

annual report 2012



redhhs

rochester and elmore district health service

STRATEGIC PRIORITIES, GOALS AND OBJECTIVES

2009 - 2012

Vision

Rochester and Elmore District Health Service (REDHS) is widely recognised for its excellence in responsive, sustainable rural health services and compassionate care.

Values

- Respect, dignity and understanding
- Equity, access, participation and consultation
- Diligence, responsibility and accountability
- Honesty, trust and fairness
- Service, professionalism, improvement and innovation



Priority	Goal	Objectives
Respond to our changing environment	Plan and develop health services informed by the needs of our community, a strong evidence base and the policy environment	<p>Identify current and future policy and funding directions to enhance health promotion, preventive health and collaborative primary care models</p> <p>Optimise funding and resources to ensure viable services through sound planning, monitoring and strategic review</p> <p>Be an environmentally responsible organisation</p>
Excel in our services	Provide the highest quality services at all times and ensure our resources are well managed	<p>Maintain continuous improvement and risk management strategies that achieve the highest level of performance and practice</p> <p>Enhance the capability of our information and service management systems to ensure effective governance</p> <p>Maintain a culture of accountability and diligence in the use of our resources</p>
Develop with our partners	Collaborate with our partners to improve the health of our community through sustainable services that are integrated in their planning and seamless in their delivery	<p>Enhance key strategic partnerships and promote shared actions</p> <p>Develop strategies with our partners that align with identified health and wellbeing priorities</p> <p>Maintain our strong relationship with local, state and federal governments</p>
Hear and respond to our community	Continue to improve the relationship with our community to understand their needs and expectations and provide appropriate services that respond to their needs	<p>Communicate effectively with our community to increase the profile of our service</p> <p>Respond to the health and wellbeing needs and expectations of our community and provide services within our scope</p> <p>Influence decision makers and funders about the opportunities to enhance health service delivery for our community</p>
Support our people	Create a workplace culture where we invest in our people so our collective learning and skills strengthen our organisation through knowledge and innovation	<p>Foster a workplace culture that reflects our values</p> <p>Provide an environment to facilitate learning and demonstrate innovation</p> <p>Enhance our professional knowledge, expertise and skills to inform evidence led practice in all areas</p>

WHO WE ARE

Rochester and Elmore District Health Service (REDHS) was established on 1 November 1993 following the amalgamation of the Rochester and District War Memorial Hospital and the Elmore District Hospital.

REDHS is an incorporated body under Section 31 of the Health Services Act 1988 providing a broad range of services including acute, residential aged and primary care services including home nursing to our catchment population of 8,697 and has:

- 101.24 full time equivalent staff
- 30 high care residential aged care beds
- 30 low care residential aged care beds (including one respite, 10 dementia-specific and 2 TCP beds)
- 12 inpatient beds, including 1 palliative care bed
- An Urgent Care Centre
- Primary care and community health services

The responsible Minister is the Victorian Minister for Health, the Honourable David Davis MLC.

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LOCATION



YEAR IN BRIEF

2011 - 12	
Acute Ward	
Total Acute Ward Separations	452
Acute Bed Days	2,936
Average Length of Stay (Days)	6.4
Day Procedure Unit (DPU)	
Total DPU Separations	171
Aged Care	
Nursing Home Bed Days	10,636
Nursing Home Separations	19
Hostel Bed Days	10,079
Hostel Separations	8
Total Non-admitted Occasions of Service	
Urgent Care Centre	873
Radiology	1,064
District Nursing	5,944
Planned Activity Group	1,705
Meals on Wheels	7,413
Primary Care Occasions of Service	
Diabetes Education	143
Dietetics	491
Fitness for Older Adults	482
Occupational Therapy	140
Physiotherapy (IP)	354
Physiotherapy (OP)	913
Podiatry	959
Social Work/Counselling	776
Flood Support (Total Open and Closed Cases)	163

Services Offered

- Acute Ward
- Day Surgery
- Diabetes Education
- Dietetics
- District Nursing
- Health Promotion
- Occupational Therapy
- Palliative Care
- Pathology Collection
- Physiotherapy
- Planned Activity Group
- Podiatry
- Psychology
- Radiology
- Residential Aged Care – Hostel and Nursing Home
- Social Work and Counselling
- Transition Care Program
- Urgent Care Centre (Emergency services)
- Visiting drug/ alcohol counselling;
Centre Against Sexual Assault (CASA)



REPORT FROM PRESIDENT AND CEO

We are pleased to present REDHS' Report of Operations for the year ending 30 June 2012 in accordance with the Financial Management Act 1994.

While not as disconcerting as the previous 12 months, due to the flooding in early 2011, the 2011/2012 financial year proved to be almost as demanding with regard to our organisation's and the community's recovery following the floods. Excellent progress has been made with the expansion of primary care and surgical services and the consolidation of our residential aged care services. However, the effects of the floods in the community are still being felt by many and the ongoing recovery process remains a challenge.

Board of Management Changes

The Board of Management farewelled two of its long standing members in Stuart McDonald and Mary Magennis, who both chose not to reapply when their appointments concluded on 30 June 2012. Stuart served as a member of the Board of Management for over eight and a half years having been appointed on 1 November 2003. Stuart was appointed Vice President of the Board in 2004, a position he held for over one year, and has served on many Board and other committees such as the Project Control Group which oversaw the facility redevelopment. Mary served as a member of the Board of Management for over seven and a half years having been appointed on 1 November 2004. Mary was appointed to the position of Vice President of the Board in 2005 for two years

and then President of the Board for three years from 2007. Stuart and Mary have overseen a number of significant changes at Rochester and Elmore District Health Service during their time as members of the Board of Management. Mary and Stuart provided great leadership and strength for the Board of Management and subsequent direction for the organisation during the challenging times preceding the redevelopment, and their contributions will be missed.

The Board of Management was pleased that existing members Tim Fulton and Ben Maw were reappointed for a further three years and welcome new members Alan Darbyshire, returning following a break of 22 years, and Reuben Johnson.

Board of Management Development

In keeping with its commitment to best practice governance, four Board of Management members undertook the Australian Institute of Directors' Company Directors Course. The participants found this to be a very rewarding course and of great benefit to their role with the Board of Management.

In addition, the Board of Management participated in the annual review process carried out by the Australian Centre for Health Care Governance. This provided the opportunity to review results of the assessment from last year and for benchmarking against other health services. Overall, the results were positive with further opportunities for improvement identified.

Strategic Plan 2009-2012

Significant progress has been made in services and initiatives to achieve the goals outlined in the Strategic Plan 2009-2012. As noted previously and in the following pages, services have increased in primary care and day surgery, a strategic Quality and Safety Plan 2012-2014 has been approved by the Board of Management, all accreditation requirements have been met, collaborations with neighbouring health services as well as other organisations has continued and we have supported our staff in a range of ways to maintain and improve their knowledge and skills. The Board of Management also reviewed REDHS' service plan and confirmed the direction of increasing primary care and day procedure unit services and strengthening residential aged care services. Improvements have also been made in the clinical review process and evaluation of outcomes of care, including how this information is presented to the Board of Management.

A large amount of repairs and maintenance works were undertaken to grounds and gardens following the floods. A key highlight has been the refurbishment of the house at 12 Village Drive Rochester owned by REDHS. The house has been revamped so that it can accommodate students, staff and doctors on call. This is a key initiative to make it easier for students to attend REDHS for placements as well as staff and doctors to work at REDHS.

A key undertaking is the project, in partnership with LaTrobe University, to develop a long-term, inclusive, community led process that produces measurable changes in health literacy, health behaviours, attitudes to health services and use of health services in the medium to long term. This is a great opportunity for REDHS to be at the forefront of a new field of research in rural Australia.

Executive Appointments

Anne McEvoy commenced in the role of Director of Clinical Services (DCS) in September 2011 bringing great experience and energy to REDHS. Professor Ian Brand concluded his post as Director of Medical Services (DMS), a position he held for seven years, and Dr John Christie commenced as DMS in February. The Board of Management and Chief Executive Officer wish to acknowledge and thank Professor Brand for his contribution to REDHS. These changes in executive roles have and will continue to support the leadership and management of clinical services at REDHS.

ACHS Accreditation

ACHS accreditation for the full four years was achieved for our Acute and DPU services in September 2011. This acknowledges the organisation's achievement of meeting standards of care supported by strong, evidence based systems and guided by policy/procedures.

Aged Care Business Performance

Our two aged care facilities, Rochester Nursing Home Annexe and Rochester and District Hostel have exceeded the budgeted revenue expectations for the last financial year. This result is attributable, in part, to the Aged Care Working Party which has reviewed and refined numerous aged care business processes. The implementation of in-advance and direct debit billing for aged care residents is another innovation which is improving processes in this critical area of REDHS.

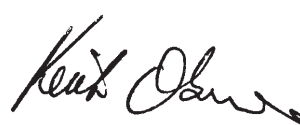
Flood Recovery

The community recovery process following the floods has been a major focus for REDHS during the last 12 months. Over 210 households throughout the Shire of Campaspe have received support from flood recovery workers based at REDHS, with 45 households still being actively supported. In the Months of May and June, eight new referrals were received and seven cases that had been previously closed were reopened.

The Chief Executive Officer has also been involved in the Community Recovery Committee and supported the activities of this committed group in community based recovery projects and programs.

Our Thanks

We would like to thank the Board of Management, our staff, volunteers, auxiliary members, our partner organisations and many others who support REDHS in a variety of ways. In addition we wish to thank our Visiting Medical Officers, the Victorian Department of Health, Victorian Department of Human Services and the Commonwealth Department of Health and Ageing. We are truly grateful for your assistance and services as we strive to improve the health and wellbeing of the communities in and around the Rochester and Elmore communities.



Keith Oberin
Board President
REDHS



Matt Sharp
Chief Executive Officer
REDHS





CORPORATE GOVERNANCE

REDHS Board of Management

Rochester and Elmore District Health Service (REDHS) is an incorporated body listed under Schedule 1 of the Health Services Act 1988. Board members are recommended by the Minister and appointed by the Governor-In-Council for a term of up to three years and act in a voluntary capacity.

The strategic direction of REDHS is directed by the Board of Management, which meets regularly with the Chief Executive Officer and Executive staff to determine governance, compliance and policy. The Board is supported in its decision-making by a number of sub-committees.

Subject to the requirements of government and the Health Service By-Laws, the Board of Management exercises decisions including the control of funds, determining the range of services to be provided, and the appointment of visiting medical officers and other senior staff.

Board Members

President:

Keith Oberin

Dip Ed, MAICD
Community & Culture
Executive Manager
(Shire of Campaspe)
Date appointed: 1.7.2008

Vice President:

Graeme Hodgens

B.Ed
Principal, Rochester
Primary School
Date appointed: 1.7.2011

Treasurer:

Timothy Fulton

B.Bus (Accounting/ Economics), GAICD
Diploma of Financial Planning
Accountant and Financial Planner
Date appointed: 1.7.2009

Members:

Jane Farmer

MA, PhD in
Healthcare Management,
PG Cert in Information Science,
PG Cert in University Teaching,
GAICD
Head of the La Trobe
University Rural Health School
Date appointed: 1.7.2011

Kate Lee

Clerical Officer
(Murray Goulburn Co-op)
Date appointed: 1.7.2011

Mary Magennis,

B.App.Sc, MA (Sc)
Consultant
Date appointed: 1.11.2004

David Gilbert

Grad Cert Bus Ad.
Business Manager
(Coliban Water) - Retired
Date appointed: 1.7.2010

Stuart McDonald, AO

M.Sc (Melb)
Farm Management - Retired
Date appointed: 1.11.2003

Benjamin Maw

RN, B Hlth Sc (Nursing),
MAICD
Manager Integrated
Services (Uniting Aged Care)

Meeting Attendance

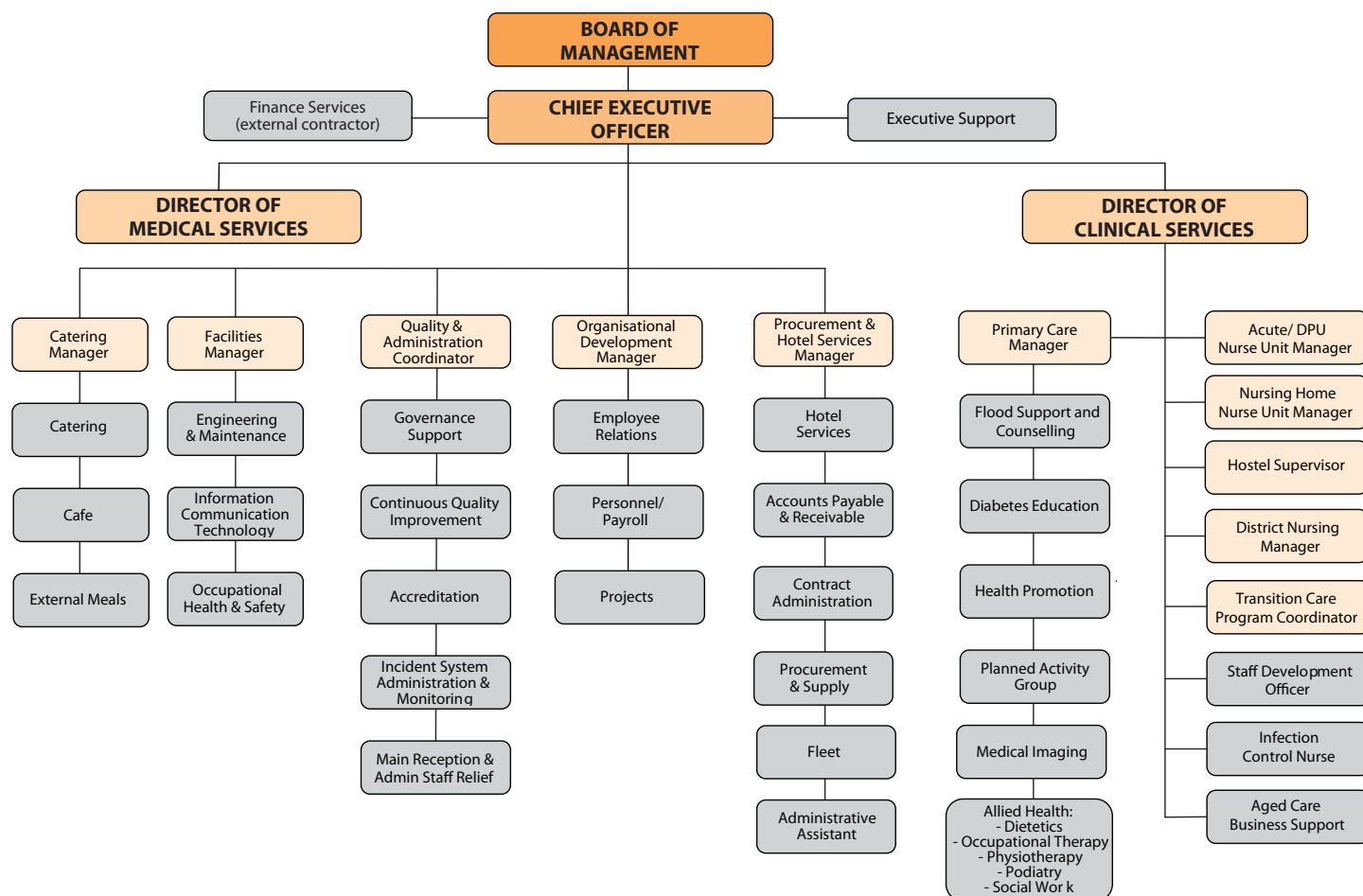
Board Meetings													Total Meetings Attended	Other Meetings*
2011							2012							
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Keith Oberin	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	11/11	1
Mary Magennis	✓	✓	✓	✓	A	NA	✓	✓	A	✓	✓	✓	9/11	
Timothy Fulton	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	11/11	1
Jane Farmer	✓	✓	✓	✓	A	NA	✓	A	✓	✓	✓	✓	9/11	2
David Gilbert	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	L	10/11	
Graeme Hodgens	✓	✓	✓	✓	✓	NA	✓	✓	A	✓	✓	A	9/11	
Kate Lee	✓	✓	✓	✓	✓	NA	A	✓	✓	✓	✓	✓	10/11	1
Stuart McDonald	✓	✓	✓	✓	✓	NA	✓	✓	✓	A	✓	✓	10/11	1
Benjamin Maw	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	A	10/11	2

A = Apology L = Leave NA = No meeting held * denotes Department, education, regional and extraordinary Board meetings

Committee Membership

	Risk Management & Planning Committee	Audit Committee	Credentials & Medical Appointments Advisory Committee	Medical Consultative Committee	Quality of Care
Keith Oberin	✓ (4/4)	✓ (4/4)	✓ (2/2)	✓	
Mary Magennis			✓ (1/1)	✓	✓ (6/6)
Timothy Fulton	✓ (3/4)	✓ (4/4)		✓	
Jane Farmer				✓	
David Gilbert	✓ (4/4)	✓ (4/4)			✓ (5/6)
Graeme Hodgens			✓ (2/2)		
Kate Lee			✓ (2/2)		✓ (4/6)
Stuart McDonald				✓	
Benjamin Maw	✓ (2/2)	✓ (4/4)			
Tracie Kyne <i>Independent member of Audit Committee</i>		✓ (2/4)			

Organisational Chart



KEY PERSONNEL

Executive

Chief Executive Officer

Mr Matthew Sharp

RN, B Nursing (Hons), PG Dip Crit Care Nursing,
Master of Business (Management), AFACHSE, AIMM, GAICD

Director of Clinical Services

Ms Wendy Rogasch

RN, RM, Grad Cert Adv Nursing, Grad Dip Crit Care, Dip Bus
Mgt. Cert IV Training & Assessment, Grad Cert Health Profes-
sional Education (Acting to September 2011)

Ms Anne McEvoy

RN, B Hlth Sc (Nursing) Grad Dip Man, Grad Cert Gerontology,
Grad Cert Diabetes Education (from September 2011)

Director of Medical Services

Prof Ian Brand

AM, MB, BS, FCPA, FRACMA, FCHSE, FSHP (to February 2012)

Dr John Christie

Dip. Med. Surg., DTM&H, FAFPHM, FRACMA, MACTM (from
March 2012)

Department Heads

Organisational Development Manager

Ms Aileen Dobson

Dip HR Man't/IR, B Business (HR Management)

HR Manager

Ms Jennifer Locke

B.Bus. CAHRI (from May 2012)

Acute Ward Unit Manager

Ms Wendy Rogasch

RN, RM, Grad Cert Adv Nursing, Grad Dip Crit Care, Dip Bus
Mgt. Cert IV Training & Assessment, Grad Cert Health Profes-
sional Education

Hostel Supervisor

Ms Jenny Ellis

RN, RM, B Hlth Sc, Grad Cert Dementia,
Grad Cert Gerontology

Nursing Home Unit Manager

Ms Anne Chirnside

RN, Cert Onc, Grad Cert Gerontology

District Nurse Unit Manager

Mr Colin Jones

RN, B Nursing

Primary Care Manager

Ms Alicia Cunningham

B.Sc., MND, MPH (from November 2011)

Transition Care Manager

Ms Wendy Bauerle

Ba. OT

Infection Control Practitioner

Ms Gayle Kerlin

RN, RM, SIC Cert.

Planned Activity Group Coordinator

Ms Ann-Maree Hewlett

Quality & Administration Coordinator

Ms Lynn Wolfe

Adv Dip Bus Man, Adv. Dip Bus Man (HR Bridging) Dip App Sci (Hort)

Facilities Manager

Mr Mathew Dennis

A Grade Electrical Mechanic

Procurement & Hotel Services Manager

Ms Gayle McConnell

Support Services Manager

Mr Richard Beddell

Chef, Cert. Hospitality Management.

Adv Dip. Bus Man. (to February 2012)

Catering Manager

Ms Darlene Weeks

B Hlth Sc (Nutritional Medicine) (from February 2012)

Visiting Medical Officers

General Practitioners

Dr AS Asaid, MBBS (Egypt), AMC, FRACGP, FACRRM

Dr I Buadromo, MBBS, FRACGP

Dr J Duggan, MBBS (Uni of WA), MPH (Flinders)

Dr ED Ekeanyanwu, MBBS (Nigeria), FRACGP

Dr N Fang, MBBS, DRANZCOG, FRACGP

Dr D Lavery, BDS (Glasgow)

Dr F Liu, B.Med (China) (from February 2012)

Dr P Nzegwu, MBBS (Nigeria), AMC

Dr D Paul, MBBS (from October 2011)

Dr P Radrekusa, MBBH

Dr K Ritchie, MBBS, B.Med.Sc.

Dr J Salazar, BS, Deg of Medicine (Philippines) (to June 2012)

Dr A Shenai, BDS (India), ADC

Dr C Worme, MBBS, DRANCOG (from Feb 2012)

General Surgeon

Mr M Oliver, MBChB, FRCSEd, FRACS

Urologist

Miss J Brennan, MBBS (Hons), FRACS (Urology)

GP Proceduralist

Dr R Allan, MBBS, FAFOM, FAMA (from February 2012)

Anaesthetists

Dr L Hamond, MBBS, FANZCA, Dip RACOG (from March 2012)

Dr S Harrison, MBBS, DA (London) (from May 2012)

Dr G Hay, MBBS, DRACOG, FRACGP, FACRRM (from February 2012)

Dr B Hindson, MBBS, FANZCA (from March 2012)

Dr S Kennedy, MBBS, FRACGP, ARTP (Anaes)

Dr J Quayle, MBBS, DRCOG, DCH, FACRRM (from March 2012)

Dr M Shapiro, MBChB, H DA FANZCA (from Feb 2012)

Visiting Radiology Service

Goulburn Valley Imaging

Radiographer

Denise Levy, Dip Diagnostic Radiography

PERFORMANCE AGAINST STRATEGIC PRIORITIES

Priority	Achievements in 2011 - 12
Respond to our changing environment	<ul style="list-style-type: none"> • Funding obtained to continue Sustainable Farm Family program delivery in 2012 with nine extra workshops provided. • Diabetes Self- Management Group program adapted for other chronic diseases, such as cardiac rehabilitation, respiratory group. Exercise Physiologist is working with GP practices to increase referrals. • The Home and Community Care (HACC) Active Service Model project implemented, focussing on a Person Centred Care approach to all care areas. • Flood Recovery team was fully staffed to 4.10 full-time equivalent positions comprising six staff members. • Podiatry model for REDHS was reviewed across the health service. HACC podiatry funding was increased by 111% with a full time podiatrist commencing 19 June 2012. • Growth funding received for HACC programs, being district nursing service and planned activity group. • Shire of Campaspe Maternal and Child Health service at REDHS to increase to five days per fortnight from late June 2012. • Day Procedure Unit services increased with additional endoscopist appointed. • Secured recurrent funding to surgery services. • Achieved operating surplus. • Financial performance of aged care services improved through full implementation of electronic documentation and care management program as well as payment in advance and direct debit billing for aged care residents. • Successful implementation of the Transition Care Program with occupancy targets achieved for the first year of implementation. • Environmental Sustainability Plan developed.
Excel in our services	<ul style="list-style-type: none"> • Australian Council on Healthcare Standards, Aged Care Standards and Accreditation Agency and Food Safety Standards accreditation maintained. • Risk Management Framework updated. • Strategic Quality and Safety Plan 2012-14 developed and approved by the Board of Management, which has clinical governance as a key feature. • Clinical review process enhanced with trigger review process introduced in March 2012. • Refurbishment of Hostel buildings and furniture continuing, including creation of new hostel staff office area. • New deck area and concrete paths completed at Hostel. • Financial reporting improved with implementation of Powerbudget. Managers have received financial management training. • Information and Communication Technology Plan developed. • Investment revenue maximised through the development and implement of an investment strategy. • Continued to finalise redevelopment with fire services pump upgrade, Support Services wing air conditioning upgraded and new maintenance sheds completed • Bund wall system around generator shed completed for protection from future flood events.

PERFORMANCE AGAINST STRATEGIC PRIORITIES cont.

Priority	Achievements in 2011 - 12
Develop with our partners	<ul style="list-style-type: none"> • Active participation in the Medical Workforce Project led by Echuca Regional Health. • Integration of the Rochester Men's Shed operated by Rochester Community House with existing REDHS services and programs. • Active participation in Rochester Flood Recovery Committee and support of a number of community based programs and initiatives. • Flood Recovery team fully staffed and exceeding targets. Planning underway for sustainability post funding November 2012. • Active participation in the establishment of the Loddon Mallee Murray Medicare Local governance structure. • Maternal and Child Health permanently in Primary Care wing; service to increase to five days per fortnight as from July 2012. • Broadband for Seniors program extended to June 2013. • Project grants secured from the Department of Health and Campaspe PCP.
Hear and respond to our community	<ul style="list-style-type: none"> • Monthly "What's Happening" page in local newspaper Campaspe Valley News. • Resident/family committee meetings with Chief Executive Officer in attendance for direct communication. • Community Communication Strategy carried out. Survey verified that the community is engaged with REDHS services.
Support our people	<ul style="list-style-type: none"> • Primary Care Manager role implemented. • Workforce Plan developed which includes analysis of future service growth and identifies staffing needs. • Staff Training Needs Assessment undertaken. • Supported a number of staff to undertake and complete certificate, degree level and post-graduate education. • Appointment made to Clinical Support Nurse (CSN) position. • Continued involvement in the Health Workforce Australia Project: <ul style="list-style-type: none"> • Refurbishment of house for student and staff accommodation complete • Plans underway for establishment of Education Hub • Completed the Enrolled Nurse Project



HUMAN RESOURCES

REDHS' Organisational Development Manager, Ali Dobson completed a major workforce development plan in June 2012 based on the health needs of the Rochester and Elmore district. This was a groundbreaking project at REDHS and will enable managers and staff to focus on developing their skills and training to support the services provided to cater for the health care needs of the wider community.

REDHS' Workforce Development Plan is an analysis of information provided in relation to our community's health needs combined with an analysis of the gap between the supply and demand for our workforce and the workforce we will need to meet the health needs of our community, both now and in the future.

When we examine our workforce demographics, we can see that another significant issue facing REDHS in the future is our ageing workforce and the turnover rates for our nursing and personal care staff. Analysis conducted by Health Workforce Australia indicates that there is a significant gap in the supply of nurses across Australia, both now and into the future and that these are best addressed through the retention of the existing workforce. In addition, traditional methods of recruitment for nursing roles are no longer effective and REDHS will need to utilise more innovative methods to "grow our own" staff going forward if we are to have the staff available to provide our services in the future.

Strategies recommended to address the identified gaps are focussed on recruitment and retention, particularly a structured program to "grow our own" staff through recruitment at base level and supporting staff to progress to more senior clinical or administrative roles through

education and training. In addition to this, REDHS will implement traineeships as a means of providing opportunities for people within our community to consider a career in health, as well as increase our graduate nurse program as a means of generating the care staff we will need in the future.

In order to grow our DPU services, REDHS will need to employ these specialist nursing staff on an ongoing basis and provide our existing nursing staff with opportunities to progress into these roles. In a scan of our environment we can see that the most significant issue for REDHS in the future will be to grow our primary care services in order to meet the identified health demands of the people within our community.

There are also strategies to grow our primary care services with the shared goals of chronic disease management, primary care prevention and health promotion that should result in a more efficient use of our resources and better health outcomes for our clients.

REDHS has also identified some opportunities for service growth, particularly in response to the Federal Government's Aged Care Reforms – Living Longer, Living Better, whereby REDHS could partner with existing service providers to deliver community based programs in response to chronic disease management and community based aged care services as well as grow our Transition Care Program in response to community needs.

REDHS hopes projects such as this will help to retain and attract the staff we need to meet the community's needs in the future and deliver a more satisfying work environment for our staff.

Recognition of Staff Service

REDHS is fortunate to have many long-term staff with a relatively low turnover. This year, REDHS recognises the following staff :

35 years

Maree Johnson

30 years

Marg Stanford

25 years

Patricia Costello
Lynette Goddon
Valerie Naughton

20 years

Sue Barkla
Tracey Boyack
Sherrill Carr
Jennifer Ellis

10 years

Andrea Howarth

Workforce Data

Ongoing Employees					Fixed Term & Casual
	Employees (Headcount)	Full Time (Head Count)	Part Time (Headcount)	FTE	FTE
Jun - 12	111	17	79	75	26
Jun - 11	108	14	83	98	22

Jun - 12				Jun - 11		
	Ongoing		Fixed Term & Casual Employees	Ongoing		Fixed Term & Casual
	Head Count	FTE	FTE	Head Count	FTE	FTE
Gender						
Male	7	5	2	7	5	1
Female	104	69	23	101	71	21
Age						
Under 25	1	1	1	0	0	0
25 - 34	10	6	1	11	7	1
35 - 44	19	12	5	19	12	7
45 - 54	43	29	8	42	28	9
55 - 64	30	20	8	29	20	9
Over 64	8	5	1	7	4	1
Classification						
Administration	15	13	0	13	13	4
Allied Health	10	7	6	9	3	5
Hotel Services	28	25	4	26	24	6
Nursing	58	54	7	61	58	7

NOTES

- All figures reflect active employees in the last full pay period of June of each year.
- Ongoing employees means people engaged on an open ended contract of employment and executives engaged on a standard executive contract who were active in the last full pay period of June.
- FTE means full time staff equivalent.
- The increase in employment levels between June 2011 and June 2012 is a result of an increase in allied health staff and flood recovery personnel.

Equal Opportunity, Merit and Equity

Recruitment, selection and employment at REDHS comply with employment conditions as specified in relevant Health Awards and Enterprise Bargaining Agreements.

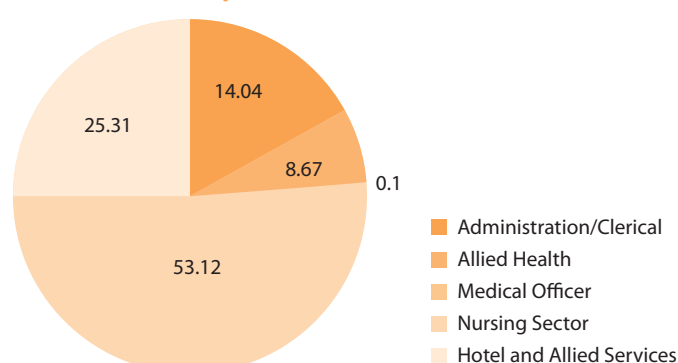
The employment of staff satisfies equal employment opportunity requirements, legislative and moral obligations and terms and conditions of the Fair Work Act 2009, Public Sector Management Act 1992, Victorian Charter of Human Rights and Responsibilities 2008.

Rochester and Elmore District Health Service employs a workforce of permanent, part time and casual staff throughout the year, and at 30 June 2012, employed 101.24 Full Time Equivalent (FTE).

Staff Analysis - Total FTE

Labour Category	JUNE Current Month FTE			JUNE YTD FTE		
	2012	2011	2010	2012	2011	2010
Nursing	53.12	52.49	55.3	53.48	55.39	55.8
Administration & Clerical	14.04	14.26	13.74	14.03	13.32	13.9
Medical Support	0	0	4.4	0.12	0	4.5
Hotel & Allied Services	25.31	25.57	25.7	25.2	26.44	26
Medical Officers	0.1	0	0	0.04	0	0
Hospital Medical Officers	0	0	0	0	0	0
Sessional Clinicians	0	0	0	0	0	0
Ancillary Staff (Allied Health)	8.67	6.46	0	8.37	3.82	0
Total	101.24	98.78	99.14	101.24	98.97	100.2

Staff - Full Time Equivalent (YTD)



Quality and Monitoring Performance

In September 2011, the Australian Council on Health Care Standards (ACHS) conducted an Organisation Wide Survey at REDHS. The accreditation survey examined the acute ward and the majority of primary care services (with the exception of our Home and Community Care funded services being district nursing, planned activity group and podiatry which undergo a separate accreditation process). The health service satisfied all 45 criteria within the survey to achieve re-accreditation.

In January 2013, the new National Safety and Quality Health Service Standards (NSQHS) will be introduced and in September 2013 REDHS will be assessed against these new standards. Preparations have already commenced in this area as it will require a concerted effort to ensure the new NSQHS are fully implemented to maintain full accreditation status. It is anticipated that REDHS will also be assessed at this time against the new Community Common Care Standards for its Home and Community Care funded services.

This year, the Aged Care Standards and Accreditation Agency conducted an unannounced visit at REDHS and ascertained that our health service was non-compliant in an area of regulatory compliance. As a result of the finding, REDHS immediately put measures in place to rectify the matter and was found to be compliant at the conclusion of the improvement period. As part of this, and supplementary visits, the Aged Care Standards and Accreditation Agency examined a range of other areas within REDHS and the health service was found to be compliant in all fields. The three yearly site audit by the Aged Care Standards and Accreditation Agency is to be conducted in July 2012 and preparations are well underway for this event.

In 2011-12, REDHS further developed the key performance indicator suite to assist in the tracking, monitoring and benchmarking of performance. These indicators cover the quality areas responsible for providing trended or benchmarked analysis on which managers and committees base their managerial decisions and monitor how clinical care is tracking from year to year. This also provides the opportunity for benchmarking against other health services to take place. REDHS has reporting structures in place to enable the information to flow, to assist in the decision-making process and to ensure that the organisation is maintaining high quality of care.

There are a number of major initiatives that will be carried out in the coming year including commencing the implementation of the revised REDHS Quality and Safety Plan. The plan was drafted in conjunction with department managers, the Board of Management and a quality facilitator to give direction for setting and achieving the goals for the next three years, and is aligned with REDHS Strategic Plan. REDHS will also commence implementation of the revised Risk Management Framework during 2012-13.

CLINICAL SERVICES REPORT

The revised REDHS strategic directions completed in March 2012 have guided the delivery and development of clinical services at REDHS. The clinical service areas of Acute, Day Procedure Unit (DPU), Aged Care, Primary Care and District Nursing are constantly evolving in response to our changing environment with the service models influenced by government policy and our Rochester and Elmore District community health and wellbeing needs.

Individual department achievements are highlighted later in this Annual Report and are testimony to the leadership of the department managers and the commitment and professionalism of the staff employed in our various clinical services.

On reflection the clinical services highlights for 2011-12 include:

Implementation of the Transition Care Program (TCP)

This brokered Bendigo Health program commenced in July 2011 and has exceeded the organisation's expectations in Year 1 with 91% occupancy achieved following a "slow" start up 3 month period. Our TCP delivery model has been adapted to suit the needs of clients and our organisation which has enabled program flexibility with the options of utilising an acute bed as required and also the advantage to "flex up" the number of TCP beds when there is client demand.

Primary Care Growth

The appointment of a permanent Primary Care Manager in November 2011 has had considerable benefits to the organisation in meeting our strategic focus on the growing of this area. Further to this, the expansion of the Flood Support team (inclusive of the appointment of a Team Leader) along with new programs such as Exercise Physiology and our first full time Podiatrist and Physiotherapist have created an exciting environment with potential for further expansion. We have also accommodated visiting services with new initiatives being an antenatal clinic and primary mental health.

Home and Community Care Growth Funding

REDHS was successful in receiving Growth Funding in our three Home and Community Care (HACC) funded programs, being District Nursing Service (3%), Planned Activity Group (7%) and Podiatry (111%). This achievement is a first for the organisation and relates directly to these HACC funded services continually achieving their targets and also reflects the increasing needs of our ageing community demographic profile.

Projects

The clinical services areas have been instrumental in various short term projects throughout the last year including the Aged Care Review, HACC/Active Service Model, Enrolled Nurses/Allied Health Assistant role in Primary Care, Service Coordination modelling, Manad aged care software implementation and support of the development of on-site student accommodation. Numerous significant achievements

were completed, or are progressing, through these projects delivered in one, or across, a number of our clinical services. Each project has aims and objectives which support our service delivery models, staffing and/or student placements. It is pleasing to note that some projects have had our own staff redeployed as the project champions which supports knowledge development and capacity building of our staff.

Northern Rivers Graduate Nurse Model Development

REDHS has been a project partner with Echuca Regional Health, Cohuna District Hospital and Boort District Health for the development of a new sub regional graduate nurse model to be implemented as of January 2013. This model has been developed during 2012 in collaboration with our partners to support the recruitment of registered nurses. REDHS is planning for three graduate nurses from next year; historically the organisation has supported one graduate.

Student Placements

Through the leadership of our Staff Development Officer supported by our nursing staff who act as preceptors and mentors for registered, enrolled nurse and personal care students, our total student placement days has dramatically increased. This is in response to the demand for clinical placements and supports our future workforce recruitment.

Day Procedure Unit

We achieved an increase in theatre sessions due to the appointment of an additional endoscopist, Dr Bob Allan who commenced in February 2012. Statistically this equates to an increase of 68 separations on the previous year. Our Day Procedure Unit (DPU) exceeded required activity targets and was able to take additional sessions due to collaboration with Echuca Regional Health and Kyabram and District Health Services.

General Practitioner Credentialing

All Visiting Medical Officers with appointments at REDHS underwent re-credentialing during May and June 2012 in accordance with guidelines issued by the Victorian Department of Health and REDHS policy. In addition, a number of new general practitioners and anaesthetists from Echuca and Bendigo applied to be appointed as Visiting Medical Officers at REDHS over the course of the year. This process was overseen by REDHS' Director of Medical Services Dr John Christie with approval for appointment as Visiting Medical Officers carried out by the Board of Management. The increase in the number of anaesthetists appointed to REDHS during the last twelve months is important to support the increase in services within the Day Procedure Unit.

REDHS' clinical services are widely recognised for excellence which demonstrates the staff's support of the vision and values of our organisation.

Anne McEvoy

Director of Clinical Services

Dr John Christie

Director of Medical Services



DAY PROCEDURE UNIT

A major highlight for REDHS' Day Procedure Unit (DPU) during 2011-12 has been the increase in the number of theatre sessions as a result of the inclusion of new endoscopist Dr Bob Allan. Dr Allan joins the team in addition to our general surgeon Mr Matt Oliver and Urologist Miss Janelle Brennan. In 2011-12, there were 171 separations, an increase from 103 in 2010-11.

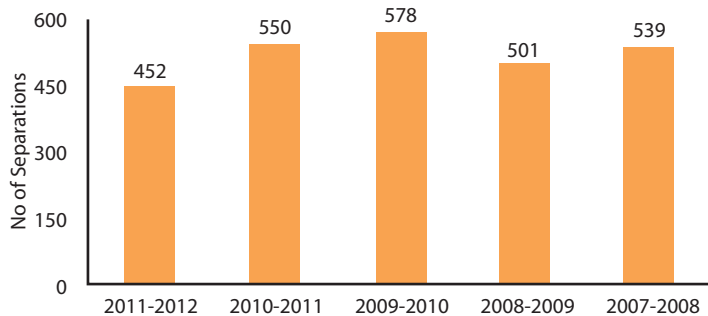
Another achievement has been our ability to supplement our staffing profile with additional experienced theatre nurses which ensures we have experienced and qualified staff working in our theatre area.

The challenges for the DPU in the past 12 months have, to a degree, centered around continuity because there are sometimes a number of days between the sessions. The nurses who work in our DPU are experienced professionals who also work at other larger theatres and bring a high level of skill, knowledge and competency.

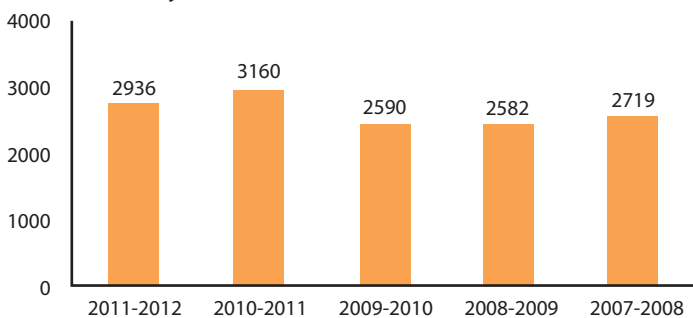
REDHS' DPU receives patient lists from three different referral sources. This can sometimes prove difficult because of the different systems in place. Moving forward we will be looking to standardise these processes across all three referral sources to consolidate our approach to list planning and refining our pre-operative patient checks to ensure listed patients are appropriate to have their procedure at REDHS.

We will also continue to consolidate our staffing profile with experienced nurses. In addition, we are looking at enrolled nurses and their role within the DPU to strengthen our staffing profile and provide those nurses with a greater career pathway than what we are currently able to provide. The overarching focus of each of these priorities is patient safety by refining and reviewing the service capability framework for the DPU to ensure that risks to patients are minimised and managed appropriately.

Total Acute Ward Separations

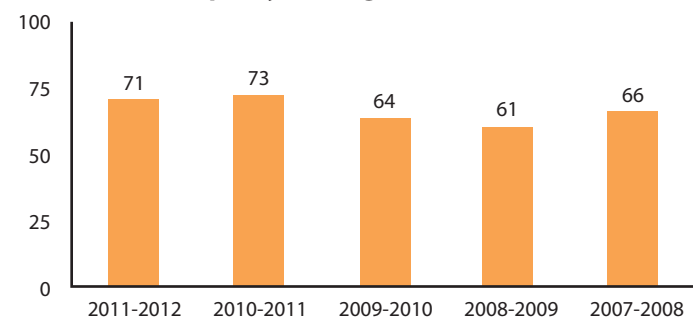


Acute Bed Days

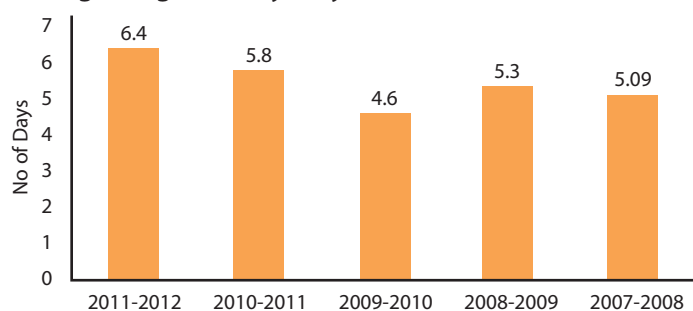


Please note: Estimations of Acute bed days and separations have had to be made due to unavailability of finalised VAED data for 2011-12 at time of printing.

Acute Ward Occupancy (Average %)

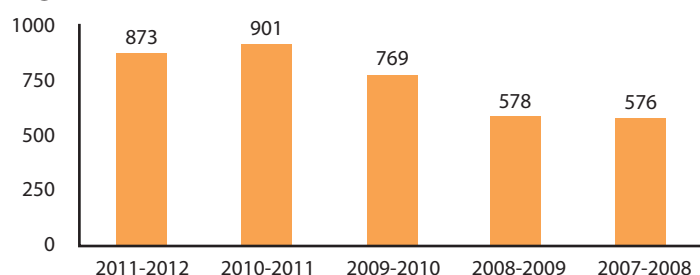


Average Length of Stay (Days) - Acute Ward



The average length of stay increase in 2011-12 was mainly due to patients awaiting a place in residential aged care.

Urgent Care Centre Presentations



ACUTE SERVICES

The Acute Ward staff maintained high levels of skills and competencies, with many undertaking study days to ensure their competencies are up-to-date. This training has covered a wide variety of areas including medication competencies, no-lift and infection control. Two acute ward staff have recently undergone additional palliative care education and it is our expectation moving forward that we will develop and refine our palliative care service, to ensure we are providing the very best care that we can for our palliative patients.

During 2011-12 we increased our graduate nurse places from one to two. Graduate nurses Sarah Knott and Linda LeBusque currently occupy these positions.

A major challenge during the year has been in maintaining adequate staffing levels caused by staff turnover and leave. We are fortunate to have a high proportion of experienced staff on the acute ward roster which makes that task a little easier. Another challenge is in ensuring staff are able to attend education and training opportunities and balancing that with the needs of the roster to meet patient-care ratios. Staff from the Acute Ward also played a valuable role in contributing to preparations for the ACHS accreditation process.

During the next 12 months we will concentrate on continuing to improve person-centred care provision and focus on the new safety and quality standards that are soon to commence. We will be looking at improving clinical handover, continuing to try to reduce falls on the ward, improving medication safety and promoting good infection control practices.



RESIDENTIAL AGED CARE

Hostel

On 16 March 2012, our Hostel celebrated its 20 year anniversary. The occasion was marked by a range of celebrations, the highlight of which was the presence of a small staffing group who have been with REDHS since the Hostel's opening.

During the 2011-12 period, the Hostel farewelled long-term staffers Mary Parker and Pauline Wileman and welcomed new staff members Caralyn Collins (Activities Coordinator) and Xia (Sunny) Cao (Enrolled Nurse). Aside from these changes, there has been minimal staff turnover.

During the past year, some refurbishment projects have been undertaken within the Hostel which is now the oldest building at REDHS. New carpet has been laid throughout the facility and the replacement of furniture (including dining chairs in the dementia specific unit) has commenced. An external painting program has also been completed.

A major highlight for the year has been the construction of a large deck area off the dementia specific unit which has provided a lovely outdoor, undercover area for residents to enjoy. In addition, garden redevelopment is in the very early stages and the plan moving forward is to develop a therapeutic garden which is sensory designed specifically for people with dementia.

The relocation of the Men's Shed to REDHS has been a valuable asset for the male residents of the Hostel as it has provided them with an area to participate in male-orientated

activities. A number of men residing at the Hostel have taken a real interest in the garden areas in the past 12 months, with one taking on responsibility for watering and growing vegetables, which are then utilised by REDHS Catering Services to include in the menu. Another resident has taken responsibility for the plants in the main garden, while another who loves curries and Indian style cookery has devoted an entire garden bed to growing chilli.

A series of resident information sessions have been held throughout the year covering a wide range of topics including the Rochester flood debrief, Transition Care Program, Broadband for Seniors computer kiosk initiative, strategic plan refresh, emergency evacuation information, infection control and pilates exercises.

A popular resident activity which has become an annual event is the Sunshine Club – Health Promotion Challenge. This is a week when residents are encouraged to spend sufficient time outdoors in the sunshine to improve their vitamin D levels.

The 2011-12 year saw the full implementation of the Management Advantage software system for the electronic recording of resident related information regarding their care needs. The Hostel has undertaken a significant amount of work in developing a Visitors' Code of Conduct which was completed in June 2012. The Code of Conduct will help ensure our Hostel is maintained as a home for residents with certain standards expected of visitors so that the rights and responsibilities of all are acknowledged and respected.

The care needs of residents have increased at the Hostel in the past 12 months and REDHS has successfully maintained a high level of care and support to those residents. Given the higher needs and focus, the Hostel's activities program is incredibly important in maintaining the balance of the Hostel as 'home' to its residents.

Some of our key activities over the past year have included art group, couples afternoon tea, Outback Week, Carlton football players' visit, Water to Wickets cricket players' visit, CWA morning tea, school children interaction, football tipping awards day, Jade Hurley concert and the craft/produce stall morning. The ageing infrastructure of our 20 year-old Hostel building is a challenge moving forward, as a number of areas are in need of upgrades. The priorities include painting of rooms and bathrooms, replacement of curtains and furniture and the refurbishment of some areas including the kitchen in Bacchaus House. A significant challenge has been the lack of suitable office space and computer access which can create difficulties. However, this has been addressed with the conversion of a disused bathroom into an office for staff use.

Moving forward, our focus for the Hostel is on ensuring we continue to deliver philosophy-based care and balance this with increased care needs of residents which can place higher demands on staff at times. REDHS is committed to maintaining an environment that feels like home to the residents and ensuring that they continue to receive excellent care.

REDHS prides itself on its reputation as a highly knowledgeable rural health service with a dementia specific unit. Our mission is to continue to give the very best service in all aspects of aged care support, with a specific focus on our very high level of expertise in dementia care.

Over the coming year, the systems across aged care services in Australia will change due to the national aged care reforms. Therefore our residential aged care services and staff will have some adjustments to make in adapting to, and consolidating, our knowledge of the new system.

Nursing Home

Like the Hostel, the Nursing Home undertook a major initiative to fully implement the use of Management Advantage software by staff. All Nursing Home staff received training and are competently using the new program to record all clinical care and progress notes.

Nurse Unit Manager, Anne Chirnside, has been involved in the Wound Management Clinical Nurse Consultant Project in Bendigo (a Loddon Mallee Region initiative) in the past 12 months. As part of that project, two additional staff members undertook four days of training to become qualified Wound Resource Education Nurses.

In other training, two members of staff are undertaking education in Complex Care and have one day of training remaining before they are qualified. Two other staff members are currently undertaking their Certificate IV in Dementia Care which they are both thoroughly enjoying.

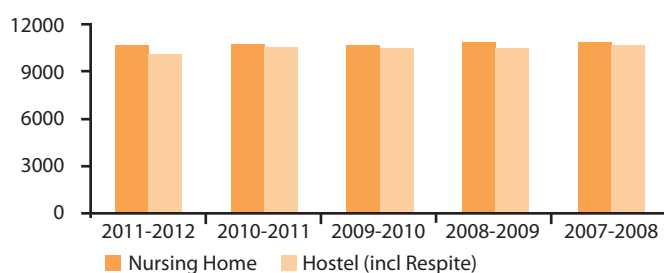
The main challenge for the Nursing Home during 2011-12 has been responding to the increasing admission of residents with complex health care issues. Residents are entering aged care with much higher care needs than ever before, reflecting a trend across the industry. Determining how best to deal with this issue, cost-wise, is a real challenge for the health service moving forward.

In addition to the complex health care issues, residents are also entering aged care at a much younger age. The average age for clients has traditionally been 80 and over, however that has now dropped significantly to between 68 and 70. Our Nursing Home currently caters for at least six residents under the age of 70. It is a dramatically changing profile where we are servicing both the baby boomer and pre-war generations and where we are seeing very complex health issues such as motor neurone disease (MND), multiple sclerosis (MS) and Parkinson's disease (PD) in much younger people. This is proving a real challenge in a number of areas, including providing leisure and lifestyle activities which are suitable for all ages.

An additional challenge for the Nursing Home has been, and continues to be, in retaining staff. This will be a focus moving forward, as will the retaining of the many wonderful volunteers who give so much of their time to the health service.

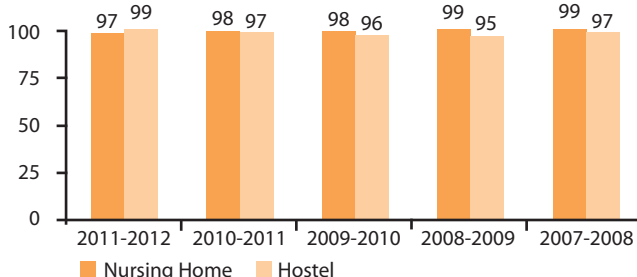
We are also in a climate where the budget will become a large priority as we all rise to meet the challenge of fitting our care services into the budget profile. That aside, our top priority will be in continuing to provide the extraordinary care we are renowned for both within our Nursing Home and across all services and facilities at REDHS.

Aged Care Bed Days



There is a slight reduction in total aged care bed days in 2011-12 (558 less than in 2010-11). This is mainly due to two hostel beds being used for Transition Care Clients. There were 22 respite separations in the Hostel for a total of 332 days.

Aged Care Occupancy (%)



Aged care occupancy remains high in both the Nursing Home and Hostel due to consistent demand for residential aged care.



PRIMARY CARE SERVICES

Overview

In the past 12 months we have worked extremely hard to secure a full complement of primary care services based at REDHS. This achievement has been a major highlight for Primary Care given that 18 months ago there were a significant number of contracted services visiting REDHS. This year has seen the recruitment of Primary Care Manager Alicia Cunningham as well as an exercise physiologist and a full-time podiatrist.

In 2011-12 we obtained funding through the Campaspe Primary Care Partnership (PCP) to enhance 'service coordination' aiming to place consumers at the centre of service delivery. This has helped to ensure our clients have access to the services they need, opportunities for early intervention, health promotion and improved health outcomes.

Funding was also obtained through Campaspe PCP to deliver effective community-based physical activity and healthy eating programs, including the Healthy Eating Active Living (HEAL) program and a community kitchen.

Primary Care also obtained funding through the Department of Health to support Home and Community Care (HACC) Active Service Model training and education.

In partnership with the Western District Health Service, REDHS Primary Care has continued to facilitate the planning, delivery and evaluation of the Sustainable Farm Families program, with a focus on farming industry groups affected by the 2011 flood events.

The primary care unit also provides facilities for a number of ongoing and new visiting services including Kyabram and District Health Services ante-natal services, Shire of Campaspe Immunisation and Maternal and Child Health programs, Bendigo Health Primary Mental Health services, Loddon Mallee Murray Medicare Local psychosocial services, private psychology and private podiatry services.

In the next 12 months our focus will be on expanding primary care services and providing a model that responds to our community's health and wellbeing needs. That will include an examination of the way we deliver our services, as well as capitalising on some other funding opportunities through the Medicare rebate system and private health care funds.

As a collective group of primary care staff, we also aim to establish and implement some new group programs during the 2012-13 year.

Diabetes Education

Our Diabetes Educator Leanne Rankin has undertaken a project role within REDHS for six months during this year which created an opportunity to recruit another diabetes educator, Sarah Phillips, on a short-term basis to fill the role. Leanne has undertaken extensive training in group programs during that period including the Better Health Self-Management program which is a chronic disease group program which provides people with the knowledge and skills to manage their chronic disease, and the Life! program which is a Type 2 diabetes prevention program.

Our diabetes educator services the acute ward, aged care and community. In 2011-12, there were 143 occasions of service, up from 122 the previous year.

In recent times there has been such an influx of clients with chronic illness and diabetes that our department is looking at an innovative approach to servicing on need rather than just the traditional one-on-one consults. One of Leanne's achievements has been in developing more innovative ways of responding to chronic disease.

The focus over the next 12 months for our Diabetes department is to deliver the Life! Taking Action on Diabetes program (an initiative of Diabetes Australia – Victoria). This program will be delivered to the local community in partnership with our physiotherapist and exercise physiologist.

Dietetics

Virginia Fox commenced as our new dietitian in May at 0.5EFT. Virginia is highly skilled and experienced in dietetics and has been a great asset to our primary care team.

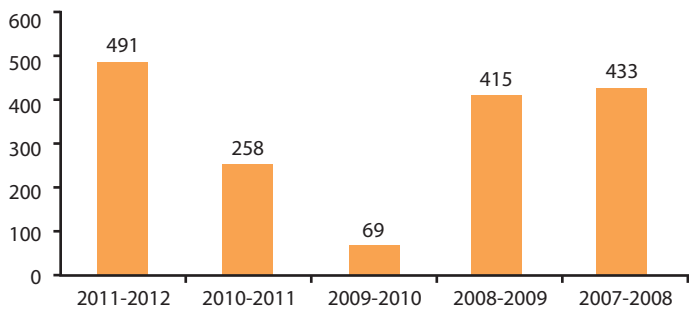
Catherine Davies filled the position in a locum capacity between November and May in a joint role of dietetics and health promotion.

A highlight for our Dietetics department this year was the delivery of our Supermarket tours - "Take the guess work out of healthy shopping" program. Our dietitian held two very successful sessions for community members at the Rochester supermarket in May 2012.

A major focus for the year ahead will be preparing for the upcoming Aged Care Accreditation and ensuring we meet the set of standards centred around nutrition. We recently commenced a review of the menu to ensure it meets the best practice standards in terms of nutrition and hydration.

Within the next 12 months we will conduct a food service client satisfaction survey and from that survey and the menu review, a range of recommendations will be made. One of Virginia's key roles will be to work in partnership with catering services to implement those recommendations.

Dietetics - Occasions of Service



District Nursing Service

The major highlight for the year in the District Nursing department was meeting the Home and Community Care (HACC) yearly and hourly targets. These target figures included 5,944 visits, more than 3,950 hours and 37,000kms travelled.

For the first time ever REDHS has received HACC Growth Funding of approximately \$10,000 for expansion of home nursing services.

REDHS also achieved an error free Minimum Data Set reporting – a major Department of Health requirement.

Department manager Colin Jones reports that REDHS has been able to achieve these major milestones whilst still delivering a high level of service and importantly, with no patient waiting list.

During the last 12 months our district nursing department also successfully implemented the industry Active Service Model. There are also plans for REDHS to continue to develop and implement all Active Service Model person-centred philosophies over the next six months.

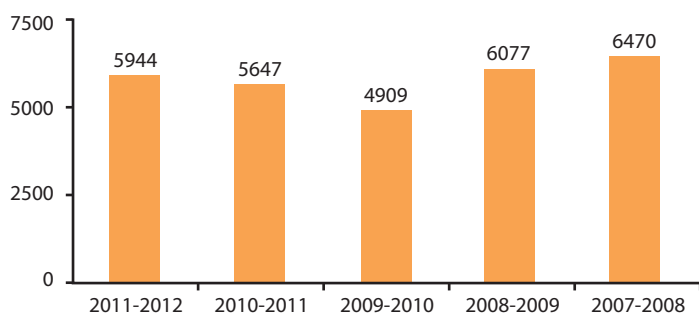
One of the challenges for our district nursing team this year has been staffing changes due to maternity and annual leave requirements. This is an ongoing challenge for management and there are plans in the future to stabilise the staff base.

Also among the challenges facing the department was the introduction of new computer software and staff with various levels of information technology skills becoming familiar and competent with the new system.

District nursing plans for the future include using the Growth Funding to enhance service provision to the greater community and to ensure that those members of the community who need the service are being reached.

Overall REDHS' district nursing department continues to meet its annual targets and more importantly, deliver a much needed, and appreciated service to the community.

District Nursing - Occasions of Service



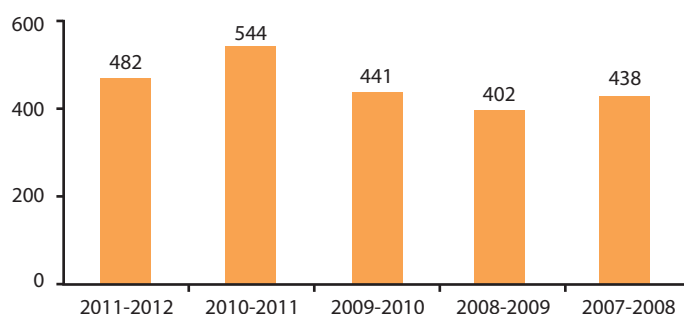
Exercise Physiology

This year we recruited exercise physiologist Ashley Watson at 0.2 FTE. Ashley commenced with Primary Care in May 2012 working one day per week. His position will be funded until September 2012, however we are looking at options to retain his services. Ashley's role complements the physiotherapy role and provides us with a greater ability to respond to clients who require an ongoing exercise program. Moving forward for this position, we will investigate service delivery and the potential for the generation of income using the Medicare rebate stream.

Fitness for Older Adults Program

Fitness for Older Adults and Strength and Balance programs are exercise groups designed for men and women over the age of 50. These programs are aimed at reducing the risk of falls as well as improving balance, general fitness levels and overall health and wellbeing. Exercise Physiologist Ashley Watson has led this program since he commenced in May 2012. Prior to this, the program was led by Tricia Costello. There were 482 attendances this year.

Fitness for Older Adults - Attendances



Flood Recovery

REDHS was appointed the Lead Agency for psychosocial recovery in the Campaspe Shire following the flood in late 2010 and January 2011. As a result, REDHS received funding for dedicated flood recovery workers. The flood recovery team has experienced an extremely busy 12 month period, working with approximately 210 households to provide ongoing flood recovery assistance and support.

The flood recovery team grew from 1.0 FTE worker to 4.1 FTE in the 12 month period based on the increasing needs in the community. That growth has seen the introduction of staff with new skills and background which has assisted in ensuring the team is able to be highly effective in its response to the needs of the community. The flood recovery roles consist of case work positions and counsellors.

The greatest achievement for the team has been the assistance they have provided towards helping people return to their flood-damaged homes. The homes of many clients have undergone quite extensive repairs and it has been enormously rewarding for the flood recovery team to play a role in assisting them to return home.

Up to ten Rochester families displaced by the 2011 flood event have still not returned to their flood-damaged homes and this is an ongoing challenge for our flood support workers moving forward. Five clients are still not residing at their flood-affected addresses and an additional five are living in either Department of Human Services housing or privately rented caravans.

Data compiled by the flood team as at May 2012 showed that flood support workers were currently providing flood recovery assistance to 53 Rochester and district households and counselling services to nine additional clients.

Five new referrals had also been received for people who had not previously sought support and five past cases had been reopened.

Another significant achievement for the flood recovery team has been the building of networks and relationships between agencies and the ability to work collaboratively with other service providers to conduct outreach to the community. Within the 12 month period, the flood recovery team has staged a number of community events which have been invaluable in the recovery process. These included a ladies pamper day in late 2011 and more recently a bus trip to Melbourne to a large opportunity shop to enable clients to purchase affordable clothing and household items of which they were in need.

In terms of a general overview, it has been a highlight for our flood recovery team to assist individuals within the Rochester community to build their resilience. Many people have been affected emotionally by the flood and working alongside them, guiding them and helping them rebuild physically and emotionally has been highly rewarding for our flood recovery staff.

During the year, it has been challenging at times for the team to navigate the many complex systems and referral pathways for the different organisations responsible for providing support and in accessing the necessary information to be able to direct clients appropriately. There are many people in flood-affected communities like Rochester who have complex needs and it can be challenging and frustrating in the sense that not all issues can be addressed and remedied. The majority of staff members within the flood recovery team have a social work background so it is their ethos to do the very best they can to assist people, but there are limits to what can be done.

In addition to these matters, our flood recovery team felt they did not have adequate mapping of the district at the time they were conducting their outreach work. This lack of adequate and accurate mapping made it difficult to plan to ensure outreach services reached all those in need.

Despite the ongoing recovery process, funding for the flood support team is scheduled to conclude in September and November 2012. REDHS is currently exploring further funding opportunities from philanthropic groups to enable the flood support services to continue.

In the meantime, the focus of the flood recovery team has turned to the transition of clients as the flood recovery roles were only funded for 12 months. Mental health and wellbeing recovery beyond November 2012 presents a looming issue given the current client activity. There will be people in the community still actively receiving assistance from the flood recovery team when the service concludes, so the immediate challenge is to identify the most appropriate service for them to continue to receive the support they require moving forward.

Health Promotion

Both our diabetes educator and dietitian roles have a mandate for health promotion. The focus for health promotion over the past 12 months has been on individuals in the community, staff health and preventative health.

This has included:

- A six month project executed by our dietetics locum with Rochester Secondary College to plan, deliver and evaluate the Be Ur Best program. The project provided an important opportunity to promote positive body image with young people in the Rochester community. The goal was to increase young people's skills to develop positive body image, positive self-esteem and to improve their skills in media literacy.
- The planning, delivery and evaluation of Sustainable Farm Families (SFF) programs in partnership with Western District Health Service and the Department of Primary Industries. The SFF program's goal is to support the health, well-being and safety of farmers and their families.
- The planning, implementation and evaluation of REDHS staff's 10,000 Steps Pedometer Challenge which concluded on 25 June 2012. Twelve teams participated in the challenge and a total of just over 1.9 million steps were taken, which is equivalent to walking approximately 1587 kilometres.

Occupational Therapy

Our Occupational Therapist Casey James works one day per week with Primary Care. Although this limited timeframe can create challenges at times, Casey has achieved some significant outcomes this year. Most notably, she has initiated improvements in our equipment loan system which will improve the effectiveness and efficiency of equipment services to clients of REDHS.

Casey has initiated an agreement with an external supplier to consider contracting out our equipment service. This would result in the contractor sharing an agreement with the client, delivering the equipment into the client's home before discharge, as well as setting up, maintaining and collecting equipment.

Casey has also initiated the purchase of new equipment to enhance the occupational therapy service to the local community.

Occupational Therapy - Occasions of Service



Planned Activity Group

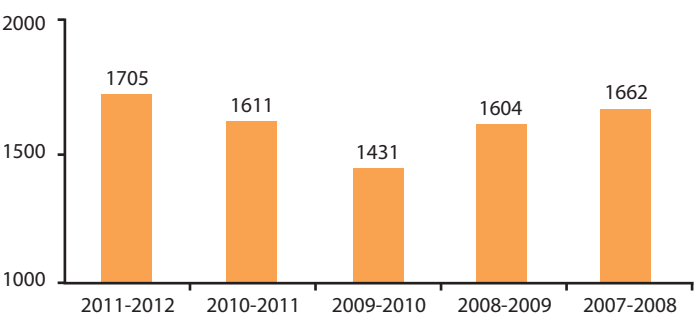
The Planned Activity Group (PAG) has provided its clients with many opportunities for social inclusion and interaction with 1705 occasions of service that totalled 10,218 contact hours.

Many aspects of the PAG program could not be offered without the participation, commitment and support provided by our much valued volunteers who assist with the day-to-day duties and activities. Regular group discussions are held with clients, volunteers and staff about the activities program and suggestions are made and considered.

A broad range of much enjoyed and anticipated activities and outings were provided including country drives (that included the checking of river levels), shopping trips to Echuca and Lockington and pub lunches. Bingo, carpet bowls, concerts, crafts, quizzes, gardening in pots and exercise classes are also very popular. The location of the Men's Shed in REDHS' grounds has made it very accessible for our male clients to go and spend some time with other men and either watch or join in the activities and have a chat. Theme days and meals are a highlight with the Queen's Jubilee being celebrated as well as the Melbourne Cup and other special occasions.

This year, a major achievement has been the implementation of the Home and Community Care Active Service Model plan. This has allowed PAG staff to increase their knowledge and skills in person-centred care to further enhance the delivery of the program.

Planned Activity Group - Occasions of Service



Physiotherapy

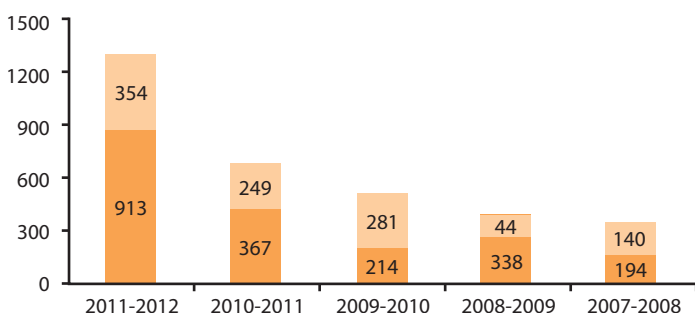
Our full-time physiotherapist Judy Lee joined the Primary Care team in May 2011. Judy is a trained facilitator in the Better Health Self Management and the Life! Programs, which is an important link for our chronic disease management programs and embraces a 'big picture' perspective.

Judy leads a Strength and Balance Group at Rochester Community House and her major challenge is in balancing her primary care time and her time with the transition care program.

A major highlight for the year was the donation of equipment for the Primary Care gym from Heart Support Australia, Rochester branch. The new equipment including a weights trolley, weights stand, vital signs monitor and pulse oximeter will assist us to run group programs at REDHS.

Our key plan in the coming year is to investigate the possibility for an outreach physiotherapy service.

Physiotherapy - Occasions of Service



Podiatry

Until very recently, our waiting list for a podiatry appointment has been three to four months, however we have now been allocated growth funding through Home and Community Care (HACC) to provide a full-time podiatry service to the community. This has resulted in our service increasing from 0.5 FTE to 1.5 FTE. Denise Fox commenced as our full-time podiatrist in July 2012, replacing Lisa Farrant who previously held the position.

This year we also received a grant to establish an extra treatment space which increases our capacity to accommodate two podiatrists. It has also created an opportunity for us to accept students and create a learning environment and to look at further expanding our services.

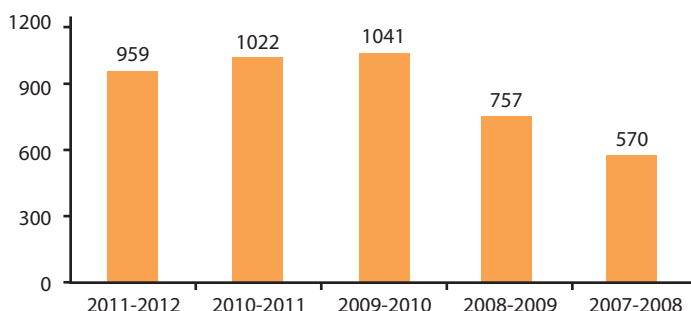
At present, the funding covers only those who are frail aged clients over 65 years of age or clients under 65 with a disability, however we are looking at providing a service under the Medicare rebate system which would expand our overall service capabilities.

This year we have been particularly pleased with our achievements in sustaining an outreach podiatry service to

Rushworth and Stanhope. During the recruitment process for our full-time podiatrist we were able to obtain a locum to support the continuity of this important service.

The challenge for our podiatry service is that our current funding source limits the clients who can access the service. Over the next 12 months the key focus will be to develop the service model to better cater for the needs of the local community

Podiatry - Occasions of Service

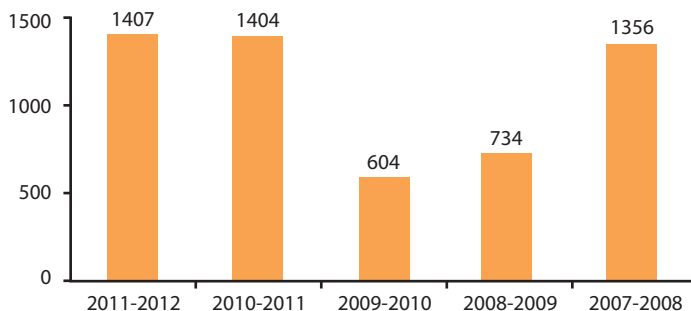


Radiology

Our radiology service is provided twice a week at REDHS on Tuesday and Thursdays. This year we have reviewed the appointment times and some of the IT processes at Reception to enhance the management of appointments.

This year a total of 1064 clients were seen, with a total of 1407 images taken.

Radiology - Images Taken



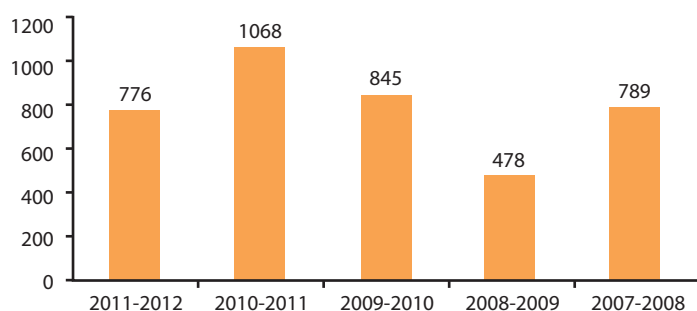
Social Work

Our social worker Helen Larmour is employed at 0.4 FTE, however also holds the role of flood counsellor at 0.6FTE. She will finish her role as flood counsellor when funding expires in September 2012 but will continue in her social worker role. The achievements of our social worker are many and varied. Helen's position is very much an advocacy role and one that is highly valued.

We have 60 aged care residents at REDHS and for each of those residents Helen undertakes their 'end of life' wishes which is an enormous job. Her input on the acute ward focuses on immediate crisis, however she also plays a key role in providing families with support to sort out any issues. She is the mediator for many invaluable services including 'end of life', power of attorney and a whole raft of family issues.

The key focus for Helen in the next 12 months is to deliver a QUIT Smoking Cessation service and group programs at REDHS. She is currently undertaking training and we have already established significant staff demand for the program.

Social Work - Occasions of Service



Note: The decrease is due to a significant number of occasions of service recorded through the flood recovery program.

Transition Care Program

The REDHS Transition Care Program (TCP) commenced in July 2011 and provides goal oriented, time limited and therapy focused care to help older people at the conclusion of their hospital stay.

There have been a number of highlights for the TCP this year including the appointment of a full complement of staff which includes a manager, allied health assistant, physiotherapist and occupational therapist. We have maintained consistently high bed occupancy (91% overall) to ensure ongoing department funding, received positive TCP feedback from clients and family members of clients and commenced implementation of high level TCP beds to meet client needs.

In 2011-12 we also achieved overall best performance compared with other regional TCP programs that started at the same time, secured funding for equipment for TCP clients and undertook a review of documentation relating to safe home visiting, multidisciplinary assessments, bed pole risk assessment and TCP documentation (ongoing).

This year we have also piloted the geriatrician/client review/ TCP networking video case conference and The Care Manager (electronic client file system) which is to commence in July 2012.

Our main challenges during the past 12 months have been maintaining continuity of care due to constraints with part-time staff, maintaining high bed occupancy, streamlining admission processes for residential TCP clients and co-ordinating care and services for complex clients.

Our key plans for the coming year include the expansion of the TCP program through increased bed occupancy and an increase in staff, expansion of the Allied Health Assistant (AHA) role and roll-out of the electronic client file system.

We will also focus on the recruitment and retention of TCP staff, reviewing and documenting all TCP quality initiatives and the expansion of video conferencing technology to include piloting of ACAS assessments for TCP clients.

Campaspe PCP has a new Chair for 2012 in Merrin Prictor, Director of Primary Care with Echuca Regional Health. Matt Sharp, CEO at REDHS, was chair of PCP for the past two years and we certainly appreciated Matt's contributions and support; particularly the work he conducted on behalf of the partnership group in the establishment of the Loddon Mallee Murray Medicare Local.

Campaspe PCP members have just entered into a new Partnering Agreement for the period from July 2012 – June 2015 and will be aligning our strategic planning timeframes to link to local government's Municipal Public Health and Wellbeing Planning for 2013 – 2017.

Service Coordination

- REDHS are now up and running with secure electronic referrals through project support from PCP. This uses www.connectingcare.com – the comprehensive web-based directory providing secure messaging and e-referral which all health services in the Loddon Mallee Region utilise. In Campaspe there are currently 128 services that are able to securely accept electronic referrals with approximately 200 referrals per month being sent via Connectingcare.
- An updated Campaspe Directory of Health and Community Services is currently being printed and will be available to assist community members to find the services they need from August 2012.

Health Promotion

- The Murray Campaspe 'Get Active, Eat Well' Healthy Communities Initiative has been up and running since 1 March with a number of programs and activities to be delivered through the project. Murray Shire Council is the lead council for the project, with Campaspe PCP providing supervision and office space for the Healthy Communities Coordinator (HCC) role. There are a total of 13 project partners who consist of health and community services from the Murray and Campaspe Local Government Areas. The overarching aim of the project is to reduce the prevalence of overweight and obesity in disadvantaged adults within the Murray and Campaspe areas by increasing participation in physical activity and healthy eating programs. The programs to be supported through the project include:
 - Community Kitchens
 - Community Gardens
 - Strength and Balance exercise groups
 - Making a Move exercise groups
 - Fruit and Vegetable Accessibility scoping project
 - Indigenous Lifestyle and Activity Women's program

- Healthy Eating, Activity and Lifestyle program (National Program)
- Heart Foundation Walking program (National Program)
- BEAT IT – Physical Activity and Lifestyle program (National Program)

These include an expansion of existing programs and introduction of new initiatives and it is the HCC role to support Murray Shire and partners in the delivery of these programs. In addition, capacity building activities will occur including policy review and development within Murray and Campaspe Shires, and infrastructure development to support healthy lifestyles for the communities in both shires. The project funding period is until 30 June 2014.

- B ur best – The b ur best project supported Cath Davies, REDHS Dietitian and Health Promotion Officer to undertake some body image training with students at Rochester Secondary College. The program was well received by the students and Campaspe PCP will support REDHS Primary Care to continue to develop this relationship into the future.

Rural Support

- Continuing to convene the Rural Support Network to link services and workers to local issues
- This group has also supported the eight outreach visits provided to flood affected communities in the past year by Red Cross.
- Implemented three Mental Health First Aid programs (one youth specific) to improve mental health literacy and awareness of dealing with mental illness.

Problem Gambling

- Activities continued to work towards the prevention of harm associated with problem gambling with work focusing on how the Moama-based gaming venues impacted on Shire of Campaspe residents. The results from this study will inform future initiatives in the area.

Aboriginal Health

- Campaspe PCP convenes a local Aboriginal Health Partnership Group chaired by Njernda Aboriginal Corporation. This group supported and facilitated the first Koori Arts and Craft Market for the Echuca area at Easter time this year. They are also working on a number of strategies to address chronic diseases, smoking and mental health in Aboriginal people.

For further information, please contact the PCP Office on 03 5484 4485 or visit our website www.campaspepcp.com.au



SUPPORT SERVICES

The Support Services department encompasses catering, cleaning, laundry and maintenance services.

Changes in the management of support services took place during the year with Richard Beddell leaving REDHS and we wish Richard well in his future endeavours. This resulted in Darlene Weeks taking on the management role of the Catering department and Gayle McConnell overseeing the Hotel Services department. Improvements have been identified by the catering department and the staff look forward to the opportunity to have input into the implementation of positive changes.

Catering

The catering department, led by Darlene Weeks, is continuing to meet the nutritional needs of patients and residents with thorough menu planning in conjunction with REDHS' dietitian. This is important to ensure all aspects of taste, health and nutrition are addressed. Residents' likes and dislikes have also been assessed and the important issue of meal sizes. It had been identified that meal sizes were larger than necessary and the catering staff have made the required adjustments.

Numerous staff have completed further education and developed various skills to enhance the catering department such as Certificate IV in Frontline Management as well as various health and nutrition courses.

REDHS' catering staff continue to provide meals for patients, residents, clients, staff and Meals on Wheels recipients during the year as outlined in the table below:

Meals on Wheels - Elmore	2,189
Meals on Wheels - Lockington	1,493
Meals on Wheels - Rochester	3,731
PAG - Elmore	1,325
PAG - Rochester	1,981
Patients – Acute Ward	19,440
Residents - Hostel	65,520
Residents - Nursing Home	65,148
Senior Citizens Club - Rochester	732
Total Meals	161,559

Café Red continues to provide healthy and nutritious meals and snacks for all staff, patients, residents and visitors to the organisation and offers a welcoming, cheerful atmosphere and ideal meeting place.

Hotel Services

The hotel services department consists of cleaning and laundry services. During the last year, the hotel services department reviewed a number of processes and procedures to continue to maintain and improve a quality customer service.

New airing racks have been purchased for the laundry to ensure a more efficient turnaround for laundry items and a new steam iron has also been purchased. Laundry bins on wheels have also been introduced to improve efficiency and ease-of-use for staff. There was also an internal review to assess that all equipment is being used efficiently and to ensure staff have a good understanding of how to deliver the best outcomes. In particular, staff were retrained in the use of the washing machines to ensure that correct washing cycles are being used. This will further reduce water usage and maximise power efficiency. Processes have also been improved in the laundry regarding the separation and processing of residents' laundry.

There has been a reduction in chemicals used for cleaning and adhering to a 'green environment' with the use of microfibre cloths used for cleaning and the continuing use of steam cleaning equipment.

REDHS' external cleaning audit achieved 98.12% compliance across DPU, acute ward and both medical practices for which REDHS provides a cleaning service. The hotel services staff are currently looking at all work processes and work routines so we can meet best practice.

The need to balance the focus on cleaning time against food catering time has been identified and ways to address this issue are currently being assessed.

Developing and reviewing staff portfolios is also a key ingredient in this process. As REDHS' procurement manager, Gayle McConnell has major plans to improve and foster staff empowerment across all support service areas and develop champions across the organisation. The empowerment of all staff and subsequent emphasis on a 'team environment' will improve communication between management and staff and deliver a more efficient service.

Staff have enthusiastically embraced the many changes and improvements. Although a 'work in progress' due to staff changes, morale is high with department members acknowledging positive improvements in communication as well as additional areas for improvement moving forward. Developing and reviewing staff portfolios is a key ingredient in this process. As REDHS' procurement manager, Gayle McConnell has major plans to further improve and foster staff empowerment across all support service areas and develop champions across the organisation.

Supply Department

In REDHS' Supply Department there has been an internal investigation into all work procedures and improvements in communication. The Financial Management Information System (Oracle) is very efficient in maintaining a user-friendly supplies and equipment process. The role of our staff in this area has been expanded to cover catering administration and accounts payable.

Mandy Dockery has taken on the role of administration assistant to help with workflow of placing department orders into Oracle and matching invoices for accounts. Mandy also helps with some administration tasks in the catering department. Mandy's skills are developing as she takes on more challenges and also provides administration support in the acute ward when required.

Accounts officer Georgina Alexandrova is undertaking accounting qualifications which are being supported by REDHS to enable her to take on higher level functions. Georgina is currently nearing the end of her Bachelor in Accounting with the University of South Australia with her final exams to be completed by December 2012.

The introduction of Powerbudget to our organisation is also progressing well with the initial training sessions for departmental managers and the executive team already completed. Another short training block that involves Powerbudget's advanced features is being organised in the near future.

Environment

As a public health organisation, REDHS remains committed to minimising its environmental impact through the responsible use of sustainable resources, recycling and education.

The correct disposal of waste and use of chemicals is constantly monitored, reviewed and assessed at REDHS. Systems in place to monitor this area include reviewing all work routines and procedures, monthly meetings, chemical training and risk assessment on all chemicals.

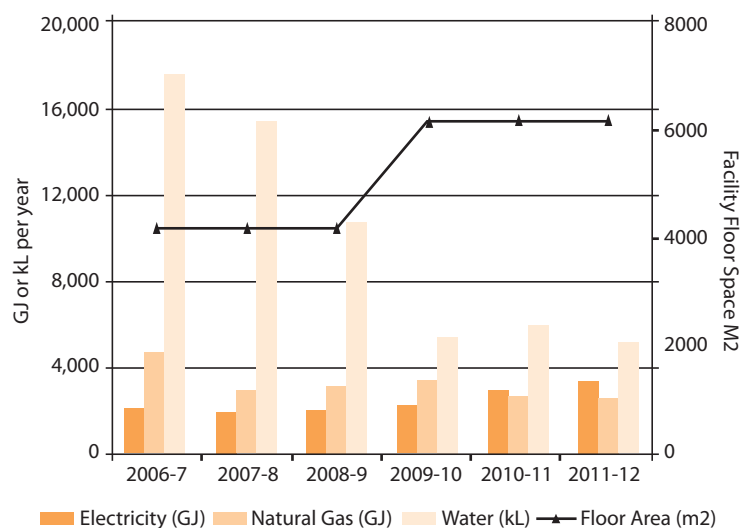
In December 2011, we released a statement to the local media explaining the major improvements at REDHS in regards to environmental sustainability. The media release talked about REDHS setting a very high standard in the healthcare industry on environmental sustainability through its commitment to improving energy, water, waste and management systems.

REDHS has been recognised state-wide for its achievements and is now assisting other health organisations to obtain similar outcomes.

Since 2006, our annual water consumption has decreased from 18,000kL to 6000kL, and we have decreased our average monthly electricity use by nearly 7%, saving almost 16 tonnes of carbon dioxide equivalent emissions.

In addition, REDHS' recycling initiatives have also reduced the amount of waste going to landfill from 312 tonnes in 2006 to 164 tonnes in 2011.

Energy and Water Use Against Floor Space



Facilities Management

REDHS' Facilities Management department incorporates the maintenance and engineering aspects of the organisation as well as information technology and emergency management, and is overseen by Facilities Manager, Mathew Dennis. It has had many achievements and challenges over the past 12 months.

Among the major highlights and achievements for the year was the major refurbishment of the former medical clinic building to provide student and visiting staff accommodation. This major \$44,650 refurbishment was completed within three months and can now accommodate medical, allied health and nursing students, visiting doctors and on-call staff. The facility provides comfortable temporary accommodation in close proximity to the main REDHS building. It is the first time a facility of this nature has been available at REDHS, although this accommodation scenario has occurred to a lesser extent in the past. Recent figures indicate two to three students or medical officers are using the facility each week, enjoying the new level of comfort and convenience.

The maintenance buildings have been recently consolidated at REDHS, allowing for greater efficiency in this area and the creation of much-needed additional storage space. This project saw a complete rebuild of the maintenance buildings and importantly, it is housed in close proximity to REDHS' main building.

It had become apparent during days of high temperature and humidity, that the evaporative cooling system in the support services wing was not working efficiently enough to maintain optimal working conditions for staff. Resultant condensation was also an issue. In February 2012, much to the appreciation of staff, a refrigerated cooling system was installed.

REDHS' Information Technology (IT) services underwent a major review and subsequent revamp with a complete new server environment now in place. The independent review recommended changes to IT services that reaffirmed plans REDHS had already been considering. The review allowed Mathew and his team the opportunity to learn a great deal about areas for improvement and was a very worthwhile process.

REDHS is now working on implementing one of its most important environmental impact programs, paperless record keeping. REDHS is currently transitioning the final department to move to paperless record keeping and is working with the 60 aged care staff as part of the Management Advantage implementation project to ensure a smooth transition.

Although being one of the major highlights and achievements of the year for Mathew and his team, it is also one of the most challenging with 60 additional users having different skills and levels of understanding being introduced to the IT system.

Despite this, the IT department is very proud of REDHS moving towards becoming a 'paperless' organisation, which is a positive outcome and very much part of the plan of working towards better environmental outcomes.

In other environmental impact improvement areas, REDHS has just purchased Apple iPads for all board members, eliminating the need to print board reports every month for each member. This will reduce paper use by around 20,000 sheets per annum and also reduce printing costs.

Further to these important improvements to reduce both costs and the environmental impact of REDHS, the facilities management department is working on a scope of works for renewable energy options to look at all environmental impacts across the organisation.

Occupational Health and Safety

The Occupational Health and Safety (OHS) Committee welcomed three new members to our team; Julia Grace, Health and Safety Representative Acute Ward, Judy Lee, Health and Safety Representative Primary Care and Wes Brierley, Health and Safety Representative Aged Care. All three completed their Safety Representatives Course in March 2012. In addition, all Health and Safety Representatives undertook refresher training in September 2011.

In 2011/2012 there were 40 OHS incidents and hazards reported, compared to 30 in 2010/2011 and 34 in 2009/2010. We are now recording our Code Red (fire) false alarms as a hazard as a means of ensuring we capture any lessons learned and this has contributed to the increase observed this year.

The OHS Committee has done a large amount of work in relation to the prevention and management of workplace violence and aggression, completing a staff survey and design audit and implementing an action plan based on the recommendations arising. The OHS Committee has also developed and implemented a Fatigue Management policy and procedure.

In August 2011, we conducted a fire drill across the facility, whereby all staff were required to respond to a mock fire at the Nurses' Station in the Nursing Home. A number of observers, as well as the staff directly involved in the drill, identified areas for improvement which have been addressed through the implementation of an action plan. This has resulted in further training for our After Hours Managers in the use of the Fire Panel and Building Warning System, as well as engaging an external provider to deliver additional training to those senior staff who will be required to undertake the role of Emergency Controller.

For WorkSafe Week in October 2011, we again organised a series of activities designed to raise awareness of safety within the workplace. This year's winners of the Worksafe Week Trophy were the Acute Ward for participating in the most activities during the week.

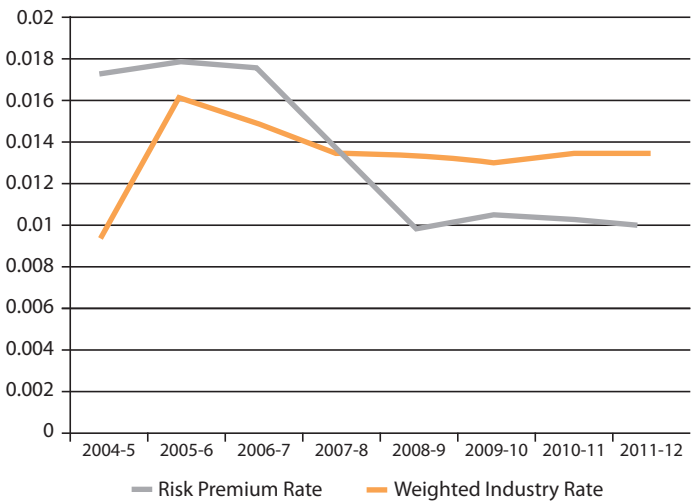
There was also a focus on chemical safety this year, with a significant reduction in the amount of chemicals used within the facility as well as ongoing chemical safety training being conducted throughout the year.

REDHS is a founding member of an OHS benchmarking group with five other Loddon Mallee region health services. A set of OHS indicators has been developed to meet the needs of group members and to allow effective benchmarking. The latest reporting incorporates the use of FTE numbers to allow more accurate comparisons between the health services which vary in size and services offered. These same indicators are used to inform the REDHS OHS Committee.

The quarterly meetings have proven to be an open and informative forum for discussion of OHS issues and incidents, provision of support and experiences, initiatives, sharing of assessment tools and education initiatives, shared education opportunities, a source of comparison with other health services and facilitated discussions/advice regarding administration of the Victorian Health Incident Management System. One of the main aims of the benchmarking group for the coming year is to increase the overall rate of reporting in members' health services.

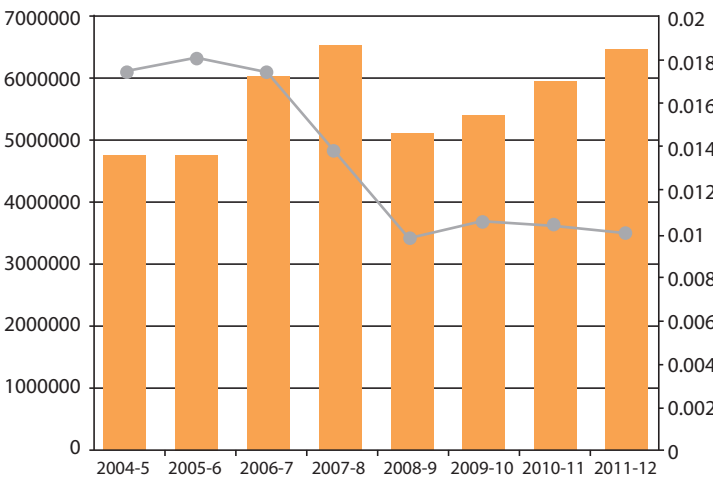
Workcover Premiums

Premium Rate / Weighted Industry Rate



REDHS' premium rate reflects positively against the industry generally.

Premium as % of Remuneration



There has been a premium increase due to two long term claims being submitted in 2011-2012



COMMUNITY INVOLVEMENT AND SUPPORT

Volunteers

Many of the activities carried out at REDHS could not happen as frequently or effectively as they do without the valued and much appreciated efforts of the 88 registered volunteers. They regularly assist staff in the Planned Activity Group, Hostel, Nursing Home, Community Garden and the health service grounds. Thank you to all of our volunteers for their continuing support.

Rochester and District Hospital Auxiliary

REDHS is fortunate to have the continuing support of the hospital auxiliary. The fundraising efforts of members and volunteer contributions play an important part in the ability of the health service to continue to provide a high level of care for its community.

The Auxiliary has had another successful year, both socially and through fundraising for our health service. Funds are obtained in a variety of ways, and have included Melbourne Cup Day Luncheon, Open Garden and Devonshire Tea Afternoon, Cancer Morning Tea, Easter and Christmas raffles, and catering for various community events. Thank you to the community who support all of our fund raising efforts and particular thanks to those members who brave the cold to sell raffle tickets in the main street.

The Auxiliary plans to contribute funds raised this year towards the purchase of a patient recovery chair and four slings to be used in conjunction with the patient lifting system.

Community Generosity

Donations and Bequests (over \$100)	
Heart Support Australia	\$5,728.00
Donations in memory of Dot Knight	\$290.00
Donations in memory of Graham Clark	\$280.00
Donations in memory of Kelly Stewart	\$170.00
Geoff and Merle Carr	\$100.00
Total Donations for 2011-12	\$6,913.80*
<i>*Total includes all donations, including those of less than \$100.</i>	

The ongoing support of community groups is always gratefully accepted. Group members work hard to make regular donations of handmade goods and other items for use by our Aged Care residents, which is always appreciated.

Life Governors

REDHS awards the title Life Governor to individuals who have made an outstanding personal contribution to the health service. Those awarded the title of Life Governor are recorded in the register and include those who have served for many years either as a Board or Auxiliary member, a volunteer or those who have made significant financial contributions to the health service.

Mrs Gwen Macague was awarded a Life Governorship at the annual meeting held in October 2011, in appreciation of the time and effort she has so generously provided to the health service. Gwen was a contributor to the success of the Garden Fair Committee for a number of years until this Committee was dissolved. Gwen then joined the Rochester and District Hospital Auxiliary in 2007 and has been an active member since that time, holding the position of Vice President at the time of receiving her award.

Certificate of Appreciation

A Certificate of Appreciation was awarded to Meeuwis Boelen in recognition of his service to the Board of Management of REDHS over the past six years. Due to a change in circumstances, Meeuwis chose not to seek re-election when his term expired on 30 June 2011. As Meeuwis was moving away from the area, his Certificate of Appreciation was awarded to him at his final Board meeting.

STATUTORY INFORMATION

The Rochester and Elmore District Health Service Annual Report has been prepared in compliance with the requirements of the Financial Management Act 1994 (the Act), Section 4.2 of the Standing Directions of the Minister for Finance under the Act and Financial Reporting Directions.

Attestations

1. Data Integrity

I, Matt Sharp, certify that Rochester and Elmore District Health Service has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Rochester and Elmore District Health Service has critically reviewed these controls and processes during the year.



Matt Sharp
Accountable Officer
REDHS
10 August 2012

2. Compliance with Australian/New Zealand Risk Management Standard

I, Matt Sharp, certify that Rochester and Elmore District Health Service has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard, and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The Risk Management and Planning Committee verifies this assurance and that the risk profile of Rochester and Elmore District Health Service has been critically reviewed within the last twelve months.



Matt Sharp
Accountable Officer
REDHS
10 August 2012

Availability of Additional Information

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Rochester and Elmore District Health Service and are available to the relevant Ministers, Members of Parliament and the public in request (subject to the freedom of information requirements, if applicable):

- (a) A statement of pecuniary interests has been duly completed by all relevant officers;
- (b) Details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
- (c) Details of publications produced by the Health Service about its activities, and how these can be obtained;
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) Details of major research and development activities undertaken by the Health Service;
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes;
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which the purposes have been achieved; and
- (l) Details of all consultancies and contractors including consultants/ contractors engaged, services provided and expenditure committed to for each engagement.

Building Compliance

Rochester and Elmore District Health Service ensures that all buildings, plant and equipment in its control are maintained and operated according to the statutory requirements of the Building Act 1993 and the Minister for Finance Guideline Building Act 1993/ Standards for Publicly Owned Buildings November 1994.

Consumer feedback

We welcome feedback in regard to the quality of our service and assists the health service with the development of strategies for continuous improvement. Feedback forms are available throughout the health service. Alternatively, feedback can be emailed directly to the address below or via www.redhs.com.au

Compliments, suggestions and complaints should be directed to:

Chief Executive Officer,
REDHS,
PO Box 202, Rochester Vic 3561
(03) 5484 4451
Email: rochhosp@redhs.com.au

Consultants

Details of individual consultancy					(\$ thousand)	
Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (exc. GST)	Expenditure 20XX-XX (exc. GST)	Future expenditure (exc. GST)
Boyd Strategies Pty Ltd	Aged Care Review	13/2/2012	27/2/2012	15,880	15,880	0

In 2011-12, REDHS engaged five consultancies where the total fees payable to the consultant were less than \$10,000, with a total expenditure of \$25,691.94 (excl GST).

Disclosure of ex-gratia payments

There have been no ex-gratia payments made during the reporting period.

Freedom of Information

The Freedom of Information Act 1982 provides the public with a means to obtain information held by the Health Service. During the 2011/12 financial year, nine requests for information were received, with all requests granted in full. Freedom of Information requests can be made by contacting the health service Freedom of Information Officer on (03) 5484 4451.

National Competition Policy

Rochester and Elmore District Health Service continues to comply with the National Competition Policy. In addition, the Victorian Government's Competitive Neutrality Policy principles have been applied to all relevant business activities

National Police Register (NPR) Checks

REDHS requires all staff, volunteers and contractors to have a current, satisfactory, national police register (NPR) check (also known as National Criminal History Checks). Employment or volunteering with Rochester and Elmore District Health Service does not commence until this requirement is met. NPR checks are deemed valid for three years. Some staff are also required to have a satisfactory "Working With Children" check.

Victorian Industry Participation Policy (VIPP) Disclosures

REDHS procurement practices and purchasing policies comply with the Victorian Industry Participation Policy Act 2003 as applicable. During 2011-12, REDHS completed no contracts to which the VIPP applied.

Whistleblowers' Protection

The Whistleblowers' Protection Act 2001 is designed to protect people who disclose information about serious wrongdoing within the Victorian Public Sector and to provide a framework for the investigation of these matters. The Act's key objectives are to promote a culture in which people feel safe to make disclosures; protect these people from discrimination; provide a clear process for investigating allegations, and ensure that investigated matters are dealt with properly.

Rochester and Elmore District Health Service has a prescribed procedure in place for dealing with disclosures made under the Act. A copy of the procedures is available from the Privacy Officer, to whom all enquiries on this matter should be directed.

In the year ended 30th June 2012 there were no disclosures made to Rochester and Elmore District Health Service under the Whistleblowers' Protection Act 2001.

OPERATIONAL PERFORMANCE SUMMARY

Factors affecting operational performance

During the 2011-2012 year, Rochester and Elmore District Health Service continued to deal with the aftermath of the January 2011 flood event. REDHS is an integral part of the flood recovery process, employing a number of additional staff to provide flood recovery support to the local community. There was an increased number of day procedure sessions following the commencement of an additional surgeon.

Activity

Admitted Patients - Note (a) see below

Separations	Acute
Same Day	217
Multi Day	384
Total Separations	601
Emergency	31
Electives	570
Total Separations	601
Total WIES	541.04
Total Bed Days	3,062

Note: Acute Admissions are Care Type (4,U)

Some estimations have had to be made in the above table due to unavailability of finalised VAED data for 2012 at time of printing.

Non-admitted Patients	Acute
Urgent Care Centre Presentations	873

Financial Report

The Financial Report which forms part of this Annual Report can be found stapled at the rear of the annual report. If the Financial Report is not attached, a copy can be obtained from www.redhs.com.au

DISCLOSURE INDEX

The Annual Report of Rochester and Elmore District Health Service is prepared in accordance with the relevant Victorian legislation. This index is prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
Ministerial Directions		
Report of Operations – FRD Guidance		
Charter and Purpose		
FRD 22C	Manner and establishment and the relevant Ministers	1, FR
FRD 22C	Objectives, functions, powers and duties	i
FRD 22C	Nature and range of services provided	2
Management and Structure		
FRD 22C	Organisational Structure	7
Financial and other information		
FRD 10	Disclosure Index	38
FRD 11	Disclosure of ex-gratia payments	36
FRD 15B	Executive officer disclosures	FR
FRD 21B	Responsible person and executive officer and Other Personnel Disclosures	FR
FRD 22C	Application and operation of Freedom of Information Act 1982	36
FRD 22C	Application and operation of the Whistleblowers Protection Act 2001	36
FRD 22C	Compliance with building and maintenance provisions of Building Act 1993	35
FRD 22C	Details of consultancies over \$10,000	36, FR
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GLOSSARY

ACAS	Aged Care Assessment Service
ACHS	Australian Council on Healthcare Standards
ACSAA	Aged Care Standards and Accreditation Agency
CASA	Centre Against Sexual Assault
CBR	Chemical, Biological, Radiological
CEO	Chief Executive Officer
DCS	Director of Clinical Services
DH	Department of Health
DMS	Director of Medical Services
DoHA	Department of Health and Ageing
DPU	Day Procedure Unit
FMIS	Financial Management Information System
FR	Financial Report
FTE	Full Time Equivalent
GP	General Practitioner
HACC	Home and Community Care (supported by funding from the Australian and Victorian Governments)
HR	Human Resources
HSR	Health and Safety Representative
IP	Inpatient
ICT	Information & Communication Technology
Occupancy	Percentage of Beds filled per nominated period
OHS	Occupational Health and Safety
OP	Outpatient
PAG	Planned Activity Group
PCP	Primary Care Partnership
TAC	Transport Accident Commission
REDHS	Rochester and Elmore District Health Service
Separation/Discharge	The completion of an episode of care and the patient/ client leaves the organisation
UCC	Urgent Care Centre
VAED	Victorian Admitted Episodes Data Set
VHIMS	Victorian Health Information Management System
VMO	Visiting Medical Officer
VPSM	Victorian Patient Satisfaction Monitor
VWA	Victorian Workcover Authority
YTD	Year to date

YOUR COMMUNITY – YOUR HEALTH SERVICE

You Can Help In Many Ways

Donations and bequests play a vital part in the provision of services to residents in our community. REDHS relies on the generosity of individuals and organisations within our community.

You can help by:

- Making a donation towards a specific item
- Defraying the cost of much needed equipment
- Remembering the Health Service in your will
- Joining the Health Service Auxiliary

Donations in memory of loved ones or in lieu of flowers are also appreciated. Envelopes are available for this purpose from the Health Service. Receipts are issued, acknowledgement letters are written, and when totals are known, summary letters are mailed to the decedent's next of kin.

Your Help Is Needed – And Will Be Appreciated

If you would like to make a donation or bequest, please contact us on **(03) 5484 4451**

The Financial Report which forms part of this
Annual Report is attached here.

If the Financial Report is not attached, a copy
can be obtained by phoning 03 5484 4400 or
from www.redhs.com.au

residential aged care
acute and urgent care services
day procedure unit
transition care program
planned activity group
social work/counselling
exercise programs
health promotion
podiatry
dietetics
radiology
physiotherapy
occupational therapy
diabetes education
district nursing

REDHS: more than a hospital



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