

# ANNUAL REPORT *2013*



**redhs**

*More Than a Hospital*

Rochester and Elmore District Health Service

# STRATEGIC PRIORITIES, GOALS AND OBJECTIVES

## 2009 - 2012

### VISION

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

### VALUES

- R**espect, dignity and understanding
- E**quity, access, participation and consultation
- D**iligence, responsibility and accountability
- H**onesty, trust and fairness
- S**ervice, professionalism, improvement and innovation



Priority	Goal	Objectives
<b>Respond to our changing environment</b>	Rochester and Elmore District Health Service (REDHS) is widely recognised for its excellence in responsive, sustainable rural health services and compassionate care.	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 including home nursing to our catchment population of 8,697 and has:

- 113.4 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 1 palliative care bed
- An Urgent Care Centre
- Primary Care and community health services

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

# OUR LOCATION



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## YEAR IN BRIEF 2012-13

Acute Ward:	2012-13
Total Acute Ward Separations	536
Acute Bed Days	3,172
Average Length of Stay (Days)	5.9
Day Procedure Unit (DPU)	
Total DPU Separations	359
Aged Care	
Nursing Home Bed Days	10,749
Nursing Home Separations	10
Hostel Bed Days	9,757
Hostel Separations	10
Total Non-admitted Occasions of Service	
Urgent Care Centre	895
Radiology	1,093
District Nursing	5,691
Planned Activity Group	1,717
Meals on Wheels	5,186
Primary Care:	
Diabetes Education	261
Dietetics	458
Fitness for Older Adults	954
Occupational Therapy	231
Physiotherapy (IP)	643
Physiotherapy (OP)	745
Podiatry	1,821
Social Work/Counselling	408

### 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)



## REPORT FROM **PRESIDENT & CEO**

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for Rochester and Elmore District Health Service for the year ending 30 June 2013.

There have been a number of achievements that are detailed in this Annual Report and we are truly proud of the dedication and care provided by our staff and volunteers in providing services for the community. This year has been more settled following the community recovery efforts related to the flooding in January 2011. There continues to be growth in our services in the areas of primary care and our day procedure unit, while improvements in systems within our residential aged care services have been made. The mental health and wellbeing recovery of people who suffered loss as a result of the floods continued and REDHS was fortunate to receive additional funding to enable our flood recovery program to continue into May 2013.

### **Board of Management**

There were no resignations from the Board of Management at the conclusion of the 2012-13 financial year. Mr Graeme Hodgens and Ms Kate Lee reapplied for further terms on the Board of Management and both were appointed through to 30 June 2016.

### **Board of Management Development**

The Board of Management again demonstrated commitment to best practice governance with two further members undertaking the Australian Institute of Directors' of Company Directors Course during the year. This brings to a total of six Board of Management members having now completed the Company Directors course in addition to the CEO. There is no doubt this dedication to professional development has enhanced the performance of the Board of Management.

The Board of Management again used the framework provided by the Australian Centre for Healthcare Governance to facilitate its annual evaluation and development plan. The results were positive once again with a development plan being finalised at the time this report is being printed.

### **Strategic Plan**

The Board of Management spent considerable time and energy in evaluating progress related to the previous strategic plan and developing REDHS Strategic Plan July 2013 – June 2016. This process began with a full day workshop in late March 2013 that involved all Board of Management members, the staff Executive and leadership team. Consultation was also carried out with staff regarding the new strategic plan with further review of this feedback by the Board of Management. This culminated in the following pillars being established to lead the strategic direction of REDHS in the next three years:



**Keith Oberin**  
*Board President*



**Matt Sharp**  
*Chief Executive Officer*



- People and Culture
- Great Care and Service Development
- Community Engagement and Partnerships
- Social, Economic and Environmental Sustainability
- Systems and Business Excellence

The vision and values developed in the mid-term review of the Strategic Plan 2009-2012 were reviewed and it was determined these would be retained unchanged in the REDHS Strategic Plan July 2013 – June 2016.

### Statement of Priorities

This year was the first year that REDHS participated in the annual Statement of Priorities process led by the Department of Health. The Statement of Priorities is an agreement between individual health services and the Minister for Health regarding key objectives to be achieved during each financial year. We were very pleased to be given the opportunity of meeting with the Secretary of the Department of Health, Dr Pradeep, for the formal sign off of the REDHS Statement of Priorities for 2012-13.

The introduction of the Statement of Priorities presented an opportunity for us to review the way our annual business planning process had been carried out. Improvements to the approach were made to make it more straightforward while ensuring we complied with our need to implement our strategic plan and meet required obligations to address objectives in the Victorian Health Priorities Framework 2012-2022.

### Dingee Bush Nursing Centre

Considerable efforts have been devoted by the Board of Management, Executive staff and project manager in supporting the Dingee Bush Nursing Centre (DBNC) Board of Management and staff during the year. REDHS was approached by the DBNC Board of Management and Department of Health to assist with a number of operational matters and strategic issues to ensure a service was maintained for the community.

The initial plan was to progress to a formal amalgamation between REDHS and DBNC to be effective from 1 July 2013. However, concerns expressed by some DBNC members resulted in REDHS providing a contracted management service to DBNC for the 2013-14 financial year.

The Board of Management, Executive staff and project manager are committed to fulfilling REDHS commitment to help DBNC address the issues that have been identified to ensure a sustainable service continues for the Dingee community.

### Education Hub

We were very fortunate to welcome the Victorian Minister for Health, the Honourable David Davis MLC, in December 2012 to open the new Education Hub. The Education Hub was created following the refurbishment of an existing building to provide a dedicated computer lab for students to complete assignments and research, a clinical skills lab for students and staff to practise skills such as resuscitation, dressings, inserting intravenous lines, as well as simulation training and up-skilling of REDHS nursing staff.

Evidence shows that by providing a positive learning environment and experience for rural placements, students are more likely to return to work at REDHS or another rural health service when they graduate.



### Community Support

REDHS is truly grateful for the support of the community, local organisations and people through generous donation of time and money to support our vision to be widely recognised for excellence in responsive, sustainable rural health services and compassionate care. The \$46,650 Education Hub initiative detailed above is a great example of this support with \$26,150 funding from the Elmore, Lockington and Rochester Bendigo Bank Community Bank Branches.

Three other major community events during the year contributed, being the Rochester Debutante Ball which raised over \$10,000, the Rochester Art Exhibition which raised over \$6,000, as well as the Elmore Summer Send Off Ball Committee which donated \$2,000. These funds, in addition to a very generous bequest in recent years, have been directed to the Hostel refurbishment which is expected to cost \$350,000.

Finally, we also wish to acknowledge the ongoing support and tireless efforts of the Rochester District Health Service Auxiliary who donated \$7,000 for equipment to be used in the Day Procedure Unit and Acute Ward.

### Our Thanks

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

**Keith Oberin** Board President

**Rochester and Elmore District Health Service**  
2 August 2013

**Matt Sharp** Chief Executive Officer

**Rochester and Elmore District Health Service**  
2 August 2013



# 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:**

**Graeme Hodgens**

B.Ed  
Principal, Rochester Primary School

Date appointed: 1.7.2011

### **Treasurer:**

**Timothy Fulton**

B.Bus (Accounting/ Economics),  
Diploma of Financial Planning  
Accountant and Financial Planner

Date appointed: 1.7.2009

## **Members**

**Alan Darbyshire**

FCPA  
Accountant, Registered Company  
Auditor and Tax Agent  
Date appointed: 1.7.2012

**Jane Farmer**

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

**David Gilbert**

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

**Kate Lee**

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

**Ben Maw**

RN, B Hlth Sc (Nursing), GAICD  
Manager Integrated Services  
(Uniting Aged Care)  
Date appointed: 1.7.2011

**Reuben Johnson**

B. Ed Teaching, Masters of Education – Leadership  
Principal, Our Lady of the Sacred Heart Primary  
School, Elmore  
Date appointed: 1.7.2012

## Meeting Attendance

Board Meetings													Total Meetings Attended	Other Meetings*
2012							2013							
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Keith Oberin	A	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	11/11	
Graeme Hodgens	✓	✓	A	✓	✓	NA	✓	✓	✓	✓	✓	✓	10/11	
Timothy Fulton	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	11/11	
Alan Darbyshire	✓	✓	✓	✓	✓	NA	✓	A	✓	✓	✓	✓	10/11	
Jane Farmer	✓	A	✓	✓	✓	NA	✓	✓	✓	A	✓	A	8/11	
David Gilbert	L	L	✓	✓	✓	NA	✓	A	✓	✓	✓	✓	8/11	
Reuben Johnson	✓	A	A	✓	✓	NA	✓	✓	A	✓	✓	A	7/11	
Kate Lee	✓	✓	✓	✓	✓	NA	✓	✓	A	✓	✓	✓	10/11	
Benjamin Maw	✓	✓	✓	A	✓	NA	✓	A	✓	✓	✓	✓	9/11	

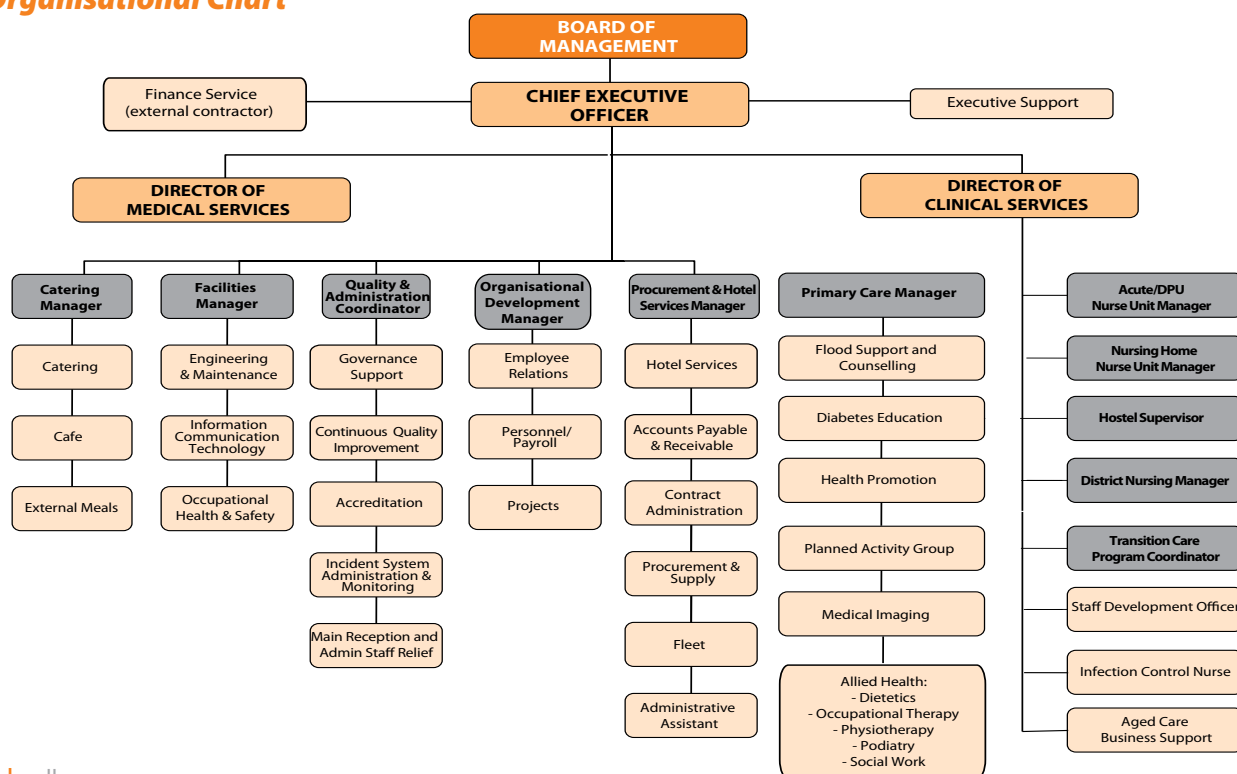
\* denotes Department, education, regional and extraordinary Board meetings

A = Apology, L = Leave of Absence, NA = no meeting held

## Committee Membership

	Risk Management Planning Committee	Audit Committee	Credentials and Medical Appointments Advisory Committee	Medical Consultative Committee	Quality of Care
Keith Oberin	✓ (3/4)	✓ (4/4)	✓ (2/2)	✓	
Graeme Hodgens			✓ (2/2)	✓	
Timothy Fulton	✓ (4/4)	✓ (4/4)		✓	
Alan Darbyshire		✓ (4/4)			
Jane Farmer				✓	✓ (4/5)
David Gilbert	✓ (2/4)	✓ (3/4)			
Reuben Johnson	✓ (3/3)				
Kate Lee			✓ (2/2)		✓ (4/5)
Benjamin Maw	✓ (2/4)	✓ (3/4)			✓ (4/5)
<b>Audit Committee (Independent) Members:</b>					
Phillip Johnson		✓ (4/4)			
Tracie Kyne		✓ (3/4)			
Rebecca Mitchell		✓ (4/4)			

## Organisational Chart





# KEY PERSONNEL

## Executive

### Chief Executive Officer

**Mr Matthew Sharp**

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

### Director of Clinical Services

**Ms Anne McEvoy**

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

### Director of Medical Services

**Dr John Christie**

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

## Department Heads

### Organisational Development Manager

**Ms Aileen Dobson**

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

### Acute Ward Unit Manager

**Mr Damian Holden**

RN, B.N. Post Graduate Diploma, PGD paediatrics (from January 2013)

### Day Procedure Unit – Associate Nurse Unit Manager

**Ms Meredith Hodder**

RN (from 20 December 2012)

### Hostel Supervisor

**Ms Jenny Ellis**

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

### Nursing Home Unit Manager

**Ms Anne Chirnside**

RN, Cert Onc, Grad Cert Gerontology

### District Nurse Unit Manager

**Mr Colin Jones**

RN, B Nursing

### Primary Care Manager

**Ms Alicia Cunningham**

B.Sc., MND, MPH

### Transition Care Manager

**Ms Wendy Bauerle**

Ba. OT (to 31 May 2013)

**Ms Meaghan Sully**

Bach of Social Work

(from 14 November 2012)

### Infection Control Practitioner

**Ms Fleurette Hastings**

RN, B.N., Grad Dip Renal Nursing, Grad Dip Crit Care

### Planned Activity Group Coordinator

**Ms Ann-Maree Hewlett**

### Quality & Administration Coordinator

**Ms Lynn Wolfe**

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

### Information Systems Manager

**Ms Clare Ireland,**

B.SC, Dip. Bus

### Procurement & Hotel Services Manager

**Ms Gayle McConnell**

### Catering Manager

**Ms Darlene Weeks**

B Hlth Sc (Nutritional Medicine)

### Maintenance Supervisor

**Mr Brett Shotton**

## 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 F Liu**, B.Med (China)

**Dr S Mansour**, MBBS (Egypt), MSc (Canada) (from 27 March 2013)

**Dr P Nzegwu**, MBBS (Nigeria), AMC

**Dr D Paul**, MBBS

**Dr P Radrekusa**, MBBH

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

**Dr C Worme**, MBBS, DRANCOG

### General Surgeon

**Ms J Arnold**, MBBS, FRACS

(from 27 March 2013)

**Dr J Azzopardi**, MBBS DA (UK) DRACOG, FRACGP (from 1 January 2013)

**Mr M Oliver**, MBChB, FRCS, FRACS

### Urologist

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

**Dr D Lenaghan**, MBBS, FRACS (Urol)

(from 27 March 2013 to 31 May 2013)

**Mr M McClatchey**, MB ChB BAO FRCS FRACS (from 1 January 2013)

### GP Proceduralist

**Dr R Allan**, MBBS, FAFOM, FAMA

### GP Anaesthetists

**Dr S Harrison**, MBBS, DA (London)

**Dr C Hunt**, MBBS, DRACOG, DA, ACRRM (from 27 March 2013)

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

**Dr C Taverna**, MB BS (GP Registrar) (from 5 March 2013)

### Specialist Anaesthetists

**Dr P Buncle**, MBBS, FANZCA

**Dr K Davenport**, MBChB, FANZCA (from 22 May 2013)

**Dr L Hamond**, MBBS, FANZCA, Dip RACOG

**Dr S Hams**, MBBS, FANZCA

**Dr G Hay**, MBBS, DRACOG, FRACGP, FRACRRM

**Dr B Hindson**, MBBS, FANZCA

**Dr P Mazur**, MBBS, FANZCA

**Dr M Nerlekar**, MBBS, DA, MD, FANZCA

**Dr D Noble**, MBBS, FANZCA

(from 26 April 2013)

**Dr A Purcell**, MBBS, DA (UK) Dip Obs RACOG, FANZCA

(from 18 September 2012)

**Dr J Quayle**, MBBS, DRACOG, DCH, FACRRM (to December 2012)

**Dr M Shapiro**, MBChB, H DA FANZCA

### Visiting Cardiologist

**Dr A Jackson**, MBBS, FRACP

(from 22 February 2013)

**Dr N Nadarajah**, MBBS, FRACP

(Cardiology) (from 22 February 2013)

### Visiting Dentists

**Dr D Lavery**, BDS (Glasgow)

**Dr A Shenai**, BDS (India), ADC

### Visiting Radiology Service

Goulburn Valley Imaging

### Radiographer

**Denise Levy,**

Dip Diagnostic Radiography

# PERFORMANCE AGAINST STATEMENT OF PRIORITIES *(Part A)*

Priority	Action	Deliverable	Outcome
Developing a system that is responsive to people's needs	Explore opportunities to develop strategies that support greater service responsiveness for diverse populations.  In partnership with other providers within the local area, apply existing service capability frameworks to identify gaps and duplication and develop strategies that maximise the use of available resources across the local area.	Carry out a review of Residential Aged Care Services and implement action plan.	Completed.
		Report prepared and presented to the Board of Management regarding the impact and opportunities concerning Aged Care Reform at REDHS by January 2013.	Report provided and opportunities identified.
		Develop and implement a plan for ongoing support of flood affected people by November 2012.	Ongoing support obtained with counselling position.
		Furniture, fittings and equipment plan prepared for the Hostel and budget allocated by September 2012. Completion of Hostel upgrade works by June 2013.	Plan completed and budget allocated, including a number of donations. Upgrade works progressing well.
		Relationship established with Ngurelban Aboriginal Healing Service to identify joint strategic and service provision opportunities by June 2013.	Initial contact made.
Improving every Victorian's health status and experiences	Consider new models of care and more coordinated services to respond to the specific needs of people with priority clinical conditions.	Primary care occasions of service activity increased by 5% (not including flood recovery services) compared to 2011-12.	28% increase in services in 2012-13 compared to 2011-12.
		Day Procedure Unit (DPU) separations increased by 10% compared to 2011-12.	119% increase in DPU cases/separations in 2012-13 compared to 2011-12.
		Governance structure for the Improving the Health of Communities Through Participation partnership with LaTrobe University established and project plan developed by March 2013.	Local research group and governance structure established. Further research and consultation being conducted. Plan being finalised.
Expanding service, workforce and system capacity	Identify opportunities to address workforce gaps by optimising workforce capability and capacity, and exploring alternative workforce models.	Refurbish existing building to establish REDHS Education Centre by October 2013.	Completed with official opening conducted by Minister for Health.
		Grow Our Own Workforce Strategy – traineeship scheme in place by October 2012 and Recruitment Progression Pathway implemented by June 2013.	Three trainees have commenced employment in administration, maintenance/grounds and allied health assistance.
		Implement the Allied Health Assistant Workforce project on behalf of the Central Loddon Mallee Medical Workforce Group. Each participating health service has a strategic plan regarding the use of Allied Health Assistants in their workforce by June 2013.	Completed.

Priority	Action	Deliverable	Outcome
Increasing the system's financial sustainability and productivity	Identify opportunities for efficiency and better value service delivery.	Administration consumable costs reduced by 5% compared to 2011-12.	Savings have exceeded 5%.
		Strategy to encourage patients to use private health insurance developed and implemented by November 2012.	Strategy deferred.
	Examine and reduce variation in administrative overheads.	Renewable Energy strategy developed by October 2012 to identify opportunities to increase sustainability and reduce recurrent costs.	Preliminary report received and strategy developed. Funding application to be submitted July 2013 for solar panel installation.
Implementing continuous improvements and innovation	Develop and implement improvement strategies that better support patient flow and the quality and safety of hospital services.	Complete REDHS Strategic Quality and Safety Plan 2012-14 and evaluate progress towards embedding the national safety and quality accreditation standards and improvements in residential aged care service governance implemented by June 2013.	Implementation and department plans complete. Evaluation underway.
		Risk Management Framework fully implemented and evaluated.	Implementation on track, likely to be completed August 2013.
Increasing accountability and transparency	Continue to strengthen the capability of rural health service boards and senior management to ensure the ongoing stewardship obligations of rural and regional health services can be met.	Hold one open access Board of Management meeting by March 2013 and increase access and engagement for the community to Board of Management members and senior staff and through attendance at various forums.	Completed. Meeting held in February 2013 with positive feedback received.
Improving utilisation of e-health and communications technology	Maximise the use of health ICT infrastructure to better connect a broad range of health care and other health-related workforces.  Trial, implement and evaluate strategies that use ICT as an enabler of better patient care.	Video conferencing implemented for Transition Care Program and Aged Care Assessment reviews by June 2013.	Progressing. Some issues with connectivity and availability of specialists.
		Full implementation and evaluation of information systems in:  • Aged care by August 2012 • Policy management by November 2012  • Legislative compliance by December 2012  • Quality improvement by June 2013	• Completed. • Good progress – expected completion July 2013. • Good progress – expected completion July 2013. • Preliminary work underway.





## HUMAN RESOURCES

REDHS' Workforce Development Plan 2012 - 2017 identified a number of key strategic priorities. One of these strategic priorities is "grow our own" staff due to current labour market trends and the difficulty in obtaining staff through traditional recruitment methods.

REDHS' Organisational Development Manager has been making significant progress in the development of our staff to "grow" within our organisation. In the last 12 months:

- Seven enrolled nurses have commenced a Diploma in Nursing;
- Two enrolled nurses have commenced an Advanced Diploma in Nursing;
- One existing enrolled nurse has commenced a Bachelor of Nursing;
- Two enrolled nurses completed a Graduate Diploma in Nursing;
- One registered nurse completed her Graduate Year;
- Two personal care workers have completed their Bachelor of Nursing and are now employed as registered nurses
- Two personal care workers have commenced a Bachelor of Nursing
- One staff member completed a Bachelor of Business (majoring in Accounting);
- Two staff members have completed a Certificate IV in Frontline Management;
- One staff member completed a Diploma in Community Services Coordination;
- One staff member completed a Certificate III in Commercial Cookery;
- One staff member completed a Graduate Diploma in Environmental Health;
- One staff member commenced a Certificate in Infection Control
- One staff member commenced a Graduate Certificate in Peri-operative Nursing;
- Two staff members completed a Certificate IV in Dementia Practice (two of only seventeen qualified nurses in Victoria, the only ones in Regional Victoria).

We have employed three nursing graduates this year, two more than in previous years. This has been made possible through the Northern Rivers Graduate Program. This unique program has been designed for graduates to experience nursing in a regional and rural setting as they transition from student nurse to a beginning practitioner. During the program, the three graduates have been able to consolidate their knowledge and develop their skills. They have had rotations in the Acute Ward and our aged care facilities as well as being given the opportunity to spend time in District Nursing and the Day Procedure Unit. Graduates will complete six months at Echuca Regional Health and six months at Rochester, Boort or Cohuna. Our first graduates commenced in February 2013 and will change health services in August 2013.

Three traineeships were offered this year; one in maintenance, one in administration and one as an Allied Health Assistant. These traineeships enable people within our community to develop transferable skills that can be applied throughout their future careers.

Another key strategic priority is to implement a contemporary aged care staffing model which will ensure a sustainable aged care service into the future. A review of the existing aged care structure was undertaken by an external consultant who made recommendations for a staffing structure that would meet the needs of our aged care residents. Over the past twelve months, extensive consultation with staff and their representatives has resulted in just such a staffing structure, which will be implemented over the coming months.

The final strategy worked on this year has been the growth in primary care services. We have been able to increase the hours worked by our Primary Care Manager, who in turn has been able to secure additional resources in podiatry, occupational therapy and employ a trainee Allied Health Assistant. A major focus over the next twelve months will be a team based structure where a holistic approach towards client care is taken and shared goals based on

chronic disease management, health prevention strategies and health promotion can be implemented.

### 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:

#### 10 years

Jenifer Anderson  
Tania Else  
Beverley Hunt  
Robyn Kelly  
Joanne Sparkes

Leonie Corbett  
Ann-Maree Hewlett  
Susan Johnston  
Mary O'Brien  
Susan Walsh

### Equal Opportunity, Merit and Equity

Recruitment, selection and employment at REDHS comply with employment conditions as specified in relevant Health Awards and Enterprise Bargaining Agreements. The employment of staff satisfies equal employment opportunity requirements, legislative and moral obligations and terms and conditions of the Fair Work Act 2009, Public Sector Management Act 1992, Victorian Charter of Human Rights and Responsibilities 2008.

### Workforce Data:

	Ongoing		Fixed Term		Casual		Total	
	Head Count	FTE	Head Count	FTE	Head Count	FTE	Head Count	FTE
June 13	112	74.5	43	29.5	30	9.4	185	113.4
June 12	111	74.1	32	21.0	17	5.0	160	101.1

REDHS Workforce has grown over the past twelve months, however most of the growth is in fixed-term or casual employment. The growth in fixed-term employment contracts is due to our increased visiting medical officers, registered nurse graduates, project workers and existing staff providing backfill for staff on leave. A growth in our casual employment was temporary whilst we filled vacant positions.

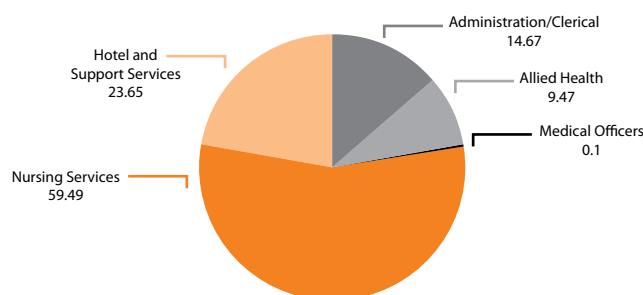
	June 2013			June 2012		
	Ongoing Employees		Fixed term & Casual	Ongoing Employees		Fixed term & Casual
	Head Count	FTE	FTE	Head Count	FTE	FTE
<b>Gender</b>						
Male	6.0	4.8	5.0	7.0	5.0	2.0
Female	106.0	69.7	34.1	104.0	69.0	23.0
<b>Age</b>						
Under 25	0.0	0.0	7.1	1.0	1.0	1.0
25-34	9.0	6.4	4.0	10.0	6.0	1.0
35-44	23.0	14.0	7.6	19.0	12.0	5.0
45-54	43.0	28.7	11.8	43.0	29.0	8.0
55-64	28.0	19.1	8.1	30.0	20.0	8.0
Over 64	9.0	6.5	0.6	8.0	5.0	1.0

### NOTES

- All figures reflect active employees in the last full pay period of June of each year
- Ongoing employees means people engaged on an open ended contract of employment and executives engaged
- FTE means full time equivalent

Rochester and Elmore District Health Service employs a workforce of permanent, part time and casual staff throughout the year, and at 30 June 2013, employed 113.4 Full Time Equivalent (FTE).

### Staff - Full Time Equivalent (Year to Date)



### Staff by Occupational Group

Labour Category	JUNE Current Month		JUNE YTD FTE	
	2012	2013	2012	2013
Nursing	53.12	59.49	53.48	53.75
Administration and Clerical	14.04	17.96	14.03	14.67
Medical Support	0	0	0.12	0
Hotel and Allied Services	25.31	25.4	25.2	23.65
Medical Officers	0.1	0.10	0.04	0.10
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	8.67	10.4	8.37	9.47

## QUALITY AND MONITORING PERFORMANCE

Quality and safety continue to be monitored across the health service. The Board of Management is regularly provided with performance information to allow it to carry out effective clinical governance. A comprehensive suite of indicators is in use and is continually reviewed to ensure that the information is timely, relevant and appropriately presented.

Consumer feedback is monitored continually with a variety of communication channels available, including direct contact with staff and Executive, Residents' Committee meetings, email via the website, feedback forms located throughout the facility and opportunities to participate in surveys and evaluations. In 2012-13, REDHS received 80 compliments (mostly regarding personal care and food) that were passed on to staff. REDHS received 10 suggestions that led to some improvements to services and facilities as well as 18 formal complaints (compared to 21 the previous year). Formal complaints are managed by the Executive team and resolution outcomes and times are monitored. All complaints for 2012-13 have been closed. Further information will be available in the Quality of Care report calendar in late 2013.

Implementation of REDHS' Quality Plan, approved in early 2012, has commenced. The plan was drafted in conjunction with department managers, the Board of Management and a quality consultant to set the direction for achieving goals over the next three years. The document is aligned with REDHS' Strategic Plan and aims to further develop

the 'great care' concept in all departments across the health service. Consultation has taken place with staff and management regarding the definition of 'great care' with further consultation to take place with consumers this coming year. REDHS' updated Risk Management Framework has been implemented in 2012-13. It includes an updated risk matrix and, for the first time, a component of 'risk appetite'. The risk appetite considers areas in which the health service might be willing to accept a larger risk and areas it would not. The implementation has involved all levels of the health service receiving risk identification and prioritisation education. The organisation-wide Risk Register has been aligned with the framework and updated with risks identified by staff. Actions taken to address the risks are an integral part of the quality management system at REDHS.

In February 2013, two assessors from the Aged Care Standards and Accreditation Agency conducted an unannounced assessment visit in our nursing home and hostel. They focused on leisure and lifestyle activities and care planning. They spoke with management, staff, residents and families and found that we continued to meet the required standards (see also Residential Aged Care section).

This will be a busy year for accreditation surveys. In January 2013 the new National Safety and Quality Health Service Standards (NSQHS) were introduced and REDHS has been working diligently to ensure all standards are fully implemented to assist in monitoring quality and safety and maintain full accreditation status. The focus of the new NSQHS standards is on the 'point of care'. Whilst excellent progress is being made in implementing the new standards in 2012-13, it has been a challenge absorbing and applying them. REDHS will be surveyed against the first three standards in September 2013 (Governance, Partnering with Consumers and Infection Prevention and Control).

In addition to the ten national standards, REDHS Board of Management opted to subscribe to the EQulPNational program in which there are an additional five standards, similar to the ones we have been using in the past few years. This program assists us in monitoring other aspects of the health service including service delivery, care provision, workforce planning and management, information management, occupational health and safety and emergency systems.

A simultaneous accreditation event will take place in September 2013, in tandem with the aforementioned survey. Community Care Common Standards for Home and Community Care (HACC) funded services were introduced a couple of years ago, but this is the first time that they have been surveyed at REDHS. In 2012-13 we have been reviewing our processes and documentation to ensure our HACC services align with the new standards as well as the Active Service Model of person-centred care. Services to be assessed include district nursing, planned activity group and podiatry, as well as physiotherapy and occupational therapy.

In 2013-14, we look forward to continuing to provide safe, high quality person-centred care whilst implementing the Quality Plan and meeting all regulatory requirements and standards.





## CLINICAL SERVICES **REPORT**

The clinical services at REDHS have diversified and grown in the last 12 months with new initiatives introduced and the further development of key services which align with our strategic direction. More importantly we have maintained the high standards of care with an increased focus on the philosophy of person centred care across all program services.

Individual department achievements are highlighted later in this Annual Report and are testimony to the leadership by the clinical department managers and the commitment and professionalism of the staff employed in our various clinical services. On reflection, there have been many highlights in the delivery of our clinical services in 2012-13 and some of these have been included in this report.

### **Primary Care**

Our primary care services have evolved in response to community needs and the availability of additional resources. The recruitment to a full staffing complement in our podiatry service with two podiatrists and a casual allied health assistant has enabled the expansion of this service to a broader clientele. Increased HACC funding has supported this podiatry growth, along with further services provided under the Medicare Benefits Schedule, Department of Veterans' Affairs (DVA) and other revenue sources.

Increased HACC Occupational Therapy (OT) funding has enabled an increase in our capacity to service clients requiring OT. We have noticed significant growth in our group programs with increased numbers attending our Fitness for Older Adults program and the commencement of further chronic disease programs such as Life!, Better Health Self Management and the Healthy Eating Activity and Lifestyle Program (HEAL). Towards the end of the year we were fortunate to secure a contract partnership with Uniting Aged Care to deliver home and group based respite services under the National Respite for Carers program which commenced in May 2013.

### **Aged Care**

Early in the year we celebrated the achievement of being re-accredited for a further three years in our nursing home and hostel following assessment against the aged care standards by the Aged Care Standards and Accreditation Agency. The process of quality improvement is an ongoing process however it is a proud moment for staff and residents when the accreditation is endorsed.

An aged care working party was developed in October 2012 and worked in consultation with the Executive to consider the proposed aged care restructure. The Executive were committed to keeping everyone involved and ensuring the process was fair and reasonable as the organisation acknowledges this as a significant change for our staff. I wish to thank the working party for their contribution to the extensive consultation stage and look forward to working together as we move to the implementation phase.

### **Projects**

The clinical services areas have been instrumental in various short term projects throughout the last 12 months including the HACC Active Service Model and Service Coordination – Care Planning. (HACC programs are jointly funded by the Commonwealth and Victorian governments). REDHS also led the first stage of a sub-regional Allied Health Assistant (AHA) cluster regarding the development of AHA strategic plans to support the growth of this workforce. We have now progressed into the implementation phase of this project. We are noticing the benefits of this project work already with an increase in our AHA numbers from one to four in the last year.

### **Northern Rivers Graduate Nurse Program**

In an exciting development, REDHS, along with our partners Echuca Regional Health, Cohuna Hospital and Boort District Health commenced the implementation of our the Northern Rivers Graduate Nurse Program as of February 2013. This new graduate nurse model was developed during 2012 in collaboration with our partners to support the recruitment of registered nurses. REDHS employed three graduate nurses in February, which is a significant increase from the organisation historically supporting one graduate. REDHS is now the lead on a further graduate nurse project. Funded by the Department of Health Nurse Policy Branch, this project involves investigating potential models for graduates to be placed in expanded settings such as GP clinics and community and primary care services.

### **Clinical Placements**

Through the leadership of our Clinical Support Nurse, supported by our nursing staff who act as preceptors and mentors for registered and enrolled nursing and personal care students, our total student placement days has continued to increase. This is in response to the demand for clinical placements and supports our future workforce recruitment. We have planned to commence placing allied health students over the next 12 months which will be an exciting new venture for REDHS.

The clinical education team have appreciated their new environment. "The Education Hub" was officially opened in December 2012 by the Victorian Minister for Health, the Hon David Davis MLC. This facility has enabled an enhanced setting for clinical education and is the venue for both our Annual Training and Clinical Skills days, as well as providing accommodation for our clinical and infection control teams and Campaspe Primary Care Partnership.

### **Day Procedure Unit**

We are proud to have achieved significant growth in our DPU separations in 2012-13. An increase of 119% was achieved which was supported by the appointment of additional proceduralists, Dr John Azzopardi and Miss Janine Arnold, as well as a short term contract by Mr Dan Lenaghan. The DPU service team was strengthened by the appointment of three permanent registered nurses, led by Associate Nurse Unit Manager, Meredith Hodder. The leadership of this unit was further strengthened by the recruitment of our new Acute Services Manager, Damian Holden who commenced in January 2013. Damian also manages our Acute Ward. Considerable improvements in our processes and efficiencies in DPU have supported this growth with plans for additional services in the next year.

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

#### **Anne McEvoy**

Director of Clinical Services

#### **Dr John Christie**

Director of Medical Services



## Acute Services

### Acute Ward

Damian Holden began his role as manager of REDHS acute services in February 2012 and has spent the last six months enjoying the many challenges of his role and 'getting up to speed' with how the unit operates.

Moving to REDHS from a position at the Royal Children's Hospital, Damian has been very impressed with the technical level of the surgery workload at REDHS as well as the high standard of staff training and education.

In the past 12 months, demand for services has increased (76% occupancy up from 71% the previous year). There has also been a high level of staff satisfaction with professional development opportunities due to scheduled and funded days to undertake training to complete all required competencies.

The increase in regular patients requiring maintenance procedures on top of the day-to-day elective surgery needs has also been a challenge for REDHS staff. The development and implementation of a 'plan B' for this scenario has been beneficial and reassuring.

The acute services department has been fortunate to be able to employ five casual bank staff members throughout the year with various levels of experience, some of whom have moved to the area for family reasons.

The new Northern Rivers Nursing Graduate program (see Human Resources section) has enhanced acute services and the excellent mix of skills and enthusiasm within the graduate group has been encouraging and worked well.

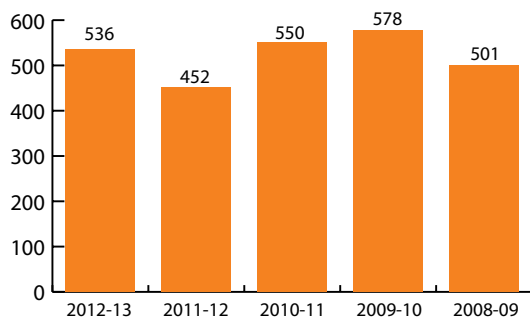
The main focus for staff this year has been the implementation of the new National Safety and Quality Health Service (NSQHS) Standards. Regular staff and planning meetings ensure that consumer safety and quality service are being maintained while the acute team work together to be make sure we are compliant with the new standards when we are surveyed in September 2013.

The acute ward has been grateful to receive donation money which has been used to purchase much needed equipment for the acute ward and the palliative care unit.

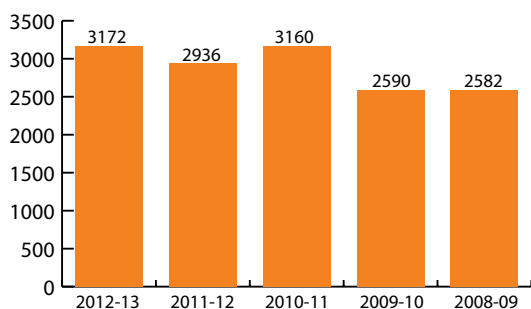
Plans for the future include providing great care as well as the review and continuation of the new nursing graduate program. We are hoping this beneficial program can be improved and continued into the future to benefit all graduates and patients.



**Acute Ward Separations**

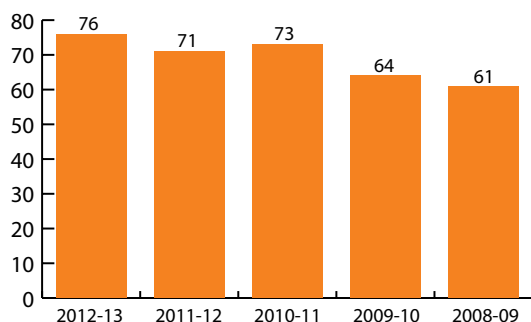


**Acute Ward Bed Days**

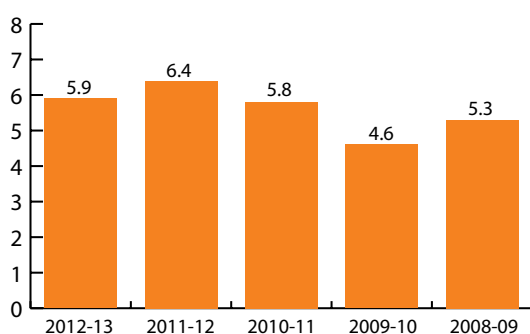


*Please note: Estimations of bed days and separation figures have had to be made due to unavailability of finalised VAED data for 2012-13 at time of printing.*

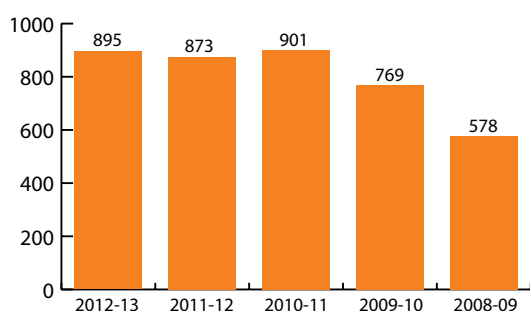
**Acute Ward Occupancy (Average %)**



**Acute Ward - Average length of stay (Days)**



**Urgent Care Centre Presentations**



## Urgent Care Centre

REDHS Urgent Care Centre (UCC) continues to provide a valuable service to the community, mainly after hours when medical clinics are closed. It is staffed by REDHS nursing staff with a general practitioner on call to attend if requested. In 2012-13, UCC provided 895 occasions of service, a slight increase from last year.

## Day Procedure Unit

New records have been set in REDHS' Day Procedure Unit (DPU) during 2012-13.

Productivity has increased by 119% and in April alone, the DPU recorded 70 surgical cases - the highest monthly total since the new theatre opened in 2009.

The significant productivity growth is attributed to an increase in the significant productivity growth to an increase in consultant surgeons as well a rise in referrals for local patients.

The key challenges for the DPU this year have centred upon equipment issues and staffing.

This year four specialist surgeons have serviced the DPU; Mr Matt Oliver, Miss Janelle Brennan, Miss Janine Arnold and Dr John Azzopardi. This is an increase of one from the previous year.

The goal for 2013-14 is to increase the number of specialty surgeries at REDHS and to maintain (and increase where possible) our current work rate. The DPU is also in the process of recruiting more staff to service the unit.

With respect to staffing, it is an ongoing challenge to cover shifts, particularly when extra theatre sessions are added quickly, because the majority of nurses are employed casually and work at other jobs. The introduction of three permanent theatre nurses this year has improved this situation somewhat, and accordingly no sessions were cancelled this year.

A major achievement this year has been the significant decrease in DPU waiting times. A recent audit in the unit found that wait times had decreased by an average of 70 minutes from patient admission time until the commencement of surgery. This result has been achieved through the implementation of staggered admission times, more regular use of the theatre and an increase in staff knowledge of the various visiting surgeons' processes and procedures.

As REDHS is located in a rural setting, the potential for a delay in rectifying any issues experienced with equipment is much greater than for health services located in a metropolitan area. On occasions, trouble shooting for equipment issues is carried out over the phone as there is no support person on site to immediately address the problem.

## DISTRICT NURSING SERVICE (DNS)

Our DNS were again able to maintain a high level of care in the home and meeting the required targets for the year without the need for a waiting list. Throughout the year, Our DNS staff were again made 5,691 visits, covered almost 30,000km and provided 3,864 hours of service.

Department of Health mandatory reporting requirements have been met with error-free datasets being submitted monthly.

Maintaining staffing levels has been a challenge however the introduction of an enrolled nurse on a trial basis has been a positive step. REDHS DNS is looking forward to a more settled staff base in the coming 12 months.

The Active Service Model has been adopted and embraced throughout all district nursing and primary care services throughout the health service and has provided an increased awareness of the 'person-centred' active care philosophy model. Extensive policy and documentation reviews have been undertaken. Staff are also looking forward to the introduction of centralised client forms across the district nursing and primary care departments for more streamlined and seamless, patient-centred care.

The DNS team are carrying out audits and continue to work towards providing evidence for compliance to the Community Common Care Standards for a major accreditation survey in September 2013 (a requirement for all HACC funded services).

The provision of new phones for staff when on the road has been a great improvement. Staff have greater access to maps and an online medication program to assist them to provide a high quality, efficient district nursing service in the field.

Feedback from DNS clients continues to be very positive and reflects the appreciation felt by those clients who are attended in their home

## TRANSITION CARE PROGRAM (TCP)

The REDHS Transition Care Program (TCP) provides goal orientated, time limited and therapy focused care to help older people at the conclusion of their hospital stay. The program can be provided in the clients' home or in our hostel.

There have been a number of highlights for the TCP this year including maintaining a high occupancy rate for the three funded places. The program has seen an increase in demand, partly due to improved staff knowledge of the program and greater understanding of the potential gains that clients can make by being involved in the program.

TCP has provided a service to 29 people for the 2012-2013 financial year with an average length of stay being 54 days. Almost 40% of clients returned to living in their homes with increased support services and 14% of clients elected permanent residential aged care placement at the end of TCP. Some clients became recipients of aged care packages whilst on the program and some unfortunately discharged from the program due to ill health.

The program has maintained a full complement of staff including a manager/care coordinator, physiotherapist, occupational therapist and an allied health assistant. The team have continued to coordinate care and services for complex clients, review documentation reflecting best practice and continued to work toward streamlining processes.

The use of video conferencing technology (piloted 2011-2012) has now been fully implemented. A number of potential TCP clients have been assessed by the Aged Care Assessment Service (based in Bendigo) via video conference with all enjoying a different approach to assessment. This has supported fewer delays in admitting to the program as well as relieving the pressure on acute beds. Clients can transfer to home based TCP or residential TCP in a more timely manner.

In the coming year the Loddon Mallee Region TCP Quality Review project will be completed. The aim of this project is to review TCP services in line with quality standards.



## RESIDENTIAL AGED CARE

Our aged care facilities have had a challenging, but rewarding year that started with the three-year aged care accreditation assessment in July 2012 conducted by the Aged Care Standards and Accreditation Agency. Both the Hostel and Nursing Home were again found to be compliant with all 44 outcomes, with the assessors commenting on the high standard of care being provided, the knowledge of staff and the positive responses from residents and family members regarding their care. The Federal Member for Murray, Dr Sharman Stone, visited REDHS to present all accreditation certificates late last year.

During the year, all care staff have continued to embrace the full implementation of the Management Advantage software system for the electronic recording of resident related information and their care needs. All progress notes are now computerised and staff have become very proficient with the system.

One of the major highlights for the year has been the introduction of a physiotherapist, dietitian and occupational therapist onsite as part of our weekly routine. The introduction of these services has had enormous benefits for all residents.

A major restructuring of aged care has been in the planning stages during the year to ensure that services are sustainable in the challenging years to come with the ageing population increasing. The new model that has been developed will include the employment of one aged care manager to oversee the care of all aged care residents which will allow the employment of additional staff to provide direct care to residents. This change will occur in 2013-14. The planning has involved a working party consisting of management and staff to ensure that resident and staff needs are met.

A direct debit system for the payment of aged care fees was put in place and taken up by most residents. This has streamlined the payment process and reduced administration time considerably.

Activities coordinator, Janine Bubb, was employed in early in 2013, following the resignation of Caralyn Collins (who moved back into the area of disability care). Janine and Karen Tognolini lead the popular activities program. Activities this year have included bus outings to Torrumbarry Weir and Hotel, sheep dog trials, farm visits, Elmore Field Days and to view a doll collection. On site activities have included REDHS Olympic Games, a demonstration by the local dance school, visits from school and kindergarten children, Broadband for Seniors program and the ever popular footy tipping competition, to name but a few. Residents have also been involved in a Men's Group, the Community Garden and the Rochester Men's Shed.

The quarterly publication and distribution of the informative and entertaining Grey Natter newsletter continues to be a highlight for residents and their families.



## Rochester and District Hostel

The Hostel has had another busy year including the commencement of the much anticipated refurbishment project. Much planning went into the scheduling of the works to minimise disruption for residents. Once the works began, daily meetings were held to ensure that resident needs continued to be met as contractors went about their tasks that included the replacement of vinyl floor coverings, new vanity units and toilets, painting, dining room / kitchen fit out and improved light fittings. It is anticipated that the refurbishment will be completed early in the next financial year with the provision of new furniture. This is an exciting project that has presented challenges, but there is no doubt that the project is already delivering benefits for residents and staff.

A number of new staff members were welcomed in the department including medication endorsed enrolled nurses and personal carers. We sadly farewelled long-time staff members Jenny Reid, Helen Comer and Bev Lees and wish them all the best in their retirement.

There has been a significant increase in demand for respite care and this is reflected in an increase in respite bed days from 332 last year to 499 this year.

The annual ANZAC Day service was held around the Hostel flagpole with RSL representatives and many residents in attendance.

Eight clients in the Transition Care Program have also been accommodated in the hostel in 2012-13.

## Nursing Home

Staff have had a busy year in the nursing home with a consistently high occupancy rate (see graph). Maintaining staffing levels has at times been a challenge but there was a reduction in the use of agency nurses due to a welcome increase in our own staff numbers.

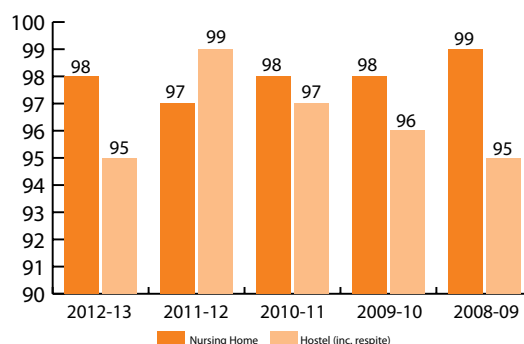
Staff have also been taking up professional development opportunities throughout the year:

- A graduate nurse was facilitated for the first time, which was a successful and rewarding experience for all involved.
- Six enrolled nurses are completing their Diploma of Nursing and all will be supported by REDHS with study leave throughout the year.
- Two of our nurses completed a Diploma in Dementia Care through Alzheimer's Victoria.
- Staff took part in education courses in Parkinson's disease while others have completed a Certificate IV in Aged Care.
- Three clinical care nurses completed a wound management course.
- A palliative care project was also started in early 2013 which involved training a number of nurses as educators across the entire REDHS facility.
- Training in Incontinence Management has resulted in improved management of this area of care as well as a reduction in costs.

After 27 years of service, registered nurse Joan Wakefield was farewelled by staff as she moved from nursing into retirement.

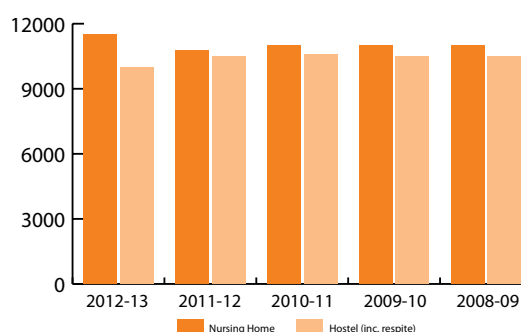
Part of the staff area has been remodeled and a couch put in place to create an area where residents and visitors can sit near the dining room and staff area. It provides stimulation for the residents as people are always passing by and it also facilitates increased staff supervision of frail residents.

**Aged Care Occupancy (%)**



*The decrease in Hostel occupancy is due to designated beds left vacant to accommodate existing residents during the refurbishment project.*

**Aged Care Bed Days**



*In 2012-13, Nursing Home Bed Days totalled 10,749, an increase of 110 days from the previous year. Hostel Bed Days reduced by 333 days to 9,757 (see also comment for occupancy graph above).*



## PRIMARY CARE **SERVICES**

### **Overview**

In the past 12 months there have been a number of overarching themes introduced. All primary care service areas are to adhere to, and continue the focus on, the 'person-centred' active care philosophy model. The themes help staff to provide all clients with options and choices in the care they receive, dictate the kind of service provided and influence client care planning and up-skilling for all staff.

These themes include:

- person centred care
- health promotion
- the introduction of allied health assistants
- extending our knowledge through staff training and education
- chronic disease management programs

### **Service Coordination**

The aim of service coordination is to provide streamlined 'person-centred' care across all allied health services. 'Person-centred' care is where the focus is on patient care planning, catering for options, providing choices and setting appropriate goals. This is done with the full support, planning and collaboration of all associated health professionals.

At REDHS our overall service coordination is centred on how referrals are received and the importance of how they are handled from that point.

There has been meaningful work in the past 12 months. Funding from the Campaspe Primary Care Partnership allowed a project worker to provide staff training in this method of care, especially for our older clients. On line training was also made available to staff.

The project worker also developed screening tools for determining which clients require a shared care support plan as well as care planning policies and guidelines for staff. Outcomes of the project were presented by the project worker at the service coordination forum.

Ongoing work is to be done in this area in the coming months to further enhance service coordination.

## Allied Health Assistants

This year, REDHS employed Kerri Runnalls in a newly created, two year traineeship as an allied health assistant. Kerri has been a valuable addition to the REDHS primary care team, supporting all allied health professionals in their clinical and administrative roles. In the six months she has been at REDHS, Kerri has also gained knowledge and skills in health promotion and chronic disease self-management programs.

In the very near future, REDHS has plans to employ a second qualified allied health assistant to support the allied health team in the delivery of individual and group programs aimed at promoting independence and health.

Throughout 2012-13, REDHS has led the way in a regional cluster approach to exploring the benefits of implementing an allied health assistant workforce to further meet the needs of our local community.

The aim for REDHS and other health organisations in the area is to continue to train and up-skill staff as allied health assistants to continue to work towards 'person-centred' care and allow for more efficient staff practices.

## National Respite for Carers Program (NRCP)

One of the major highlights from the past 12 months to complement the above themes has been the partnership with Uniting Aged Care (UAC). The partnership successfully obtained Australian Government funding to assist carers in the area with information, respite care and other support through the National Respite for Carers Program. This innovative program fills an eligibility service gap. The overall aims of the program include support and maintenance of the relationships between carers and care recipients and responding to individual needs and circumstances. The program has a strong dementia care aspect.

REDHS acknowledges that caring for someone full-time is physically and emotionally demanding. NRCP allows REDHS to support carers and help them to better manage a frail, older person or someone with dementia either within the community or in their homes. It also provides an opportunity for carers to have a break.

The combined REDHS and Uniting Aged Care National Respite Program will be delivered as both "centre-based" and "in the home" care during the week and on weekends. Delivery commenced in June 2013.

Over the next 12 months, REDHS aims to provide a day-program for respite on a weekly basis to five carers and their care recipients, in-home respite on a regular basis to at least three carers and their care recipients and overnight respite for one weekend for four care recipients.

REDHS aims to meet some specific targets and fulfill requirements so that the program can continue into the future.

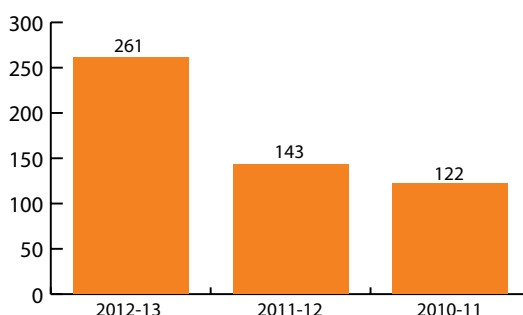
## Diabetes Education

Our diabetes educator, Leanne Rankin continues to provide a service across the organisation to acute, aged care and the community. In 2012-13, Leanne provided 261 occasions of service, up from 143 the previous year.

Much of Leanne's efforts in the last 12 months have focused on co-facilitating the Life! Program. The Life! Program is funded by the Victorian Government and provided by Diabetes Australia – Victoria. It is a course that teaches participants to take control of their life, supporting them to adopt healthy behaviours and a more active lifestyle to reduce the risk of Type 2 Diabetes.

Leanne has maintained her status as a credentialed Diabetes Educator by attending a number of diabetes-related professional development opportunities during the year.

Diabetes Education - Occasions of Service



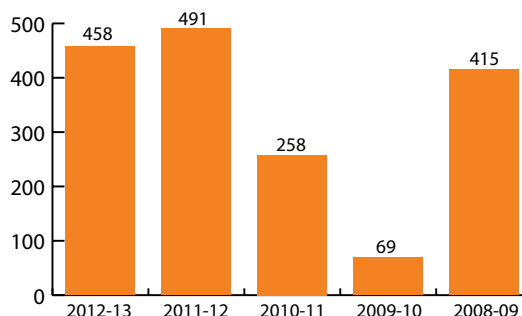
## Dietetic Services

Dietitian Katherine Watson joined our team in March this year, and has embraced the role at REDHS, working closely with food services staff to ensure patients and residents are well nourished and have food choices for optimal health and wellbeing. In 2012-13, REDHS dietetics department has delivered 458 occasions of service, compared to 492 the previous year.

A recent exciting initiative to REDHS Primary Care is the introduction of a Community Kitchen program at REDHS. This involves a group of people coming together to socialize and cook affordable and nutritious meals. This kitchen will be owned and driven by the participants.

REDHS dietetics services have also been contracted to provide nutrition expertise and management to aged care residents living at Wharparilla Lodge – Echuca Community for the Aged.

Dietetics - Occasions of Service





## Exercise Physiology

Since May 2012, local exercise physiologist Ash Watson has provided exercise physiology services at REDHS and has been a very beneficial addition. He is now employed as permanent part time, and is particularly popular with participants in the Fitness for Older Adults program.

Ash specialises in clinical exercise prescription, health education and the delivery of exercise-based lifestyle and behaviour modification programs for the prevention and management of chronic disease and injury.

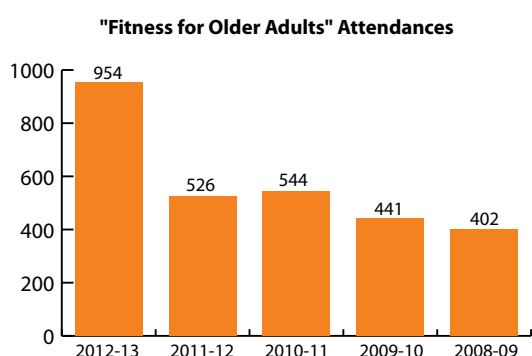
Ash has qualified as a clinical supervisor that will allow REDHS to take on students in the future. To further his skills and expertise, Ash is currently completing his Graduate Certificate in Diabetes Education through Deakin University and is in the unique position of being the first exercise physiologist to complete this course there. Ash was also successful in obtaining a Rural Allied Health scholarship through the Victorian Healthcare Association with the support of REDHS.

In the future REDHS hopes to employ Ash for additional hours to further improve the exercise physiology service model.

## Fitness for Older Adults Program

The Fitness for Older Adults program (FOAP) continues to be held every Thursday and is well attended by a number of 'regulars' who enjoy the hour of exercise with exercise physiologist, Ash Watson. The program also offers participants a social opportunity to have a light morning tea with the REDHS exercise physiologist and allied health assistant and fellow participants. There are often up to 25 participants involved each week. In 2012-13, the program provided 954 occasions of service, up from 526 the previous year.

FOAP provides a structural and supportive environment for participants to exercise and maintain or make gains in the area of strength and balance and general fitness. At REDHS we believe it is extremely important for our clients to maintain health and well being as they become older. The FOAP program also offers a good falls prevention strategy.



During the year, FOAP participants had the opportunity to participate in 'tests' (or activities) to measure the progress they have made through regular attendance, confirming the benefits of their hard work and persistence.

The program is complemented by the Strength and Balance class run at Rochester Community House and facilitated by REDHS' physiotherapist. In 2012-13, 470 occasions of service were delivered. Many participants attend both the Monday and Thursday sessions, which helps provide continuity of service and builds strong and lasting relationships.

## Flood Support Program

Our Flood Support service continued to provide support to those individuals and families in Rochester and surrounding areas who had been affected by the 2011 flood event. The needs being supported included issues relating to home repair, insurances and financial assistance. At the conclusion of the funded program in May 2013, the flood support team had provided assistance and support to over 200 families.

Some of the highlights in the past 12 months included activities to build community connection and resilience, and included:

- Helping Hands Mission bus trip to their Op Shop Clearance Centre in Melbourne on 14 September. Again, this event was well supported by locals with 47 attendees – which included some who went previously but also a number of new participants. Eight of these participants were from the Colbinabbin district. Men and women and differing age groups enjoyed the day with great social engagement.
- The Thursday Morning Coffee Group continued to meet weekly, with a range of guest speakers.
- The Men's Night Out, coordinated by REDHS and funded by the Community Connections Fund, was an overwhelming success with great feedback received by flood team members from their clients and the broader community. The fully booked event gave 80 men the opportunity to hear the tales of local identity John Forbes, David Parkin (AFL Legend) and David Heath (Men's Health Nurse) whilst enjoying dinner and drinks at a local hotel. Individual health experiences and stories were shared by the guest speakers which aided further open and frank discussion and interaction in the audience, an outcome which surprised many. The evening brought a diverse group of men together; different age groups, differing educational and employment histories and socio-economic backgrounds, and united them on an important topic. The observed mateship and genuine concern for others in the crowd was a standout for the night, in conjunction with the increased awareness of men's health issues.
- Men's bus trip to Mitiamo was taken in October. This day included a gourmet lunch fully catered and supplied by Rochester Lions Club, at the property of John Forbes. John has a wide collection of sporting memorabilia on display. This event follows on from the success of the Men's Night Out and requests for future men-focused events.
- Small Business Breakfast/Morning Tea was also held in October to coincide with Mental Health Week and focussed on local small business owners/proprietors and fostered a "looking after yourself in order to look after others" approach.

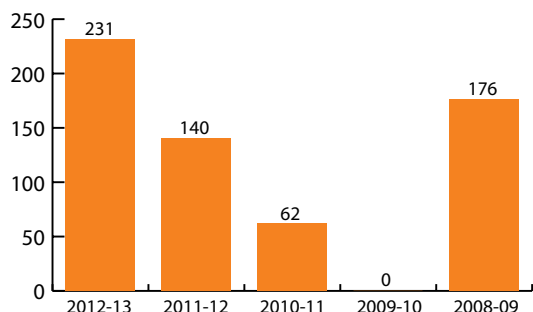
## Occupational Therapy (OT)

One of the highlights of the year has been increased funding through the HACC program for the over 65 years age group which sees REDHS able to offer increased hours and subsequently, a better service.

Part of this HACC program (jointly funded by the Commonwealth and Victorian governments) sees REDHS staff working with Echuca Regional Health and Campaspe Shire to up-skill personal care attendants in care planning and project management.

Increased funding in the OT area has seen an overall increase in client care with an increase (in acute and aged care) to four to five days a week from only one day a week last year. This provides not only continuity in the service but also improves the patient and clinician relationship.

Occupational Therapy - Occasions of Service

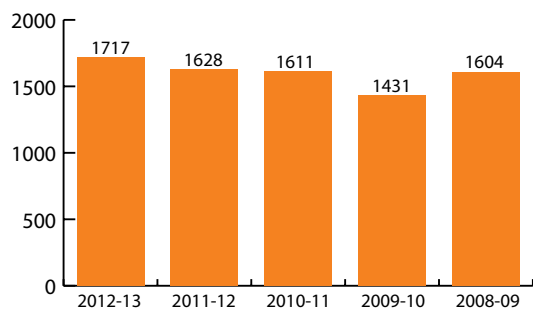


## Planned Activity Group

The Planned Activity Group program continues to provide a valuable service to Rochester and surrounding areas by providing a close and supportive environment which nurtures the abilities and strengths of participants. It is an environment which continues to encourage independence, wellbeing and involvement within the community.

The REDHS planned activity group also provides a valuable support and respite opportunity for carers. A two course meal, day trips, weekly music programs, bingo, guest speakers, access to the Men's Shed and celebration of special days all help contribute to the annual calendar of events.

Planned Activity Group - Occasions of Service



During 2012-13, the Planned Activity Group delivered 1,717 occasions of service, up from 1,628 the previous year. During the year, staff have also enhanced their knowledge and skills in the area of working with people with dementia.

Planned Activity Group is jointly funded by the Commonwealth and Victorian governments through the HACC Program.

## Physiotherapy

Major service improvements in REDHS' physiotherapy department this year have related to our aged care facilities and a Medicare-subsidised outreach service at the Lockington Bush Nursing Centre early in 2013.

REDHS' physiotherapist Judy Lee is able to offer a service focusing on the assessment, diagnosis, treatment and education of clients to enhance movement disorders. This may include exercise programs to improve mobility and strengthen muscles, joint manipulation and mobilisation to reduce pain and stiffness. Also, muscle re-education to improve control, airway clearance techniques and breathing exercises and massage therapy.

The improvements in physiotherapy have enabled REDHS to provide a service for people living in the community with chronic disease and with complex needs and aims to fill the gaps in existing community based physiotherapy and provide greater access.

There has also been an increase in funding in the physiotherapy department, in particular Home and Community Care (HACC) funding to improve services and fill some gaps for people over 65 years of age.

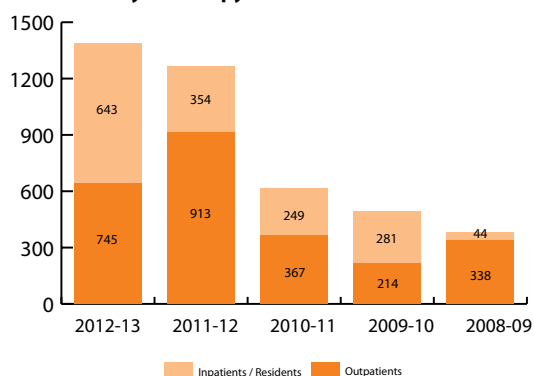
REDHS' physiotherapy department has also been involved in the Strength and Balance program operating out of the Rochester Community House and Judy is a trained facilitator of the Better Health Self Management (BHSM) program.

The BHSM program ran in November 2012 for six weeks with ten local participants and was deemed a great success by REDHS.

All chronic disease management programs at REDHS, including the BHSM, offer practical advice on healthy lifestyle choices, a self management approach to chronic disease and successful strategies of how to cope at home.

The physiotherapy department will host a physiotherapy student for the first time later in 2013.

Physiotherapy - Occasions of Service



## Podiatry

We have come a long way in the past 12 months in podiatry. Our two highly experienced staff, Denise Fox and Amanda Fraser, have a good mix of experience and knowledge.

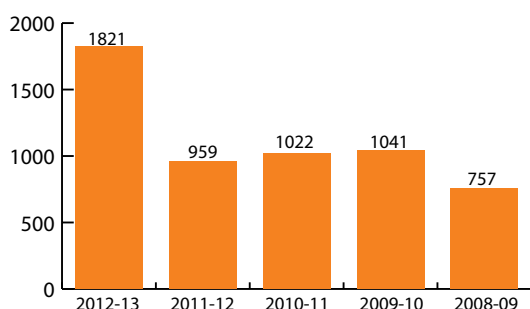
We have been able to undertake extensive service development that has allowed us to offer improved access to the podiatry service to the community through the introduction of initiatives including the Allied Health Medicare rebate program via a GP referral for people with chronic and complex conditions. This service development has been accompanied by staff training and up-skilling, particularly in the area of student training and assessment.

A major achievement in our podiatry department is that the service will now be provided to aged care for the first time, replacing an external service provider.

Overall, we have improved access and eligibility to podiatry at REDHS and we have been able to extend this service to our outreach facilities at Stanhope and Rushworth.

We are also pleased to be taking on our first student placement in podiatry and have just employed a fourth-year student as an unqualified allied health assistant with potential for future employment. This approach has been used across the organisation this year and has proved very successful.

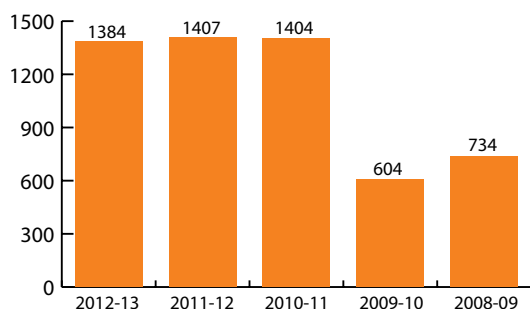
**Podiatry - Occasions of Service**



## Radiology

At REDHS we continue to offer a radiology service two days per week and provided bulk billed services through Medicare to 1,093 clients with a GP referral. This service has continued as a collaborative partnership with Goulburn Valley Imaging Group.

**Radiology - Images taken**



A highlight of the past 12 months has been the inclusion of an ultrasound service in March 2013, staffed and serviced one day a week by Goulburn Valley Imaging Group.

During the year, REDHS secured a locum to cover annual leave in the radiology department, which was of great benefit for all involved.

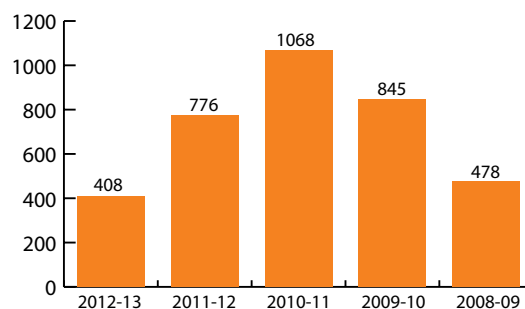
## Social Work

In recent months, our counselling service has increased to three days a week following the identification of a clear need for the service within the community and across the acute and aged care services. Although we realise the need for this service is always increasing it has been an achievement to be able to increase the hours of the service from the previous 12 months.

Our social worker, Helen Larmour, has had the opportunity to expand her knowledge and skills in the area of Quit Smoking and is now a trained Quit facilitator. Helen is now able to provide individualised and group based counselling and support to local people in their goals to quit smoking.

Helen has also completed a five day external clinical placement as part of the Program of Experience in the Palliative Approach (PEPA) to assist in her work across aged care, acute care and the community. The program was established by the Australian Government Department of Health and Ageing under the National Palliative Care Program and has allowed Helen the opportunity to develop skills in the palliative approach – a very important care area at REDHS.

**Social Work - Occasions of Service**



**Reduction is due to counselling associated with flood recovery being recorded separately this year.**

In late 2012, we had the opportunity to provide a project placement for social work masters student Bernadette Thorn from Charles Sturt University. During her placement Bernadette was able to research, plan, implement and evaluate a primary care consumer satisfaction survey. This project allowed us to better understand our consumers' experiences with our services and importantly, identified areas for further improvement in terms of meeting consumer needs and expectations.

In March 2013, our social worker Helen collaborated with our allied health assistant on the Grow program. Grow is a community based organisation providing practical steps and peer support to help people improve and maintain mental well-being and achieve personal goals. A major achievement at REDHS is that Grow is now held fortnightly where members have an opportunity to share their current life challenges and support each other.

In addition, during April 2013 a Housing Options for Older People information session was facilitated, again by our social worker and allied health assistant. The information sessions showcased Home at Last, a new service that offers free and confidential support and advice service for older adults on a low income who need help find a lasting housing solution.





## SUPPORT SERVICES

### Catering

The catering team, led by Darlene Weeks, had a fantastic year with an overall increase in the output of meals from the previous 12 months. Both quality and service continue to be the cornerstones of the team philosophy in catering to continue to meet the needs of all residents and patients at REDHS.

During the year, floor coverings in the main dishwashing area were replaced to help prevent falls and the linen skip was also replaced to reduce the risk of injury due to overfilling. Other changes and improvements included a new dishwasher for the function room, shelving in the function room to improve the service of tea and coffee, and modifications to the sandwich bar in the main kitchen to make sure that the protective covers remain in place.

In addition, other structural improvements in the catering department have included remodelling of the nursing home kitchen, including a new dishwasher to prevent possible injuries and reduce the time involved in transporting dishes back to the dishwashing area in the main kitchen.

Additional shelving was also fitted in the freezer and in the plating room to reduce clutter.

During the past 12 months an external review of all work practices was carried out to ensure best possible practice and efficiency, and improved work practices were implemented to enhance weekend meal delivery. Feedback from residents and staff following these changes has been positive.

Catering for major functions throughout the year has included a Probus lunch, the Elmore Summer Send-Off Ball, the Rochester Debutante Ball and the Rochester Art Exhibition.

From an information management perspective, changes have been made to reporting processes to improve our technique in capturing statistics and costs, and our ordering system was moved online for most suppliers, except some small local businesses.

In REDHS' café we continue to try new and exciting ways to remain popular with staff, patients and visitors alike, whilst being profitable. During the year the cafe has seen the introduction of a dim sim steamer, a buffet warmer to reduce waste and increase choices, and a new fridge to increase storage and cater for wider menu options.

Operating hours in the café have been varied to accommodate customer demand. New and different products are offered on a rotating basis, and a new chai tea was a popular introduction to our coffee bar menu.

A major food safety audit was completed with only minor areas needing attention. All catering staff are continually working to advance their work practices and improve our service.

Plans for the catering department for the next 12 months include the implementation of new stock procurement processes to improve record keeping. It is also planned to review staff work routines to continue to improve processes and reduce the time involved in capturing statistics as well as reduce wastage.

All catering staff are looking forward to additional training regarding nutrition and healthy food choices in the next 12 months to improve the quality of our service.

Meals on Wheels - Elmore	1,428
Meals on Wheels - Lockington	1,238
Meals on Wheels - Rochester	2,520
PAG - Elmore	3,146
PAG - Rochester	2,953
Patients – Acute ward	18,823
Residents - Hostel	63,765
Residents - Nursing Home	64,118
Senior Citizens Club - Rochester	816
Functions	4,144
<b>Total Meals</b>	<b>162,951</b>

*\*Includes morning and afternoon teas and supper.*

## Hotel Services

The hotel services department encompasses both the cleaning and laundry services at REDHS.

Staff are currently shared between the cleaning and catering departments. However a staffing review was carried out December 2012, and recommendations were made to separate the staff between the two areas. Implementation of the recommendations will commence in the 2013-14 financial year, and a review of staff skill levels and education has already been carried out in readiness.

REDHS is required to carry out one external and two internal cleaning audits each year. In 2012-13, REDHS' external cleaning audit achieved 95% compliance across the acute ward, DPU as well as two medical practices for whom REDHS provide a cleaning service. This figure was a slight decrease on last year's figure of 98.12%.

A highlight for the laundry department this year was the development of a new contract with Ozone which commenced in November. This agreement has resulted in Ozone and Electrolux being our only laundry suppliers, and the superior products are achieving better results and labor savings.

The laundry has received no formal complaints during the 2012-13 period, which can be largely attributed to the fact that most of the residents are using the appropriate REDHS labeling system so that lost property has not been an issue. Residents have identified some further areas of improvement through the 2013 Resident Experience Survey.

In June 2013, all 19 cleaning staff completed their Certificate II in Cleaning. Two staff members also completed their cleaners' audit training, allowing them to conduct audits for other organisations as well as REDHS.

There have been two gastroenteritis outbreaks at REDHS this year and the teamwork displayed by the hotel services staff was exemplary. Staff members were extremely diligent and managed to contain the outbreak and avoid contracting the illness themselves. Staff felt empowered through their knowledge and training that enabled exceptional handling of the situation and the confirmation that they knew exactly what they were doing.

Water pressure issues have created some challenges for the department this year, with the problem affecting washing machines, ovens, the coffee machine and other equipment. This issue has been taken up with the water supplier and is being investigated.

An ongoing challenge for 2013-14 will be in securing additional equipment needed for the department. Equipment needs will be investigated more thoroughly once the staffing review recommendations have been implemented.

## Supply Department

REDHS' Supply Department has experienced an extremely busy year in 2012-13. The highly efficient and skilled team has ensured an uninterrupted supply of goods and equipment at all times.

The Financial Management Information System (Oracle) is assisting to enhance efficiency within the department, as is Powerbudget, a budgeting, modeling, analysis and reporting tool which provides real-time, instant information to all managers.

Mandy Dockery, who last year commenced in the role of administration assistant to help with workflow of placing department orders and matching invoices for accounts, has this year also relieved in reception, accounts and the acute ward.

Accounts officer Georgina Alexandrova has completed her Bachelor in Accounting this year which has enabled her to assume some higher level functions including accountability issues.

REDHS' procurement manager Gayle McConnell has been continuing to invest considerable effort in building staff empowerment across all support service areas and believes this will be enhanced dramatically when the separation of catering and cleaning staff duties is completed.

## Environment

REDHS is committed to meeting its strategic objective of maintaining a culture of accountability and diligence in the use of its resources.

Chemical usage is monitored by the Procurement Manager and chemicals must be trialled and then approved by the Occupational Health and Safety Committee.

Energy and water usage are regularly reported to the Department of Health. Rain water continues to be harvested from our roofs and roadways and stored in an underground tank for use in the health service grounds and in the community garden. Further adjustments are being investigated to improve the efficiency in the building management system to automatically turn off lights when not in use and provide suitable working and living temperature throughout the facility.

This year, our hostel has been undergoing refurbishment works that include the installation of low energy LED lights to provide area-specific, improved lighting for residents, whilst using less energy and increased time to replacement. The existing hydronic heating system (gas-powered) has not been in use in recent times but is currently being phased in on a trial basis. Gas and electricity usage is being monitored to ensure that the most energy efficient heating source (hydronic or reverse cycle) is confirmed.

Public transport options are limited in our area but staff are encouraged to car pool as much as possible and catch buses and trains when required (and as practical) to attend events in Melbourne, or other areas.

Like all health services, significant amounts of waste are produced daily. Waste is segregated; cardboard, paper and plastics are recycled and a confidential shredding service is used as appropriate.

REDHS continues to investigate possible ways to minimise its environmental impact including additional solar power panels and improved efficiencies in building management.

## Information and Communications Technology (ICT)

In 2012-13 Information and Communications Technology (ICT) was separated from facilities management to provide greater focus on each of the respective areas. This move was the result of an independent review last year which recommended changes to ICT services.

Clare Ireland is REDHS' new Information Systems Manager and has undertaken a major project which has involved outsourcing the organisation's ICT support to eliminate a key person dependency. A managed service support agreement is now in place which has proven a very successful and risk management critical move for the health service.

This year the ICT department also commenced a major project to ensure that the server room is set up with the correct infrastructure and that ICT systems are coordinated.

REDHS currently has an enormous number of ICT systems across the health service and there is currently little overall coordination. A major challenge facing the ICT department is to increase coordination between these systems.

A further challenge has been in guiding staff members down the 'technology' path, when the health industry has not been highly focused on technology until recent years. Ms Ireland said mobile technology was changing everyday and the health service had not kept up-to-date as well as it could have. She said this left room to improve internal use which was exciting for staff and the organisation as a whole.

In 2013-14 the department will work on finalising its ICT Disaster Recovery Plan. This is a significant project for the health service and will involve a review of the messaging and communication system, the finance system and primary care software.

Ongoing plans over the coming years will involve a review of how REDHS can use mobile technology to both improve consumer care and reduce the environmental impact of the health service.

## Maintenance

Brett Shotton was promoted to maintenance supervisor during the year and has spent much of his time in the past 12 months project managing the major refurbishment of the hostel and is looking forward to the completion of this project early in the new financial year.

In the next 12 months Brett plans to develop a planned maintenance schedule and to upgrade BEIMS, a facility asset management software and maintenance program. The BEIMS system allows all staff to log maintenance jobs that require attention throughout the health service and Brett is hoping to ensure that a more streamlined and user-friendly system is in place.

Highlights of the past year for maintenance have included a complete refit of the education hub and staff accommodation. The staff accommodation is now used on a weekly basis by nursing students and regular staff. There has been a ten-fold increase in occupancy at the staff accommodation.

The employment of maintenance trainee Jamie Nalder has been a benefit to the department and he has learnt a great deal since he joined us in December 2012. With Jamie onboard to support Brett, the garden operations and maintenance is once again an in-house operation at REDHS.

A casual staff person, qualified in the plastering trade, has also been employed to the maintenance team to keep up with the ever present maintenance workload.

Some achievements in the maintenance area for the year have included the re-commissioning of the hydronic heating system and shifting to 100 per cent usage of LED lights in the hostel. We also have plans to implement a roll out of LED lights across the entire health service.



## Occupational Health and Safety

The Occupational Health and Safety Committee welcomed two new members to our team, Rhyanna Trist as the Health and Safety representative (HSR) for Aged Care and Dave Watson, who is an additional HSR for Hotel Services.

In 2012-13 there were a total of 58 OHS incidents and hazards reported, compared to 40 in 2011-12, 30 in 2010-11 and 34 in 2009-2010. The increase in reports is mainly due to a marked increase in the reporting of hazards (21 this year compared to six the year before). These include a number of Code Red (fire) false alarms, recorded as a hazard as a means of ensuring we capture any lessons learned. As a result we have implemented a number of improvements to our Code Red procedures.

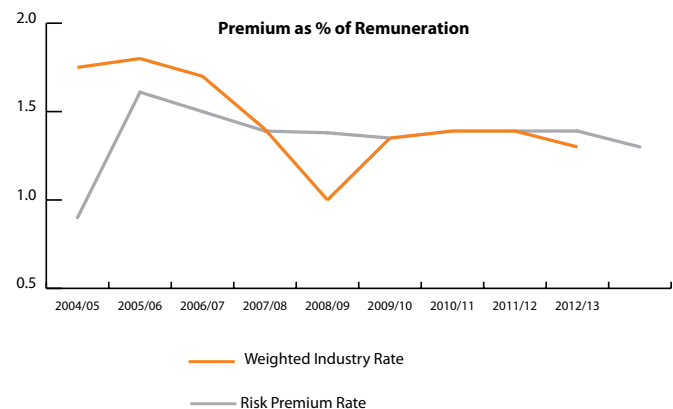
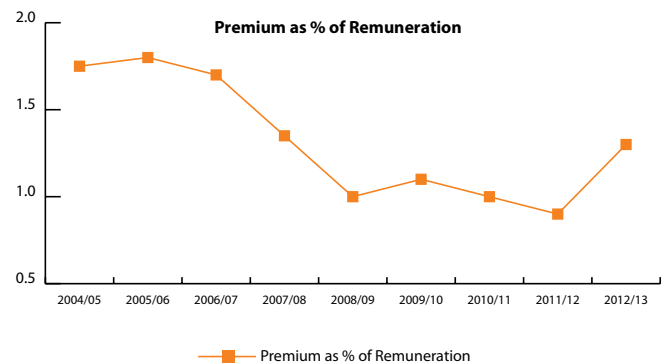
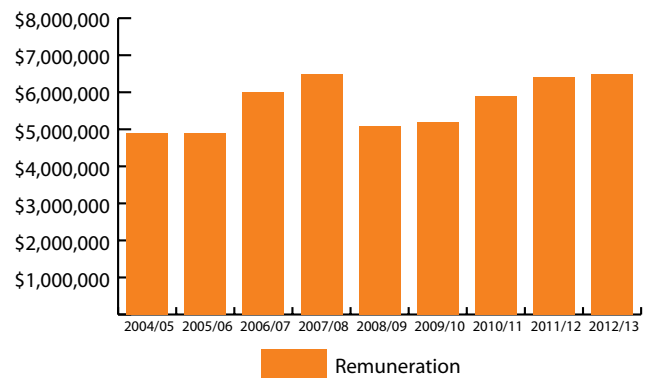
REDHS also undertook a major review of our Emergency Response procedures including lessons learnt from the flood event in 2011. Further training has been provided to Emergency Controllers and staff in their responsibilities associated with emergency response.

The Health and Safety Committee has continued to monitor chemical range and usage to keep the use of hazardous chemicals to a minimum. The use of steam cleaning and micro-fibre cloths also assisted in keeping chemical use to a minimum.

A schedule for workplace audits was reviewed and enhancements were made to the assessment tool. Audits assist in identifying hazards and ensure that they can be addressed in a timely manner. In 2013-14, REDHS will commence entering audits directly onto mobile devices to streamline the process.

REDHS' premium as a percentage of remuneration increased in 2012-13 as a result of two long-term WorkCover claims. REDHS will work with our WorkCover Insurer over the next twelve months to redress our premium increase.

Premium as % of Remuneration



# CAMPASPE PRIMARY CARE PARTNERSHIP

The Executive Officer for Campaspe Primary Care Partnerships (PCP) for the last 12 months has been Judi Pay while Emma Brentnall was on maternity leave. The Campaspe PCP Board of Management members include:

- Merrin Prictor, (Chair) Echuca Regional Health
- Julie Russell, (Deputy Chair) Kyabram & District Health Services
- Suzanna Barry, CEO, Community Living and Respite Services
- Anne McEvoy, REDHS
- Paul McKenzie, Shire of Campaspe
- Rose Miles, Bendigo Health
- Francis Lias, St Luke's Anglicare
- Deborah Rogers, Goulburn Valley Health, Waranga Campus
- Jenny Collins, Department of Health

## Service Coordination

- Partner organisations within the PCP have accessed project funds to support improve service coordination activities. These have mainly focussed on care planning, secure electronic communication, better identification of needs and working with general practice.
- Leanne Rankin was the project officer for REDHS project which focussed on;
  - Increase the knowledge and skills of staff involved in care planning
  - Improve intra-agency systems and processes for care planning
  - Facilitate and support collaborative care planning with general practitioners
  - Improve continuity of care
- An updated Campaspe Directory of Health and Community Services has been printed; these books are available in all health and related organisations.

## Health Promotion

Kasey Williamson is currently the Health Promotion Officer with Campaspe PCP. Kasey has provided commitment and professionalism to the position as she continues to support our partners in health promotion activities.

The Murray Campaspe 'Get Active, Eat Well' Healthy Communities Initiative continues with new coordinator, Katrina Gibson, who commenced in October and has provided experience and humour to the partnership. There are a total of 13 project partners who consist of health and community services from the Murray and Campaspe Local Government Areas. The overarching aim of the project is to reduce the prevalence of obesity in disadvantaged adults within the Murray and Campaspe areas by increasing participation in physical activity and healthy eating programs. The programs to be supported through the project include:

- Community Kitchens
- Community Gardens
- Strength and Balance exercise groups
- Making a Move exercise groups
- Fruit and Vegetable Accessibility scoping project

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

## Problem Gambling

A regional approach has been taken to tackle problem gambling in the region. Staff from the five PCPs have commenced regional training with staff from St Lukes – Gamblers Help. These training days have initiated the development of regional strategies.

## Mental Health

Campaspe PCP has delivered two Mental Health First Aid programs and an Aboriginal Mental Health First Aid training to a total of 60 participants to improve mental health literacy and awareness of dealing with mental illness.

## Getting Ready for the Next One - St Luke's Haven 'Building Community Resilience' Project

A successful application to the Natural Disaster Resilience Grants Scheme resulted in a \$65,622 grant for the Loddon Mallee Region. The project called "Getting Ready for the Next One" will see delivery of three Mental Health First Aid programs, one facilitator trained in No Bull and one No Bull session delivered in Campaspe before 31 December 2013. Ruth Turpin from Murray Mallee Medical Local is a facilitator with Emma Peterson from Centrelink.

## Aboriginal Health

Campaspe PCP continues to convene the local Aboriginal Health Partnership Group chaired by Njernda Aboriginal Corporation. Working closely with PCP partners and Njernda, a health promotion plan has been developed, which is believed to be the first in the State. Each strategy has a working group who report back to the partnership meetings and include:

- Smoking and respiratory health
- Mental wellbeing and cultural identity
- Healthy lifestyles and chronic illness prevention
- Education and employment

The 2nd Koori Arts and Craft Market was held on Easter Saturday in Echuca and was again hugely successful. It is reported that the stallholders raised in excess of \$20,000 from the day.

## Office Move

In October 2012, PCP moved to their two new offices in the newly renovated Education Hub.

For further information, please contact the PCP Office on 03 5484 4489 or visit our website [www.campaspepcp.com.au](http://www.campaspepcp.com.au)



## COMMUNITY INVOLVEMENT **AND SUPPORT**

### **Volunteers**

Many of the activities carried out at REDHS could not happen as frequently or effectively as they do without the valued and much appreciated efforts of the ninety 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. This year our volunteers were recognised at a celebratory Christmas lunch and with an afternoon tea in May 2013. As an outcome of feedback from volunteer orientation sessions polo shirts have been introduced for volunteers. This has been an exciting initiative and many positive comments have been received.

### **Rochester and District Health Service Auxiliary**

REDHS is fortunate to have the continuing support of the health service 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 activities have included Melbourne Cup Day Luncheon, Cancer Morning Tea, Easter and Christmas raffles, Open Garden, Movie Night as well as catering for various community events. The Auxiliary also participated in the Rochester Debutante Ball held in October 2012. Thank you to the community who support all of our fund raising efforts. The Auxiliary plans to contribute funds raised this year towards equipment for the Day Procedure Unit and Acute Ward.

<b>Donations and Bequests (\$100 and over)</b>			
Rochester Debutante Ball	\$10,209.59	Criterion Hotel	\$380.00
Rochester and District Health Service Auxiliary	\$7,000.00	Donations in memory of Clare Ferguson	\$310.00
Rochester Art Exhibition	\$6,502.00	Betty Mustey, in memory of Ray Mustey	\$200.00
Anonymous	\$5,000.00	"Lolly Trolley"	\$200.00
Elmore Charity Ball Committee	\$2,000.00	Donations in memory of Kathleen Fuller	\$170.00
Bendigo Diocesan Trusts Corporation		Donations in memory of Monica Bloomfield	\$150.00
Development Fund	\$1,242.41	Bruce Mundie	\$100.00
Donations in memory of Vernon Young	\$405.00	<b>Total Donations for 2012-13</b>	<b>\$3,4150.49*</b>

\*Total includes all donations, including those of less than \$100.

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



# STATUTORY INFORMATION

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

## Attestations

### 1. Data Integrity

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



**Matt Sharp**  
**Accountable Officer**  
**Rochester and Elmore District Health Service**  
**2 August 2013**

### 2. Compliance with the Ministerial Standing Direction 4.5.5.1 - Insurance

I, Matt Sharp certify that the Rochester and Elmore District Health Service has complied with Ministerial Direction 4.5.5.1 – Insurance except for further development of the insurance and indemnities register valuation of self insured retained losses.



**Matt Sharp**  
**Accountable Officer**  
**Rochester and Elmore District Health Service**  
**2 August 2013**

### 3. Compliance with the 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 AS/ NZS ISO 31000:2009 and an internal control system is in place that enables the executive 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**  
**2 August 2013**

## 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;
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which the purposes have been achieved; and
- (l) Details of all consultancies and contractors including consultants/ contractors engaged, services provided and expenditure committed for each engagement.

## Building Compliance

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

## Consumer Feedback

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

## Consultants

Details of individual consultancy				(\$ thousand)		
Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2012-13 (excluding GST)	Future expenditure (excluding GST)
Larter Consulting	Implementing new systems and capabilities for billing and outreach service models	16.4.2013		11,814	11,814	0

In 2012-13, REDHS engaged three consultancies where the total fees payable to the consultant were less than \$10,000, with a total expenditure of \$8,072.00 (excl GST).

### Disclosure of ex-gratia payments

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

### Freedom of Information

The Freedom of Information Act 1982 provides the public with a means to obtain information held by the Health Service. During the 2012-13 financial year, nine (9) 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 register (NPR) check (also known as National Criminal History Checks). Employment or volunteering with Rochester and Elmore District Health Service does not commence until this requirement is met. NPR checks are deemed valid for three years. Some staff are also required to have a satisfactory "Working With Children" check.

### Victorian Industry Participation Policy (VIPP) Disclosures

REDHS procurement practices and purchasing policies comply with the Victorian Industry Participation Policy Act 2003 as applicable. During 2012-13, REDHS completed no contracts to which the VIPP applied.

# OPERATIONAL PERFORMANCE **SUMMARY**

## **Factors affecting operational performance**

During 2012-13, Rochester and Elmore District Health Service continued to deal with the aftermath of the January 2011 flood event. REDHS continued to provide flood recovery services and obtained additional funding to extend support until May 2013.

There was a significant increase in the number of same day separations. This was due mainly to an increase in day procedure unit separations (up 118% compared to 2011-12) following the commencement of additional proceduralists.

## **Activity**

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

Separations	Acute
Same Day	493
Multi Day	402
Total Separations	895
Emergency	9
Electives	886
Total Separations	895
Total WIES	638.77
Total Bed Days	3534

### **Note:**

a) Acute Admissions are Care Type (4,U)

b) Some estimations have had to be made in the above table due to unavailability of finalised VAED data for 2013 at time of printing.

Non-Admitted Patients	Acute
Urgent Care Centre Presentations	895

## **Statement of Priorities**

Performance against Statement of Priorities Parts B and C will be found as an appendix in the Financial Report. Five year statistical information will also appear as an appendix.

## **Financial Report**

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



# DISCLOSURE INDEX

The Annual Report of Rochester and Elmore District Health Service is prepared in accordance with all relevant Victorian legislation. This index has been 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>		
FRD 22C	Manner and establishment and the relevant Ministers	1, FR
FRD 22C	Objectives, functions, powers and duties	i
FRD 22C	Nature and range of services provided	2
<b>Management and Structure</b>		
FRD 22C	Organisational Structure	6
<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 21B	Disclosures of Responsible Persons, Executive Officers and Other Personnel (Contractors with Significant Management Responsibilities) in the Financial Report	FR
FRD 22C	Application and operation of Freedom of Information Act 1982	32
FRD 22C	Compliance with building and maintenance provisions of Building Act 1993	31
FRD 22C	Details of consultancies over \$10,000	32, FR
FRD 22C	Details of consultancies under \$10,000	32, FR
FRD 22C	Major changes or factors affecting performance	3-4, 33, FR
FRD 22C	Occupational Health and Safety	28
FRD 22C	Operational and budgetary objectives and performance against objectives	3-4, 8-9, FR
FRD 22C	Significant changes in financial position during the year	FR
FRD 22C	Statement of availability of other information	31
FRD 22C	Statement on National Competition Policy	32
FRD 22C	Subsequent events	FR
FRD 22C	Summary of the financial results for the year	FR
FRD 22C	Workforce Data Disclosures including a statement on the application of employment and conduct principles	11-12
FRD 25A	Victorian Industry Participation Policy disclosures	32
SD 4.2(j)	Sign-off requirements	4
SD 3.4.13	Attestation of data integrity	31
SD 4.5.5.1	Attestation on data insurance	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)	Comprehensive 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>		
SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	FR
SD 4.2(c)	Accountable officer's declaration	FR
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	Victorian Industry Participation Policy Act 2003	32
	Building Act 1993	31
	Financial Management Act 1994	3, 32

\*FR Financial Report

# GLOSSARY

<b>ACHS</b>	Australian Council on Healthcare Standards
<b>ACSAA</b>	Aged Care Standards and Accreditation Agency
<b>AHA</b>	Allied Health Assistant
<b>ALOS</b>	Average Length of Stay
<b>BHSM</b>	Better Health Self Management
<b>CEO</b>	Chief Executive Officer
<b>CSN</b>	Clinical Support Nurse
<b>DH</b>	Department of Health
<b>DNS</b>	District Nursing Service
<b>DoHA</b>	Department of Health and Ageing
<b>DPU</b>	Day Procedure Unit
<b>DVA</b>	Department of Veterans' Affairs
<b>FOAP</b>	Fitness for Older Adults
<b>FTE</b>	Full Time Equivalent
<b>GP</b>	General Practitioner
<b>HACC</b>	Home and Community Care
<b>HEAL</b>	Health Eating Activity and Lifestyle Program
<b>HR</b>	Human Resources
<b>HSR</b>	Health and Safety Representative
<b>ICT</b>	Information and Communication Technology
<b>IP</b>	Inpatient
<b>NRCP</b>	National Respite for Carers Program
<b>NSQHSS</b>	National Safety & Quality Health Service Standards
<b>Occupancy</b>	Percentage of Beds filled per nominated period
<b>OHS</b>	Occupational Health and Safety
<b>OP</b>	Outpatient
<b>OT</b>	Occupational Therapy
<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>TCP</b>	Transition Care Program
<b>UAC</b>	Uniting Aged Care
<b>UCC</b>	Urgent Care Centre
<b>VAED</b>	Victorian Admitted Episodes Data Set
<b>VHIMS</b>	Victorian Health Information Management System
<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



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

If the Financial Report is not attached, a copy can be obtained by phoning 03 5484 4400 or from **[www.redhs.com.au](http://www.redhs.com.au)**

REDHS: *More than a Hospital*

- Residential Aged Care
- District Nursing
- Dietetics

- Diabetes Education
- Occupational Therapy
- Physiotherapy

- Transition Care Program
- Day Procedure Unit
- Acute and Urgent Care Services

- Radiology
- Podiatry
- Health Promotion
- Exercise Programs
- Planned Activity Group
- Counselling
- Social Work



**redhs**

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**[www.redhs.com.au](http://www.redhs.com.au)**