as Group Manager. Home Products and Services.

Mr Peter Wetherall



### BE Hons (Qld), BA Hons (Oxon), GAICD

#### Member, Innovation, Assets and **Capital Optimisation Committee**

Mr Wetherall has worked in financial markets for 34 years. For 17 years he was the Managing Director of Wallara Asset Management, the funds management business he founded in 1995. Prior to that he was a Director and the Head of Research at stockbroker McIntosh Securities (now Merrill Lynch Australia). He is currently a director of the listed investment company. Australian United Investment Company Limited, part-time Investment Manager at the Helen Macpherson Smith Trust, and a member of the Investment Committees of the Royal Australasian College of Surgeons, Trinity College (University of Melbourne) and the Geelong Grammar Foundation.



Ms Gillian McFee B.Sos.Sc (Hons), Dip. Urb. Res. Studies, EMBA, FAICD

### Chair, Innovation, Assets and Capital **Optimisation Committee**

### Member, Risk and Audit Committee

Ms McFee has extensive experience in the aged care, health, housing and community services sectors as a chief executive officer and director in the public, private, not-for-profit and mutual sectors. She was a former Director of Uniting Care Ageing NSW ACT (now Uniting) and formerly held senior executive leadership roles in the NSW Government including as Director, Office on Ageing in the Premier's Department and in housing, ageing, disability, home care and community services. Ms McFee consults to organisations in housing, aged care and disability services around strategy, innovation and new business models.

## Board of Directors



Mr Jeffrey McDermid BEcon, FAICD, FCA, CTA Chair. Risk and Audit Committee Member. Nomination and **Remuneration Committee** 

Mr McDermid has 28 years' experience within the accounting profession and has been a director of not-for-profit and for-profit organisations. His board roles include property development, human resources, tourism, agricultural equipment supply, online retail and technology industries. He is a former partner of WMS Chartered Accountants and Ernst & Young. Mr McDermid brings to the Board a wide variety of skills and experience in financial management, corporate governance and strategic thinking.



Dr Cherrell Hirst AO MBBS, BEdSt, D.Univ (Honorary), FAICD

Member, Risk and Audit Committee Member, Clinical Governance, Client

Safety and Wellbeing Committee

Dr Hirst has extensive experience as a director, is the Chair of ImpediMed Limited and Factor Therapeutics Limited (previously Tissue Therapies Limited) and a Director of Medibank Limited and the Gold Coast Health and Hospital Service. Dr Hirst chairs the Advisory Board of the Institute of Molecular Biosciences at the University of Queensland. She has formerly held Board membership of a number of organisations including Suncorp Metway Limited, Peplin Limited and Avant Insurance Limited.



Mr Robert Lourey B.Bus, MAICD

Chair. Nomination and Remuneration Committee

Mr Lourey has extensive experience as the principal human resources executive in large, internationally-based, publicly listed companies across a broad range of industries including international education, media, property development and construction, manufacturing, finance and banking. He is currently head of human resources for Navitas Limited, an ASX-100 company and he is also Chair of Australian not-for-profit organisation Access EAP. He is a former member of the KU Childrens Services, Michael Page plc, Afrox and Afrox Healthcare (RSA) Boards.



Mr Stuart Lummis BEcon, Grad Dip Proj & Const Mngt, Post Grad Dip Acctg, Finsia, FAICD

Member, Risk and Audit Committee

#### Member, Innovation, Assets and Capital Optimisation Committee

Mr Lummis has over 35 years' experience as a senior executive and company director, with a strong background in the property sector. He is the Director of Property, Building, Planning and Facilities for the Roman Catholic Archdiocese of Brisbane. Mr Lummis has extensive experience in both large publicly listed groups and not-for-profit organisations. He is also a member of the Property Council of Australia, a Councillor on the Queensland Heritage Council and a director of Brisbane Markets Limited.



Professor Michael Reid B.Ec

Department.

#### Member. Innovation. Assets and **Capital Optimisation Committee**

Professor Reid has extensive experience as a director and is currently the Chair of Mental Illness Fellowship of Australia, Chair of the University of Sydney Health and Medical Research Committee, Deputy Chair of the Royal Flying Doctor Service and a director of the National Health Performance Authority. He has held many public sector positions at Commonwealth and State Government levels including as the Director General of the Queensland Health Department, Director-General of the Ministry for Science and Medical Research (NSW) and Director General of the NSW Health

In 2011, Professor Reid was awarded the Sidney Sax Medal for his contribution to the Australian Health Service.



Mr Russell Pearce LLB, GAICD

Member. Risk and Audit Committee

### Member. Nomination and Remuneration Committee

Mr Pearce has over 20 years' experience in the area of anti-corruption and public sector governance. He was formerly Director of Misconduct Investigations at the Crime and Misconduct Commission and Deputy Chief Executive Officer and Director of Operations of the Tasmanian Integrity Commission. He provides guidance on probity issues and is the independent member of the Audit Risk and Advisory Committee of Primary Health Tasmania (formerly Tasmania Medicare Local). Mr Pearce is a member of the private bar, practising in Queensland and interstate. He has served in the active Army Reserve for 27 vears, and holds the rank of Colonel. In 2014/15, Mr Pearce served as Director of Defence Counsel Services for the Australian Defence Force

# Board of Directors



Mr Paul Montgomery BA, LLB (ANU), MAICD

#### Deputy Chairman of the Board (retired 30 June 2016)

Mr Montgomery joined the Board of RDNS in 2005 and became the Chairman in 2009. Mr Montgomery is President of the Mental Illness Fellowship, Victoria, Chairman of Medisecure Pty Ltd, Now Com Pty Ltd and a director of Melbourne Primary Health Network.

Mr Montgomery was a Partner of Freehills, a national law firm, for 28 years which included 12 years as managing partner. Mr Montgomery has been involved in a number of organisations, including law firms and accounting firms, where his role has been to develop strategic growth.



Professor Leon Piterman AM MBBS, MD MMed, MEdSt, FRCP (Edin) FRACGP

Member, Clinical Governance, Client Safety and Wellbeing Committee (retired 30 June 2016)

Professor Piterman joined the Board of RDNS in 2006. Professor Piterman has extensive expertise in medical education, medical research and clinical audit. He has published widely on clinical and educational issues related to general practice, has over 150 publications in refereed journals and co-authored the text "General Practice Psychiatry" which has been translated into Italian and Chinese.

In June 2006, Professor Piterman was made a Member of the Order of Australia for service to family medicine through distance education for doctors in remote areas, to research and student training, and to international education. Professor Piterman is also Professor of General Practice at Monash University and Pro Vice-Chancellor of Monash's Berwick and Frankston campuses. He is a former member of the Board of Examiners for the Australian Medical Council, is a director of Berwick Health Care located on the Monash Campus at Berwick, the Insight School for blind children, the Nossal High School Council and sits on numerous university and professional expert committees.





Stephen Mugaleton Chief Executive Officer Adjunct Professor Stephen Muggleton BApp Sci, MHA (UNSW), GAICD



LLB (Hons), LLM



Megan Millman Chief Financial Officer B. Com. FCA



Dan Woods



Fiona Hearn **Executive General Manager** Care Innovation & Quality B. Nursing, MHSc (HlthAdmin), GAICD, ACN



Director **RDNS** Institute



Susan Stewart General Counsel



Wendy Flavien Chief Integration Officer MBA (Prof), B. Ed (Sec), B. IT (Net)



Executive General Manager Brand & Business Development BA (Media Studies), Cert. Mktg



Greg Masters Executive General Manager Operating Performance B. Bus (Accounting) CA, GAICD

Colette Browning

BSc (Hons), MSc, PhD, FAPS



Gavin Aleksich National Manager **RDNS New Zealand** Dip Nursing, B. Comm, PostGradDip Bus (Marketing)





















































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