



redhs

More Than a Hospital

Rochester and Elmore District Health Service



Annual Report 2016

STRATEGIC INITIATIVES, GOALS AND OBJECTIVES 2013-2016

VISION

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

VALUES

The Board, management and staff of REDHS value:

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



Initiative	Goal	Objectives
Professional People & Defining Culture	REDHS people, culture and structure will provide a platform to:	<ul style="list-style-type: none"> embed our vision, values, service philosophy and initiatives attract and retain high calibre, caring and enthusiastic staff, volunteers and students continue professional development of new or existing staff, volunteers and students that aligns with our workforce development plan enhance our organisation's operational structure, roles and responsibilities
Great Care & Service Excellence	REDHS consumers will have access to a range of integrated, high quality primary, home-based, acute and aged care health services that:	<ul style="list-style-type: none"> embed the great care and service philosophy across the organisation for every consumer, every time, in all areas ensure existing and new services are consistent with current policy, are proactive and founded on reputable research and evidence based practice that has been undertaken by REDHS or independent third parties delay the impacts of ageing, promote health and wellbeing and build their capacity to live independently and self manage their health and daily activities link consumers and their carers or families to relevant primary, home based, acute and aged care information and services
Community Engagement & Strategic Relationships	REDHS will have meaningful engagement, partnerships and contributions to services from consumers, families, volunteers, communities and key external stakeholders in the achievement of our vision and strategic initiatives to:	<ul style="list-style-type: none"> develop and implement specific engagement, partnership and education strategies with consumers, the community and service providers enable involvement of people and partners in, and to contribute to strategic initiatives, projects and activities increase donations, sponsorship, bequests and fundraising to benefit service delivery
Social, Economic & Environmental Sustainability	REDHS will ensure we are sustainable through social, economic and environmental strategies that:	<ul style="list-style-type: none"> enable consumers to have access to high quality services that meet identified needs and improve the overall health of the community ensure each program area, and the health service overall, is economically viable and able to fund our vision and strategic direction contribute in a positive way to the management of the environment of our health service, our local area and broader region
Systems Enhancement & Business Excellence	The Board, management and staff of REDHS will have timely, accurate and informative data and knowledge to enable:	<ul style="list-style-type: none"> the operation of a robust and secure Information and Communication Technology platform with contemporary and integrated organisational and service systems effective decision making and outcomes in primary, home based, acute and aged care services innovation and continuous improvement initiatives that enhance effectiveness and efficiency internal and external service providers and consultants to undertake specific projects and activities to enhance service delivery

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 over 8,500 and has:

- 116 full time equivalent staff
- 60 residential aged care beds (including respite)
- 3 Transition Care Program beds
- 12 inpatient beds including 1 palliative care bed
- Urgent Care Centre
- Primary Care Services
- Day Procedure Unit

The responsible minister is the Victorian Minister for Health, the Honourable Jill Hennessey MLA.

OUR LOCATION



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YEAR IN BRIEF 2015-16

Acute Ward

Separations	345
Bed Days	2,093
Average Length of Stay (Days)	7.4

Day Procedure Unit

Separations	409
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Aged Care

Nursing Home Bed Days	10,817
Nursing Home Separations	9
Hostel Bed Days	10,779
Hostel Separations	5

Total Non-admitted Occasions of Service

District Nursing	5,603
Urgent Care Centre	891
Radiology	1,292
National Respite for Carers	292
Planned Activity Group	1,486

Primary Care:

Diabetes Education	202
Dietetics	846
Exercise Physiology	113
Group Fitness	1,521
Occupational Therapy	538
Physiotherapy	1,569
Podiatry	2,940
Social Work/Counselling	707
Drug and Alcohol Withdrawal Service	180

Services available at REDHS

- Acute Ward
- Cardiac Rehabilitation
- Carers' Support Program
- Chiropractic
- Day Surgery
- Diabetes Education
- Dietetics
- District Nursing
- Drug and Alcohol Counselling
- Exercise Physiology
- Group Fitness
- Health Promotion
- Hearing Services
- Immunisation
- LIFE program (Diabetes Prevention)
- Maternal Child Health Nurse
- National Respite for Carers Program
- Occupational Therapy
- Palliative Care
- Pathology Collection
- Physiotherapy
- Planned Activity Group
- Podiatry
- Psychology
- Radiology (X-ray and Ultrasound)
- Residential Aged Care
- Rural Withdrawal Service
- Social Work
- Transition Care Program
- Type 2 Diabetes Program
- Urgent Care Centre
- Volunteer Program

PRESIDENT AND CEO REPORT

On behalf of the Board, we are pleased to present the 23rd Annual Report of Rochester and Elmore District Health Service for the year ended 30 June 2016.

The report highlights the significant outcomes and events that occurred during the year and is prepared in accordance with the *Financial Management Act 1994*.

There have been a number of outcomes that are detailed in this annual report, which is a reflection of the dedication and care provided by our staff, visiting medical officers and volunteers in delivering services for the community. There continues to be growth in our services, focused on primary care, and the demand for aged care has increased.

Governance

The Board of Management consisted of eight members with Ben Maw elected as Board Chair in November 2015, Tim Fulton moving to the Deputy Chair position and Alan Darbyshire remaining as Treasurer for a further 12 months.

The Board continued to monitor its effectiveness through the annual self-assessment process as well as implementing actions outlined in the previous Board development plan. This is to ensure strong governance systems are maintained and continually improved. We were very pleased to welcome Christine Logie as the first-ever community representative on the Quality of Care Committee. Reporting processes to board sub-committees were reviewed and new reports and formats have been introduced to strengthen governance oversight.

This year, a comprehensive review of REDHS Risk Management Framework was undertaken in consultation with the Victorian Managed Insurance Agency. As part of the process, REDHS Risk Register was reviewed including the criteria for inclusion in the register. This resulted in a more strategic risk register for the Risk Management and Planning Committee to monitor.

A focus of the Board in the last six months of this year has been the development of a new strategic plan for the next four years. The process has involved a collective view, inclusive of Board, Executive, Leadership Group and staff, volunteers, residents and the community, which will provide the Vision, Values and focus until 2020.

Strategic Plan and Statement of Priorities

During the year, the Board has regularly reviewed the objectives and progress of the *REDHS Strategic Plan July 2013 – June 2016*. The strategic initiatives were once again utilised to support the development of the annual *Statement of Priorities* process, a requirement of the Department of Health and Human Services.

The following points summarise key achievements by REDHS during the year:

• Leadership

- Second year implementation of the *Studer Evidence Based Leadership Framework* for leadership coaching and focus on person-centred care

• Primary Care

- The introduction of a dedicated Health Promotion role focused on mental health, drugs and alcohol and physical activity
- Increase in outreach podiatry services to Rushworth
- Monthly carer respite services group program
- The implementation of the major Commonwealth home support program transitioning from the State HACC program
- The successful delivery of *Ice - the Snowball Effect* initiative, inclusive of four community forums during May and June



Ben Maw
Board President

Anne McEvoy
Chief Executive
Officer

• Aged Care

- Occupancy rates for aged care continued above the forecasts, with strong demand for permanent beds
- The introduction of a Volunteer Coordinator
- Planning for the introduction of an electronic medication system
- Successful completion of REDHS as the lead for the regional *Aged Care Funding Instrument* (ACFI) project.

• Acute Services

- The development of a REDHS/Echuca Regional Health (ERH) surgical services partnership to support the viability of theatre services conducted at REDHS. Phase one has commenced with the engagement of ERH nurses to staff the Day Procedure Unit
- The Transition Care program permanently based with the acute unit
- DHHS occupational violence funding of \$52,815 received to enhance security and safety

• Corporate Services

- Fully implemented the requirements for purchasing and contractors in line with Health Purchasing Victoria mandated compliance obligations
- Significant redesign of catering menus
- Generator replacement supported by funding received from the Department of Economic Development, Jobs, Transport and Resources Local Infrastructure Assistance Fund

Partnerships

REDHS values the numerous partnerships with stakeholders who add value to our organisation and community. REDHS has been a key partner in collaborating with other health services within the Campaspe area in establishing a partnership approach to look at ways to address the issues that have the most impact on our services collectively. The Campaspe Health Needs Analysis Implementation Plan for 2016 – 2020 has been developed with five priority areas of cancer, diabetes, drug and alcohol, mental health and obesity. This plan aims to strengthen health collaboration and integration and is an innovative model that focusses on improving the health and wellbeing of people living in the Campaspe area.

Accreditation

We are delighted to report that a successful aged care accreditation survey was conducted in July 2015. Rochester Nursing Home Annexe and Rochester and District Hostel were both awarded 100% compliance in all 44 Standards by Aged Care Quality Agency. We acknowledge the mighty team effort in this achievement, which reflects our organisation's commitment to quality and safety.

Community Support

REDHS is truly grateful for the support of our community, local organisations and people through generous donations of time and money to support our vision to be widely recognised for excellence in responsive, sustainable rural health services and compassionate care. Numerous donations and bequests have been received and we would like to particularly acknowledge the significant efforts of the Rochester Debutante Ball and the Rochester Fine Arts Exhibition committees, along with the support of the Rochester and District Hospital Auxiliary whose members continue to work tirelessly in raising money for the purchase of medical equipment. This year they raised just over \$14,000, with \$8000 going towards the purchase of electric beds.

Our Thanks

Further to the above, the Board wishes to pass on its thanks to the many groups and individuals who provide significant support to our health service, in particular, our staff, volunteers, medical practitioners, contractors and all levels of government. We continue to appreciate the support and assistance of the Victorian Department of Health and Human Services and the Commonwealth Department of Social Services. Special recognition to REDHS Resident "Sing Out Loud" Choir who "stole the show" at our AGM in November. What a memorable performance.

We are truly grateful for your assistance and services as we strive to improve the health and wellbeing of the communities in and around Rochester and Elmore.



Ben Maw

Board President

Rochester and Elmore District
Health Service

25 July 2016



Anne McEvoy

Chief Executive Officer

Rochester and Elmore District
Health Service

25 July 2016

CORPORATE **GOVERNANCE**

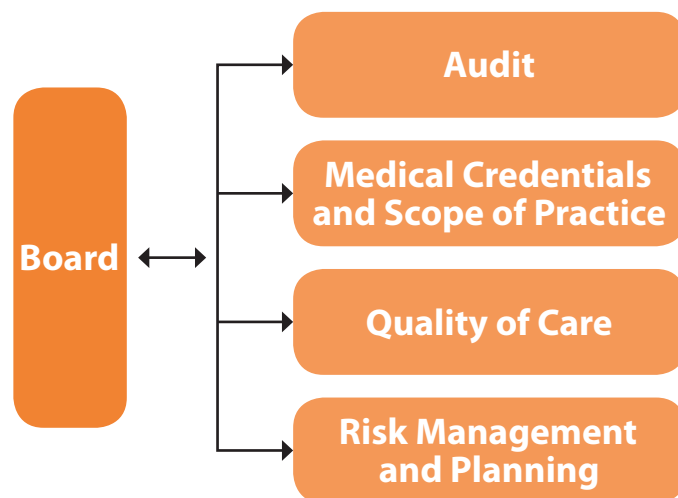
REDHS Board of Management

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 Committee Structure



Board Members

Ben Maw

President (23.11.15 – 30.6.16):

RN, B Hlth Sc (Nursing),
GAICD

Director of Aged Care,
Barwon Health

Date appointed: 1.7.2011

Keith Oberin

GAICD

Economics and Community Development
Manager, Shire of Campaspe

Date appointed: 1.7.2008

Kate Lee

Administration Co-ordinator, Murray
Goulburn Co-operative

Date appointed: 1.7.2011

Timothy Fulton

Vice President (23.11.15 – 30.6.16):

President (25.11.13 – 23.11.15):

B.Bus (Accounting/ Economics), Diploma
of Financial Planning, GAICD
Financial Accountant, Kagome

Date appointed: 1.7.2009

Michelle O'Sullivan

Bachelor of Commerce/Laws (Hons)

Solicitor, Principal, O'Sullivan Johanson
Lawyers

Date appointed: 1.7.2014

Graeme Hodgens

B.Ed

Principal, Rochester Primary School

Date appointed: 1.7.2011

Alan Darbyshire

Treasurer

FCPA, GAICD

Accountant, Registered Company Auditor
and Tax Agent

Date appointed: 1.7.2012

Carol McKinstry

B App Sc (OT), MHLth Sc, PhD, Grad Cert
Higher Ed. GAICD

Senior Lecturer OT, College of Science
Health and Engineering, La Trobe Rural
Health School

Registered occupational therapist

Date appointed: 1.7.2014



Back row L-R

Graeme Hodgens, Keith Oberin, Tim Fulton,
Carol McKinstry and Ben Maw.

Front row L-R

Alan Darbyshire, Kate Lee
and Michelle O'Sullivan

Meeting Attendance

Board Meetings													AGM (12/11/2015)	Total Amended
2015						2016								
Board member	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Benjamin Maw	✓	✓	✓	✓	✓	NA	✓	A	✓	✓	✓	✓	✓	11/12
Timothy Fulton	A	✓	✓	✓	✓	NA	✓	✓	✓	A	✓	✓	✓	10/12
Alan Darbyshire	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	A	✓	11/12
Graeme Hodgens	✓	A	✓	✓	✓	NA	✓	✓	✓	A	✓	A	✓	9/12
Kate Lee	✓	✓	A	✓	✓	NA	✓	A	✓	✓	✓	✓	✓	10/12
Carol McKinstry	✓	✓	✓	✓	✓	NA	A	✓	✓	✓	✓	A	✓	10/12
Keith Oberin	L	L	✓	✓	✓	NA	✓	✓	A	✓	✓	✓	✓	9/12
Michelle O'Sullivan	✓	✓	A	A	✓	NA	A	✓	✓	✓	✓	✓	A	8/12

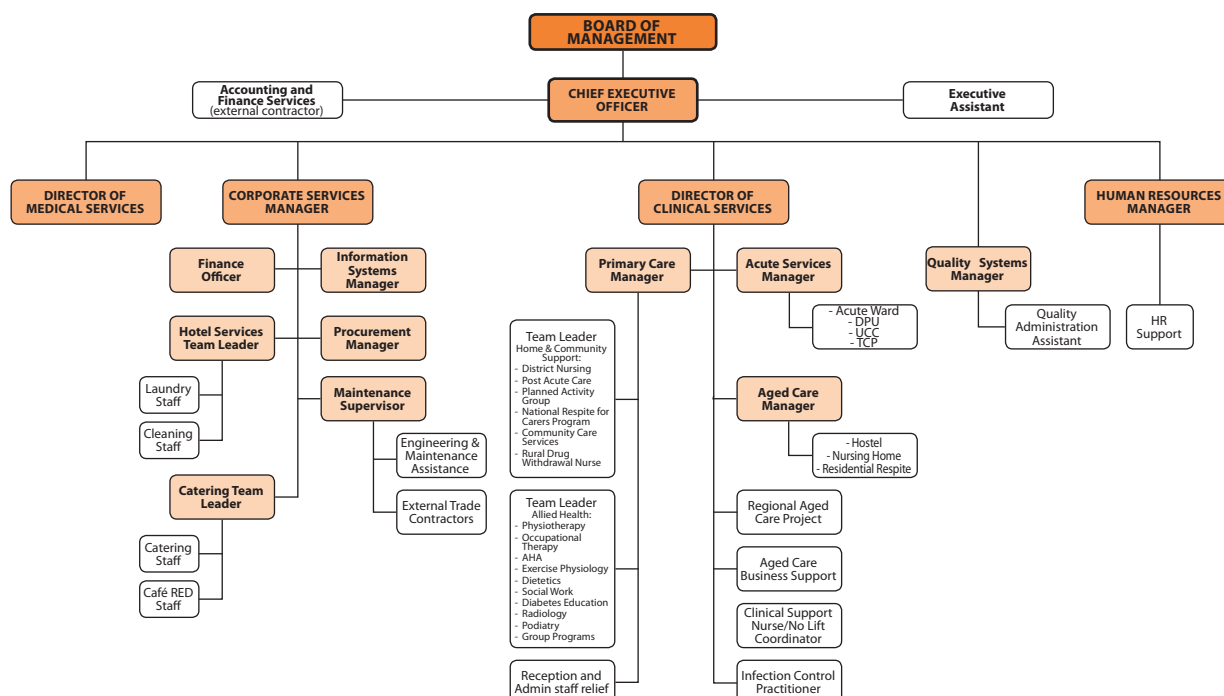
A = Apology L = Leave of Absence NA = no meeting held

Committee Membership

	Risk Management and Planning	Audit	Medical Credential and Scope of Practice	Quality of Care
Benjamin Maw	✓ (3/4)	✓ (1/2) *		✓ (3/4)
Timothy Fulton	✓ (3/4)	✓ (4/4)		
Alan Darbyshire		✓ (3/4)		
Keith Oberin	✓ (3/4)		✓ (1/1)	
Carol McKinstry				✓ (3/4)
Michelle O'Sullivan		✓ (2/4)		
Graeme Hodgens			✓ (1/1)	
Kate Lee	✓ (4/4)		✓ (1/1)	✓ (3/4)
Audit (Independent) Members				
Phillip Johnson	N/A	✓ (3/4)	N/A	N/A
Troy Holmberg	N/A	✓ (4/4)	N/A	N/A
Quality of Care (Independent) Member				
Christine Logie	N/A	N/A	N/A	✓ (3/4)

* appointed to Audit Committee at November 2015 Board meeting.

Organisational Chart



KEY PERSONNEL

Executive

Chief Executive Officer

Ms Anne McEvoy
RN, B.Hlth Sc (Nursing) Grad Dip
Man, Grad Cert Gerontology,
Grad Cert Diabetes Education,
GAICD

Director of Clinical Services

Mr Mark Nally
RN, B.Hlth Sc (Nursing), CCRN,
M.Hlth Sc.

Corporate Services Manager

Ms Clare Ireland
B.Sc, Dip. Bus

Organisational Development Manager

(to 24 March 2016)
Ms Aileen Dobson
Dip HR Man/IR, B. Business (HR
Management)

Human Resources Manager

(from 28 April 2016)
Ms Susan Briggs
B.Com (HRM)

Director of Medical Services

Dr Glenn Howlett
MB BS LLB; Grad Dip Hlth Serv
Mt; FRACGP

Department Heads

Acute Services Manager

Ms Meredith Hodder
RN, B.Nursing, Post Grad Dip
Perioperative Nursing

Aged Care Manager

Ms Michele Bibby
RN, B Nursing

Primary Care Manager

(to 4 January 2016)
Ms Alicia Cunningham
B.Sc., MND, MPH

(from 8 February 2016)

Mr Sam Campi
Masters Health Service Man , BA
Public Relations and Marketing,
ACHSM Post Grad Man -
Residency

Infection Control Practitioner

Ms Gayle Kerlin
RN, Dip. Primary Care
Coordination, Cert. Infection
Control and Sterilisation, Cert. IV
Cleaning Standards Auditing

Clinical Support Nurse

Ms Cheryl Petrini
RN, Cert. IV Training and
Assessment

Quality Systems Manager

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

Maintenance Supervisor

Mr Brett Shotton

Procurement Manager

Gayle McConnell

Team Leaders

Allied Health

Ms Meaghan Sully
B. Social Work

Community and Home Support

(to 11 January 2016)
Ms Andrea Howarth
RN

Catering

Ms Rebecca O'Sullivan
Cert III Comm Cookery, Cert IV
Frontline Man

Support Services

Ms K McEllister
Victorian Cleaning Stds Auditor
Mr D Watson

Visiting Medical Officers

General Practitioners

Dr M Attalh, MBBS (Egypt),
Dr AS Asaid, MBBS (Egypt),
AMC, FRACGP, FACRRM
Dr J Duggan, MBBS (Uni of WA),
MPHC (Flinders)
Dr E Ekeanyanwu, MBBS
(Nigeria), FRACGP
Dr N Fang, MBBS, DRANZCOG,
FRACGP
Dr S Mansour, MBBS (Egypt),
MSc (Canada)
Dr P Nzegwu, MBBS (Nigeria),
AMC
Dr M Siapno, MBBS (Philippines)

General Surgeon

Ms J Arnold, MBBS, FRACS
Dr J Azzopardi, MBBS DA (UK)
DRACOG FRACGP
Mr M Oliver, MBChB, FRCSEd,
FRACS

Urologist

Mr M McClatchey, MB ChB BAO
FRCS FRACS
Dr R Hall, B.Med, B.Sc, FRACS

GP Anaesthetists

Dr C Hunt, MBBS DRACOG DA
ACRRM
Dr S Kennedy, MBBS, FRACGP,
ARTP (Anaes)
Dr C Taverna, MB BS

Specialist Anaesthetists

Dr P Buncle, MBBS, FANZCA
Dr K Davenport, MBChB,
FANZCA
Dr L Hamond, MBBS, FANZCA,
Dip RACOG
Dr S Hams, MBBS, FANZCA
Dr J Harding, 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 A Purcell, MBBS DA (UK) Dip
Obs RACOG FANZCA
Dr M Shapiro, MBBCh, H DA
FANZCA

Visiting Radiology Service

Goulburn Valley Imaging

PERFORMANCE AGAINST STATEMENT OF PRIORITIES *(Part A)*

Patient Experience and Outcomes

Action	Deliverable	Outcome
Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Development of a new model of home care service to support delivery of Transition Care Program, Post-acute Care and Home and Community Care services by December 2015.	ACAR application unsuccessful. Internal system review to continue in 2016/17 to prepare for evolution of Commonwealth Home Support program.
Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent, identify and respond appropriately to family violence at an individual and community level.	Support the local Primary Care Partnership in its application for funding under the Building Safe Communities for Women grant, including participation in the consultative process for application and oversight of the project pending successful application.	Investigating use of "Strengthening Hospital Responses to Family Violence" kit.
Support the effective delivery of alcohol and other drug treatment services.	Implement a rural alcohol and drug withdrawal program.	Program met targets and program continued funding committed for 2016/17.
	100% of appropriate clients requesting withdrawal are managed via best practice in the community or utilising hospital facilities when necessary for 2015-16.	Program met targets.

Governance, Leadership and Culture

Action	Deliverable	Outcome
Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Evaluation of effectiveness of Employee Assistance Program (EAP) by June 2016.	Review initiated. Ascertained low use therefore developing new EAP model.
Monitor and publically report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	Incidents of occupational violence reported and benchmarked quarterly with similar sized health services.	Incidents reported, however benchmarking to be progressed.
Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	"Living the Values" program implemented and evaluated by June 2016.	Implementation progressive, evaluation completed.
	Incidents reported to Occupational Health and Safety Committee which will monitor trends.	Incidents reported and analysed bimonthly by OHS committee
Apply existing capability frameworks and clinical guidelines to inform service system planning, giving consideration to the capability of neighbouring services and how best to allocate available resources so as to deliver the maximum benefit to the local community.	Partner with Echuca Regional Health and Kyabram District Health Services to develop a subregional service plan across the Campaspe Shire by December 2015.	Campaspe Health Needs Analysis Plan complete.
Implement strategies to support health service workers to respond to the needs of people affected by ice.	Implement strategies in the Rochester Community Ice Action Group Grant by June 2016.	Grant obligations complete.

Safety and Quality

Action	Deliverable	Outcome
Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	All Infection Control practices are contemporary to ensure potentially infectious consumers are managed appropriately from presentation.	Policy review complete.
Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education and training.	100% of inpatients are monitored for antibiotic prescription and administration against Best Practice via a multidisciplinary approach.	Monitoring continues to be effective with improvements in antibiotic prescribing evident.
Ensure that emergency response management plans are in place, regularly exercised and updated, including trigger activation and communication arrangements.	Emergency Response Plans reviewed annually and tested twice per annum.	Emergency Response Plan Review completed to include Code Grey Standard. Drills conducted as planned.

Financial Sustainability

Action	Deliverable	Outcome
Improve cash management processes to ensure that financial obligations are met as they are due.	Review cash management policy and processes to identify and implement further improvement opportunities.	Policy review complete.
Work with Health Purchasing Victoria (HPV) to implement procurement savings initiatives.	100% of procurement purchases and contracts to conform to policy.	HPV transition complete.
Undertake cost benchmarking and develop partnerships with peers to improve operating efficiency.	Engage in a review of utility based contracts to reduce operational costs in three key utilities (gas, telephone and data, electricity) by June 2016.	Operational efficiencies gained in three key utilities.
Develop collaboration with peers to selectively provide services that represent the best value of money whilst in the best interests of patients.	Engage in a review of smaller/ local contracts to identify where savings can be made through local collaboration on a minimum of one contract/service agreement.	Complete
Review and refine existing service agreements with providers.	100% of contracts within contract terms.	Minimal outstanding due to negotiation phases.
	100% of contractors fully comply with Rochester and Elmore District Health Service requirements.	Compliance met.

Access

Action	Deliverable	Outcome
Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Partner member of Campaspe Primary Care partnership Social Inclusion Project to ensure our organisation is free from discrimination by promoting equal opportunity and participation for all.	Partnership project on track with REDHS contributing as Level 1 member.
Progress partnerships with other health services to ensure patients can access treatment close to where they live when it is safe to do so, making the most efficient use of available resources across the system.	Partner with Echuca Regional Health and Kyabram District Health Services to develop a subregional service plan across the Campaspe Shire. December 2015.	Campaspe Health Needs Analysis Plan complete.
Improve access to mental health and drug and alcohol services by linking in with Aboriginal and Torres Strait Islander organisation and other drug and alcohol service providers.	Maintain membership and representation of the Campaspe Aboriginal Health Partnership Group.	Membership sustained. Improved access to rural withdrawal service for Aboriginal clients.

PERFORMANCE AGAINST STATEMENT OF PRIORITIES *(Part B)*

Statement of Priorities

Part B Services Performance Priorities	Target	2015/16 Actuals
Safety and Quality Performance		
NSQHS Standards accreditation	Full Compliance	Compliant
Commonwealth's Aged Care Accreditation Standards	Full Compliance	Compliant
<u>Cleaning standards</u>	<u>AQL</u>	
Overall compliance with standards <ul style="list-style-type: none"> • Very High Risk (Category A) • High Risk Category (Category B) • Moderate Risk Category (Category C) 	Full Compliance 90 points 85 points 85 points	Achieved Achieved Achieved Achieved
Compliance with the Hand Hygiene Australia program	80%	92%
Percentages of healthcare workers immunised for influenza	75%	84%
Submission of infection surveillance data to VICNISS	Full Compliance	Compliant
Patient experience and outcomes performance		
Victorian Healthcare Experience Survey - data submission	Full Compliance	Compliant
Victorian Healthcare Experience Survey - patient experience	95% positive experience	Achieved
Governance, leadership and culture performance		
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	89%

Note: Performance against the Statement of Priorities Part B - Financial Sustainability Performance, Part C (Activity and Funding) can be found in the financial report.

HUMAN RESOURCES AND STAFF DEVELOPMENT

As a means of attracting and retaining high calibre staff, REDHS strives to enhance its culture. This is because it is well known that having highly skilled and engaged staff results in better clinical outcomes and quality of life for people in our care. There are a number of ways that the culture is enhanced including the provision of education opportunities and adopting and living the Studer Approach to accountability as we strive for excellence in all that we do (see also CEO Report page 3).

Quality Learning Support Committee

REDHS' Education Committee, comprising representatives from each department, has been working to provide opportunities for the professional development of all staff. This year the committee was renamed the Quality Learning Support Committee. This was to align itself with the Best Practice Clinical Learning Environment (BPCLE) in which we are to provide quality education and support for staff but also provide a quality learning environment for all students that come to REDHS on placement.

The committee has developed a communication strategy that aligns their goals with REDHS Strategic Plan (REDE 2020) to ensure the best outcomes for everyone, every time. Recently, the committee also completed a BPCLE action plan to ensure that we continue to improve in the services that we provide to our students.

An education calendar that lists both the internal and external education opportunities, as well as when students will be on placement at REDHS, has been developed. A *Standard of the Month* has been introduced with information and questionnaires emailed to staff to complete for each of the ten National Safety and Quality Health Service Standards.

Clinical Skills Day

In previous years, all staff have been required to attend a Staff Development Day once a year. Some of the mandatory competencies were covered as well as activities that promoted teamwork with staff from other areas of the health service. Whilst the day was valuable, staff found that completing all mandatory competencies was a challenge. There was also a Clinical Skills Day that all clinical staff were required to attend.

For 2015/16, mandatory competency requirements were reviewed by the Clinical Support Nurse and department managers. Tailored Clinical Skills Days were developed that give staff the opportunity to achieve their mandatory competencies and are suited to the needs of each area. They are run each month with the program structured to the acute ward/district nursing or aged care setting, as well as primary care staff having their own day. Staff feedback indicates that they feel the day is far more relevant and useful and allows them to keep their training up to date.

Supporting graduate nurses

REDHS has collaborated in the Northern Rivers Graduate Program since its inception four years ago. The program is a

partnership between REDHS and three other health services that allows an increased number of graduate registered nurses to be offered places. They spend six months in one of the four rural health services and six months at Echuca Regional Health. This provides exposure to a wide range of clinical settings in which they can consolidate their skills with support from senior nursing staff. REDHS was very pleased to be able to offer a permanent position in the acute ward to 2015 graduate nurse, Brittany Keely. In addition, one of the graduates from the first intake four years ago has recently been appointed as an Associate Nurse Unit Manager in the acute ward.

This is the third year that REDHS has also been involved in the innovative Expanded Settings Graduate Program whereby a graduate nurse spends half their time at REDHS and half at St Anthony Family Medical Practice in Strathfieldsaye. CEO, Anne McEvoy spoke about this groundbreaking initiative at a Chief Executive Officer / Director of Nursing meeting in Melbourne in November 2015 followed by a presentation by Cheryl Petrini to a graduate coordinator's group at the Royal Melbourne Hospital in December 2015. Both presentations were very well received and Cheryl was subsequently invited to submit an abstract and gave a presentation at the Australian Practice Nurse Association (APNA) conference in Melbourne in May 2016. Graduate nurses were also able to attend the APNA conference with support from the Murray Primary Health Network.

REDHS is also in collaboration with lead agency, Echuca Regional Health, and Echuca Community for the Aged to provide a graduate year for enrolled nurses. The Enrolled Nurses Graduate Program consists of three month rotations in each facility to assist the nurses in transitioning from student to practising professional and includes four group study days.

REDHS also has a graduate physiotherapist and graduate occupational therapist that are part of REDHS internal inter-professional nursing/ allied health graduate program this year. Allied health and nursing graduates come together to meet with each other and the Clinical Support Nurse over a six month period. The program focuses on personal and professional development and helps to develop skills for working in teams with a variety of clinicians.

Encouraging tomorrow's workforce

REDHS continued to support students from a wide range of courses including Bachelor of Nursing, Diploma of Nursing, podiatry, occupational therapy, physiotherapy, social work and dietetics as well as students completing a range of qualifications at the Certificate III level.

There was a 211 day increase in student placement days to 1,194 days compared to 983 last year. REDHS also hosted nine secondary college work experience and allied health VET students this year.

A placement was also provided for three occupational therapy students from La Trobe University who worked on the "A Better

Way to Care" initiative that involved identifying and caring for people with a cognitive impairment. They developed policies and a resource for staff to use, a worthwhile project for them with great outcomes for REDHS as well.

REDHS again offered traineeships in 2015/16, one in administration and the other in allied health.

People Matter Survey

REDHS participated in the Victorian Public Sector Commission's People Matter Survey in 2015. It is an employee opinion survey that focuses on all aspects related to employment within the Public Sector including values and employment principles, wellbeing, diversity, bullying and harassment. It is open to all staff.

Whilst overall staff satisfaction with REDHS as an employer was high (85%) scores for some components were slightly lower than in 2013. Focus groups were conducted with staff and an action plan developed for implementation in 2015/16. Some of the areas included in the action plan were communication, change management, orientation for new staff and employee wellbeing.

The effectiveness of the actions taken in response will be analysed when results from the People Matter Survey 2016 (conducted in June 2016) become available.

Recruitment goes online

In 2015/16, an electronic recruiting system was implemented with all recruitment now conducted via an online portal on our website. Most parts of the process are conducted electronically from the initial approval to recruit to the advertisement, application and interview times. This has significantly streamlined the process.

Improving pay slip distribution

December 2015 saw the introduction of pay slips being sent to all employees via email, as opposed to hard copies being printed each fortnight and distributed manually. Currently over 98% of all staff receive their pay slips electronically. This supports our environmental management, and is much more efficient for staff, as they do not have to wait until they work their next shift to check their payments.

Staff by Occupational Group

	June Current Month FTE		June YTD FTE	
	2015	2016	2015	2016
Nursing	47.45	48.83	45.58	48.43
Administration and Clerical	17.51	15.37	16.07	16.44
Medical Support	8.02	10.00	8.95	9.91
Hotel and Allied Services	27.62	30.13	26.79	31.05
Medical Officers	0.10	0.10	0.10	0.10
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0
Ancillary Staff (Allied Health)	10.32	10.57	9.63	10.26
Totals	111.02	115.00	107.12	116.19

Recognition of Staff Service

This year, REDHS recognises the long-standing service of the following staff

10 years

Janine Bubb
Colin Jones
Kerri McEllister
Sally Mackrill
Ali Walsh

20 Years

Anne Chirnside

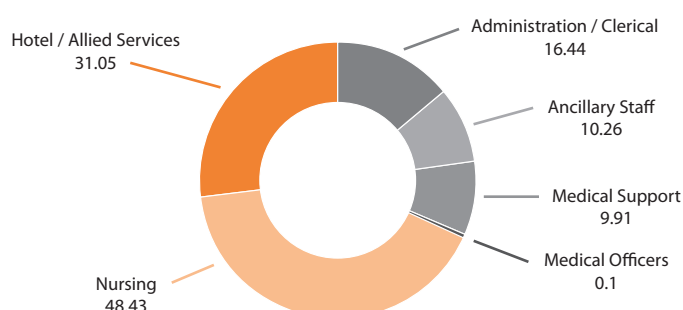
30 years

Barbara Cail
Cheryl Madill

15 years

Therese Jensen
Lynda Kellow
Francisca Morris
Cheryl Petrini
Kathryn Tibbs

Staff - Full Time Equivalent (Year to Date)



CLINICAL SERVICES REPORT

REDHS has had another productive year in regard to our clinical services. The level of care provided across all services is of the highest standard and is directly linked to the contributions of the staff who make every effort to care for consumers in a personalised manner. Our feedback mechanisms include glowing reports of our staff contributions to care.

During the last twelve months we have had a particular focus on ensuring our Quality reporting processes are contemporary. This allows us to review our services and report to the highest level of governance in our organisation in a way that ensures client care is always in the forefront of our minds. We have taken to reviewing a multitude of care elements, including mortality, and introduced multidisciplinary review processes. To support this, case study reviews are used to ensure that we analyse and learn from occasions of care.

Our Quality processes are supported with recognition in the form of our 'Gracie Awards'. These awards are now occurring monthly, and ensure that great care and quality initiatives are recognised and that participation in quality is promoted across the organisation.

The Studer leadership program has again been provided for managers and team leaders. The benefits of this program are noted across the organisation. New initiatives this year include using "huddle" meetings for rapid/contemporary information sharing and the establishment of a process of reward and recognition for our staff. Our Monthly Accountability Meetings with managers support these processes and, as the title suggests, ensures accountability at all levels.

Acute Services

We welcome Karalyn Stewart (After Hours Manager) and Melissa Seelenmeyer (Associate Nurse Manager) to the leadership team in the acute ward. They have quickly established themselves in senior roles and shown their support for their manager, Meredith Hodder, their department and the organisation as a whole. REDHS After Hours managers enrich our leadership group and, as their title suggests, guide our organisation after hours.

The Transition Care Program is now established in the acute ward and is a vital link in supporting people to achieve their desired outcomes when leaving hospital. The Primary Care team's input in this program has been commendable as the Acute Ward staff adapt to the different care needs required by this type of client.

Urgent Care Centre presentations have slightly increased this year. Our acute ward staff, in collaboration with our incredibly responsive on-call general practitioners, continued to provide a wonderful service for our community. Our staff have recently attended Triage education, which is essential in ensuring services are delivered in the required timeframe.

Aged Care

The demand for residential aged care places continues to be high and is reflected in the occupancy rates for our facilities. Full accreditation across the 44 Aged Care Quality outcomes was achieved in July 2015 for a further three years. This is a significant achievement for all staff concerned. The team was ably led by Aged Care Manager, Michele Bibby. An integral part of the care that was reviewed was our Resident of the Day program which was revamped and re-introduced. This process ensures

the regular review of resident care plans so that care delivery is appropriate to the individual needs of residents.

REDHS Aged Care is progressing with incorporating feedback and seeking increased input from our residents and their families into process reviews. There has also been a consumer driven review of our admission and orientation processes. We thank those who have made these contributions as we are always striving to improve.

REDHS has been able to secure a number of grants this year to enhance resident quality of life through garden improvements, choirs and old time dances. This year we have also carried out significant works on the Nursing Home, to brighten and coordinate the colour scheme and update the floor coverings. We are determined to keep our home fresh and progress with the needs of our community.

Many of the activities in our aged care facility are very ably supported by our volunteers and some activities could not be offered without their participation. We thank them for being so generous with their time and supporting the residents.

Day Procedure Unit

This year has seen a significant body of work carried out to establish a trial for the provision of Day Procedure Unit (DPU) staff by Echuca Regional Health. This process of collaboration has been established to enhance consistency and capability within this service, ensuring the sustainability of our DPU. Meredith Hodder has provided excellent leadership throughout this process.

We acknowledge those staff including our surgeons and anaesthetists that have supported the DPU through the years and embraced this transition in the staffing process.

Primary Care

This year saw the departure of Primary Care Manager, Alicia Cunningham and Team Leader, Andrea Howarth, from our Primary Care leadership team. We acknowledge the significant contributions that both Alicia and Andrea have made over the years.

Meaghan Sully has been outstanding in the interim role of Primary Care Manager prior to the arrival of Sam Campi to this role. Meaghan continued to show her versatility as she adapted to the re-configured leadership structure.

Sam possesses diversity in experience which he is applying to our team management and provides a new vision for the Primary Care team.

The team has seen other personnel changes this year and I wish to acknowledge the existing staff for ensuring REDHS' positive culture has been promoted to the newly arrived staff.

The new position of Health Promotion Officer has seen an opportunity for community engagement at multiple levels and has empowered our "Ice - the Snowball Effect" project. Initiatives such as this are providing a crucial community link.

Our community programs remain an essential resource for our region and the adaptability of the team in providing these services via a person-centred approach is a real strength. The

team continues to promote a model of community support without the necessity for hospital admission where possible.

Service provision to surrounding communities continues to be embraced by the REDHS Primary Health team; this engagement is across an ever increasing range of outpatient services and group programs.

Infection Control

REDHS would like to acknowledge Gayle Kerlin's contributions to the compliance with our organisation's infection control standards and in ensuring that our policies and procedures support the prevention and control of infection with contemporary, Best Practice processes.

Gayle has applied great clinical leadership through sound practical advice across all areas and recently achieved high distinctions in the immunisation course. She has gone on to ensure our influenza and hepatitis vaccinations in staff members are progressed.

Our staff can be proud of their infection prevention and management achievements as audits of infection control processes, including hand hygiene and aseptic technique, rated well above like organisations.

Education and Innovation

The Quality Learning Support Committee is one of the major initiatives of 2015-16 and has been responsible for some dynamic changes (*see also page 12*). Under the guidance of our Clinical Support Nurse, Cheryl Petrini, this initiative has provided opportunity for representatives from each department to support their colleagues in meeting their education requirements.

Our organisation remains active in supporting students and we have reviewed our organisation against the Best Practice Clinical Learning Environment guidelines. The guidelines ensure our organisation supports our staff to best guide students throughout their placements.

This year has seen the introduction of our Enrolled Nurse (EN) graduate program. This program is a partnership with Echuca Regional Health and provides opportunity for recently graduated ENs to commence work in clinical areas via a supported and structured mechanism.

Projects

This year has seen the completion of our Aged Care Funding Instrument (ACFI) project. This project has supported the education of aged care staff across the region in the necessary requirements of ACFI reporting and documentation. Thank you to Danae Rush and Jennifer Putna for their contributions to this project.

With Thanks

I would like to thank the members of the various clinical committees that monitor systems and processes in all clinical areas. Having trained eyes from a variety of disciplines monitoring practice, compliance and consumer outcomes as a group is invaluable, as is the contribution of our two consumer representatives, Heather Oliver and Christine Logie. This combined effort assists in the continuing delivery of safe, high quality care for our community

Mark Nally
Director of Clinical Services

ACUTE SERVICES

Acute services staff, under the leadership of Acute Services Manager, Meredith Hodder, have continued to provide high quality health care to inpatients, day procedure patients and people presenting for assistance to the Urgent Care Centre (UCC).

A regular workforce and successful recruiting of new and existing staff has resulted in very limited use of agency nurses this year. Opportunities for staff to further their careers saw Karalyn Stewart appointed as an After Hours Nurse Manager (AHNM) and Melissa Seelenmeyer as an Associate Nurse Unit Manager. This brings the number of AHNMs to five and ANUMs to two. We were also pleased to be in a position to offer one of our graduate nurses a permanent position at the end of her program.

The residential Transition Care Program continues to be delivered in the acute ward, with one of the dedicated rooms repainted this year.

Senior staff members have continued their involvement in the Leadership Institute program using Studer principles. They have begun to apply these principles through AHNMs commencing monthly rounding with staff to determine what is working well and what could be done better. AHNMs also meet with the Acute Services Manager for a Monthly Accountability Meeting in which they communicate progress on any tasks or projects they have been allocated.

Acute Ward

There were 345 acute ward separations compared to 403 last year, with a related decrease of 347 bed days from 2440 last year to 2093 this year. However, the residential places for the Transition Program have been delivered in the acute ward for all of 2015/16 with a total of 544 bed days recorded. This has maintained activity levels in the acute ward and is reflective of a nationwide trend for reducing the need for hospital admissions and assist patients to work towards managing at home as long as possible.

Patients stayed an average of 7.4 days, a decrease from 9.3 days last year, but back in line with results from 2012-2014.

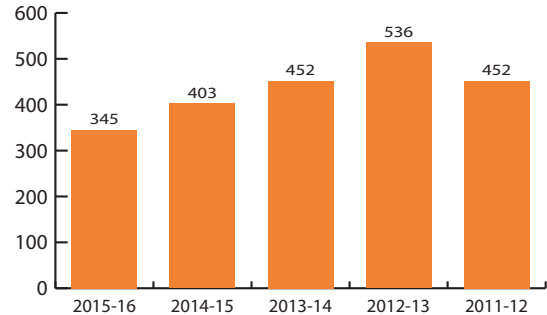
The decrease is due in part to an improved discharge planning process. Where once the process consisted of a meeting of health care professionals only, it has moved to the bedside and is now conducted with patient and family input. This not only allows patients to be fully informed of their discharge plan, it has led to improved identification of patients' specific needs when they return home, thus allowing a streamlined transition to discharge.

Acute staff have enjoyed working with the graduate nurses and appreciate their enthusiasm and professionalism. Throughout the year, the acute ward continued to host student nurses on practical placements. Education provided by qualified staff within the day-to-day ward activities continues to build our workforce for the future.

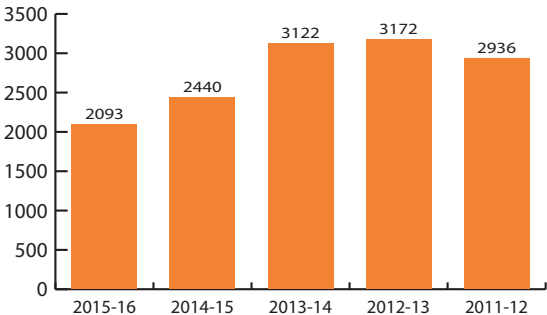
Improvements in communication between staff, patients and their carers continue to be made with shift-to-shift handovers conducted at the bedside becoming embedded in everyday practice.

Following a successful trial, five new beds were purchased with the help of donations from a bequest, DWM Solutions and the Rochester and District Hospital Auxiliary. The beds have controls at each end, making them easily accessible by both patients and staff. They have many different settings to enhance the comfort for all patients.

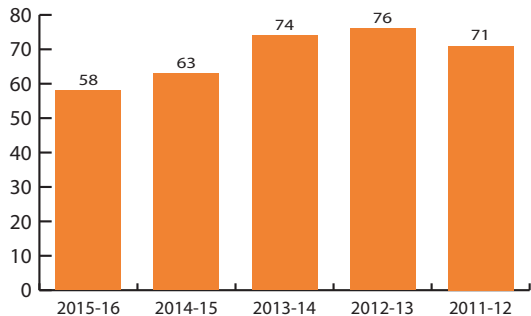
Acute Ward Separations



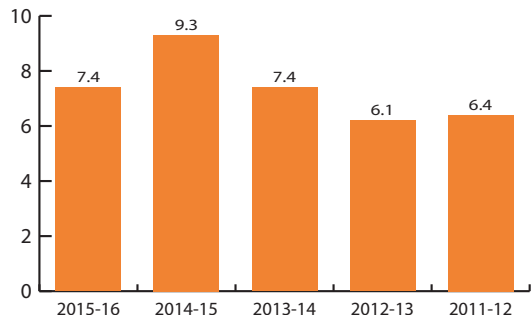
Acute Ward Bed Days



Acute Ward Occupancy (Average %)



Acute Ward - Average length of stay (Days)



Urgent Care Centre

The REDHS urgent care centre (UCC) recorded 891 presentations for care, slightly up from 867 last year (see graph). Presentations with the lowest triage categories (4 and 5) made up 76% of presentations and there were five category 1 presentations that required immediate attention.

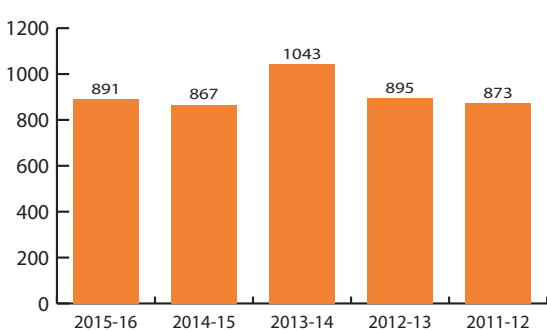
This year saw the consolidation of the Rural and Isolated Practice Endorsed Nurse (RIPERN) program whereby nurses with the necessary additional qualifications can attend to some presentations without a medical practitioner present. This year there have been 13 presentations managed by RIPERNS and this number is expected to increase as familiarity with the program increases.

As reported last year, REDHS was one of the pilot sites for the External Audit of Clinical Areas – Emergency Departments and Urgent Care Centres project through VMIA, VHA and East Grampians Health Service. The audit focused on high-risk presentations and the auditors noted the high standard of care.

At that time, the auditors also provided some suggestions for improvement and the action plan that was developed to meet Best Practice standards was progressed this year and is almost complete. Some of the improvements involved policy development, essential item minimum levels review to reduce wastage, additional triage training as well as nurse training in the IPM system. The latter enables the nurses to input electronic patient information outside business hours when administration staff are not available.

As part of the Occupational Violence Prevention grant, there are plans for fixed seating, a television and drinking fountain to be installed to further improve comfort and safety.

Urgent Care Centre Presentations



Day Procedure Unit

Acute Services Manager, Meredith Hodder, continued to cover the nurse unit manager role in the Day Procedure Unit (DPU) this year.

DPU conducted 33 theatre sessions in 2015/16, five fewer than last year. There were 409 separations compared to 457 last year (see graph). There were 8 sessions cancelled during the year due to leave arrangements (surgeons) and the unavailability of theatre staff.

All procedures undertaken were low risk and included gastroscopies, colonoscopies, cystoscopies, excision of lesions, vasectomies, carpal tunnel release, TRUS biopsies (prostate) and hernia repair.

As outlined in the Clinical Services Report, a partnership with Echuca Regional Health has been developed to provide a more sustainable model of care and includes the provision of theatre staff. REDHS staff who were previously employed in DPU were consulted throughout the process and have been offered redeployment to other departments.

Transition Care Program

The Transition Care Program (TCP) continued to be delivered in both residential and community settings in 2015/16 through a brokerage agreement with Bendigo Health. The aim of the program is to minimise long, inappropriate stays in hospital or premature admission to residential aged care. It gives older people access to case management, low-intensity therapy and personal support in a non-hospital environment for up to 12 weeks. Goals are set at the beginning of the program and the client and clinicians work together to achieve them.

The occupancy rate this year was 90.3% (target 95%) down from 98.6% last year. This may be due in part to fewer people admitted to the acute ward and reduced demand in our community.

Following a successful trial in the latter part of 2014/15, Transition Care Program (TCP) residential placements continued to be delivered in the acute ward in 2015/16, where previously they had been delivered in our residential aged care facility.

Responsibility for the management of the program shifted throughout the year, moving from the Aged Care Manager to the Allied Health Team Leader. This reflected the change in delivery setting and with DPU management changes, this will allow the Acute Services Manager to take up the responsibility next year. During the year, the TCP manager visited Heathcote Health to observe how a like-sized TCP program was delivered and to swap experiences and advice.

TCP promotional material was displayed in the acute ward and made available to patients and family/carers to assist them in understanding the benefits of the program and whether or not it was appropriate to their needs.

Program evaluations have shown that clients are very satisfied with the services provided and the clinicians who deliver them.

This year a breakfast group was commenced to assist with social inclusion and this has been well-received. The TCP rooms have been painted to comply with obligations to be more home-like and to provide a point of difference to the other rooms in the acute ward.

Meredith Hodder
Acute Services Manager

RESIDENTIAL AGED CARE

The demand for residential aged care remained strong throughout 2015/16 with occupancy rates consistently high for both the nursing home and hostel (see graphs on page 18).

Staffing has been stable which supports excellent continuity of care however agency staff have been used to cover leave at times. Where possible, REDHS uses agency staff who have worked here previously so that their faces are familiar to residents and they are familiar with REDHS work routines.

Both the nursing home and hostel underwent their three-yearly accreditation survey with the Aged Care Quality Agency in July 2015 and successfully achieved full accreditation for a further three years. This was a great effort by all involved.

The Aged Care Quality Agency also conducted an unannounced visit in April 2016 (all facilities will have at least one such visit per year). REDHS was found compliant with the outcomes reviewed but some suggestions for the improvement of processes around complex care needs such as diabetes management were made. An announced visit was conducted in May 2016, improvements to complex care processes were noted and REDHS was again found to be compliant. We are always pleased to receive suggestions for improvement and the assessor provided some for us to consider. As a result, a review of the dining experience has commenced, with a view to making mealtimes even more enjoyable for everyone.

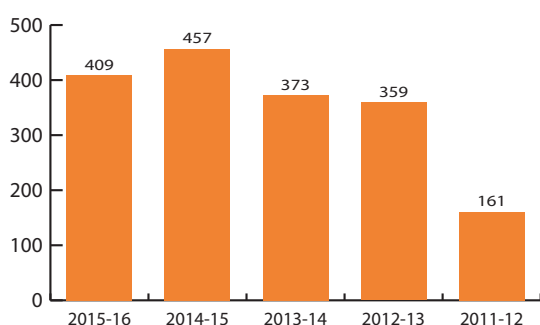
The facilities and grounds have had some improvements made this year. While there has been minor painting touch ups over the past nine years, it was time for a freshen up. Communal area walls have been repainted and skirting boards replaced. Some bedrooms have also been repainted in both the nursing home and hostel as part of the regular maintenance program.

We were successful in receiving a "Grow" grant from the Maggie Beer Foundation. With the involvement of our residents, we have been able to direct these funds to areas of need, such as repairing the watering systems, improving soil quality, garden bed edging and path establishment. We also have plans for two fountains to give multi-sensory stimulation around our buildings.

A wide variety of activities, led by Activities Coordinators Janine Bubb and Karen Tognolini and well supported by our many volunteers, have again been offered this year.

There were outdoor walks, room visits, creative art and volunteer visits conducted daily. Weekly activities include newspaper reading, music DVDs, Happy Hour, Men's Shed, an interdenominational church service, sing-alongs, bingo, craft, games, hand massage and group exercise. There are also concerts, playgroup with toddlers, regular visits from animals and bus outings. Special events have included a mini circus and a shearing demonstration.

Day Procedure Unit Separations



As a follow up to the award-winning “Sing Out Loud Choir” last year, the choir program was again offered and a very enjoyable concert was given by residents, volunteers and staff to family and friends. A special performance was also given at REDHS Annual General Meeting in November 2015.

Another innovative choir project involved collaboration between the Rochester Primary School and REDHS. Students were paired up with residents in a buddy program for the “Forever Young Choir”, with weekly rehearsals that culminated in a short concert by residents and their buddies at a school assembly. It was a great success, with benefits for residents and students alike and many of the buddies remain in touch with each other.

A grant from the Shire of Campaspe allowed us to hold an Old Time Dance for our residents, clients and the wider community. The day involved live music, dancing and plenty of activities that ensured a fun time was had by all. Thanks to our community for supporting this and the staff from Planned Activity Group and Activities Coordinators who played major roles in the organising of the event.

Two i-Pads were purchased for residents to use. These contain apps that are particularly designed for residents living with dementia and provide stimulating brain games.

REDHS Food Services Reference Group continued to conduct regular food forums with our dietitian, catering team leader, volunteers, residents and families. The forums have proven very popular and have been an important part of the menu review and have led to a number of changes including a move from the cook/chill method to a higher proportion of meals prepared using the cook/fresh method.

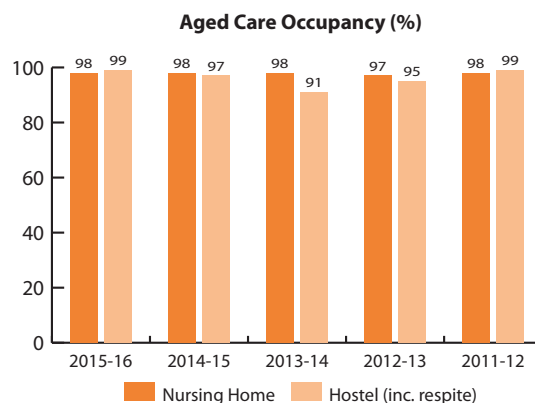
Staff have had many opportunities for professional development this year, both internal and external delivery. Some of the most informative sessions were conducted by the Dementia Behaviour Management Advisory Service which provided training and strategies for the management of residents with behavioural and psychological symptoms of dementia.

Planning days for registered nurses who are also Associate Nurse Unit Managers were commenced to help embed Studer principles (see Human Resources report), aid in professional development and to assist in developing improvement actions for the coming year. Actions include monitoring the completion of mandatory competencies, rounding on care staff, meals supervision and the allocation of portfolios including Advance Care Planning, Resident of the Day and student co-ordination.

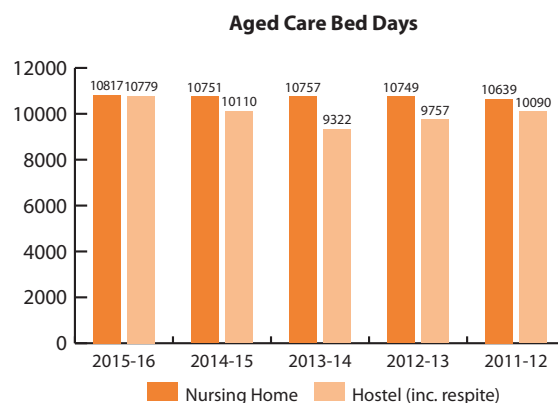
There are two exciting projects that have commenced and will be progressed in 2016/17. An electronic medication administration system has been purchased and will be implemented in July 2016. This will streamline the administration process and enhance medication safety.

The second project is one in which REDHS staff and resident families are working together to improve the orientation process when a resident moves into aged care. This is in response to feedback that the current process was not consistently meeting the needs of residents and their families.

Michele Bibby
Aged Care Manager



Demand for both the nursing home and the hostel was consistently high this year. This was reflected in the significant reduction in the number of empty bed days from 885 last year to 344 this year, a decrease of 541 days.



In 2015/16, there were 10,817 nursing home bed days (including respite) compared to 10,751 last year. Hostel bed days (including respite) increased from 10,110 last year to 10,779 in 2015/16. This reflects the increased demand for permanent residential aged care this year.

PRIMARY CARE SERVICES

Since joining the REDHS Primary Care Team in February 2016, I have been impressed by the level of commitment and sincerity that this department demonstrates towards its consumers and the broader Rochester and Elmore communities. The primary care team really is a mirror of the passion that exists within this organisation to make a real difference and improve health and wellbeing in our communities.

When embarking on a new role you always have a period of time to find your feet and work specifically on getting to know your team and their focus. This professional group of eclectic individuals bring a range of skills and experiences, underpinned with a positive work culture that welcomes new ideas for delivering the highest level of care.

I must pay tribute to Meaghan Sully who acted as interim manager prior to my commencement in the role. She has supported such a positive transition and we have quickly instilled a positive leadership approach that has resonated with the primary care team. I would also like to acknowledge the efforts of Anne Shaw who stepped in as the acting Planned Activities Group Coordinator to cover a period of long service leave. It is a challenging but very rewarding role and Anne showed real poise, with her care and compassion for the clients clearly shining through as she facilitated the delivery of this important program.

The following reports will illustrate the wide range of services and support available to our community. All services continue to embed the Active Service Model of person-centred care in their delivery.

This year REDHS made a significant and poignant investment in developing a Health Promotion Officer role. This role has been pivotal in the development and facilitation of a much more prevention-focused team and we welcome Crystie Ballard to the role. Initiatives, such as the health promotion calendar, have enabled the team to combine their clinical work with relevant health promotion activities. This has seen the entire team truly embrace the prevention mantra with great success.

One of REDHS' most important health promotion initiatives has been involvement in the Ice Community Action Group and working alongside Elmore Primary Health, Victoria Police, NEAMI National, Rochester Secondary College, Rochester Community House, Rochester Lions Club, Rochester Business Network, Rochester Family Support Group, Rochester Football Netball Club, La Trobe University and Bendigo Health. The group was successful in being awarded a Victorian Government ICE Community Grant and facilitated the *Ice - the Snowball Effect* project. The Shire of Campaspe and the Rochester Elmore Lockington Community Bank also provided financial support of which we were truly grateful.

Four Ice forums were held in our area (Elmore, Rochester, Nanneella and Lockington) with over 250 people in attendance, 89% of whom would recommend to others that they attend and

89% clearly understood the message from the event. This has truly been a wonderful example of the power of community and the strong partnerships that REDHS has within this catchment.

A Facebook page, also entitled "ICE; The Snowball Effect", was developed in partnership with VCAL students from the Rochester Secondary College. This has been a very positive development, enabling the messages from the program to be accessible to a much broader audience.

Other Health Promotion activities have included involvement in:

- A student art show/competition, mural painting and barbeque lunch for Youth Week with the Rochester Secondary College in April 2016
- A health promotion program in conjunction with St Joseph's Primary School in Rochester whereby REDHS Health Promotion Officer visits the school two days per week to work with teachers to respond to the health and wellbeing needs of students
- REDHS has partnered with Rushworth Community House to offer strength training two mornings per week. The regular participants were very pleased to see this program continue
- Falls Prevention program in conjunction with the Rochester Business Network

Home and Community Care (HACC) services are one of the most significant programs that we facilitate at REDHS and include district nursing, podiatry, planned activity group and a portion of the occupational therapy and physiotherapy hours. HACC services are jointly funded by the Victorian and Australian governments.

Over the past year we have seen a steady increase in the need for services. Our review of targets for the services we offer is demonstrating our capacity to manage client lists and address changing environmental circumstances. This includes our podiatry service being 16% over target, compared to last year where we were 44% over target. In the Planned Activity Group, we saw a drop in high care hours due to illness and clients not being suitable for this program due to frailty, but a significant growth in our core care hours which were up by 33% on last year. The ongoing recruitment of new clients will ensure the long term sustainability of this service.

Primary care staff have attended a variety of training opportunities as outlined throughout this report. A Clinical Skills Day, specifically for primary care clinicians, has been developed by REDHS Clinical Support Nurse and 91% of staff have attended to date.

Sam Campi
Primary Care Manager

PRIMARY CARE SERVICES

Allied Health Assistants

REDHS employed two allied health assistants and continued to offer a traineeship throughout 2015/16. Maddalyn Chapman completed her traineeship in December 2015 and has gone on to train as a nurse. In January 2016, Chloe Carr was welcomed to the traineeship position.

The allied health assistants support primary care clinicians in the delivery of client care in line with their individualised treatment plans. The Transition Care program is also supported by an allied health assistant.

Allied health assistants also assisted in the delivery of group fitness programs at Rochester and program delivery at Rushworth.

Carers Support Program

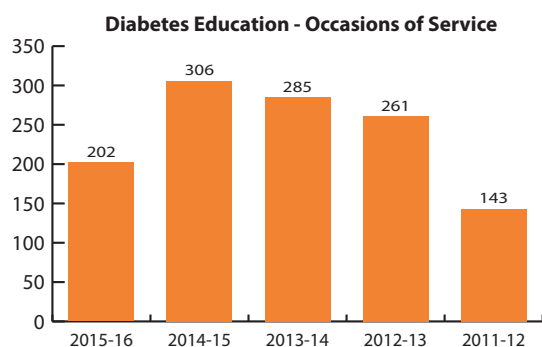
The Carers Support Program has had 12 activity days this year, with the aim of providing opportunities for social interaction. The program was very well received by clients and is anticipated with enthusiasm, with an average attendance of seven clients per session. Clients went on a number of outings including Inglewood Eucalyptus Distillery, a cruise on the Murray River, the Great Stupa in Bendigo and the Furphy Tank Museum at Shepparton.

Diabetes Education

Ash Watson was appointed as REDHS Diabetes Educator following a period in the acting role following the previous incumbent's resignation. Ash provided this service three days per fortnight to acute ward patients and aged care residents as well as community members. Education on diabetes and its management was provided to people living with diabetes and Ash worked in partnership with clients to support the self-management of their condition.

Planning for and implementation of the Type 2 Diabetes Management (T2DM) group program and LIFE program were undertaken.

A comprehensive process review of diabetes management in our aged care facilities was undertaken this year and has led to a number of improvements including tracking and documentation, provision of education to aged care staff and regular auditing. Ash teamed with Aged Care Manager, Michele Bibby, to develop a process for tracking the rotation of insulin administration sites for aged care residents living with diabetes and delivered education sessions and resource materials for aged care staff.



There was a decrease in the total occasions of service in 2015/16 due to a reduction in FTE.

Dietetic Services

REDHS dietitian, Katherine Watson, has had another busy year. There was an increase in occasions of service from 818 last year to 846 this year. There was a reduced waiting time for new outpatient appointments with streamlining of the intake and triage process.

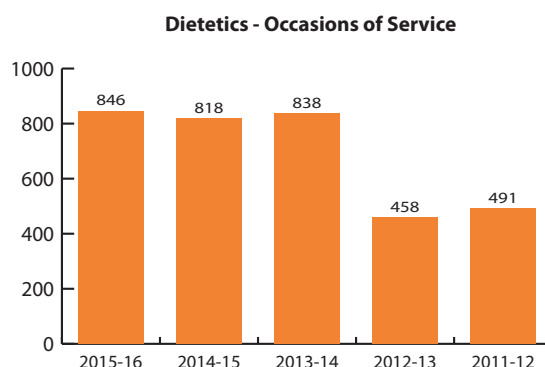
In addition, Katherine conducted 24 sessions at Dingee Bush Nursing Centre under a RWAV funding arrangement. She was sub-contracted to provide 12 visits to Wharparilla Lodge in Echuca and an additional two days supported a review of their menu.

During the year, Katherine supervised placements for six dietetics students who conducted a comprehensive REDHS menu review in consultation with aged care residents and the catering team. This has resulted in a new menu plan that is scheduled to be launched in July 2016.

Katherine also mentored a new graduate dietitian and participated in health promotion activities being run by the primary care department. Education sessions for catering team members have been delivered and a review of the Café RED menu undertaken. Katherine maintained her required Accredited Practising Dietitian status to work in a health service.

Popular and well attended food forums are regularly held in the aged care facilities for residents to be able to provide their opinions of the food to the dietitian and catering team leader.

Katherine works with the visiting speech pathologist to ensure residents are able to receive appropriate nutrition and engages with the allied health assistant trainee to conduct outpatient reviews.

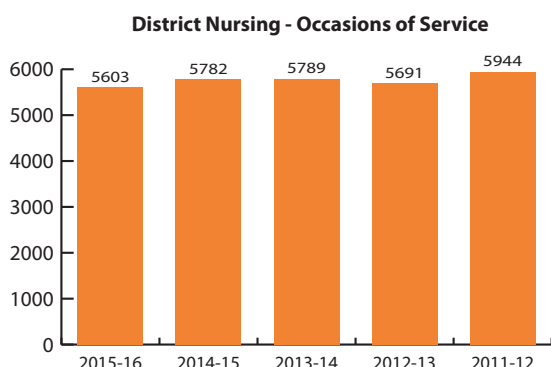


District Nursing

The District Nursing team continued to deliver high quality services to Rochester and Elmore district community members in their homes. Services included post-acute care, palliative care, Hospital in the Home and Department of Veteran Affairs' community nursing services in addition to the Home and Community Care (HACC) services.

In 2015/16, the district nursing team made 5,603 home visits and delivered 3,201 hours of service in the community. The team also provided support and mentoring for many student nurses

throughout the year, with positive feedback consistently given about the on-the-job learning opportunities for care delivery in the home.



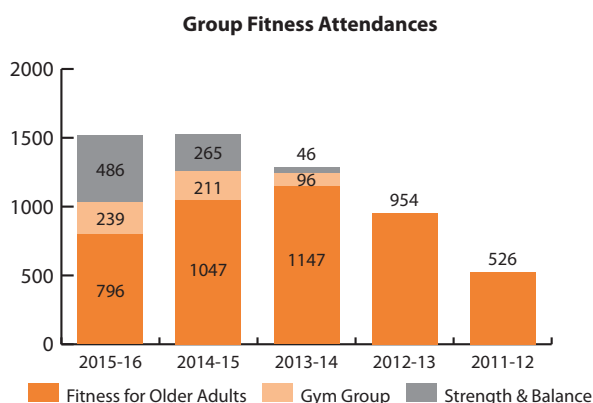
Exercise Physiology

REDHS exercise physiologist, Ash Watson, continued to specialize in clinical exercise prescription, health education and the delivery of exercise-based lifestyle and behavior modification programs for the prevention and management of chronic disease and injury. This position is for two days per fortnight.

In addition to individual sessions, group programs continued to be popular. Under the supervision of the exercise physiologist and with the support of allied health assistants:

- The weekly Gym Group continued to be consistently attended
- The Strength and Balance Level 1 program expanded into two groups in October 2015 to meet increased demand
- The Fitness for Older Adults Program continued to be well attended and enjoyed by all
- Cardiac Rehabilitation Phase III maintenance program was conducted

In April 2016, Ash signed REDHS up for the Victorian Premier's Active April promotion. One of the activities was a popular walking group, especially for those staff members who have predominantly sedentary jobs like administration. REDHS final results for the month involved 23 staff members who completed a total of 383 hours of exercise.

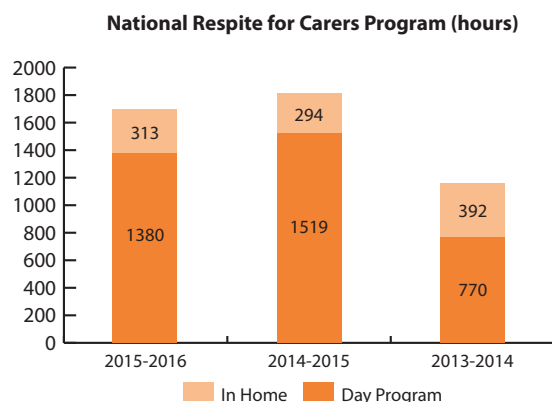


National Respite for Carers Program

In 2015/16, this program delivered 1,693 hours of respite care that enabled carers to have time to attend to their own health and wellbeing.

The program was delivered in-home or at REDHS, where the program was run alongside the Planned Activity Group.

A highlight for the year was the three-day weekend in Bendigo for people receiving care, providing carers with a significant break from caring for their loved ones. REDHS staff accompanied five clients who enjoyed a relaxing and enjoyable time away that included numerous outings and activities. All came home with lots of memories to tell their carer and families.

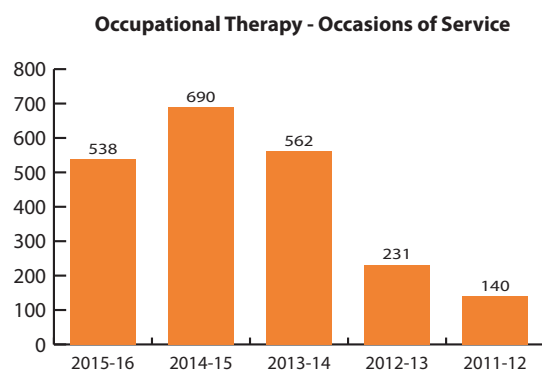


Occupational Therapy

In February 2016, REDHS occupational therapist, Casey James was joined by Hannah Whatley.

The team delivered 538 occasions of service in 2015/16 compared to 690 last year. The decrease is due to reduced FTE for part of the year.

In October 2015, Occupational Therapy Week engaged staff from all REDHS departments, prompting them to consider the benefits of occupational therapy and promote this to clients, aged care residents and acute ward patients.



PRIMARY CARE SERVICES

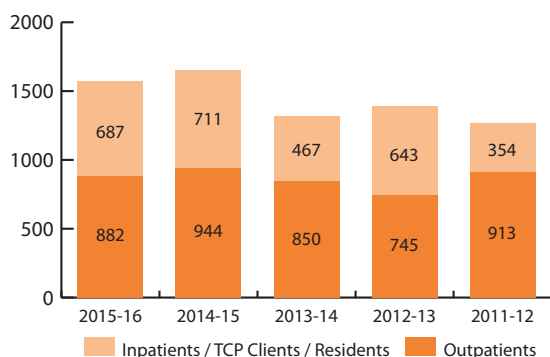
Physiotherapy

REDHS physiotherapy team provided services to community clients, acute ward patients, aged care and transition care clients. Services included assessment, diagnosis, treatment and education for clients to improve or manage movement disorders. Individual exercise programs were developed in consultation with the client and aimed to improve mobility and strengthen muscles. Joint manipulation and mobilisation were used to reduce pain and stiffness.

The team provided 1,569 occasions of service, down 5% from 1,655 last year.

The Pain Management Program continued from last year for our aged care residents. The program aims to reduce pain and improve overall wellbeing and quality of life of REDHS aged care residents. It also aims to reduce the dependence on pain medication, by providing a physiotherapy-led therapeutic massage approach to pain management. There are 28 residents who are registered in the program. Great benefits have been reaped through participation in the program, with residents gaining pain relief as well as often being able to re-engage in activities.

Physiotherapy - Occasions of Service



Planned Activity Group

The Planned Activity Group (PAG) continued to provide programs three days per week for people living independently in the community but who benefit from social supports due to health conditions, frailty or disability.

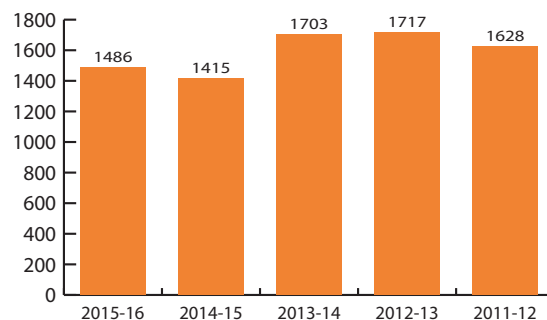
In 2015/16, 36 clients attended the group, six of whom were new clients. The total hours delivered were within the required target range.

Clients have provided positive feedback regarding this important group program, including the work of the staff and volunteers (all of whom get great satisfaction from observing client engagement), the enjoyment that the activities bring and the anticipation for their next PAG session.

Some of this year's activities included community events such as an Old Time Dance, breast cancer fundraiser, the Anglican Christmas tree exhibition entry, Hawaiian music day and Shire of

Campaspe programs including Laughter Yoga. There were many outings including the Beechworth Bakery in Echuca, a camel farm and the Lockington Heritage Centre.

Planned Activity Group - Occasions of Service



Podiatry

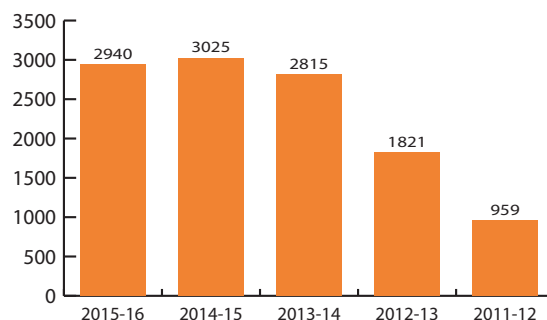
REDHS podiatrists, Denise Fox, Kelsie MacDonald, Emily Gallagher and Sally Deed provided podiatry services in Rochester, Echuca, Stanhope and Rushworth this year, including an additional day per month in Rushworth. They also continued to provide services to REDHS aged care residents.

There were 2,940 occasions of service delivered this year compared to 3,025 last year. HACC activity was appropriate to target due to improved processes and there was an increase in aged care and Medicare claimable activities.

Following Emily's departure, Kelsie and Denise rotated to Echuca to support the contract with Echuca Regional Health.

Podiatry team members attended a number of professional development days during the year including paediatrics and vascular in-services, cultural awareness training, the Victorian podiatry conference and a Loddon Mallee anatomy in-service.

Podiatry - Occasions of Service



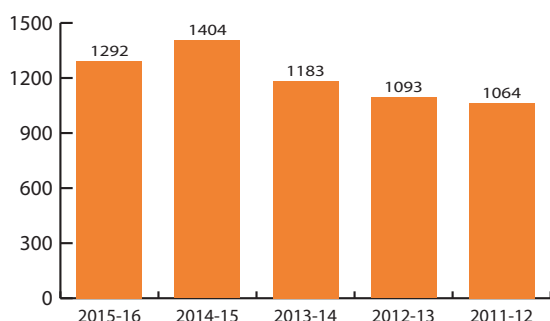
Radiology

During 2015/16, REDHS was able to provide radiology services four days per week until the end of May 2016, through a shared arrangement between REDHS and the Goulburn Valley Imaging Group (GVI). As well as plain X-ray, ultrasounds were also available two days per week.

From early June, the service changed to three days per week with X-rays and ultrasounds available each day. This change was due to the retirement of long-time employee, radiographer Denise Levy. Denise worked at REDHS for 22 years and we wish her all the best as she travels and spends more time with family.

In the past twelve months, 1,292 clients had 1,665 images taken, a slight decrease on last year. The majority of images taken were chest X-rays. There has been increased demand for the ultrasound service provided by GVI.

Radiology (X-ray) - Occasion of Service



Rural Drug Withdrawal Service

This is the fourth year that the Rural Drug Withdrawal Service has been delivered at REDHS in conjunction with the Northern District Community Health Service. Drug Withdrawal Nurse, Anthony (Tony) Fitzpatrick, was recruited to this position to service the Shire of Campaspe catchment and liaises closely with Echuca Regional Health and the Njernda Aboriginal Cooperative.

This year, the demand for this service remained very high. Services were delivered in the community and in an inpatient setting. There was considerable effort put into engaging with the community so that community members can have a greater understanding of the issues. The focus was around the stigma of drug addiction and not judging people with drug and alcohol issues.

Tony provided education for acute ward staff on how to respond to an Alcohol or Other Drug (AOD) client in a hospital setting and was available for support and discussions as needed. The hospital setting allows close medical oversight. Tony has liaised with local medical practitioners to streamline referral pathways and provide timely service delivery to improve client outcomes.

In 2015/16, there were 96 clients, 41 of whom completed inpatient detox programs and 51 who completed programs in the community. Most referrals are for alcohol withdrawal but the number of referrals for amphetamines (including ICE) is increasing rapidly.

There has been considerable positive feedback about the program and the staff involved in its delivery. Tony has been a guest speaker for other service providers at community forums and has delivered a number of education sessions for care staff. The most requested sessions have been about ICE and Tony was a panel member for the *Ice - the Snowball Effect* initiative's four community forums this year.

Social Work

In 2015/16, the social work department provided services to clients in the community, the acute ward or residential aged care. There were 707 occasions of service compared to 499 last year, a 42% increase.

Social workers Meaghan Sully and Helen Larmour assisted clients with organising financial and medical powers of attorney, organising independent witnesses and meetings with a Justice of the Peace, assisted with the completion of housing or residential aged care applications and relocation to aged care facilities. They also provided case management services and arranged referrals to the Aged Care Assessment Service as required. QUIT support is provided to people who smoke and information and support is also offered to inpatients who smoke.

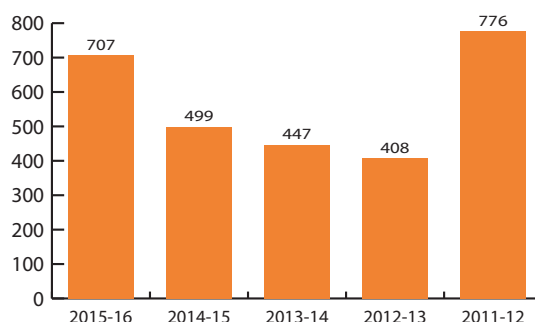
Advance Care Planning is an important component of the services provided by REDHS social workers. Throughout the year they provided information to clients and inpatients and facilitated family meetings upon request. Assistance was also provided to aged care residents and families.

The social workers also worked closely with REDHS occupational therapists for clients being discharged from the acute ward to ensure a safe discharge home.

An important project this year was the production of the End of Life and Bereavement Guide. The project was coordinated by Meaghan and reviewed by staff and consumers prior to printing. It is a very useful resource and has been very well received by community members.

A number of education sessions have been attended including mental health workshops, Code Grey training, *Caring for the Dying and Bereaved* and QUIT annual training.

Social Work - Occasions of Service



The significantly larger 2011/12 total reflects the additional social worker hours funded as part of the Flood Recovery program.

SUPPORT SERVICES

The restructuring that took place in 2014/15 was consolidated this year and has led to increased efficiencies through the separate, specialist teams for catering and cleaning. The team leader model has been very successful, as has the oversight of the reintroduced executive position of Corporate Services Manager.

Catering

Following a period in an acting capacity, Bec O'Sullivan was appointed as the Catering Team leader in February 2016. As part of the team leader role, Bec attends the aged care food forums in order to get firsthand feedback from our aged care residents and to provide information and responses directly to residents and family members.

The catering team provided meals to inpatients in the acute ward and day procedure unit as well as to our aged care residents. In addition, catering was provided for a number of REDHS related functions including the Rochester Debutante Ball, the Rochester Fine Art Exhibition, Elmore Bachelor and Spinster Ball, Studer Leadership Development Institute forums and *Ice - the Snowball Effect* forums. Money raised at the Debutante Ball was put towards REDHS bed replacement program. REDHS functions were also catered including St Patrick's Day and Pancake Day, Auxiliary Annual General Meeting, board meetings and volunteer celebrations. Birthday cakes continued to be provided for all aged care residents to share with fellow residents, friends and family. The catering team also provides the food for Café RED and strives to provide healthy meals and snacks for staff and visitors. REDHS regularly received positive feedback regarding the food offered and the very accommodating, friendly cafe staff.

Catering team members, REDHS dietitian and dietetics students on placement participated in an exciting joint project to review and redesign the meals menu (see group photo on back cover). This was the first comprehensive review in many years. It included significant resident involvement and will meet nutritional guidelines whilst leading to improved flavour and variety in the standard menu during 2016/17. A new standard menu to create a *High Energy High Protein* diet for aged care residents and selected acute ward patients was also developed.

A review of production methods in the latter part of 2015/16 resulted in meals being cooked fresh for the majority of the week instead of all meals being cook/chilled. Resident feedback regarding this change was being sought at the time of this report.

Two Rochester Secondary College students were hosted for work experience this year and they helped out in the main kitchen, aged care kitchenettes and the café.

In May 2016, the annual external Food Safety Audit was carried out, with REDHS passing all requirements to maintain its status as a Class 1 premises. This is a credit to all members of the catering team who apply stringent control measures around food storage, preparation and delivery that are essential to the delivery of safe, high quality foods.

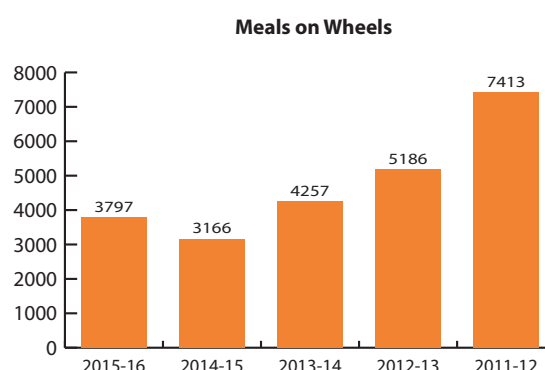
2015/16 Totals

Meals on Wheels – Elmore	540
Meals on Wheels – Lockington	376
Meals on Wheels - Rochester	2,881
Planned Activity Group - Elmore	1,352
Planned Activity Group – Rochester	11,968
Patients – Acute ward	34,016
Residents – Hostel	43,345
Residents – Nursing Home	42,016
Senior Citizens Club – Rochester	493
Functions	2,986
Other	6,485

Total meals*

***146,458**

**Includes morning and afternoon teas*



The comparative reduction in the number of Meals on Wheels is consistent with state-side trends although there has been a rise this year compared to last year.

Hotel Services

Team leaders, Kerri McEllister and David Watson, oversaw a year of consolidation for the new structure, with staff settling well into the new routines.

Additional casual staff were recruited this year to cover leave positions and to help maintain consistent cleaning standards throughout the facility.

Results of both internal and external cleaning audits continued to be outstanding this year. Cleaning was carried out in accordance with *Cleaning Standards for Victorian Health Facilities* and the results have been reported in Part B of the Statement of Priorities (see page 11). The very high scores achieved are a credit to the cleaning team and are a major component of REDHS infection control prevention and management system.

Team members have attended a number of education sessions this year including training on leadership, Code Grey, chemical-free to investigate the use of less chemicals in day to day cleaning as well as mandatory training in hand hygiene and chemical handling.

Team members responsible for laundry services developed a simple, but effective identification system for sorting resident clothing that is hung on racks and delivered back to resident rooms. This has significantly reduced the number of clothing items that were incorrectly delivered.

Procurement

Procurement Manager, Gayle McConnell, has invested considerable time this year to complete the mandated, two-year Health Purchasing Victoria (HPV) compliance and policy review.

The Board authorised the CEO to write to Health Purchasing Victoria (HPV) to confirm that REDHS now can meet its mandated procurement reform requirements. This signifies a huge achievement for our organisation and over two years of background work to gain this result. A recent internal auditor's feedback stated that REDHS was in the top two health services in the region for HPV compliance implementation. Congratulations to Gayle McConnell and Clare Ireland on the work done in achieving such a great result.

The requirements being met post-review will ensure REDHS' compliance with the government tendering process, support health service reform and lead to best value outcomes and probity. Ensuring ongoing compliance has resulted in an increase in auditing and additional, complex reporting from the procurement department.

To cover long service leave this year, Mandy Dockery very capably managed the supply role for three months with support from Echuca Regional Health's supply personnel.

The procurement department has maintained minimum stock levels whilst ensuring continuous supply for all areas of the organisation.

The process for ordering catering supplies was changed this year through contracts being put through HPV which resulted in cost savings.

REDHS fleet continued to be administered by the procurement department which ensures vehicles were serviced as per schedule and were maintained in a safe, clean condition. The provision of a reliable fleet supports the delivery of primary care outreach services to the community including district nursing and podiatry and also enables staff to attend professional development opportunities out of town.

Information and Communication Technology

With the rapid changes that characterise Information and Communication Technology (ICT), it is a constant challenge to keep up to date with both hardware and software. There is a continual focus on ensuring the network is secure.

REDHS is a member of the Loddon Mallee Rural Health Alliance and many of the systems are purchased and administered by the Alliance which continues to look for solutions that improve work flows, assist staff to deliver safe, quality care and assist the organisation to meet statutory obligations.

REDHS continued its outsourcing arrangement with DWM Solutions to provide support for staff with computer inquiries and issues and to arrange email and logins for new staff. DWM solutions has a representative at REDHS one day per week and the help desk is available to all staff during business hours. They also monitor network backups to ensure they occur as required.

In 2015/16:

- A five-year plan for hardware replacement has been implemented
- Online training increased with most mandatory competencies now accessed using this method
- All staff members now have REDHS email addresses
- Implementation of e-recruiting system to enable all recruiting to take place online
- Investigation and demonstration of an electronic aged care medication administration system (to be implemented in July 2016)
- Addition of RiskmanQ continuous improvement system and Health Legal compliance service to the existing electronic incident reporting platform
- Provision of additional iPads for use of residents (including dementia-friendly apps) and for staff to access online medication information
- New REDHS website set up and launched (still a work in progress)
- Investigation of options for updating the REDHS intranet site commenced
- Approval of a scoping project to future proof communication systems including telephones to ensure needs can be met for many years to come

Maintenance

Maintenance Supervisor, Brett Shotton, and his team continued to provide services for the maintenance of REDHS' facilities and grounds this year in addition to coordinating capital works and refurbishments.

Wayne Cody commenced in the vacant Maintenance Assistant position in October 2015. Support Services team member, Judy Olney, again showed her great versatility by helping out with garden maintenance, much to the delight of our aged care residents when she made their garden areas very neat and tidy in a very short space of time. Mandy Dockery continued to provide administration support for the team one day per week.

Maintenance requests and preventative maintenance continued to be managed through the Building Equipment and Inventory Maintenance System (BEIMS) hosted by Echuca Regional Health. In 2015/16, the maintenance team completed 837 maintenance requests compared to 742 last year. Our aged care facilities made 51% of the requests. In addition to addressing requests, the maintenance team refurbished nine bedrooms in our aged care facilities and oversaw contracted painting works in communal areas of the nursing home.

A major project this year was the replacement of the existing generator with one that would support the requirements of the entire REDHS site in the case of a significant power outage. REDHS was successful in obtaining *Local Infrastructure Asset Funding* towards the project. During the course of the project, it was identified that works on the main switchboard were needed to accommodate the new generator. To minimise disruption to services, a planned outage occurred on a Saturday in February. The outage had considerable risks attached from a safety perspective, so comprehensive plans for the management of the site were put in place to mitigate these risks. Aged care residents and families were kept informed both prior and during the outage. The local CFA provided a fire truck and volunteers to support any emergency management issues that may arise. Staff, volunteers and family members worked together to ensure that patient and resident care standards were maintained during this time.

Also in 2015/16:

- weekly meetings commenced with department managers to discuss any outstanding or new issues
- a weekly printed maintenance report made available to staff to keep track of progress made on their requests
- reviews of reactive maintenance were continuously undertaken to identify recurring themes and to make improvements to the preventative maintenance plan
- a new garden sprinkler system was installed on the north side of the primary care building.

Finance

Considerable time has been spent in 2015/16 equipping managers to use PowerBudget effectively. This means that managers now have increased ownership of their budgets

through involvement in their preparation and the ability to monitor actual performance against forecasts. This further enhances REDHS' ability to be financially viable.

Finance Officer, Sharon Chapman, continued to manage all accounts payable and financial spreadsheets this year and has been working on a number of improvements including:

- transparency of funds spent
- the streamlining of invoice approval processes
- the refinement and embedding of policies for all financial operation
- working closely with the procurement officer as part of the HPV compliance review
- assisting in grant applications and acquittals

Clare Ireland
Corporate Services Manager

Environment and Sustainability

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

REDHS continues to have Heath Purchasing Victoria (HPV) agreements in place for waste, gas and electricity that provide a benchmarking opportunity for comparison with other health services across Victoria. Energy and water usage is reported to the Department of Health and Human Services and regular reports are provided to assist REDHS with monitoring.

Minimal amounts of hazardous chemicals and neutral detergents are used across the organisation and most are commonly used for cleaning, in combination with microfibre cloths, steam cleaning equipment and hard surface cleaning machines. Support Services team members continued to review alternatives to further reduce the use of chemicals for cleaning.

The grounds and community garden are usually maintained with the use of rainwater harvested from roofs and roadways that is stored in an underground tank. However the low rainfall received over the past year meant that the tank ran dry and watering was carried out using bore water mixed with town supply. Significant rainfall at the end of 2015/16 has refilled the underground tank.

The new air conditioning system has now been fully installed which allows for individual climate control in all rooms and can be turned off when no one is using a room, leading to further energy savings and improving the environment for health service consumers and staff.

In 2015/16,

- REDHS continues to replace lighting with energy-efficient LED lights
- A waste review is being undertaken through a gap analysis to identify ways we can improve

- “Follow me” printing was introduced and items not printed out are deleted, saving significant amounts of paper
- Automatic Computer hibernation was Implemented for computers left idle for a set amount of time, saving on energy

REDHS will continue to investigate ways to reduce its environmental impact into the future.

Occupational Health and Safety

Occupational Health and Safety (OHS) has continued to receive significant resourcing to maximise the safety of staff, volunteers and consumers.

Interim OHS Coordinator responsibilities were taken over by Cheryl Petrini following the departure of Organisational Development Manager, Ali Dobson in March 2016.

Health and Safety Representatives (HSRs) continued to meet bi-monthly, facilitated by Cheryl, to conduct workplace audits and risk assessments, develop or review and update policies and prepare and deliver education to staff in their respective areas. The Occupational Health and Safety Committee also meet on this day.

REDHS again participated in Safety Week in October which was combined with Report a Risk Week this year. The committee ran events and competitions to raise safety awareness throughout the week. This year’s winner of the coveted OHS Trophy was the Hostel team who participated in the most activities throughout the week.

In 2015/16, there were 60 occupational health and safety incidents, near misses and hazards recorded which equates to 51 reports per 100 FTE. By comparison there were 86.8 incidents per FTE reported in 2014/15. This is a significant decrease, which we believe is reflective of increased staff awareness of safety, and fewer Code Red false alarms.

This year, two HSRs, and REDHS’ CEO were invited to visit the Murray Goulburn (MG) factory in Rochester to observe MG practices during their annual “Stop for Safety” day in May 2016. The itinerary included a site evacuation drill and discussions of safety initiatives. The “take home” messages were very much aligned with REDHS OHS philosophy and provided some ideas for REDHS Safety Week in October 2016.

WorkSafe carried out two visits in June, particularly focusing on manual handling and occupational violence prevention and management. Policies, procedures, systems and equipment were reviewed to ensure that these high risk situations are managed appropriately and this was found to be the case.

During the year, Code Grey (unarmed personal threat) training for staff was conducted. Staff, both clinical and administration staff, were trained to handle a situation with a non-armed individual behaving in a threatening manner.

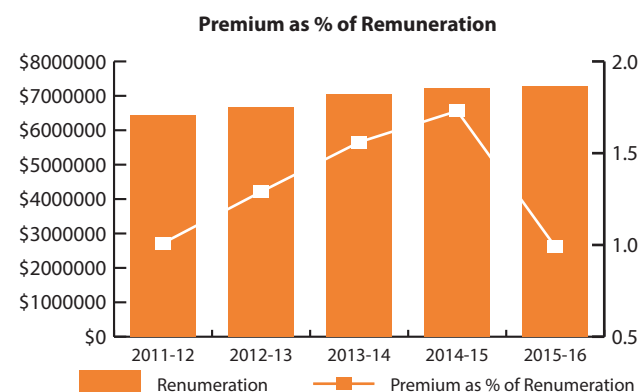
Occupational Violence Prevention and Management is now an important component of the risk management framework. DHHS occupational violence funding resulted in the installation of safety glass around the acute ward reception area for improved staff safety. The remainder of the grant will be used to improve CCTV and improve amenities for clients wanting in UCC. (see page 16).

Occupational violence statistics 2015-16

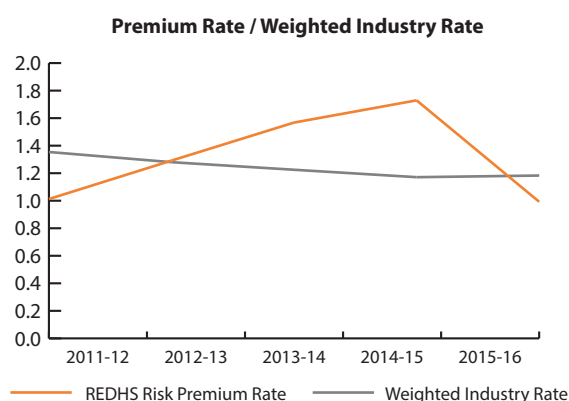
1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
3. Number of occupational violence incidents reported	53
4. Number of occupational violence incidents reported per 100 FTE	45
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	19

In 2015/16, there were 53 incidents involving occupational violence with 10 (19%) resulting in minor injuries, all of which were in aged care. There were no WorkCover claims regarding occupational violence and no lost time due to injury.

Cheryl Petrini OHS Coordinator



REDHS’ Workers Compensation premium is lower this year due in part to two long-term claims, that occurred 4 years ago, no longer being included in our premium calculation.



REDHS’ Risk Premium Rate reflects our better than average performance when compared to the industry as a whole.

COMMUNITY INVOLVEMENT AND **SUPPORT**

Volunteers

REDHS newest occupational therapist, Hannah Whatley, is also the new Volunteer Coordinator. Hannah is employed in this position one day a week and has brought much enthusiasm to this important role.

Since commencing in February 2016, she has attended *Legal Requirements in Managing Volunteers* and *Implementing the Standards for Volunteer Involvement* seminars as well as attending Campaspe Primary Care Partnership Volunteer Network meetings. Hannah also visited St John of God Bendigo Hospital to see how their volunteer workforce is managed.

A new Volunteer Handbook has been produced and will be available following the launch of REDHS new Strategic Plan in 2016/17 and the consumer register updated. There has been consultation with staff regarding the recruiting of additional volunteers for specific tasks or activities.

REDHS is very fortunate to have 103 registered volunteers who generously donate their time to support REDHS staff in providing activities for clients and residents, mostly in the Planned Activity Group and residential aged care.

A highlight for the year was a Volunteers' Christmas Lunch with all the trappings in December. Another highlight was a celebratory afternoon tea in May for National Volunteer Week. The delicious food was enjoyed by 50 volunteers who were entertained with a motivational speech by Sharon Walsh, the Director of Volunteers at Bendigo Health, Volunteer Bingo presented by Anne McEvoy (CEO) and Deb Leed (Personal Care Worker) and thankyou poems read by aged care residents. A group photo was also taken and all volunteers received a certificate and badge in recognition of their efforts. Our volunteers continue to improve the quality of life for clients and residents and helping to maintain connection to the wider community. We thank them all.

In the coming year, REDHS will be conducting volunteer training days. There is also plans to implement new volunteer roles, especially in the acute ward and catering departments as well as work with the volunteers on the introduction of new shirts.

If you are interested in becoming a volunteer at REDHS, talk with Reception staff either in person or on (03) 5484 4465 and they will direct your inquiry to the Volunteer Coordinator.

Rochester and District Hospital Auxiliary

President's Report 2015/16

It is with great pleasure and pride that I present my annual report for the 2015/16 period on behalf of all members.

We have conducted a wide range of fundraising activities this year that have resulted in just over \$14,000 being raised to assist REDHS with equipment purchases. During the year, \$8,000 was provided to assist in the purchase of new electric beds in the acute ward.

Activities have included a street stall, raffles, a movie night, the Cup Day luncheon, morning coffee and catering at Rochester Fine Art Exhibition.

Thank you to all auxiliary members who gave so freely of their time to support auxiliary activities and to community members who supported our activities through the purchase of goods and tickets or attended our functions. To Geoff Sharp, thank you for again donating Easter Eggs for the raffle.

Special thanks to my fellow office bearers, Faye Latter (Vice President), Dot Mitchell (Secretary) and Kath Bubb (Treasurer).

Thanks also to REDHS Chief Executive Officer, Anne McEvoy, for coming to our meetings and keeping us up to date with what is happening at the health service.

I wish the incoming committee all the best for the coming year and trust it will be as successful in the past.

Yvonne Andrews
Auxiliary President

Donations and Bequests (\$100 and over)

EL & ML Smith	\$100.00
Rochester Primary School Red Day Blood Week	\$158.00
REDHS Lolly trolley	\$200.00
Elmore Special Events Committee	\$310.00
The Burns Family	\$500.00
Devondale Murray Goulburn	\$500.00
Anonymous	\$600.00
Rochester Arthritis Support Group	\$620.00
Elmore Charity Ball	\$2,000.00
Rochester and District Hospital Auxiliary	\$8,000.00
Total Donations for 2015/16	\$13,465.00

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. Attestation on Data Integrity

I, Anne McEvoy, 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.



Anne McEvoy,
Accountable Officer
Rochester and Elmore District Health Service
25 July 2016

2. Attestation for compliance with the Ministerial Standing Direction 4.5.5– Risk Management Framework and Processes

I, Anne McEvoy, certify that the *Rochester and Elmore District Health Service* has complied with Ministerial Direction 4.5.5 – Risk Management Framework and Processes. The Rochester and Elmore District Health Service Risk Management and Planning Committee has verified this.



Anne McEvoy,
Accountable Officer
Rochester and Elmore District Health Service
25 July 2016

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) Declarations of pecuniary interests has been duly completed by all relevant officers;
- (b) Details of shares held by a senior officer as nominee or held beneficially;
- (c) Details of publications produced by the Health Service about its activities, and how these can be obtained;
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- (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;
- (l) Details of all consultancies and contractors including consultants/ contractors engaged, services provided and expenditure committed to for each engagement.

Building Compliance

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

Carer's Recognition

In accordance with the Carer's Recognition Act 2012, Rochester and Elmore District Health Service is taking all practicable measures to ensure that:

- management and employees have an awareness and understanding of the Statement for Australia's Carers; and
- persons who are in care relationships and who are receiving services in relation to the care relationship from REDHS, have an awareness and understanding of the care relationship principles; and
- REDHS' management and employees reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships implementing, providing or evaluating care supports.

Consumer feedback

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

Compliments, suggestions and complaints should be directed to:

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

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 and Victorian Charter of Human Rights and Responsibilities 2008.

Freedom of Information

The Freedom of Information Act 1982 provides the public with a means to obtain information held by the Rochester and Elmore District Health Service. During the 2015-16 financial year, two requests for information were received, with both 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

Rochester and Elmore District Health Service 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 hold a satisfactory "Working with Children" check.

Protected Disclosure

The Protected Disclosure Act 2012 (Vic) (the Act) provides for the protection of persons who make a protected disclosure under the Act from detrimental action by officers, members, employees and contractors of Rochester and Elmore District Health Service. REDHS has policies and procedures in place to protect people against action that might be taken against them if they choose to make a protected disclosure. During the 2015-16 year, no applicable disclosures were made.

Victorian Industry Participation Policy (VIPP) Disclosures

Rochester and Elmore District Health Service's procurement practices and purchasing policies comply with the Victorian Industry Participation Policy Act 2003 as applicable. During 2015-16, REDHS did not complete any contracts to which VIPP applied.

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 Hospital Auxiliary or Volunteer Program

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 Executive Support on (03) 5484 4451.

DISCLOSURE INDEX

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

Legislation	Requirement	Page Reference
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Report of Operations		
Charter and Purpose		
FRD 22G	Manner of establishment and the relevant Ministers	1
FRD 22G	Purpose, functions, powers and duties	1
FRD 22G	Initiatives and key achievements	3-4
FRD 22G	Nature and range of services provided	2
Management and Structure		
FRD 22G	Organisational Structure	6
Financial and other information		
FRD 10A	Disclosure Index	31
FRD 11A	Disclosure of ex-gratia expenses	FR
FRD 21B	Responsible person and executive officer disclosures	FR
FRD 22G	Application and operation of Protected Disclosure 2012	30
FRD 22G	Application and operation of Carers Recognition Act 2012	30
FRD 22G	Application and operation of Freedom of Information Act 1982	30
FRD 22G	Compliance with building and maintenance provisions of Building Act 1993	29
FRD 22G	Details of consultancies over \$10,000	FR
FRD 22G	Details of consultancies under \$10,000	FR
FRD 22G	Employment and conduct principles	30
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FRD 24C	Reporting of office-based environmental impacts	26
FRD 22G	Significant changes in financial position during the year	FR
FRD 22G	Statement on National Competition Policy	30
FRD 22G	Subsequent events	FR
FRD 22G	Summary of the financial results for the year	FR
FRD 22G	Workforce Data Disclosures including a statement on the application of employment and conduct principles	13, 30
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SD 4.2(g)	Specific information requirements	FR
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SD 3.4.13	Attestation on Data Integrity	29
SD 4.5.5	Risk management compliance attestation	29
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SD 4.2(b)	Comprehensive operating statement	FR
SD 4.2(b)	Balance Sheet	FR
SD 4.2(b)	Cash flow Statement	FR
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SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	FR
SD 4.2(c)	Accountable officer's declaration	FR
SD 4.2(c)	Compliance with Ministerial Directions	FR
SD 4.2(d)	Rounding of amounts	FR
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GLOSSARY

ACAR	Aged Care Approvals Round
ACFI	Aged Care Funding Instrument
Acuity	The measurement of the intensity of care required for a patient/resident
AGM	Annual General Meeting
AHA	Allied Health Assistant
ALOS	Average Length of Stay
AQL	Acceptable Quality Level
CEO	Chief Executive Officer
CSN	Clinical Support Nurse
DHHS	Department of Health and Human Services (Victoria)
DNS	District Nursing Service
DPU	Day Procedure Unit
DSS	Department of Social Services
DVA	Department of Veterans' Affairs
EN	Enrolled Nurse
FR	Financial Report
FTE	Full Time Equivalent
GP	General Practitioner
HACC	Home and Community Care
HPV	Health Purchasing Victoria
HR	Human Resources
HSR	Health and Safety Representative
ICT	Information and Communication Technology
NSQHS Standards	National Safety and Quality Health Service Standards
Occupancy	Percentage of Beds filled per nominated period
OHS	Occupational Health and Safety
OT	Occupational Therapy
PAG	Planned Activity Group
PCP	Primary Care Partnership
REDHS	Rochester and Elmore District Health Service
RIPERN	Rural Isolated Practice Endorsed Registered Nurse
RN	Registered Nurse
RWAV	Rural Workforce Agency Victoria
Separation/Discharge	The completion of an episode of care and the patient/ client leaves the organisation
Statement of Priorities	The formal funding and monitoring agreement between the Victorian Secretary for Health and REDHS
TCP	Transition Care Program
Triage	The process of determining the priority of patients' treatments based on the severity of their condition
VCAL	Victorian Certificate of Applied Learning
VET	Vocational Education and Training
VICNISS	Victorian Nosocomial Infection Surveillance System
UCC	Urgent Care Centre
VMIA	Victorian Managed Insurance Agency
VMO	Visiting Medical Officer
YTD	Year to date

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 4451 or from **www.redhs.com.au**

Front cover:

Support Services staff provide catering and cleaning services across the health service.

Back cover (clockwise from top):

Aerial photo of REDHS looking north towards town centre, dietetics students and catering team members redesigned the menu, activities coordinators and residents enjoyed the circus visit, volunteers play an important part at REDHS.



Rochester and Elmore District Health Service

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