

# ANNUAL REPORT 2011



Rochester and Elmore District Health Service

# STRATEGIC PRIORITIES, GOALS AND OBJECTIVES

## 2009 - 2012

### VISION

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

# 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 to our catchment population of 8,697 and has:

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

The responsible Minister from 1 July 2010 to 2 December 2010 was the Victorian Minister for Health, the Honourable Daniel Andrews MLA.

The responsible Minister from 2 December 2010 to 30 June 2011 is the Victorian Minister for Health, the Honourable David Davis MLC.

# OUR LOCATION



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# YEAR IN BRIEF 2010-11

## Highlights

- Strategic Plan 2009-12 refresh
- Safe evacuation and return of residents and patients following January flood event
- Installation of new carpet throughout the Hostel
- Construction and opening of the Men's Shed in collaboration with Rochester Community House and Shire of Campaspe
- Appointment of full-time Physiotherapist
- Appointment of Dietitian
- Commencement of Urology surgical services
- Appointment of Clinical Support Nurse
- Increased counselling services post-flood
- Broadband for Seniors program commenced
- Relocation of Campaspe Medical Centre to REDHS consulting suite in Primary Care Wing
- Cafe Red opens for business
- Community Garden social inclusion activities continue
- Health Promotion education session for managers
- Completion of Encouraging Best Practice in Residential Aged Care project
- Formation of Care Review Committee
- Improved performance indicator reporting

## Challenges

- Total evacuation of all patients, residents and staff during flood in January 2011
- Recommissioning of buildings and plant post-flood
- Computer server failure and data retrieval
- Growth of surgical services

## The Future

- Introduction of Transition Care Program
- Further improve data capture and reporting to strengthen governance processes
- Collaboration with other health services
- Increase on-site visiting clinical services
- Growth of health promotion and primary health services

## Services offered by REDHS

- 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)

2010-11	
<b>Acute Ward:</b>	
Total Acute Ward Separations	550
Acute Bed Days	3,160
Average Length of Stay (Days)	5.8
<b>Total Non-admitted: Occasions of Service</b>	
Urgent Care Centre	901
Radiology	995
District Nursing	5,647
Planned Activity Group	1,765
Meals on Wheels	7,043
<b>Primary Care: Occasions of Service</b>	
Diabetes Education	157
Dietetics	258
Fitness for Older Adults	544
Physiotherapy (bed based)	249
Physiotherapy	367
Podiatry	1,014
Social Work/Counselling	1,068
<b>Aged Care:</b>	
Nursing Home Bed Days	10,711
Nursing Home Separations	17
Hostel Bed Days	10,576
Hostel Separations	9





## REPORT FROM **PRESIDENT & CEO**

We are pleased to present the REDHS Report of Operations for the year ending 30 June 2011 in accordance with the Financial Management Act 1994.

The 2010/2011 financial year proved to be a challenge for REDHS and a time like no other in recent memory for the Rochester and Elmore communities. The floods prior to Christmas were a precursor to the terrible flood in January which led to the evacuation of all patients and residents from REDHS, with these people not able to return until six and seven days following the event. The following sections detail the key events that took place during the year and reflect very well on REDHS and the achievements of the organisation.

### **Change in Executive Staff**

Although at REDHS for a relatively short amount of time, Glenis Beaumont was able to achieve many things for which the Board is indebted. Glenis resigned in February 2011 and moved to Maryborough District Health Service as Chief Executive Officer. We thank Glenis for her contribution and wish Glenis well in her new position.

Matt Sharp carried out the role of Acting Chief Executive Officer from February 2011 and was formally appointed to the role of Chief Executive Officer in May 2011 following an extensive recruitment process. Matt had joined REDHS in February 2010 in the role of Director of Clinical Services. The Board is confident that Matt has the skills to continue the direction set by the strong foundations established in recent years.

At the time of writing, Anne McEvoy had just been appointed to the role of Director of Clinical Services and will be commencing in September 2011. The Board and Chief Executive Officer would like to acknowledge and thank the contribution of Wendy Rogasch who has undertaken an extended stint as Acting Director of Clinical Services and for the support of Robyn Kelly and Margaret Stanford in acting in Wendy's role in the Acute Ward and Day Procedure Unit.



**Keith Oberin**  
*Board President*



**Matt Sharp**  
*Chief Executive Officer*

## Strategic Plan 2009-12

The Board of Management reviewed the REDHS Strategic Plan 2009-12 with the refreshed version adopted in March. An extensive process was undertaken comprising the following activities:

- A review of the existing strategic plan, internal reports, annual reports and other documentation
- A number of consultation sessions with the Board, staff, clients, patients, residents and their families as well as other consumers and our key partners
- Presentation of a report at the Board meeting in February outlining the findings from the consultations, review of documentation, an outline of the key themes emerging from this process and a draft of the revised strategic priorities
- Three presentations in early March to staff groups to seek feedback regarding the revised Strategic Plan
- Further redrafting of the refreshed Strategic Plan 2009-12 and presentation to the Board at the March meeting where the final version was approved

Some of the key findings of the consultation sessions revealed a need to continue to engage and respond to the community and a need to raise the profile of REDHS exists. In addition, the need to continue to partner and collaborate with a range of agencies exists to ensure the viability and sustainability of REDHS. The most pleasing finding for the Board and Executive staff was the clear message from clients, patients and residents regarding the great care and attention received from all staff at REDHS.

The following points highlight the key features of the refreshed Strategic Plan 2009-12:

- The Vision statement has been amended slightly to indicate our need to be responsive and sustainable as well as including the word rural to reflect our location
- The Mission statement has been removed to reflect a more contemporary approach and some elements have been included in the Vision statement
- Importantly, a section detailing our values has been included, which in part is recognition of how we currently perform our day to day work and also serves as a reminder of our responsibilities as a public service provider
- The Strategic Priorities have been reduced from nine to five in response to achievements to date, a changing landscape and results of the consultation sessions and feedback from this process

Each Strategic Priority in the revised strategic plan is accompanied by an overarching goal with three objectives outlining the areas of focus for each goal.

- Responding to our changing environment reflects the need for us to be across changes in health care policy, expand our primary care and preventive health programs to keep people well in their own homes for longer, optimise our resources and be an environmentally responsible organisation.
- Excel in our services reflects the need to continuously

improve all of our services, including our non-clinical services, ensure we have effective risk management and governance strategies in place and continue to be accountable in the use of our resources.

- Develop with our partners reflects the need to continue to collaborate with fellow service providers locally and more broadly to improve the health and wellbeing needs of our community through integrated service delivery.
- Hear and respond to our community reflects the need for REDHS to understand and respond to the needs of the communities in and around the Rochester and Elmore areas. The respond element of this strategic priority is important as it recognises the need for and our level of engagement with the community.
- Support our people reflects the need to assist our staff and volunteers to develop and learn new skills that strengthen our organisation so that we can continue to provide the range of services in our community.

The refreshed Strategic Plan 2009-12 has been published in a brochure format so that staff, our partners and the community can readily take the document with them.

The Board is very conscious of having a document that is portable and easily accessible to the range of people and groups that REDHS is connected with. The Board is looking forward to receiving regular updates regarding progress of implementing the Strategic Plan through our Business Planning and reporting process.

## Services and Operations

REDHS has experienced growth in key service delivery areas in the last year and strengthened existing partnerships. Urology services commenced in December 2010, with Urologist Miss Janelle Brennan undertaking surgery every two months. However, the frequency of the surgery sessions was impacted by the floods. A successful submission to secure Transition Care Program places at REDHS was made in partnership with Bendigo Health with clients to be admitted in early July 2011. Primary care services were strengthened with the recruitment of allied health and primary care staff such as a dietitian with experience in health promotion, physiotherapist and occupational therapist. REDHS was also fortunate to receive dedicated funding for flood recovery workers to support the psychosocial recovery of people and the community following the flood and successfully recruited a social worker and counsellor to these positions. Campaspe Medical Centre was relocated into the medical clinic area in the Primary Care Wing. A purpose built Men's Shed was constructed and officially opened in June 2011. A partnership exists regarding the Men's Shed whereby the building is provided by REDHS while the day to day management of the program is overseen by Rochester Community House.

REDHS recorded a healthy surplus for the 2010/2011 financial year. This was due to concerted efforts to improve systems in aged care to increase revenue, enhance processes in the acute ward to increase private patient revenue, additional grants from government and insurance

payouts related to the flood. Some of the expenses related to these funds will be incurred in 2011/2012.



**Shire of Campaspe councillor Frank Oliver, Rochester Community House Coordinator Amanda Logie and REDHS' CEO Matt Sharp at the official opening of the Men's Shed in June 2011**

### **January 2011 Flood**

A separate section within this Annual Report details this major event in the history of REDHS and the local community. At the time of preparing this report, community recovery efforts were continuing and in all probability will for a number of years.

The Board of Management and executive wish to express our sincere thanks to all staff, community members, contractors and volunteers for their hard work and commitment to REDHS and our clients, patients and residents during the flood in January. A number of staff performed selfless acts and remarkable efforts were observed with many staff coming in to help when they were not rostered for duty and a number of staff working extended periods without their usual breaks with a minimum fuss. Some of these people suffered damage to their own homes and other staff were personally affected by the floods also having water damage to their property. Our thoughts have been with these people and we wish them well in their recovery.

We would also like to recognise the support and understanding of a number of health services in our region that cared for our patients and residents while our damaged infrastructure was repaired and the clean up carried out. The teamwork and goodwill exhibited by all was truly remarkable and reflected very positively on people's readiness to assist in times of adversity which has been reassuring for REDHS.

### **Our Thanks**

We would like to thank our staff, volunteers, auxiliary members, our partners 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.

### **Vale Graham Clark**

Finally, the Board and Executive were saddened by the passing of Board member Graham Clark in June 2011. Graham was a highly regarded member of the local community and a valued Board member. Graham was appointed to the Board in July 2009 and served on the Risk Management and Planning and the Quality of Care sub-committees. His dedication and commitment whilst serving on the board were much valued and Graham is sadly missed.

**Keith Oberin**

**Board President  
Rochester and Elmore District Health Service  
18 August 2011**

**Matt Sharp**

**Chief Executive Officer  
Rochester and Elmore District Health Service  
18 August 2011**





## JANUARY 2011 FLOOD

On Wednesday 12 January 2011 at 4.44am, a warning regarding an impending severe weather event was received from the Department of Health and Ageing (DoHA). Among other things, it contained a warning for flash flooding for our district and instructions for notifying DoHA if the decision to relocate or evacuate was made. REDHS continued to monitor the situation throughout Wednesday and Thursday.

A Code Brown (External Emergency) was initiated at REDHS on Friday 14 January with Executive and Department Managers meeting at 10am. At the meeting, the roles of Operations, Logistics and Planning Officers were allocated in accordance with REDHS' Emergency Response Plan. The Communications Officer was already in place since the beginning of the bushfire season in accordance with our planning. Department managers reported on staff who were already unable to make it to work. Advice at the time was that the predicted water level was not expected to be a threat to REDHS facilities at this stage, although it was expected to peak higher than the November 2010 flood level. Following experience with a boiled water notice in November and December 2010, Coliban Water was contacted and asked to provide bottled water in case mains water supply was compromised.

On Saturday 15 January 2011, the Campaspe River rose to the highest ever recorded level and ultimately flooded 80% of the Rochester township, cutting it in half and prompting the evacuation of many community members. REDHS emergency management plans were fully implemented with all our patients and residents evacuated. REDHS management kept Board of Management members informed of the changing situation by email and phone throughout the day. The emergency team assembled at REDHS were in regular contact with the Incident Control Centre in Bendigo and the Regional Emergency Operations Centre regarding the situation at REDHS.

Given the age and frailty of most of those in our care, the decision to evacuate patients and residents was not taken lightly by REDHS management. Although it was not anticipated early on that buildings at REDHS would be flooded, the possible failure of essential services (electricity and water supplies) would make it unsafe to stay.

The decision to evacuate was later proven correct when the mains water supply was shut off, the health service switchboard flooded and telephones were out of service. Some seepage of flood water was experienced in five rooms in the Acute Ward.



REDHS staff were assisted with the evacuation by the Regional Emergency Operations Centre, Ambulance Victoria, State Emergency Service, the Australian Army and the local bus company.

By late Saturday afternoon a total of 65 residents and patients were evacuated by road and air to twelve locations at five health services and nursing homes in the region as outlined below:

- Bendigo Health: Surgical Ward, Bendigo Hospice and Evaluation Centre, Golden Oaks Nursing Home, Inpatient Rehabilitation – Marjorie Phillips Unit, Orthopaedic Unit, Stella Anderson Nursing Home
- Bethlehem Home for the Aged (Mercy Health – Bendigo)
- Castlemaine Health - Acute Ward and Aged Care
- Heathcote Health
- Kyabram & District Health Services
- Shepparton Villages

REDHS staff provided care to relocated residents and managers provided support and liaised with the receiving facilities. Accommodation was also coordinated and provided to staff as required.

On Sunday 16 January the water had receded and site inspections were undertaken to enable a recommissioning plan to be developed. To allow members of REDHS Emergency Response group to work on site whilst recommissioning was underway, temporary toilet facilities were provided and bottled water was already on site.

Equipment and electronic systems that were recommissioned included:

- Mains power switchboard – fully rebuilt
- Generator (for back up power)
- Water supply system
- Air handling and ventilation system
- Hot water services
- Medical gases system
- Fire system
- Nurse Call system

On Friday 21 January, Nursing Home residents and Acute Ward patients returned to REDHS followed by Hostel residents on Saturday 22 January 2011.

Staff and management received very positive feedback from residents and families regarding the management of the evacuation and subsequent return, as well as the care provided off site.

REDHS management, staff and residents gave high praise to the management and staff of the receiving organisations. Residents, patients and staff were warmly welcomed and able to settle in quickly. REDHS staff were given an insight into the ways that other facilities provide their services and the exchange of information and experiences between staff of both organisations was very valuable. Organisations and individuals that assisted with the evacuation, receiving and returning of our residents were invited to a luncheon in February to thank these organisations for their support as a small means of recognition. The health service's grateful thanks were passed on to them by then CEO, Glenis Beaumont.

Staff are to be congratulated for their dedication and adaptability during this challenging time and ensuring that our residents and patients continued to receive high quality care.

In April, eight Melville Grange Hostel residents and four carers travelled all the way from Berwick to present art and craft supplies to the Nursing Home residents for them to share with the Hostel residents. They had seen media reports of what Rochester residents had gone through and with one of their residents having a relation living locally, they very kindly decided to support our residents. Travelling such a long distance was an amazing effort and their thoughtfulness, good wishes and art/craft supplies were much appreciated and very gratefully accepted.

The flood not only damaged property but also created a high level of stress that has had devastating effects on the emotional health of many community members. In many people, the impact was obvious immediately, but often the process is slow and can have an effect for many years. Since March 2011, additional counselling support funding has been provided to REDHS staff and community members, generally as a result of additional funding provided by



the Victorian Department of Health. The funding has facilitated the appointment of both a Flood Recovery Coordinator and a Flood Recovery Case Support Worker. REDHS has appreciated the funding and support from the Department of Health and Department of Human Services for these roles.

With many buildings in Rochester unavailable for use for various periods of time, REDHS has made space available for various community groups to meet. In addition, the Shire of Campaspe's Maternal & Child Health Nurse and immunisation program are among those who have temporarily relocated to REDHS as has a private chiropractic practice.

REDHS will continue to support its community and staff as they work to recover from this devastating event.



## 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 determined 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 - Community & Culture  
Executive Manager  
(Shire of Campaspe)  
Date appointed: 1.7.2008

#### **Vice President:**

##### **Mary Magennis,**

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

#### **Treasurer:**

##### **Timothy Fulton**

Bachelor of Business  
(Accounting/ Economics),  
Diploma of Financial Planning.  
Accountant and Financial Planner  
Date appointed: 1.7.2009

### **Members**

#### **Graham Clark**

District Manager - Rochester  
(Goulburn Murray Rural Water) -  
Retired  
Date appointed: 1.7.2009

#### **Meeuwis Boelen**

BSc(Neth), MSc(Neth),  
PhD(Neurophysiology)  
Assoc Prof Neuroscience &  
Pharmacology  
Academic Head, Higher Education  
Programs  
Date appointed: 1.11.2005

#### **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

## Meeting Attendance

Board Meetings													Total Meetings Attended	Other Meetings*
2010							2011							
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Keith Oberin	A	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	10/11	2
Mary Magennis	✓	✓	A	✓	✓	✓	NA	✓	✓	✓	A	✓	9/11	1
Tim Fulton	✓	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	11/11	1
Meeuwis Boelen	✓	✓	A	L	L	L	NA	✓	✓	A	✓	✓	6/11	
Graham Clark	✓	A	A	L	L	L	NA	L	L	L	L	L	1/11	
David Gilbert	✓	✓	✓	✓	✓	✓	NA	L	✓	✓	✓	✓	10/11	2
Stuart McDonald	L	✓	✓	L	✓	✓	NA	✓	✓	✓	✓	✓	9/11	1

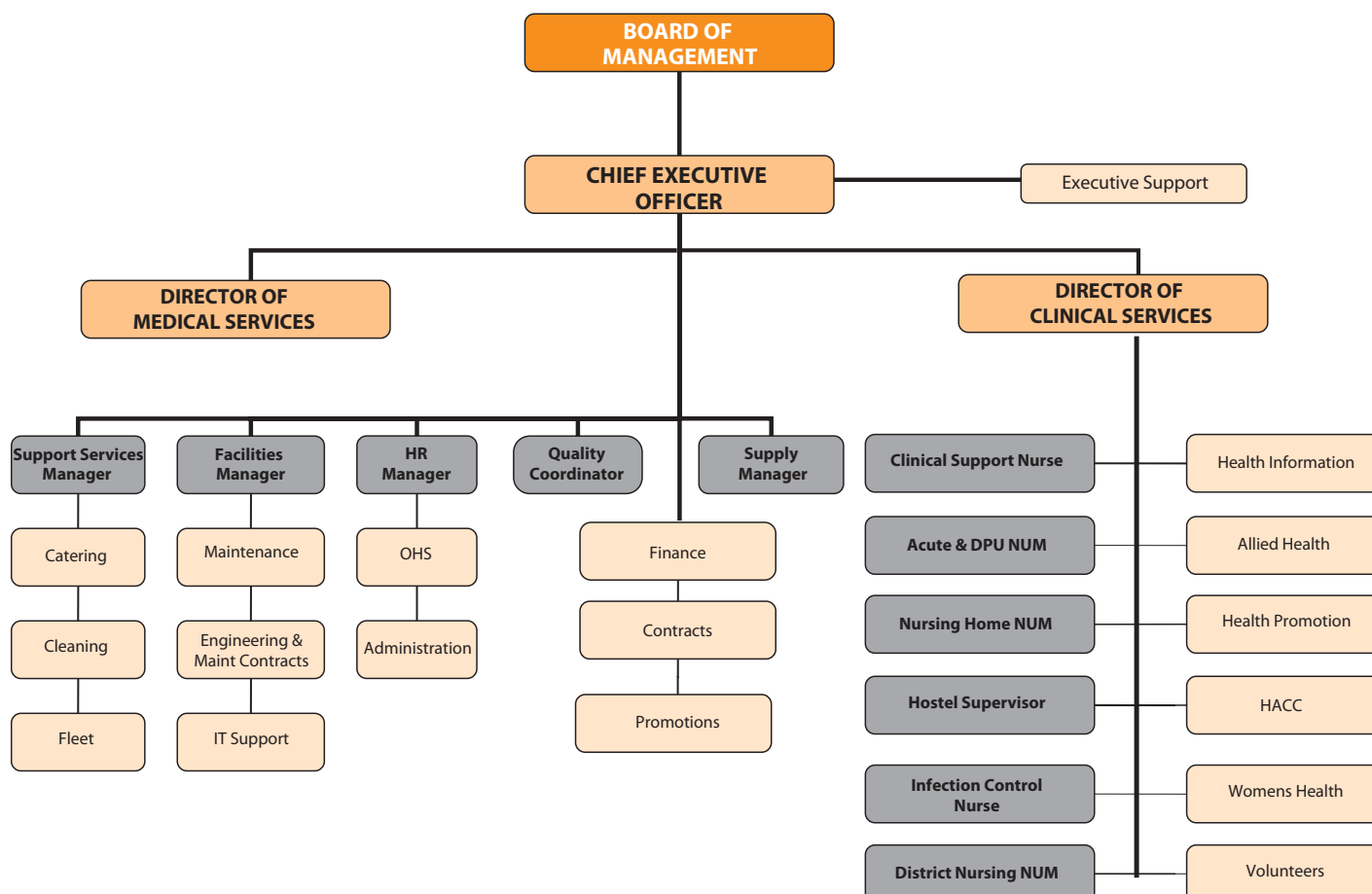
\* denotes Department, education, regional and extraordinary Board meetings

A = Apology L = Leave

## Committee Membership

	Risk Management & Planning	Audit Committee	Credentials and Medical Appointments Advisory	Medical Consultative Committee	Quality of Care
Keith Oberin	✓ (4/4)	✓ (2/2)	✓	✓	
Mary Magennis	✓ (3/4)	✓ (1/2)	✓	✓	✓ (2/3)
Tim Fulton	✓ (4/4)	✓ (4/4)	✓		
Meeuwis Boelen		✓ (2/4)			
Graham Clark	✓ (0/4)				✓ (1/6)
David Gilbert	✓ (1/1)				
Stuart McDonald		✓ (4/4)			✓ (1/1)
Tracie Kyne – Independent Audit Committee member		✓ (3/4)			

## Organisational Chart





# KEY PERSONNEL

## Executive

### Chief Executive Officer

Ms Glenis Beaumont

RN, RM, MBA, GAICD, MRCNA, AFCHSM  
(to February 2011)

### Mr Matthew Sharp

RN, B Nursing (Hons), PG Dip Crit Care Nursing,  
Master of Business (Management), AFCHSM, AIMM  
(Acting CEO February to May 2011. Appointed May 2011)

### Director of Clinical Services

Mr Matthew Sharp

RN, B Nursing (Hons), PG Dip Crit Care Nursing,  
Master of Business (Management), AFCHSM,  
AIMM (to February 2011)

### Acting 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 Professional Education (from May 2011)

### Director of Medical Services

Prof Ian Brand

AM, MB, BS, FCPA, FRACMA, FCHSE, FSHP

## Department Heads

### HR Manager

Ms Aileen Dobson

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

### 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 Professional Education

### Acting Acute Ward Unit Manager

Ms Robyn Kelly

RN, RM, B Nursing, Grad Dip Clin Practice  
(from February 2011)

Ms M Stanford

RN (from February 2011)

### District Nurse Unit Manager

Mr Colin Jones

RN, B Nursing

### Facilities Manager

Mr Mathew Dennis

A Grade Electrical Mechanic

### Hostel Supervisor

Ms Jenny Ellis

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

### Infection Control Practitioner

Ms Gayle Kerlin

RN, RM, SIC Cert.

### Nursing Home Unit Manager

Ms Anne Chirnside

RN, Cert Onc, Grad Cert Gerontology

### Planned Activity Group Coordinator

Ms Ann-Maree Hewlett

Cert III Fitness

### Quality Coordinator

Ms Lynn Wolfe

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

### Supply Manager

Ms Gayle McConnell

### Support Services Manager

Mr Richard Beddell

Chef, Cert. Hospitality Management.  
Adv Dip. Bus Man.

## 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), MPHIC (Flinders)

Dr ED Ekeanyanwu, MBBS (Nigeria), FRACGP

Dr N Fang, MBBS, DRANZCOG, FRACGP

Dr T Howley, MBBS, Dip Obs & Gynae

Dr K Koh, MBBS, B.Med.Sc. (from February 2011)

Dr D Lavery, BDS (Glasgow) (from April 2011)

Dr P Nzegwu, MBBS (Nigeria), AMC (from May 2011)

Dr R Palaypayon, Doctor of Medicine, Uni of Manila  
(Philippines)

Dr P Radrekusa, MBBH

Dr J Salazar, BS, Deg of Medicine (Philippines)  
(from January 2011)

Dr A Shenai, BDS (India), ADC (from April 2011)

### General Surgeon

Mr M Oliver, MBChB, FRCSEd, FRACS

### Urologist

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

### Visiting Radiology Service

Goulburn Valley Imaging

### Radiographer

Ms Denise Levy

Dip Diagnostic Radiography

# PERFORMANCE AGAINST STRATEGIC PRIORITIES

Priority	Achievements in 2010-11
Respond to our changing environment	<ul style="list-style-type: none"> <li>• Sustainable Farm Families program continued with existing and new groups of participants</li> <li>• Two lifestyle modification programs (RESET) delivered to reduce incidence of Type II Diabetes</li> <li>• Successful application to commence Transition Care Program in July 2011</li> <li>• Recruitment of key allied health staff – dietitian, occupational therapist, physiotherapist</li> <li>• Resumption of integrated health promotion initiatives</li> <li>• Achieved operating surplus</li> <li>• Additional grants received for service coordination, enrolled nurse project and for upgrades to carpet and security systems in the Hostel</li> <li>• Continuing involvement with ResourceSmart initiative and refreshed Environment Plan</li> </ul>
Excel in our services	<ul style="list-style-type: none"> <li>• Australian Council on Healthcare Standards, Aged Care Standards and Accreditation Agency and Food Safety Standards Accreditation maintained</li> <li>• Reviewed security systems across the site and improved processes and practices</li> <li>• Introduced new systems and processes to improve Aged Care business performance</li> <li>• Introduced new software for management and reporting of primary care activity</li> <li>• Implementation of Victorian Health Incident Management System</li> <li>• Investigated and will subsequently implement PowerBudget financial analysis software as a decision support tool for department managers</li> <li>• Successfully implemented new patient management system as part of the Healthsmart initiative</li> </ul>
Develop with our partners	<ul style="list-style-type: none"> <li>• Construction of purpose-built Men's Shed in conjunction with Rochester Community House and Shire of Campaspe</li> <li>• Relocation of Campaspe Medical Centre into GP Clinic space in Primary Care Wing</li> <li>• Active member of Loddon Mallee Clinical Placement Network</li> <li>• Active member of Campaspe PCP Governance Group and working committees</li> <li>• REDHS is signatory to Loddon Mallee Murray Medicare Local Application</li> <li>• Partner in Loddon Mallee Health Workforce Australia Clinical Training Fund for student placements</li> <li>• Virtual Trauma and Critical Care Unit located in Urgent Care Centre through partnership with Loddon Mallee Rural Health Alliance</li> <li>• Provided facilities for a number of service providers such as Cognitive Dementia and Memory Service, Maternal and Child Health Service, Immunisations and alternative health therapies</li> <li>• Participated in Medical Workforce project led by Echuca Regional Health on behalf of health services in Central Murray area of Victoria</li> </ul>

# PERFORMANCE AGAINST STRATEGIC PRIORITIES *cont.*

Priority	Achievements in 2010-11
Develop with our partners	<ul style="list-style-type: none"> <li>• Successful recruitment of Flood Recovery Coordinator and Flood Recovery Case Support Worker</li> <li>• Men's Shed project part-funded by Shire of Campaspe and a grant from the Australian Government</li> <li>• Broadband for Seniors project funding by Australian Government</li> </ul>
Hear and respond to our community	<ul style="list-style-type: none"> <li>• Monthly "What's Happening at REDHS" page in the local newspaper</li> <li>• Resident/Family committee meetings with Chief Executive Officer in attendance for direct communication</li> <li>• Guest speaker activities at local service clubs, Heart Support Australia, CWA</li> <li>• Developed and implemented Cultural Responsiveness Plan</li> <li>• Completed manuscript for REDHS History Book</li> <li>• Refreshed Strategic Plan 2009-12 released in March following extensive review and consultation process</li> <li>• Expanded surgical activity with the introduction of urology services</li> <li>• Community Garden embedded into aged care activities with establishment of Green Fingers Club and related activities</li> <li>• Hosted and attended various community meetings and activities following January flood</li> <li>• Active participation in the Rochester Community Recovery Committee established following January flood</li> <li>• Project grants secured from Department of Health and Campaspe PCP</li> </ul>
Support our people	<ul style="list-style-type: none"> <li>• Maintained high participation rate in People Matter Survey</li> <li>• Additional counselling report via Employee Assistance Program post-flood</li> <li>• Medical, Nursing, Pharmacy, and secondary college student placements supported</li> <li>• Built on Loddon Mallee Region Clinical Placement Network opportunities to support growth in student undergraduate placements</li> <li>• Recruited Clinical Support Nurse, Dietitian, Physiotherapist</li> <li>• Recruitment of additional, appropriately skilled board members and development of board member induction program documentation</li> <li>• Volunteer recruitment, engagement and management process and policy reviewed</li> <li>• Continued recruitment of volunteers</li> <li>• Supported a number of staff to undertake certificate, degree level and post-graduate education</li> <li>• Key staff attendance at Chemical, Biological and Radiological exposure management training and procedure development</li> <li>• WorkSafe Workhealth checks provided for ninety staff</li> </ul>





## HUMAN RESOURCES

Human Resources Manager, Ali Dobson, has led many HR initiatives throughout the year. These include:

- The Positive Work Environment Program in Support Services to improve working relationships
- A review of recruitment and selection policy and procedure and the development of supporting documentation such as selection guides
- Review of the process of engaging, monitoring and exiting volunteers and making changes to ensure compliance with requirements of the Aged Care Act 1997
- Development of a process to record and monitor completion of competencies, including providing managers with information required to fulfil their management responsibilities

A major initiative has also been the “Grow Our Own” employees program. Given the challenges of recruiting staff to rural locations, REDHS has adopted the practice of up-skilling existing staff to take up future vacancies (permanent or relieving positions) as they arise.

To date existing staff have received training and/or support in a number of areas:

- Executive Assistant was trained in the Supply function to enable uninterrupted service during long service leave (four months) of Supply Manager
- Support Services staff member trained to assist in the Supply Department for the same period of time
- Support Services staff member being trained in Reception to relieve as required
- Payroll/Administration Assistant trained in all aspects of Aged Care Business Support to ensure funding is maximised
- Casual administration staff member trained in multiple administrative areas in order to provide leave relief as required across clinical and administration areas.
- Five Support Services staff have completed a Certificate III in Aged Care and are now filling vacant Personal Care Worker shifts
- Another three Support Services staff are currently undertaking their Certificate IV in Aged Care
- Two staff are currently undertaking a Certificate IV in Front Line Management and one nurse is undertaking Certificate IV in Community Service

REDHS has recently been successful in securing funding for three Personal Care staff to undertake a Diploma in Nursing which will commence in 2012.

In June, Acute Ward registered nurse Cheryl Petrini was appointed to the role of Clinical Support Nurse to coordinate education throughout the organisation.

These appointments, and further education opportunities, have provided greater flexibility in the workforce and professional development. This is resulting in greater job satisfaction through variation to tasks and new challenges.

Having students spend time with our staff is an important way that we can facilitate learning and pass on skills. In 2010-11 we had forty eight nursing students on placement throughout the organisation as well as three pharmacy students and two medical students. REDHS is routinely complimented on the positive learning experience that we provide. We, in return, are contributing to the next generation of health professionals and are hopeful that they will see the value and satisfaction of serving a rural community when choosing their future career pathway. REDHS also supports local students in their Work Experience program or in achieving a Duke of Edinburgh Award.

A review of personnel data capture, storage and availability was undertaken to ensure consistency of filing of training, induction and immunisation information and easy retrieval. The HR department was also involved in the contract/service agreements process review.

The Employee Assistance Program continues to be available to staff. Following the January flood, additional counselling hours were provided for staff by a Flood Recovery Coordinator and Flood Recovery Case Support Worker and there are staff who continue to access this important service.

In the coming year, a Workforce Development Plan will be developed to align with the organisation's revised strategic directions.

### 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:

#### 30 years

Joan Phelps

#### 25 years

Barb Cail

#### 15 years

Anne Chirnside

Gayle Kerlin

Cheryl Madill

Joan Wakefield

#### 10 years

Therese Jensen

Lynda Kellow

Mary McIntyre,

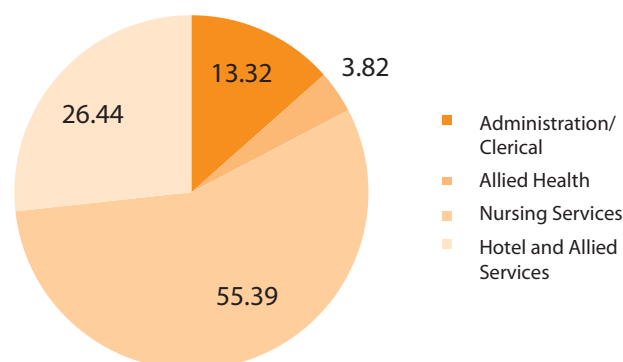
Francisca Morris

Cheryl Petrini

Leanne Rankin

Kathryn Van den Bosch

### Staff Analysis: REDHS Workforce Full Time Equivalent (YTD)



### Equal Opportunity, Merit and Equity

Recruitment, selection and employment at REDHS complies 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 2011, employed 98.78 FTE.

### Staff Analysis – Total FTE

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2011	2010	2011	2010
Nursing	52.49	55.30	55.39	55.80
Administration and Clerical	14.26	13.74	13.32	13.90
Medical Support	0	4.40	0	4.50
Hotel and Allied Services	25.57	25.70	26.44	26.00
Medical Officers	0	0	0	0
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	6.46	0	3.82	0



## CLINICAL SERVICES **REPORT**

This year, REDHS staff have continued to provide high quality services, sometimes under challenging circumstances, especially during and following the flood event in January 2011.

The impact of the flood is still being felt by many community members, including staff. REDHS is the lead agency in this area for psychosocial recovery post-flood and we have a Flood Recovery Worker and counselling services available for the community to utilise.

We would particularly like to thank all of our consumers and our staff for their patience and understanding over the past year, but particularly in the months since the flood event.

REDHS' Primary Care department has expanded significantly during the year. Demand for dietetics and physiotherapy services is consistently high so we were very pleased to successfully recruit both a dietitian and a full-time physiotherapist this year. Diabetes continues to be a common chronic disease in our community and our Diabetes Educator is kept busy providing support and advice to inpatients and outpatients in conjunction with the Dietitian.

Health Promotion activities throughout the year have provided health and wellbeing advice in the community. Activities have included Sustainable Farm Families and RESET Lifestyle Management Programs, supermarket tours to assist in making healthy food choices and free health checks for staff and community members.

The District Nursing staff have covered many kilometres over the past year in order to continue providing care for their many community clients in their own homes. Planned Activity Group meets three times a week in the Function Room. In their first full year in their new surroundings, the clients have enjoyed the social interaction, as well as the many and varied activities organised by the staff and volunteers.

Occupancy in the Nursing Home and Hostel has remained relatively high. In February 2011, the Aged Care Standards and Accreditation Agency made an unannounced Support Visit, during which they spoke with staff, residents and family members to ensure that we continue to comply with all of the required standards. Some areas for improvement were identified and actioned.



The frailty and acuity of people moving into residential aged care continues to increase, reflecting the services in place that can allow them to stay in their own homes longer.

Acute Ward staff have had a busy year with an increase in Urgent Care Centre presentations and a higher occupancy level in the ward than in the previous few years. Staff worked closely with the Facilities Management department to ensure minimal disruption to patient care was experienced during the replacement of flood affected floor coverings and skirting boards.

Provision of theatre services has continued throughout the year with our visiting General Surgeon, Mr Matt Oliver and Urologist, Miss Janelle Brennan utilising the facilities.

REDHS is indeed fortunate to have a growing number of medical practitioners to provide services to those in our care.

Finally, we would like to thank the staff and medical practitioners for the care and attention provided to REDHS consumers over the past year. The genuine empathy and ability is appreciated by REDHS Executive and recognised by other health providers and the broader community.

**Wendy Rogasch**  
**Acting Director of Clinical Services**

**Prof Ian Brand**  
**Director of Medical Services**

## ACUTE SERVICES

In 2010-11, there was a total of 550 separations for the Acute Ward and an increase in average length of stay was recorded. The majority of patients are over the age of sixty-five years, admitted with complex health issues which often involve chronic diseases.

In 2010-2011, there was a total of 550 separations for the Acute Ward compared to 531 last year and an increased average length of stay was recorded. The January flood contributed to this increase, with some elderly patients unable to be discharged to manage their own care in flood-affected homes. An increase in the number of Nursing Home Type patient days from zero in 2009-10 to fifty five in 2010-11 is also a contributing factor. Our Palliative Care unit continued to provide compassionate, high quality care during difficult times for patients, families and friends throughout the year.

The Urgent Care Centre continues to provide access for the public to 24-hour urgent care. This service is a valuable point of community contact for medical and nursing treatment and advice.

This year, a significant increase in attendances was recorded, up from 770 last year to 901 this year.

A dedicated mix of experienced, long-serving staff and a number of new appointments are proud to belong to a care team that provides individualised care and is highly regarded in the community. Staff continue to promote increased involvement by the consumer and their carer/families in the development and implementation of patients' individualised care plans. Results from the Victorian Patient Satisfaction Monitor continue to confirm that we provide high quality care but also identifies areas for improvement that are included in our departmental action plan.

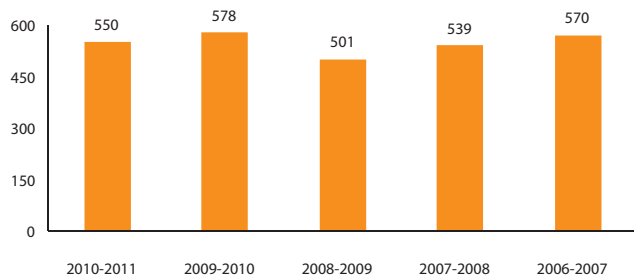
REDHS aims to provide a culture of learning and continuous improvement and one example of this is the continuing support of the Graduate Nurse Program. This year's graduate nurse, Beth Moulden, joined our nursing team in February following completion of her Bachelor of Nursing. Another example is our support of students who come on placement throughout the year.

A variety of audits are undertaken to assist us in monitoring the quality and safety of our care. These include areas such as medication administration, blood transfusion administration, consent and documentation. Audit results help us to determine if there are areas that need improving.

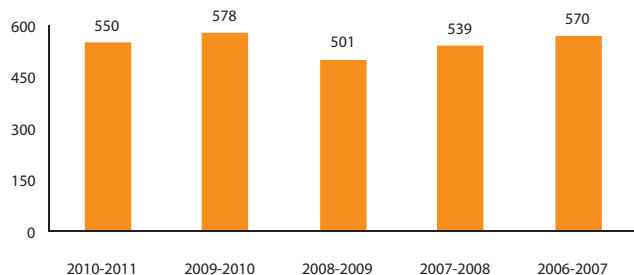
This year, REDHS commenced participation in a region-wide video conferencing project (ViTCCU) that provides a direct link to Adult Retrieval Victoria (ARV). It aims to provide a more comprehensive and streamlined service to the community when expert medical assistance is required to arrange emergency transport of critically ill patients. The mobile video conferencing capability is now available for general practitioners and nurses to utilise throughout the facility via the wireless communication system. Expert medical officers on duty at ARV are able to give instant advice and arrange emergency transport to the most appropriate health service in the state as required.

In the coming year, a number of new projects and initiatives will be undertaken. They include an interdisciplinary team consisting of allied health professionals and Acute Ward staff. Its aim will be to improve the discharge planning process so that patients have sufficient support and information to assist them in managing their condition at home and therefore reduce their need for further hospitalisation. Another project will be the expansion of Best Practice treatment for the prevention of Venous Thrombotic Embolus, relating to blood clots that can form in lower legs post surgery or through inactivity.

### Total Acute Separations

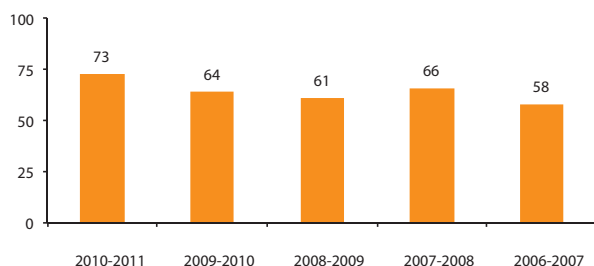


### Acute Bed Days

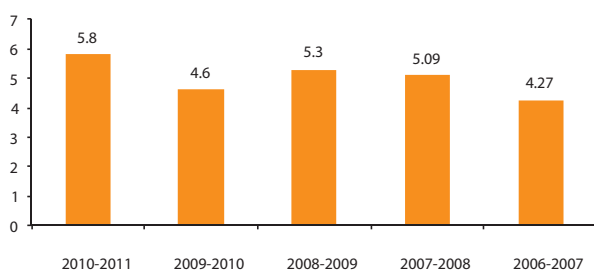


*Please note: Estimations of bed days and separation figures have had to be made due to unavailability of finalised VAED data for 2010-11 at time of printing.*

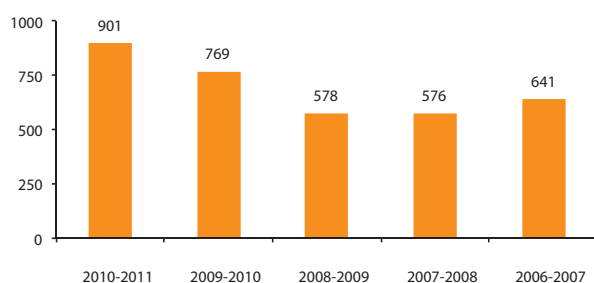
### Acute Ward Occupancy (Average %)



### Average Length of Stay (Days) - Acute Ward



### Urgent Care Centre Presentations



## DAY PROCEDURE UNIT

Surgical services have been provided throughout the year with a total of 102 separations (compared with 70 last year) but with some disruption owing to the flood and its aftermath.

Maintaining a high quality, safe service is our first and foremost motivation in providing surgical services to the community. Some cancellations had to be made due to moisture inundation and air quality problems. Only low risk, non-invasive procedures were undertaken during this period. The huge task of ensuring all surfaces and equipment were checked and recommissioned against the required high standards was undertaken, but with good result, and the unit is now fully operational.

General Surgeon, Mr Matt Oliver, continues to visit monthly and has performed 84 procedures in the past year.

Urologist, Miss Janelle Brennan, commenced urology services to the local community in November 2010. From July 2011, Ms Brennan plans to attend bi-monthly to conduct a surgical list in the new facility.

The disruptions to service related to the flood have been disappointing for staff and patients alike. In the coming year we aim to maintain a high quality, dependable and safe surgical service for the community.



## RESIDENTIAL AGED **CARE**

It has been another busy, rewarding and challenging year in our two aged care facilities. Demand for residential aged care services has remained high with occupancy levels for Hostel (30 beds) and Nursing Home (30 beds) 97% and 98% respectively.

The biggest challenge by far was the complete evacuation of all residents to other facilities owing to rising flood waters and supporting staff who were working off-site with our residents for the duration. However the challenge led to the reward of having the evacuation run smoothly and successfully and the safe return of our residents a week later. The leadership of the management team was praised by aged care staff and the teamwork shown by staff was outstanding under very difficult conditions. Providing support to the families of those in our care was also important, especially maintaining effective communication.

Early in the year, a working party was formed to review aged care finance processes. This included the review of Aged Care Funding Instrument (ACFI) claims with a view to maximising funding. As a result, an improved financial position has been achieved, owing to new management processes put in place and the provision of additional documented evidence. The challenge remains with residents whose Aged Care Assessment Service (ACAS) assessment is low but their ACFI score is high.

The Encouraging Best Practice in Residential Aged Care (EBPRAC) project funding came to an end late last year. Many staff were involved in this major research project and associated education that focused on the implementation of cost-effective and sustainable strategies for evidence based care of residents, using existing knowledge and tools. The focus of our EBPRAC project was on best practice care for improving the social and physical environment for residents with dementia. Improvements were identified and implementation has commenced including enhancements to outdoor areas for passive recreation by residents, families and visitors. Staff have continued to be supported to attend education opportunities that assist in maintaining or improving the skills required to continue to deliver appropriate, safe care to our residents.

Many of the activities in which our residents participate would not be possible without the many volunteers who give so much of their time to enhance the quality of life for our residents and positively contribute to their overall wellbeing. Thank you to all of our volunteers.



Many days of significance were celebrated throughout the year including notable birthdays (100th and 101st), wedding anniversaries (many over 60 years) and the birth of great, great grandchildren. Everyone enjoys birthdays and anniversaries, made even more special by the wonderful staff from Support Services whose cakes always thrill. A big thanks to all concerned.

The computer server failure in February created additional work for staff when some data was lost and had to be re-entered but care was not compromised during this period. We are continuing to work towards all care staff completing resident assessments and recording clinical information electronically with education to be provided in the coming months.

## Hostel

Hostel staff continue to provide care for residents with increased frailty and acuity on admission. The combination of low staff turnover and a reliable casual bank enables high quality, continuity of care to be provided.

Since the redevelopment of the site, the Hostel is now the oldest building. In the past few months, some refurbishment projects have been undertaken to update the living and working environment. New carpet has been laid throughout the facility, external decking adjacent to the Dementia Unit has been commenced and painting of the exterior facades is almost complete. The grounds have also had some improvements made with alterations to pathways and the relocation of a rotunda to the front garden. To improve efficiency and reduce environmental impact, some of the original light fittings have been replaced. To bring the Hostel in line with the security system installed throughout the newer buildings, a successful security upgrade submission was made, with work to start in the coming months. Two Hostel residents have been involved in the Broadband for Seniors program. This is an Australian Government funded initiative that provides computers, furniture and education resources to enable senior Australians to learn how to use a computer, send and receive emails and explore the internet. With two former staff members volunteering as tutors, the two residents are greatly enjoying their weekly computer sessions. The Community Garden adjacent to the Hostel continues to be very popular with residents and volunteers.

This year we farewelled long-time colleague and Registered Nurse, Carol Vick, who was responsible for ensuring that residents' individual care plans were developed and implemented. Carol thought she would be retiring but this has only been partly true. She is volunteering in the Broadband for Seniors program and is a registered Community Visitor to the facility.

Regular, well-attended resident information sessions have been held, covering a wide range of topics and capturing a lot of resident feedback to assist us in continuing to improve our services.

## Nursing Home

A review of nursing home rosters and activities was undertaken this year and has led to an alteration in the roster. This has enabled additional time for nursing staff to

accompany residents on outings, where the resident was previously unable to attend.

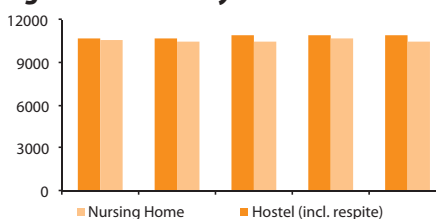
Twenty five enrolled nurses have now completed their medication endorsement which allows them to administer medications to residents under the supervision of a registered nurse. The training involved education sessions one day per week for six months and two weeks' placement at another facility. Having enrolled nurses administer medications allows the medication round to be completed far more quickly and efficiently.

Residents and staff embarked on a Pacific Cruise to Fiji in July as part of our activities program. It made a time of year that can be difficult for residents a lot more enjoyable. Staff were involved in decorating the facility with portholes appearing on windows, nets, anchors and dinghies appearing in the dining room. Local school children decorated the passageways with beautiful coloured fish. The week culminated in a banquet for residents and family which was thoroughly enjoyed by all.

Our colleague, registered nurse June McLean, was farewelled as she moved into retirement. June has been a member of our staff for seven years and in addition to looking after our residents and staff, she was responsible for our skin integrity portfolio. We thank June for her contribution and wish her well in retirement.

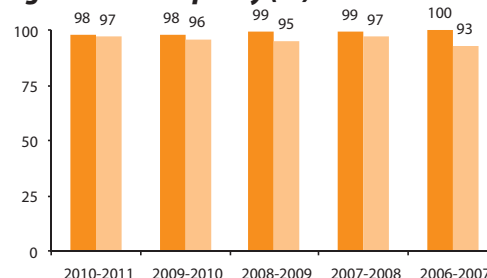
During the year, Beth Moulden and Sarah Hunter both completed their Bachelor of Nursing at Latrobe University. Beth is completing her Graduate year in the REDHS' Acute Ward and Sarah at Kyabram. It has been a remarkable achievement to combine work and study. Congratulations to both and we wish them well with their future endeavours. Best wishes to Allyson Callaghan who resigned after a time on Night Duty to return to midwifery.

### Aged Care Bed Days



***There are no major changes in total Aged Care bed days. In 2010-11, there were seventeen separations in the Nursing Home and nine in the Hostel. In addition, there were twenty respite separations in the Hostel for a total of 318 days.***

### Aged Care Occupancy (%)



***Aged Care occupancy remains high in both the Nursing Home (High Care) and Hostel (Low Care) due to consistent demand for residential aged care.***



## PRIMARY CARE **SERVICES**

### **Diabetes Education**

Diabetes Educator, Leanne Rankin, has continued to develop Diabetes Education services at REDHS with an increase in occasions of service from 109 last year to 157 this year.

Regular referrals are being received for people who have been newly diagnosed with diabetes. Diabetes education involves encouraging the client to learn to manage their own condition by working closely with the Diabetes Educator in conjunction with the Dietitian who also provides education and advice.

Thirty five attendances have been recorded by community members identified at risk of developing diabetes, who participated in two RESET Lifestyle Modification Programs. The aim of the program is to prevent or delay Type 2 Diabetes through changes in lifestyle and runs over seven sessions. It involves clients learning to make healthy eating and exercise choices to improve their overall health.

Best practice suggests that people with diabetes have an annual review with a Diabetes Educator and this is being encouraged for all clients who have been seen previously. A process of reminder letters is in place.

Education is also provided to REDHS staff with three education sessions being conducted for Hostel staff this year. The sessions provided an overview of diabetes and the care of residents with the disease.

### **Dietetics**

In September 2010, REDHS was fortunate to be able to appoint Danielle Paterson to the position of Dietitian. The position had been vacant for many months and since then, Danielle has rebuilt the dietetics service and has taken on the integrated health promotion portfolio.

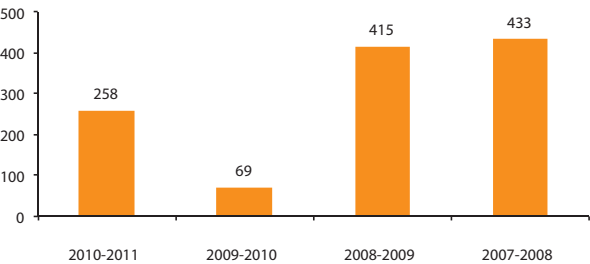
There continues to be a very high demand for dietetics advice. In the past nine months, 258 occasions of service have been provided. External referrals are being seen with very positive results being achieved for community members. Dietetics services have resumed in the Acute Ward and aged care facilities, with malnutrition screening now also introduced to the acute area to improve patient outcomes.

Education sessions have been provided to local community groups including TOWN (Take Off Weight Naturally), Rochester Heart Support Group and the Arthritis Support Group.

Danielle has also been working with REDHS' catering staff to implement the Healthy Choices: Food and Drink Guidelines for Victorian Public Hospitals into REDHS' Café. As a result, there is now have a traffic light system in place to assist staff and visitors to make informed choices based on these guidelines. Additional healthy food choices have been made available and the display of healthier options is at eye level.

Plans have also been developed for a number of self management group programs to be implemented within the next twelve months which include a multidisciplinary team approach.

### Dietetics - Occasions of Service



### District Nursing Service

The District Nursing Service (DNS) team continue to provide nursing services in client homes, with almost 4,000 hours of care provided during 5,647 home visits in the past twelve months.

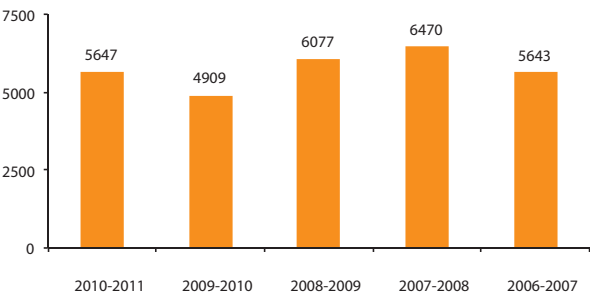
DNS welcomed new staff member Rachelle Dodd to the team and also welcomed back Ali Walsh and Breanna Bookham from maternity leave.

DNS staff were on hand to assist with both the evacuation of REDHS aged care residents and patients and their return. In the aftermath, the team were challenged with a shortage of vehicles due to flood damage and the relocation of some clients, both within and outside the local area. However, DNS services were maintained to those who remained in the service area. Being involved in this huge effort was very rewarding and one which we were very proud to be a part of.

The server failure in February resulted in the loss of data, all of which has since been re-entered by staff to ensure reporting requirements could be met.

In the coming year, high quality in-home services will continue to be provided and further education will be provided for staff to enhance their knowledge and skills.

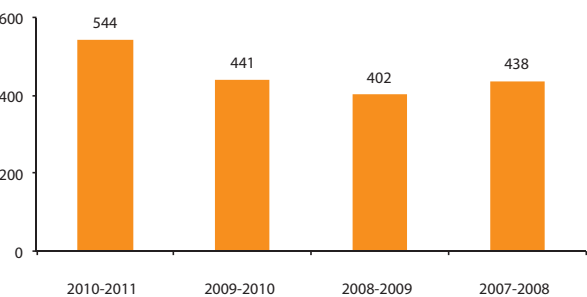
### District Nursing - Occasions of Service



### Fitness for Older Adults Program

Participants continue to find this valuable program rewarding and enjoyable with steady attendances throughout the year. The program is aimed at people over fifty years of age. As well as contributing to overall fitness, strength, flexibility and balance, exercising in a group provides the opportunity to socialise, further contributing to overall wellbeing. The sessions have been held in REDHS' new Function Room which provides ample, well-lit space for exercise. Attendances have remained stable over the past three years with 544 attendances during 2010-11.

### Fitness for Older Adults - Attendances



### Health Promotion

An increase in allied health clinicians in May and June has enabled a number of health promotion activities to be facilitated, with more planned in the coming year.

In August, REDHS staff were involved in the Rotary Farm Safety Day. This is a day aimed at primary aged school children, with many hundreds in attendance. REDHS staff provided information on managing exposure to the sun.

At the Elmore Field Days in October, REDHS staff worked from the Lions Club stand to provide blood pressure screening. Of the 300 people who had their blood pressure checked, fifteen were referred to their doctor and followed up by the community health nurse. REDHS staff also worked in conjunction with Bendigo Community Health and Elmore Primary Care to provide WorkSafe health checks.

REDHS staff also participated in WorkSafe health checks with ninety staff having blood pressure, blood sugar and cholesterol checks over three days. Staff with results outside the normal range were referred to their doctor.

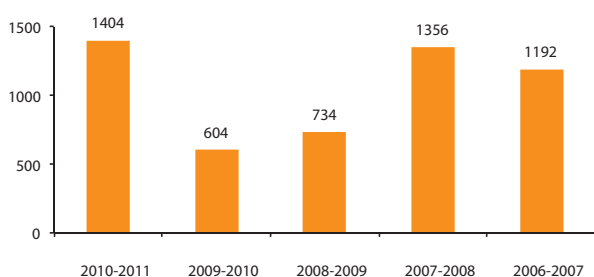
The successful Sustainable Farm Families Program continued this year with two programs facilitated by REDHS staff in February 2011, one with the Kyabram Dairy Discussion Group and the other with the Campaspe Dairy Discussion Group in Rochester. The program was developed by Western District Health Service and delivered in conjunction with the Department of Primary Industries and REDHS. It provides valuable education and support to farmers by addressing health, well-being and safety issues through interactive workshops.

REDHS staff are often invited to give presentations to various community groups and be involved at several local community events. The dietitian provided four sessions regarding a weight loss program to the local TOWN group (see also Dietetics section) and staff were involved in the Ladies Pamper Day in March as part of the flood recovery activities.

### Medical Imaging

There has been a dramatic increase in demand for X-rays since this valuable service moved back on site following the redevelopment. This year, there were 995 occasions of service compared to 482 last year. This digital service, using "state of the art" equipment, provides instant images that are transmitted electronically to the Goulburn Valley Imaging Group for reading and results are provided to the family doctor or medical specialist within twenty four working hours, or sooner if the request is urgent.

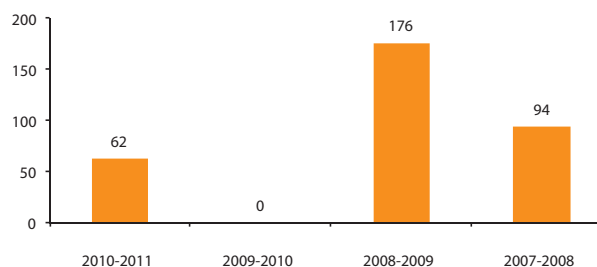
#### Medical Imaging - Images taken



### Occupational Therapy

Occupational Therapists Wendy Bauerle and Leah Williams provided advice on maximising independence during sixty two consultations this year for our aged care residents, inpatients and community members. They identified strategies and equipment for the easier completion of manual tasks and visited homes in the community to identify aids and equipment that would allow people to continue managing in their own homes.

#### Occupational Therapy - Occasions of Service



### Planned Activity Group

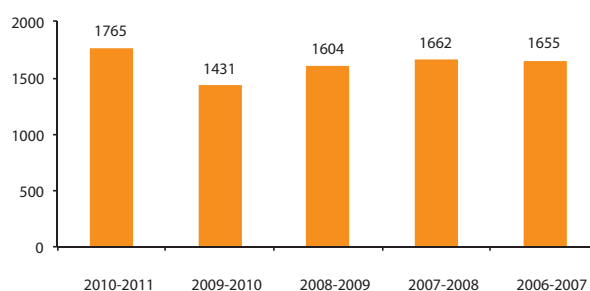
The Planned Activity Group (PAG) have had another busy year with over 10,500 contact hours during 1,765 occasions of service with clients. Both clients and staff have enjoyed the comfort of the spacious Function Room and garden surrounds, especially the winter sun coming through the windows, walking out in the garden and sitting out on the verandah in the spring and autumn sun. Having the big screen onto which events such as sport and movies can be screened is a real asset.

The increasing number of clients with high care and special needs has made the planning and provision of appropriate activities and outings challenging. The activities program developed by staff has allowed clients to enjoy a wide range of experiences. These have included visiting the Bendigo Art Gallery and going to local hotels and bakeries for lunch. An Italian theme day with Italian food and a bocce game on the lawn was a highlight of the year.

Many of the activities could not be provided without the support of a dedicated team of volunteers. REDHS recognised the valuable contribution made by the team by nominating them for the Minister for Health Volunteers Awards. The nomination was not successful but a celebratory morning tea was held to thank them for their continuing support.

PAG was unable to be held for two weeks during January following the evacuation of the site. Some clients were displaced from their homes and unable to attend for some weeks. The ongoing impact on both staff and clients is considerable and is being monitored and medical, emotional and social support being provided or facilitated as appropriate.

#### Planned Activity Group - Occasions of Service



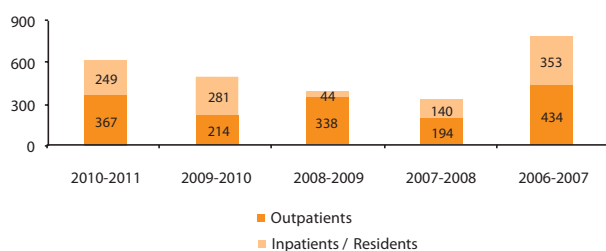


## Physiotherapy

Physiotherapy services at REDHS were provided two days per week by Kyabram & District Health Services under a contract arrangement until May 2011. In June 2011, REDHS appointed a full time physiotherapist. In the past twelve months, there have been 616 occasions of service.

The physiotherapist works with consumers in a primary care setting, in the acute ward and in the residential aged care facilities. Assessments are made and interventions suggested for improving mobility. Most of the consultations are on a one to one basis, however options are being explored to introduce group programs in 2011.

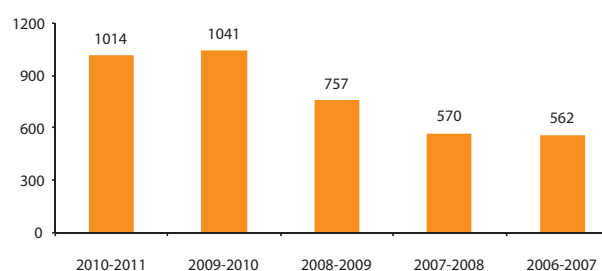
### Physiotherapy - Occasions of Service



## Podiatry

Podiatrist Lisa Farrant has continued to provide high quality services five days per fortnight at Rochester, Rushworth and Stanhope. This service caters for clients who are aged over 65 or have a significant disability. Those with diabetes or poor circulation are encouraged to attend regularly to assist in the effective management of chronic conditions. Podiatry continues to be in high demand with 1,014 occasions of service this year for a total of 602 contact hours.

### Podiatry - Occasions of Service



## Social Work

The demand for this service has continued to be high in 2010-11 with 1068 occasions of service (compared to 825 last year) for community clients, acute ward patients and aged care residents.

The introduction of the "Respecting Patient Choices" initiative by social worker, Helen Larmour, has resulted in all Hostel residents having advance care plans in place.

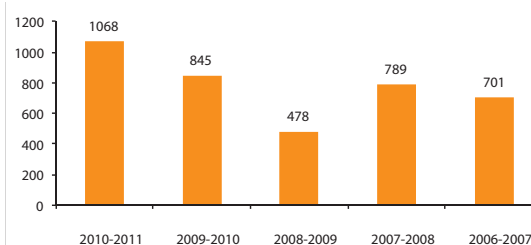
Nursing Home residents will have plans put in place during 2011-12. REDHS staff were given education on the initiative and the importance of residents having Powers of Attorney in place.

Assistance is provided to Acute Ward patients and their families when residential aged care discussions and support are required. Advocacy for patients and residents is also available on request.

Mental health and wellbeing information and promotional materials have been distributed to various community groups, including the Rochester Men's Shed and the Rochester Arthritis Support Group.

Apart from the usual demand for this service, the second half of the year involved additional emotional health and wellbeing support for those feeling the impact of the flood (see also Flood Report).

### Social Work - Occasions of Service





# CAMPASPE PRIMARY CARE PARTNERSHIP

The Campaspe Primary Care Partnership (PCP) is a voluntary alliance of primary care providers (including REDHS) who have a responsibility for delivering primary care services in the Campaspe area.

The PCP works with the community member organisations and the Department of Human Services on priority health needs of the Campaspe catchment and leads and assists members in building healthier communities through partnership, collaboration and integration.

Campaspe PCP is co-located in REDHS primary care facility and has had a very productive eighteen months:

## Quality improvement processes implemented including:

- Advancement from a Memorandum of Understanding to a Partnering Agreement in July 2010
- Introduction of a new reporting process whereby partners self-assess their commitment to the PCP and their responsibility to implement the 2009 – 2012 Strategic Plan
- Partnering with Njernda Aboriginal Corporation to instigate a local Aboriginal Health Partnership Group to support local Closing the Gap initiatives
- Supporting health reform and ensuring partner organisations are informed and contribute to decision making about the reform developments

## Service Coordination

- Facilitating access to secure messaging and referral practices between partner organisations increasing the average traffic from 30 per month in 2008 to 170 per month in 2011
- Supporting partner organisations with local protocols to enhance care planning, particularly for the roles and responsibilities of key workers
- Dissemination of the Loddon Mallee Diabetes Pathways with local service access information to key stakeholders. It is expected that organisations within the Loddon Mallee Region adopt and embed the Diabetes Pathways for Pre-diabetes, Type 1, Type 2 and Gestational Diabetes to ensure consistency in practice across the region
- Ensuring consistent information is provided to people newly diagnosed with diabetes across partner organisations
- Annual Service Coordination forum was held in April with thirty-three local service providers attending. The event provided insights into various programs and delivery models; provided a greater awareness of

referral pathways and the opportunity to network and consolidate relationships with other providers

## Health Promotion (HP)

- The HP for Managers training was conducted for two member organisations involving sixteen manager level staff (including REDHS managers)
- The HP Workforce Development program saw four workshops conducted for twenty-one health promotion staff across six organisations
- The Placemaking Masterclass provided skill development in community development and engagement with twenty-seven participants
- Fifty-three local workers attended A Framework for Understanding Poverty workshop
- Five partner organisations signed Memorandum of Understanding for achieving Integrated Health Promotion in Campaspe to support catchment wide approach to all HP workers and activities

## Volunteer e-Connect

Promotion of volunteering with a successful application to build the capacity of partner organisations to support volunteering and promote Victoria's Volunteering Portal

## Flood Response – outreach coordination

- Adaptation and coordination of the Farm Gate assertive outreach model to support flood relief efforts by partner organisations
- Supporting rural communities with access to Mental Health First Aid programs to improve mental health literacy - six have been conducted with seventy-three participants

## Problem Gambling

- Advocating the social impact of problem gambling resulting in development of a Gaming Policy for the Campaspe Shire

**For further information, please contact the PCP Office on (03) 5484 4485 or visit our website [www.campaspepcp.com.au](http://www.campaspepcp.com.au).**



## SUPPORT SERVICES

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

The catering staff have continued to provide meals for patients, residents, clients and Meals on Wheels recipients as outlined in the table below.

Meals on Wheels - Elmore	1,918
Meals on Wheels - Lockington	859
Meals on Wheels - Rochester	4,870
PAG - Elmore	1,006
PAG - Rochester	1,174
Patients – Acute Ward	14,953
Residents - Hostel	65,227
Residents - Nursing Home	64,984
Senior Citizens Club - Rochester	773
<b>Total Meals</b>	<b>155,764</b>

In addition, catering staff also supply delicious meals and snacks for REDHS' Café Red which opened in July 2010. The café, located opposite Main Reception, contributes to a welcoming and cheerful atmosphere in the main foyer and is a great meeting place for visitors, residents and staff.

The annual Food Safety Audit was conducted in May and achieved an excellent result of 98.5%. A requirement for additional documentation for Café Red was identified otherwise 100% compliance would have been attained. This is a commendable outcome and a credit to all the staff involved.

The new cleaning standards that came into effect last year had necessitated a revision of cleaning schedules in all areas, but the increased floor area since the opening of the primary care area and doctors' consulting rooms required a further review to be undertaken. Two REDHS staff were trained to audit against the new Victorian Cleaning Standards – with both external and internal audits

required to be completed at set intervals, depending on the risk rating of a particular area. For example, the operating theatre is a high risk area, so requires more regular auditing. The results of the most recent external cleaning audits were excellent with 98.12% for the entire organisation with Theatre, Acute Ward, Nursing Home and Hostel all achieving 100% compliance.

REDHS' laundry has also had another busy year and continues to launder aged care resident clothing as well as all REDHS' linen (except sheets and pillowslips).

### **Supply Department**

Having the correct supplies and equipment on hand when required so that continuity of service and care is maintained is a challenge that is consistently met by Supply Manager Gayle McConnell.

The Financial Management Information System (Oracle) which was implemented in October 2009 is now firmly entrenched as REDHS' purchasing system and has made the whole process more efficient and user-friendly than the previous paper-based system.

Executive Support's Di Niven and Support Services staff member Mandy Dockery were trained by Gayle to fill her position while she was on long service leave in the early part of the year. They maintained the usual high level of service in her absence. In the past six months, Mandy has again filled the position on a part-time basis. This is for two days per week whilst Gayle is further expanding her knowledge of Oracle by assisting Echuca Regional Health's Supply Department to upgrade their supply processes and systems.

Compulsory reporting of energy and water usage to the Department of Health was undertaken as required. The results provided showed the marked reductions in landfill waste, water usage and energy usage per area.

The Victorian Ombudsman's 2008 report made recommendations for Probity Controls in Public Hospitals for the Procurement of Non-Clinical Goods and Services. REDHS has addressed the relevant recommendations.

This year, an extensive review of the contract process was undertaken to capture all services and contractors and to check currency, pricing agreements and police checks. With the assistance and advice of Bendigo Health's Procurement Manager, the review was completed and actions for improvement have been identified and are being implemented. In addition, Gayle attended a two-day course on Planning and Tender Development as well as a two-day course on Contract Management.

The Purchasing and Contractors policy was also reviewed and sets out the procurement practices and purchasing process for the organisation including compliance with the Victorian Industry Participation Policy, as applicable.

The Supply Department has also implemented a process whereby new equipment is entered into the Preventative Maintenance Plan that is under review. This ensures

that equipment will be maintained according to the manufacturer's recommendations by alerting the Facilities Department within the appropriate timeframe so that preventative maintenance can be carried out.

### **Facilities Management**

The Facilities Management department oversees the safe and efficient running of health service buildings and plant. Since the completion of the redevelopment, the site now occupies approximately 6,050m<sup>2</sup> of buildings and 11,000m<sup>2</sup> of grounds. This department is responsible for maintenance, managing the computer network, communications, fire and emergency systems.

It has been a very busy and challenging year. The challenges for the Health Service as a whole following the January 15 flood event were enormous and for the Facilities team in particular. We ensured that limited services for REDHS Emergency Response Group members were in place immediately after the flood, whilst re-commissioning the entire facility presented its own challenges. The site had damage to the mains power infrastructure which required a partial re-build and subsequently all Information and Communication Technology (ICT) services needed to be reinstated. The main fire system pump set was also damaged and required further commissioning. All of the challenges were met by our staff and support contractors to provide a fully functional facility within a week so that our patients and residents could return.

In February, REDHS experienced a computer server failure that had considerable impact. Some systems were returned within two days but there was a prolonged impact for some departments as the restoration of some systems was a complex process (consumer medical records were not affected). In spite of backup systems being in place, a considerable amount of data was not able to be restored. The problem has been identified and protocols have been put in place to prevent this same scenario occurring again. Staff in all departments worked hard to complete the re-entry of data from hard copies.

This department was also responsible for ensuring a seamless relocation of ICT systems when the Campaspe Medical Centre moved from their premises on site to the medical consulting rooms in the new primary care building. All communications and computer requirements were in place for the commencement of services in June 2011. The communication system for the Rochester Medical Clinic co-located on site continued to be maintained by the Facilities Department.

Located adjacent to the Support Services building, a modern, purpose-built Men's Shed has been constructed. REDHS contributed a majority of the funds and worked in conjunction with Rochester Community House and the Shire of Campaspe to provide a facility that could help meet the needs of men in the community. Construction commenced in September 2010 following design and specifications work carried out by the Facilities Manager. The Shed was completed in early 2011, the men moved in during April and the official opening took place in June 2011.



Funding was received to install new carpet throughout the hostel this year. Recarpeting commenced in March and was completed in June. A considerable amount of planning went into the Hostel carpet replacement project. A working group consisting of hostel staff and health service management created a staged laying plan to ensure that disruptions were kept to a minimum and that a safe living and working environment was maintained. Residents, their families and staff were kept informed of when each area would be affected so that residents continued to have their care needs met.

The relocation of Maintenance buildings to the rear of the REDHS site has begun. The completion of this project in the coming months will produce a much better working environment for our maintenance staff. With dedicated storage and workshop space along with an office the buildings will be a great asset to the facility. The Village Drive house (recently occupied by the Campaspe Medical Centre) will be transformed back into accommodation space for students or staff with a full refurbishment planned.

During the redevelopment it was identified that a pump upgrade was required to deliver greater water capacity to the fire fighting system. This is to be implemented in mid 2011.

A comprehensive Preventative Maintenance Plan is currently under development and will ensure that all plant, equipment and infrastructure is maintained appropriately and to minimise down time from equipment failure.

## Our Environment

This year, REDHS continued its participation in the Victorian Government's ResourceSmart initiative that aims to assist healthcare providers to meet government environment policy commitments through a tailored environment management program. The development and completion of the corporate Environment Plan illustrated the enormous amount of work that had already been carried out and provides focus for future activities and monitoring.

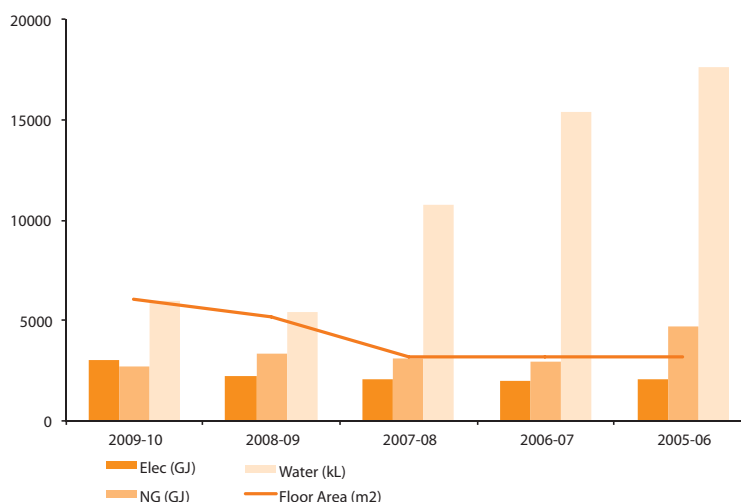
The Building Management System continues to provide a means of efficiently managing air handling systems across all departments. This system, coupled with our security and lighting systems are integrated to allow the Facilities Manager to create energy efficiencies across the site as occupation levels change.

The Purchasing and Contractor Policy was modified to include the consideration of environmental factors when purchasing equipment. This includes energy ratings on electrical or gas equipment, fuel type for fleet vehicles and waste generation and associated disposal method.

Video conferencing facilities and webinars (online conferences) have enabled staff to participate in conferences held at other sites without having to travel. This is both time and energy saving. Car pooling is also encouraged with many staff sharing cars with staff from other health services when attending meetings and conferences. The use of public transport is also encouraged when available.

The Community Garden now has its green waste picked up fortnightly for composting by the Shire of Campaspe and recycling of plastic, glass and paper continues across all departments. Our grounds and the community garden are maintained with rainwater harvested from our roofs and roadways and stored underground.

## Water and Energy Usage (compared with floor area)



*REDHS' floor area has increased significantly (almost doubled) during the redevelopment of the site. However despite this increase and built in energy efficiencies building and management systems have meant that energy costs have remained relatively stable. Gas usage is stable, water usage rose only slightly from last year but continues to be significantly less than the three previous years. Electricity usage has risen overall but less is used per m<sup>2</sup>.*

## Occupational Health and Safety (OHS):

The OHS Committee is made up of elected staff representatives as well as management and some appointed members such as the Quality Coordinator and Infection Control Practitioner. The OHS Committee meets on a monthly basis to monitor incidents, address areas of concern and plan activities designed to improve staff safety.

An OHS indicator suite was developed and allows the monitoring of current incidents as well as the comparison of previous data to determine trends. The types of incidents are reported via the Victorian Health Incidents Management System as well as when the investigation was commenced and closed out.

In 2010-11, there were thirty one OHS incidents reported compared to thirty four the previous year. All had investigations commenced within the expected timeframe. REDHS has not had any standard WorkCover claims throughout 2010-11. As with the previous year, incidents involving manual handling (nine) and consumer aggression (five) were the most frequently reported this year. Additional training has been provided for staff to

reduce the instances of these occurrences. In 2011-12, WorkSafe's Prevention and Management of Aggression in Health Services Program will be rolled out to further assist staff to manage aggression in the workplace. No Lift training continues to be provided to nursing staff.

The benchmarking group formed in partnership with Castlemaine Health, Echuca Regional Health and Kyabram and District Health Services has continued to meet quarterly. The sharing of statistical information, processes, templates, experiences and ideas has been beneficial to all involved. As a result, workplace assessments have been modified and undertaken; data gathering and reporting has become more robust and timely and is presented in a quick reference format. REDHS' rate of reported OHS incidents compares favourably with other facilities.

For WorkSafe Week in October 2010, staff members were encouraged to participate in a word competition that served to remind staff of safety systems and processes in place at work. The District Nursing team were proud to accept the REDHS perpetual WorkSafe Week trophy in its inaugural year. Other activities during the week included free health checks by our Diabetes Educator and a delicious, healthy lunch. Ergonomic checks of office workstations were carried out to assist staff with maintaining correct posture when seated at their desks and working on computers.

OHS education continues to be presented at the mandatory staff training day and includes Emergency Response procedures, OHS obligations and an inspection of each staff member's department to identify safety and emergency features. All staff are orientated to their particular departments and are provided with information in relation to the specific safety aspects of the area.

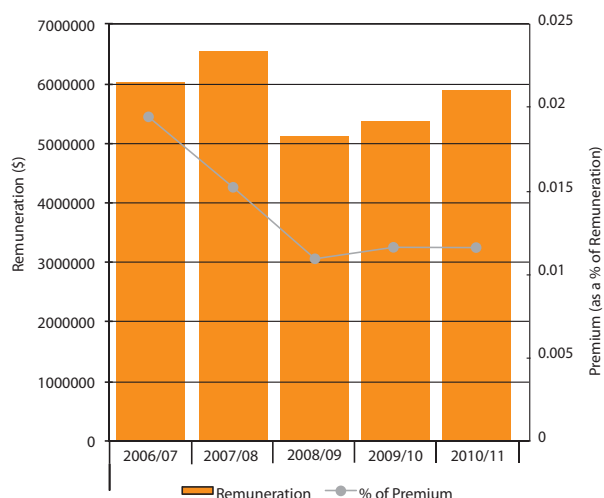
Following the flood in January, staff were not required to be on site until all communication, water, power and safety systems had been restored and tested. All equipment that may have been affected was also checked to maintain a high level of staff safety. REDHS Emergency Response Group members were on site immediately following the flood but were provided with portable toilet facilities and bottled water.

Chemical Handling education continues to be held annually for Support Services staff required to handle hazardous substances.

Some of the achievements of the OHS Committee during 2010/2011 include:

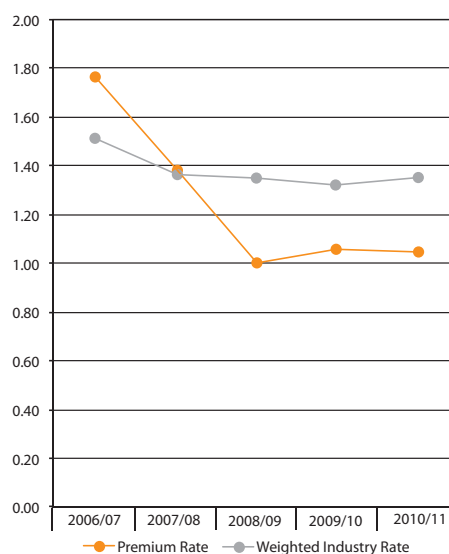
- OHS policy reviews to ensure currency and relevancy of performance indicators
- Development of OHS indicator report
- Working with management to address excessive condensation in the kitchen area
- Regular workplace inspections

### Premium Payable as a Percentage (%) of Total Remuneration



*The premium payable (as a percentage) has remained stable over the past three years.*

### Premium Rate / Weighted Industry Rate Year



*REDHS' Premium Rate has been below the Weighted Industry Rate for the past three years.*



## COMMUNITY INVOLVEMENT AND **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 Easter and Christmas raffles, catering, Melbourne Cup Day luncheon and a "High" Tea. Thank you to the community who support all our fund raising efforts and particular thanks to those members who brave the cold to sell raffle tickets in the main street.

This year they have been able to contribute \$5,200 towards the purchase of two Niki syringe pumps for the Acute Ward. The pumps are used to deliver medications to patients in palliative care.

The Auxiliary currently has eighteen members and new members would be most welcome.

### ***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 eighty-eight 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.



## Community Generosity

Donations and Bequests (over \$100)	
Lions Club of Rochester	\$19,888.00
Diggora and Ballendella Auxiliary	\$9,763.32
Rochester & District Hospital Auxiliary	\$5,200.00
Multicultural Aged Care Service	\$751.40
Elms Retirement Village	\$737.00
Russell Kennedy Flood Recovery Assistance	\$205.40
Estate Gwen Butcher	\$200.00
Mr Mehmet Gurkan	\$200.00
Donations in memory of Roy Burke	\$145.60
<b>Total Donations for 2010-11</b>	<b>\$37,417.02*</b>
<i>*Total includes donations of less than \$100.</i>	

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

## 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.

This year, REDHS awarded two Life Governorships, at the October annual meeting, in appreciation of the services

that the following have so generously provided to the health service:

**Heather Acocks** served as a dedicated Board member for eight years (from 1.11.02 to 30.6.10) including two years as President (2004-2005 and 2005-2006) during a particularly turbulent period. Her strong leadership during this time undoubtedly contributed to the successful outcome of a beautiful new facility which will serve Rochester and the surrounding districts for many years to come.

**Faye Latter** is a dedicated member of the Rochester Hospital Auxiliary who has been a willing and tireless worker, participating in many activities to assist the Auxiliary in fundraising for the Health Service. Faye held the office of secretary from 2006-2008.

## Certificates of Appreciation

Certificates of Appreciation were awarded to two retiring Board of Management members this year.

**Deborah Mellor** was awarded her certificate at the REDHS Annual Meeting in October 2010 in recognition of her service to the Board of Management of REDHS during her term of appointment. Deborah resigned from her position on the Board due to a change in her circumstances.

**Meeuwis Boelen** was awarded his certificate in June 2011 in recognition of his service to REDHS' Board of Management during his term of appointment. Meeuwis served on the Board for six years and held the position of Treasurer from 2006- 2009.





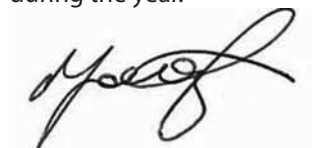
# STATUTORY INFORMATION

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 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**  
**Rochester and Elmore District Health Service**  
**18 August 2011**

### 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**  
**Rochester and Elmore District Health Service**  
**18 August 2011**

## 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 interest has been completed;
- (b) Details of shares held by a senior officer as nominee or held beneficially;
- (c) Details of publications produced by the Department about the activities of the Health Service, and where 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, which is not otherwise detailed in the Report of Operations; and
- (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.

## 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 which 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](http://www.redhs.com.au)

Compliments, suggestions and complaints should be directed to:

**Chief Executive Officer, REDHS,**  
**PO Box 202, Rochester, Victoria 3561**  
**Ph: (03) 5484 4451**  
**Email: [rochhosp@redhs.com.au](mailto:rochhosp@redhs.com.au)**

### **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 2010/11 financial year, four 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 Record (NPR) Checks**

REDHS requires all staff, volunteers and contractors to have a current, satisfactory national police record (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 current, satisfactory "Working With Children" check.

### **Victorian Industry Participation Policy (VIPP) Disclosures**

During 2010-11, REDHS commenced the completed one contract totalling \$129,000 in value to which the *Victorian Industry Participation Policy Act 2003* applied.

The entire value of this contract (100%) was expended to contractors located in regional Victoria and amounted to one FTE for the duration of the construction phase of the project (approximately four months).

The overall level of local contracts included the following skill sets: building, concreting, electrical, plumbing, joinery, communications, plastering and painting.

### **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 2011 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 2010-2011 year, Rochester and Elmore District Health Service experienced a severe disruption to services. In January, it was necessary for the entire health service to be evacuated due to flooding and resultant loss of utilities. Residential and inpatient services were disrupted for a week as well as primary care service provision, in particularly Planned Activity Group, Podiatry, and Physiotherapy.

## **Activity**

**Admitted Patients – Note (a)** see below

Separations	Acute
Same Day	149
Multi Day	398
Total Separations	547
Emergency	37
Electives	513
Total Separations	550
Total WIES	535
Total Bed Days	3,160

**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 2011 at time of printing.

Non-Admitted Patients	Acute
Urgent Care Centre Presentations	901

## **Financial Report**

The Financial Report which forms part of this Annual Report can be found in the rear sleeve. If the Financial Report is not attached, a copy can be obtained from [www.redhs.com.au](http://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
<b>Ministerial Directions</b>		
<b>Report of Operations – FRD Guidance</b>		
<b>Charter and Purpose</b>		
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FRD 22B	Objectives, functions, powers and duties	i
FRD 22B	Nature and range of services provided	2
<b>Management and Structure</b>		
FRD 22B	Organisational Structure	9
<b>Financial and other information</b>		
FRD 10	Disclosure Index	34
FRD 11	Disclosure of ex-gratia payments	32
FRD 15B	Executive officer disclosures	FR
FRD 21A	Responsible person and executive officer disclosures	FR
FRD 22B	Application and operation of <i>Freedom of Information Act 1982</i>	32
FRD 22B	Application and operation of the <i>Whistleblowers Protection Act 2001</i>	32
FRD 22B	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	31
FRD 22B	Details of consultancies over \$100,000	FR
FRD 22B	Details of consultancies under \$100,000	FR
FRD 22B	Major changes or factors affecting performance	3-5, 33, FR
FRD 22B	Occupational Health & Safety	27-28
FRD 22B	Operational and budgetary objectives and performance against objectives	3-5, 11-12, FR
FRD 22B	Significant changes in financial position during the year	3-5, 33, FR
FRD 22B	Statement of availability of other information	31
FRD 22B	Statement on National Competition Policy	32
FRD 22B	Subsequent events	FR
FRD 22B	Summary of the financial results for the year	FR
FRD 22B	Workforce Data Disclosures including a statement on the application of employment and conduct principles	14
FRD 25	Victorian Industry Participation Policy disclosures	26, 32
SD 4.2(j)	Sign-off requirements	5
SD 3.4.13	Attestation of Data Integrity	31
SD 4.5.5	Attestation on Compliance with Australian/New Zealand Risk Management Standard	31
<b>Financial Statements</b>		
<b>Financial statements required under Part 7 of the FMA</b>		
SD 4.2(a)	Statement of changes in equity	FR
SD 4.2(b)	Operating Statement	FR
SD 4.2(b)	Balance Sheet	FR
SD 4.2(b)	Cash Flow Statement	FR
<b>Other requirements under Standing Directions 4.2</b>		
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# GLOSSARY

<b>ACAS</b>	Aged Care Assessment Service
<b>ACHS</b>	Australian Council on Healthcare Standards
<b>ACFI</b>	Aged Care Funding Instrument
<b>ACSAA</b>	Aged Care Standards and Accreditation Agency
<b>ARV</b>	Adult Retrieval Victoria
<b>CBR</b>	Chemical, Biological, Radiological
<b>CEO</b>	Chief Executive Officer
<b>DoHA</b>	Department of Health and Ageing
<b>EBPRAC</b>	Encouraging Best Practice in Residential Aged Care
<b>FR</b>	Financial Report
<b>FTE</b>	Full Time Equivalent
<b>HACC</b>	Home and Community Care
<b>HP</b>	Health Promotion
<b>HR</b>	Human Resources
<b>ICT</b>	Information & Communication Technology
<b>NPR</b>	National Police Record
<b>Occupancy</b>	Percentage of Beds filled per nominated period
<b>OHS</b>	Occupational Health and Safety
<b>PAG</b>	Planned Activity Group
<b>PCP</b>	Primary Care Partnership
<b>REDHS</b>	Rochester and Elmore District Health Service
<b>Separation/Discharge</b>	The completion of an episode of care and the patient/ client leaves the organisation
<b>TAC</b>	Transport Accident Commission
<b>TOWN</b>	Take Off Weight Naturally
<b>VAED</b>	Victorian Admitted Episodes Data Set
<b>VIPP</b>	Victorian Industry Participation Policy
<b>ViTCCU</b>	Virtual Trauma and Critical Care Unit
<b>VWA</b>	Victorian Workcover Authority
<b>YTD</b>	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**







**redhs**

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