



# *Your Gratitude Report*

2018



BEATI QUI HABITANT  
IN DOMO TUA, DOMINE

# ***Our Mission***

Through service, advocacy and education, Mercy Hospice is committed to ensuring that all those in our community needing palliative care receive it with the utmost professional skill and respect.

# ***Our Values***

Tapu o te tangata ***Dignity***

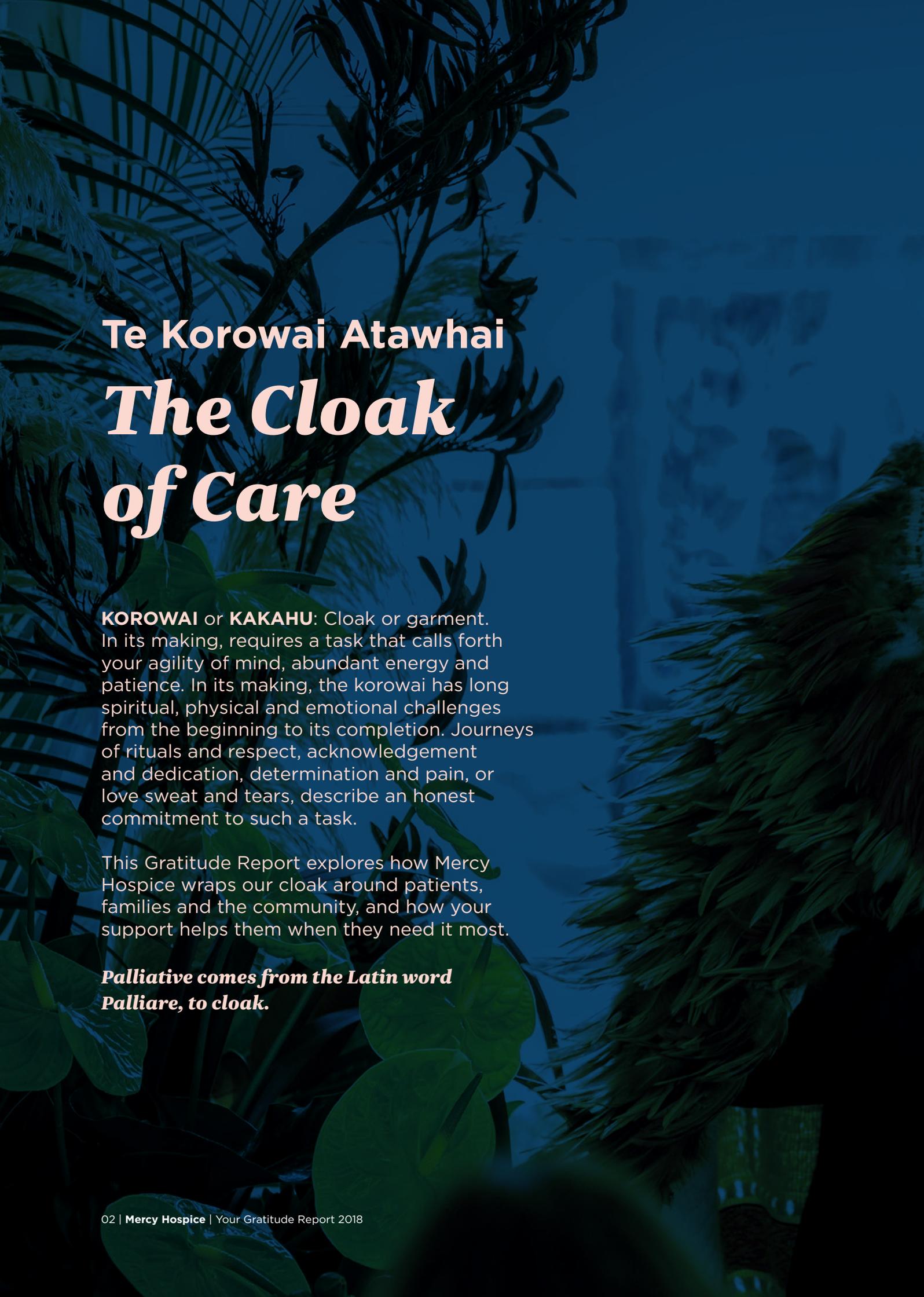
Aroha ***Compassion***

Whakanui ***Respect***

Mahi rangatira ***Quality***

Aroha ki te rawa kore ***Advocacy***

Kaitiakitanga ***Stewardship***



# Te Korowai Atawhai *The Cloak of Care*

**KOROWAI** or **KAKAHU**: Cloak or garment. In its making, requires a task that calls forth your agility of mind, abundant energy and patience. In its making, the korowai has long spiritual, physical and emotional challenges from the beginning to its completion. Journeys of rituals and respect, acknowledgement and dedication, determination and pain, or love sweat and tears, describe an honest commitment to such a task.

This Gratitude Report explores how Mercy Hospice wraps our cloak around patients, families and the community, and how your support helps them when they need it most.

***Palliative comes from the Latin word Palliare, to cloak.***



**Dr Bruce Foggo**

Medical Team Leader

Retired March 2018

In over 20 years of service to the Hospice and the palliative care community, Dr Bruce Foggo has been a role model of our Mercy values and optimised Te Korowai in every way possible. His clinical expertise has eased the distress of patients and families. He has gently guided and generously shared his experience in the art and skill of palliative care. With professional integrity, commitment, loyalty and collegiality, he has led the medical team. We will be forever grateful.



***It has been really good for me to rest at Mercy Hospice. I am happy to just get support when I am there. It's very comforting and very reassuring: they are my mate and my friend.***

Merry Toka





***“I don’t  
feel like a  
patient –  
they are  
just part of  
the family,  
part of the  
team.”***

**Mercy Hospice has wrapped its cloak of care around the life of Merry Toka over many years, evolving from being a provider of services to becoming, as she says, a valued member of the family.**

This is her story.

I first came into contact with Mercy Hospice in 2014. I had been struggling since 2008, for a long time, and then I got sick.

Mercy has helped me get to know my sickness, what’s wrong with me, and to cope every day. Mercy has also helped me to adapt in this world, to do quite a few things to help myself, as well as to help me come in contact with different people.

Had I not seen Mercy Hospice nurses, I would have

**“I want people to know that Mercy Hospice is not a place to go and die. It’s a place of rest.”**

been going to the doctors a lot more often. That can be quite expensive, which makes it hard. And then there’s the travelling, which makes it even harder, as I have to get to Mt Wellington.

Mercy nurses really, really care. They make you feel welcomed.

Mercy Hospice has allowed me to come in and have a break from home when things get tough. This has happened maybe four times.

**It has been really good for me to rest at Mercy Hospice. I am happy to just get support when I am there. It’s very comforting and very reassuring: they are my mate and my friend.**

I have been through some very low and bad times, and they have helped me to get on top of it. At one time I couldn’t even identify what was wrong with me because I was feeling really sickly at the time. I was very happy to go into hospice to get the help I needed, and I was very grateful they got me back up to 100% before I went home.

I say, ‘I’m going to hospice, yay!’ And when people ask why, I say that it’s a place for people to get rest and treatment.

It’s not just a building, it’s way more than that. So many services have been offered to me just by asking. If you don’t ask, you won’t know.

**Without Elaine and her colleagues coming to see me I’d actually be lost.**

I don’t feel like a patient – they are just part of the family, part of the team. It’s a totally different sort of care to a hospital.

I also have a new granddaughter, who is now three weeks old. Her name is Ariya, born 7.4 lbs, a very happy and content child. She came to see me, and I crocheted her a hat with a pom-pom. I even rang Mercy Hospice to tell them; we were all excited.

**Mercy Hospice is a really great place.**

***“Mercy Hospice nurses show they care about my wellbeing; they go out of their way to offer it to me 100%.”***

**I consider them as part of my family, which they are. They also consider my family part of theirs as well.**

I have used many hospice services, including social services, the chaplain, physiotherapist, occupational therapist, and counselling. If I couldn't have had help from them, I wouldn't have had a helping hand.

The physio came in and helped me when I broke my kneecap in half just by standing up. It meant I ended up in hospital, but I came from hospital to Mercy Hospice for rehab and aftercare and stayed for about three weeks. I am still undergoing help, but I healed faster than I expected. Mercy even organised a La-Z-Boy for me. It helps me to get in, and tips me out. They also helped with my bed, walker, commode, many things. They provide support for Karen, my sister, who is my main caregiver and I couldn't manage without her.

**One of Mercy's people even came and helped me personally with my benefit, as I was new to it, and with taking care of my sons.**

For example, Mercy Hospice nurses and volunteers have gone out of their way while looking after me to help me learn how to knit – and I love it. I knew how to crochet before, but learning a new skill gives me another way to learn how to make booties, and hats.

At the moment I am knitting squares to make a huge blanket. It will take forever, and every now and then I get sick of squares, so I have to look for something else to do.





***“I have had a huge amount of care just by having something to do with Mercy Hospice.”***

I have experienced so many things with Mercy Hospice, like being on 7 Sharp helping to promote the hospice during Fashion Week!

My family is a huge supporter of the hospice. My father died 26 years ago from cancer, so we are very familiar with it.

Since I have become familiar with the hospice I have found ways to donate money because the Mercy runs on donations: only donations keep the place running. I donate what I can every week because of what they do for me, and my family do the same because of what I have told them. We have to make the donations happen. Otherwise, they wouldn't be able to run the facilities they do for us, for free.

## Our Board

Denis Wood  
**Board Chair**

Denise Downey rsm  
**Director**

Sue Keppel  
**Director**

Dr Arthur Morris  
**Director**

Patricia Rowe rsm  
**Director**

Dr Barry Snow  
**Director**

Frank Tuck  
**Director**

# Comm

# Me Hos



8,470

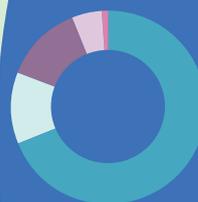
**Community nurse visits to people in the community**

304

**Average number of patients cared for at any one time**

436

**Manaaki attendances**



### Ethnicity

- 69% European
- 12% Asian
- 13% Pasifika
- 5% Maori
- 1% Other

4,295

**Education participants**



26	Family carers
92	Pharmacists
128	Nursing students
200	Medical
230	Allied health
324	Medical students
392	Health care assistants
1,805	Residential nurses/EN
578	Other students
520	Other



### Place of death

- 37% Inpatient Unit
- 28% Residential care
- 23% Home
- 11% Public hospital
- 1% Other

April 2017-March 2018 data

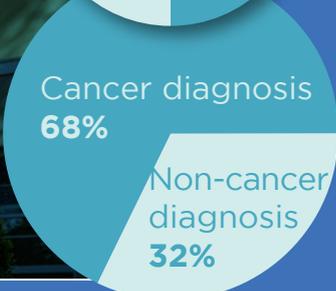
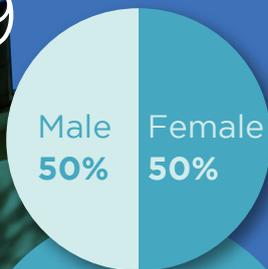
# unity

# rcy pice

1,049

**Referrals**

these are  
unique patients



1,078

**Family Support  
visits to people in  
the community**

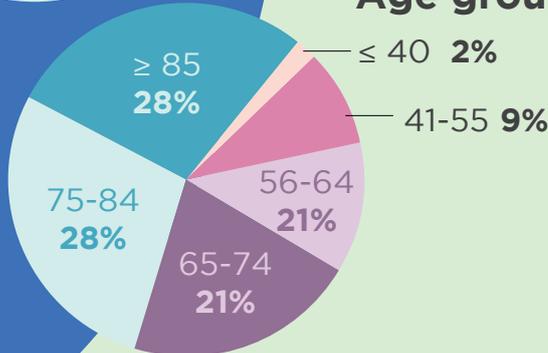
353

**Admissions to  
Inpatient Unit**

8 days

**Average  
length of stay**

**Age groups**



582

**Volunteers**

56,956

**Hours donated**

- 4,909 Hospice
- 1,484 Patient support
- 540 Manaaki
- 1,590 Biographies
- 3,159 Fundraising
- 45,274 Retail

## Our Executive Team

Paul Couper  
**Chief Executive Officer**

Dr Pam Jennings  
**Medical Director**

Cheryl Kenwright  
**Human Resources  
Manager**

Dr Carol McAllum  
**Strategic Clinical  
Director Mercy  
Hospice / ADHB**

Collette Parr-Owens  
**Clinical Services  
Manager**

Teina Stewart  
**Operations Manager**

Ian Watson  
**Commercial Services  
Manager**

Caroline White  
**Financial Controller**



*Hospice has allowed us to close Mum's life in such a wonderful peaceful and gentle way in our family home of 68 years, with views of her gardens through the windows and all of us around her, which was her wish if it was possible.*

Philippa Martin





**Joan Ward lived a long and full life. A nurse, wife and mother of four children, she lived into her tenth decade, cared for in her own home by her devoted family, supported towards the end of her life by Mercy Hospice.**

**Joan's daughters Philippa and Barbara tell the story in their own words of how Mercy's cloak of care was one of reassurance, availability and help when needed:**

Mum had a hospital appointment in October last year. She had been diagnosed with dementia at 90, but I wanted her to have a check-over as she had had a run of infections and I thought something was happening.

I took her into hospital, where they confirmed she had bladder cancer. We decided that nothing was to happen except a simple surgery, as she had told us at Christmas that as she was 92 she didn't want anything more to happen. She was a nurse herself, so she knew where she was at, and we came home.

From that point on she started to do a bit of falling over, which frightened her, so she gave me the responsibility of looking after her care.

Just after Christmas, the dementia meant she became a little bit hyperactive at times. Her emotional unpredictability on occasions was a little bit worrying. We commenced a 24-hour roster with my sister Barbara and Dan, which helped greatly because I knew Barbara particularly would follow our plan of care diligently and let me know any issues that would arise - communication being the key factor among my brother, sister and I.

At that time the hospice came in - with nurses Amanda, Jill and Orla. They talked with Mum, made sure she was happy, and said "call us if you need us". Orla then came in again and did another assessment when Mum became more agitated, and Mum remembered her.

In March we had a big storm that caused a power outage for several days. The storm made a change in Mum. She was no longer watching TV. She had been sleeping at that point in the La-Z-Boy because she felt less pain in it, but now she wanted to get up and down all the time, and she kept jumping out of the chair - so she started to have a lot of falls. If mum wanted a glass of water, in the time it took me to get it she'd





jump out of her chair and fall onto the floor. And this could happen at any time, day or night.

It was a stressful time, as I couldn't walk away. I was starting to feel very bogged down with very little sleep, very much on my own - quite isolated. I couldn't eat much, and I was at my wits' end.

### **Just downloading was the first step of real support**

I rang hospice and asked if they would turn up. The hospice nurses started coming once a week or fortnight, as needed. They gave me emotional support, as I had been at a desperate stage.

The nurses were there on the end of the phone line. I could phone them at any time.

For me personally the biggest thing was knowing on a 24/7 basis that I had someone on the end of the line. It made a difference to me.

I felt I was having an isolated discussion until I talked with the nurses. It was more me that needed the help, reassurance that what we were doing would be ok for Mum.

I didn't use it much, just enough to ask if people could turn up within the fortnight - just talking on the phone and when they visited. Not talking that much, but just downloading how I felt about things.

### **I really felt the Mercy cloak of care through emotional support**

They left the decision-making up to us, not telling us what to do, but coming up with ideas and

actually listening to us, which was marvellous.

It was about this time that Andrea, my sister living in Australia, came over to help, so it meant I could roster all four of us – Andrea, Barbara, Dan and myself now on a 24-hour care supporting one another.

Because I am a nurse I felt they gave me a little leeway to listen and say 'that would work'. That was really good, because we had a shared confidence in one another.

The load lightened when I had my sister, and a listening ear with the nurses. I felt emotionally supported, which was a big thing.

We couldn't have Mum sleeping in the chair because every time she got up she'd fall. Orla suggested an airflow mattress. That was a life-saver because Mum had a scratch on her back I worried about, and I thought about what if I had to turn her in the night.

The nurses had a look at her, and when we got the airflow mattress it healed up.

### **Somewhere in that period of time the pain relief started**

The pump helped to calm her, and it stopped her agitation and swallowing.

Jill turning up for a crisis one night was so helpful – a pivot point. We were able to discuss pain relief, and she was a listening ear.

The nurses turning up, just looking,

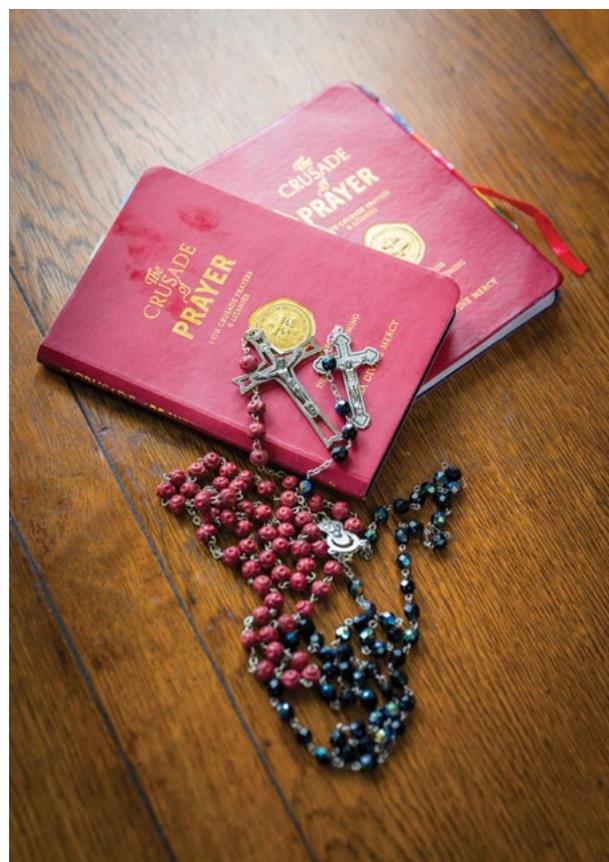
just being there, with a little bit of conversation and instruction, and help with syringes and supplies, was a big thing.

### **Mum was 92 and half when she died**

The Mercy nurses listened at every step on the journey – they made a big difference. I was so pleased, as it calmed Mum's later days.

For me the cloak was what made a big difference, especially me mentally – and my sister said it too. The 24-hour anytime conversation we could have on the phone gave us the perception that anyone could be there at any minute, and we could discuss what we wanted.

Mum gave us so much, and with your support we were able to give her the best possible end to her life.



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***Thank you to Merry Toka,  
Philippa Martin and Barbara Hancock  
for sharing your stories***

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## ***How you can help***

We support people living in the Auckland District Health Board area.

This covers Auckland City and the central suburbs from Glendowie in the east to Avondale in the west, Herne Bay in the north to Otahuhu in the south. Specialist inpatient care is also provided to people from Waiheke and the islands of the Hauraki Gulf.

Our services are provided 24 hours a day, 7 days a week.

### ***Get involved***

You can make a donation online [www.mercyhospice.org.nz](http://www.mercyhospice.org.nz)

Donate quality items to any of our hospice shops [www.hospiceshops.org.nz](http://www.hospiceshops.org.nz)

### ***There are many ways you and your business can get involved***

**Contact** Natalie Macaulay

**P** 09 361 5966 **E** [natalie.macaulay@mercyhospice.org.nz](mailto:natalie.macaulay@mercyhospice.org.nz)

### ***When the time is right, please consider remembering Mercy Hospice in your will***

**Contact** Anne Wright

**P** 09 376 7578 **E** [anne.wright@mercyhospice.org.nz](mailto:anne.wright@mercyhospice.org.nz)

### ***You can volunteer your time by***

- Working in one of our retail shops
- Helping at a fundraising event or street appeal
- Providing support to patients

**Contact** Julie Reid

**P** 09 376 7567 **E** [julie.reid@mercyhospice.org.nz](mailto:julie.reid@mercyhospice.org.nz)

## Our message to you

The theme of this Gratitude Report is around our holistic approach to people requiring palliative care as they reach the end of their lives. Our philosophy is in our name, Te Korowai Atawhai. This means 'The Cloak of Mercy'. This is the cloak we place over our patients and families. It is the cloak of care, the cloak of dignity, the cloak of compassion and the cloak of respect.

This Cloak of Mercy embraces not only our patients but also their families and those who are close to them. It acknowledges that many people can be touched by one death. The role of Hospice is to provide the utmost care to every patient. But also to recognise that families need to share this journey. Our cloak of compassion extends to them. Our services are not only managing pain and associated symptoms but also to provide emotional, spiritual and social care for both patients and families.

Over the last year we have looked after over 1,000 patients with incurable illness who are nearing the end of their lives. At any one time, we cared for approximately 300 patients and their families. In addition, we have undertaken close to 9,000 visits to patients in their places of residence.

Mercy Hospice is a community service, funded by the people for the people. As this report shows, in the year under review, it cost just over \$9.2 million to fund our service. Mercy Hospice received \$5.8m from the ADHB, which represents 63% of total costs. This means that we need to raise around \$3.5 million from the community every year. This fundraising occurs through Hospice shops, charity functions, donations, bequests and a myriad of other activities.

We continue to be amazed at the generosity of the people of Auckland. Without this we could not provide the service that we do.

Over the next 20 years we expect to see a significant increase in the number of people who require palliative care. We need to ensure that with modern facilities and ongoing professionalism in our clinician teams, that we are positioned to meet this demand.

We thank you for your support of Mercy Hospice.

Warm regards



Denis Wood  
BOARD CHAIR



Paul Couper  
CHIEF EXECUTIVE

# Statement of Financial Performance

FOR THE YEAR ENDED 31 MARCH 2018

	31 MARCH 2018		31 MARCH 2017	
	\$	\$	\$	\$
<b>OPERATING INCOME</b>				
DHB contract income - patient services	5,831,910		5,771,384	
Other contract income	4,472		2,447	
Other operating income	598,238		263,370	
Interest received	37,764		31,997	
		6,472,383		6,069,198
<b>OPERATING COSTS</b>				
Salaries and wages	(7,107,973)		(6,356,777)	
Agency Payments	(153,005)		(331,151)	
Contract Payments	(116,157)		(224,451)	
Other Staff Costs	(409,213)		(438,319)	
Patient Care Costs	(397,841)		(395,233)	
Facility Operating Costs	(497,817)		(494,500)	
Administration Costs	(723,225)		(577,005)	
Depreciation	(332,933)		(349,036)	
		(9,738,164)		(9,166,472)
<b>OPERATING DEFICIT</b>		<b>(3,265,781)</b>		<b>(3,097,274)</b>
<b>FUNDRAISING</b>				
Income from donations and fundraising	3,297,573		2,778,235	
Expenses - Fundraising	(908,021)		(767,089)	
		2,389,552		2,011,147
<b>RETAIL</b>				
Income from shop sales	2,707,539		2,644,102	
Expenses - shops	(1,831,721)		(1,557,546)	
		875,818		1,086,557
<b>Net Surplus/(Deficit) for the Year</b>		<b>(411)</b>		<b>429</b>
<b>STATEMENT OF MOVEMENTS IN EQUITY</b>				
FOR THE YEAR ENDED 31 MARCH 2018				
		\$	\$	\$
Opening Equity		7,772,556		7,772,127
Net Operating Surplus/(Deficit) for the year		(411)		429
Total recognised revenue and expenses		(411)		429
<b>Closing Equity</b>		<b>7,772,145</b>		<b>7,772,556</b>

# Statement of Financial Performance

AS AT 31 MARCH 2018

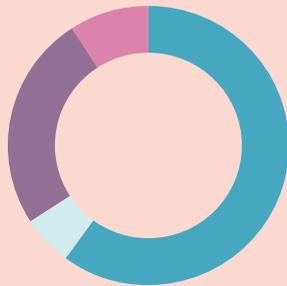
	31 MARCH 2018		31 MARCH 2017	
	\$	\$	\$	\$
<b>Retained earnings</b>	7,772,556		7,772,127	
<b>Net Operating surplus / (deficit) for year</b>	(411)		429	
<b>Equity</b>		7,772,145		7,772,556
<b>Total Equity</b>		<b>7,772,145</b>		<b>7,772,556</b>
<b>Represented by:</b>				
<b>Current Assets</b>	\$	\$	\$	\$
<b>Cash</b>	240,263		648,870	
<b>Short Term Deposits</b>	1,173,924		843,722	
<b>Accounts receivable</b>	651,714		614,245	
<b>Prepayments</b>	68,157		47,814	
		2,134,058		2,154,651
<b>Non-Current Assets</b>	\$	\$	\$	\$
<b>Capital work in progress</b>	306,631		118,416	
<b>Buildings</b>	6,202,838		6,217,351	
<b>Furniture, Plant and Equipment</b>	270,691		292,959	
<b>Shop fixtures &amp; fittings</b>	65,355		68,759	
<b>Motor Vehicles</b>	204,939		117,787	
		7,050,454		6,815,272
<b>Total Assets</b>		<b>9,184,511</b>		<b>8,969,923</b>
<b>Current Liabilities</b>	\$	\$	\$	\$
<b>Accounts payable and Sundry Creditors</b>	1,167,469		955,250	
<b>Deferred Grants</b>	170,827		165,406	
<b>GST liability</b>	74,071		76,710	
<b>Total Liabilities</b>		1,412,366		1,197,366
<b>NET ASSETS</b>		<b>7,772,145</b>		<b>7,772,556</b>

# Financial Performance

FOR THE YEAR ENDED 31 MARCH 2018

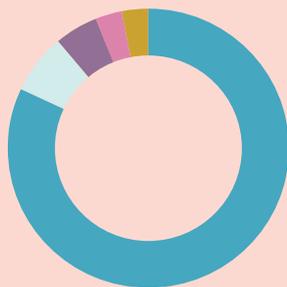
## INCOME \$9.738 MILLION — APRIL 2017 TO MARCH 2018

(NET OF FUNDRAISING & RETAIL COSTS)



ADHB Contracts	60%
Other Income	6%
Fundraising Income	25%
Retail Sales	9%

## EXPENDITURE \$9.738 MILLION - APRIL 2017 TO MARCH 2018



Caring for patients	82%
Administration	7%
Managing our facility	5%
Depreciation	3%
Education	3%

For a full copy of the 2017/2018 Financial Statement and Audit Report for Mercy Hospice Auckland visit [www.mercyhospice.org.nz](http://www.mercyhospice.org.nz)

## *Mercy Hospice is supported by:*

### MERCY HOSPICE AUCKLAND FOUNDATION

An independent charitable trust established for the benefit of Mercy Hospice Auckland CC 21960.

Net Assets valued at \$6.83 million as at 31 March 2018.

### MERCY HOSPICE SERVICES

A company within Mercy Healthcare Auckland group which holds investment funds on behalf of Mercy Hospice Auckland to fund long-term operational funding support.

Net assets valued at \$12.56 million as at 31 March 2018.



**Mercy  
Hospice**

Te Korowai Atawhai

## **Mercy Hospice**

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[www.mercyhospice.org.nz](http://www.mercyhospice.org.nz)