



QUALITY ACCOUNT 2018



redhs

Leading our community to better health
Rochester and Elmore District Health Service



Vision

Leading our community to better health

Values

Respect

Equity

Diligence

Honesty

Service

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A message from the Board Chair and CEO

It is our pleasure to present Rochester and Elmore District Health Service’s (REDHS) Quality Account for 2017/18.

REDHS has undertaken a number of projects, initiatives and programs in the past year, with particular emphasis on how we can provide more opportunities for people to be involved in their care and how we can help to protect the most vulnerable members of our community. Staff wellbeing has also been high on the list of priorities. You will read about some of the things we are doing to support staff in staying mentally and physically healthy.

We have also been recruiting more volunteers for a variety of different roles including spending time with people living at REDHS and participating in social activities. Community member numbers have also increased on many REDHS committees, contributing a consumer perspective on service safety and quality.

REDHS’ services have maintained full accreditation (hospital, food safety, radiology, residential aged care and primary care services). In 2017/18, no onsite surveys were scheduled, but a written report was submitted to the Australian Council on Healthcare Standards as required. The Nursing Home had an unannounced visit from Australian Aged Care Quality Agency assessors in January 2018 and was found to be continuing to meet the needs of the residents in line with aged care standards.

REDHS aged care facilities underwent a successful accreditation survey in July 2018. The full report from the 3-day visit, as well as the results of the resident survey, is available on the Agency’s website: www.aacqa.gov.au/publications/reports

We received overwhelmingly positive comments regarding last year’s Quality Account. We are always looking for ways to improve and ensure the report remains informative, easy to read and visually appealing; we are grateful to the community members who have given freely of their time this year to assist with assessing and designing the content and layout.

This report is available on REDHS website www.redhs.com.au and copies can also be obtained from REDHS Reception desk, medical practices and local businesses.

We hope you enjoy reading about your local health service and the way it is Leading our Community to Better Health.




Dr Carol McKinstry
Board Chair




Anne McEvoy
Chief Executive Officer



REDHS acknowledges the Dja Dja Wurrung Clans as the traditional owners and custodians of the land on which we are situated. We also acknowledge our neighbouring communities, the Yorta Yorta Nation and the Taungurung Clans, traditional owners and custodians of the lands on which REDHS provides services.

Aboriginal Health

REDHS has continued to work with local aboriginal networks to consolidate ties, provide services and increase staff and community cultural awareness through:

- Ongoing membership of the Campaspe Aboriginal Health Partnership Group, the aim of which is to improve Aboriginal health status, spiritual and mental wellbeing, education and employment in our region
- REDHS Rural Drug Withdrawal nurse continued to provide services for clients at REDHS as well as providing counselling, information and education at Njernda Aboriginal Cooperative in Echuca
- REDHS participate in aboriginal cultural awareness and consultation as members of the Loddon Mallee Regional Clinical Network
- Acknowledgement of country is given at the commencement of key meetings and other gatherings
- Provision of a contracted podiatrist to Echuca Regional Health to service community members

This year there was a significant increase in care recipients (five) and staff self-identifying as Aboriginal and/or Torres Strait Islander.



Provision of interpreters

In our community, 99.8% of people speak English at home. In spite of this, staff screen all patients to identify if an interpreter is needed. Screening of two patients of the Day Procedure Unit indicated that an interpreter may be required, however through consultation with the patients, an interpreter was deemed unnecessary in these instances. Consequently, REDHS did not have any people receiving care that required the use of an interpreter in the past 12 months.

Strengthening Hospital Response to Family Violence

REDHS is committed to strengthening its response to supporting people who are experiencing family violence. State government funding is providing a Project Officer for a number of Loddon Mallee region health services, including REDHS, to assist health services to respond appropriately and effectively to the increased incidence and reporting of family violence.

REDHS staff attended Family Violence training and a working party has been established that is working through a project plan to ensure that our response to violence is compassionate, timely, appropriate and non-judgmental. This has included putting procedures in place to guide staff in assisting victims of family violence. A senior REDHS representative attended the statewide Family Violence forum to gather information and gauge how REDHS is progressing. Education will continue to be provided in 2018-19 across all staff groups.

REDHS continues to support White Ribbon Day – Australia's campaign to prevent men's violence against women.



A safe place to live and work

Each year, staff are asked their opinions on patient and cultural safety at REDHS via the public sector's People Matter Survey. Responses to a number of patient safety questions in the 2018 survey provided an overall score of 73%, with a target of 80%. This is an improvement on last year (65%) but indicates that further improvement activities are needed. Whilst staff rated the reporting of patient safety concerns and incident/ near miss management highly, questions regarding learning from errors and the supervision of trainees did not score as highly.

It was also recognised that staff health and wellbeing is a priority and it plays such an important part in the wellbeing of people receiving care. As well as the People Matter Survey results, REDHS Health Promotion Officer conducted a Staff Health and Wellbeing survey in April 2018. The combined results informed the development of the Staff Health and Wellbeing Plan.

Activities undertaken during 2017/18 in response to the survey results have contributed to the ratings improvement including:

- "Below the Line Behaviour" workshops
- Staff Health and Wellbeing Plan in place
 - o Healthy Food Options in the Café and at barbeques catered by REDHS
 - o R U OK? Day activities
 - o Fatigue Management education
 - o Health and Wellbeing section in staff newsletter and on noticeboards
 - o Mental Health Awareness training
 - o 21% of staff participated in the Premier's Active April initiative



Above: Cafe Red provides delicious Healthy Food Options for staff and community members

Left: Aged care resident Marj delivered R U OK? cakes to staff, including Katia and Hollie

Preventing and Controlling Infections

Immunisation against the flu

In 2017/18, the required target for staff to be immunised against influenza was 75%. REDHS achieved 89%, which is well above target and a further improvement on last year (87% in 2017).

Specially trained immunisation nurses conducted multiple sessions as well as providing a mobile immunisation service, coming to staff where and when they were working, including night shift.

Remember, if you have cold or flu-like symptoms, do not visit aged care residents or patients, as they can be very susceptible to infection.



L-R: Board directors Jodie Smith and Ben Devanny, REDHS Infection Control Practitioner Tash Collins and Board director Carl Wood

Healthcare associated infections

In 2017/18, there were no Hospital Acquired Infections, including *Staphylococcus aureus* bacteraemia (SAB or “golden staph”), acquired by patients whilst in REDHS’ care. This is an excellent result and highlights the effectiveness of the infection control processes that are in place and the competence of nursing, cleaning and catering staff.

If patients have contracted an infection prior to being admitted, preventing the spread and treating the infection are priorities.

Child Safety – We’re Committed

Although REDHS offers a limited range of children’s services, we continue to work on meeting the requirements of the Child Safe Standards. These standards guide health services in providing safe environments for children to receive assistance if their safety is at risk of being compromised.

This year REDHS developed and adopted a Statement of Commitment, that includes a zero tolerance for child abuse and has a focus on the safety and wellbeing of children and young people through care delivery and decision-making.

Every person involved in REDHS has a responsibility to understand the important and specific role they play individually and collectively to ensure that the wellbeing and safety of all children and young people is at the forefront of all they do and every decision they make.

A Child Safe Code of Conduct was adopted that outlines appropriate standards of behaviour by adults towards children and aims to protect children and reduce any opportunities for abuse or harm to occur. It also helps REDHS staff and volunteers by providing them with guidance on how to best support children and how to avoid or better manage difficult situations. All board directors, staff and volunteers are required to comply.

In the coming year we will be focusing on fostering a culture of openness that supports all persons to safely disclose risks of harm to children. This will include ensuring children know who to talk with if they are worried or feeling unsafe and are comfortable and encouraged to raise such issues.

The responsibility to make mandatory reports to Victoria Police for actual or suspected child abuse remains in place for all staff.

Including, Listening, Doing

Talking with staff, writing a letter, filling out a feedback form, completing a survey or participating in forums are the ways that people raise concerns about REDHS' care or services or pay a compliment. No matter which method is used, the person will always be communicated with directly. If a concern takes a period of time to resolve, the person will be kept up to date with progress being made to reach a resolution.

Having conversations with residents, clients, patients and their families is one of the most effective ways to find out where improvements can be made. At REDHS, this occurs at the bedside, over a cuppa, at forums and meetings but may also come in the form of written feedback.

Here are three priority areas for improvement that were identified:

People said....

I didn't know about some of the other services I should be using – how do I know what I don't know?

Why do I have to give my personal and health information each time I see a new staff member – why don't they share information?

We did....

A Central Intake process was developed for primary care services to provide a seamless, consistent and integrated pathway. Referrals from doctors or direct enquiries are managed by the Central Intake Officer. They speak with the client (or their carer) and gather as much relevant information as possible and have it ready for the respective health professionals to review. The Officer also identifies if the person would benefit from seeing other health professionals and, where possible, make appointments that save coming to the health service over multiple visits.



Resulting in....

I could not be happier with them helping me to know my rights and guiding me in the right direction. I could not fault them in any way explaining to me what help I could get. Thank you.

(Primary Care client)

People said....

Vitamised food is not very appealing;
I wish it looked like proper food....

We did....

Investigated and commenced use of food moulds to shape vitamised food into the original shapes.

Resulting in....

Residents, family members and staff all agree that the presentation of these meals is far more appetising, making it much more enjoyable to eat.



People said....

It would be really wonderful if there was gym equipment available for people like me in the drug withdrawal program. I'm not sick, and exercise would really help me to pass the time and make me feel better. It is too far to go to the primary care gym and it is often in use anyway.

We did....

Following consultation with the government, patients and staff, one bedroom in the hospital was converted into a gym room.

Resulting in....

It is used by drug withdrawal program clients, patients and Transition Care Program clients with support from physiotherapists, allied health assistants and nurses.



It's all about communication

Acknowledge

Introduce

Duration

Explanation

Thank you

This year, feedback from people accessing REDHS' services indicated that communication with the nursing staff could sometimes be difficult. The nurses' messages were sometimes conveyed in a way that was misunderstood and did not always include all the information being sought by patients. To improve communication, the AIDET communication framework was rolled out for health service staff to use.

The AIDET framework is for staff to communicate with patients and their families as well as each other. It is particularly effective for communicating with people who are nervous, anxious and feeling vulnerable. This is exactly how people often feel when coming to an Urgent Care Centre (UCC). Since the introduction of AIDET, there has been only positive feedback. This included feedback from a community member who had previously had a negative experience in UCC but then had a much improved, positive experience the next time they came for assistance.

Completing patient surveys is another way that patients are able to provide their opinions about the care that they received whilst at REDHS. The Victorian Health Experience Survey is sent to patients after discharge and the results assist health services to see where improvements can be made. Like many other small, rural health services, we often only get reports once or twice a year due to low numbers of survey returns. In spite of this, we can get an indication of overall satisfaction over an extended period of time. Satisfaction with the discharge process has steadily increased from 87% to 97% to June 2018. Improvements have been noted with "staff to patient" communication which is mainly led by increased patient involvement in all aspects of their care and the use of AIDET.

Improvements have also been made to the discharge process, having benefited from the introduction of referrals through the new MyAgedCare system that are received by REDHS Central Intake Officer. Discharge meetings are held that include the patient and as many of the people involved in their care as possible e.g. nurses, physiotherapist, allied health assistant. The meetings help determine when the patient will be ready to go home and the services that will be required and allow prompt identification of patients who will benefit from participation in the Transition Care Program (TCP), either in the hospital or at home. This gives the patient time to be able to manage at home or decide to live in residential care and can also lead to a reduction in unplanned readmissions to hospital. Unplanned readmissions have reduced from seven in 2016/17 to two in 2017/18.

If you would like to help REDHS to continue improving, contact us using any of the following options:

- talk to a staff member
- Feedback forms are available throughout the health service and can be completed if staff are unable to assist or
- emails can be sent to the address below or via **www.redhs.com.au**

All correspondence can be directed to:

Chief Executive Officer, REDHS,

PO Box 202, Rochester Vic 3561

Ph: (03) 5484 4451

Email: rochhosp@redhs.com.au

Web: www.redhs.com.au

Rochester and Elmore District Health Service

Leading our community to better health

Tell Us



Helping consumers to help us

More and more, consumers are being involved in their own healthcare as well as there being ever increasing opportunities to be involved in planning, measuring and evaluating health services. In order for consumers to be able to succeed at any level, the ability to have meaningful interactions with health service staff (and vice versa) requires education and support.



This year we have continued to increase the number of consumers giving a community perspective in various committee meetings and forums. Consumers on committees are provided with an orientation session prior to the first meeting. This includes information on committee purpose and membership, meeting dates and venues, terminology and abbreviations as well as a contact person for assistance and expectations regarding their role.

Co-production education sessions for staff, volunteers and consumers were held this year, led by the Health Issues Centre. These sessions provided information on involving people from the initiation of a project to ensure equal input from all parties including consumers, community groups and health service staff.



Both staff and consumers found the sessions to be very valuable and feel better equipped to work together in a meaningful and effective way. During the workshop, consumers came up with some ideas for which the co-production method could be used in aged care and these will be reviewed in 2018/19.

Volunteers are another very important group of consumers and are provided with orientation upon commencement and regular education and information sessions throughout the year. This raises volunteer awareness of how health services function and how they can be instrumental in improving care. This year volunteer information sessions included nutrition, dementia, hand hygiene and emergency procedures. As well as a Wellbeing Day being held in Echuca as recognition for their contributions, volunteers were also treated to a delicious Christmas lunch and entertainment this year. REDHS is a member of the Campaspe Vibrant Volunteer Network who will be conducting a number of volunteer training sessions in 2018/19.



Pictured are volunteers, Sandra, Ann and John, wearing the volunteer shirts introduced in the past year.

Monitoring risks to residents

People living in residential aged care face certain risks that relate to issues of mobility, medication usage, nutrition and hydration. REDHS staff work with residents and families to either eliminate or reduce the risk of harm. Keeping track of occurrences that have significant impact on resident safety and quality of life informs reviews and can lead to improvements.

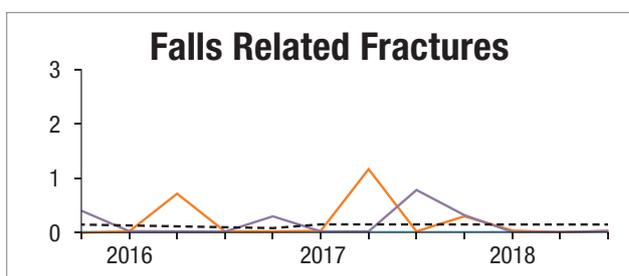
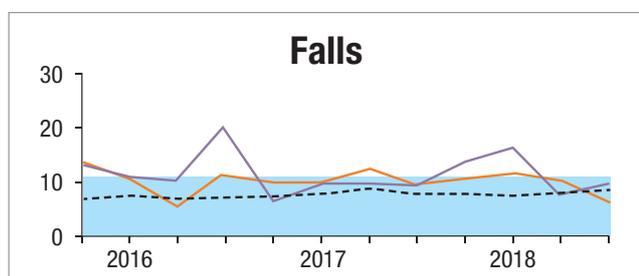
REDHS results for these risks are compared to other Victorian public residential aged care facilities (the black, dotted line) and against the recommended range (blue shaded area). The Nursing Home is denoted by the orange line and the Hostel by the purple line. So, how did REDHS compare in 2017/18?

How to read the graphs:

- Reference Range
- REDHS Nursing Home
- REDHS Hostel
- Overall Statewide Rate

Note: To allow for comparison, rates are calculated per 1000 bed days e.g. 30 residents in July is 30 x 31 days = 930 bed days.

Falls

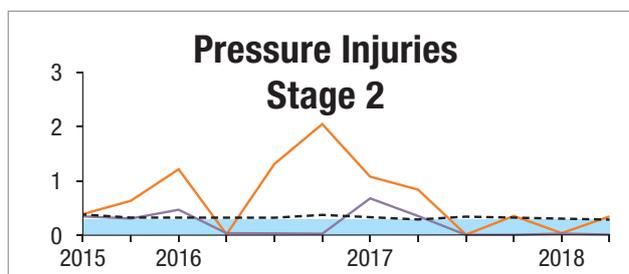
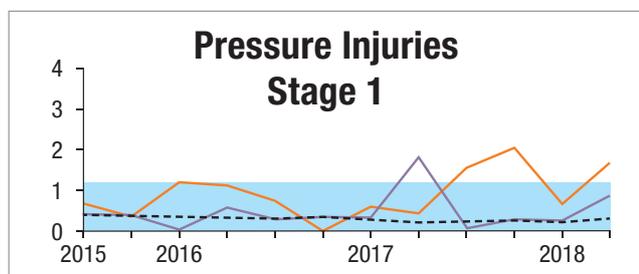


Falls in the second half of 2017 increased significantly and were outside the reference range (blue shading). This was a factor in REDHS' Board of Directors requesting that falls be the subject of an in-depth review in the first half of 2018. A registered nurse was employed to review current processes, compare to Best Practice and other organisations and make recommendations for improvement. During this period, the falls rate decreased significantly. As a result, the Board has approved the appointment of a permanent Falls Coordinator.

There were three fractures as a result of falls in 2017/18 compared to six the previous year.

Fractures that resulted in a resident (or a patient in the Acute award) needing to be transferred to another health service (usually Bendigo Health) were classified as a high severity rating. Having to be transported away from the facility is quite disruptive and the change of setting can be very unsettling. This is one of the many reasons why falls prevention is so important and why fractures from falls were included in the scope for the Falls Project.

Pressure Injuries



A pressure injury (PI) can result when people sit or lie for long periods without moving or changing position often enough. A stage 1 pressure injury is a reddened area with unbroken skin. A Stage 2 injury has partial skin loss. REDHS' aim is to prevent all pressure injuries but if a Stage 1 injury does develop, it is managed with the aim of not becoming a Stage 2 injury. In 2017/18, there were 22 x Stage 1 and 2 x Stage 2 injuries.

Monitoring risks to residents *(continued)*

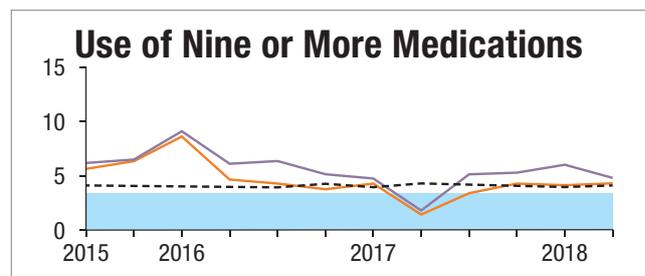
Pressure Injuries

The Stage 1 pressure injury rate in the Hostel was within the reference range, whilst the Nursing Home was outside the range for some of the year. The increased rate in the Nursing Home of both Stage 1 and 2 injuries was due to a resident requiring a hospital stay offsite who returned to REDHS with pressure injuries. This information was communicated to the other health provider to enable them to review their processes.

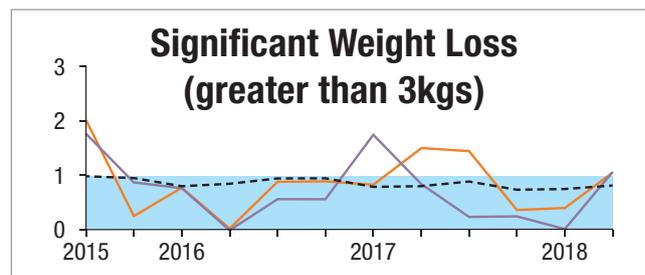
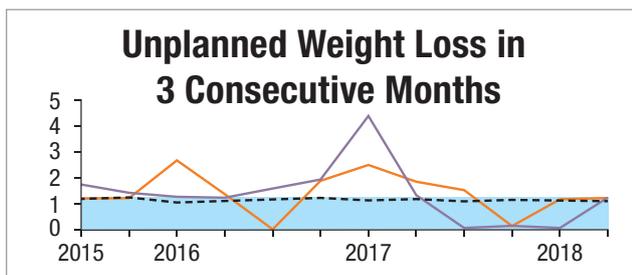
Pressure injuries are closely monitored in both facilities and REDHS' processes continue to be effective in their prevention and management through the use of Best Practice techniques. Staff are able to utilise equipment such as pressure relieving mattresses and padded heel protectors to prevent or manage pressure injuries. Staff also ensure that people at risk change position regularly when sitting or lying down. Regular podiatry check-ups, physiotherapy assessments and pain clinic access can also help to keep people maximising mobility which in turn reduces the risk of pressure injuries developing.

Use of nine or more medications (polypharmacy)

As in 2017/18, REDHS' rates continued to be above the reference range for nine or more medications this year. Resident medications have been under regular review by a pharmacist who will make suggestions to prescribing doctors for changes, as appropriate. REDHS Medication Advisory Committee now includes a general practitioner and the Medical Staff Group is also provided with these results. This has led to a greater awareness of the indicator and prompted further reviews by general practitioners and pharmacists.



Unplanned Weight Loss



Resident weights are regularly monitored and any unplanned changes lead to a review.

All residents were under the direction of appropriate clinicians, such as the dietitian or speech pathologist, and assessed for underlying conditions and to ensure all was being done to facilitate appropriate nutrition. This may result in a number of actions including dental checks, texture-modified diet or high protein supplements.

Physical Restraint

Restraint is a practice, device or action that negatively interferes with the resident's ability to make decision or which restricts their free movement. REDHS is a restraint-free environment, which is a recommended standard of care. No instances of physical restraint were reported at REDHS in 2017/18.

Focusing on abilities, not disabilities

REDHS works with all consumers to ensure that services are appropriate and delivered in the right settings by the right people. This includes people living with a disability. The pain clinic has continued to be conducted in our residential care facilities and by physiotherapists. Other health professionals, such as podiatrists, dentists and optometrists, also provide their services onsite, alleviating the need for residents to travel.

Gymnasium equipment has been installed in the Acute Ward and is available for patients and Transition Care Program clients of all abilities to maintain or improve function. This is done under the supervision of physiotherapists and with support from allied health assistants and nursing staff.

Improvements are continuously being made, both large and small, across the health service. In order for residents to access the garden area safely, an exit doorway in the hostel was modified to have the step down removed and reduce the effect of the runners. The internal flooring was raised and the outdoor paving sloped up to the doorway (see photo at right). This has reduced the risk of falls and residents have commented that it is much easier to use their walking aids.



REDHS will be reviewing its Disability Action Plan in 2018/19 and continue to take action to ensure further improvements to accessing the facilities and providing services for people living with a disability.

Something's not quite right



Have you ever visited a family member or friend in hospital and something isn't quite right about them? Have you ever been in hospital and feel that you are getting worse?

It is very important to let staff know if this is the case so that the patient can be assessed for an increase in care needs and if treatments need to be changed. This is known as "escalation of care" and has historically been instigated by medical officers or care staff. With an increased emphasis on patients and families being involved in all aspects of patient care, there is an escalation system that supports patients, carers and families to alert care staff to any actual or suspected changes.

On admission, care staff encourage patients and families to raise concerns about the patient's condition at any time. There is signage on the walls and patient whiteboards to remind patients and visitors to raise any concerns and who to contact. We received feedback that the signage was too small for some people to read, so signs have been enlarged and were well received by patients.

In one instance this year, a patient notified staff that they had begun to feel quite unwell. The patient was assessed and found that they now required a higher level of care than REDHS can provide. A transfer to Bendigo Health was organised and the patient received treatment there. After a few days they were well enough to return to REDHS to continue with their recovery here, in their home town.

Your wishes and the law

In March 2018, the Medical Treatment Planning and Decisions Act 2016 came into effect. This means that a person can make an Advance Care Directive whereby the documented care wishes are legally binding and must be respected by medical practitioners and staff.

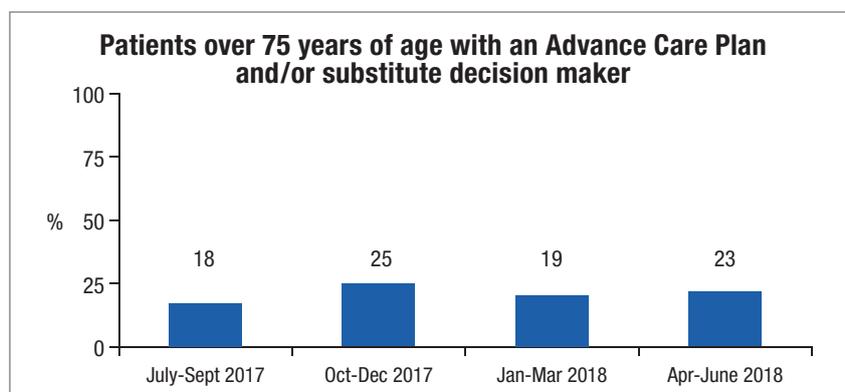
To guide staff in the new requirements, REDHS updated the Advance Care Planning policy. It includes the difference between Advance Care Directives and Values and new terminology like Medical Treatment Decision Maker (in place of Medical Power of Attorney) and support person. Staff have also attended training and workshops to help them in supporting people to have their wishes carried out when they do not have the capacity to make them known.

REDHS Social Worker regularly assists patients and residents to be involved in advance care planning. Advance Care Directives and Values are included and the patients and residents are encouraged to think about who they would like to have as their Medical Treatment Decision Maker if one has not already appointed.

Please note: If a Medical Enduring Power of Attorney was appointed prior to 12 March 2018, they will be taken to be the appointed Medical Treatment Decision Maker under the Medical Treatment and Planning Decisions Act 2016.

For further information regarding documenting your wishes, refer to the Office of the Public Advocate's website www.publicadvocate.vic.gov.au or call them on 1 300 309 337. REDHS social worker is also able to assist and can be contacted on (03) 5484 4465.

As you will see in the graph below, the proportion of patients who have Advance Care Plans in place is quite low. On admission, all hospital patients are asked if they have plans or medical treatment decision makers in place and, if not, they are offered a referral which they can accept or refuse. Many decide to document their wishes even though they are not necessary for that particular hospital stay. Some family members also take the opportunity to do their own at the same time.



Nineteen patients included in the above graph moved into residential aged care; 89% of them decided to put Advance Care Directives and/or a Medical Treatment Decision Maker in place while they were still able to express their wishes.

Having documented their wishes in advance care plans, patients in palliative care were able to have them fulfilled by their families, friends, doctors and nurses. Wishes have included being at home, remaining in residential care or be in hospital, having family and friends at the bedside, photos decorating the room, a doona or blanket from home, music of their choice being played, being pain-free but as alert as possible and having clergy present as desired.

From a resident's family:

Thank you to staff for looking after my father. He felt safe and comfortable and had praise for everyone looking after him. In his last days, your entire staff were at hand to answer my questions about Dad's care, offered meals to me and provide hugs of comfort when needed. I can't thank them enough.

End of Life Care

It is important for people to direct their own care whenever they can. It is especially important for care to revolve around both the patient and their family when the patient is approaching the end of their life.

In line with the principles of the National Consensus Statement on the Essential Elements for Safe, High Quality Care, REDHS has continued to partner with consumers to ensure that the care provided at the end of life is inclusive, meets cultural and spiritual needs and is delivered by skilled staff.

This year the Care Plan for the Dying Person has been introduced. Its aim is to ensure that a dying person, and those identified as important to them, experience a coordinated approach to care regardless of their diagnosis or healthcare setting. The plan reflects what is important to the patient and the family and records all the care provided. It is individualised and includes anticipated changes in the patient and the treatments that can be used. It is helpful for the family to know what is happening, what is planned and assist with choices to be made at this difficult time.

REDHS has also been working on engaging communities and embracing diversity in accordance with *Victoria's end of life and palliative care framework: A guide for high-quality end of life care for all Victorians (Priority 2)*.

As part of the primary care's central intake process, when clients are contacted regarding a referral, they are asked if they have an Advance Care Plan (or Directives and Values). If they don't, they are provided with information that allows them to consider documenting their wishes in a legally binding manner. They are also offered a referral to REDHS social worker if they would like assistance.

As patients are admitted to the hospital, it is a good opportunity to ask if they have Advance Care Directives or Values in place. They will usually not be required for that stay in hospital but it is a good opportunity to begin thinking about having a conversation with families and carers.

It is wise to have a copy of your Advance Care Plan with you when you attend a hospital or move to a residential care facility to let staff know your wishes immediately. This information would also be sent with you if you had to go and receive treatment at another health service.



Tell us what you think

The aim of this report is to be transparent in providing information on how REDHS is performing and being accountable to its community for the provision of safe, high quality care.

What I liked about the report

.....
.....

What I think can be improved for next year's report

.....
.....

Any other comments

.....
.....

Optional:

Name: Ph:

Email:

I am interested in assisting with the production of this report next year
(If Yes, please make sure to include your name and contact number above)

Your feedback about this report is welcome.

Please return the coupon to REDHS Reception or mail postage free to:

Reply Paid No 5
Rochester and Elmore District Health Service,
PO Box 202, Rochester Vic 3561

If you would like further information about this report, please contact:

REDHS Quality Unit on **(03) 5484 4470** or email **rochhosp@redhs.com.au**

*Front Cover: (clockwise from top) Care staff participated in Active April, Dorrie having fun at Di's bridal shower, Ernie enjoyed a lamb coming to visit.
Back cover: Clockwise from top left: Doetje, Deb and Karen look the part for a French breakfast, Eileen and Pat enjoying lunch at Social Support Group,
war memorial statues, Marg had special visitors at Christmas.*



For further information please contact us at:

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