

1st July 2017 - 30th June 2018 ANNUAL REPORT

Shannon's Bridge Limited

ABN 68 615 831 742



Our mission

Shannon's Bridge is a new not-for-profit volunteer organisation which connects patients and families with existing palliative care services and supports.

We aim to support the community in dealing with issues around illness, dying and loss. The goal is to remove the taboo and change attitudes about death and dying. The focus is on not just a "good death", but "better living".

Shannon's Bridge is based on the "Compassionate Communities" international movement to help people live well within our communities, to the very end of our lives.

Our vision

Connecting patients and families with services to help with home based care at the end of life.

Our History

Shannon McKnight was diagnosed with acute lymphoid leukaemia when she was 17. She spent almost all of the next two years in hospitals, having intensive treatments. When the treatments no longer worked, Shannon just wanted to go home and watch the lightning storms roll in across the paddocks. This is where she wanted to be. Unfortunately, there wasn't after-hours access to specialist palliative care support where Shannon lived with parents Jeremy and Belinda McKnight.

Connecting the McKnight family with services was vital to help make her wish of staying home a reality.

Shannon's Bridge is named in her honour to:

- Improve literacy on death amongst the public,
- Assist people with Advance Care Plans in transition to their death.
- Link patients and families with existing palliative care services and supports,
- Train volunteers to provide practical help to the public, patients, carers and their families,
- Promote the education of the public with the transition from life to death.

Everyone should have access to excellent palliative care no matter where they live.



CONTENTS

Our mission	2
Our vision	2
Our history	2
Section 1 – An Overview of Shannon's Bridge Limited	
About us	4
Our people	6
Our supporters	7
Section 2 – Governance	
Structure & management	8
Chairperson's / Directors Report – Dr Allison O'Neill	9
Directors Report – Jeremy McKnight	11
Our Objectives and Activities	12
Section 3 – Our Finances	
Financial statement	15
Section 4 – Our other important information	
Acknowledgements	16
Looking to the future	17
How you can help	17
Contact us	17

ABOUT US

Background

Palliative care is specialist care for people living with incurable and life-limiting illnesses with the primary goal of quality of life¹. It involves a team approach with a focus on managing symptoms and helping the family unit adjust from the idea of treatment being used to cure their loved ones.

Death in Australia is more institutionalised than in much of the world². Studies consistently show that almost 70% of Australians would prefer to die at home, with hospitals their least preferred place. Over the past century, home deaths have declined and hospital and aged care deaths have increased³. Today only about 14% of people die at home each year. Over half the remaining deaths occur in hospitals⁴. With almost 70% of deaths "expected" our aim should be trying to improve the disparity between preferred and actual site of end of life care.

Regional and rural GPs can help patients navigate the confusing service networks and advocate for their wishes. This is demonstrated by an innovative model in Creswick and Clunes, commenced in 2015. By improving access to expert and local care, actual and preferred place of care and death was achieved for 91% of patients – without government or health service funding.

Community organisations are ideally placed to initiate and open the discussion about death and dying with patients and families but they need support to be sustainable. With highly trained health professionals, with a passion for increasing our palliative care commitment to the region, **Shannon's Bridge** has an opportunity to extend an innovative model based on the Compassionate Community model⁵ where local people can access expert and local care with the aim of not just a "good death", but better living – and to be where they want to be for whatever time they have left.

Shannon's Pack

A combination of emergency symptom control equipment & instructions to deliver the care and support for patients and families. The first pack was created when Shannon needed the contents to help make her comfortable at home when she was dying. We have sent out around 30 packs across Victoria. The Victorian Parliament's Inquiry into end of life choices identified after-hours access as one of the biggest hurdles to helping people stay at home for their terminal care. The existing palliative care services are brilliant but very few of them are able to offer after hours cover for their patients. As a result, depending on where a patient lives, they might be reliant on Ambulance services, local Emergency Departments and GP on call services for after-hours issues.

One way of tackling this hurdle is to provide GPs with emergency packs for use at home by the patient and their loved ones after training and education about symptom control and referral pathways. With generous donations from community groups and individuals we aim to be able to supply Shannon's Packs to every interested GP practice, regardless of where they are located.

Palliative Care Australia, Palliative and End of Life Care – Glossary of Terms, PCA, Canberra 2008

Sweissen, H and Duckett, S. (2014) 'Dying Well', *The Grattan Institute*

Higginson, I., Sarmento, V., Calanzani, I., Benalia, H. and Gomes, B. (2013) 'Dying at home - is it better? A narrative appraisal of the state of the science', *Palliative Medicine*, 27(10), p 918-924

⁴ Broad, J., Gott, M., Hongsoo, K., Chen, H. and Connolly, M. (2013) 'Where do people die? An international comparison of the percentage of deaths occurring in hospital and residential care settings in 45 populations, using published and available statistics', *International Journal of Public Health*, 58, p 257-267.

⁵ Lord, J (2004) "Building A Good Life in Community – Ten lessons from promising initiatives across Canada", Summary of Research Completed by John Lord.

Community Education

Shannon's Bridge Directors have given presentations on the palliative approach and promotion of death literacy at community consultations in Talbot, Creswick and Ballarat and participated in the "Dying Well in Hepburn" Community Forums in Daylesford, Clunes and Creswick.

The network-focused model utilises the health literacy principles of education, communication, consumer participation and engagement, as well as respecting the attitudes and beliefs of consumers and promoting a supportive and positive organisational culture. By "bridging" the divide between the formal health services and community services, Shannon's Bridge is uniquely placed to foster the Compassionate Community philosophy.

Volunteer Training

Based on the extensive work of Palliative Care Victoria's Volunteer Training Manual and Compassionate Communities, Shannon's Bridge have been conducting training of volunteer groups. The accredited training has been made available without cost to communities and is able to be tailored to existing groups and their needs.



Volunteer Training in Creswick



'Shannon's Pack' Packing Day

OUR PEOPLE

Directors

Name	Position	Dates acted
Dr Claire Hepper	Director	1/7/2017 — 30/06/2018
Dr Allison O'Neill	Director	1/7/2017 – 30/06/2018
Jeremy McKnight	Director	1/7/2017 – 30/06/2018
Belinda McKnight	Director / Secretary	1/7/2017 — 30/06/2018



Dr Claire Hepper Director



Dr Allison O'Neill Director



Jeremy McKnight Director



Belinda McKnight Director / Secretary

OUR SUPPORTERS













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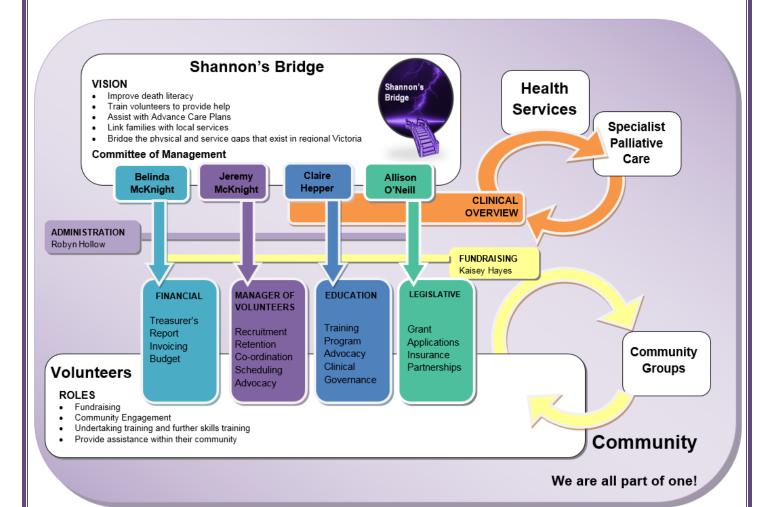
photographer TERRYHOPE productions





SECTION 2 GOVERNANCE

STRUCTURE & MANAGEMENT





CHAIRPERSON / DIRECTOR'S REPORT

Dr Allison O'Neill

Another year of busy activity within and around Shannon's Bridge has seen much growth and development in the organisation, and considerable progress toward the goal of equitable access to excellent palliative care for people living in any location.

This year has seen the consolidation of the structure and organisation aspects of running Shannon's Bridge as a professional not-for-profit organisation - especially since March 2018 with the announcement that Shannon's Bridge would receive a Government funding grant under the End of Life Ancillary Grant. This has certainly enabled the expansion of the Shannon's Bridge activities and services to be able to reach more individuals, and to offer more help where it is needed.

It has been reassuring to see that, despite the additional 'formalities' required to effectively run an organisation of such a size and scope, there has been no loss of the initial inspiration and community footing that still firmly leads every activity the Bridge team is involved in. We have not lost sight of Shannon McKnight's vision - her selfless direction in providing the drive to help others in their critical end of life time. This drive has joined with the collective compassion that is the very essence of community. The result has seen help where it is needed - real, practical and visible help, that has allowed families to care for their loved ones at home. As in the years preceding, we have seen that the best end of life care occurs where there is knowledge (known as 'Death Literacy'), and forward planning, including Advance Care Planning, so that everyone knows the wishes of an individual, and can access the supports needed to provide care.

The activities of Shannon's Bridge in the 2017-2018 year have continued to be based around working with the community to raise awareness (and funds!), ongoing training of our amazing volunteer base, education to the community and professionals, and of course distribution of the Shannon's Packs, and more recently other practical resources.

We have been privileged to continue working with, and to receive support from, wonderful community organisations, who have been providing compassionate care well before Shannon's Bridge existed. Even now that we have received a one off funding grant, Shannon's Bridge will continue to need to raise funds and create a model that is self- sustaining. We have loved being present at many fantastic community events that have championed the cause of Shannon's Bridge, raised essential funds, and provided a platform for community education and support. Highlights included the Carranballac Cricket Club Purple stumps day in February 2018, the Red Knights motorbike ride in November 2017, and incredible support from Lions Club and Murray Mallee Training, as well as community support from individuals and many organisations. We enjoyed running the Art of Bereavement project (funded by the Grampians Regional Palliative Care Consortium), which combined art therapy and bereavement therapy with the subsequent distribution of handover bags to local health services.

We love meeting groups who have like-minded aims to those of Shannon's Bridge, and pooling ideas always amplifies the potential of what can be achieved in isolation. We continue to work with the Ballarat Compassionate Communities group, and have made meaningful connections with the Just In Case program, Bigger Hearts movement (creating dementia-friendly cities), Caring at Home, the Groundswell Project and the Primary Health Networks, to name just a few of the many people we have spoken to this year. We have become more aware of the Compassionate Cities framework, and how this connects to the provision of palliative care. We have also been able to talk to MPs and connect with the formal organisations that influence the provision of health care in Australia.

Training sessions for new volunteers have been a mainstay of the organisations activities, we continue to be astounded by the willingness of others to provide assistance to people living in their

community. Training sessions have been tailored to allow for the existing skillset of the volunteers, who deeply enrich the work of Shannon's bridge.

As well as providing help to families in need, our volunteers have also been instrumental in assisting with the distribution of many more Shannon's Packs, with several 'pack making days' made productive by the work of many hands. We were grateful for funding from the Oliver foundation and the Hospice Foundation Geelong which has grown the supply of packs. The packs continue to be a central element of how Shannon's Bridge is able to help to facilitate symptom control for people living at the end of life, both in our local community, and further afield. We have also begun to develop and gradually acquire a 'wish-list' of other resources and equipment which can assist with home based care - from bigger items such as oxygen concentrators or syringe drivers, to mobility aids, slide sheets and educational resources.

Education continues to be seen as a critical element alongside resources. We have run successful community education days, such as the Dying to Know day in August 2017, National Palliative Care week activities, including 'Let's Talk about Dying', and presented at "A Well Planned Journey" in Creswick, and conferences such as the Groundswell Death Literacy conference in Sydney in June 2018. In August 2017 we were on the road to the Mildura region to discuss the Compassionate Communities model of care. We also work with health professionals, both one on one, and in forums such as the District Nurse education day.

The pace of work and progress in the Shannon's Bridge organisation has continued on steadily, with so many exciting developments at every corner. With the End of Life Ancillary Grant funding received just as the year closes, it will be wonderful to see what the 2018-19 year holds. First priorities are a physical place to dwell - the End Of Life Hub, already well underway, and staff to achieve our goals faster. The need is now - as individuals and families in our community - and in every community - discover the needs of end of life care in their place of choice - needs we know exist, and strive to bridge every day.

I thank you all for your support, and encourage you to be involved - in your own end-of-life planning, and in helping others, close or far, formally or informally. Compassion for others requires a response, and Shannon's Bridge helps make that response the best it can be.

Dr Allison O'Neill Shannon's Bridge Director





DIRECTOR'S REPORT

Jeremy McKnight

It has been a busy and productive year.

It has been a privilege to be invited to attend so many wonderful Organisations, Community and Church groups, local town groups and friend circles.

Each time we speak with a group we gain not only generous donations, but also valuable experiences from people who have been involved directly or indirectly with palliative care, be it with a loved one, family member or friend.

Each experience that these people speak to me about has taught and inspired us to continue to do whatever we can to raise awareness, understanding and aid for people in remote areas to assist in palliative care.

It was wonderful to watch as word spread and we started receiving calls from people who had heard of us and wanted some more information. Although the main question we received from anyone contacting us was -

"How can we help?"

In the last year so many wonderful people have volunteered to help and brought with them such a diverse and unbelievable range of skills that they wish to offer to benefit others.

Dr Claire Hepper and Dr Alison O'Neill epitomize this. Both are full time GP's who are dedicated to their patients and give so much to aid in the care of others.

The good will, caring and love that continues to make this charity grow are beautiful.

Shannon wanted this to happen, and watches with a smile.



OUR OBJECTIVES AND ACTIVITIES

Fundraising and Activities



Fundraising has been an essential ongoing task to support the work of Shannon's Bridge. We have been generously supported by individual donors and community groups. Funds have arrived from many sources. The community groups who have made commitments to hold events and donate funds include;

- Carranballac Cricket Club Purple Stumps Day (pictured above)
- Red Knights Ride 2017
- Lions Club
- Murray Mallee Training
- Art of Bereavement (July 2017)
- Dying to Know Day & the Creswick RSL (August 2017)
- Volunteer Training (August 2017)
- Mildura Education Trip (August 2017)
- Just in Case Project Tasmania (September 2017)
- Shannon's Pack Making Day (September 2017)
- Location Location Palliative Care Conference (October 2017)
- Whispered Questions at the Ballarat Art Gallery (October 2017)
- District Nursing Conference Tasmania (November 2017)
- Training Videos for Child Celebration Network in Uganda (February 2018)
- Lions Quilters Meet the Makers Day (March 2018)
- A Well Planned Journey Public Education Day (April 2018)
- National Palliative Care Week (May 2018)

Community Engagement and Connection with Existing Services

We have known from the outset, and learned more as we have spoken to people, that there is already a large amount of compassion being exercised in the community in which we are focussing our activities. Meeting with people and groups who are already helping people in need has been incredibly uplifting. One of the key aims of Shannon's Bridge is to connect patients and families with services that can help at the end of life. We have continued to forge links with both formal and professional services as well as informal community based services.

We have created a 'Help Enlisting Card' resource to assist families to access the supports they have, and to identify when Shannon's Bridge volunteers may be needed to fill 'gaps' in the support network. These cards have been trialled as we continue to develop the most effective ways to work with people who need help.

Increasing Death Literacy

One of the barriers to providing the help people need in their end of life care is that often, families will not understand what they need, until they need it. Death and dying are not subjects that are frequently discussed in our society, and even when faced with the reality of a life limiting illness, there can be some reluctance to discuss end of life care, and this can also be overlooked in the context of medical care. Without knowing more about what can happen, and what care options are available, it can be more difficult for an individual to express their wishes, and to prepare to meet future needs. This is why Shannon's Bridge also aims to increase understanding about death ('death literacy'), and to help people plan in advance for what they as an individual wish (Advance Care Planning). We have accessed useful resources, and spoken in many settings about this topic, as well as the work Shannon's Bridge aims to do. Most people want to talk about how they want to be cared for at the end of their lives, but few people have done so.

Volunteer Recruitment and Training

This very exciting aspect of the growth in Shannon's Bridge has very much provided future direction and energy for Shannon's Bridge. The willingness of local community members to volunteer their time, resources and skills has led us in the direction of researching ways of best using time, as well as developing the necessary practical supports. Shannon's Bridge has secured appropriate insurance to allow for volunteer activities, and has produced its own volunteer training manual by adaptation of existing resources to suit our purpose. We have held two training days, with a third planned in August 2017. We look forward to working alongside our volunteers, who have patiently waited through these months of planning, to assist them in providing real and needed help where it is and will be needed. There are never enough opportunities to thank you all.

Shannon's Packs

Where things began! The Shannon's Pack is a compact and portable equipment resource. The first Shannon's Pack was designed by Dr Claire Hepper after a visit to help Shannon. Inspecting the content of her existing home visit bag at this visit, it was clear to Dr Hepper that there were a few vital pieces of equipment missing which would have made the task at hand much easier, and



that the best way to ensure that those resources would be where they are needed when they are needed, would be to have an equipment pack available to the patient. The first pack produced has needed little adjustment, and providing these for other General Practitioners, patients and other health services was an obvious first aim for Shannon's Bridge. Careful purchasing and in-kind donations has seen the 'per pack' cost more than halve, and this, along with a generous funding donation to provide 80 packs, will mean it is possible for Shannon's Bridge to provide packs to supply the immediate need for them. We have been promoting these packs in medical settings, and have found GPs and other doctors in other remote and regional areas who have either been supplied with a pack, or

who can model similar ideas for their own regions. Closer to home, we have been able to provide packs to people living at home, wherever there is the potential for the pack to help ease a symptom or assist with end of life care. Quite often the packs, which can be restocked and prepared for reuse, are 'peace of mind', and may not need to be used at all. At other times, they have been used and been incredibly helpful in providing timely care for people at home.

Equipment and Resources

We have been aware that there are other practical things that can help with end of life care at home. Some of this we have already been able to purchase for use in our community. Examples include several 'Shannon's bags', larger stocked bags to support the use of the Shannon's Pack when doctors visit at home, and an oxygen concentrator. We do have a long 'wish list' of other equipment which would benefit the community – and so goes on the fundraising.

Future Activities

We look forward to providing you all with an update in future Annual Reports about the progress and activities in each of the above areas. There will be "more of the same", as well as new opportunities, and building on the foundational work of our first year.

SECTION 3		JR FINANCES
Shannon's Bridge Limited		AT INANGES
68 615 831 742		
Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2018		
Tof the real Lindea 30 Julie 2010	2018	2017
	\$	\$
Government funding and other income	67,367	72,580
Client services - consumables	(3,027)	- (0.550)
Client services - purchases Depreciation	(11,287) (3,428)	(8,553)
Employee benefits expense	(3,300)	-
Other operating expenses	(22,120)	(11,045)
Profit before income tax	24,205	52,982
Income tax expense	-	-
Profit for the year	24,205	52,982
Other comprehensive income for the year, net of tax	-	-
Total comprehensive income for the year	24,205	52,982
Statement of Financial Position As At 30 June 2018	2018	2017
ASSETS	\$	\$
CURRENT ASSETS		50.000
Cash and cash equivalents Trade and other receivables	2,820,848 3,436	52,982
TOTAL CURRENT ASSETS	<u>-</u>	
NON-CURRENT ASSETS	2,824,284	52,982
Property, plant and equipment	13,130	_
TOTAL NON-CURRENT ASSETS	13,130	
TOTAL ASSETS	-	
	2,837,414	52,982
LIABILITIES CURRENT LIABILITIES		
CURRENT LIABILITIES Trade and other payables	262,695	_
Other financial liabilities	2,497,310	- -
Employee benefits	216	-
TOTAL CURRENT LIABILITIES	2,760,221	-
NON-CURRENT LIABILITIES		
Employee benefits	6	
TOTAL NON-CURRENT LIABILITIES	6	-
TOTAL LIABILITIES	2,760,227	
NET ASSETS	77,187	52,982
EQUITY Retained earnings	77,187	E2 002
TOTAL EQUITY		52,982
	77,187	52,982
Annual Report 2017 – Shannon's Bridge Limited		15

Statement of Cash Flows

For the Year Ended 30 June 2018

	2018	2017
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from customers	2,767,824	26,400
Payments to suppliers and employees	(33,379)	(21,998)
Donations received	49,979	48,580
Net cash provided by operating activities	2,784,424	52,982
CASH FLOWS FROM INVESTING ACTIVITIES:	(16,558)	
Purchase of property, plant and equipment	(10,338)	
Net cash used in investing activities	(16,558)	
CASH FLOWS FROM FINANCING ACTIVITIES:		
Net increase in cash and cash equivalents held	2,767,866	52,982
Cash and cash equivalents at beginning of year	52,982	-
Cash and cash equivalents at end of financial year	2,820,848	52,982

This financial report is a summarised version of our full financial report. Copies of our 2017-18 audited financial report can be obtained upon request from our registered office – 94 Albert St, Creswick, Vic 3363

ACKNOWLEDGMENTS & THANK YOU

Shannon's Bridge would like to say a massive Thank You to all of our volunteers and community members in the townships of Creswick, Clunes, Carisbrook, Talbot, Maryborough and surrounds that have supported and continue to support Shannon's Bridge.



LOOKING TO THE FUTURE

Shannon's Bridge epitomises what I think is the future of Palliative Care in Australia – the linking of the formal health services and the informal and community strengths. Dr Allison O'Neill and I were honoured to represent the team at the first Compassionate Communities Symposium, February 20th and 21st in Sydney. This highly successful forum has sparked a local collaboration between specialist palliative care services, health services, community groups and private organisations involved in care at the end of life. I have been privileged to be involved in the evolution of this organisation from the determination of one family to provide access to palliative care without service boundaries, to a thriving and volunteer driven team which is recognised nationally. Our fledgling volunteer program is made up of highly motivated people with inspirational stories. We still have a great deal of work to go but with the amount of care provided already in less than a year, I am excited to see what the next twelve months will bring. A personal thank you and acknowledgement to Jeremy McKnight, Belinda McKnight and Dr Allison O'Neill for their passion and amazing work ethic.

Dr Claire Hepper

HOW YOU CAN HELP

If you would like to help out by either volunteering your time, making a donation, leaving a bequest, supporting an event or fundraising activity or by becoming a corporate partner please contact us via one of the methods below.

If you make a donation via our bank account and would like tax receipt please send us an email with your details.

CONTACT US

