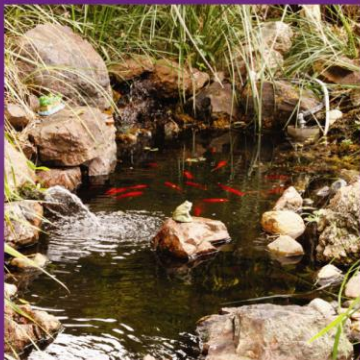




Annual Report 2012/13



*Quality of
life
...through
care*

Ipswich Hospice Care is a community owned and run, not for profit, non denominational facility offering high quality palliative care and bereavement services for terminally ill people, their families and the community in the Ipswich and surrounding communities.





Our Philosophy

A partnership of skilled care and loving kindness

Our Vision

To be the leader in community hospice care and bereavement support

Our Mission

To provide a high standard of care for terminally ill people, their families and bereaved people in the community

Our Strategic Goals

- To ensure that Ipswich Hospice Care be recognized as a centre for excellence in all of its' services.
- To ensure that appropriate and sustainable resources are available for the operation of all Ipswich Hospice Care services.
- To create a culture that is mutually valuable for the organization, staff and volunteers.
- To build a positive image of Ipswich Hospice Care within our community.
- To ensure that Ipswich Hospice Care maintains and develops partnerships with the key stakeholders.

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A Message from Our Patron



The City of Ipswich is lucky to have so many organisations and volunteers dedicated to providing vital support and services to people in need. It is one of our city's best qualities and instils such pride and love in our region.

Ipswich Hospice is one of those many organisations who provides care to those in need. It is an honour to be the Patron of such a special service.

Ipswich Hospice Care officially opened in 1994 as a six bed palliative care facility and today the organisation continues to provide the highest standard of care to the people of Ipswich.

As our community grows, so do the needs of community organisations and I would like to personally thank Ipswich Hospice volunteers and residents who have fundraised over the past year. Without you, Ipswich Hospice would not be able to provide the highest standard of palliative support to the terminally ill and their families in a caring home-like environment.

Staff and volunteers continue to do a tremendous job and it is your combined efforts which make Ipswich Hospice such a special organisation. I urge everyone to continue supporting this important service which provides invaluable care to those who need it most.

Mayor Paul Pisasale

City of Ipswich

Management Committee 2012/13



Peter McMahon, Chairperson

Peter has been a member of the Ipswich Hospice Care Management Committee since 2000 and Chairman since 2008. He was the Director of his family company McMahon's Soft Drinks for many years and is currently the Director and Owner of Peter McMahon's Swim Factory in Ipswich. Peter's tertiary qualifications in Business and Accounting provide Hospice with a firm foundation of business management skills and acumen.



Jon Patterson, Vice Chairperson

Jon has been a member of the Ipswich Hospice Care Management Committee since 2008. He is the CEO and founder of Fresh Computer Systems Pty Ltd - a computer software development company serving the Fresh Produce wholesale industry in Australia and SE Asia, since 1990. Jon has spent all his working life in the IT industry. Jon brings extensive entrepreneurial qualities to the Management Committee along with strong IT knowledge.



Kerry Drennan, Treasurer

Kerry joined the Ipswich Hospice Care Management Committee in 2010 as Treasurer. Kerry was a Public Accountant and worked in the accounting industry for 40 years. During his working career, Kerry was a partner with RW Ramsey and Company, a local Ipswich group of professional accountants and authorised financial advisers.



Melissa Fellows, Committee Member

Melissa has been the Honorary Secretary and a member of the Ipswich Hospice Care Management Committee since 2002 after being introduced to Hospice by Hilda Des Arts. Melissa participates in many events conducted by Hospice in a performance capacity. She is employed at the Ipswich Hospital and brings to the Management Team strong administration and medical experience.



Colleen Freeman, Committee Member

Colleen has been a member of the Ipswich Hospice Care Management Committee since 2008. Colleen was a former Mayoress of Ipswich and has also been a nurse and a dedicated community worker in Ipswich for many years. For 13 years, Colleen was employed by Corrective Services as an Official Visitor to Queensland prisons. In this role she heard and investigated prisoners' grievances. Colleen has been awarded a life membership from Lifeline Ipswich for her dedicated service during ten years of telephone counseling and service. She also established the Mayoress's Welfare Committee, which provided assistance to financially disadvantaged children. As the Foundation President of the Art Gallery, she presided over its development for six years.



Denise Hanly, Committee Member

Denise has been a member of the Ipswich Hospice Care Management Committee since 2004. Denise has been Member of Local Government and Assistant to a State Member of Parliament. She has also been a member of various community organisations including The Workshops Advisory Board; Lifeline Advisory Committee and President of the Rotary Club of Ipswich City. Denise has also held various executive roles including Director of Crimestoppers Ipswich; Telecom Manager for 25 years; Company Secretary of ITel Community Telco and Executive of YUPI for 21 years. She is also has been on the Board as Secretary of Ipswich Events Corporation since 1995.



Dr Scott Kirton, Committee Member

Scott has been a member of the Ipswich Hospice Care Management Committee since 2007. Scott is a General Practitioner at Grange Road Medical Services in Eastern Heights. Scott consults at the Ipswich Hospice Care and is a member of the General Practitioner roster.



Pam Lane, Secretary

Pam has been a member of the Ipswich Hospice Care Management Committee since 2000. Pam was the District CEO of the Darling Downs West Moreton Health Service District and held senior leadership positions within the public health system for 17 years. Pam has a clinical background in Nursing and Midwifery and a commitment to the continuous improvement of the quality of health services.



Gerard Pender, Committee Member

Gerard has been a member of the Ipswich Hospice Care Management Committee since 1994 and was Chairperson for eight years until 2008. He is a partner in the region's largest legal firm, Walker Pender Group, and has been actively involved in community affairs for many years, participating in numerous community organisations. Gerard is a former Councillor with the Ipswich City Council and has been the President of the Rotary Club of Ipswich North. Gerard has a passion for and strong interest in community affairs in the Ipswich region.



Cecilee Pilkington, Committee Member

Cecilee has been a member of the Ipswich Hospice Care Management Committee since 2002. She has held positions in Government, Early Childhood Education and was an owner operator of a coffee shop for several years. Cecilee's involvement with Hospice includes over a decade as a Friends of Hospice Member, holding positions as Secretary and Treasurer.



Kate Kunzelmann, Committee Member

Kate Kunzelmann is a Registered Nurse and currently a Nursing Teacher with TAFE Queensland. A previous employee of Hospice, Kate has a strong interest in palliative care nursing and nursing management. She has served on several boards, including Royal College of Nursing Australia, and has both teaching and management qualifications.

Chairperson's Report

Due to unexpected and generous donations as well as improved business practices and efficiencies, Ipswich Hospice Care (IHC) is in one of the strongest financial positions it has ever enjoyed. Prudent financial decisions, additional funding through the State and Federal Sub-Acute Grant, as well as unexpected bequests and donations, has meant that our staffing has been able to be largely maintained, which has provided stability and reassurance in our work force.

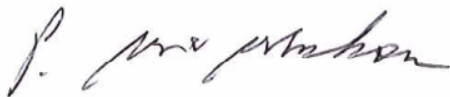
Thank you to the Management Committee members for your individual contribution to this positive position and I trust that this strong growth will continue well into the future.

During 2012/13, Hospice undertook many projects to update our facilities. This included a very generous donation from Hutchinson's Builders to repaint the entire interior of the main building of Hospice. The immediate visual transformation then led to choosing a theme for art work in the building, remodelling the reception areas and updating the garden areas.

Purchase of many capital items also were made possible by a number of successful grant applications. These included updating and enhancing medical and safety equipment, along with practical items such as printers and computers.

Our goal for the next 12 months is to conduct anticipatory and responsive planning. As the Ipswich and surrounding districts continues to grow at a rapid rate, we are liaising with key stakeholders to forecast what palliative care and bereavement services will need to be provided. It is acknowledged that we need to continue our robust and long lasting partnerships with all levels of government, private and public hospitals, locally and in Brisbane.

September 4th, 2014 will be the twentieth anniversary of the opening of Ipswich Hospice Care. Over these twenty years Hospice has become part of the fabric of the Ipswich and surrounding communities, weaving a rich tapestry of support for individuals and their families. By learning from the past, we look to the future with new and exciting projects on the horizon, in the ever challenging Queensland health care industry.



Peter McMahon
Chairperson



Director's Report

Ipswich Hospice continues to be renowned locally and further afield, for our high standard of end of life care. The Hospice and Hilda's House delivers personalised inpatient palliative care and bereavement support through caring and compassionate team members. Our committed team now includes over four hundred different people – including volunteers, staff and visiting medical officers.

It is of paramount importance to thank the contribution of the whole team of staff and volunteers. I extend my appreciation for all they do to provide care and services and contribute towards the functioning of the organisation. They have made a real difference in the lives of so many individuals & their families in our community.

I am pleased to report that staff retention during the past year has been high. It has been an honour to be able to recruit such high quality personnel and we strongly believe that our sound staffing model attracts and retains these productive team members.

IHC upholds its promise to be an essential service to the community. Between 1st July 2012 to 30th June 2013, 119 patients were admitted. This is the highest number of patient admissions in the history of Ipswich Hospice. The length of stay was shorter than the previous year which means in comparison, patients were admitted to Hospice closer to the end of their life. The reasons behind these changes can only be surmised, without supportive evidence. We are pleased to be able to provide the care required, at a time when needed.

Highlights for 2012/13 were:-

- Nominated by the National Palliative Care Outcomes Collaboration (PCOC) as the most improved Palliative Care Service in Australia – by showing improvements in all benchmarks over 3 consecutive reporting periods.
- Participation in Palliative Care Special Interest Group through Medicare Local, Metro North Brisbane.
- Successful with six grants primarily for the purchase of medical equipment to improve the care for our patients. We were also success in securing the Sub Acute Funding Grant for a second year.
- Significant work towards renewal of Australian Council of Health Standards (ACHS) accreditation in March 2014, adapting to meet the recently introduced National Safety Quality Health Standards plus the five associated EQulPNational Standards.
- Nomination to contribute a poster presentation at the National Palliative Care Australia Conference, Canberra.
- Winner Best Community Service, Ipswich Chamber Business Award – 2012 and Winner of the Best Community Service, QT Local Favourites Award – 2012.

The past year has seen a number of changes our Medical Specialist role. I wish to express my sincere appreciation to Dr Michael Bolton, who has been performing the interim role of Palliative Care Specialist until a permanent position is appointed by Ipswich Hospital. Special acknowledgement also goes to Dr Wally Bodetti. Wally is a highly experienced Palliative Care Ipswich GP whose commitment ensures the best possible medical support for our patients. Thank you to the many General Practitioners who willingly care for their patients at Hospice. Our model of care would not be possible without the dedicated involvement of the medical fraternity.



Ros Holloway
Director of Hospice Services
R.N., R.M., Post-Grad Dip. - Cancer Nursing.

“For Dad to be able to spend his final days in such a tranquil place, surrounded by dedicated, highly skilled and compassionate people was truly a blessing for our family” Daughter of past patient.

In-Patient Palliative Care

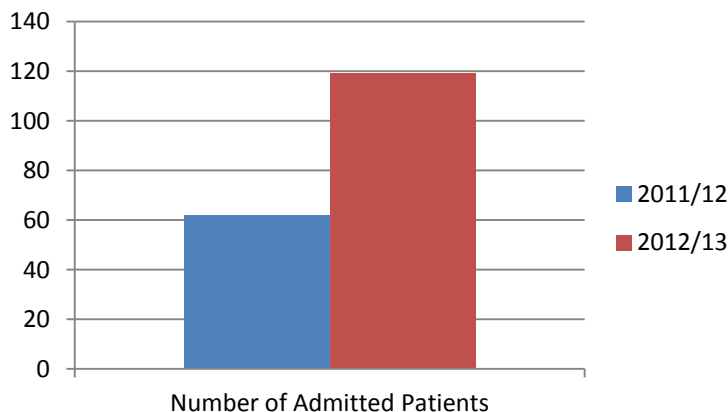
Objectives

To provide a high quality, twenty-four hour, multi-disciplinary palliative care service, delivered by a team of medical and support personnel.

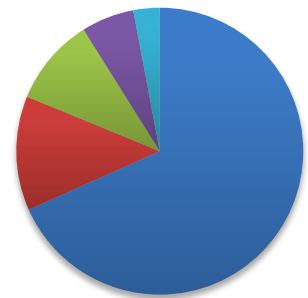
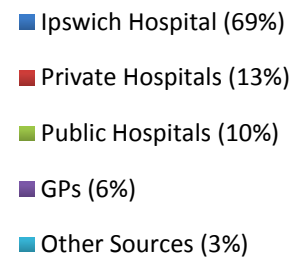
This team is comprised of the patient's General Practitioner, Palliative Care Consultant, experienced Registered and Assistant Nurse, Psychosocial Support Co-ordinator along with professional staff and trained volunteers.

Outcomes for 2012/13

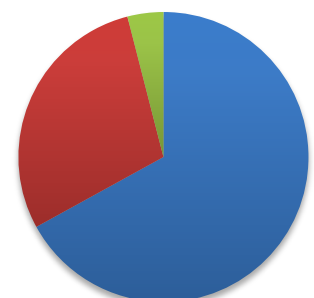
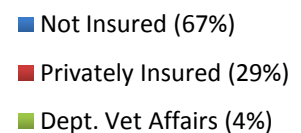
- There was a significant increase in the numbers of patients we supported throughout the year. Hospice experienced an increase of 52% admissions compared to last year, which was comprised of 119 admissions and 100 deaths. In addition to this, there were 17 discharges to either home or an aged care facility.
- The average length of stay decreased from 33.25 days in 2011/12 to 16.5 days in 2012/13. The range of lengths of stay was from 5 hours to 108 days.
- The average occupancy rate decreased from 90% to 73.5%. This change was largely due to the high patient admission rate and shorten length of stay. The other contributing factor has been the several changes in the personnel in the Palliative Care Specialist position supporting Hospice and the Ipswich Hospital
- For the 2012/13 period, 52 different GPs cared for patients at Ipswich Hospice. Thirty of these GPs undertook more than one episode of care.
- Patients, families, carers and friends were provided with access to psychosocial support and counselling. 287 patients, their families and carers were supported pre-death throughout 2012/13 period.
- Patients are admitted to Hospice with a wide range of terminal conditions. The three most common conditions that patients with were admitted were Colorectal Cancer 12.6%, Lung Cancer 11.8% and Pancreatic Cancer 9.2%. There was an increase in the number of admissions with non-malignant conditions during 2012/13, comprising 11.8% of admissions.



Guest Wing Referrals 2012/13



Health Insurance 2012 - 2013



Breakdown of Hospice Patients by Age

Age Group	Number of Patients	Percentage
20 – 29 years	1	0.8%
30 – 39 years	3	2.5%
40 – 49 years	6	5%
50 – 59 years	13	11%
60 – 69 years	17	14%
70 – 79 years	33	28%
80 and over	46	39%

Looking Ahead

- Formation of the Consumer Group for input and review of all Hospice policies and procedures and printed material.
- We anticipate and look forward to the permanent appointment of a full time Palliative Care Specialist to support ourselves and the Ipswich Hospital Palliative Care service in the near future following the departure of the previous Palliative Care Specialist in late 2012.
- Renovating the six individual patient ensuites which have become dated and worn.
- Recruitment of a volunteer physiotherapist to assist with manual handling program and fall prevention.
- Refurbishment of the patient and family BBQ area.
- Purchase of a final recliner chair for the patient clinical care room, to complete refurbishment of this item across all clinical care rooms.
- Broaden our referral base to Hospice, particularly from the private hospital sector.



Photo of our Reverie Harpist who plays to our patients and family members.

Bereavement and Psychosocial Support Services

Objectives

- Ensure the individual needs of our clients are identified, respected and addressed through expanding our services, developing a clearly articulated counselling and cultural framework, engaging appropriate team members, using appropriate referral and assessment tools and strengthening home respite service.
- Ensure services meet required funding and accreditation body standards.
- Expansion of existing services to meet identified needs within the organisation and wider community.
- Identifying evolving community needs regarding Bereavement Support.
- Ensuring all programs and services are appropriately resourced.
- Ensure appropriate resourcing levels to facilitate effective self-care of team members.
- Open, honest, clear, transparent and frequent communication within the team and across the organisation.
- Promote a greater community understanding of issues related to death and dying.
- Maintain and further develop relationships with palliative care stakeholders, health care providers and associated services.

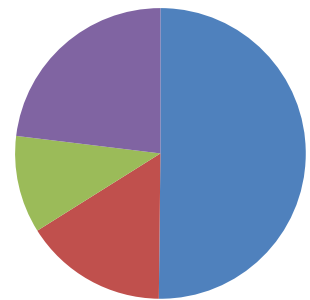
Outcomes for 2012/13

- Hilda's House celebrated its 10th Anniversary in 2013 and honoured the occasion with several events. A breakfast event was held with guest speaker Jim Soorley which was well attended by 80 members of the local community. A second event, being an Open Day of the House, was also held for community members to view static displays of the various services offered, along with a Labyrinth walk to remember those who are no longer with us.
- The bereavement services provided substantial support and multiple programs directly benefiting 440 grieving clients.
- In response to a growing demand, this year has seen a strong focus on children and adolescent programs.
- A newly developed Young People's Grief Group, Exploring Grief and Loss Through Technology was piloted with 6 participants in January and then rolled out to 22 students at Laidley State High School in May/June.
- Steph Shannon, OAM and Program Facilitator of the Kid's Grief Group, compiled a publication called "Listen to the Children" which details the Hilda's House Kid's Grief Group program. The publication explains how an organisation may adapt the program and conduct it in other communities/areas.
- Introduced a Hilda's House merchandise item which was a Teddy Bear with a custom T-Shirt "OK Bear says: I am here for you". This product has proven to be quite popular particularly with the Kid's and Parent Grief Group participants.



Type of Support Provided

- Pre-death (287)
- Post-death (91)
- Complimentary Therapy (62)
- Group Support (132)



- Introduced new complementary service, playing of the Reverie Harp which is offered by one of our volunteers. This new complementary service offers our patients and families the opportunity to relax and enjoy peaceful music during their stay at Hospice.
- Facilitation of Loss and Grief Education Workshops with several community groups.

Looking Ahead

- Recruitment of skilled volunteers in the areas of group facilitation and one to one counselling services.
- Seek funding source to develop vacant office space under Hilda's House for the purpose of more appropriate space to conduct Grief Groups.
- Repainting of the interior of Hilda's House.
- Securing funding to further expand the Adolescent Grief Groups to support this group of children in the local area.

*‘We appreciated being able
to take Mum outside
into the gorgeous gardens,
as she loved plants’.*

Daughter of past patient



Human Resource Management

Objectives

- To create a culture that is mutually valuable for the organisation, staff and volunteers.
- Be active in the recruitment of new staff and volunteers to ensure adequate resources are available to meet the needs of the organisation.

Outcomes for 2012/13

The number of team members at Ipswich Hospice Care now exceeds 300 people (combined staff and volunteers), which is possibly the largest number of people providing palliative care and bereavement support, in a community owned Hospice, in Australia.

Managing this team, across several premises requires dedication and commitment by all team members.

- 260 people were active volunteers throughout the 2012/13 period, with 73 new volunteers recruited in most areas of the organisation. Total volunteers hours for the 2012/13 period was 27,666.
- Hospice employees totalled 57 personnel, which calculates to 20.5 full time equivalents.
- Eight Orientation Training courses were held of a two day duration over the year, with attendance from 62 participants, comprised of 58 volunteers and 4 new employees.
- **The Workplace Consultative Committee**, re-formed from nominations, following the formal acceptance of new IHC Enterprise Agreement 2012. It is comprised of three management committee members, and four employee representatives (two nursing and two non-nursing staff).
- **The Education Committee** meets monthly with membership being comprised of the Director and two other staff members. Applications and the approval process are monitored by Workplace Consultative Committee (as required by Enterprise Agreement). Education that was funded by the organization was as follows:
 - PCOC Assessment Workshop
 - Oncology Nurses Group Conference
 - Payline Payroll Solutions Training
 - Palliative Care Nurses Australia Conference, Marcoola
 - Palliative Care Nurses Australia Conference, Melbourne
 - Working with Children Experiencing Grief & Loss
 - Prevention & Resiliency for the Workforce
 - Addressing Acute & Complex Trauma (Bereavement Support)

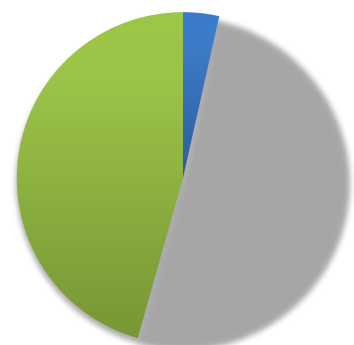
Volunteer Activity 2012/13

- Active (260)
- New (73)
- Exited (85)



Employee Status 2012/13

- Full Time (2)
- Part time (29)
- Casual (26)



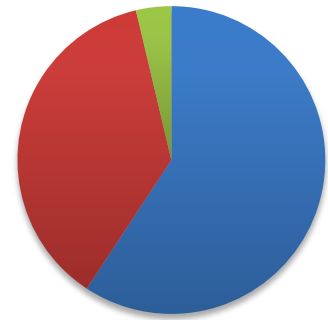
- IHC is now becoming the clinical placement of choice for many undergraduate students – Bachelor and Diploma Nursing, Human Services and Counselling students from several teaching facilities including University of Southern Queensland, University of Queensland, Griffith University and Bremer TAFE.

Looking Ahead

- The newly implemented E-tapestry Client Relationship Management System will lead to better reporting and tracking of Team Member education and competency requirements
- A predicted shift in the increase of nurses in the labour market, due to shortage of positions in the public sector, will impact nursing recruitment to allow a wider selection of high quality applicants.
- We are experiencing an increasing amount of unplanned leave for illness and surgery, as many of the nursing staff have been in the workforce for over 40 consecutive years. 68% of Hospice Nurses will be aged over 50 years of age in 2014. We recognise the need to plan for our ever ageing nursing workforce.
- Recruiting and long term retention of skilled volunteers will continue to be a challenge – a trend likely to become more difficult as time goes on due to dual incomes required in many households, extended work life through to late sixties/early seventies, often resulting in our society being time poor.
- Stricter requirements for education and competency compliance for all team members in order to meet the required standards.
- Continued participation in the Bremer Institute of TAFE School of Nursing Industry Representation Group.

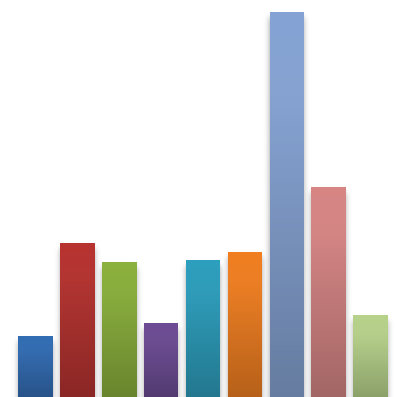
Source Student Nurses 2012/13

- Bremer TAFE (16)
- USQ (10)
- Careers Aust (1)



Hours by Volunteers 2012/13

- Guest Wing (1235)
- Hilda's House (3,081)
- Kitchen (2710)
- Garden/Maint. (1497)
- Admin/Office (2740)
- Fundraising (2913)
- Bargain Centre (7649)
- Friends of Hospice (4191)
- Management Committee (1650)



“Thank you for making my two weeks placement at Hospice fantastic. The way you all treated each guest and their family was truly inspirational. The knowledge and kindness you passed onto me will never be forgotten by me”



Student Nurse

Quality Management

Objectives

- Undertake a program that monitors and evaluates the services provided by Ipswich Hospice Care to ensure standards of quality are being met.
- Ensure that care and service provision at Ipswich Hospice Care is safe, effective, Patient/Client centred, timely, efficient and equitable.
- Support, maintain and improve Patient and Client (Hilda's House) care outcomes.
- Meet Australian Council on Healthcare Standards (ACHS) Accreditation, Service Agreement (Queensland Health, Department of Veterans Affairs), Private Health Licence (Private Health Unit) and Legislative (HQCC) standards and reporting requirements.
- Promote a safe, appropriate and productive work environment
- Support a culture of continuous quality improvement.

Outcomes for 2012/13

- Integrating the new National Safety and Quality Health Service Standards into the everyday operations of Ipswich Hospice initially seemed a very daunting task. In devising and rolling out the Standards of the Month Program to run over the year, the aim was to engage all Hospice Team members in the requirements of the Standards. While there is always room for improvement in relation to compliance, generally the level of participation of Team Members has been good.
- The Standard of the Month Program progress to date has seen Standards 3, 4, 5, 6, 8, 10 covered. Associated training and education for Nursing Team has included National Inpatient Medication Chart online training, Pressure Ulcer on line learning Module, Falls E learning package, Hand Hygiene online training and Aseptic Non Touch Technique online training. Team Leaders have been requested to complete online learning in relation to Open Disclosure.
- Work continued on the development of the Ipswich Hospice Care Quality Improvement Plan 2012/2013 which is based on the findings of the Gap Analysis that was undertaken by the ACHS Surveyors at Periodic Review in 2012. Currently achieved are Improved Processes, Policy and Procedures in relation to Policy Review, Standard 5 Guest Identification, Standard 6 Clinical Handover and Standard 10 Falls Prevention.

Looking Ahead

- All effort and resources will be directed towards the successful completion of ACHS Accreditation Organisation Wide Survey on the 27th March 2014. Ipswich Hospice Care needs to meet all of the requirements as outlined in the ACHS EQuIP National Accreditation Program Standards, Criteria and Actions in order to maintain its status as being an Accredited Private Health Care Facility.



Business Development

Objectives

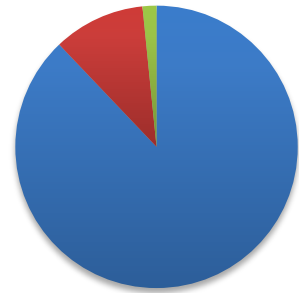
- To achieve annual funding targets through government and corporate grants, fundraising and marketing strategies to acquire the goods and services required to provide high quality palliative care and bereavement services to the Ipswich and West Moreton community.
- The main fundraising activities undertaken by Ipswich Hospice Care are through six key functions:
 - Commercial entities;
 - Grants and Sponsorships;
 - Donations;
 - Events;
 - Memberships;
 - Other Income e.g. sale of merchandise, craft, raffles, rental, catering.
- To provide a professional marketing communication function for the organisation ensuring appropriate, relevant and cost effective branding, communication and public relation strategies are performed.

Outcomes for 2012/13:

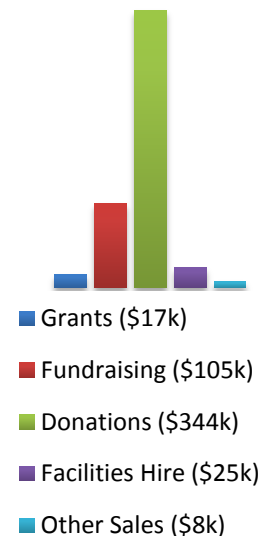
- The two enterprises, being the Bargain Centre and Friends of Hospice Second hand bookstore generated a substantial income for Ipswich Hospice Care.
- Over the past year, the Bargain Centre improved the merchandising and display of stock which has led to a positive increase in sales.
- Acknowledgement of the significant donation of \$32,500 by the Friends of Hospice is greatly appreciated.
- This year has seen the continued support of many local businesses, such as Recruitment Queensland, Hutchinson's Building, Lend Lease along with key service clubs such as Quota, Zonta, Rotary and Lions. We appreciate the ongoing generosity of these businesses and groups who have not only provide financial donations, but donations of hours of labour on various projects.
- After extensive research, we implemented a Client Relationship Management System called E-Tapestry. This was deployed at the end of June and is performing well. This implementation allows us to undertake marketing strategies to attract donors and to segment our markets with greater return on investment. Reporting functionality has already improved and more timely donor information can be provided to key Team Leaders.
- All time record profit for a long standing event, Queensland Times Golf Day after 18 years.
- Increase in community fundraising activities such as Plant Expo, Ipswich Orchid Society and Karalee Tavern music event all of which resulted in donations of several thousand dollars each.

Enterprises Revenue 2012/13

- Bargain Centre (\$276k)
- Friends of Hospice (\$33k)
- Craft Group (\$5k)



Other Sources 2012/13



- Introduction of Christmas E-card concept providing recipients with the ability to donate online.
- Two new events were introduced during the year, a Wine Tasting event and a Mother's Day Stall event in the Hospice Memorial Gardens.
- Development of a range of E-signatures with hyperlinks to our GiveNow online donation web page.
- Development new publications such as "Admission to Hospice" and "Orientation" information brochures.
- In addition to our existing corporate sponsorship partnerships, new sponsorships were secured for Wine Tasting event and the production of Listen to the Children publication.
- Improvement of the format of our twice yearly newsletter, Voices resulting in a record donation drive result.
- Introduction of two new merchandise item, fragrant soaps and Hilda's House "I am OK" Bears.
- The conduct of a Community Education Forum during Hospice Week which saw over 50 community members attend. This project was held in conjunction with Palliative Care Queensland to present information on "Dispelling the Myths about Death and Dying".
- Submission to the Parliamentary Health and Services Committee, for the review of Palliative Care and Community Care Services in Queensland. A number of IHC representatives subsequently met with Queensland Minister for Health, Mr Lawrence Springborg.
- Successful submissions to QT Local Favourites and Ipswich Chamber of Commerce for the Best Community Service.
- Development of an interactive electronic Referral form for use by referring practitioners to our service.

Grant Activity:

Grant	Purpose	Grant Amount
Stanwell Community Grant	Purchase and installation of a Public Announcement System.	\$7,000
Queensland Cancer Council Grant	Purchase of three recliner chairs for patient rooms.	\$9,500
National Seniors Foundation Trust Community Grant	Purchase of a falls prevention electronic system for use with wandering patients.	\$980
Gambling Community Benefit Fund, Queensland Government	Purchase of a new printer/copier for Administration department and for Hilda's House.	\$15,411
Volunteer Grant, Department of Family, Housing, Community Services and Indigenous Affairs	Purchase of a new laptop for use in orientation and team member training.	\$1,500
National Seniors Foundation Trust Community Grant	Purchase of a shower commode to support patients while showering.	\$1,300

Looking Ahead

- The Bargain Centre goal is to increase its profit margin in the coming year, as the business is well established with a steady stream of good quality donations and an expanding customer base.
- We are partnering with the University of Southern Queensland, Springfield Applied Media Faculty to develop three corporate videos for Ipswich Hospice. This should be complete by November, 2013 and will provide us with marketing and consumer consultation tools for accreditation purposes.
- Explore further functionality with our CRM system to enhance our understanding of our donor market and capitalize on this information.

*‘To all you dear, lovely people
who cared for Bill and nurtured me
– how can I ever thank you’.*

Wife of past patient



Treasurer's Report

9th September, 2013.

The Members,
Ipswich Hospice Care Incorporated,
Chermside Road,
EASTERN HEIGHTS QLD 4305.

Dear Members,

It is with pleasure that I present my Financial Report for the year ended 30th June, 2013. Full details are provided in the Audited Annual Report, and I have now summarised the trading activities for the year.

Total Income was \$2,182,892, compared with \$1,953,860 for last year. This represents an increase of 11.72%.

Total Expenditure was \$2,170,905 compared with \$1,955,333 last year.

The main figures and percentages were as follows:

	<u>2012/2013</u>		<u>2011/2012</u>	
Income				
Grants	1,100,517	50.42%	926,834	47.44%
Donations	407,055	18.65%	417,573	21.37%
Sales (net of costs)	289,523	13.26%	291,066	14.90%
Fundraising	75,493	3.46%	80,791	4.13%
Fees (Health Funds,DVA etc)	242,520	11.11%	210,315	10.76%
Rental Income	19,073	0.87%	17,555	0.90%
Other Income	20,965	0.96%	16,762	0.86%
Gain on Investments	27,746	1.27%	- 7,036	-0.36%
	<u>2,182,892</u>	<u>100.00%</u>	<u>1,953,860</u>	<u>100.00%</u>
Expenditure				
Employment	1,758,422	80.55%	1,592,774	81.52%
Client Support	37,445	1.72%	40,989	2.10%
Fundraising Costs	17,517	0.80%	20,594	1.05%
Rent & Rates	68,383	3.13%	59,482	3.04%
Administration	119,065	5.45%	98,523	5.04%
Services	120,437	5.52%	98,924	5.06%
Other Expenses	7,785	0.36%	8,834	0.45%
Depreciation	41,851	1.92%	35,213	1.80%
	<u>2,170,905</u>	<u>99.45%</u>	<u>1,955,333</u>	<u>100.08%</u>
Operating Surplus	11,987	0.55%	- 1,473	-0.08%
Capital Grants	10,487	0.48%	183,944	9.41%
Overall Surplus	<u>\$ 22,474</u>	<u>1.03%</u>	<u>\$ 182,471</u>	<u>9.34%</u>

Source of Funds

The above Operating Surplus is represented in the accounts as follows:

Cash at Bank increased	66,367	
Fixed Assets purchased	35,189	
Investment increased	30,019	
Income Received in Advance reduced	33,507	
Deposits & Prepayments increased	<u>2,268</u>	167,350
Less		
Sundry Debtors reduced	22,779	
Sundry Creditors & Accruals increased	72,408	
Leave Provisions increased	7,838	
Depreciation written off	<u>41,851</u>	144,876
Operating Surplus		<u>\$ 22,474</u>

Overall

The activities for the year resulted in a surplus of \$22,474. In non-profit organisations, it is always pleasing to have a surplus. Due to bequests totalling \$35,244 the final results are impressive and allow us to start the new financial year positively. However, the future depends on future governments and boards being able to provide their financial support for this valuable service to the community.

Your committee continues to monitor the financial health of the centre during the year, so that Hospice remain a viable option for those who are in the latter stages of their lives.

My thanks go to the management team, and in particular Melissa and Ros, for their assistance during the year.

Kerry Drennan
Treasurer

