

Annual Report 2010-2011



Mansfield District Hospital



MANSFIELD DISTRICT HOSPITAL

Annual Report 2010 – 2011

Established 1872
Incorporated 1876

Our Mission

A dynamic health service that meets the needs of our community.

53 Highett Street
(P.O. Box 139)
MANSFIELD VIC 3722
Telephone: (03) 5775 8800
Facsimilie: (03) 5775 1352
Email: reception.main@mdh.org.au
Website: www.mansfieldhospital.org.au

Disclosure Index

The Annual Report of the Mansfield District Hospital is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation Requirement **Page Reference**

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Page reference: RO - Report of Operations FS - Financial Statements NA - Not Applicable

Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for the Mansfield District Hospital for the year ending 30 June 2011.



Robert Beekman
President
Board of Management

Mansfield
16 August 2011

Report from the Board Chair & Chief Executive Officer

On behalf of the Mansfield District Hospital Board of Management, we are pleased to present the 140th Annual Report, including the Quality of Care Report, the audited Balance Sheet and Financial Statements for the year ended 30 June 2011.

Governance Report

The Board of Management is responsible for determining the strategy of Mansfield District Hospital (MDH) and for ensuring the organization pursues this strategy with optimum efficiency. Our goal is to provide excellent care for our patients, residents and clients. In monitoring the efficiency with which we are achieving this, the Board requires and receives regular reports on the organization's operating status. These reports are presented at monthly meetings of the board through our various committees.

For the second consecutive year, MDH has delivered an operational result of less than 1% variance of overall operating budget. This result is directly attributable to the hard work by the MDH Executive and Staff, along with Board guidance. This result is a remarkable turnaround and outstanding achievement given our financial operational position a number of years ago. The organization is confident that the systems and controls it has in place will return a balanced budget in the 2011-2012 year.

Gratitude

The Mansfield and District Community are very fortunate to have a group of dedicated and committed people working at the Mansfield District Hospital. This extends to staff and Visiting Medical Officers (VMOs) in all departments who strive to provide a quality service in their area of expertise.

The Board and Chief Executive Officer extend their appreciation to all staff for a 'job well done' during the past year. The efforts of all our volunteers must also be recognised and thanked; without our volunteers, special patient and resident programs would not be possible.

We also thank our Director of Medical Services, Dr Rick Lowen, and our VMOs from Central General Practice and Mansfield Medical Clinic for their continued support of and service to the MDH. Three new visiting medical officers were welcomed in 2011, Dr Jo Davey, Dr Nelda Swart and Dr Justin Titmarsh. The Mansfield and District Community is indeed fortunate to be served by such a dedicated and committed team of medical officers.

MDH is particularly appreciative of the continued fundraising efforts of groups in the community that have enabled MDH to improve its facilities and equipment. Special thanks must go to our three Auxiliaries (Mansfield, Bonnie Doon and Bindaree) for their extreme generosity. Our Auxiliaries continue to work tirelessly on behalf of the organization to purchase equipment that enhances patient and resident care. On behalf of the Board of Management and Staff, we extend our sincere thanks to everyone who contributed to all fundraising efforts throughout the year.

Special mention must be made of the Bindaree Auxiliary and The Harry & Clare Friday Foundation for their financial support of the recently established 'Travelling Staff Scholarship'. This Scholarship was initiated by our Director of Nursing, Frank Megens, and was championed through the Board by Marie Sellstrom. The scholarship seeks to support staff in going out to the broader industry seeking best practice models and ideas, and then implementing these at Mansfield. This scholarship is made available to all staff for both national and international learning opportunities.

Every year some of our volunteer Board Members depart the Board. Departing Members this year are, Marie Sellstrom, Malcolm Blair, Julie Walpole and Elizabeth Duncan. We extend our thanks to these Members for their valued contributions and commitment, in particular to Ms Marie Sellstrom, our former Chair.

We also extend our thanks other members of the board, Leanne Robson, Jaya Naidu, Julie Syme, Len Foster, Robert Beekman, and Sandy Tod who have worked tirelessly throughout the year in their capacity as non-executive Directors of the organization.

The appointment of a Ministerial delegate, Mr Mick Ellis, to the Board during March 2010 has been of significant assistance to the Board in relation to governance issues and financial performance and reporting. We are most grateful to Mick for his invaluable contribution to the Board.

Dr Graham Slaney continued to represent the medical officers in his capacity as VMO representative to the Board. We thank him for giving so generously of his time to provide expert advice on medical and other clinical issues.

We also acknowledge the contribution made by our two independent Audit & Risk Management Committee members, Mark Henry and Craig Willingham. Their expertise and advice has proven to be extremely valuable and important over the past 12 months.

Governance

During the 2010-2011 financial year the Board undertook many programs to enhance its modes of operation, interaction with stakeholders and governance of MDH. The programs ranged from Governance Reviews based on individual surveys to complete revision of the Board's Governance Policy Manual and By-Laws. The result is a much more enhanced and functional board and, again, we thank Mick Ellis for his sage advice and expertise in these areas.

Strategic Initiatives

The Board has taken some major steps in 2010-2011 towards further refining the organization's three key initiatives.

The Primary Care Precinct project has seen significant progress this year with various partnership enterprises seeking grants to make the primary care precinct a reality.

Many elements have been explored to support the consolidation of our residential aged care services of Bindaree and Buckland House. These range from facility enhancements to the support of services for ongoing aged care.

Our Service Plan was revised during the year and reinforced the need to enhance facilities for the acute hospital. A staged approach is envisaged with the planning for stage 1 (the redevelopment of the emergency department, dialysis unit and operating theatres) being addressed in the 2011-2012 financial year.

The Board also established a 'Community Liaison Committee' to provide a perspective on how best to engage with the wider community. The aim of this Committee is to increase community participation in MDH's planning processes and review of services. The Committee has developed a draft 'Community Engagement Program' and it is envisaged that this program will be implemented over the next 12 months.

Operations Report

The 2010-2011 year has, again, been a challenging one with everyone working hard to generate revenue, reduce costs and improve our services. The following highlights a number of initiatives taken throughout the year that demonstrate MDH's commitment to continuous quality improvement.

Capital grants

We were fortunate to receive two capital grants from the State Department of Health during the 2010-2011 year.

A grant of \$69,000 was received for the purchase of a new gastroscope and colonoscope for the operating theatre. These flexible scopes are fitted with mini cameras and a light source and are used to examine the gastrointestinal tract. The gastroscope is used for examinations of the oesophagus (food tube), stomach and upper part of the bowel; the colonoscope is used to examine the lower part of the bowel. Both these pieces of equipment are vital for monitoring and diagnosing certain gastrointestinal conditions and will enable MDH to continue to provide high quality care and treatment to our local community.

MDH also secured a capital grant for the removal of asbestos from the hospital's boiler room during the upgrade and replacement of the old boilers. To the best of our knowledge, the boiler room was the last area in the organization where asbestos was situated. A specialist asbestos removal company was engaged and the material was removed from the boiler room in July 2010.

Annual appeal – Revive Recovery

The 2010-2011 annual appeal funds were used to redevelop and upgrade our recovery room and its equipment. Registered Nurse, Jenny Pollard, undertook a full review of the recovery room requirements and liaised closely with doctors and nurses about the changes required. The recovery room has now been replastered and repainted, new cabinetry has been installed, and new equipment includes four new patient trolleys and a 'state of the art' patient monitoring system. The monitoring system enables the doctor working in the operating theatre to also monitor the vital signs of a patient in the recovery room, an additional safety precaution that will directly improve patient care. This

monitoring system is very new technology and MDH is one of the few rural hospitals to have such a system in place.

A huge 'thank you' to the Mansfield community for their continued fundraising efforts and support; the 'Revive Recovery' redevelopment will benefit everyone who needs special surgical and/or procedural care at MDH.

Appointment of new Director of Finance & Corporate Services

In July 2010, we welcomed our new Director of Finance & Corporate Services, Andrew Nitschke, to our Executive Team.

Andrew brings a wealth of experience to MDH in the area of finance. As well as being a qualified accountant, Andrew also has a Masters of Business Administration and a background in aged care. Andrew's portfolio extends to the Corporate Services areas with responsibility for environmental and engineering services. Over the year, Andrew has risen to the many challenges faced by a small rural health service and has proven to be an extremely valuable member of MDH's Executive Team.

Compliance Updates

The hospital, visiting nursing service and outreach community health service underwent its annual International Standards Organization (ISO) accreditation review in September 2010. Successful accreditation is a requirement for ongoing funding from the Department of Health so it is extremely important to ensure systems and processes are in place and embedded into the day-to-day management of the organization.

The annual review was a success and a number of minor suggestions for improvement were raised. MDH has embraced these suggestions and we look forward to them being reviewed as part of our triennial (three yearly) review in August 2011.

Buckland House Nursing Home and Bindaree Hostel are currently accredited through the Commonwealth's Aged Care Accreditation Agency (ACAA) until May 2012. In between this three yearly cycle, ACAA conduct 'unannounced visits' to all aged care agencies to undertake mini audits to ensure standards remain high at all times. Both Buckland House and Bindaree Hostel underwent an unannounced visit in June 2011 and passed the audit with no major issues being raised. This result is testament to the wonderful job our Aged Care Manager and Aged Care Team are doing to ensure the needs of our residents are met.

Our Catering Team passed their annual Food Safety Audit in May 2011 with no non conformances raised, and our Environmental Services Team continued to produce excellent results for their internal and external cleaning audits.

Midwifery Model of Care

During the year MDH undertook a major review of its maternity services and looked at different midwifery models of care across the State of Victoria. Given that MDH has an ageing midwife workforce, it was imperative that MDH had a thorough look at what other rural maternity services were doing and how some of these ideas might assist MDH to sustain its maternity services into the future.

The result of the review was the development of a new proposed Midwifery Model of Care specifically for MDH. The new MDH model takes ideas from a number of different rural midwifery models and has the support of MDH's midwifery staff and GP Obstetricians. MDH is currently working with the Department of Health's regional office to work through the new proposal. We hope that the new model will be implemented during the 2011-2012 year.

Risk Management

Health services are regularly exposed to high levels of 'risk'. During 2010-2011 MDH's insurers, Victorian Managed Insurance Authority (VMIA), conducted a review of MDH's risk management systems and processes.

The report highlighted some areas where MDH might consider additional processes to improve its overall risk management system. All recommendations from the VMIA report have since been addressed and, under VMIA's 'Risk Management Maturity Level Matrix', MDH's risk management system is rated as 'Effective'. This rating should give the Mansfield community a level of comfort that MDH's risk controls, programs and systems, particularly in relation to patient care, are working well.

Primary Care Precinct

The Primary Care Precinct project took a great leap forward in July 2010 when a detailed 'Feasibility Building Study and Mini Masterplan' was commissioned. Whitefield, McQueen, Irwin Alsop won the tender and worked closely for four months with the Primary Care Precinct Project Control Group.

Following completion of this project, MDH was in a strong position to submit an application to the Commonwealth's 'Health & Hospitals Fund' in December 2010. While this submission was not successful in round one, the Commonwealth wrote to say that it met all the criteria for funding and has invited MDH to resubmit the application in round two at the end of 2011.

Implementation of Rhook Review Recommendations

In May 2010, the final report from the Rhook Review was received which outlined a number of recommendations to assist MDH in reducing its overall costs.

These recommendations were implemented during the 2010-2011 year as part of a cost reduction strategy. One of the recommendations included reducing the effective number of full time employees by 1.6 EFT; this reduction in staff hours was achieved in the areas of administration and engineering services throughout the year. Other efficiencies were also made through the outsourcing of payroll services in April 2011 and in the surgical area with operating theatre lists being run more effectively.

Service Plan Review

The organization's Service Plan was first developed in 2006 and provided a 'blueprint' for future MDH services and capital works.

In March 2011, Cordyline Consulting were re-appointed to review and update the Service Plan and report on the following:

- Relevance of the current 2006 Service Plan
- Adjustments required to the 2006 Service Plan resulting from any changes at a local level to meet

community demands and service profiles

- Adjustments required to the 2006 Service Plan to meet new policy and funding directions at both a State and Federal level
- Adjustments required to the 2006 Service Plan to comply with the proposed restructure of the national health care system
- Identification of any additional major capital costs where changes to the 2006 Service Plan are recommended

The scope of the report included acute health services, community health services, ambulatory services and aged care. The review concluded that:

- The Primary Care Precinct Project is consistent with State and Commonwealth objectives, consistent with the role of MDH and will help to address many of the fragmentation issues with Mansfield community health services – it should be a high capital priority for MDH
- A strategic masterplan should be undertaken to review development options on the sites to achieve:
 - Redevelopment of the acute facilities including inpatient medical, procedural services and urgent care services
 - Redevelopment of theatre suite
 - Expansion of community health
 - Collocation of residential aged care beds
 - Consideration for collocation of ambulance services

We look forward to working towards these strategic objectives during the 2011-2012 year.

Information Technology

Through the Hume Region Health Alliance (health agency's information technology provider), MDH and other hospitals in the Hume region secured videoconferencing facilities. This equipment is being well utilised for meeting and conference attendance throughout the state and training has been planned early 2011-2012 to enable educational and training videoconferencing services to commence for all staff.

Videoconferencing is a great time saver and reduces the need to drive long distances to attend meetings and seminars of relatively short duration. It is hoped that our videoconferencing facilities will enable more staff to attend education and training sessions from the comfort of their own meeting room at MDH.

Environmental Sustainability

All health agencies are now required to have an approved environmental sustainability plan. MDH has led the way for a number of years in environmental sustainability initiatives in the health care setting and, given this background, were the first health service to submit the new 'ResourceSmart' plan to the Department of Health.

MDH has established an environment sustainability committee with representation from different internal departments within the organization. The Committee will work towards the objectives of the environmental sustainability plan over the next three years.

Workforce

The workforce has remained relatively stable during the 2010-2011 year compared to previous years. MDH has

recruited to its establishment EFT (effective full time equivalents) in most areas of the organization.

Training & Education

MDH has remained committed to the professional development of staff members in the organization. Some of the educational highlights for the year include:

- Internally trained Division II registered nurses – two (2) current trainees; one (1) trainee completed the course during 2011-2012 and is currently employed on staff
- Two (2) School Based New Apprentices commenced their Certificate III in Aged Care – this is a collaboration between MDH and the Mansfield Secondary College
- New Graduate Nurse program run in collaboration with Benalla Health, NEH Wangaratta, Yarrowonga District Health & Alpine Health - all graduates across all health services now undertake study days together which provides additional collegial support
- Three MDH Graduate Nurses were appointed in 2011 and are rotating through all clinical areas of the organization
- Clinical Support Nurse position has had a major positive impact on all staff, preceptors, students and new staff through practical support and mentorship
- Major education activities in 2010-2011 were:
 - Foetal Surveillance for five (5) GP's and twelve (12) midwives
 - First Aid for ten (10) Division II Nurses & Activity Staff
 - Change Management workshop for fourteen (14) nursing staff
 - Airway Emergency Training for eight (8) registered nurses and five (5) GP's
 - Wound Management for twenty-nine (29) clinical staff
 - Midwifery management training for non midwife registered nurses

Interdisciplinary education is a highlight of internally run educational programs at MDH.

Emergency Department

In 2006-2007 our emergency department presentations numbered '2605'. Our emergency department presentations to the end of June 2011 were '3428'. This equates to a 74% increase in the number of emergency department presentations over 4-5 years. To the end of March 2011, 46% of ED presentations were patients with postcodes outside of the Mansfield Shire.

To cope with the increase in emergency department presentations, Mansfield Hospital has had to roster nursing staff over and above the nurse:patient ratios to deal with the increased impact of tourism. Based on current experience, we will be allocating an additional 27 nursing shifts for the emergency department in 2011-2012 to deal with demand; this equates to an additional cost of around \$15,000 per annum.

MDH emergency department statistics for the Easter period show that 164 presentations were catered for this year compared to 145 the previous year (however, there were 5 days in the period in 2011 compared to 4 days in 2010). These figures demonstrate that MDH staff were seeing between 32-36 patients per day over the last two Easter periods.

MDH continues to provide specific emergency education and training to nursing staff to meet increased emergency department demand.

Fundraising and Donations

We have been fortunate in being able to purchase a number of items of equipment during the year due to the generosity of our Auxiliaries, philanthropic organizations and community groups.

Some of the equipment purchases include, but are not limited to:

- Intravenous fluid pumps
- Patient procedural chairs
- Orthopaedic and gynaecological surgical instruments
- Birthing simulator
- Patient monitors
- Intravenous trolley
- Suction units
- Patient bedside lockers and overbed tables
- Electric rubbish bin lifter
- Slit lamp for eye examinations
- Airconditioning units for pharmacy department
- Curtains for resident dining room (Bindaree Hostel)
- Resident furniture (Buckland House)
- Electric beds

These, and other items of equipment purchased, were made possible by the general community and the following major donors for 2010-2011:

- Mansfield District Hospital Auxiliary
- Bonnie Doon Hospital Auxiliary
- Bindaree Ladies Auxiliary
- The Harry & Clare Friday Foundation
- The Calvert-Jones Foundation
- Geelong Grammar School (Timbertop campus)
- Mansfield Community Bank (Bendigo)
- Murray to Moyne
- The Johnstone Family
- The Canavan Family
- Goughs Bay Olympics
- Mansfield Freemasons
- Mansfield Apex Club
- Trade Golf Day
- Marks IGA
- Mansfield Foodworks
- Howqua TICS Inc.
- Community Association for Woods Point Inc.
- Mansfield Hunt Club
- Alpine Country Car Club
- Anvil Angus

On behalf of the Board and Staff of Mansfield District Hospital, we sincerely thank every single person who contributed, either directly or indirectly, to the organization's fundraising activities during the year.



Robert Beekman
Chair, Board of Management



Janene Ridley
Chief Executive Officer

Bindaree Auxiliary Report

This has been a successful year of fundraising to provide for the comforts and pleasure of the residents. These include the annual fete which was very well attended. Many thanks must go to the members, family and friends who worked so hard to make it such a good day.

Instead of a bridge day at the Mansfield Golf Club we now have a card day where both bridge and other card games are played and lunch is served to all.

We had two cinema lunches where bagged lunches were provided prior to the movie. These were very popular particularly 'The King's Speech'.

Selling yellow roses and race books at the Mansfield Cup meeting at the Mansfield Race Club is a very easy and popular fundraiser. We also received funds from two bingo evenings.

The monies raised have been put to good use. The Auxiliary funded the annual trip to Echuca and was a great success and thanks must be given to the staff who travelled with the residents.

The Auxiliary was invited to participate in funding a travel scholarship to further the education of members of the staff of the various departments of the Mansfield Hospital. The Auxiliary agreed to support this project financially along with the Harry and Clare Friday Foundation.

The original curtains in the dining room were replaced and this really brightened the room. New coffee mugs were purchased for the use in fundraisers such as cinema lunches.

At the suggestion of Jan Cunningham, a fancy coffee maker is to be installed in the Collie Lounge. This will provide a change from the regular brewed coffee. The residents and staff are looking forward to enjoying their lattes.

Also in the works for the Collie Lounge is the purchase and installation of two computers for the use of residents. Dr John Murnane visited from the University of Melbourne and talked about the work he has been doing with a retirement centre in Melbourne and how successful it has been. His star pupil is 100 years old. We are planning to have IT students from the high school come and teach the residents in operating computers and getting connected to Skype so they can keep in touch with family and friends wherever they may be.

As President I would like to thank the 19 members of the Auxiliary and every other person who assisted us in making this a very productive year.

Ruth Lermond
President

Bonnie Doon Auxiliary Report

The Bonnie Doon Auxiliary has 19 members in total. We have seen a reduction in the amount of active members over the past 12 months and this has been due to relocation, ill health or ageing of our members. Last year we ran an article in the paper, explaining who we were and what we do and our need for new members and ideas, but unfortunately there was no response.

Our Fundraisers over the past 12 months have been:

- Election Cake stalls
- Ivan's Pies
- BBQ/sandwiches/drinks at Clearing Sale
- Xmas Raffle
- Champagne breakfast
- Bingo nights
- Easter Raffle
- Tupperware

The total from these fundraisers, including donations, was \$6095.49.

The Auxiliary funded the purchase of Laparoscopic instruments for Gynaecological surgery as well as Arthroscopic instruments for knee surgery from the hospital's 'Wish List' for the 2010/11 financial year. Total for this purchase was \$8017.00

Our largest fundraiser is the Champagne Breakfast which this year saw Ian and Bev Jenkins stand down from organising the event after 24 years, and the Auxiliary and the Lakeside Resort owners had to take over the huge effort in organising and setting up the event. The day had record numbers of over 200 people attending the breakfast and raffle and the Auxiliary raised \$2747.00 on the day.

Due to declining numbers of active members, the Auxiliary discussed in February this year our viability for the 2011 and it was decided we would continue, but at a limited capacity.

At this year's AGM, held on the 11th July 2011, we had a change in all but one Office Bearer positions:

| | |
|----------------|--------------------|
| President | Pat O'Brien |
| Vice President | Vicki Higgins |
| Secretary | Michelle Brudenell |
| Treasurer | Carol Tremellen |

The Bonnie Doon Auxiliary would once again like to thank the Hospital, the Auxiliaries and the Community for all the support over the past 12 months.

Pat O'Brien
President

Mansfield District Hospital Auxiliary Report

My first year as auxiliary President has been a busy one. We have held seven events and helped at another. We began with a Food and Wine Night at Kinloch Winery, a cinema night, the 34th annual art show, the Hospital Auxiliary Golf Day, the quilt raffle, book stalls at the Tolmie market, our annual bridge day, and who could forget the Craig Parry Golf Day. Although the Craig Parry Golf Day wasn't strictly speaking an Auxiliary function, we were called upon to lend our expertise in various areas and we were the beneficiaries of the day's proceeds. All of these events have raised a considerable amount of money – over \$40,000 - and we are currently looking at the "wish list" that Janene Ridley and her department heads compile for us each year.

There was also a new initiative started this year. The shopping bags you see around town supporting the Mansfield District Hospital was the brainchild of one of our members with proceeds going directly to palliative care and emergency equipment.

We are constantly surprised by and continually grateful for the depth of caring in the Mansfield community without whom none of this fundraising would be possible. From friends, partners and spouses to donors and sponsors we value each and every one. Whether it is someone taking the time to bake a cake or a slice, or selling raffle tickets or being the naming rights sponsor for a larger function each one of them is an integral part of our fundraising and we are grateful for them.

We have had two new members join this year and, as a result, it has increased our membership to twenty - all extremely hard working individuals and talented in different areas. So too our "Friends" list has grown and now numbers thirty-two. They are the unsung heroes one hardly ever sees but they lend a hand when things get too large for the members to handle alone.

We were saddened by the change in the Hospital Board that no longer includes Marie Sellstrom – we have had a very comfortable working relationship over the years, but are looking forward to working with Robert Beekman and the new board and creating that same working relationship.

Susan Swan
President

History of the Hospital

In September 1869 a meeting was held in Mansfield where it was decided to proceed with the establishment of a hospital for the town.

The Mansfield Independent carried a report of the meeting that heard that £92 had been subscribed by the public. Although there was opposition within the ranks, the committee decided to build a hospital rather than rent a building. A month later the committee had £115 in hand.

The foundation stone was laid on January 11th 1871 by the hospital's first president, Alfred Chenery. By May of that year the building was sufficiently advanced for the committee to recruit staff and, after advertising for a matron, it appointed Miss Harriet Quirk "to commence duty from the 1st of June".

Dr Samuel Reynolds, one of the founders of the Mansfield Benevolent Association and the town's only practising doctor, had previously been appointed medical officer. At the end of June, according to the Independent, "The Secretary reported that on the 21st of June he had placed the nurse, Miss Quirk, in possession of the hospital and it was now open for the reception of patients..."

The first building had two wards, one for males, the other for females. Each ward had six beds.

According to newspaper reports from the time, most of the admissions were the result of mining accidents. The use of chloroform in operations to reset broken bones was reported about this time.

Within a short time it became apparent more room was needed and a new wing was opened in 1874. According to hospital records, the hospital was incorporated as a public hospital in 1876.

In 1916 Bentley House began operating as a private hospital for midwifery. Under widely used rules at the time, most public hospitals would not accept confinement cases, a practice that seems to have continued well into the 20th century. Later, in 1952, Bentley was purchased by the hospital and

initially used as accommodation for the nursing staff and the matron.

A major development in 1935 saw the main north-south wards constructed, significantly increasing the size of the hospital.

During the 1960s the midwifery and theatre block were added and in 1975 the hospital converted Bentley House to an aged care facility with 10 beds. In 1983 the Buckland Wing was added, bringing the nursing home accommodation to 20 beds. A further 10 beds were added in 1996.

Recognising the ongoing generosity of the Buckland Foundation, the redeveloped Bentley House and Buckland Wing were renamed Buckland House in 1996.

In 2000 the Bindaree Retirement Centre amalgamated with the Mansfield District Hospital, giving the hospital a complete range of aged care facilities.

In 2003 Bindaree was expanded to comprise 42 beds, including an 11 bed Dementia unit and 2 respite beds, and 8 independent living units on site.

During the 2010-2011 year the responsible Ministers for the Mansfield District Hospital were:

- The Hon. Daniel Andrews, MP, Minister for Health (01/07/2010–02/12/2010)
- The Hon. David Davis, MP, Minister for Health (02/12/2010–30/06/2011)
- The Hon. Mary Woodridge, MLA, Minister for Mental Health (02/12/2010–30/06/2011)

The range of services offered by the Organization includes:

Accident & Emergency

Aged Care Services

- Nursing Home
- Hostel Care
- Independent Living Units

Anaesthesia

Cardiac Rehabilitation

Community Health Services

Diabetic Education

Diagnostic Services

- Pathology Collection
- Radiology
- Ultrasound

Dialysis

Education Unit

General Medicine

Meals on Wheels

Paediatrics

Palliative Care

Physiotherapy

Podiatry

Prenatal Education

Obstetrics

Respite Care

Surgery

- Endoscopy
- General
- Gynaecological
- Orthopaedic

Visiting

Nursing Services

Statutory objectives

Registered Objectives

- To ensure high standards of health care are consistent with the agreed clinical service level of the agency by provision of professional health care in medicine, surgery, obstetrics, geriatrics, paediatrics, accident and emergency medicine, community health and in paramedical services along with continuing review of the quality and adequacy of such services.
- To maintain responsible management of human, financial and other resources so that there can be a continuing program for quality improvement in facilities and equipment, as well as education programs to promote expertise and ensure optimal patient care.
- To promote a safe and healthy environment for

patients, staff and visitors by means of education, promotion and continuing review of occupational health and safety issues.

- iv. To be responsive to the total health care needs of the community by providing a base for community health support groups, community education and health promotion programs in cooperation with other community based health care providers.
- v. To introduce Quality Improvement Management strategies to monitor performance and coordinate and review all quality assurance activities, under the direction of the Board of Management.

Aged Care Objectives

- i. To ensure an effective quality management system is in place which is suitable and effective to meet the overall aims of the Home and Hostel, the Department of Health & Ageing and Commonwealth Outcome Standards.
- ii. To value the right of residents and to treat them with dignity, respect and understanding and to offer them choices and give them the opportunity to develop their full potential in an atmosphere and environment designed to meet their individual needs.
- iii. To continue to provide systems and processes where residents will be treated fairly and offered equal opportunity to develop and be listened to.
- iv. To promote standards of comfort, safety and hygiene.
- v. To value the well-being of the community it serves.

Occupational Health & Safety

Policy and Commitment Statement

To ensure that the organization, and all staff employed by the organization, are clear with regards to their joint responsibilities for establishing and maintaining a healthy and safe environment for all patients, residents, clients, visitors and staff.

Chief Executive Statement

The Mansfield District Hospital has continued to demonstrate its commitment during the 2010-2011 year to providing a healthy and safe workplace for all. Evidence of such commitment can be seen in the implementation of the new electronic incident reporting system, RiskMan.

The Board of Management and Executive Team continue to work with staff to ensure a workplace culture, committed to occupational health and safety is maintained and further developed. Not only it is our legal responsibility to provide a safe workplace, it is our moral responsibility to protect all persons working in or visiting our establishments.

Managing Occupational Health & Safety

Our organization has a number of systems and processes in place to manage occupational health and safety in the workplace. These include, but are not limited to:

- hazard identification and reporting system
- incident / accident identification and reporting system
- internal audit system
- occupational health and safety action plan
- occupational health and safety committee
- occupational health and safety representatives
- designated safety officer
- document control system
- education and training program
- trend analysis of relevant OHS data including OHS performance data

- management review committee
- risk assessment and management system
- workplace assessments

The Occupational Health and Safety Committee, in conjunction with the Quality and Risk Managers, systematically assess, report, eliminate or control hazards and risks through the systems and processes identified above on a monthly basis. Where a hazard or risk poses an immediate threat, the Quality or Risk Manager will initiate action without the approval of the OHS Committee in order to ensure the safety of staff, patients, residents, clients or visitors. Other hazards and risks are discussed by the OHS committee (which has representation from all departments within the organization) to devise strategies to effect positive outcomes. These processes also help us to assess occupational health and safety in the workplace.

Training and Staff Induction

All new employees are required to undergo occupational health and safety training relevant to their areas as part of their orientation program.

Statistical Indicators

Currently we collect data for statistical purposes on workplace incidents, the number of workers compensation claims made, and trends in workers compensation costs and premiums. These trends are reported through our Management Review Committee which meets on a bi-annual basis and has formal representation from all departments, including the Board of Management.

Incidents

All incidents within the organization are documented electronically, analysed and action is implemented. Trends on all types of incidents and accidents are reported regularly to the Occupational Health and Safety Committee monthly meetings and bi-annually to the Quality Assurance/ Management Review meetings.

Contribution by Employees

The organization operates a 'suggestion for improvement' process: this enables all staff members to offer suggestions for improvements in the area of occupational health and safety. While we have many 'formal' processes in place to enable employees to contribute to improving and managing the occupational health and safety system, the hospital still maintains an 'open-door' policy to Executive Management for staff who have any concerns about the workplace environment.

On behalf of the Occupational Health & Safety Committee

Attestation on Data Integrity

I, Robert Beekman, certify that the Mansfield District Hospital has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. The Mansfield District Hospital has critically reviewed these controls and processes during the year.



Robert Beekman

Chair
Board of Management

Mansfield
16 August 2011

Risk Management

I, Robert Beekman, certify that the Mansfield District Hospital 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 Audit and Risk Management Committee verifies this assurance and attests that the risk profile of the Mansfield District Hospital has been critically reviewed within the last 12 months.



Robert Beekman
Chair
Board of Management

Mansfield
16 August 2011

The Audit and Risk Management Committee meet on a quarterly basis to review the organization's risk management plan and internal controls for identifying, monitoring and controlling risk to a satisfactory level. The Committee has two external independent members with extensive experience in the areas of audit and risk management. The organization engages Deloitte as their internal auditors who independently audit internal systems and processes according to an annual internal auditing plan. Reports are reviewed by the Audit and Risk Management Committee and ratified by the Board of Management. Follow up reviews are conducted on an annual basis. In April 2011, the Victorian Managed Insurance Authority (VMIA) reviewed the Mansfield District Hospital's risk quality framework against its Risk Management Framework Maturity Model Matrix and found MDH's overall risk level to be 'integrating'. Since that report, MDH has implemented all recommendations made by VMIA with the result that MDH's risk management system is now deemed to be 'effective'.

Compliance with Relevant Acts, Regulations & Guidelines

The organization is committed to complying with Victorian State Government Policy and endeavours to ensure it meets those requirements.

Freedom of Information Act 1982

The organization is subject to the provisions of the Freedom of Information Act 1982.

In the 2010-2011 year, 53 applications were made to the organization under these provisions. All requests were approved and processed.

Whistleblower Protection Act 2001

This hospital has adopted a procedure for managing disclosures made pursuant to this Act. There were no reports made under the Act in 2010/11.

The Mansfield District Hospital is committed to the aims of the Whistleblowers Protection Act 2001. It does not tolerate improper conduct by its employees, officers or members,

nor the taking of reprisals against those who come forward to disclose such conduct.

The Mansfield District Hospital recognizes the value of transparency and accountability in its administrative and management practices, and supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health and safety or the environment.

The Mansfield District Hospital will take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. It will also afford natural justice to the person who is the subject of the disclosure.

Building Act 1993

The organization did not undertake any new building works subject to this Act during the 2010-2011 year. All buildings are appropriately classified according to the regulations.

Victorian Industry Participation Policy disclosures

The organization is committed to using local approved suppliers wherever possible and maintains an approved suppliers list that is audited on an annual basis.

National Competition Policy

The organization is committed to ensuring 'best value for money' is obtained for purchase of supplies, equipment and works. The organization does not always accept the cheapest price for items or services and uses open and transparent selection criteria when determining outcomes. Where applicable, Mansfield District Hospital complies with relevant aspects of the Competitive Neutrality Policy Victoria.

Statement of Merit and Equity

The Mansfield District Hospital is an Equal Employment Opportunity employer and has adopted the public sector merit and equity principles promoted by the State Services Authority (SSA).

The organization has developed its own set of beliefs and values, utilizing the SSA principles:

- **Quality**

We believe that excellence of service and the provision of high quality, effective and accessible health services will be achieved by working in partnership with other health care providers to plan, strengthen and deliver innovative, cost-effective and integrated health care services.

- **Integrity**

We believe it imperative to be open, honest, transparent and ethical in our decision-making and business transactions to ensure equitable access to a safe, high quality healthcare service is available that upholds and respects the dignity and rights of all stakeholders.

- **Support**

We believe in providing a fair and equitable environment for our staff that supports access to education and training opportunities, fosters a culture of safety and teamwork, and values the experience and knowledge of all employees.

- **Sustainability**

We believe that the future of our organization and of our community will only be enhanced by the development of genuine environmental sustainability initiatives.

Activity

| Admitted Patient | Acute | Sub -Acute | Mental Health | Other | Total |
|-----------------------|-------|---------------|------------------|-------|-------|
| Separations | | | | | |
| Same Day | 1021 | N/A | N/A | N/A | 1021 |
| Multi Day | 913 | | | | 913 |
| Total Separations | 1934 | | | | 1934 |
| Total Bed Days | 5445 | - | - | - | 5445 |

| Non-Admitted Patient | Acute | Sub -Acute | Mental Health | Other | Total |
|---|-------------|---------------|------------------|-------|-------------|
| Emergency Department Presentations | 3428 | N/A | N/A | N/A | 3428 |
| Outpatient Services – occasions of services (VACS and Non VACS clinics) | 0 | N/A | N/A | N/A | 0 |
| Other Services – occasions of services | 1478 | N/A | N/A | N/A | 1478 |
| Total occasions of service | 4906 | - | - | - | 4906 |

The Mansfield District Hospital is funded under the Acute Health Program for inpatient admissions. The Emergency Department this financial year saw 3428 presentations and our X-ray department had 1478 outpatient presentations.

| Activity | 2010-2011 Activity Achievement |
|---|--------------------------------|
| Weighted Inlier Equivalent Separations (WIES) | |
| WIES Public | 665.88 |
| WIES Private | 262.55 |
| Total WIES (Public and Private) | 928.43 |
| WIES Renal | 30.38 |
| WIES DVA | 36.51 |
| WIES TAC | 9.21 |
| WIES TOTAL | 1004.53 |
| Aged Care | |
| Residential Aged Care - bed days | 24203 |
| Nursing Home Type | |
| NHT (non DVA) – bed days | 118 |
| NHT DVA – bed days | 0 |

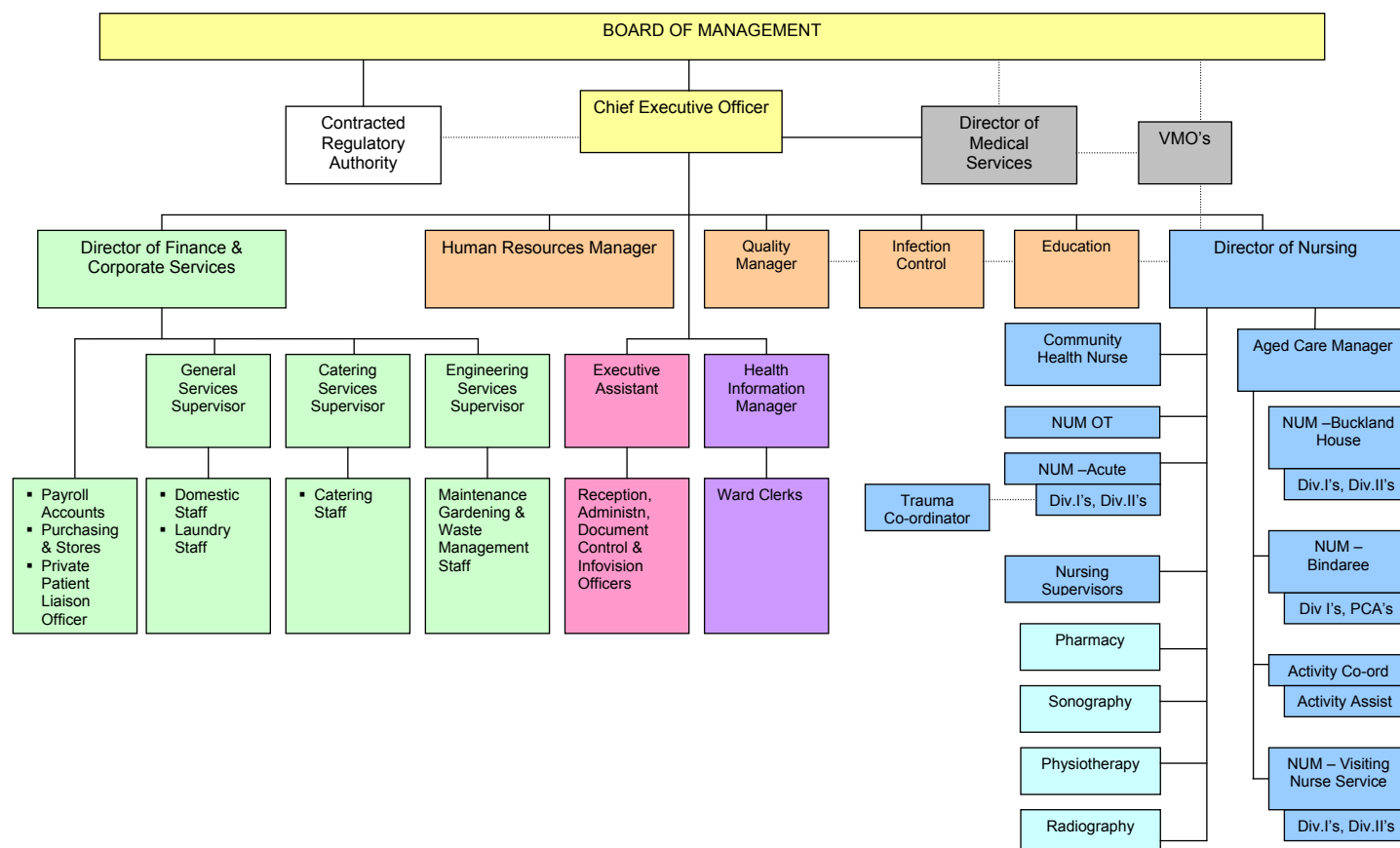
Service Performance

| WIES activity performance | 2010-2011 actuals |
|---|-------------------|
| WIES (public and private) performance to target (%) | 99.2% |

Cash Management / Liquidity Indicators

| Cash management / liquidity | 2010-2011 actuals |
|-------------------------------|-------------------|
| Creditors (days) | 48 |
| Debtors (patient fees) (days) | 35 |

Mansfield District Hospital Organization Chart



Workforce Statistics

Every month our organization is required to submit a report to the Department of Health to be used for Statewide Workforce Planning. The following mandated information is current as at the 30 June 2011.

In addition, hospitals are also required to provide a Workforce dataset bi-annually.

NB. The figures do not include fee-for-service visiting medical officers or agency nursing staff.

Application of employment and conduct principles

The Mansfield District Hospital is an equal employment opportunity employer and promotes and applies the public sector principles, developed by the Victorian State Services Authority (SSA), to its employment practices. MDH supports the SSA's Public Sector Employees' Code of Conduct and expects all employees to abide by this Code. All new employees receive a copy of the Code of Conduct on commencement of employment.

| Labour Category | JUNE Current Month FTE | JUNE YTD FTE |
|---------------------------------|------------------------------|-----------------|
| Nursing | 62.93 | 61.21 |
| Administration and Clerical | 13.03 | 14.24 |
| Medical Support | 0.61 | 0.64 |
| Hotel and Allied Services | 38.82 | 37.93 |
| Medical Officers | - | - |
| Hospital Medical Officers | N/A | N/A |
| Sessional Clinicians | N/A | N/A |
| Ancillary Staff (Allied Health) | 4.96 | 4.74 |

Summary of Financial Results 2010-2011

| | 2011 \$000 | 2010 \$000 | 2009 \$000 | 2008 \$000 | 2007 \$000 |
|---|---------------|---------------|---------------|---------------|---------------|
| Total Revenue | 12,882,901 | 12,296,459 | 10,937,106 | 10,864,372 | 9,787,789 |
| Total Expenses | 13,897,297 | (12,993,699) | (11,543,558) | (10,846,536) | 10,089,769 |
| Operating Surplus/(deficit) | (1,014,396) | (697,240) | (606,452) | 17,836 | (301,980) |
| Retained Surplus/ (Accumulated Deficit) | (3,211,342) | (2,196,946) | (1,499,706) | (893,254) | (911,090) |
| Total Assets | 23,281,474 | 22,934,912 | 21,200,694 | 14,835,040 | 13,302,623 |
| Total Liabilities | 9,498,470 | 8,137,512 | 5,706,054 | 5,004,389 | 4,095,863 |
| Net Assets | 13,783,004 | 14,797,400 | 15,494,640 | 9,830,651 | 9,226,760 |
| Total Equity | 13,783,004 | 14,797,400 | 15,494,640 | 9,830,651 | 9,226,760 |

Note: Comparatives for 2007-2008 have been modified to ensure consistency with disclosure in 2010 & 2011.

Operational and budgetary objectives and performance against objectives

The organization had a higher than expected revenue position due to a significant increase in Department of Health grants, private patient fees and interest earned. Private patient revenue and interest earned were budgeted for conservatively when the full future effects of the global financial crisis were still unknown. Given that a new Aged Care Funding Instrument (ACFI) had been introduced in March 2009 and the impact of this instrument was still unknown, aged care revenue was also conservatively estimated. The low occupancy rate in the nursing home during the year contributed to Commonwealth subsidies falling \$163K short of budget.

Residential aged care continued to return a deficit, however, there has been a significant reduction in the deficit position in aged care of \$182K compared to the previous financial year.

Salaries and wages were unfavourable to budget due to a budgeting error at the beginning of the financial year and an increase in WorkCover claims. Strategies have been put in place to assist in reducing potential WorkCover claims in the future, however, given the ageing organizational workforce WorkCover costs may continue to increase in forthcoming years.

A number of costs were incurred from the previous financial year which impacted on the 2010-2011 expense budget. These items included costs associated with Visiting Medical Officers and Specialists and fuel, light and power. Patient

transport costs also exceeded budget with the majority of unfavourable costs being incurred in the first quarter of 2010-2011. The organization now closely scrutinizes each patient transport invoice and has achieved substantial cost savings by challenging accounts where anomalies were identified.

Medical Officer fee-for-service payments rose substantially during the year due to back-payments of up to 18 months made for submission of late accounts. The organization will be addressing this issue in the upcoming VMO contract renegotiation process in 2011.

Repairs and maintenance costs were unfavourable to budget by \$42K and, given the age of the buildings at MDH, we can expect these costs to continue to rise.

The Department of Health has provided the Bindaree Retirement Centre with direct funding support in 2010-2011 for the HSUA wage increase and indirect resources to support aged care accreditation.

Significant changes in financial position during the year

Low occupancy rates in the nursing home significantly affected expected and potential Commonwealth subsidies. The nursing home's average occupancy during the 2010-2011 year was 86.8%.

Major changes or factors affecting performance

The implementation of recommendations from the 2010 Michael Rhook Review assisted with cost reductions during the 2010-2011 financial year. This included staff reductions and redundancies of 1.6 EFT in the areas of engineering and administration services.

Consultancies over \$100,000

The organization did not undertake any consultancies over \$100,000 during the year.

Consultancies under \$100,000

The organization undertook four external consultancies during the year in relation to governance and service plan reviews at a total cost of \$33,992 excluding GST. The Department of Health contributed \$22,500 towards the cost of these consultancies.

Additional information

The following information, where it relates to the Mansfield District Hospital and is relevant to the financial year 2010-2011 is available upon request by relevant Ministers, members of Parliament and the public:

- a) A statement of pecuniary interest has been completed;
- b) Details of shares held by senior officers as nominee or held beneficially;
- c) Details of publications produced by the Department about the activities of Mansfield District Hospital and where they can be obtained;
- d) Details of changes in prices, fees, charges, rates and levies charged by Mansfield District Hospital;
- e) Details of any major external reviews carried out on Mansfield District Hospital;
- f) Details of major research and development activities undertaken by Mansfield District Hospital that are not

otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;

- g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- h) Details of major promotional, public relations and marketing activities undertaken by Mansfield District Hospital to develop community awareness of the entity 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 Mansfield District Hospital 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 Mansfield District Hospital, the purpose of each committee and the extent to which the purposes have been achieved.

Tenders

There were no major tenders awarded during the 2010/11 year for capital purposes.

Life Governors & Presidents 2011

Mansfield District Hospital Life Governors

| | | | |
|----------------|----------------|--------------------|-----------------|
| Ms J Acaster | Mr J M Cummins | Mrs B Hughes | Mr WE Parsons |
| Mrs J Adams | Dr J M Curtis | Mrs D Kilford | Mr G Ritchie |
| Mrs M E Black | Mr C Durran | Mrs Z Kirley | Miss F B Shaw |
| Mrs N Buckland | Mrs M Egan | Mr P McCann | Mr G Smith |
| Mr O Buttula | Dr H R Esser | Mrs V McCormack | Mr A Tehan |
| Mrs C Cameron | Mr W H Glen | Dr P Mackay | Mr C Thomas |
| Mr H B Clark | Mrs R Gray | Mr A Maxwell-Davis | Miss S M Turner |
| Mrs J Clark | Sir A Grimwade | Mr H A Nix | Miss B Walsh |
| Mrs N Corr | Mr T Gunnerson | Mrs W Nix | Mr F Wickham |
| Mrs B Cox | Mrs M Hood | Mrs Y O'Connor | Mr D T Yencken |
| Mrs C Cox | Mr P Howarth | Mrs S Parsons | |

Mansfield District Hospital Presidents

| | | | | | |
|-----------|-----------------|---------|------------------|---------|------------------|
| 1869-72 | A Chenery | 1913-14 | J Hutchinson | 1959-61 | D W Howie |
| 1872-74 | J P Rowe | 1914-15 | H Tomkins | 1961-64 | C J Breen |
| 1874-90 | H H Kitchen | 1915-16 | E J Kelly | 1964-65 | R W Bostock |
| 1890-91 | I H Kelson | 1916-17 | Rev F A Merner | 1965-70 | A C Evans |
| 1891-92 | E W Finlason | 1917-18 | P J Wade | 1970 | R W Bostock |
| 1892-93 | W Cotter | 1918-19 | R S Anderson | 1970-72 | Mrs N Tehan |
| 1894-95 | P W Bromfield | 1919-20 | Rev E Thornton | 1972-73 | C J Breen |
| 1895-96 | Rev J F Frewin | 1921-22 | E T Begley | 1973-76 | Mrs B Hughes |
| 1896-97 | P W Walker | 1922-23 | Rev G Brammall | 1976-79 | J M Cummins |
| 1897-98 | J A Edmonston | 1923-25 | M Ryan | 1979-83 | H B Clark |
| 1898-99 | J Presley | 1925-26 | Rev G Brammall | 1983-85 | H A Nix |
| 1899-1900 | Rev T S Collins | 1926-27 | E W Finlason | 1985-88 | D T Yencken |
| 1900-01 | P W Walker | 1927-28 | Rev G Brammall | 1988-89 | K S Andrews |
| 1901-02 | S McMillan | 1928-31 | Rev V F Hadley | 1989-91 | Ms S A Stegley |
| 1903-04 | J R Bremner | 1931-32 | Rev J S Bullough | 1991-93 | Dr P Mackay |
| 1904-05 | P W Conlan | 1932-35 | L G Graves | 1993-96 | G Smith |
| 1905-06 | P W Walker | 1935-40 | J D Neely | 1996-00 | A Maxwell-Davis |
| 1906-07 | A B Moffitt | 1940-44 | R T Forrest | 2000 | B E Bingham |
| 1907-08 | C Cahn | 1944-46 | J A Bostock | 2000-01 | P A Howarth |
| 1908-09 | E W Finlason | 1946-47 | F G Friday | 2001-04 | M D Kinloch |
| 1909-10 | Rev H E Mallet | 1947-49 | J D Neely | 2004-09 | Mrs D L Kilford |
| 1910 | W Douglas | 1949-52 | J Tehan | 2009-11 | Ms M T Sellstrom |
| 1910-11 | E T Begley | 1952-53 | R G Ritchie | | |
| 1911-12 | Rev W V Beaver | 1953-56 | W H Glen | | |
| 1912-13 | E W Finlason | 1956-59 | G C Cox | | |

Bindaree Life Governors

| | | | |
|------|----------------|------|-------------|
| 1978 | HDT Williamson | 1999 | CC Crawford |
| 1984 | TMR Ryan | 2000 | ML Evans |
| 1984 | LR Carter | 2008 | G Adamson |
| 1990 | RD Gunning | 2008 | E Mahoney |
| 1990 | VC McCormack | 2008 | E O'Brien |

Bindaree Presidents

| | | | |
|-------------|---------------|-------------|-------------|
| 1969 - 1978 | TMR Ryan | 1988 - 1992 | AG Riley |
| 1978 - 1980 | DT Yencken | 1992 - 1995 | CC Crawford |
| 1980 - 1982 | AOH Tehan | 1995 - 1998 | TMR Ryan |
| 1982 - 1985 | MJ McClelland | 1998 - 2000 | AOH Tehan |
| 1985 - 1988 | TMR Ryan | | |

Clubs

Mr N F Pigdon (Apex)
Mr K Skinner (Lions)
Rotary Club of Mansfield

Associated Bodies As At 30 June 2011

Auditors

WHK Albury for D Pearson,
Auditor General

Solicitors

Mal, Ryan & Glen

Bankers

Westpac
CBA
NAB
ANZ
Bendigo Bank

Audit Committee

Mr J Naidu
Mr M Blair
Mr M Henry
Ms M Sellstrom
Mr C Willingham

Internal Auditors

Deloitte

Director of Medical Services

Dr Richard Lowen, MB, BS DRCOG, RACGP, AACHSE

Visiting Medical Practitioners

Dr L Carter, MB, BS, BSC (Hons)
Dr J Davey, MB, BS (01/02/2011-30/06/2011)
Dr S Flew, MB, BS, DCH, DRANZCOG, FACRRM,
FRSTM&H, MPH
Dr D Friday, MB, BS, DRANZCOG, FRAGP
Dr J Hall, MB, BS
Dr J Huang, MB, BS. B.Med Sc. (30/06/2010-06/02/2011)
Dr L Ihuraqui, MD, DTPH (Sydney) (01/07/2010-23/3/2011)
Dr P Jolly, MB, BS
Dr L Reid MB, BS
Dr M Reid MB, BS
Dr C Samuel, MB, BS, DGO (Dublin), LM (Dublin)
Dr G Slaney, MB, BS, DA, DRCOG
Dr P Swart, MB. ChB (11/02/2011-30/06/2011)
Dr J Titmarsh, MB, BS (01/02/2011-30/06/2011)
Dr W Twycross, MB, BS, DA, DRANZCOG, DTPH
Dr A Wettenhall, MB, BS

Visiting Consulting Medical Staff

Dr P MacLeish, MB, BS, FRACP
Mr F Miller, MB, BS, PhD, FRACS
Dr S Pearce, MB, BS, FRANZCOG
Mr W Seager, MB, BS, FRACS (Ortho)
Mr P Thomas, MB, BS, FRCSEd, FRACS

Board Of Management

Chair, Board of Management: Ms Marie Sellstrom
Chair, Finance: Mr Malcolm Blair
Chair, Audit & Risk Management: Mr Jaya Naidu
Chair, Quality Assurance: Mrs Leanne Robson
Board Members: Mr Robert Beekman
Dr Elizabeth Duncan
Mr Len Foster
Ms Julie Syme
Mr Sandy Tod
Ms Julie Walpole

Minister's Delegate: Mr Mick Ellis

Medical Staff Group Representative: Dr Graham Slaney

Executive Staff

Chief Executive Officer: Ms Janene Ridley,
RN, BA, MHSM
Director of Nursing: Mr Frank Megens,
RN, RM, NICC, PICC,
MHA, Grad Cert.
Industrial Relations,
Grad. Cert. Conflict
Resolution
Aged Care Manager: Ms Margaretanne
Hood, RN, RM, BN,
Cert Neuroscience
**Director of Finance &
Corporate Services:** Mr Andrew Nitschke,
B.Bus (Accounting),
CPA, MBA
(12/07/10 - 30/06/11)
Human Resources Manager: Ms Colleen Raid,
Grad. Dip (IR/HRM)
Director of Medical Services: Dr Richard Lowen,
MB, BS DRCOG,
RACGP, AACHSE

QUALITY OF CARE REPORT 2010/11

It's Your Hospital Welcome...

Welcome to Mansfield District Hospital's Quality of Care Report for 2010/2011. The year has been both interesting and challenging. The health environment remains dynamic and as our population changes Mansfield Hospital will continue to meet the challenges. Last year recruitment and retention difficulties were overcome with our workforce now at capacity. The future challenge however now moves to ensuring our service remains responsive to the community's needs. In the context of changing community needs and expectations Mansfield Hospital will develop innovative models of care that continue to support our population. Needless to say we would be unable to achieve our excellent outcomes without the support of community and staff. We take this opportunity to thank our dedicated team and committed members of our auxiliaries and fundraisers that continued to provide support through challenging times.

The Quality of Care report aims to inform the community about the performance of the hospital and to bring to light areas of achievement. This year we would like to provide further information on how Mansfield District Hospital includes its consumers in the provision of care and how your feedback provides changes to our service delivery. As always the support from the community (fundraising, feedback etc) is vital to enable us to continually work towards providing the quality of service that you, the community, deserve.

Many of our staff have contributed to the report and we hope you enjoy reading about our hospital. Any feedback you may have is greatly appreciated. Feedback can be made in writing to: Anne Jewitt, Quality Manager, Mansfield District Hospital, 53 Highett Street, Mansfield, VIC 3722.

Frank Megens
Director of Nursing

Margaretanne Hood
Aged Care Manager

Anne Jewitt
Quality Manager

Our hospital....

Mansfield District Hospital continues to strive to offer a comprehensive and high quality health care service to both resident and non resident community members.

The hospital is comprised of four key areas, Acute Care, Aged Care, Primary Care and Community Health. Within each of these areas a number of essential services are provided and they include:

- Acute care:
emergency department, medical, surgical, operating theatre, dialysis, midwifery
- Aged care:
Buckland House, a 30-bed high care residential nursing home, and Bindaree, a 42-bed low care/ ageing in place hostel

- Primary Health:
Visiting Nursing, Cardiac Rehabilitation and Diabetes Exercise Group
- Community Health Services: Jamieson and Woods Point, Mt. Buller

Supporting the provision of clinical care across the organization is a dedicated group of staff, without whom, the hospital would not be able to operate. These staff assist in the service delivery of catering, cleaning, laundry, maintenance and administration.

Who's who ...

| | |
|--|-------------------|
| Chief Executive Officer: | Janene Ridley |
| Director of Nursing: | Frank Megens |
| Director of Finance & Corporate Services: | Andrew Nitschke |
| Director of Medical Services: | Dr. Rick Lowen |
| Human Resources Manager: | Colleen Raid |
| Aged Care Manager: | Margaretanne Hood |
| Executive Assistant: | Tracy Rekers |

| | |
|---------------------------------------|-----------------------------|
| NUM (Acute/ Midwifery): | Kay Gerrans, Anne Jewitt |
| NUM (Operating Theatre): | Pat Wilding |
| NUM Buckland House: | Sue Shinns |
| Team Leader Bindaree: | Leanne Welsh |
| Clinical Care Coordinator VNS: | Kerryn Brakels |
| Community Health Nurse: | Jane Dwyer |
| Nurse Educator: | Leonie McLaughlin |
| Quality Manager: | Anne Jewitt |
| Physiotherapist: | Cheryl Apps |
| Infection Control Nurse: | Michelle Condie |

| | |
|--------------------------------------|----------------|
| Manager Catering Services: | Cherie Howes |
| Manager Domestic Services: | Leonie Lindsay |
| Manager Engineering Services: | Neil Allen |
| No-Lift Coordinator: | Trish McKenzie |

Access to CARE

Health workforce recruitment challenges continued to be a main focus on the organization's efforts over the past year. It is pleasing to note that our active education unit has strongly supported the training requirements needed by staff to remain skilled and competent in a broad range of practice areas.

Ensuring that our work force has a high skill set through training and development ensures the continuity of services provided by Mansfield District Hospital.

Growth continues to occur in our Urgent Care Department and this is in line with the broader health sector experience.

Maternity Shared Care Service:

Much work has been done on determining a sustainable model of midwifery care that will see Mansfield into the future with a secure maternity service. Underpinning the work was developing a strong understanding of the expectations of our clients and staff in the type of birthing model to be provided by Mansfield District Hospital.

Our project worker, Elizabeth Sinclair, explored models of care that have been used throughout the state to determine a model that will meet the needs of our community. The organization is currently reviewing the options and it is anticipated that the forthcoming year will see a broadening of what is already regarded as an excellent regional service.

The Midwifery Unit was also the lucky recipient of a very generous donation from a grateful family enabling the purchase of a Birthing Simulator Model. This equipment allows midwives and doctors to practice emergency birthing situations and, thereby, maintain a higher skill level. As one of a very limited number of birthing simulators in the region, Mansfield is indeed very fortunate.

Emergency Department or Urgent Care Service?... What's in a name?

The emergency department is one of the multiple points of entry to the hospital and broader health system. The core business of emergency departments has also undergone change over the past decade and greater recognition is being placed on what services varying facilities can provide.

Significant numbers of emergency department presentations are now older people with chronic health needs and patients with complex needs including psycho-social needs. There are also significant numbers of 'primary care type' presentations at emergency departments.

Mansfield District Hospital is recognised as an 'Urgent Care Service'. Urgent Care Services are generally located in small rural communities where higher levels of trauma care are not accessible.

An Urgent Care Centre will:

- provide an initial resuscitation and a limited stabilisation capacity prior to early transfer to regional or metropolitan trauma services; and
- provide definitive care to non-major trauma patients according to patient need and available local resources. The urgency of this response is based on the Australasian Triage Scale which is used by our staff for all presentations.

This year the department focused on staff training and education as well as the implementation of new equipment made available through generous community donations. An intraosseous fluid access device was purchased for those patients requiring fluid replacement as a matter of urgency in the absence of adequate venous access. This equipment will be used for our sickest presentations and can be used across a broad age range.

The hospital acknowledges the collaborative role that it enjoys with our emergency service partners (Police and Ambulance) in ensuring timely emergency care to our community.

| Year/ATS | CAT 1 Urgent | CAT 2 | CAT 3 | CAT 4 | CAT 5 Non-urgent | Assessed and treated by nursing staff | TOTAL |
|----------|--------------|-------|-------|-------|------------------|---------------------------------------|-------|
| 2008/09 | 13 | 89 | 732 | 1630 | 595 | 31.3% (1) | 3059 |
| 2009/10 | 14 | 140 | 713 | 1853 | 538 | 22.3% (1) | 3258 |
| 2010/11 | 23 | 167 | 838 | 1621 | 779 | 30% | 3428 |

(1) Data includes all presentations that were assessed and treated by nursing staff, including treatments advised by phone contact with Medical Officer.

Diverse Communities:

In recognition of our diverse community Mansfield District Hospital continues to support and plan towards the needs of our community members that come from varying backgrounds requiring special needs.

With the ratification of our Diversity Plan, the organization's progress in addressing the needs of culturally and linguistically diverse individuals, families and communities in Mansfield continues. The Diversity Plan is a strategic document by which Mansfield District Hospital plans towards meeting the needs of culturally and linguistically diverse groups, disability clients and those minority groups that require dedicated consideration in care planning needs.

The plan covers:

- promoting access for people with disabilities;
- promoting awareness for identifying barriers to communication and determining strategies to overcome these;
- recognizing behaviours that are detrimental to patient groups from varying backgrounds or disabilities and striving to inform these; and
- promoting inclusion in health care that minimises risk and improves outcomes.

The purpose of the plan is to improve service delivery for the under-represented diverse groups within our population. It is driven by the need to understand our clients' needs, develop partnerships with specific agencies in meeting those needs and encourage participative decision making by those groups.

The community is benefiting greatly from a dedicated room for our bariatric patients, made possible by donations from the community and Mansfield Auxiliary. The room provides privacy and space for clients who require additional resources and equipment.

Some facts about our community.....

| Country of Birth | Mansfield | % of total persons in Region | Australia | % of total persons in Australia |
|------------------|-----------|------------------------------|------------|---------------------------------|
| Australia | 5,888 | 81.9% | 14,072,944 | 70.9% |
| England | 278 | 3.9% | 856,939 | 4.3% |
| Germany | 99 | 1.4% | 106,525 | 0.5% |
| New Zealand | 67 | 0.9% | 389,463 | 2.0% |
| Netherlands | 37 | 0.5% | 78,928 | 0.4% |
| Scotland | 27 | 0.4% | 130,204 | 0.7% |

English only spoken at home

| | | | | |
|---------|----|------|---------|------|
| German | 82 | 1.1% | 75,636 | 0.4% |
| Italian | 18 | 0.3% | 316,890 | 1.6% |
| Spanish | 9 | 0.1% | 97,999 | 0.5% |
| French | 8 | 0.1% | 43,217 | 0.2% |
| Dutch | 8 | 0.1% | 36,182 | 0.2% |

Source: ABS 2006

Marginalised communities and groups:

With a resident population of 7,800 the Shire of Mansfield has numerous rural remote settlements. The communities in these settlements continue to receive an outstanding level of service by committed and resourceful staff. The Mansfield Community Health service provided 468 home visits, 321 Clinic consultations and 154 Health promotion activities to the residents of Jamieson, Woods Point, Kevington and Mac's Cove. Our health promotion activities included 40 sessions provided by our physiotherapist and weekly healthy lifestyle program and other health promotion events. In total, this service made 1304 individual client contacts

The Mt. Buller Community Health Service has been operational since November 2008 making 2010 its third year of service. Conducted over 29 weeks during the summer period, the clinic provides a point of care nursing service for the Mt Buller community. Services provided by the clinic were available for 2 days per week during the 2010-2011 year and covered health promotion, early prevention and detection of disease activities. Health promotion activities conducted included snakebite management, Flu vaccination, CPR, health awareness training and blood pressure monitoring.

Consumer Participation in CARE

Providing excellent high quality care to our consumers is the core business of the hospital. It is vital to ensure that the care we give not only meets the needs of the consumers, but that the consumers play a significant role in decision making, providing feedback and receiving regular reports about progress within the hospital.

In 2011 MDH initiated Community Focus Groups whereby users of our services were invited to discuss improvements for our care. We welcome this direct feedback via informal group sessions and look forward to implementing their recommendations. Initial groups indicate a high satisfaction with facilities and care and improvements suggested are currently being reviewed by staff with a number of changes already implemented.

Compliments, Complaints and Suggestions:

Feedback received from patients, residents or visitors is extremely valuable and provides Mansfield District Hospital with the opportunity to improve on the high standards that MDH strives to achieve.

In 2010/2011 MDH received 78 compliments, acknowledging and appreciating the quality of service and care provided by MDH staff. 21 complaints were received without any common theme, these complaints resulted in the investigation and provision of the following improvements:

- strategies put in place to reduce noise levels at night in all facilities;
- review of suitability of some menu items offered to Aged Care residents; and
- expanding on effective communication practices between patients / residents / visitors and staff.

Aged Care Resident Satisfaction:

Resident and relative satisfaction is measured in a variety of ways throughout the year. Tools used to determine satisfaction with care included monthly resident and relative meetings, quality of life audits and an annual resident and relative survey.

Residents continue to comment on the home like nature of the facilities and noted that they felt safe and comfortable in their environment. The residents report on being happy with the quality of food and amenities. Relatives identified the need for private spaces and areas to recreate and be with their loved ones in privacy. They also feel confident in the quality of care that is provided for their relative.

Visiting Nursing Service Review and Consumer Satisfaction Survey:

Consumer participation in care is a priority for the staff of the Visiting Nursing Service. Clients and their representatives are involved in the planning of their care at all stages of their journey through the Visiting Nursing Service. The 'Active Service Model of Care', which is currently being introduced into the service as a new model of care, looks at opportunities to improve an individual's capacity and function by being responsive to their changing needs and assisting them to identify their own care goals; in other words, working with them not for them, to achieve these goals .

How do our patients rate our service?

Mansfield District Hospital again participated in state-wide benchmarking surveys known as the 'Victorian Patient Satisfaction Monitor' (VPSM).

Each quarter, every participating hospital compiles a database of eligible, consenting inpatients discharged from the hospital during the designated sampling period. This data is used to determine a random selection of patients who receive a questionnaire covering all aspects of our service.

This year, the VPSM saw 178 people from the community participate in a satisfaction survey about the care they received whilst inpatients at Mansfield Hospital. This was a very strong participation rate with an increase of 61 responses compared to last year's report.

Patients were very satisfied with most aspects of their stay at Mansfield District Hospital. The hospital is typically performing above the similar hospital average. Specifically, Mansfield District Hospital scored significantly statistically higher than similar hospitals' average scores for the provision of general patient information, treatment and related information, and complaints management indices.

The report highlighted three items that were statistically significantly higher than previous surveys. These were:

- length of time nursing staff took to respond;
- waiting time; and
- helpfulness of admissions staff.

Areas identified for improvement this year were noted as:

- explanation of medicines to take after discharge; and
- written information about home management.

Mansfield District Hospital looks forward to improving in the above areas and will be seeking direct feedback from clients through the establishment of focus groups in the near future.

How do we compare.....?

| | Overall Care | ACCESS AND ADMISSION | GENERAL PATIENT INFORMATION | TREATMENT AND RELATED INFORMATION | COMPLAINTS MANAGEMENT | PHYSICAL ENVIRONMENT | DISCHARGE AND FOLLOW UP | CONSUMER PARTICIPATION |
|----------------------|--------------|----------------------|-----------------------------|-----------------------------------|-----------------------|----------------------|-------------------------|------------------------|
| ALL HOSPITALS | 79 | 78 | 83 | 80 | 81 | 77 | 78 | 81 |
| CATEGORY D HOSPITALS | 85 | 85 | 88 | 85 | 86 | 84 | 83 | 85 |
| MDH | 86 | 84 | 90 | 87 | 87 | 83 | 85 | 87 |

Indicators of CARE:

We are required to monitor many indicators of the care we give. The monitoring process requires the collection of data, reporting of the data and then identifying trends to change practice should any major problems be identified. We currently monitor the numbers of infections, hospital acquired pressure ulcers, resident/patient falls and medication errors.

In January 2011 the organization moved to the Victorian Hospital Incident Management System, (more widely known as RiskMan). RiskMan is an electronic reporting system used across the state that enables benchmarking of data and early identification of issues of concern.

Falls:

Mansfield District Hospital views falls prevention as a high priority. The highest group at risk of falls are our frail elderly residents and patients. Everyone over the age of 65 is assessed on admission for their 'falls risk'. With this knowledge, the nursing staff make an assessment of what aids may be required to reduce the risk of any falls occurring; this includes the provision of 'low low' beds or installation of floor alarms, etc. Those at high risk are often referred to the physiotherapist for assessment of and assistance with mobility issues.

Recent purchases of equipment have focused on floor and bed alarms that enable a staff member to be present to assist a resident when moving from their bed or chair.

In 2010/2011, the falls indicators for MDH include:

| Unit/ year | 05/06 | 06/07 | 07/08 | 08/09 | 09/10 | 10/11 |
|------------|-------|---------|---------|---------|---------|---------|
| Acute ward | 28 | 24 | 22 | 34 (3a) | 27 | 37 |
| Bindaree | 122 | 103(1a) | 101(2a) | 43 (3b) | 82 (4a) | 98 (3b) |
| Buckland | 84 | 64 (1b) | 89 (2b) | 46 (3c) | 71(3a) | 41 |
| TOTAL | 234 | 191 | 212 | 123 | 180 | 176 |

(1a) Includes 10 fall related fractures

(1b) Includes 3 fall related fractures

(2a) Includes 4 fall related fractures

(2b) Includes 3 fall related fractures

(3a) Includes 1 fall related fracture

(3b) Includes 3 falls related fractures

(3c) Includes 1 falls related fracture

(4a) Includes 2 falls related fracture

Did you know?

Ageing in Place initiatives aim to keep residents in the facility that they are familiar with for as long as higher care needs can be accommodated. Mansfield has seen a significant

increase in dependency of our Bindaree residents and efforts to prevent falls are containing this problem.

- Most falls result in no injury.
- Most falls result when transferring from bed to standing and, as a result, are a 'slip' rather than a 'fall'.
- Most falls cannot be recalled by the resident.
- Most falls are unwitnessed
- Encouraging family members to sit and walk with residents decreases falls.
- Wearing shoes with inadequate fixation devices (eg. laces) has been associated with high falls rates.
- Walking barefoot or in socks is associated with a 10-13 fold increased risk of falling.
- Studies have shown that 75% of people who suffered a fall related hip fracture in the community were wearing footwear with at least one suboptimal feature.

Medication incidents:

Medication errors continue to be monitored and analysed each month for all the clinical areas across the organization.

A 'no blame' reporting culture encourages incidents to be identified and constructively analysed. A concerted effort has been made this year to report drug 'errors', no matter how small, to establish a reliable data base. It is acknowledged in health care literature that medication errors are generally under reported thereby further highlighting the importance of identifying key quality improvement initiatives to collectively determine solutions.

Data is collected monthly across all areas of the organization and analysed by error type.

In 2010 /2011, the numbers of medication incidents are as follows:

| | 08/09 | 09/10 | 10/11 |
|-----------------|-------|-------|-------|
| ACUTE | 20 | 40 | 30 |
| BUCKLAND | 6 | 8 | 5 |
| BINDAREE | 38 | 64 | 36 |

(Of note is the marked decrease in Bindaree incidents - this facility adopted an electronic Pharmacy ordering system that resulted in marked improvements in decreasing incidents).

Pressure ulcers:

Monitoring the incidence of pressure related injury continues to be a significant indicator of care. Both sectors of our hospital (Acute and Aged Care) collect and analyse data related to pressure injury. All patients are monitored for any signs of pressure ulcer development. Patients who are identified as being high risk will have interventions put in place to reduce or prevent the likelihood of developing a pressure ulcer.

Audits are completed quarterly and presented in the table below per quarter:

For the 10/11 year the figures are:

Pressure Ulcers - BINDAREE

| Stage 1 | | | | Stage 2 | | | | Stage 3 | | | | Stage 4 | | | |
|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| 6 | 5 | 4 | 2 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Pressure Ulcers - BUCKLAND

| Stage 1 | | | | Stage 2 | | | | Stage 3 | | | | Stage 4 | | | |
|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| 0 | 1 | 2 | 0 | 1 | 3 | 2 | 3 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |

Pressure Ulcers - ACUTE

| Stage 1 | | | | Stage 2 | | | | Stage 3 | | | | Stage 4 | | | |
|---------|----|----|----|---------|----|----|----|---------|----|----|----|---------|----|----|----|
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Infection control:

Monitoring of our systems to prevent infections remains a high priority. The Infection Control Practitioner oversees the collection of data in all three facilities by using nominated staff in each area. With nosocomial (hospital acquired) infection rates now benchmarked across the state, our rates remain low.

The data for 10/11 is as follows:

MDH nosocomial infections

The hospital's nosocomial infection rate for 10/11 is 0.04%.

Buckland House nosocomial infections

The 10/11 nosocomial infection rate for Buckland House nursing home is 0.40%.

Bindaree nosocomial infections

The 10/11 nosocomial infection rate for Bindaree Hostel is 0.31%.

Staff Health Program

This year 95 staff members over the three facilities have been vaccinated for influenza which is a very good result considering the extra swine flu vaccination staff received the year before. The recent chickenpox and whooping cough outbreaks in the community have also led us to updating of our staff vaccination status with regards to these 2 diseases.

Hand Hygiene Compliance

We have completed our three compulsory hand hygiene audits for the year with the last being in June 2011. Our hospital wide compliance remains consistent at 75.9%, with the nursing staff achieving 82.4% and allied health staff receiving a fantastic result of 100% compliance.

Audits

Surveillance of many aspects of infection control has continued with the following audits which are collated by the Hume Region Infection Control consultants and benchmarked within the Hume region:

- AS4187 Sterilizing Services;
- Infection Prevention and Control; and
- Surgical Wound Surveillance.

Monthly internal cleaning audits have continued throughout the year as well as a yearly external cleaning audit.

All of the audits mentioned achieve outstanding results in the high 90% and some achieve 100% compliance in certain areas; this is above benchmark requirements.

Ensuring CARE is safe

The safety of staff, patients, residents and visitors is an issue that the Mansfield District Hospital takes very seriously.

The Occupational Health and Safety Committee meets monthly to review the processes in place to identify any areas of concern. The deeply established hazard identification process identifies and improves problems as soon as they arise.

This year MDH implemented the 'Victorian Hospitals Incident Management' system (VHIMs). This system allows us to electronically capture incidents and hazards and benchmark across like organizations.

Incidents identified as 'hazards' are risk assessed and strategies put in place to mitigate risk to our staff and patients. Our Occupational Health and Safety Committee follows up on a monthly basis to ensure hazard improvements strategies are implemented in a timely manner and that outcomes result in a successfully managed risk.

OH&S representatives conduct monthly safety audits of the workplace to ensure that our service provision is occurring in an environment free from hazards.

Four minor hazards were identified during 2010-2011 and were managed successfully.

In 2010-2011, 39 OH&S incidents were reported. All staff are actively encouraged to identify issues and propose solutions to keep our workplace safe. All incidents were classified as minor.

The reporting of patient and resident incidents allows the organization to conduct reviews and analyses of systems and practices that can lead to improved patient care.

Falls and medication errors have seen a significant improvement this year due to the introduction of an electronic order system for medications and a 'falls campaign' that resulted in notable improvements.

| | |
|--|-----|
| Patient/ Resident Incidents (Falls and medications) | 247 |
| Other OH&S incidents (inc. security, communication, storm damage, staff reports) | 39 |
| Medication incidents | 71 |

Major improvements resulting from the introduction of the new VHIMs system are:

- all incidents are entered to an electronic database to be allocated a risk rating (extreme, high, moderate or low risk); and
- reports are able to be generated automatically. (The opportunity for benchmarking in the future will be keenly explored over the next 12 months).

Food Safety Audit:

The preparation of appetising meals is of key importance to our patients and residents. This year we have seen changes to our menus in response to client feedback and significant work has been done on ensuring the meals arrive hot to the patients. The Victorian patient satisfaction monitor indicates a high degree of satisfaction with the meals and the dedicated kitchen team are to be commended.

The Catering department undertook their annual food safety audit in April this year by Food Hygiene Australia with excellent results across all three facilities.

In March 2011, all catering staff successfully completed their food handling course which further ensures the highest standards are maintained in our kitchens. This year 99,143 meals were prepared by the kitchen for inpatients, residents and Meals on Wheels clients.

The catering staff were privileged to host the placement of a work experience student from Mansfield Secondary College. These programs are important to Mansfield District Hospital as they enable young 'chefs of the future' to see what a busy catering environment is all about.

Maintaining our Linen:

Mansfield District Hospital cleans and maintains all of the linen required by the organization.

Our Laundry service remains a busy unit within the organization and this year washed approximately 69kgs of personal laundry per day for our Aged care residents and approximately 215kgs per day of patient care linen.

Cleaning Audits:

The external cleaning audit has once again shown the hospital's Environmental Services Team is a dedicated and hard working group.

The audit focuses on all areas of the organization and breaks areas into Very High, High, Moderate and Low risk areas. Periodically the organization utilises external auditors to assess the same areas as a quality control measure. Our scores remain high and indicate that the cleanliness of the facility is above the benchmark standard.

In an environment where cost containment strategies and increased use of services is becoming the norm, the cleanliness of the facilities for the residents and patients remains high. The audit figures come from a standard scoring tool that can give a qualitative indicator of cleanliness. Minimum standards are set at 85%.

Mansfield District Hospital received scores above this minimum standard for 2010/2011.

In the forthcoming year Mansfield will be required to submit data for one external audit and two non external audits. The average scores for these will make up our score for 2011/12.

| Facility/Year | 05/06 | 06/07 | 07/08 | 08/09 | 09/10 | 10/11 |
|---------------|-------|-------|-------|-------|-------|-------|
| Hospital | 95.3% | 97.0% | 96% | 95.3% | 94% | 95.3% |

The audit figures come from a standard scoring tool that can give a qualitative indicator of cleanliness.

Minimum standards are set at 85%

Very High Risk score(96), High Risk (95) & Moderate Risk (95)-2010/2011

This year Laundry Services were fortunate to receive funding from the Harry and Clare Friday Foundation to install 2 industrial dryers which are rated as high efficiency and will contribute positively to the management and processing of our laundry.

Education:

Our access to education for staff has been totally overhauled this year. Due to the increasing number of online and/or self directed learning packages which are now available for staff, a quick link, single access point system has been set up to facilitate access to this mode of education delivery. Staff now only need to login, go to a single index page from which a Hyperlink takes them to the relevant education.

Education which has been delivered in the 2010-11 Financial Year has been:

- wound management;
- managing difficult behaviors, including in those with dementia and mental illness;
- snakebite;
- stomal therapy;
- advanced life support, now run internally as Megan Hooper is our trained ALS re-accreditor; and
- all mandatory training has been delivered (mandatory requirements differ across work areas and include basic life support, fire & evacuation, prevention of bullying, hand hygiene, no lift/manual handling, food handling and OH&S).

In 2010 we re-subscribed to the Aged Care Channel, which offers weekly education on Aged Care issues via videolink. We also receive a DVD of each session for our library and new online learning link.

Early Graduate Nurses:

In 2010 we employed 3 early graduate nurses and entered into an enhanced collaboration with Northeast Health Wangaratta, Benalla Health, Alpine Health and Yarrowonga District Health Service.

This collaboration offers shared resources including a common selection process, a single cohort of graduates for the theoretical delivery of the program plus, for the first time, the opportunity for external rotations between the partner health services. We have also been able this year to facilitate an external rotation to the Mt Buller Medical Clinic which will give the graduates excellent exposure to a busy medical clinic which also offers an emergency medical service in a multidisciplinary team.

These three early graduate nurses, Carol Challen, Illona Cleeland and Kathryn Vrancic are progressing very well through their first postgraduate year as Registered Nurses Division I.

Division II / Enrolled Nurse Upskilling:

Division II nurses are now nationally referred to as Enrolled Nurses (EN's) due to the new national registration of nurses. Of our total number of ENs, 13 are currently upskilling to a Diploma level qualification by completing individually mapped education modules. These EN's have worked hard on this additional study load with the full support of their managers and several have now either completed or almost completed their Diploma qualification.

Many of our EN's are now also 'medication endorsed' which

enables them to administer certain medications; a number have also completed their IV medications module which further expands their scope of clinical practice. Several of our EN's are working towards Venepuncture and IV Cannulation accreditation; this demonstrates the change in scope of practice of the EN which is an important development for the profession of nursing.

Our Trainees:

Mansfield District Hospital is proud to be providing quality training for our work force in collaboration with local Registered Training Organizations Wodonga TAFE, GoTAFE and MACE.

Kerry Murphy and Karli Bishop have now both completed their Certificate III in Nursing, and have gained their Enrolled Nurse qualification. Melissa Hamilton has almost completed her EN training and Marina Medcraft has commenced her EN training.

Rachel Foots is currently completing a Certificate III in Aged Care through a School Based New Apprenticeship in Buckland House in collaboration with Mansfield Secondary College.

Anne Tilbrook is studying the Certificate III in Hospitality Catering Operations via a traineeship.

We continue to "grow our own".

Continuity of CARE

Mansfield District Hospital cannot do the work that the public expects without the very significant support from the broader community.

The provision of high quality care is the goal of all staff at Mansfield District Hospital. We continually review the services we provide to ensure we are meeting the health needs of the community in an ongoing capacity.

This is done in a variety of ways which include, but are not limited to:

- Significant fundraising towards our annual appeal "Revive Recovery" which resulted in raising over \$65,000. The recovery room now boasts a transportable monitoring system, trolleys and a refurbished work area resulting in a better patient experience.
- Expanded Volunteer and Pastoral Care service that has been trialled on an 'outreach basis' to our more isolated clients. The growth in this group and the willingness to contribute to new programs indicates the importance of our services to our community.
- Purchase of an entire fleet of intravenous infusion pumps (made possible by the Mansfield District Hospital Auxiliary), multiple pieces of surgical orthopaedic and gynaecological equipment (donated from the Bonnie Doon Auxiliary proceeds), a mobile patient monitor and the replacement of all patient lockers and bedside tables in the acute facility (resulting from the Murray to Moyne fundraising event).
- Staff have continued to develop themselves professionally and, this year, many of our Enrolled Nurses undertook further development by upgrading

their qualifications to Diploma level. Division 2 nurses are being recognised as a pivotal part of the health care team and are provided with ongoing training and support to assist them in continuing to enhance their qualifications.

Palliative Care:

End of life care at MDH is provided across all sites allowing patients and residents the right to die in the place of their choosing. The commitment from staff to ongoing education in this area ensures that the care provided is driven by best practice methods. Ovens and King Community Health Service, our regional palliative care consultancy service, provides bi-monthly training for interested staff. This opportunity has significantly enhanced the skills base of our staff. This training, together with the nursing teams' dedication to palliative care, contributes to the provision of care which controls symptoms and provides psychological, emotional and spiritual care of which we are enormously proud.

Physiotherapy:

Physiotherapy treatment is provided to inpatients and outpatients of the hospital, aged care residents and participants in our cardiac rehabilitation and diabetes exercise groups.

Patients and residents are assessed by the physiotherapist and treatment plans are devised in consultation with the patient or resident. The plan of treatment is implemented and revised as necessary following feedback from the patient/resident on effectiveness of the treatment and reassessment by the physiotherapist. Participants are progressed through the cardiac rehabilitation and diabetes exercise groups at their own rate.

An effective equipment loan/hire system ensures that patients and families are well supported when clients are transitioned from the hospital to home.

Dialysis:

The Mansfield Dialysis unit currently provides dialysis Monday, Wednesday, and Friday for approximately 11 hours per rostered day to four patients. The Unit has three dialysis machines (Gambro AK95) and two dialysis appropriate chairs. As part of our service, we are also able to provide respite to home dialysis patients and holiday treatment to visitors to the community.

This year Mansfield District Hospital trained an additional staff member in dialysis and, as a result, was able to provide increased flexibility for the community's needs.

The dialysis unit has now been in operation for seven years and continues to be overseen by the North West Dialysis Service (NWDS) under the health care umbrella of the Royal Melbourne Hospital (Melbourne Health). The Service is the largest of its kind in Australia, providing care for more than 33 per cent of Victorian dialysis patients, with links to major metropolitan satellite centres and 23 affiliated regional centres in Victoria.

Over the past 12 months the service has had an increase in enquiries for permanent dialysis positions. This is in line with statistics for end stage renal failure being the fastest growing chronic illness in Australia.

Monitoring Quality of CARE

Quality program

Mansfield District Hospital strives to ensure that all care delivered is of a high standard and meets current best practice. To do this we must have in place a comprehensive quality improvement program. During 2010-2011 departments within the organization completed 325 audits, some of which are described below.

Aged Care:

Both aged care facilities continued to focus on improvements around the Department of Health & Ageing's quality indicators in assessing the quality of care delivered to the residents. As always the results of the indicators are used to manage change in areas where improvements may be required.

An integral part of life in the home and hostel is the activities program and activity staff have reviewed many aspects of the program this year, for example, review of the types of activities that students from Lauriston School do as volunteers in the home. Next year, the Lauriston students will be allocated across both the nursing home and hostel to give residents a variety of activities to join in with such as group sing-alongs and the video recording of residents' reminiscences.

Maternity:

Unfortunately MDH was not able to implement the proposed new model of care for maternity services which was planned this year, nevertheless, this has enabled us to embed the existing Shared Care maternity model into every day practice.

A review of maternity processes is completed each year through the State-wide Maternity Indicator program. Areas under review include the type of birth, aspects around breastfeeding, time waiting for antenatal appointments and the assessment and management of smoking in pregnancy. The results of maternity indicators are published by the Department of Health and are available on their website.

Along with these indicators, the midwives completed an audit of the 'process for induction of labour', another state-wide audit, this time conducted by the Maternity Newborn Clinical Network. This audit reviewed the way in which labour was commenced by artificial means. All documentation in relation to induction of labour was reviewed and now meets best practice.

Operating Theatre:

Staff working in the operating theatre have completed many audits, but one audit in particular stood out this year. The audit was designed around the sterilizing standards meeting AS/NZS 4187 2003; this led to the purchase of equipment to enable staff to meet best practice in ensuring that all endoscopy equipment (the lumens of tubes) is adequately cleaned. In meeting these standards those patients undergoing endoscopic procedures can be reassured that all equipment is safe for use.

Recovery Room:

With the proceeds of the 2010 annual appeal going towards the refurbishment of the recovery room, an exhaustive review of the processes and equipment required to meet the demands of a busy recovery area was undertaken. Staff

completed many audits relating to patient throughput and room utilization with the result being a professional and efficient recovery room area which brings MDH into line with best practice standards.

Governance:

Our Board of Management continues to monitor clinical quality through representation on the hospital's Quality Assurance and Management Review committees. The Board of Management takes its clinical governance role seriously and participates in a range of quality activities that include:

- Bi-annual monitoring of the Hospital's Strategic and Business Plans;
- Annual monitoring of the Board's effectiveness through self assessment surveys;
- Participation in the Medical Appointments process;
- Involvement in Quality Assurance and Management Review committees;
- Monitoring monthly clinical indicator reports; and
- Monthly monitoring of the financial position of the organization.

Credentialing and Scope of Clinical Practice:

Credentialing and scope of clinical practice is a formal process undertaken by Mansfield District Hospital to ensure the safety and quality of care that patients receive from medical practitioners working from within our organization.

This process requires Medical Practitioners to submit copies of their current Medical Practitioner's Certificate of Registration, Indemnity Insurance and Radiography license. We further verify qualifications, experience and professional standing of medical practitioners in their respective fields through thorough reference checks and checks with the respective learned colleges.

Due to the strict credentialing process, patients can be confident that Mansfield doctors can deliver a high quality clinical service.

Mansfield District Hospital entered into discussions this year with our regional referral hospital to share credentialing resources. Our organization works closely with our referral hospitals in educational upskilling for our GPs and the opportunity to strengthen links, via our credentialing of staff, is seen as a logical step in fostering closer links with other regional centres.

Over the past 12 months Mansfield District Hospital has credentialed three new doctors to the organization:

- Dr Jo Davey – GP Registrar
- Dr Nelda Swart – GP Registrar
- Dr Justin Titmarsh – GP Registrar

Mansfield is privileged to attract such high calibre medical officers seeking training opportunities within our region.

Accreditation:

In September 2010 the hospital underwent its annual accreditation survey under the ISO 9001:2008 quality management system. A successful outcome was achieved with eight discrepancies identified and actioned.

Our accreditation cycle is continuous with the current 3 year cycle expiring in October 2011.

Aged Care Accreditation:

Aged Care Accreditation is an important process which ensures that our aged care facilities give highest priority to the health, safety and wellbeing of our residents. In June 2011, Bindaree and Buckland House underwent an unannounced support visit. The Assessors reviewed the standards around management systems, staffing and organizational development, physical environment and safe systems. They found that both Buckland House and Bindaree were compliant with these standards and they commended the services on the quality of care that was provided.

Both facilities will undergo their triennial audit in February 2012.

Our Mission:

A dynamic health service that meets the needs of our community.

Values:

Quality

We believe in providing a high quality, effective and accessible health service.

Integrity

We believe it imperative to be open, honest, transparent and ethical in our decision-making and business transactions.

Support

We believe in providing a safe, fair and equitable environment for our staff.

Sustainability

We believe that the future of our organization and of our community will only be enhanced by the development of genuine environmental sustainability initiatives.

The future.....what's in store.....?

A dynamic and growing community, such as Mansfield, requires an adaptive and responsive health service and Mansfield District Hospital will continue to maintain its commitment to meeting the health care needs of the community it serves.

The challenging economic times that we currently face present unique challenges for a small rural hospital such as ours. Despite this, the organization and its dedicated staff remain committed to the challenge.

The hospital's strategic plan identifies future directions for the organization. Some of the key points are:

- As the community's major health care provider, Mansfield District Hospital will seek to take a lead role in community services planning and advocacy;
- Mansfield District Hospital will plan towards developing its residential aged care services to meet expansion in demand; and
- Mansfield District Hospital will focus on maintaining our current level of acute service and explore innovative ways of providing service delivery.

A key challenge will be to position the organization to meet the needs of an ageing and rapidly expanding population. Development of staff will ensure that excellence of care will continue into the future as the community expands.

Information regarding the organization's strategic plan is available on request.

Facts from your hospital:

| | |
|--|-----------------------|
| Number of patients treated by Visiting Specialists: | 23 |
| Number of A&E presentations: | 3428 |
| Number of A&E transfers to alternate facility: | 226 |
| Number of Dialysis treatments: | 514 |
| Number of Births: | 80 |
| Number of transfers out of Acute Hospital: | 66 |
| Number of operations performed: | 465 |
| operations (incl. caesarean sections) | |
| Number of same day admissions | 1021 |
| Average length of stay: | 4.87 |
| | (exc. day treatments) |
| Number of visits from the Visiting Nursing Service: | 6953 |
| | visits to 267 clients |
| Number of meals served by the kitchen: | 99,143 meals |
| The Laundry washes an average of 69 kg personal washing for our Aged care residents p.a. | |

Our Angels & Volunteers:

The High Country Angel volunteers play a role in looking after the wellbeing of patients and residents at the Hospital, Bindaree Hostel and Buckland House Nursing Home. Their roles are many and varied, from general visiting to one-on-one visiting where special long term friendships are formed.

This year the Angels have spread their wings further by sitting with dialysis patients, taking wheelchair patients to enjoying outings in the sun, organizing special men's activity days, conducting reading circles and helping with other resident outings. We have also been running a pilot outreach pastoral care visiting service for isolated patients discharged from hospital.

The organization is truly fortunate to have this dedicated team who provide so much enjoyment and companionship into the lives of patients and residents.

Equipment purchased:

We extend sincere thanks to our fundraising community who have enabled many significant purchases of equipment to be made over the year. The responsiveness of the community to our equipment challenges has ensured a high standard of cutting edge equipment is available to meet the needs of patients at the Mansfield District Hospital.