



the dawn of a new era

Annual Report 2010 and Quality of Care Report 2010
Rochester and Elmore District Health Service





Surgeon Matt Oliver, Anaesthetist Dr Robin Waspe and surgical staff perform a colonoscopy in the new operating theatre.

2009-10

Acute Ward	
Total Acute Ward Separations	578
Acute Bed Days	2582
Average Length of Stay (Days)	4.6
Total Non-admitted Occasions of Service	
Urgent Care Centre	771
Radiology	478
District Nursing	4909
Planned Activity Group	1431
Meals on Wheels	7601
Community Health	
Diabetes Educator	111
Fitness for Older Adults	441
Physiotherapy (IP)	281
Physiotherapy (OP)	214
Podiatry	1166
Social Work/Counselling	845
Aged Care	
Nursing Home Bed Days	10732
Nursing Home Separations	17
Hostel Bed Days	10501
Hostel Separations	11

Our Vision

Rochester and Elmore District Health Service (REDHS) is widely recognised for its service excellence, through the provision of high quality, sustainable health services.

Our Mission

REDHS provides quality and compassionate services in the areas of comprehensive acute hospital, residential aged and community based care.

Our Objectives

To organise for and provide health care services in Rochester and Elmore districts, in particular acute hospital, residential aged care, community based services, and services provided jointly with other agencies in accordance with the Health Services Act 1988 and all existing or future relevant Acts and Regulations.

To utilise appropriate physical and personnel resources, knowledge and technologies available to promote health and independence and to prevent disability, injury and suffering.

To set and achieve standards consistent with best practice principles of quality patient and residential care and promote and provide access to community health.

To foster continuing quality improvement in best practice standards through education and training.

Who We Are

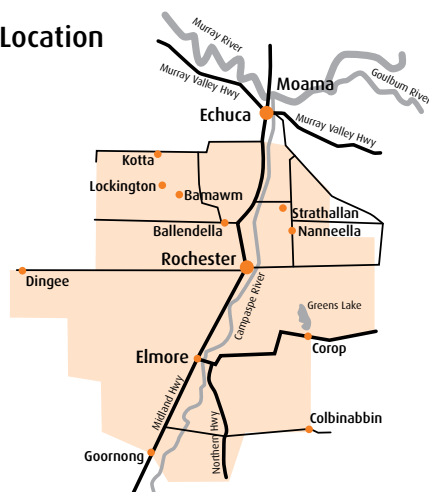
REDHS was established 1 November 1993 following the amalgamation of the Rochester and District War Memorial Hospital and the Elmore District Hospital.

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

- 99.14 Staff (FTE)
- 30 high care residential aged care beds
- 30 low care residential aged care beds (including 1 respite and 10 dementia-specific beds)
- 12 inpatient beds, including 1 palliative care bed
- An Urgent Care Centre (formerly Accident and Emergency)

The responsible Minister is the Victorian Minister for Health, the Hon Daniel Andrews MLA.

Location



Year In Brief – 2009-2010

Highlights

- Installation of infrastructure for Community Garden Project (July 2009)
- Installed air conditioning in Hostel bedrooms (Oct 2009)
- Developed REDHS Diabetes Educator service. Appointment Diabetes Educator (Nov 2009)
- Appointment HR Manager (Nov 2009)
- Recommencement of day surgery after a five year absence at REDHS (Nov 2009)
- Director of Clinical Services appointed (Feb 2010)
- Completion and official opening of Redevelopment including Stage Three (June 2010)
- REDHS' Heritage features commissioned (June 2010)

Challenges

- Providing suitable alternate accommodation during the three years of the redevelopment
- Minimising service disruption during relocation phasing
- Planning and execution of move to the new Primary Care area
- Communicating changes of entry and access points for services to public

The Future

- Growth of surgical services to accommodate additional specialities.
- Workforce recruitment to key positions e.g. Dietitian, Social Work, Physiotherapy
- Develop scholarship program through donations
- Undertake and part fund project for purpose built Men's Shed in collaboration with Shire of Campaspe and Rochester Community House
- Improve data capture and reporting processes
- Development of contemporary Aged Care business processes
- Increase on-site visiting clinical services
- Targeted primary health services in keeping with National Health Reform agenda

Services offered by REDHS

- Acute Services
- Dietetics
- Diabetes Education
- District Nursing
- General Day Surgery
- Health Promotion
- Occupational Therapy
- Palliative Care
- Pathology Collection
- Physiotherapy
- Planned Activity Group
- Podiatry
- Psychologist
- Radiology
- Residential Aged Care
- Social Work and Counselling
- Visiting drug/ alcohol counselling; Centre Against Sexual Assault (CASA)

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As the redevelopment is





completed we welcome a new dawn at REDHS

Construction completion and building areas;

- **Stage 1 (December 2006)** - Kitchen, Supply Department, Laundry, 30 bed Nursing Home
- **Stage 2 (April 2008)** - Administration, Reception, Acute Inpatient Unit, Day Procedure Unit, Urgent Care Centre
- **Stage 3 (May 2009)** - Medical Clinic, Primary and Community Care, Radiology, and Planned Activity Group

Grand Opening 18 June 2010

Architects
Builders
Project Management
Quantity Surveyor
Civil Engineers
Services Engineers

Tectura
Kane Constructions
Aurecon
Altus Page Kirkland
Brown Consulting
BRT Consulting

**Project Budget \$21.7M funded by the
Victorian Government**

Report From President and CEO



Mary Magennis
Board President

In accordance with the Financial Management Act 1994, we are pleased to present the Rochester and Elmore District Health Service (REDHS) Report of Operations for the year ending 30 June 2010.

REDHS is committed to the ongoing implementation of the Strategic Plan, and has held its focus on our seven key strategic goals:

- Our People (Attract and retain people of the highest calibre)
- Our Community (Actively and positively engage with the community)
- Our Service (Service delivery responsive to changing needs)
- Our Partnerships (Integrated, client focused care)
- Our Resources (Responsible and sustainable use of our financial resources)
- Our Culture (Continuous improvement is embedded in the work culture)
- Our Leadership (United, focused and proactive leadership at all levels)

Significant Achievements

On June 18 2010, the redeveloped REDHS was officially opened by the Minister for Health, the Honourable Daniel Andrews. This day celebrated not only the collective building, refurbishing and refashioning of infrastructure into a sparkling new facility, but also the presentation of memorial features to acknowledge our historical connections to the past. A large number of local community members attended the celebration and enjoyed the activities and social occasion.

The final stage redevelopment achievements reflect the dedicated efforts of a core group of REDHS staff, including Project Officers; Mathew Dennis and Gayle Kerlin, and Supply Manager Gayle McConnell, supported by Facilities Technician Brett Shotton.

The Project Control Group included Department of Health Regional Office and Capital Development Branch, REDHS Executive and Board of Management representatives. Thanks are extended to all of the above for their support and efforts and achievements, and to those staff who were not directly involved but who, by default, also supported this project.

Our Department Managers and their staff have ensured that services continued to be provided at a high level despite the upheaval of redevelopment works over the three plus years. Thanks are extended from the Board of Management for this significant achievement.



Glenis Beaumont
Chief Executive Officer

Surgery

In November 2009, the new theatre suite was commissioned. The day surgery unit has an extensive fit-out of general surgical equipment. Since November, Bendigo based surgeon, Mr Matthew Oliver has attended Rochester monthly to undertake general day surgery.

Introducing HealthSmart IT applications to REDHS

This past year, two major IT HealthSmart systems have been implemented; Oracle (Finance and Supply) and iSoft (Patient Management System). The introduction of such systems in a small organisation creates a huge burden on those involved. Thanks are extended to Georgina Alexandrova, Gayle McConnell and Wendy Dey for their successful preparation and implementation of these projects. Preparations for the roll out of VHIMS are underway.

Accreditation

REDHS prides itself in maintaining a high level of care and commitment to our patients, residents and community, as indicated by our continuing achievements in the various accreditation processes for Acute, Community and Aged Care.

Sustainability

As a Department of Health 'Small Rural Health Service', we continue to be challenged to provide a broad range of services directed towards health improvements and illness treatment for all people within the district. We will continue our commitment to this broad approach, subject to regular reviews directed towards the viability of services.

REDHS' financial results for the year reflect some growth in revenue, constrained expenditure during the period around Stage Three construction and the re-introduction of surgery. REDHS' five year financial summary is included as a supplement to this report. The Board is committed to improving our fiscal robustness and responsible financial management. Again this year, REDHS maintained a solid investment strategy.

REDHS ensures a close liaison with the Regional Office of the Department of Health as they support us in our quest to manage a sound financial business which meets the needs of the district in the provision of health care.

Our Thanks

REDHS is a vibrant and dynamic organisation moving forward in an environment of many challenges. Sincere appreciation is extended to all staff, health service providers, volunteers, auxiliary members and the many others who provide ongoing support. We are indebted to your services, as we are to our community for their continuing support through donations, bequests and volunteer work.

On behalf of the Board of Management thanks also to the Department of Health for their support through the year.

This year Dr Onn Shaw announced his retirement and Director of Nursing, Ruth White, left REDHS. Both have contributed extensively to the health service and will be missed by many.

Board members and staff join in showing their appreciation to outgoing board member and past president Heather Acocks for her considerable contributions over many years.



Mary Magennis
Board President



Glenis Beaumont
Chief Executive Officer



Community members, consultants and REDHS staff at the Grand Opening on June 18 2010.



Minister for Health, the Honourable Daniel Andrews, with Mary Magennis and Glenis Beaumont following the official opening of the facility.

Corporate Governance

President



Mary Magennis, RN

B.App.Sc, MA (Sc)
Consultant
Term of Appointment:
1.7.2008 to 30.6.2010

REDHS Board of Management

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 activities of REDHS are directed by the Board of Management, which meets regularly with the Chief Executive Officer and Executive staff to determine governance, compliance, policy and strategic direction. 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 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.

Vice-President



Keith Oberin

Dip Ed
Community & Culture
Executive Manager
Term of Appointment:
1.7.2008 to 30.6.2011

Members



Heather Acocks

Farm Management
Term of Appointment:
1.11.2008 to 30.6.2010



Deborah Mellor

BA Humanities, Grad Cert
VET Policy & Design, Cert
IV Managing Social &
Comm Services
Senior Project Manager
Quality
Term of Appointment:
1.7.2008 to 30.6.2010

Treasurer



Timothy Fulton

Bachelor of Business
(Accounting/ Economics),
Diploma of Financial Planning
Accountant/ Financial Planner
Term of Appointment:
1.7.2009 to 30.6.2012



Graham Clark

Retired
Term of Appointment:
1.7.2009 to 30.6.2012



Meeuwis Boelen

BSc(Neth), MSc(Neth),
PhD(Neurophysiology)
Assoc Prof Neuroscience
& Pharmacology
Academic Head, Higher
Education Programs
Term of Appointment:
1.11.2008 to 30.6.2011



Stuart McDonald, AO

M.Sc (Melb)
Farm Management -
Retired
Term of Appointment:
1.7.2009 to 30.6.2012

Meeting Attendance

Meeting Attendance

Meeting Attendance	Board Meetings												Total meetings attended	Other meetings *
	2009						2010							
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Mary Magennis	✓	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	NA	10/10	1
Keith Oberin	✓	✓	✓	A	✓	✓	NA	✓	✓	✓	✓	NA	9/10	2
Heather Acocks	A	✓	✓	✓	✓	✓	NA	✓	A	✓	LOA	NA	7/10	1
Meeuwis Boelen	✓	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	NA	10/10	1
Graham Clark	✓	✓	✓	✓	✓	✓	NA	✓	A	A	✓	NA	8/10	1
Tim Fulton	✓	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	NA	10/10	2
Stuart McDonald	✓	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	NA	10/10	2
Deborah Mellor	✓	A	✓	✓	✓	A	NA	✓	✓	LOA	LOA	NA	6/10	0

* denotes Department, education, regional and extraordinary Board meetings. Please note: A denotes apology, LOA denotes leave of absence and NA denotes meeting was not held.

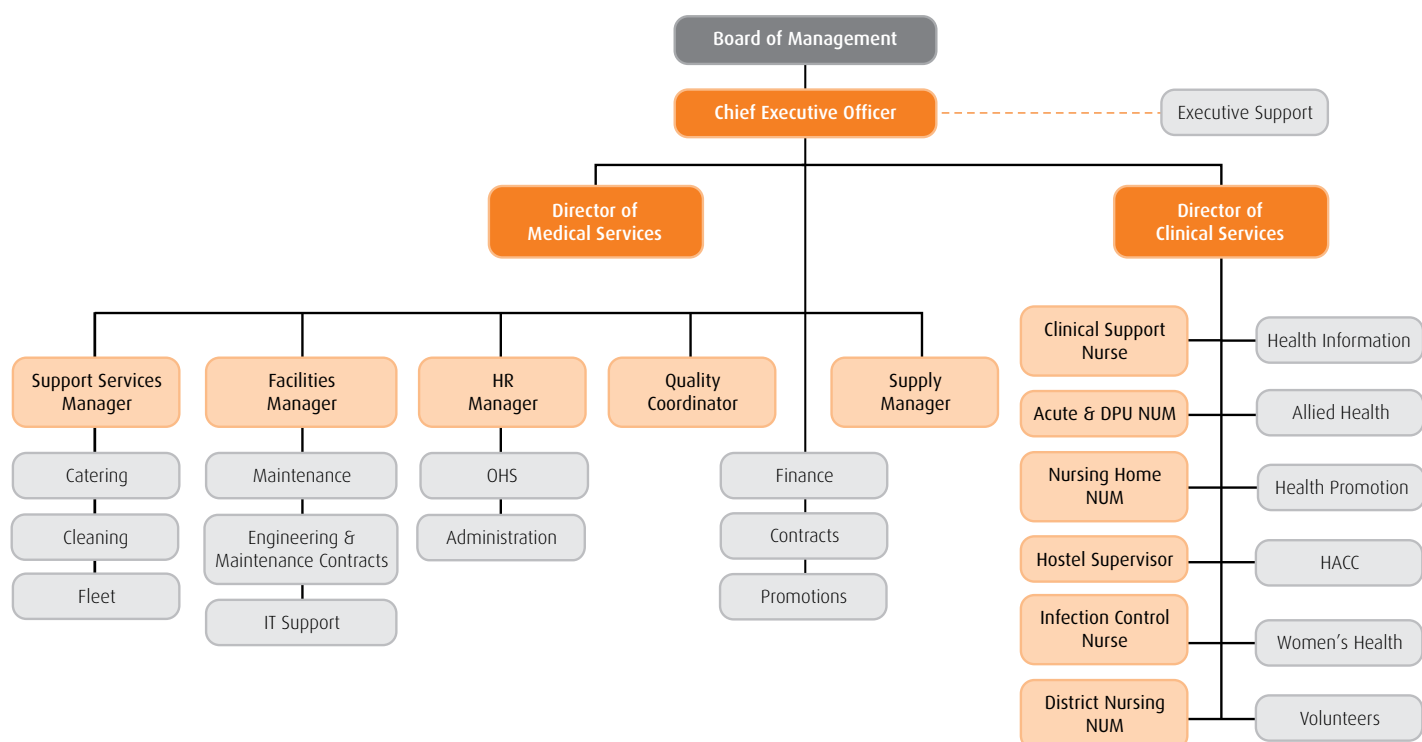
Committee Membership

	Risk Management and Planning	Audit Committee	Credentials and Medical Appointment Advisory	Medical Consultative Committee	Quality of Care
Mary Magennis	✓ 3/4	✓ 4/4	✓	✓	✓ 2/2
Keith Oberin	✓ 3/4		✓		
Heather Acocks				✓	✓ 1/6
Meeuwis Boelen		✓ 4/4	✓		
Graham Clark	✓ 3/4				✓ 2/2
Tim Fulton	✓ 2/2	✓ 4/4			
Stuart McDonald		✓ 4/4		✓	
Deborah Mellor	✓ 2/2			✓	✓ 1/4
Mark Ryan (Independent member, Audit Committee)		✓ 3/4			
Tracie Kyne (Independent member, Audit Committee)		✓ 1/1			

REDHS Board of Management members planted grapevines under the new arbour in June 2010. Plants were propagated from the vines that grew along the original hospital building.



Organisational Chart



REDHS Department Managers:

REDHS Executive and Department Managers are responsible for quality service delivery, operational performance, and progress of the Strategic Plan.



Richard Beddell



Wendy Rogasch



Mathew Dennis



Gayle McConnell



Aileen Dobson



Anne Chirnside



Gayle Kerlin



Jenny Ellis



Colin Jones



Lynn Wolfe

Key Personnel

Executive

Chief Executive Officer

Ms Glenis Beaumont
RN, RM, MBA, GAICD, MRCNA, AFACHSE

Director of Clinical Services

Mr Matthew Sharp
RN, B Nursing (Hons), PG Dip Crit
Care Nursing, Master of Business
(Management), AFACHSE, AIMM
(from February 2010)

Director of Nursing & Primary Care

Ms R White
RN, RM, Dip N Ed, B App Sc, FRCNA,
FNSWCN, FACNM, AFCHSE
(to February 2010)

Director of Medical Services

Prof Ian Brand
AM, MBBS, FCPA, FRACMA, FCHSE, FSHP

Department Heads

HR Manager

Ms Aileen Dobson
Dip HR Mgt/IR, B Business (HR Mgt)
(from November 2009)

Acute Ward Unit Manager

Ms Wendy Rogasch
RN, RM, Grad Cert Adv Nursing, Grad Dip
Crit Care, Dip Bus Mgt. Cert IV Training &
Assessment
(from September 2009)

Acting Acute Ward Unit Manager

Ms Robyn Kelly
RN, RM, B Nursing, Grad Dip Clin
Practice (to August 2009)

District Nurse Unit Manager

Mr Colin Jones
RN, B Nursing

Facilities Manager/Redevelopment Project Officer

Mr Mathew Dennis
A Grade Electrical Mechanic

Hostel Supervisor

Ms Jenny Ellis
RN, RM, B Hlth Sc, Grad Cert Dementia,
Grad Cert Gerontology

Infection Control Practitioner/ Redevelopment Project Officer

Ms Gayle Kerlin
RN, RM, SIC Cert.

Nursing Home Unit Manager

Ms Anne Chirnside
RN, Cert Onc, Grad Cert Gerontology

Planned Activity Group Coordinator

Ms Ann-Maree Hewlett
Cert III Fitness

Quality Coordinator

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

Supply Manager

Ms Gayle McConnell

Support Services Manager

Mr Richard Beddell
Chef, Cert. Hospitality Mgt/Adv Dip. Bus
Mgt.

Visiting Medical Officers

General Practitioners

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

Dr I Buadromo, MBBS, FRACGP

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

Dr ED Ekeanyanwu, MBBS (Nigeria),
FRACGP

Dr N Fang, MBBS, DRANZCOG, FRACGP

Dr L Gliana, MBCLB Salahuddin Uni Iraq,
AMC (from February 2010)

Dr T Howley, MBBS, Dip Obs & Gynae

Dr R Palaypayan, Doctor of Medicine, Uni
of Manila (Phillippines) (from February
2010)

Dr P Radrekusa, MBBH

Dr K Richardson, MBCLB (Uni of
Zimbabwe) (from February 2010)

Dr OT Shaw, MBBS (to 23rd March
2010)

Dr K Thompson, MBBS

Visiting Surgeon

Mr M Oliver, MBChB FRCS FRACS

Medical Imaging

Visiting Radiology Service

Goulburn Valley Imaging

Radiographer

Denise Levy
Dip Diagnostic Radiography

Staff Awards

25 YEARS

Sylvee Gordon

20 YEARS

Heather Wickham

15 YEARS

Wendy Kneebone
Janet McArdle
Jennifer Major
Dorothy Smith

10 YEARS

Tanya Essex
Jean Holmberg
Heather Johnstone
Pauline Jones
Philippa Kirk
Carol Little
Susan Ludbey
Megan O'Brien
Bernice Pardy
Jennifer Reid
Karen Tognolini
Pauline Wileman

Performance Against Strategic Goals

Strategic Goals	Strategies	Achievements in 2009-10
Attract and retain skilled people of the highest calibre	Professional development opportunities	<ul style="list-style-type: none"> • Specific training programs: <ul style="list-style-type: none"> • Theatre and Sterilising Procedures for Nursing and Support Staff • Managing Challenging Behaviour for all staff involved in the Aged Care setting • Positive Working Environment for Support Services Staff • Maintained core Medical, Nursing, Pharmacy, and secondary college student placements despite infrastructure building constraints. • Career development through internal secondment opportunities • Recruitment of additional, appropriately skilled board members.
	Staff support and participation	<ul style="list-style-type: none"> • High participation rate in People Matter Survey (Monash Uni). • Participation in Change Management Survey (Monash Uni). • Well subscribed staff immunisation program
Actively and positively engage with the community	Grow positive working relationships with community groups	<ul style="list-style-type: none"> • Presentations to local service group meetings. • Regular issues of the Community newsletter published and widely distributed and also made available on website. • Monthly "What's Happening" page and column in local newspaper • Upgrade and update of REDHS website • Public tours of new facilities conducted prior to Stage 3 opening. • Volunteer services expanded to include garden irrigation and maintenance. • 'Count Us In' Community Garden Network Project established with aged care residents, local government and community members
	Increase opportunities for community input to REDHS planning	<ul style="list-style-type: none"> • Feedback methods via website enhanced. • Support Services management had meetings with Resident' Committee regarding improvements to meals and laundry services. • Federal, Shire of Campaspe and REDHS funding secured for the building on-site of the Rochester Men's Shed
Service Delivery that is responsive to changing needs	Health initiatives / regional networks	<ul style="list-style-type: none"> • Campaspe PCP Integrated Chronic Disease Management elements incorporated into service delivery for diabetes education program. • Development of REDHS diabetes educator role once existing staff member appointed to role • Sustainable Farm Families Program continued with existing and new groups of participants
	Key Personnel for Primary Care development	<ul style="list-style-type: none"> • Successful recruitment of Director of Clinical Services
	Build flexibility into new facilities and models of care	<ul style="list-style-type: none"> • Increase in combined activities in aged care facilities, particularly through the use of the purpose built activities room. • Consulting rooms and offices allocated to maximise clinical space availability • Extended Day Surgery model trialled



Status	Plans for 2010-11
<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ Ongoing ✓ Ongoing 	<ul style="list-style-type: none"> • Recruit to Staff Development Officer/Clinical Nurse Educator and Dietician positions. • Build on Loddon Mallee Region Clinical Placement Network opportunities to support growth in student undergraduate placements • Create and implement 'Grow our Own' workforce development plan • Develop Scholarship Support Program across staffing groups through specific donation funding drive
<ul style="list-style-type: none"> ✓ Ongoing ✓ Ongoing ✓ 	<ul style="list-style-type: none"> • Team Building activities • Staff consultation forums • Annual staff health clinic to be investigated
<ul style="list-style-type: none"> ✓ Ongoing ✓ Ongoing ✓ Ongoing ✓ ✓ ✓ 	<ul style="list-style-type: none"> • Regular guest speaker engagements to provide information sessions for the community • Continued use of Community Newsletters as a communication means. • Expand current website to extend the information provided to the community and its timeliness • Develop interface with local gardening clubs • Incorporate further community groups including men's shed
<ul style="list-style-type: none"> ✓ Ongoing ✓ ✓ 	<ul style="list-style-type: none"> • Continue to recruit and orientate volunteers • Continue to encourage and facilitate aged care residents and their families to express their opinions and ideas. • Develop interface between on-site services and the Men's Shed attendees.
<ul style="list-style-type: none"> ✓ Ongoing ✓ ✓ ✓ 	<ul style="list-style-type: none"> • Seek additional funding for: <ul style="list-style-type: none"> • Primary Care service development • Chronic Disease Management • Expansion of Surgical Services • Recruitment of Dietitian and Health Promotion staff
<ul style="list-style-type: none"> ✓ Ongoing ✓ ✓ 	<ul style="list-style-type: none"> • Develop Primary Care Centre integrated with GP practices. • Co-location of services e.g. Mental Health to improve access to community • Review Acute Inpatient and Aged Residential Models of Care

Performance Against Strategic Goals (continued)

Strategic Goals	Strategies	Achievements in 2009-2010
Integrated client-focused care and client satisfaction	Develop service linkages and collaborative arrangements with other providers	<ul style="list-style-type: none"> Partnership arrangement in place with Bendigo Health for outsourced General Surgery at REDHS. Successful recruitment collaborations of peri-operative nurses through regional partnerships Service coordination project focusing on referral and intake systems. Use of Service Coordination Tool Templates commenced May 2010.
Responsible and sustainable use of financial and environmental resources	Develop a culture of financial and environmental accountability.	<ul style="list-style-type: none"> HealthSmart applications for Finance, Supply and Patient Management System introduced. Review of data capture and reporting systems for improved data submission Development and implementation of Aged Care Business Support role Increased Environmental education and feedback at Annual Training Day Implementation of recommendations from external financial structure and systems review
	Provision of skills, tools and processes for managers to manage budgets	<ul style="list-style-type: none"> Expanded budget reporting at Department Heads meeting Detailed review of billing systems
	Reduction of our environmental footprint by the responsible and sustainable use of resources.	<ul style="list-style-type: none"> Continuation of recycling processes Participation in 'ResourceSmart' environmental analysis and toolkit introduction. Increase in number of publications / documents available electronically to reduce paper usage Automated building management systems online to assist in increasing energy efficiency.
Continuous Improvement is embedded in the work culture	Organisation-wide approach to Health and Safety	<ul style="list-style-type: none"> Fully implemented risk / hazard reporting tools in new incident reporting system OH&S policies reviewed and updated as required. All appropriate staff received training on new equipment. All staff attended familiarisation sessions for new facilities New members elected to OH&S Committee and provided with specific training Bushfire emergency plans and training Reaffirmed No-Smoking Policy on campus
	Publish our successes	<ul style="list-style-type: none"> Newspaper articles fortnightly Community, resident and staff newsletters published
United, focussed and proactive leadership at all levels	Organisational structure and reporting review	<ul style="list-style-type: none"> Staff education regarding Strategic Plan at Annual Training Day
	Succession planning	<ul style="list-style-type: none"> Identified, recruited and retained board members during nomination cycle. Opportunities created for internal promotion with appropriate education and support
	Board Education Program and Performance Review	<ul style="list-style-type: none"> Board Performance Review completed Board governance, training and recruitment upgraded Role Statement, induction and education review



Status	Plans for 2010-11
<ul style="list-style-type: none"> ✓ Ongoing ✓ ✓ 	<ul style="list-style-type: none"> • Continue collaborations with other providers for recruitment of allied health professionals. • Investigate application of outcome measures for primary care activities at REDHS.
<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> • Grow staff knowledge through targeted education in general and specific areas. • Embed Aged Care financial review processes • Refresh of Environment Plan
<ul style="list-style-type: none"> ✓ Ongoing ✓ Ongoing 	<ul style="list-style-type: none"> • Refine cost centre budget reports. • Implement financial analysis software as a decision support tool for department managers • Monthly financial variance reporting by departments
<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> • Investigations into further reductions in waste, water usage and energy usage. • Revamp of Environment Committee • Continue to add publications to website and intranet
<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ 	<ul style="list-style-type: none"> • Implementation of Victorian Health Incident Management System • Training and refresher courses for Health and Safety representatives and Deputy Health and Safety representatives. • Facility wide emergency training refresh, including evacuation drills. • Key staff to undertake Chemical, Biological and Radiological (CBR) training
<ul style="list-style-type: none"> ✓ Ongoing ✓ Ongoing 	<ul style="list-style-type: none"> • Continue to submit articles for publishing.
<ul style="list-style-type: none"> ✓ Ongoing 	<ul style="list-style-type: none"> • Strategic Plan Review late 2010 • Organisational review to reflect anticipated growth in primary care and chronic disease management
<ul style="list-style-type: none"> ✓ Ongoing ✓ Ongoing 	<ul style="list-style-type: none"> • Incorporate key roles and succession planning requirements into REDHS' Workforce Plan.
<ul style="list-style-type: none"> ✓ Ongoing ✓ Ongoing ✓ Ongoing 	<ul style="list-style-type: none"> • Develop Action Plan following analysis of Board Performance Review findings

Executive Report



Matt Sharp
Director of Clinical Services

This year again presented challenges for staff to provide services while the building project was completed at REDHS. The use of temporary accommodation and facilities for all primary care services thankfully came to an end in late June 2010. The move into the primary care building was completed smoothly. We would particularly like to thank consumers and staff for their patience and understanding while the building project has been completed. Many positive comments from consumers and staff have been received in the short time we have been using the rooms in the primary care building.

Occupancy of the acute ward was similar to the 2007/2008 and 2008/2009 financial years. The patient mix continues to be mainly elderly people with exacerbations of chronic medical conditions.



Prof Ian Brand
Director of Medical Services

Theatre services at REDHS resumed in November 2009 in the Day Procedure Unit (DPU). The recommencement of a theatre service was the culmination of careful planning and hard work on the part of many staff and all involved in the DPU are to be congratulated for their efforts. REDHS would like to thank Bendigo Health, Echuca Regional Health and Kyneton Health, Mr Matt Oliver and Dr Bruce Ryley for the assistance and support provided in establishing the day procedure services at REDHS. REDHS is currently exploring opportunities to increase the services provided in the DPU in the coming year.

Occupancy in the Nursing Home and Hostel is comparable to the 2007/2008 and 2008/2009 financial years for residential aged care services at REDHS. Two key projects have been underway this year in our residential aged care services. The first project is the Encouraging Best Practice in Residential Aged Care (EBPRAC) initiative. This is in collaboration with a group of residential aged care service providers led by Monash University to assist aged care facilities improve the care provided for residents with dementia. The second project has been the construction of a

community garden, the purpose of which is to provide an outside meeting place in the REDHS grounds. It will encourage community groups, clubs, schools, family and friends to spend stimulating time with residents in a productive pastime. A successful launch of the garden was held in March 2010 and was attended by residents and a range of people from the community and students from St Joseph's Primary School.

REDHS extended the diabetes education service provided during the last year to address an identified need within the community and close links have been established with the REDHS podiatry service. The Planned Activity Group was pleased to be back at REDHS following their temporary location at a hall operated by a local community organisation. A gap has existed in dietetic services following the resignation of the previous dietitian and attempts to recruit to this role have proved challenging. An important project was commenced in May 2010 to identify and subsequently address gaps in service coordination practice and processes in Primary Care. The outcome of this project will be to improve the journey for consumers through the services provided at REDHS.

Dr Onn Shaw retired after thirty five years of service to the community and he will be missed. However, REDHS is fortunate in having a healthy number of medical practitioners to provide services to patients in the acute ward and residents of the Nursing Home and Hostel.

Finally, we would like to thank the staff and medical practitioners for the care and attention provided to REDHS consumers. The Rochester and Elmore district is indeed fortunate to have a facility providing such a diverse range of health services for the community. The genuine empathy and ability is appreciated by the Executive and recognised by the many external organisations that visit REDHS.

Acute Services

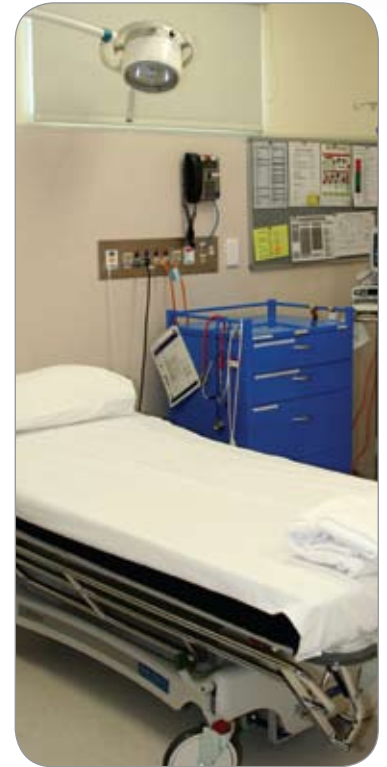
The first twelve months in the new acute ward has gone very quickly with both patients and staff providing positive comments regarding the new environment. Minor initial teething problems were identified and quickly addressed such as After Hours access to the ward and Nursing Home. Inpatient care has continued in the areas of acute medical, palliative care and for people who present for urgent care in the event of an emergency.

Our ward clerk has worked hard to facilitate the replacement of our electronic patient management system with the new state-wide in-patient management system (iPM). A lot of data and system testing was carried out over many months to ensure that all required data from the old system was transferred accurately prior to the new system going live in June 2010. As before, all patient details from admission to discharge are recorded, with both DPU patients and primary care

clients now also able to be incorporated into the same system. This will assist REDHS to provide integrated care across all departments.

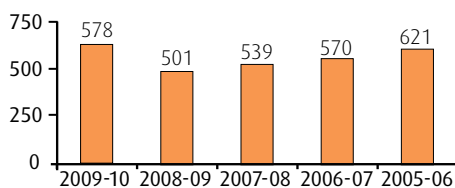
Nursing staff have ensured that their competencies have been kept up to date so that they can provide a high level of evidence-based care to those in their care. This year we continued to support a Graduate Nurse Program with Kate Dewhurst commencing in February 2010 and taking up the challenges as a newly registered nurse. Esther Guinea completed a successful year and has moved on to further her chosen career in Rural and Remote nursing.

As we move into a new year, we will continue to develop the Acute team on an individual basis and as a whole. We will continue to utilise the external accreditation process and our own internal processes to monitor, benchmark and improve our service as a whole.



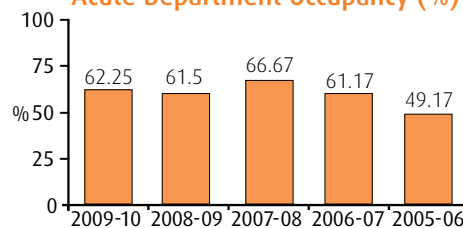
The new Urgent Care Centre has been very busy this year with a significant increase in presentations.

Acute Ward Separations



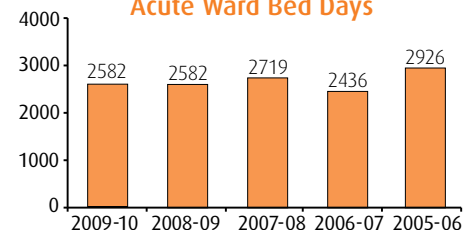
The recommencement of day surgery this year has seen a corresponding rise in separations.

Acute Department Occupancy (%)



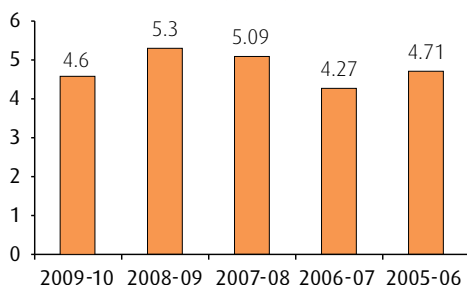
Occupancy levels remain at a similar level to the previous two years with the patient mix predominantly elderly with chronic medical conditions.

Acute Ward Bed Days



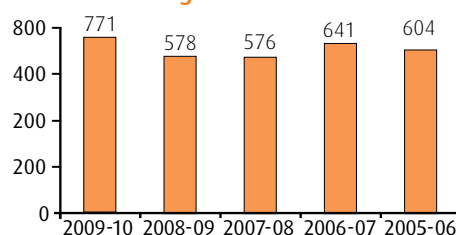
Acute Bed Days have remained stable this year. The recommencement of day surgery one day per month and no NHT patients have been contributing factors to bed days levelling out.

Acute Ward – Average Length of Stay (Days)



The average length of stay has decreased due in part to there being no Nursing Home Type patients awaiting placement in aged care facilities. (A patient is defined as being NHT once they exceed a length of stay of 35 days).

Urgent Care Centre



This is a non-government funded service where VMO attendances are based around an "On Call" arrangement involving both Rochester Medical Practice and Campaspe Medical Centre. Presentations have risen dramatically this year indicating an increased community need.



Doctor Robin Waspe



Mr Matt Oliver

Day Procedure Unit

It has been most exciting to see the new DPU come to life. The task of staffing and equipping the new DPU has been a significant, but very rewarding challenge with generous assistance and advice received from staff at Echuca Regional Health, Bendigo Health and Kyneton Health.

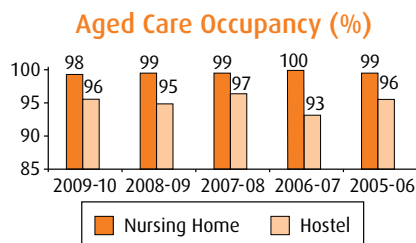
In keeping with the identified needs of the community, and the capabilities of REDHS as a Small Rural Health Service, the types of procedures performed and patients we treat are tailored to low risk surgery for people who are not likely to require ongoing high acuity care. Thus, patients requiring these types of procedures are assessed prior to being added to our procedural lists to ensure we are able to provide the level of care that is appropriate in each case.

We are currently running a monthly procedural list thanks to the services of Mr Matt Oliver, our visiting general surgeon. This year we have had a total of seventy people undergo a total of seventy-nine

procedures in DPU. Of these, fifty-three were colonoscopies, there were eighteen gastroscopies and eight other surgical procedures. Sadly Dr Robin Waspe, who provided our first Anaesthetic service in the new DPU, passed away on 19th March 2010. Robin had indicated his eagerness to regularly attend REDHS DPU and offer his services. He was a skilled clinician, sharing his knowledge, good humour and financial advice with those around him. Robin is missed by the staff at REDHS.

Feedback from patients who have used the service has been positive. "Friendly staff, relaxed atmosphere and efficient service" have been some of the comments.

REDHS is working towards increasing the usage of this state of the art facility through the engagement of additional surgeons. The flow on benefits provided through having a local surgical service provider will include a reduction in waiting lists for local/regional patients with less travel required to access these important services.



Occupancy in our aged care facilities has remained consistently high. There continues to be a slightly lower demand for permanent, low care (Hostel) reflecting the services in place to allow people to stay in their own homes longer.

Aged Care Services

Our Nursing Home and Hostel continue to provide high quality care for people requiring assistance in a residential aged care setting. Maintaining connections with the wider community continues to be a priority to reduce the social isolation that may be experienced by some people when they move into aged care facilities.

This year there has been a focus on our physical and social environment and its impact on person centred care. A key undertaking in the residential aged care services has been our participation in a major research and education program in partnership with Monash University through the Encouraging Best Practice in Residential Aged Care (EBPRAC) Project. In the course of this initiative, dementia education and activities are being undertaken through partnerships with staff, residents and their families to allow REDHS to improve care provided for residents with dementia.

Changing resident needs require ongoing reviews of staff rosters and adjustment of hours where needed. The nursing home formed a working group consisting of care and executive staff to assist in the alteration of shift hours. Low staff turnover, in both of our facilities, helps to provide a stable, caring and familiar environment.

Residents are encouraged to attend regular Residents' Committee meetings. The meetings provide an opportunity for socialising while keeping informed of current developments and raising any issues of concern. It is also a wonderful forum for hearing about all the positive things going on around the health service.

The comprehensive and varied Activities and Lifestyle program for residents impacts positively on their general health and wellbeing and enables participation in enjoyable and meaningful pastimes.



Resident Bill Bray and nurse, Alan Read, at the Fosterville Gold Mine. Alan is a former employee of the mine and residents enjoyed the information and insights he gave about mining operations.

Department Reports

Regular bus trips are very popular and include drives out in the local countryside to residents' farms, shopping trips and visits to sports clubs. An outing to the Fosterville open cut goldmine was organised by a former mine employee who now works at the nursing home. This outing was a real eye-opener for the seven residents as mine staff pointed out features such as the access portal through which the miners gain underground entry to the mine. The process for extracting the gold was also explained and the equipment viewed. Visits to gardens and on-site activities such as Melbourne Cup and Oaks Day and Christmas celebrations are also very popular. Four residents' creativity is showing through as they work on their paintings at the art group run by a volunteer. Weekly beauty therapy, including manicures and hand massage sessions, is popular with residents. The newly created Community Garden adjacent to the Hostel is an exciting initiative that has generated much interest and the inner courtyard provides a picturesque setting for sporting activities.

Special dates such as birthdays and anniversaries continue to be celebrated. Other special occasions are also recognised. A barbeque breakfast cooked by volunteers on Australia Day is an annual highlight and special activities for the Winter Olympics were organised. The footy tipping competition is also hotly contested.

Primary Care Services

The purpose of primary care is to enable people to maintain optimal health for as long as possible, and allow people to remain in their own homes. Primary Care services play a central role in the health of the community and conditions managed can be short-term illnesses or chronic diseases. REDHS is committed to providing a range of primary care services and has identified this area as a key area for service growth in coming years. The group of primary care services

Online training is used extensively, with the increased availability of computers making this form of education more convenient for staff. External education has also been undertaken by aged care staff to ensure that they have knowledge of current best practice techniques and initiatives for resident care.

We are very proud of staff members, Kerryn Moroney and Wes Brierley for their special achievements last year. Kerryn was named Bendigo Regional Institute of TAFE Outstanding Student of the Year 2009 at the February graduation ceremony held in Bendigo. The award recognises outstanding achievement in areas such as job skills, personal skills and industry knowledge. Kerryn works in the Nursing Home as a Division 2 nurse. Hostel staff member, Wes Brierley, wrote an award winning essay for the Black Dog Institute's 6th Annual Writing competition on Late Onset Depression: Finding Answers for Older People and their Carers. He was presented with third prize by the NSW Minister for Ageing, the Honourable Paul Lynch at a ceremony in Sydney in March 2010.

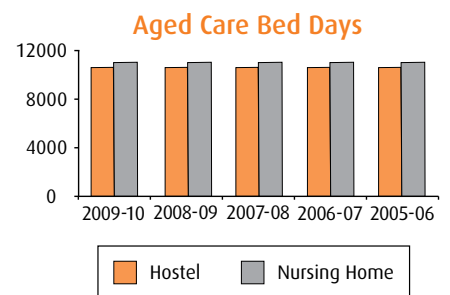
As with the other areas of the health service, our volunteers contribute a great deal to the wellbeing of our residents and their dedication and tireless efforts are much appreciated.

described overleaf has also been known locally and more broadly as Community Health. REDHS took the opportunity this year to rename this group of services to primary care as part of the redevelopment project and to reflect more contemporary terminology.

REDHS staff continued to provide a wide range of primary care services from temporary accommodation, both on site and in the community, which presented some challenges.



Residents and activities staff document activities at our aged care facilities with Scrap booking. Here we see Dot Knight and Lesley Rahill working on pages for the Community Garden Network Project.



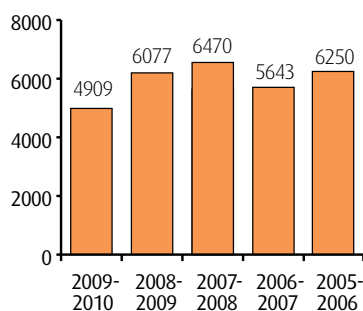
There have been no major alterations to bed days in our aged care facilities. This year's Hostel figures include nineteen admissions for respite (for a total of 300 days). This year the Hostel had eleven separations and the Nursing Home had seventeen.



Diabetes Educator, Leanne Rankin is available to assist the community with diabetes management.

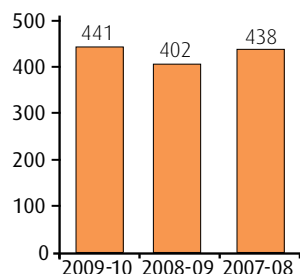
Primary Care Services (continued)

**District Nursing:
Occasions of Service**



The demand for in-home community nursing has been lower this year including a reduction in the number of DVA clients.

**'Fitness for Older
Adults' Attendances**



In June 2010, staff moved into the new Primary Care building, bringing all of our services back under one roof. Purpose-built consulting rooms, a physical therapy room, a function room and offices provide the basis for more streamlined and integrated services and provide a "One-Stop Shop" for clients. The infrastructure also facilitates more efficient communication between departments and allied health professionals.

Diabetes Education

With the incidence of diabetes on the rise, the effective management of this chronic illness is essential. Norma Oliver very ably provided Diabetes Education at REDHS for many years until a period of unplanned leave in November 2009 led to a change in diabetes programs at REDHS. This created an opportunity for an existing staff member, Leanne Rankin, to take up the role following her successful completion of the Graduate Certificate in Diabetes Education through Deakin University. Leanne has attended the Diabetes Australia State Conference and the Australian Diabetes Educators Association State Conference to keep up to date. Circumstances also allowed REDHS to increase resources available for this position which has seen an increase from 12 hours per fortnight to 40 hours per fortnight in diabetes education and other community health nursing functions.

People with diabetes are given information on lifestyle management including healthy eating and exercise and the importance of regular monitoring by the client and their medical team. Medications and any potential complications are also discussed. In the past year, 111 consultations have taken place.

District Nursing

The District Nursing Service (DNS) has continued to provide nursing services to clients in their homes with almost 5,000 visits carried out in 2009-10. This year saw the departure of two staff who have taken up other positions following the successful

completion of further study. Leanne Rankin moved into the Diabetes Educator role as previously described, and Gena Kidd moved on to work in Maternal and Child Health with the Shire of Campaspe. In their place, we were very pleased to welcome Breanna Bookham and Ali Walsh to our team.

In October 2009, a wonderful team effort and valuable input from our clients scored a high rating at our accreditation survey with the Australian Council on Health Care Standards. We were measured against Home and Community Care (HACC) requirements and achieved a further three years accreditation scoring 18.8 out of a possible 20 (see also the Accreditation section in the Quality of Care report).

In June 2010, we moved into our purpose-built offices in the new Primary Care building. Whilst our temporary accommodation served us well, we are enjoying being part of the new facility and under the same roof as our colleagues. The carport area adjacent to our offices has proven very successful with the need to defrost the vehicles on cold mornings eliminated.

This year, DNS adopted a new, quicker computer system to enable more accurate and detailed data reporting. As in the acute area, this system also required staff to check large amount of client details and select current data from the old system to be migrated into the new one. Staff education was also required to ensure that subsequent data is entered correctly. The new system will assist with the implementation of electronic referral systems which means that referrals both to and from health professionals can be sent quickly and efficiently.

Fitness for Older Adults Program

The popular Fitness for Older Adults Program (FOAP) has been held weekly at Rochester Community House during the last stage of redevelopment. FOAP is designed to increase strength and improve balance and flexibility for people over fifty years of age. The program

Primary Care Services (continued)

will be back onsite from July 2010. Attendances have remained stable over the past three years with 441 attendances during 2009-10.

Health Promotion

REDHS is committed to the promotion of health and well-being in the community and has been involved in a number of activities and initiatives throughout the year. Health assessments were carried out at the Elmore Field Days and health checks and influenza vaccinations were given at the Murray Goulburn factory. REDHS Primary Care staff have also participated in local activities including the Farm Safety Day and the Ovarian Cancer evening facilitated by the community pharmacy. The Sustainable Farm Families initiative continued during the year (see Quality of Care report).

Medical Imaging

REDHS has continued to provide this service two days per week from the radiology room at Elmore Medical Practice whilst awaiting the completion of the new medical imaging department. This year, 478 clients had x-rays taken, continuing a downward trend since the service moved off site. We anticipate that the return of services to the REDHS site will lead to an increase in examinations to the levels recorded prior to the redevelopment.

The new computerised medical imaging equipment has been installed and the service achieved conditional accreditation in June. It is due to resume services at the REDHS site in July 2010. This is a very exciting upgrade and will see the era of film and chemical processing superseded by computer generated images. The images will be sent on-line to the reporting service, with reports sent to the referring doctor on-line. A CD of images will be provided for clients who are referred to specialist services.

We thank Dr Adel Asaid and the team at Elmore Medical Practice for the support and hospitality shown to our medical imaging service for the past eighteen months while the final stage of the

redevelopment was completed.

Physiotherapy

Physiotherapy services at REDHS are provided two days per week by Kyabram and District Health Services under a contract arrangement. The physiotherapists work with people in a primary care setting, in the acute ward and residential aged care services. Assessments are made and interventions suggested for improving mobility. Most of the consultations are on a one to one basis. However, plans are being explored to introduce group programs in 2011.

Planned Activity Group

Our Planned Activity Group (PAG) program continued to operate from the Salvation Army complex for most of the year until this venue became unavailable in April 2010 due to planned renovations. Unforeseen delays with the final stage of the redevelopment meant that we were unable to move straight into the new function rooms and provide a full program for some weeks.

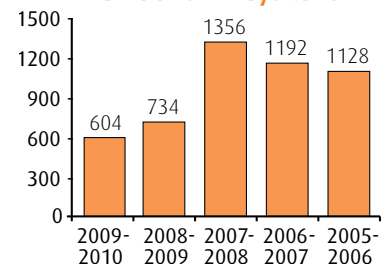
During this interim period, PAG staff Ann-Maree Hewlett and Fiona Irwin, made contact with their clients through letters and phone calls to provide information updates regarding the building project and associated delays. A limited program that included some group outings and activities was conducted on site.

Wednesday 23 June 2010 was a day of great excitement as we welcomed clients back to REDHS and into their new space in the Primary Care Function Room. Staff, clients and their families found the period of time without a full program very challenging, and are relieved that the full PAG program is once again up and running.

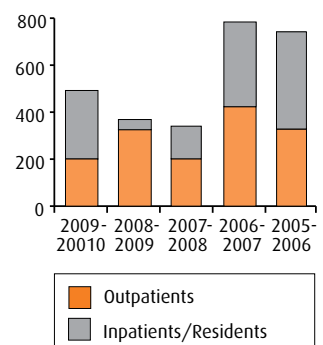
The wonderful support given by our dedicated volunteers is essential to the success of our group and allows us to provide a dynamic and fun program.

The competitive spirit shines through whenever clients urge one another along in their efforts at quoits, hookey, carpet bowls, ten-pin bowling and golf putting.

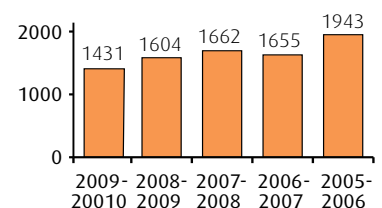
**Medical Imaging:
Number of X-rays taken**



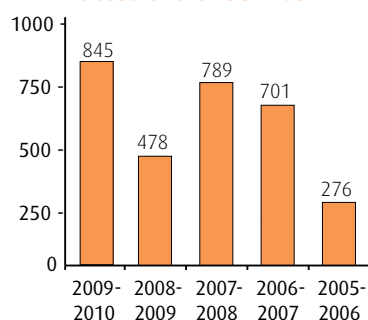
**Physiotherapy:
Occasions of Service**



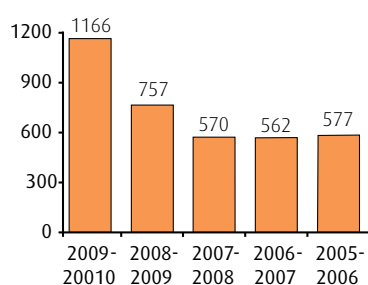
**Planned Activity Group
Attendances**



**Social Work:
Occasions of Service**



Podiatry: Occasions of Service



Primary Care Services (continued)

Birthday and Christmas celebrations, charity days for cancer research were held. Bingo and outings remain the most popular activities. Clients have enjoyed shopping and ten-pin bowling in Echuca and going for drives around the farming areas.

We were very pleased to welcome Anne Shaw to the PAG team this year to fill in for regular staff, when they were on leave. We all look forward to the next twelve months with great anticipation as we explore ways that we can use our new facilities to the best advantage and enhance the high quality care provided for our clients.

Podiatry

Podiatry services have been provided for most of the year from temporary accommodation in a room in REDHS' Acute department, before moving into a purpose-built consulting room in the new primary care building in June. Podiatrist Lisa Farrant has continued to provide services five days per fortnight

including sessions held at both Rushworth and Stanhope. Clients are aged over 65 or have a significant disability. Those with diabetes or poor circulation are encouraged to attend regularly to assist in the effective management of chronic conditions.

Social Work

The social work and counselling service has been strongly utilised by the community during the 2009/2010 financial year. Both social work and counselling is available to the hospital acute patients, hostel and nursing home residents and can be accessed by primary care clients. In-home and telephone consultations are also available to those who require the service. Referrals are made to other services as necessary.

Our Social Worker, Helen Larmour, introduced the Respecting Patient Choices Program (RPC) to the Hostel this year. RPC is a structured program to support advance care planning with regard to end of life decision making (see also Quality of Care report).

Campaspe Primary Care Partnership

Campaspe PCP enjoyed a busy year where we finalised the 2006-2009 catchment wide plan and embarked on a new planning process for the development of our Strategic Plan for the 2009-2012 period. Our new plan identifies three priorities that our member agencies and affiliates are committed to addressing.

Our 2009-2012 priorities are:

Service Coordination:

- Improve interagency communication and practice
- Increase common tool uptake
- Support uptake of service coordinator and care planning practice
- Implement good practice pathways

Diabetes:

- Increase self management capacity
- Implement models of care
- Increase physical activity participation and access to nutritious foods
- Create supportive environments
- Influence change

Social Connection/Mental Health & Wellbeing:

- Increase mental health awareness and literacy
- Support drought affected communities
- Reduce the harm and impact of problem gambling



Department Reports

- Support and encourage social inclusion

The planning process also allowed reflection on our performance against our objectives in the 2006-2009 plan. Many of these objectives were not just met but exceeded and again highlights the great work our agencies are able to achieve under the PCP model.

Campaspe PCP will also implement a new Partnering Agreement with its member agencies from July 2010 to July 2012. The Partnering Agreement upgrades and replaces the Memorandum of Understanding (MoU) and transitions us from a simple contract where members agree to work together, to a Partnering Agreement which shares responsibility for PCP funds and joint accountability of PCP activities to the Department of Health.

Campaspe PCP is in a good position to move to a Partnering Agreement arrangement without significant impacts or changes due to the robustness of our previous MoU.

2010 will see the PCP office relocate into the new primary care wing at REDHS. The staff have enjoyed their time in the relocatable building but are looking forward to our new space and strengthening our ties with the REDHS staff and community.

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

Support Services

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

The team have been working hard over the past year to implement new cleaning routines in the Acute Ward and DPU. With the recent introduction of the new Victorian Public Hospitals Cleaning Standards, staff attended audit training and reviewed current processes. Some practices were completely changed to ensure compliance with the new standards. Audit schedules for all areas have been developed. We are now required to have three external cleaning audits and monthly internal audits. The additional audits and increased floor space with various levels of cleaning requirements and methods has increased workload.

The Catering Department underwent the annual Food Safety Audit in May and achieved a 100% result. This is an excellent outcome and a credit to all staff involved. The department has prepared over 158,000 meals in the last twelve months.

This includes meals prepared for our aged care residents, acute patients, the Rochester Senior Citizens' Club, Meals on Wheels in Rochester, Elmore and Lockington and Planned Activity Groups in Rochester and Elmore.

The review of the Laundry, undertaken last year in response to issues raised by residents and staff, has been effective with no formal complaints recorded this year. Reviews are ongoing and the Laundry will continue to liaise with the aged care facilities to ensure that services continue to be of a high standard.

A lot of planning has been going in to the equipping and setting up of the new kiosk adjacent to Main Reception. Hot and cold beverages, snacks and light meals will be available Monday to Friday.

In the coming year, Support Services will continue to consolidate and improve practices to maintain high standards.



Chef Bec Moroney preparing a meal for residents and patients.

In a year, the catering department uses approximately:

- 13,900 litres of milk
- 5,400 loaves of bread
- 25,000 eggs
- 72,000 teabags
- 12,000kg of potatoes
- 950kg of beef
- 600kg of chicken

Supply Department

It has been a very busy year in the Supply Department with a major achievement being the implementation of Oracle in October 2009. Oracle is a Financial Management Information System that integrates financial and inventory systems. This necessitated some major changes in imprest systems, bulk storage areas, and departmental ordering systems, with a clear line of ordering now in place, commensurate with REDHS' Delegation of Authority. Staff attended training sessions and setting up all REDHS supply items in the system was an enormous task

that was handled very capably by Gayle McConnell.

The redevelopment has also had a huge impact on the Supply Department with obtaining quotations and ultimately the purchase of furniture, fittings and equipment for the new facilities, in consultation with managers and staff.

REDHS' procurement practices and purchasing policies comply with the Victorian Industry Participation Policy, as applicable.

Facilities Management

Another exciting year for the Facilities Department with the completion of our 3½ year capital works program. The entire site has now had capital improvements completed; with all areas having facilities to take them into the future with confidence.

The installation of a heating and cooling system for the Hostel was a much anticipated project that was completed in October 2009. The system consists of three central refrigeration plants delivering heating and cooling to forty-five individually controlled cassettes located in all bedrooms as well as communal areas. The system worked well through the long, hot summer, delivering cooling to Hostel residents' bedrooms for the first time. The installation also allowed us to turn off the old hydronic heating system which required constant monitoring by maintenance staff to get through the winter months. To date the new system seems to be handling our cold winter nights with ease.

In June 2010, the opening of the third and final stage of our redevelopment was a very significant milestone for the organisation and a highlight for Facilities Management after years of planning and construction. This stage saw the addition of approximately 1200m² of floor space to the facility to house primary care, medical consulting rooms and medical imaging. One of the biggest challenges

was ensuring that all communication and emergency systems were in place and working correctly. Many components have been added and integrated into our growing ICT systems including Security, Nurse Call, Building Management Systems, Automatic Lighting and Fire Warning systems. All of these systems are linked to our local area network by either wireless networks or wired data networks. Along with the ICT requirements, the building also had new furniture, fittings and equipment installed.

In addition to his maintenance duties, Facilities Technician Brett Shotton was allocated one day per week to coordinate the construction of the Community Garden including sourcing and maintaining equipment and constructing garden features such as the entrance arbour. He continues to monitor the progress of the garden and assists residents and the garden committee as required. He has played an integral part in the garden's success.

Though site redevelopment is now complete, further capital and refurbishment works are in the planning stages, including the Rochester Men's Shed Project. Construction is expected to be completed in October 2010. The installation of new floor coverings throughout the Hostel is expected to be completed in the coming months.

Our Environment

Health services are major users of energy and water and produce substantial amounts of waste. In accordance with Victorian Government requirements, we report our electricity usage monthly and water usage quarterly.

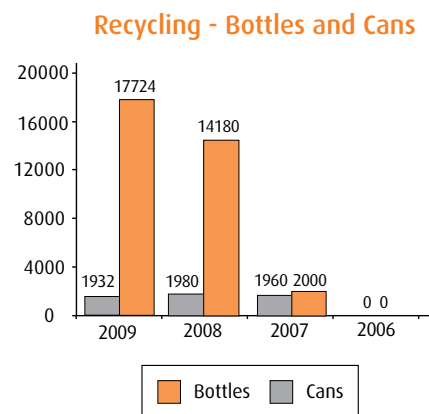
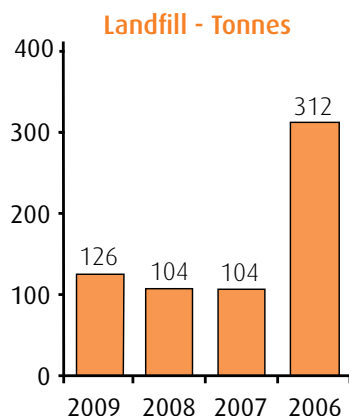
As REDHS now occupies approximately 6,050m² of building and 11,000m² of grounds, the challenge for the future is to maintain these facilities to the very best standards and in keeping with our environmental sustainability plans.

This year, REDHS commenced participation in the ResourceSmart initiative that aims to assist healthcare providers to meet government environment policy commitments through a tailored environment management program. Staff attended a series of training workshops and a coach was allocated to assist us with implementing the initiative at REDHS. The internal review we conducted showed that REDHS already had the infrastructure and many initiatives in place to assist in the minimisation of the health service's environmental impact. The review also identified that there is scope to improve internal data reporting processes and the need to reinvigorate the existing Environment Committee. The engagement of staff from all departments, some of whom have already indicated their interest in being involved at committee level, will help to achieve this objective. The organisation's Environment Action Plan is also under review as part of the improvement process.

The use of solar panels to preheat water and the heat exchange systems in our new facilities help to reduce our overall environmental impact. Cardboard, paper and tins are recycled and with increased access to additional electronic documents including policies and procedures via the intranet, there is the potential for further significant reductions in paper usage. As a result of the recycling program, landfill has decreased significantly (see graphs).

The grounds and community garden have both been connected to the underground, rainwater harvesting tank, reducing the demand for mains water. A number of fleet cars are running LPG and the use of hybrid vehicles is being investigated. Staff are encouraged to car pool where possible and also encouraged to use public transport to attend meetings in Melbourne. Bicycle racks have been installed as part of the redevelopment program.

The Building Management System is now operating in all areas of the facility and temperature settings are being refined as new areas have opened up and as external temperatures fluctuate. This system will create energy efficiencies and also allows lighting to automatically shut off as the last person leaves the area.



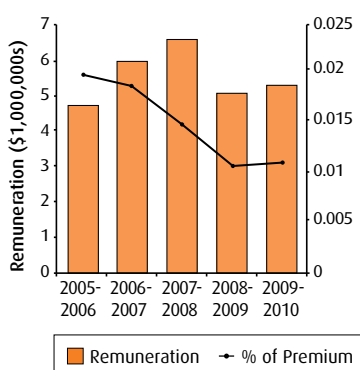
Resident Ray Bowman watering the community garden vegetables with rainwater harvested from health service roofs and roadways and stored underground.

Premium Rate / Weighted Industry Rate by Year



Facilities Technician, Brett Shotton, with the modified safety cap he devised to dramatically reduce the chance of chemical spillage.

Premium Payable as a Percentage (%) of Total Remuneration



A team of enthusiastic volunteers installed drip irrigation systems in garden beds throughout health service grounds.

Occupational Health and Safety

The Occupational Health and Safety Committee is made up of equal numbers of management and staff representatives, with some specialist positions, such as Quality and Infection Control, appointed members. The Committee meets on a monthly basis to address areas of concern and plan activities designed to improve staff safety.

Over the last 12 months, four Designated Work Group Representatives undertook a five day OH&S Representatives' course, two DWG Representatives undertook an OH&S Representatives' Refresher Course and two members of this Committee also attended a two-day training course to become Contact Officers.

A benchmarking group has been formed in partnership with Castlemaine Health, Echuca Regional Health and Kyabram District Health Services and a common dataset has been developed. Reporting will be quarterly and give all participating health services the opportunity to identify areas for improvement and where they can assist each other with those improvements.

All staff are required to attend an Annual Training Day, where mandatory safety training is delivered. This includes Emergency Response Procedures, OH&S obligations and site specific safety infrastructure. Each Department ensures that staff are trained in relation to safety issues specific to their Department.

A good example of this is the Chemical Handling education provided for all Support Services Staff who are required to handle hazardous substances.

Some of the achievements of the OHS Committee during 2009/10 include:

- Development and implementation of regular workplace inspection by OHS Representatives to ensure ongoing compliance with safety systems;
- Mandatory Annual No Lift training is now being conducted within areas where staff actually work, providing the additional benefit of addressing any specific concerns staff may have;
- Introduction of an online incident/hazard/near miss reporting system, providing the benefit of enabling the committee to review trends and address issues identified;
- Education sessions for Committee members, Senior Managers and Staff on legislative requirements associated with the reporting of serious incidents.

This year significant changes have been introduced to WorkCover, some of which have resulted in an increase in our premium. REDHS has not had any standard WorkCover claims throughout 2009/10.

Community Involvement and Support

Volunteers

In the past twelve months, the support of our volunteers has once again been outstanding. We have a total of ninety-three registered volunteers who regularly assist staff in the Planned Activity Group, Hostel and Nursing Home.

This year REDHS also had a number of volunteers who made an enormous contribution towards specific projects, such as the Community Garden, installation of

an irrigation sprinkler system, cleaning of bricks for the memorial wall, and compilation of the history of the health service.

REDHS is fortunate to have had the support of a number of auxiliaries over the years. Their fund raising efforts and volunteer contributions play an important part in the ability of the health service to continue to provide a high level of care for its community.

Department Reports

Rochester and District Hospital Auxiliary

The Auxiliary celebrated its fortieth year at our Melbourne Cup Day Luncheon in November. It was a thrill to have five original committee members present on the day. Our fund raising so far this year has included a "Cherished Fashions" morning tea, Card and Coffee Morning, catering afternoon tea for the Australia Day Committee and a movie premiere night. An anti-cancer morning tea was also organised. We placed entries in the Great Northern Show (Rochester) and at St John's Presbyterian Church Fair including cooking, craft and flowers. Thank you to our members who braved the cold to sell our raffle tickets in the main street.

This year we presented a cheque for \$6000 to the health service. The money will be used in conjunction with \$1000 from the Diggora and Ballendella Hospital Auxiliary to purchase two air pressure mattresses for the nursing home.

Diggora and Ballendella Hospital Auxiliary

After over fifty years of fund raising for the health service, it was with some sadness that the Diggora and Ballendella Hospital Auxiliary held its final meeting in June 2010. The dwindling farming population in the area and ageing of members were the main reasons for the disbanding of this highly successful and very generous auxiliary.

The Diggora Auxiliary was formed on April 1st 1955 and no task was too great for the small band of members who collected and worked for the hospital through Diggora, Diggora West, Warragamba, Tennyson, Milloo and Piavella. Meetings were held in private homes with hospital board representatives in attendance. Fund raising was mainly door to door. From 1998, Ballendella district donations came through the Diggora Auxiliary. Funds raised either went towards the purchase of stipulated equipment or was combined with other Auxiliaries' donations for larger

and more expensive equipment. The amount of money raised over many years (over \$110,000) shows the generosity of the people of the Diggora and Ballendella areas. Later this year, the Diggora and Ballendella Hospital Auxiliary will make a final donation of \$10,000 to REDHS. This has been pledged to assist with the purchase price of the Aged Care Activities Room Stained Glass Windows.

Rochester and Elmore District Health Service gives thanks to all those who have been involved in the auxiliary over the years, for their generosity, dedication and tireless fund raising efforts.

Other Donations

This year we have also been fortunate to receive donations of equipment from community members:

- Stuart McDonald - Flat screen TV for Nursing Home residents
- RODS - Wall mounted TV for the DPU patient waiting area
- Win Moon - Organ for the Hostel

The ongoing support of community groups such as the Campaspe CWA, Rochester CWA, Milloo CWA, Ballendella Red Cross, Salvation Army Craft Group, Elmore Senior Citizens, is always gratefully accepted. Members of these groups work hard to make regular donations of handmade goods and other items for use by our Aged Care residents.



Diggora and Ballendella Auxiliary Hospital Auxiliary members John Lees, Eric and Shirley Kneebone, Grace Haines and Norm Bacon attended the opening of Stage 3 redevelopment and presented the health service with another generous donation.



Rochester & District Hospital Auxiliary members selling raffle tickets to raise money for the health service.

Donations and Bequests (over \$100)	
Rochester & District Hospital Auxiliary	\$6,000.00
Diggora and Ballendella Hospital Auxiliary	\$1,000.00
Rochester Citizens Action Group	\$1,734.46
Coliban Water	\$1,200.71
Donations in memory of Bill Ellis	\$320.00
Donations in memory of Olive Oliver	\$295.00
Hannah Thompson - Lolly Trolley	\$200.00
Donation in memory of Alan Curnick	\$200.00
Donations in memory of Dorothy Appleby	\$185.00
Donations in memory of Jack Trench	\$150.00
Donations in memory of Gerry Palmer	\$100.00
John Sharkey	\$100.00
Total Donations for 2009/10	\$15,248.32

*Total includes donations of less than \$100.

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 and the Standing Directions of the Minister for Finance and the Financial Reporting Directions.

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 on request (subject to the freedom of information requirements, if applicable):

- (a) A statement of pecuniary interest has been completed;
- (b) Details of shares held by a senior officer as nominee or held beneficially;
- (c) Details of publications produced by the Department about the activities of the Health Service, and where these can be obtained;
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) Details of major research and development activities undertaken by the Health Service;
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;

- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) General statement on industrial relations within the entity and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations; and
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which the purposes have been achieved.

Building Compliance

Rochester & 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. The new Nursing Home facility obtained Commonwealth Certification as a Class 9C building in June 2008.

Competitive Neutrality

Rochester and Elmore District Health Service is committed to the principles of the Victorian Government Competitive Neutrality Policy, as set out in the guide to implementing better work practices and is continually reviewing market changes and conducting benchmarking against applicable tenders.

Compliments, Suggestions and Complaints

We welcome your comments in regard to the quality of our service. Your suggestions are important to us as we develop our strategies for continuous improvement. Compliments, suggestions and complaints should be directed to:

**Chief Executive Officer, REDHS,
PO Box 202, Rochester, Victoria 3561
or by telephoning (03) 5484 4451**



Consultants

There were seven consultancies this year, none of which exceeded \$100,000. The combined total of the consultancies was \$18,418.20.

Disclosure of ex-gratia payments

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

Equal Opportunity Employer

Rochester and Elmore District Health Service is an equal opportunity employer and is committed to a policy of equal opportunity based on the merit principle in employment in accordance with the Public Sector Management Act 1992, including the submission of an Annual Report to the Commissioner of Public Employment. Rochester and Elmore District Health Service employs a workforce of permanent, part time and casual staff throughout the year, and at 30 June 2010, employed 99.14 FTE.

Freedom of Information

The Freedom of Information Act 1982 provides the public with a means to obtain information held by the Health Service. During the 2009/10 financial year, three requests for information were received, with all requests granted in full. Freedom of Information requests can be made by contacting the Health Service Freedom of Information Officer on (03) 5484 4451.

Financial Management Compliance Framework (FMCf)

The Financial Management Compliance Framework (FMCf) was introduced on 1 July 2003 and applies to all Victorian Public Sector (VPS) entities. The Framework has been established to ensure that all VPS entities have implemented appropriate systems to ensure that public resources are used in an efficient, effective and responsible manner.

Rochester and Elmore District Health Service has been largely compliant with

the framework since it was introduced and this opinion was again endorsed this year via the Internal Audit Program. Work is continuing to ensure that full compliance is achieved. Rochester and Elmore District Health Service will continue to review its performance, policies and procedures against the compliance tool to ensure that the Health Service is operating in an effective and responsible manner.

National Police Register (NPR) Checks

All staff are required to have a current, satisfactory, national police register (NPR) check. For new staff, this is required prior to commencing employment with Rochester and Elmore District Health Service. NPR checks are deemed valid for three years. Volunteers are also required to have the same check undertaken at the commencement of their engagement and each three years thereafter. Some staff are also required to have a satisfactory "Working With Children" check.

Statutory Information (continued)

Staff Analysis – Total FTE

Labour Category	June Current Month FTE	June YTD FTE
Nursing	55.30	55.80
Administration and Clerical	13.74	13.90
Medical Support	4.40	4.50
Hotel & Allied Services	25.70	26.00
Medical Officers	0	0
Hospital Medical Officers	0	0
Sessional Clinicians	0	0
Ancillary Staff (Allied Health)	0	0

Whistleblowers' Protection

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


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

In the year ended 30th June 2010 there were no disclosures made to Rochester and Elmore District Health Service under the Whistleblowers' Protection Act 2001.

Attestations

1. Data Integrity

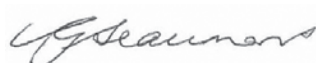
I, Glenis Beaumont certify that Rochester and Elmore District Health Service has appropriate internal controls and processes in place to ensure that the Department of Health is provided with data that reflects actual performance. Rochester and Elmore District Health Service has critically reviewed these controls and processes during the year.



Accountable Officer
28 July 2010

2. Compliance with Australian/New Zealand Risk Management Standard

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



Accountable Officer
28 July 2010

Operational Performance Summary

Factors affecting operational performance

During the 2009-10 year, Rochester and Elmore District Health Service completed the third and final stage of a major capital building project. Over this time, there has been some level of service disruption to primary care due to the need to decant and relocate into temporary accommodation. The areas particularly affected include Planned Activity Group, Podiatry, and Physiotherapy. Inpatient bed capacity was also reduced during this time.

Further details of operating performance including a 5 year financial summary and the summary of financial results for the period are included in the Financial Report section of this Annual Report

Activity

Admitted Patients – Note (a) see below	Acute
Separations	
Same Day	143
Multi Day	435
Total Separations	578
Emergency	57
Electives	529
Total Separations	586
Total WIES	462.77
Total Bed Days	2582

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

Some estimations have had to be made in the above table due to unavailability of June 2010 statistics at time of printing.

Non-Admitted Patients	Acute
Urgent Care Centre Presentations	771

Our Commitment to Quality and Safety

A message to our community

On behalf of the Board of Management and staff of REDHS, we are pleased to present the Quality of Care Report for 2009/2010.

REDHS has many systems in place to ensure that we are providing and continually improving safe, high quality services for the community we serve.

This report will:

- highlight the systems and processes in place for managing risk and improving quality and how they help us to monitor the treatment we provide
- give an insight into consumer experiences whilst in our care
- show how community members can participate in their care
- illustrate some of the many improvements made across the organisation in the past twelve months
- give recognition to the contributions and achievements of staff and volunteers

An invitation for readers to provide feedback on last year's report was provided with both hard and electronic copies. No formal responses were received but verbal responses indicated that the report was very informative and people had a greatly improved

knowledge of their health service.

This report is published in conjunction with the REDHS Annual Report and will be made available to community members at the REDHS Annual Meeting. After the meeting, hard copies will be distributed to other local health care providers and local community and service groups. As a large number of community members access our services on a regular basis, copies will also be readily available at the health service, medical consulting rooms or from our district nurses as they travel around. An electronic copy will be available on our website at www.redhs.com.au. Feedback is invited in writing to the Chief Executive Officer at Reply Paid 5, PO Box 202 Rochester 3561 or electronically via rochhosp@redhs.com.au

As a small rural health service, we provide a broad range of services to a wide range of people. This means that we assist patients, clients, residents, carers and family members. For the purpose of this report, we will use the term consumer but may use a specific term such as resident or patient where appropriate.

Providing the Right Environment for Quality Health Care

Whilst all staff share in the accountability, the REDHS Board of Management is ultimately responsible for effective clinical governance. In other words, they must ensure that there is a suitable environment available where appropriately trained clinical care providers and consumers are able to work together to achieve safe, high quality care.

A suitable environment is one in which:

- consumers participate in their care
- treatments/care are effective
- risks to consumers and staff are managed and minimised
- an effective workforce is available to provide expertise using best practice techniques in a safe environment

An environment such as this must be created then maintained through review and continuous improvement. Planning and budgeting must be thorough and ongoing as the efficient allocation of resources is essential. The health service's Strategic Plan provides the framework by which the organisation delivers safe, quality care as consumer needs and expectations change. The promotion of a just culture where people are encouraged to report incidents, near misses or hazards and to raise issues of concern is also essential. REDHS must also abide by the many laws and regulations that are in place for consumer protection.

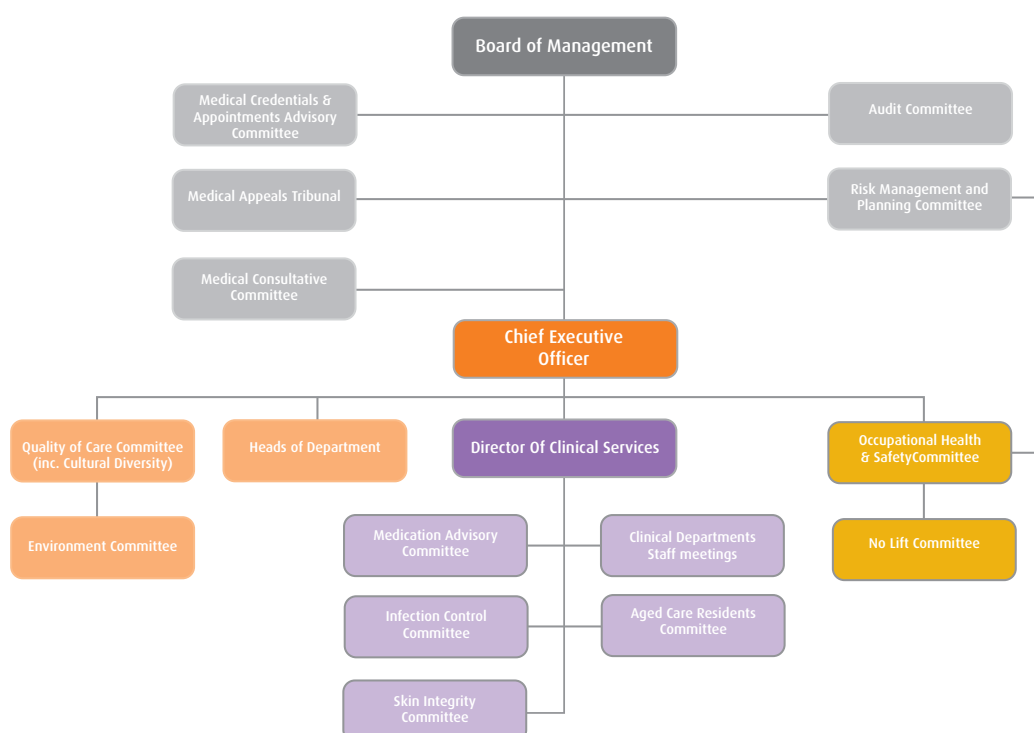
With all of these elements required to provide safe, quality care, how does REDHS keep track of what is happening at any given time, what is needed, when is it needed and is it working?

Quality of Care Report

Keeping Our Fingers on the Pulse

In order to keep the REDHS Board of Management informed of the standard of care being provided, there is a comprehensive reporting structure in place that ensures that the right information is available

when and where it is needed (See Committee structure diagram). Regular committee meetings are held to ensure currency of information.



Internal Reporting

The Risk Management and Planning Committee and Quality of Care Committees are two of the main conduits through which the REDHS Board receives information. The Quality of Care Committee consists of representatives from all departments, the Executive team and two board representatives and meets six times per year. It monitors issues of quality and safety through the receipt and analysis of reports from all health service departments and specialist committees. Trends are identified and improvement activities are encouraged and supported. The Quality Improvement Plan guides the Committee by outlining performance targets and how they are to be measured. The Risk Management and Planning Committee oversees clinical and corporate risk across the organisation and is a sub-committee of the Board.

Incident and near miss reporting are an essential component for safe, quality care by assisting in the identification of areas for improvement. To prevent further incidents or to minimise their impact, incident trends are analysed e.g. the causes of falls

or medication errors or the times of day when most incidents occur and action taken and monitored. New software was introduced in June 2009 that streamlined reporting by enabling staff to enter incidents directly into the system during their shift rather than filling out paper reports.

External Reviews

Throughout the past twelve months, the health service has undergone a number of rigorous external reviews including three major accreditation surveys across various departments and a smaller fourth one for the Medical Imaging Department.

Accreditation is a process whereby organisations are assessed against a set of standards specially developed for measuring health care provider performance and consistency with current regulatory requirements and community expectations. The awarding of accreditation gives the community confidence that their health service is meeting quality and safety requirements.

Keeping Our Fingers on the Pulse (continued)

Aged Care Standards & Accreditation Agency Ltd (ACSAA) Accreditation

In August 2009, two assessors from ACSAA visited our hostel and nursing home over two days to check our compliance with aged care standards. They looked at policies and procedures, care plans and incident reports and were particularly interested in the many improvements that had been made. Through speaking with management as well as care, administration and support services staff, residents and their families they were able to confirm what they had read and observed. Residents and families told assessors of their satisfaction with services. Both nursing home and hostel were found to be compliant with all forty four required outcomes and awarded accreditation for a further three-year period (until October 2012).

As well as scheduled assessments, unannounced visits can be carried out at any time. Our aged care facilities received one such visit in February 2010. Two assessors spent the day reviewing the processes we have in place to manage environmental safety and control hazards, police checks and continuous improvement. It was confirmed that we were continuing to meet the required standards. They were very complimentary of our care and noted improvements over and above what could normally be expected. They also suggested some activities that could be trialled to further improve our services.

Australian Council on Healthcare Standards (ACHS) Accreditation

In September 2009, two surveyors conducted a Periodic Review involving our performance in the acute ward (hospital) and administration against approximately half of the forty-five standards. They looked at our admission and discharge procedures, management of medication and falls to name but a few. They also reviewed our continuous improvement processes and initiatives, policies, risk management, credentialing and staff qualifications, safety and risk management and spoke with management, staff and patients.

They were particularly impressed with the way that services were maintained during the redevelopment of the site and the well-organised move into the new acute ward. Our current full accreditation status was upheld until its expiry in January 2012.

Home and Community Care (HACC) Program Accreditation

Immediately following the ACHS survey in September

2009, our district nursing service was also assessed by ACHS, but against Home and Community Care standards. The surveyor spent the day reviewing care plans and referrals, spoke with staff, visited clients in their homes, checked staff qualifications and education and the level of consultation between the nurses and clients. The surveyors were very complimentary of the service we provide and noted the high level of satisfaction amongst clients and carers. Overall, our district nursing service scored 18.8 out of 20, in the High category. This was a big improvement on the rating of 14.58 out of 20 (Basic category) at the previous survey three years earlier, due mainly to additional documentation and policies being in place.

Medical Imaging Accreditation

In June 2010, our new Medical Imaging service was successfully accredited. This means that our staff, contractors, equipment and processes meet the standards required by the Department of Health and Ageing. From July 2010, we will provide general digital X-ray services on site.

Cleaning Audits

Cleaning audits are conducted on a regular basis in accordance with requirements and are integral to the prevention and management of infection control.

Food Safety Annual Review

In May, the annual Food Safety Audit was conducted by an auditor from Food Hygiene Australia to check health service compliance with the Food Safety Act 1984.

The areas looked at were Receiving, Storage, Preparation, Cooking, Holding, Transport, Display, Support Programs, Training, Food Recall and Records. Although we have passed all previous audits and maintained consistently high scores, this is the first time we have achieved 100%.

The auditor wrote: "Management and staff have demonstrated a very good knowledge of food handling and safety. Also program and record keeping are effective. Thanks to management and staff for their co-operation during the audit process."

Limited Adverse Occurrence Screening (LAOS)

REDHS is also involved in the Limited Adverse Occurrence Screening (LAOS) program that provides reviews of admissions that meet certain criteria and aggregated results from rural health services help to formulate recommendations for improvement.

Who are the People that Access Our Services?

REDHS has a Cultural Diversity Committee that meets twice yearly and works within the Cultural Diversity Plan. The Plan includes actions for monitoring our clients' cultural and linguistic requirements, aims to encourage a culturally sensitive workforce, ensures language services are available and that all relevant standards are met.

This year, the Department of Health released its Cultural Responsiveness Framework and we have analysed the gaps between our Cultural Diversity Plan and the new framework and will develop a plan to address the gaps. Our focus to date is to create awareness amongst staff through an education program.

REDHS has access to many sources of information regarding the people in our community including Census Data, the Shire of Campaspe's demographic

data, our own admission data and the Victorian Patient Satisfaction Monitor Results. We use this information when planning our services and the ways in which they are delivered.

Our community is predominantly Australian born (95%) and English speaking (99%). The "at call" interpreter service was not required this year. Our aged care staff have been attending training around person-centred care that includes a person's cultural background and requirements.

Our community has a comparatively high percentage of people over 65 years of age with the vast majority of our services accessed by this group. REDHS has had one aboriginal (ATSI) admission recorded this year and appropriate cultural support was provided throughout the hospital stay.

Working in Partnership with Your Health Service

Doing It With Us Not For Us is a state government policy to ensure the meaningful involvement of consumers in decision making about health policy and planning, care planning and wellbeing. REDHS' Strategic Plan confirms its commitment to consumer participation and there are a number of strategies and processes in place to encourage and enable consumers to be involved in their care.

REDHS works closely with the co-located Campaspe Primary Care Partnership and contributed to the development of the Primary Care Partnership Strategic Plan. Consumer participation is monitored, recorded and reported in a variety of ways including the publishing of articles in the local newspaper, the Quality of Care report, reporting to government for specially funded projects such as the Community Garden and in minutes of various committees such as the Residents' Committee and Board of Management.

A Disability Action Plan is in the process of being developed and the redevelopment of our site has improved access to our facilities for those with a physical disability.

Regular surveys are conducted in our aged care facilities for both residents and their representatives as well as with our primary care clients. Acute patients are also surveyed through the Victorian Patient Satisfaction Monitor (VPSM). REDHS' overall Consumer Participation Index (CPI) score in the most recent VPSM analysis was 84.4 (up from the previous

score of 83), well exceeding the required target of 75. The most recent survey of our district nursing clients indicated that 98% felt that they were involved in their care. When asked if they felt involved in their personal care, 96% of aged care residents answered in the affirmative.

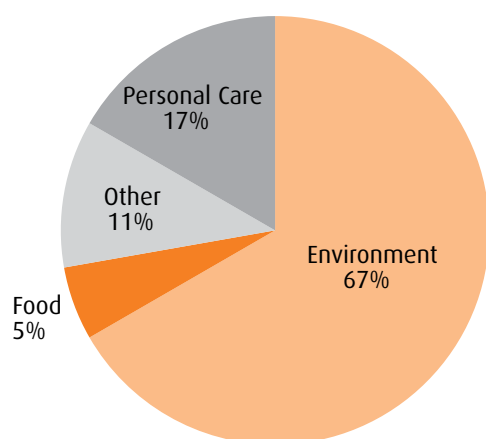
Administration and other appropriate staff have been made aware of the **Checklist for Assessing Written Consumer Health Information** and will apply it when developing written health information. The checklist was applied to existing Diabetes Management information and found to be compliant with requirements. Diabetes clients were asked about information quality and usefulness in a survey through Campaspe Primary Care Partnership. As part of the VPSM, patients are asked to rate the written information given on discharge that tells them how to manage their condition and recovery at home. The required target is 75% who rate the information Good to Excellent, REDHS' rating was 93%.

Managing Feedback

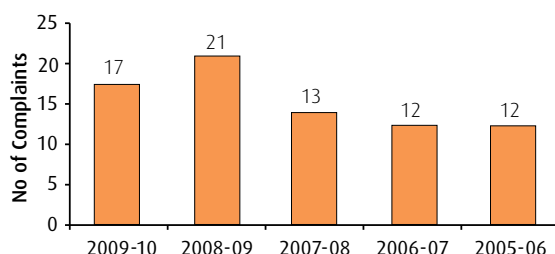
All consumers have ready access to feedback forms placed throughout the organisation and written information for patients and residents is also provided on admission. There is also an invitation on our website to provide feedback electronically. We have many volunteers who contribute not only their time, but their expertise and feedback to assist with improving services.

In 2009-10, there were seventeen formal complaints received. A number of them involved signage and accessing the new buildings after hours. Signage was reviewed and further information was provided to the public in the local newspaper and during public tours. Overnight noise from the operating theatre compressor was also reported and is now only in use in daylight hours on theatre days. Additional curtaining and hooks in Acute ensuites were requested and installed. Complaints regarding care were investigated and responses provided to the satisfaction of the complainants. All were resolved within the expected time frames, with one exception that is requiring engineering works to be carried out. All parties have been kept informed of progress during a family meeting and in writing and works have commenced to resolve the issue.

Complaints by Category 2009-10



Complaints



This year we have also received seven suggestions ranging from changes to garden and building access to noise reduction through the use of headphones for televisions.

Compliments have been received in all departments, the vast majority regarding personal care. Appreciation for the commemoration of special occasions such as anniversaries and milestone

birthdays have also been received.

I have been a guest of your beautiful hospital for the last three days. During my stay I was treated with respect and care. What a wonderful asset to our community!

We would like to sincerely thank you for the excellent care and support that you gave Dad over the last twelve months. You not only provided that support to Dad but also to Mum and the rest of the family.

Our family wishes to thank each of the hostel staff for the professional care you give to all residents but in particular for the understanding and thoughtful way you welcomed our uncle. He was extremely happy in his days at the hostel, enjoying the company and camaraderie of the other residents.

To all the staff at the nursing home, thank you for all your kindness and care to my brother while he was a resident. Thank you for your support to me on his passing away.

Thank you for all your support, sensitivity and care (for our father) which was uniquely personal.

To District Nursing Staff: Thank you for the wonderful care that you gave my father. We appreciated your help.

Consumer Involvement in Planning

Apart from providing feedback in a variety of ways, consumers are involved in planning, improvement and evaluation of services as outlined above. The REDHS Board of Management is made up of volunteers who are community members and are also represented on the Quality of Care committee. They undertake strategic planning and reviews in conjunction with department managers. Input from other sources such as primary care partnerships is provided as required. Consumers have been involved in the Heritage Committee, Residents' Committee and Community Garden Committee. Planning for the Men's Shed has involved Rochester Community House representatives and the men who work in the shed. Resident representatives are invited to evaluate our admission processes so that improvements can be made in future admissions. Consumers have also reviewed health information and there are plans for them to be invited to evaluate survey content before distribution. Ideas for Quality Improvement activities, and subsequent progress, are reported at staff and resident meetings.

Effective participation

In order for consumers to effectively participate in health service planning and care provision, some education may be required. The Board of Management has orientation and education programs in place to ensure new and existing board members have a sound understanding of the health service and corporate and clinical governance aspects of their roles. Orientation sessions are provided for volunteers and there has been additional training this year to assist volunteers working with people who have dementia.

Consumers are invited to report any hazards or near misses. The “Risky Business” initiative in the Hostel and Nursing Home is a standing agenda item at the Residents’ Committee meeting. Residents report hazards including slippery, sloping or uneven surfaces for attention by our maintenance department.

Our accreditation status in the areas of consumer participation further reinforces the existence of processes at REDHS that provide opportunities for meaningful consumer participation as highlighted throughout this report.

Having the Right People to Help You

Another component in the provision of safe, high quality care is having suitably qualified people available to deliver it.

Credentialing

The credentialing process in place ensures that nurses present their current registration annually. Visiting Medical Officers (VMO) are credentialed initially for one year and then every three years but are required to provide proof of registration and insurance on an annual basis. VMOs are credentialed based on their training and experience, with an assessment of their scope of practice that reflects their skill levels and expertise. REDHS credentialing processes are based on the National Standards. With the reopening of theatre, REDHS now has a general surgeon and anaesthetic support, provided by and credentialed through, Bendigo Health, as part of a contract agreement. During the past year, three new GPs have been credentialed by REDHS as Visiting Medical Officers replacing GPs who have left the area.

The credentialing process is also required of Allied Health clinicians, and processes exist to ensure these staff comply with accepted Standards.

Staff Education

With the rapid advancement of health care techniques and technology, ongoing staff education is essential. Online training is offered to staff covering a wide range of topics and competencies. The REDHS intranet is the main portal for accessing much of this training covering areas such as pressure ulcers, dementia, blood and blood products handling, continence management and more.

A number of Support Services staff have been furthering their professional and personal development in a range of areas such as Certificate II in Cooking and Catering, , Certificate III in Health Service Assistance, Certificate IV in Health (Nursing), Bachelor of Health Science in Nutrition and a course in Cleaning Standards Auditing.

Improving Care

In addition to the Quality Improvement Plan, each department has quality improvements being made. Improvements may be identified through incident reporting, consumer feedback or, more often than not, by staff who initiate the improvement.

This year, there have been a number of initiatives around consumer-focused care. Improving the living environment and promoting social inclusion have been at the forefront of this year's activities.

Encouraging Best Practice in Residential Aged Care (EBPRAC)

In 2009, REDHS became one of five rural health services to commence work on a two-year research project in partnership with Monash University in our aged care facilities. The aim of this project is to improve the care of residents living with dementia.

This year, the project has focussed on education and reviews of the living environment (i.e. social and physical). Project Champion, Wendy Kneebone, has coordinated activities such as staff training, resident and family survey distribution and has liaised with the regional project manager.

Care and Support Services staff attended a two-day course about providing person-centred care that focussed on valuing residents' perspective of their care, providing individualized care. They have also had the opportunity to further their learning with computer-based education that included two-minute micro-training sessions to encourage staff to consider additional ways to improve care for residents. Volunteers and families have also been included in some education sessions with follow-up sessions to be presented in the coming months.

Staff members feel that they have a greater understanding of the need for residents to be meaningfully occupied. Staff have also noted that they are more confident when interacting and communicating with residents who have dementia and has resulted in a better understanding of the residents' requirements. A third staff member was reminded that person-focused care meant "People Before Schedules" and reconfirmed that the individualised care currently in place for residents is essential.

Dementia care mapping was undertaken in which an observer spent a day mapping the interactions experienced by residents with dementia. The maps

assist in measuring the well-being of residents during certain activities or encounters. Preliminary results confirm that positive, reaffirming interactions with staff are vitally important as is being meaningfully occupied.

An environmental audit of the physical surroundings was undertaken. A grant was received to assist with making some alterations and additions to improve the physical environment for people with dementia. A sitting area for residents will be provided near the nurse's station in the nursing home, new signage will be installed and the path in the dementia garden will be remodelled to name but a few.

The education and developments from the EBPRAC project have been well received by staff and are leading to improved quality of life for residents. Further work will continue in this project during 2010.

Respecting Patient Choices Program (RPC)

The Respecting Patient Choices Program (RPC) was introduced at the Hostel during 2009/2010. RPC is a structured program of education and system change to support advance care planning with regard to end of life decision making. RPC is a process enabling a consumer to make decisions about his or her future health care and end of life care in consultation with their health care providers, family members and other important people in their lives so that the persons preferences are known and respected.

RPC began in 2002 as a pilot program at the Austin Hospital, Melbourne, and has since been extended to a number of other hospitals and communities in Victoria and across Australia.

The Mission of the Respecting Patient Choices Program is to:

- Respect every person's right to autonomy, dignity and fully informed consent.
- Assist individuals to reflect upon, choose and communicate their wishes regarding their current and future health care.
- Respect individual's wishes.
- Educate and supports health professionals to facilitate this.

Those involved in the program have welcomed the opportunity to discuss their advance care wishes in a supportive, relaxed environment.

Quality of Care Report

Count Us In - Social Inclusion project

People are social beings that interact with family, friends and the wider community over their lifetimes. Moving into, and living, in an aged care facility can sometimes lead to a level of social exclusion. Residents may not encounter as many children or youths, they may also find that they have less in common with friends because their living situation has changed.

With this in mind, REDHS identified that a common interest that could span the generations, backgrounds, nationalities and current or previous occupations could increase social connectedness. The socially inclusive, challenging and enjoyable activity of gardening was a perfect fit that could provide a positive experience for all involved. REDHS' aim was to provide a working community garden and outside meeting place in

the health service grounds to encourage community groups, clubs, schools, family and friends to spend stimulating time with residents in a productive pastime. This model would enable even the most frail and vulnerable residents to be included.

The development of the Community Garden Network Project has generated much interest and has resulted in a place where residents can spend time alone, with family or friends while enjoying passive or more active recreation. The garden committee formed to oversee the project includes residents, staff and representatives from local government and community organisations. Raised beds are in place to enable residents to tend vegetables. Ongoing volunteer involvement in the garden will enable the garden to be used to its full potential by residents.



School children from St Joseph's Primary School joined residents, family and community members in planting shrubs, flowers and vegetables at a "Welcome to the Garden" day in March 2010.

Promoting Health and Wellbeing in Our Local Community

Sustainable Farm Families

Sustainable Farm Families (SSF) is a program developed by the Western District Health Service and the Department of Primary Industries to bring better health, wellbeing and safety to people on the land. It provides practical straightforward information and advice for participants including individual health assessments and group discussion of issues of interest to farm families. The program is run over a three year period, with annual assessments to review healthy lifestyle changes by participants and offer advice on practical tips for improvements.

This is the third year of the initiative at REDHS in partnership with a group of farmers from Elmore. Two new SSF programs were commenced with dairy farmer groups from Rochester and Girgarre.

As part of the assessment process, a number of participants were referred for follow up. Overall the program has found high incidence of risk factors for Diabetes and heart disease among the farming community, so much so that the program now covers diabetes in the first year rather than second year.

Participants indicated that a big highlight of the program is the healthy eating, reading labels and making better food choices information session. Overall they found the tour of the supermarket to be

a valuable learning experience, especially for those that don't usually do the shopping. One comment was that the shopping was taking three times as long now just because she was reading the labels!

REDHS in the community

REDHS staff have been providing assessments and information out in the community during the year. These included:

- Blood pressure checks on behalf of the Rotary Club. Twenty four checks were carried out on trainers, office bearers, players and others with two sent off for immediate referral and six for non-urgent follow up.
- An Ovarian Cancer Information evening was hosted by the local pharmacy. Our diabetes educator was on hand to provide information and answer questions.
- Our Diabetes Educator gave a talk on Type II diabetes risk factors at a Women's night hosted by Member for Murray, Dr Sharman Stone.
- A REDHS representative attended two Cyber Bullying Network meetings. An information brochure of available support services is to be developed and will include references to our social work/counselling services.

Medication Management

The appropriate and safe use of medications and the minimisation of medication errors is a very important part of ensuring consumer safety. REDHS staff administer medications over 65,000 times per year. Incident reporting is actively encouraged and audits are carried out regularly to ensure that medication is managed consistently and effectively.

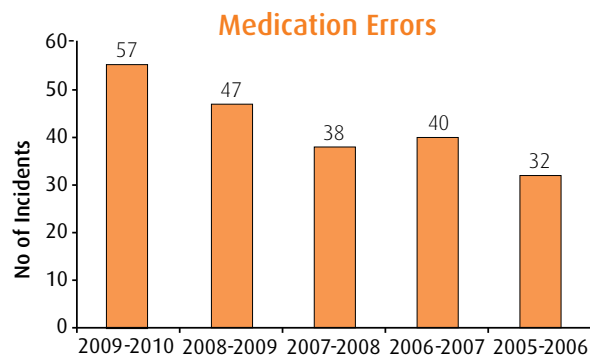
In 2009-2010, there were fifty-seven incidents reported in comparison to forty-seven in 2008-2009. There were no adverse reactions for consumers as a result of these incidents. All medication incidents are investigated by department managers. They are subsequently reviewed by the Medication Advisory Committee (MAC) whose membership includes two pharmacists (one internal, one community), Unit Managers and REDHS management representatives.



Acute Ward Unit Manager, Wendy Rogasch, in the pharmacy.

Quality of Care Report

Staff error leads to the most common error type - omission of dose. Staff education and procedure reviews are ongoing and legibility issues are addressed quickly. The Acute Ward has just completed its first Medication Safety Self Assessment for Australian Hospitals. It enables us to monitor and improve our medication safety systems and has identified some areas for improvement. These will be addressed in the coming months.

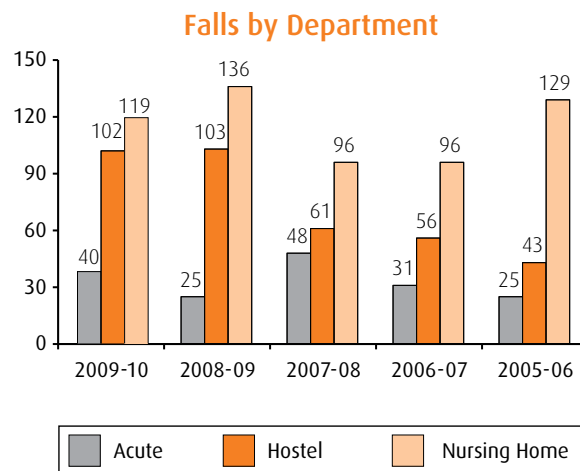


Falls Management

Falls continue to be common in the wider community, in hospitals and residential aged care facilities. There are a number of reasons for this, including increased frailty in an ageing population. Falls can be quite devastating, leading to a loss of confidence and independence and the possibility of serious injury, including broken hips.

REDHS has had a comprehensive falls prevention and management program in place for some years. Falls continue to be our most frequently reported incident. Our aged care facilities report their rates quarterly. This year our aged care facilities have been above the state average. This is mainly due to two residents who experience very frequent falls. These residents have comprehensive strategies in place to reduce the impact of any falls and minimise injuries and are reassessed frequently. We continue to work closely with those in our care to reduce the risk of falls and the severity of the outcome.

Falls Risk assessments are carried out on everyone who is admitted to our acute ward or aged care facilities. For those identified at risk of falls, a detailed management plan is put in place, with physiotherapists assessing mobility and providing advice around exercises and gait aids to maximise mobility and help restore confidence and independence. Practices such as returning beds and furniture to their original positions after cleaning, footwear suitability checks, reminder notices re the use of walking aids and de-cluttering of rooms are firmly entrenched in our falls management processes.



Infection Prevention and Control

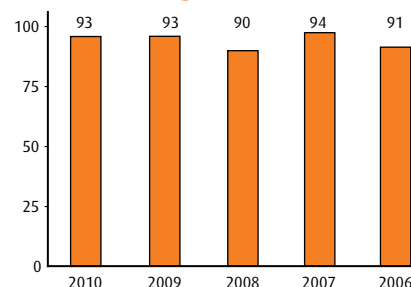
Prevention of infection is integral to the effective functioning of all health care facilities. Procedures and practices are continually monitored and improved to ensure a safe environment for patients, residents, staff and visitors. REDHS' infection control policies and procedures are based on the government standards. REDHS is fortunate to have had the opportunity to improve the environment due to the major redevelopment of the facility from 2006 to 2010 and also has taken the opportunity to plan for the future by ensuring the many features in this facility now exceed required standards e.g. the number of hand wash basins exceeds the requirement of one basin to four patients in the acute area.

Continuous improvement is required to maintain and improve our practices. The results of audits and activities are fed back to staff via newsletters or memos and action is taken to improve our outcomes. The identification of risks by staff members is another important way to make improvements. For example, a staff member noted that insertion of intravenous (IV) cannulas was being undertaken without a sterile area around the site of insertion. The actions taken included placing dressing trays, sterile drapes and protective barrier skin swabs on the IV trolley. These changes help to reduce the risk of infection being introduced when IV cannulas are being inserted.

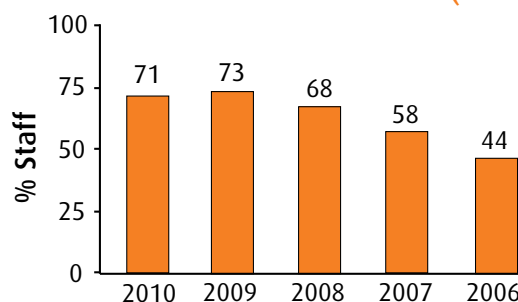
Monitoring compliance through audits

- Having recommenced day surgery in 2009, the AS/NZS 4187:2003 audit has assisted in ensuring that we have achieved the required standard. REDHS' result was 97%. Benchmarking will be conducted throughout regional Victoria.
- Surveillance of hand hygiene practice and reporting to the Australian Hand Hygiene Association has continued this year. We are proud that REDHS has maintained a high level of compliance in this area with scores consistently above 70% (required target is 68%). As a result of the site redevelopment, we are fortunate that each individual room in the acute department has a hand basin and all rooms have alcohol hand rub available.
- Victorian Nosocomial Surveillance System (VICNISS) surveillance continues for hospital acquired infections and occupational exposures to blood and body fluids. There has been one exposure in the past twelve months and no hospital acquired infections.
- Whilst cleaning audits have been around for many years, new cleaning standards were introduced in January 2010. Audits against these new standards are conducted internally by our staff and externally by DH approved auditors. Four staff members were trained as external auditors. This training also ensured that we have staff that understand and were able to implement the new standards. The new standards require increased frequency of audits and a minimum score of 90% to be achieved for very high risk areas such as DPU and a minimum score of 85% for moderate and low risk areas.
- Monitoring of staff vaccinations continues with a good level of uptake in the two focus areas of Influenza prevention and Hepatitis B vaccination
- Graph updated to include 2010 stats as per below

Cleaning Audits - Acute



Staff Influenza Vaccination (Fluvax)



Pressure Ulcer Management

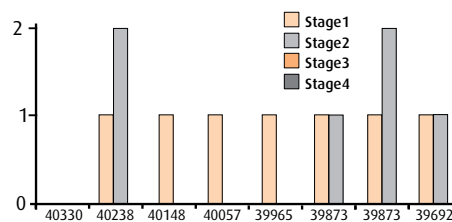
A pressure ulcer is a lesion caused by unrelieved pressure resulting in damage of underlying tissue. They occur most frequently where bones are prominent e.g. elbows, heels, hips and sacrum.

REDHS' Skin Integrity Committee is responsible for management of all issues relating to prevention of pressure ulcers, monitoring of pressure ulcers and wound management. The committee consists of a representative from each clinical area with the Director of Clinical Services as the executive sponsor.

Two areas of data are reported quarterly to the Department of Health; the number of risk assessments completed on admission to the acute ward and the number of hospital acquired pressure ulcers. Fortunately the number of pressure ulcers has remained low due to use of a risk assessment and interventions such as positional changes and use of pressure reducing high density foam mattresses, a regular schedule of positional changes and use of air mattresses for those at high risk of developing a pressure ulcer (see graphs).

One of the main achievements of the committee has been to simplify appropriate dressing selection and provide consistency of care. This has been achieved through reduction in the types of dressings stocked along with adoption of a guide to wound type and dressing use, produced by the Department of Veterans' Affairs in co-operation with Monash University.

Hospital Acquired Pressure Ulcers



Stage 1 is the least serious - intact skin with persistent redness progressing to a deep cavity for Stage 4 ulcers. REDHS recorded no Stage 3 or 4 pressure ulcers in the Acute Department this year.

Alma's Story

Navigating your way around the many services available from health providers can sometimes seem quite daunting. REDHS prides itself on being able to assist consumers in accessing its wide range of services and arranging assistance from other providers as necessary. Now that all services are again being provided from a single site, access is easier than ever.

Alma lived in the small country town of Lockington, twenty five kilometres west of Rochester with her husband Curl, where they raised their family and ran the local plumbing business.

Eight years ago, Alma fell and broke her hip and found that she was no longer able to drive. This was a real blow to her independence. Fortunately her husband was still able to drive her around, but his sudden death four years ago meant that independent travel was now impossible.

She decided to move into Rochester in 2006 to be closer to friends and a wider range of services. She had received nursing care in Lockington from Colin Jones, who at that time worked at the Lockington & District Bush Nursing Centre. Colin had subsequently taken up a position as a District Nurse at REDHS, so Alma already had a familiar face visiting her after the move! She soon got to know all of the other REDHS district nurses as they called on her at home.

Alma's new home was located close to the Salvation Army Hall where the REDHS Planned Activity Group (PAG), led by Ann-Maree Hewlett, was meeting during the redevelopment of the health service site. She was familiar with the staff and group members because the Rochester group travelled to Lockington one day per month to join in activities out there. Initially, Alma was able to walk around the corner to attend PAG but when this became difficult, she was picked up at her door by the REDHS bus. The group was a wonderful source of company and provided many enjoyable activities. Various outings, including those to Lockington and the occasional meal of a hamburger and vegetables at a local hotel with other group members were much anticipated and enjoyed by all.

"I was a knitter, and made plenty of items while at PAG that were sent away to charities and so on. Now that my hands are stiffer, knitting is much harder. The Hostel staff have given me some plasticine to handle to help keep my fingers moving."

Regular visits to REDHS' podiatry service exposed Alma to another of the many services on offer to the local community. She found all of the podiatrists very good over the years, but feels that having had the one

podiatrist consistently over the past couple of years has allowed our podiatrist, Lisa Farrant to "get to know her feet".

A few months ago, a couple of falls led to Alma going to Echuca for rehabilitation, fortunately she did not sustain any broken bones. Whilst there, she decided that a move into the hostel in Rochester would make her feel more secure, knowing that help was close at hand if she needed it. She came to the hostel in June 2010 and feels she is settling into a routine and finding it easier with every day that passes. Alma will easily be able to catch up for a chat with her PAG friends now that the program is again being run on the health service site.

Moving into residential aged care is a big change for residents, their families and friends. Staff are very aware of this and work hard to assist in making the transition the least stressful as possible for all concerned. Our Administration staff assisted with documentation, navigating financial and legal considerations before Alma moved in and are available to assist any time, while care and diversional therapy staff provide support while assisting with everyday needs and activities.

"The Health Service has been very good to me since I moved to Rochester, helping me out in lots of ways".



Alma seated with (clockwise from bottom left) Carol Vick (RN - Rochester Hostel), Ann-Maree Hewlett (Planned Activity Group), Lisa Farrant (Podiatrist) and Colin Jones (District Nursing)



Add some 'punch' to your marketing

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Their brand and 2010 Annual Report
were designed by Rojay.



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Disclosure Index

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

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Glossary

ACHS	Australian Council on Healthcare Standards
ACFI	Aged Care Funding Instrument
ACSAA	Aged Care Standards and Accreditation Agency
ALOS	Average Length of Stay
ATD	Annual Training Day
CEO	Chief Executive Officer
DH	Department of Health
DPU	Day Procedure Unit
DVA	Department of Veterans' Affairs
FMIS	Financial Management Information System
FR	Financial Report
FTE	Full Time Equivalent
HACC	Home and Community Care
HR	Human Resources
HSR	Health and Safety Representative
IC	Infection Control
IP	Inpatient
ICT	Information and Communication Technology
LAOS	Limited Adverse Occurrence Screening
Occupancy	Percentage of Beds filled per nominated period
OHS	Occupational Health and Safety
OP	Outpatient
PAG	Planned Activity Group
PCP	Primary Care Partnership
TAC	Transport Accident Commission
REDHS	Rochester and Elmore District Health Service
Separation/Discharge	The completion of an episode of care and the patient/client leaves the organisation
UCC	Urgent Care Centre
VHIMS	Victorian Health Information Management System
VICNISS	Victorian Nosocomial Infection Surveillance System
VMO	Visiting Medical Officer
VPSM	Victorian Patient Satisfaction Monitor
VWA	Victorian Workcover Authority