

**Banksia Palliative
Care Services Inc
Annual Report 2008/09**
Home based care for
children and adults living
with a terminal illness



- 1. BPCS staff photo from 2008 AGM
- 2. BPCS fundraising support volunteers with representatives of Freemasons Victoria
- 3. BPCS Consumer Reference Group Members



- 4. BPCS launches new website
- 5. Cheque presentation from Heidelberg Warringal Lions to Tim Paul, Community Development Manager BPCS
- 6. BPCS National Volunteer Week Celebration
- 7. Inaugural International Research Collaboration meeting December 2008: Dr Koh Kawagoe Pallium, Japan, Julie Paul Executive Officer, BPCS and Ken Zeri President, Hospice Hawaii, Hawai'i



- 8. BPCS Committee of Management at Board Planning Day
- 9. BPCS Social Worker Kate Hewitt and Niki Mulligan celebrating Social Work recognition day
- 10. Graduates of BPCS Course held at Goulburn Valley Hospice Care Service, Shepparton and Carmel Smith, Executive Manager of Goulburn Valley Hospice Care Service



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Overview

Banksia Palliative Care Service (BPCS) strives to ensure all children and adults living in BPCS's catchment area have access to quality community based palliative care, in a way that meets their individual needs. The past 12 months have continued to be demanding with a strong focus on planning for the future. In late 2008 BPCS received notification from the Department of Human Services that additional funding would be received as part of the Victorian Governments budget for 2008/09. We were very fortunate to receive \$584,128 recurrently as part of this budget allocation. This significant increase in funding has enabled BPCS to plan for expansion of services in 2009/10.

BPCS has developed a Strategic Plan for the years 2009 to 2011 which has identified key areas to be addressed. In developing future strategies, a number of challenges for Community Based Palliative Care Services were considered including;

- Changing patterns of demand for service,
- Workforce shortages, and
- Increased accountability and reporting requirements from the Department of Human Services. (Palliative Care Victoria)

BPCS expects significant changes in the way the service delivers care in the next two to three years. The Strategic Plan sets the direction to achieving improved and sustainable services whilst addressing the key challenges faced. The past 12 months have been an opportunity for all staff to have input into the future of BPCS.

Client care will always be the central component of core business, however, there is an increasing focus on three other areas, being; Bereavement Care and Support, Learning Centre and Health Promotion.

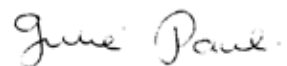
BPCS recognises the importance of the uniqueness of the Learning Centre and also advances made in "Nurse Practitioner Models of Practice", as being important to the services BPCS provides. The strategic outcomes achieved in 2008/09, will be used as a basis of this Annual Report, as well as reporting on the necessary statutory requirements.

We also take this opportunity to acknowledge and thank the many individuals, groups and external organisations, who are "our partners", who contributed to the achievements in the 2008/09 financial year, either through donations in kind, grants, monetary donations, or simply "support", when asked.

The successful year would not be possible without the commitment and shared vision of the team. We must acknowledge that BPCS is overseen by a very select group of individuals, each with their own specific expertise, who form our Committee of Management. The Committee of Management have contributed so generously, to ensuring BPCS functions successfully as a not-for-profit organisation. We wish to acknowledge our staff and volunteers, who have performed their duties so professionally and helped us to achieve so much over the year.



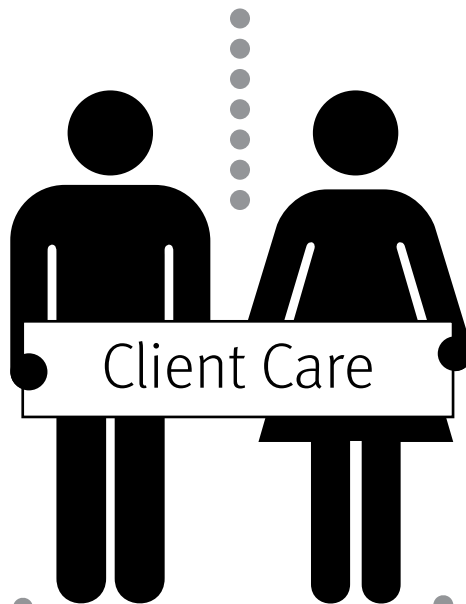
John Richardson
President
Committee of Management



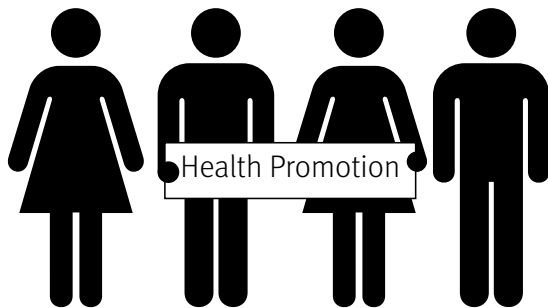
Julie Paul
Executive Officer



International & Australian participants



Home based, including Residential Aged Care



- Creating awareness of palliative care
- Creating a supporting environment
- Strengthening community action
- Promoting advanced care planning



Carers and families

Our Vision is to provide leadership in specialised home based palliative care which is accessible, responsive and in partnership with our changing and diverse community.

Our Mission

As people experience progressive terminal illness, death and bereavement BPCS will:

- Provide specialised health care and practical support to clients and their carers in their place of residence
- Provide a comprehensive range of services to address physical, social, emotional, spiritual and cultural needs
- Achieve best practice through a commitment to excellence in client care, research and education to become world-class leaders in palliative care
- Maximise partnerships within the community to optimise client care
- Embrace internal and external review for the benefit of our client centred practice

Our Values

Respect upholding the unique personality, dignity, situation and choice of all

Compassion to empathise with all as they travel the journey of a progressive terminal illness and bereavement

Partnership build and maintain effective relationships

Excellence continually strive toward best practice

Innovation to actively seek, develop and implement creative new ideas

Integrity exercise honesty, transparency and ethical practice

Service Area



Client Statistics

	06/07	07/08	08/09
Number of Clients Referred	507	522	546
Source of Referrals			
Hospitals	367	387	365
GP's & Specialists	28	70	74
Community Agencies	28	12	19
Aged Care Facilities	43	27	40
Families/Self Referrals	41	26	48
Number of Clients Admitted	402	427	420
Average Length of Stay	100	97	94*
Clients by Local Govt Areas			
Banyule	215	246	224
Whittlesea	126	128	138
Nillumbik	61	53	58
Age of Clients Admitted			
0-30 yrs	9	1	13
31-60 yrs	76	98	83
61-80 yrs	172	187	211
81+ yrs	145	141	113
Place of Death			
Home	90	95	115
Inpatient setting - designated palliative care unit	117	186	192
Aged Care Facility	37	29	26
Inpatient setting - other than designated palliative care unit	51	62	34
Other	0	2	5

Please note: The above statistics vary from the Victorian Integrated Non-Admitted Health Minimum (VINAH) Dataset reports due to a variation in definitions for some of the categories

* based on VINAH Reports

Meet Demand

Develop a Sustainable Model and increase capacity to manage expected growth

Strategic Objectives

- Review service model
- Expansion of multidisciplinary team
- Maintain a sustainable workforce
- Understand and meet Victorian Department of Human Services (DHS) funding requirements

Key Achievements

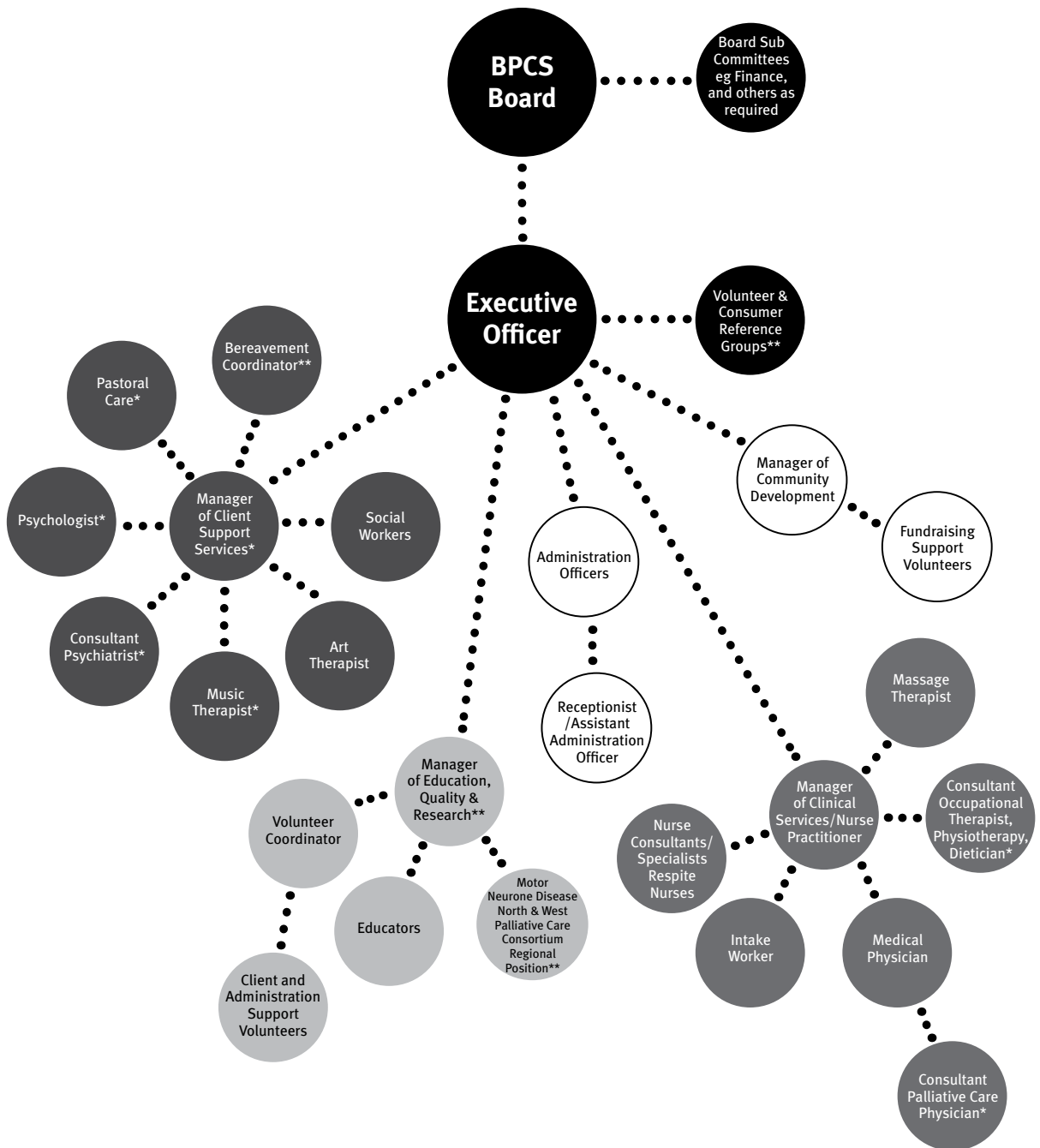
- New organisational structure (see page 7)
- Expansion of multidisciplinary team
- Establishment of an internal working group, to review volunteer opportunities throughout the organisation titled, "Volunteer Reference Group"
- Represented at various DHS meetings related to evaluations/reviews occurring within the palliative care sector
- DHS Key Performance Indicator for number of contacts exceeded (refer to graph below)

DHS Key Performance Indicator

BPCS activity and target by month for 2008/09 financial year



New Organisational Structure



** New positions filled in 2008/09

*New positions currently vacant to be filled in 2009/10

Improve Client Services

Provide a responsive service according to population needs

Strategic Objectives

- Ensure appropriate and timely referrals
- Provide the opportunity for all clients and families to participate in Advance Care Planning (ACP)
- Increased number of home deaths, for clients with a preference to die at home
- Develop effective feedback mechanism from clients to improve palliative care service delivery

Key Achievements

- Establishment of 2 internal working groups
 1. Increasing chronic illness referrals
 2. Increasing “home deaths for clients with a preference to die at home”
- Commencement of General Practitioner (GP) Practice Nurse Information Sessions across BPCS Region
- Participation in Latrobe University research in relation to Advance Care Planning in Community Palliative Care Services
- Completion of Patient and Past Carer Satisfaction Surveys
- Establishment of a Consumer Reference Group

Additional information about the Consumer Reference Group

Vision

To provide Consumer Feedback in regard to BPCS's:

- Service Delivery
- Programs
- Documentation being user friendly and culturally sensitive and
- Identify opportunities for improvement.

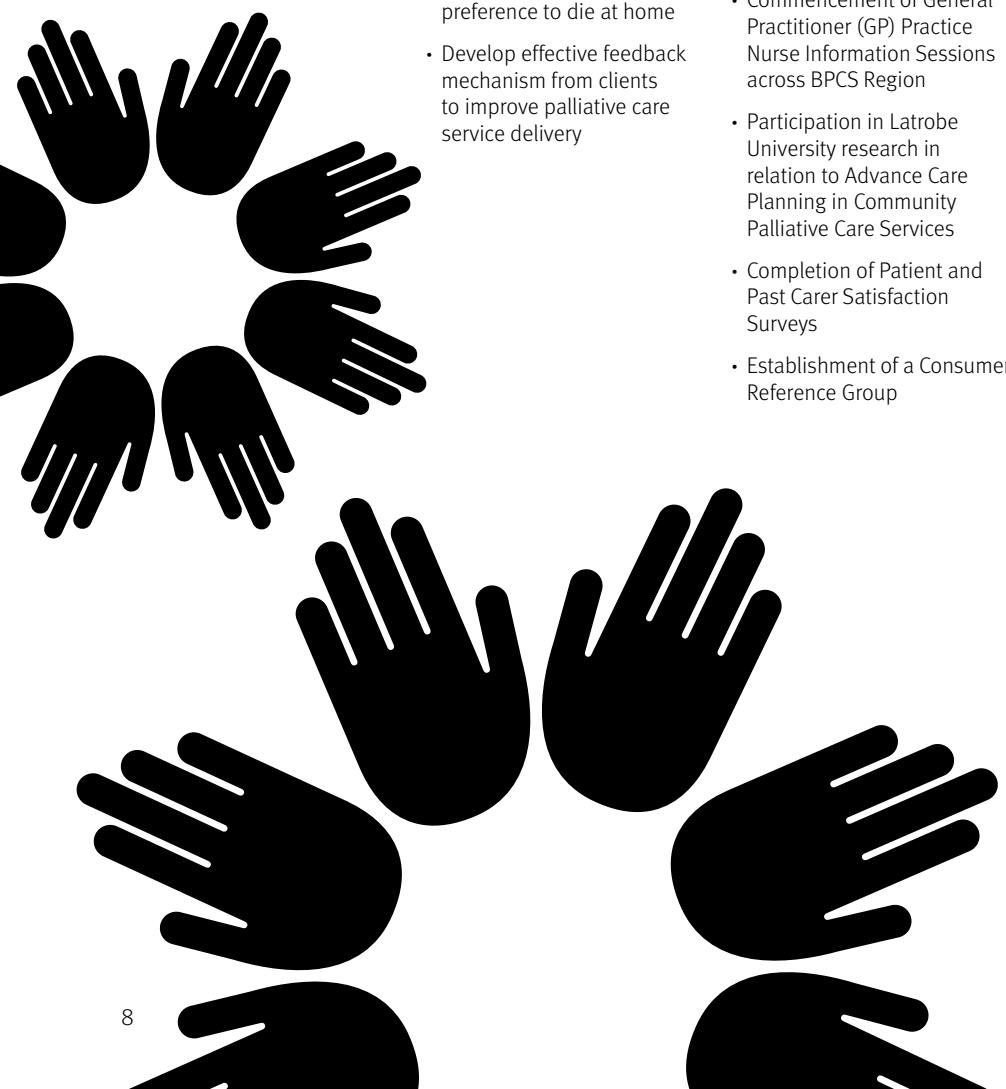
Aims

- Meet at regular intervals to provide advice to BPCS from a consumer perspective
- Provide advice to BPCS on an ad-hoc basis to meet business requirements and objectives
- Contribute advice towards BPCS activities, service delivery, programs undertaken and documentation development

The Consumer representatives will:

- Provide feedback about any issues/concerns affecting consumers
- Review/Comment on BPCS activities, service delivery, programs undertaken and documentation development

A full copy of the consumer reference group terms of reference is available on request to the Executive Officer.



Increase Awareness

Increase awareness of BPCS Services within the general community and primary care providers

Strategic Objectives

- Increase community awareness of BPCS through information, collaboration and community involvement
- Utilise a health promotion approach to raising community awareness
- Maintain a strong local media presence

Key Achievements

- Successful community awareness concert
- Community presentations
- Local print media articles during palliative care awareness week
- Development of a new logo which clearly articulates the 3 local government areas BPCS provides service to
- Development of a health promotion policy
- Development of a Referral Information Poster
- Review of community presentations to include a health promotion focus
- Development of strong links with local community print media
- Staff Interviews on local FM radio station
- BPCS website redesigned and launched

Additional information about the BPCS website www.banksiapalliative.com.au

The website has been redesigned due to a successful grant from the Watsonia RSL. The redesign has resulted in:

- A modern and user friendly website design
- Increased presence nationally and internationally
- Ability to ensure it is up to date at all times as a result of staff training
- A secure space for students of the Learning Centre to download their course notes and ensure easy access to information related to the course
- A contact page to enable the community to ask palliative care related questions and receive answers in a timely manner. Questions to date have related to Palliative Care Course enquiries and specific questions related to process for accessing palliative care
- Access to newsletters, recent local media newspaper articles, and referral documentation
- Employment opportunities
- Information of the referral process and the ability to download a BPCS Referral Poster

Enhance Quality

Build on our strong culture of quality and innovation

Strategic Objectives

- Participate in National Standards Assessment Process (NSAP)
- Development of multidisciplinary benchmarking program, identification of partners and performance indicators for all areas of the organisation

The National Standards Assessment Program

NSAP is a national framework for continuous quality improvement built on the Palliative Care Australia Standards for providing quality palliative care for all Australians (4th ed, 2005).

The NSAP pilot required BPCS to:

- Establish a multi-disciplinary team
- Identify and collate evidence and data
- Undertake a structured process of review
- Develop an action plan for identified high priority areas for quality improvement
- Submit a report of the outcomes of the assessment and action plans to the NSAP national project team

In 2009/10 BPCS will be participating in a “peer review” process which is the second stage of the NSAP program.

Key Achievements

- Participated in NSAP Pilot
- Commencement of Palliative Care Outcomes Collaborative (PCOC) Program
- 100% compliance for external audit of Registered Training Organisation of Learning Centre for the Australian Quality Training Framework (AQTF)

The Palliative Care Outcomes Collaborative Program

PCOC is a voluntary quality initiative to assist palliative care service providers to improve practice and meet the “Standards for Providing Quality Palliative Care for all Australians.” The aim is to develop and support a national benchmarking system that will contribute to improved palliative care outcomes.

PCOC works with palliative care service providers to:

- Develop consistency in the collection of information
- Provide evidence through the collection and analysis of information
- Assist with quality and standards reporting
- Provide a benchmarking service
- Promote and support palliative care research

Enhance the capacity of the Learning Centre

Expand the Learning Centre

Strategic Objectives

- Conduct an internal needs assessment for staff education/learning
- Seek opportunities for joint projects/research with Sister Organisation Pallium in Japan
- Seek opportunities for reciprocal partnerships with Universities
- Consider additional opportunities to provide palliative care education domestically and internationally

Key Achievements

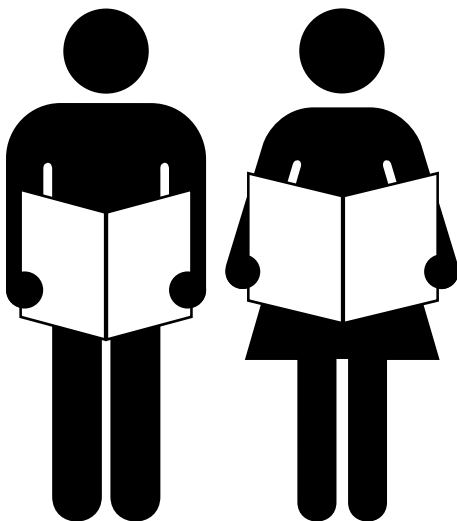
- Completion of internal education needs assessment and development of an annual education plan
- Partnership with the Australian Catholic University for “ethics approval” for a research project
- Establishment of partnerships with the Mallee Division of General Practice, Mildura and the Hume Region Nurse Education Group to provide Palliative Care Education in their local communities
- Continuation of the partnership with Goulburn Valley Hospice Care Service to provide the 3rd Palliative Care Course in Shepparton
- Provision of palliative care education in Tokyo and Nara in Japan
- Establishment and provision of a 1 week training program for Japanese Nurses completing a palliative care course at the Hakuho Womens College, Nara Japan
- Establishment of an International Research Collaboration between Pallium, Tokyo, Hawai’i Hospice, Hawai’i and BPCS, with the first research project due for completion in November 2009

Additional information about the International Research Collaborative: Inaugural Research Project

The provision of quality evidence based palliative care in an era of an escalating ageing population, is a challenge of international interest. The opportunity to improve service delivery can be enhanced by developing international partnerships, enabling a more global view of what is occurring in the palliative care field and the opportunity to learn from each other.

This study sought to describe and compare the role, training and contribution of volunteers, within 3 home based palliative care/hospice organisations in Australia, Japan and Hawai’i. Whilst there are differences in service provision across the 3 organisations, there is a lot we can learn from each other.

It is anticipated that the results will be available in late 2009.



Improve Work Environment and Capacity for In-house Groups and Training

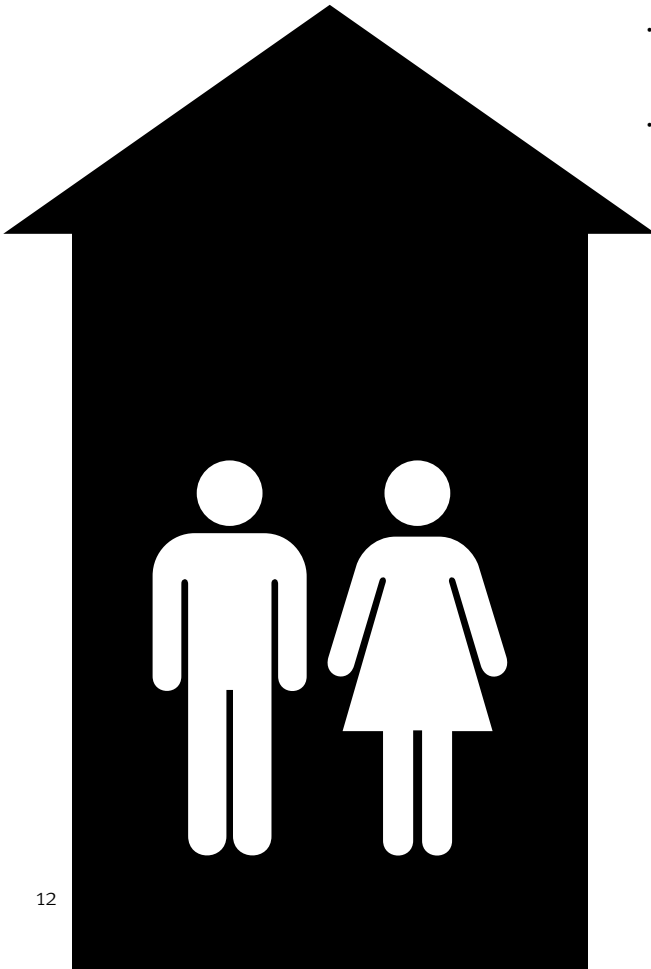
Lease or purchase new premises

Strategic Objectives

- Review feasibility of lease vs purchase for new premises
- Develop partnerships
- Increase community support

Key Achievements

- Decision to lease endorsed by Committee of Management
- Needs analysis completed for future premises requirements to enable expansion of service
- Extensive review of suitable premises within BPCS catchment area
- Partnerships to be developed when premises finalised in 2009/10



Enhance the Governance Role of the Committee of Management

Internal Review

Strategic Objectives

- Complete an Annual Board Self Assessment and develop Action Plans
- Review Governance policies and procedures

Key Achievements

- Board Assessment is ongoing and due for completion early in 2009/10
- Process established to review Governance policies

BPCS is governed by a Committee of Management (Board). A brief summary is provided of the Board Members profile, to enable an understanding of their professional background and their commitment to BPCS.

John Richardson President

John became President following the 2005 AGM. Prior to that, he was Vice President from 1997. John joined the Board in 1994. John is also a member of the Board Finance Sub Committee. John is currently the General Manager of Human Resources with the Royal Automobile Club Victoria (RACV).

Damian Neylon Vice President

Damian was President from October 1997 to December 2004 and was appointed Vice President following the 2005 AGM. Damian is a member of the Board Finance Sub Committee. Damian joined the Board in 1994. Damian is currently a partner at Russell Kennedy, Solicitors.

Subramanian Jeyakumar (Jey), Treasurer

Jey became the Treasurer in 2004 and is the Chair of the Board Finance Sub Committee. Jey joined the Board in 2004. Jey is the National Financial Controller at Toll Priority.

Cliff Picton

Cliff joined the Board in February 2007. His present position is Ombudsman at La Trobe University.

Julianne Bryce

Julianne joined the Board in February 2005. Julianne is currently working with the Australian Nursing Federation (ANF) as a Professional Officer.

Paul Adcock

Paul joined the Board in August 2006. Paul currently works as an Associate Director of Nursing at the Alfred Hospital.

Jan Lyttle

Jan joined the Board in August 2004. Until her retirement in 2006, Jan was a registered psychologist working in the areas of education, health and road safety.

Our Team

Committee of Management

John Richardson (*President*)
Damian Neylon
(*Vice-President*)
Jeyakumar Subramanian
(*Treasurer*)
Paul Adcock
Julianne Bryce
Jan Lyttle (*resigned Oct 08*)
Cliff Picton

Patron

Krista Vendy

Life Members

Ann Francis
John Shilliday
Tim Paul
Alan Johns

Permanent Staff

Administration Department

Julie Paul
Executive Officer

Jacquie Ball
Administration Officer

Eva Burns
Administration Officer

Robyn Cahill
*Receptionist/Assistant
Administration Officer*

Tim Paul
*Community Development
Manager*

Client Support Services Department

David Champion
Art Therapist

Jonathan Gonsalves
*Music Therapist
(resigned Nov 08)*

Margaret Haywood
*Bereavement Coordinator/
Social Worker*

Kate Hewitt
Social Worker

Niki Mulligan
Social Worker

Clinical Services Department

Karen Conte
Manager/Nurse Practitioner

Maureen Chapman
Palliative Care Nurse Specialist

Claudette Chikulin
Palliative Care Nurse Specialist

Andrea Davy
*Palliative Care Nurse
Consultant*

Gillian Jackson
Massage Therapist

Dr Paul Jenkinson
*Palliative Care Medical
Expertise*

Jenny Lumsden
Palliative Care Nurse Specialist

Mardie MacDonald
Palliative Care Nurse Specialist

Janet Phillips
*Palliative Care Nurse
Consultant*

Fiona Wilson
Palliative Care Nurse Specialist

Julie Wilson
*Palliative Care Nurse Specialist
(resigned Nov 08)*

Education Quality, Volunteers & Research Department

Robyn Ogle
Manager

Mary McGowan
Educator

Jenny Skeels
Coordinator of Volunteers

Volunteers

Clinical Support Volunteers

Margaret Birthisel
Jenny Chapman
Jenny Cocks (*new volunteer*)
Stanley Crundwell
Brenda DiBartolo (*retired Mar 09*)
Laima Donaldson
Anne Doyle (*new volunteer*)
Elizabeth Doyle
Antoinette Fasel (*retired Feb 09*)
Lyn Geer
Pip Greenwood (*new volunteer*)
Gayle Guzzi
Michael Hinxman
Katrina Hutchinson
Tracey Keeton (*retired Jan 09*)
Carole Little
Jenny Maries
Kaisa Marlo-Monten
Kathy Melnic (*new volunteer*)
Betty O'Connor
Linda Philip (*new volunteer*)
Trish Phillips
Pauline Pollock
Jane Ramsay (*new volunteer*)
Prakashni Reddy
Margaret Rentoul
Leon Le Rosignol (*retired Nov 08*)
Karen Russell (*new volunteer*)
Bernadette Scammel
Keli Sponner (*new volunteer*)
Beryl Swetnam
Deborah Teazis (*new volunteer*)
Jenny Valls
Mary Vrantzis
Geraldine Wigney (*retired Feb 09*)

Fundraising Support Volunteers

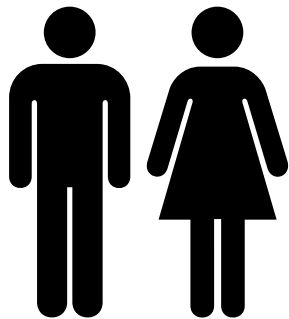
Bev Allen
Debra Amery
Rodney Amery
Pam Clune
Alby Collis
Brita Daly (*new volunteer*)
Brett Florence (*retired Feb 09*)
Della Hobbs
Katrina Hutchinson
Nena Kavanagh (*retired Feb 09*)
Joan O'Loughlin
Michelle Phillips
Jill Sanders
Jean Sing

Administration Support Volunteers

Bev Boulter
Geoff Churchward
Anne Doyle
Linda Philip
Margaret Rentoul

The following volunteers are recognised for their 5 years of service

Prakashni Reddy
Mary Vrantzis



Respite/Relieving Staff

Brigitte Ambroz
Palliative Care Nurse Division 1

Cathy Bayley
Palliative Care Nurse Division 1

Susan Conway
Palliative Care Nurse Division 1

Ingrid David
Palliative Care Nurse Division 1

Belinda Douglas
Palliative Care Nurse Division 2

Nicky Goymer
Palliative Care Nurse Division 1

Jenika Graze
Palliative Care Nurse Division 1

Sue Fisher
Social Worker

Catherine Hayes
Palliative Care Nurse Division 1

Sonya Herbert
Palliative Care Nurse Division 1

Jenny Maries
Personal Care Attendant

Sharon Price
Palliative Care Nurse Division 2

Rhonda Thomas
Palliative Care Nurse Division 1

Yvette Vermeer
Personal Care Attendant

Evlyn Weir
Palliative Care Nurse Division 1

Sub Committees (The Board)**Finance**

Jeyakumar Subramanian
(Chair)
John Richardson
Damian Neylon
Julie Paul *(Executive Officer)*

Committees (Staff)**Safe Practice & Environment**

Eva Burns
Andrea Davy
Kate Hewitt
Gill Jackson
Jenny Maries
Julie Paul

Senior Executive Group

Julie Paul *(Chair)*
Karen Conte
Robyn Ogle

BPCS/RDNS Senior Management Group

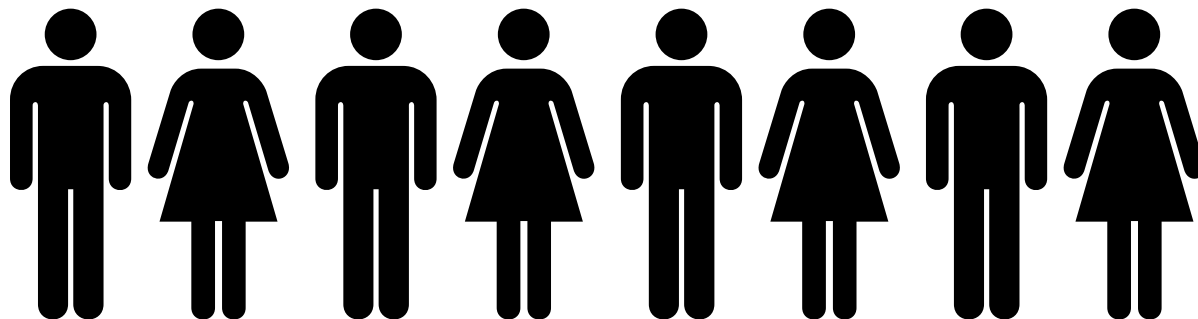
Karen Conte *(BPCS)*
Julie Paul *(BPCS)*
Fiona Hearn *(RDNS)*
Penny Murphy *(RDNS)*
Maggie Scott *(RDNS)*

Reference Groups**Consumer Reference Group**

Karen Conte *(Staff)*
Don Gillies *(Consumer)*
Diane Hutton *(Consumer)*
Julie Paul *(Chair)*
Sandra McQueen *(Consumer)*
Helen Pontarelli *(Consumer)*

Volunteer Reference Group

Bev Boulter *(Volunteer)*
Brita Daly *(Volunteer)*
Julie Paul *(Chair)*
Tim Paul *(Staff)*
Linda Philip *(Volunteer)*
Robyn Ogle *(Staff)*
Jenny Skeels *(Staff)*



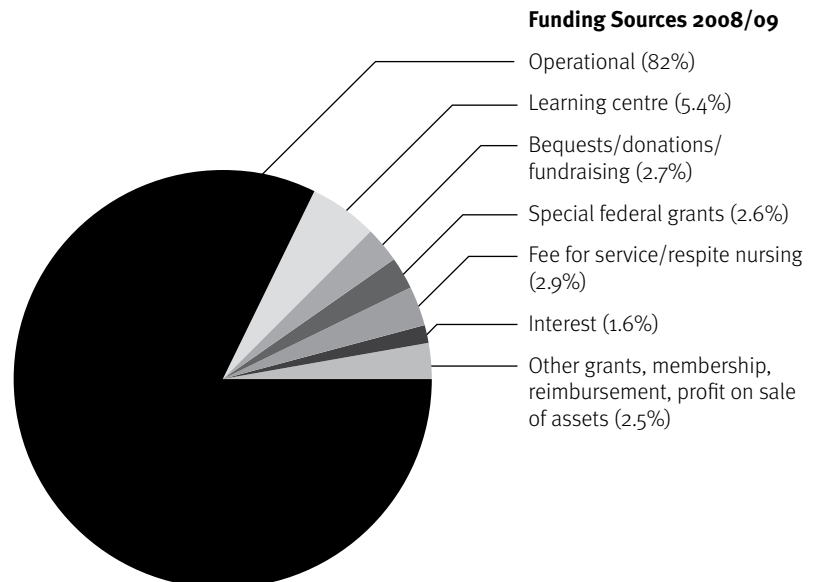
We gratefully acknowledge the financial support from the Victorian Department of Human Services (DHS). BPCS continues to rely on donations, fundraising, bequests, grants, bank interest and income from the Learning Centre for the remaining operational funds.

Operational spending has been kept within budgeted constraints. The surplus was above budget, due to unexpected additional DHS funding which was received in the second half of 2008/09. However the expenditure of this surplus has been accounted for with the increase in staffing and associated costs in 2009/10.

The pie chart depicts the break up of funding sources in 2008/09.

As in previous years, the audited financial records for the 2008/09 financial year are reported with as much detail as possible, to enable an understanding of transactions and financial outcomes.

We also acknowledge funding from the Department of Health and Ageing for the Local Palliative Care Grant, which focussed on palliative care education for health professionals and carers.



Banksia Palliative
Care Service
provides home
based care for
children and
adults living
with a terminal
illness. Here are
some stories from
clients, carers and
students...

I just want to say thank
you for the wonderful
support. I couldn't do it
without you.

Thank you for everything.

BPCS Patient

“There but for the grace
of god”

I’m supposed to
be a walking mess,
mentally, emotionally,
psychologically, spiritually
messed up and somehow
I get there I still breathe,
love, laugh, look after my
kids and get to work.

It would be fair to say I
have sustained my fair
share of losses these past
two years, a 12 year old
daughter going blind and
then losing my gorgeous
young husband to cancer.

When my husband died
I felt disconnected from
all that was safe and
whole in my life, suddenly
I was little girl lost, and
I needed someone to
hold my hand. When my
husband’s illness became
terminal I was referred to
Banksia Palliative Care
and they came to hold my
hand. Everyday I live with
sadness and am learning
to rise above it through
that care.

Working with the Art
Therapist:

Every time he walks
through my door with
his gentle smile and his
folio of coloured paper
and crayons I feel the
heaviness lift from my
shoulders. A wise man
who teaches us with his
own life experiences and
an open heart.

I am healing slowly, the
process of therapy is
revealing to me that the
search for meaning starts
with me and ends with
me. Grief is opening me
up to who I am and this
is confronting but with
a little humour, some
drawing, a lot of chatting
we are working through
the web of my life and
what that life is today after
losing a chunk of it.

Therapy is teaching me
that what is important
is in my control and that
what is necessary is
mine to decide. The Art
Therapist is guiding me
towards this and we are
getting there, a few more
pictures we might nail it.

Thank you Banksia

BPCS Patient Carer

Excellent service I love
you guys – I cannot
say enough about how
wonderful and helpful all
the staff at Banksia have
been.

BPCS Patient

Comments from students attending palliative care training/ courses from BPCS's Learning Centre

- Finally!! I wish I'd had this opportunity 20 years ago
- Great coordinated course with excellent content and networking. We have got so much written material and resource information that will keep us going for ages. By far exceeded what I expected
- To see the immediate results of treatment we have already instigated in my workplace is so satisfying and rewarding even from very early on in the course
- I have enjoyed every aspect of this course. All so important and things I had never been aware of or considered regarding symptoms. I did the course because I was aware we do not do palliation well now we are brilliant!
- I have also been able to share my knowledge and experiences with family and friends outside my work environment when a need has arisen. My empathy and compassion just keeps growing as I extend my experiences
- The best experience I have ever had. I had never done home visits before and I was mind blown. This experience has made me realise the importance of carer/client keeping their power and control
- Enjoyed my days with Banksia nurses. Able to experience the level of communication required to successfully manage care of a dying person at home
- Hope to use this information to improve areas in our hospital and inform other nurses within our hospital what palliative care really covers and the range of services to help these clients
- Yes – motivated to pass on information gained to my workplace. Raised my awareness of the importance of individual choice and decision making. Importance of gaining involvement from doctors, families and carers in advance care plan

As a final year social work student doing placement at Banksia, I have developed an insight into how a community palliative care service supports people whose lives are affected by a terminal illness and enables them to continue living at home if they so choose.

Over the last 5 months I have been given the opportunity to observe professional staff and learn from their expertise. From this, I have been able to develop my own practical skills and integrate these into my practice.

My time at Banksia has been invaluable as I feel like I have been mentored by highly – skilled staff and now feel confident to embark on a career in social work.

*Final Year Social Work
Student*

Our association with Banksia Palliative Care Service (Banksia) began with a visit from one of the nurses following the diagnosis that my wife was suffering from motor neurone disease.

That first visit was immensely significant, both for the information that the nurse provided and for the reassurance it gave us that we had a "friend at hand". That reassurance was further strengthened when I attended a series of meetings for carers held at the Banksia rooms, at which I was made to feel that I was part of a family that I could rely upon at all times.

In medical terms, the sympathy and friendliness of all the staff in dealing with patients and carers may seem peripheral to the prescribed treatment, but to those who are afflicted and those caring for them it has a value far beyond that of the courtesies of everyday life.

Over the course of my wife's illness, she received professional help of various kinds from Banksia at home; in particular, there were regular visits from the nurse, massage therapist and art therapist, with all of whom she formed strong bonds of friendship.

These visits were all-important in helping her to cope with the increasing distress, both physical and psychological, that she experienced during her last months. In addition, we were able to call on Banksia for advice and support in moments for crisis.

As my wife's carer, I know how much we owe to the Banksia staff, to all of whom I send my heartfelt thanks.

The Palliative
Care Course
has been an
informative and
educational
experience...

Not only have I gained confidence with pain management, medications, complex and chronic health issues, I have also become more involved with the resident and families to ensure a holistic and patient centred approach.

I would recommend this course to anyone wanting to advance their knowledge not just clinically, but artistically, practically and socially. I loved every moment of it.

BPCS Course Participant



11. Freemason and BPCS Fundraising Support Volunteer Alby Collis presenting a cheque to BPCS staff Margaret Haywood and Eva Burns

12. BPCS President John Richardson and 2008 AGM Guest Speaker Fran McInerney from Australian Catholic University



13. BPCS Palliative Care Nurse Consultant Janet Phillips

14. BPCS Art Therapist David Champion

15. BPCS Palliative Care Nurse Evlyn Weir



16. BPCS Palliative Care Nurse Specialist Mardie MacDonald

17. Patron Krista Vendy and BPCS staff

18. BPCS Palliative Care Nurse Consultant Andrea Davy accepting 5 year recognition certificate from BPCS President John Richardson



19. Nurses visiting BPCS from Hakuho Womens College Nara Japan on a site visit to Vasey RSL Care in Bundoora, with Clinical Coordinator Katie Webb

20. Brad Quillium Friday Night Live Volunteer at BPCS Community Awareness Concert



Banksia Palliative Care Service (BPCS)

Whilst the Annual Report is an opportunity and commitment to report to our members and other stakeholders, it is also constructed as a marketing and public relations document to ensure BPCS's programs and services are known to the broader community. We welcome your enquiries and interest on any of the programs and services outlined in the Annual Report.

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For further enquiries in relation to the work of BPCS please contact Julie Paul, Executive Officer.

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