



Mansfield District Hospital



ANNUAL REPORT 2009-2010

Mansfield District Hospital

Established 1872
Incorporated 1876

Annual Report 2009 2010

Our Mission

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

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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 2010.

Marie Sellstrom
President
Board of Management



Mansfield
12 July 2010

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.

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Report of Operations

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Legislation

Freedom of Information Act 1982	RO 10
Whistleblowers Protection Act 2001	RO 10
Victorian Industry Protection Act 2003	RO 10
Building Act 1993	RO 10
Financial Management Act 1994	FS

Page reference

RO – Report of Operations
 FS – Financial Statements
 FSA – Financial Statements Attachment
 NA – Not Applicable

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 1942, 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 2009-2010 year the responsible Minister for the Mansfield District Hospital was The Honourable Daniel Andrews, MLA, Minister for Health 01/07/2009 – 30/06/2010.

President's Report

On behalf of the Mansfield District Hospital Board I present the 139th Annual Report, including the Quality of Care Report, the audited Balance Sheet and Financial Statements for the year ended 30 June 2010.

Board Strategy

In pursuing the responsibility of the Board of the Mansfield District Hospital to set the strategic direction, our current major strategies are to:

- develop primary care and community services capacity in the Mansfield District;
- develop optimum residential care services; and
- ensure the provision of excellent services in accident and emergency, surgery, anaesthetics, general medical and obstetrics to meet the needs of the community.

During 2010 the Board will establish a Community Advisory Committee to provide a community perspective on the planning and operation of programs and services. We have also adopted an Emergency Management Plan for bushfire response.

The highest priority for the Board for 2010 is to reduce the financial deficit. We commissioned an external financial review which has produced recommendations to address the deficit and to achieve a balanced budget. A Board Finance Policy and Governance Guidelines have been introduced.

At a meeting in February 2010 with the Minister of Health, the Honorable Daniel Andrews, the CEO and myself were advised that he would appoint a part time delegate to the Board to assist in financial planning and performance.

Recognition

Rural Health Services such as Mansfield's are successful through the hard work and enthusiasm of a range of community members who devote significant amounts of their time. All these people deserve our gratitude.

After nine years of dedicated service, Diana Kilford and Tony Tehan will retire from the Board in June 2010. Diana has been President for the last five years and Tony, Vice

President. Both are highly regarded for their wisdom and knowledge drawn from many years of service to the Mansfield community in a variety of roles. The Board expresses its sincere admiration and appreciation for their contribution.

I also extend my appreciation and thanks to all Board Members for their commitment, loyalty and work in support of the hospital and the community. Particular recognition is extended to the Vice Presidents, Nicola Beautyman and Leanne Robson, and Treasurer, Malcolm Blair. Julie Rawson, chair of the Governance and Policy subcommittee, has been ably supported by Julie Syme in reviewing Board policies and their efforts in this time consuming work is highly regarded.

The Audit and Risk Management Committee, chaired by Jaya Naidu, has provided valuable monitoring and recommendations to the Board, essential in ensuring accuracy in our processes and reporting. The contributions of community representatives on this committee, Mark Henry and Craig Willingham, are also greatly valued.

The Mansfield community is extremely fortunate to be served by a team of dedicated Medical Officers from the Central General Practice and Mansfield Medical Clinic who serve the hospital with care and expertise. Three new registrars have joined the practices for twelve months and the Board welcomes Dr Matthew Reid, Dr Loredana Reid and Dr Jimmy Huang.

The doctors are represented at Board Meetings by Dr Graham Slaney and are also supported at bi-monthly Medical Consultative Committee Meetings by the Director of Medical Services, Dr Rick Lowen.

The Board admires the generosity and tireless efforts of the Bonnie Doon, Mansfield and Bindaree Auxiliaries who once again have provided the hospital, Buckland House and Bindaree with a range of essential equipment. Thank you for a superb effort for 2009 and 2010.

Donations and Fundraising

Once again, donations to, and fundraising for, the hospital have provided facilities and equipment which has contributed to patient and resident care and comfort. The Board wishes to thank all donors for their contribution to the Hospital, Buckland and Bindaree during the 2009-2010 year including the Annual Hospital Appeal.

The number of donors has been impressive and major donors have included:

- Mansfield Hospital Auxiliary
- Boonie Doon Hospital Auxiliary
- Bindaree Auxiliary
- Friday Foundation
- Peter MacKay Bequest

- Perpetual Trustees
- Diplock Foundation
- Murray to Moyne
- Geelong Grammar School – Timbertop
- Collier Charitable Trust
- The Trade Golf Day
- Apex
- Goughs Bay Games
- Marks IGA

Once again, a big thank you to the Community of Mansfield for the financial and ‘in-kind’ support.

Finally the Board extends our sincere appreciation and thanks to the Chief Executive Officer, Janene Ridley, and all the staff of the Mansfield Hospital, Buckland House and Bindaree for providing the high quality service of which we are all so very proud.

Marie Sellstrom
President

Chief Executive Officer Report

2009-2010 has been a year in which Mansfield District Hospital has risen to the challenge to improve its financial operating position.

Following a large operating deficit last year, the Board, Executive Team and Staff have worked extremely hard to implement strategies to increase revenue and reduce expenditure. During preparation of the 2009-2010 budget, the full effects of the global financial crisis were still unknown; this led us to be rather conservative with our revenue predictions for the year. The end-of-year operating results have demonstrated that expenses are under control and opportunities for additional revenue have been actively pursued, resulting in a significant turnaround compared to last year’s results.

In early 2010, MDH engaged a financial expert in health to undertake a full review of the organization’s finances and finance systems. The results of this review have identified a number of areas where improvements could be made over the next 1-3 years. We look forward to implementing these improvements to assist in better serving the community and achieving a balanced budget.

Earlier in the year, MDH received considerable media attention regarding patient care. Thorough reviews of all complaints are undertaken both internally and externally which enable improvements to be made to policies and practices. Recent improvements have

included changes to patient transport management and communication processes with families. MDH sought an external clinical review of a case which received a high degree of publicity and this review supported the care and treatment provided by the hospital. The hospital always welcomes feedback as this provides us with the opportunity to continually improve our systems.

Staffing levels in the hospital have returned to normal after a period of nursing shortages last year. I am pleased to report that no admissions have been refused due to staff shortages since October / November 2009. Staff in the catering department worked extremely hard during the year to develop new work practices as a result of a departmental 'downsize'. They are to be congratulated for their efforts in changing the way in which they work while still maintaining the high standards necessary to pass annual food safety audits.

The introduction of a new Financial Management Information System created much additional work for the Finance Department in both the pre-implementation and post-implementation periods. The new system, known as 'Oracle', was implemented on the 1st December 2009; this new system created major problems for the Finance Department, however, under the leadership and guidance of the Corporate Services / Finance Manager, Karla Goodberry, commissioning of the new system went extremely smoothly. The new system is a State-wide system under the HealthSmart program and all health services in Victoria will be using the system by the end of the 2009-2010 financial year.

'Good' organizations are not only about quality systems and processes, they are also about 'good' people. I would like to take this opportunity to thank the Executive Team, Staff and Visiting Medical Officers for their dedication, hard work and support during a difficult and challenging, but ultimately successful and rewarding, year in 2009-2010.

Janene Ridley
Chief Executive Officer

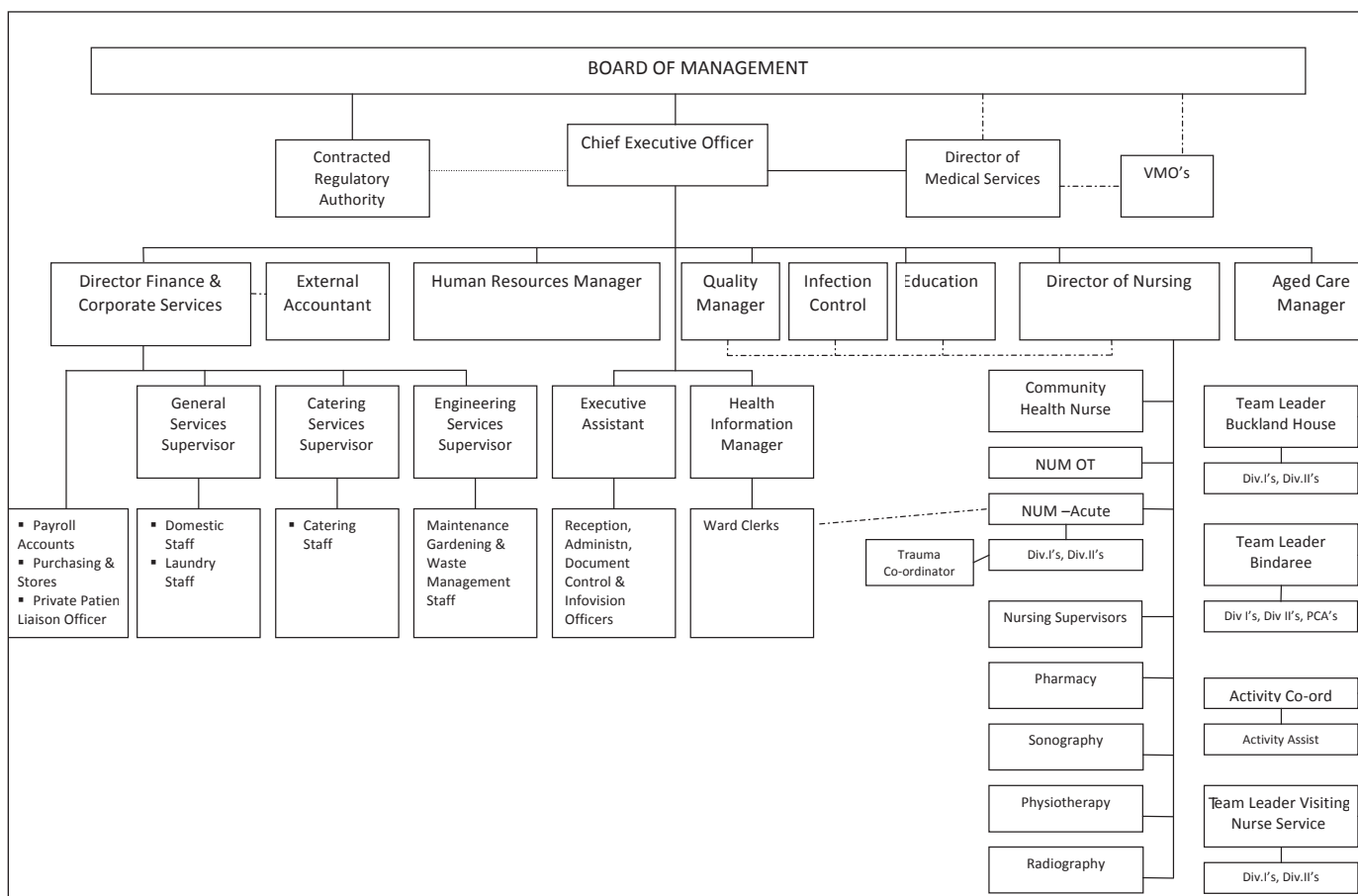
Attestation on Data Accuracy

I, Marie Sellstrom, 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.



Marie Sellstrom
President
Board of Management

Mansfield
12 July 2010



Risk Management

I, Jaya Naidu, 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.



Jaya Naidu

Chair

Audit & Risk Management Committee

Mansfield

12 July 2010

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.

Staff Matters

It was with great excitement that we welcomed our new Director of Nursing, Frank Megens in October 2009 following his previous position as the Assistant Director of Nursing at North East Health Wangaratta. Frank's background in midwifery and management placed him in an excellent position to lead the nursing team at Mansfield and he has become a valued member of the organization's Executive Team.

Buckland House Division II nurse, Marilyn Armistead, was awarded Mansfield's 'Citizen of the Year' in January 2010. Everyone in the organization was delighted with Marilyn's very well-deserved community award and celebrated in her achievement.

Sarah Lieber, our Division II nursing trainee, was awarded Wodonga TAFE's 'Trainee of the Year 2009' award for Certificate IV in Nursing. Sarah undertook and completed her training at Mansfield and has now been appointed to a permanent nursing position.

The organization welcomed back two staff members who completed additional training at other facilities. Jenny Pollard completed her Division I Nurse Graduate Program at NEH Wangaratta and has rejoined the

MDH nursing team in the operating theatre and acute ward. Debbie Robbins undertook a twelve month post-graduate perioperative nursing course at Goulburn Valley Health Shepparton and has brought her new skills and ideas back to Mansfield.

A number of our Division II nurses have been undertaking a Leadership and Extended Scope of Practice course, rotating through various areas in the organization. This program has enabled Division II nurses to take on a leadership role at Bindaree and the results have been extremely beneficial to the organization.

Engineering Services Manager, Neil Allen, successfully completed a Project Management course through the Victorian Hospitals' Industry Association. Neil's new skills will assist in ensuring future projects are well coordinated and efficiently managed.

Leanne Welsh, former Nurse Unit Manager at Buckland House, rejoined the team during the year after a well-deserved break from nursing. Leanne has been appointed as the nursing Team Leader at Bindaree and has provided additional leadership and stability in the hostel.

Staff in the finance department have shown great perseverance and commitment in the implementation of a new financial management system. Staff worked many hours over and above their normal hours to ensure there was no interruption to normal business during the changeover period – a great achievement.

Organizational culture

A number of initiatives have been undertaken during the 2009-2010 year to address the issue of 'culture' in the organization.

It has been well demonstrated that an organization with a positive and dynamic culture has higher staff retention rates and improved job satisfaction levels. To this end, MDH has undertaken a number of initiatives this year to foster a positive organizational culture.

Following an external review of organizational culture in June 2009 and after reviewing the results of the 'People Matter Survey 2009', MDH developed a cultural action plan designed to engage staff more in decision making processes, to implement strategies to improve work / life balance and to improve communication processes within the organization. The draft plan was circulated to all staff in the organization for their feedback and the final document was produced with input from staff across all departments.

Part of the plan included the development of a set of 'expected behaviours' for staff that not only supported our organization's values, but also reflected the Victorian Public Sector's Employees' Code of Conduct.

Heads of Department were instrumental in developing

the draft set of expected behaviours which was then circulated to all staff via an extraordinary newsletter for feedback. While staff have position descriptions which describe the parameters within which they work, it was felt that it was important that all staff knew what behaviours the organization expected of them on a day-to-day basis and how these matched the organizational values and beliefs. The result is a well thought out document that clearly explains how staff working at MDH are expected to behave. It also empowers staff to

challenge colleagues who do not abide by the expected behaviours, knowing that the organization will support them in such a challenge.

An improvement in the 'culture' in the organization since the implementation of these initiatives has been achieved and evidence of this has been noted in the 2010 People Matter Survey Report. The high level Executive Summary is included in this report (below) for information.

2010 People Matter Report			
Executive Summary			
Summary results and overall comparisons over time			
<p>This section uses a summary measure to compare your results over time. This summary measure is the average percentage agreement for each of the values, employment principles, and work environment sections of the survey. For example, the summary measure for the integrity value is the average percentage agreement for all five questions relating to employee perceptions of the application of the integrity value.</p>			
	Average Percentage Agreement (%)		
	Your 2010 Results	Your 2009 Results	Your 2008 Results
Values			
Providing the best standards of service and advice (Responsiveness)	93 %	90 %	96 %
Earning and sustaining public trust (Integrity)	87 %	76 %	84 %
Acting objectively (Impartiality)	86 %	80 %	85 %
Accepting responsibility for decisions and actions (Accountability)	79 %	63 %	73 %
Treating others fairly and objectively (Respect)	82 %	68 %	71 %
Actively implementing, promoting and supporting the values (Leadership)	77 %	65 %	71 %
Respecting and upholding human rights of the public (Human rights)	98 %	90 %	94 %
Principles			
Choosing people for the right reasons (Merit)	83 %	73 %	73 %
Respecting and balancing people's needs (Fair and reasonable treatment)	85 %	71 %	73 %
Providing a fair go for all (Equal employment opportunity)	95 %	95 %	93 %
Resolving issues fairly (Reasonable avenues of redress)	83 %	70 %	70 %
Respecting and upholding human rights of employees (Human rights)	93 %	86 %	86 %
Workplace wellbeing and commitment			
Workplace wellbeing	88 %	82 %	81 %
Employee commitment	90 %	79 %	87 %

Equipment & Minor Works

The major items of equipment purchased during the year were designed to improve our care and service to patients, residents and clients.

Through the generosity of the Collier Charitable Trust, the hospital was able to upgrade equipment in the main kitchen with the installation of a new oven, gas ring burner, dishwasher and deep-fryer. As the kitchen churned out more than 97,000 meals this financial year, the new equipment was especially welcome and helped us to improve our meal services to the community.

Donations from the Perpetual Trust, Mansfield Auxiliary, Bonnie Doon Auxiliary, Geelong Grammar (Timbertop) and the Mansfield Primary School, resulted in a new 'Bariatric Room' being established in the hospital to help care for 'larger' patients. A new bed was purchased, along with a special shower/commode chair, patient recliner, wheelchair and other equipment required to make the patient's stay a more comfortable one while, at the same time, reducing the potential for staff injuries. The room was also refurbished and a new flat screen LCD TV was installed, kindly donated by Paul Richardson.

A state of the art digital anaesthetic machine was purchased for the operating theatre after the hospital was successful in obtaining an \$85,000 grant from the Department of Health.

The Diplock Foundation provided the funds necessary to purchase a blood-warming machine that will be used in the emergency department, operating theatre and general wards.

Refurbishment of various areas throughout the organization also took place due to the generosity of a number of groups.

The community kindly donated \$60,000 to the 2009 Annual Appeal which resulted in the refurbishment of Buckland House Nursing Home. New items of equipment were also purchased with the appeal funds ensuring that our vulnerable residents continue to be well cared for.

The Bindaree Auxiliary generously provided funds to refurbish the two respite rooms at Bindaree. In consultation with the staff, the Auxiliary purchased new window and bed furnishings and updated the fitments in these rooms.

A grant of \$77,000 from the State Government saw the hospital's boilers replaced this financial year. The new boilers are 92% energy efficient compared to the old boilers which were only 10-15% energy efficient.

Mansfield District Hospital Auxiliary

Our year has been busy and successful and we have raised a good amount of money, enabling the Hospital Administration and Nursing Staff to purchase several items of much needed and valuable equipment. This includes a syringe driver and stereo equipment for Buckland House, an INR machine, bariatric equipment, a slit lamp for the A & E Department, twin e-vacs, an IV trolley and a breast pump for the Midwifery Department, two commode chairs and two low/low beds.

Thank you everyone - husbands, partners, "Friends of the Auxiliary" and the auxiliary members for all the hard work during 2009/10. Our "Friends" are a very special group on whom we can call when help is needed and they contribute in all sorts of ways. We welcomed several new members to this group and also to the auxiliary itself. We are continually grateful to the local business community for their generosity in our endeavours. It is a challenge to think outside the square and come up with new ideas, because we are not only interested in raising money but we like to think we are providing enjoyable social gatherings for the community.

How fortunate we are to have such an excellent hospital serving Mansfield and the outer district. We value the dedication of the doctors, nurses and administrative staff who serve not only the residents of this area, but who also look after the needs of the visitors who come summer and winter to enjoy our mountains.

Ann Herbert
President

Bonnie Doon Auxiliary

We have 22 members who help to raise funds to purchase needed equipment for the Mansfield Hospital that will aid the patients and nursing staff.

Our fundraisers over the last 12 months have been;

- Cadbury chocolates
- 2 Raffles
- Cake stalls at Bonnie Doon's Car boot sales
- BBQ outside Foodworks
- Christmas luncheon
- Champagne breakfast

The total of our fundraising from these events was \$7754 including a donation from the Social Club of the Lakeland Resort in Bonnie Doon of \$500.

Being able to print our own raffle tickets has also made our ticket selling more profitable, as we are able to leave tickets in businesses and not just rely on street selling.

The Champagne breakfast and raffle is our biggest fundraiser in both proceeds and time involved. Members, Ian & Bev Jenkins and their family, have been organizing this fundraiser for 23 years, and need to be commended for their efforts.

We also celebrated 75 years in October 2009. We held a celebration and over 60 people attended who were family of the original members - an excellent day!

Recently we have been discussing the need for new members to help with the fundraisers, and hopefully have fresh ideas for the future. Some of our members are unable to assist as much anymore. We welcome anyone who would like to help.

Our fundraising this year purchased for the Hospital; 2 pressure mattresses, 6 tympanic thermometers and 2 wheelchairs (one which holds a greater weight) - a total of \$7,500.

Vicki Higgins
President

Michelle Brudenell
Secretary

Bindaree Auxiliary

In this my second of two years as President, I have pleasure in presenting the Bindaree Auxiliary Annual Report

Our member numbers remains constant at 19, we were sad to hear of the death of Carmel Treacy a contributor for several years, but welcomed Gwen Gray and Linder Tucker. We reluctantly accepted the resignation of Lois

Neely, a valued member who will be missed. Like all volunteer organisations we keep hoping to increase our numbers.

This year our main effort was to refurbish the two respite rooms, this included painting, curtains, air conditioners and TV's installed on the wall, this was to create more useable space and create a welcoming environment for a prospective resident.

Others included a plaque for the memorial garden, over bed tables, 5 fall protection mats, an anti-stress mattress and new curtains for the dining room.

Funding the residents holiday at Echuca is ongoing, and enjoyed by residents and staff who give their all.

Thanks to Nancy Jones for donating a lovely quilt raffled for over \$1,000. Bridge card day raised \$1,000 plus Bingo. \$1,800 was raised from the Police Golf Day which was welcome. Thanks to Paul Gillard, Officer in charge.

Trish Ryan generously gave her home for a delightful afternoon tea in November and the sale of the yellow roses on Cup day holds future promise, thanks to MRS President Michael Bullen.

The fete held traditionally on the Saturday before Easter raised \$5,000, our biggest effort, thanks to all who helped.

In closing thanks to all our willing members, Hospital and Bindaree staff and voluntary helpers who simply "show up", I look forward to handing over the reins to our incoming president.

Lyn Uren
President

Statutory Objectives

Registered Objectives

i. 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.

ii. 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.

iii. 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 rights 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.

The range of services offered by the Organization includes:

Accident & Emergency

General Medicine

Aged Care Services

- Meals on Wheels
- Nursing Home
- Hostel Care
- Independent Living Units

Paediatrics

Palliative Care

Physiotherapy

Anaesthesia

Podiatry

Cardiac Rehabilitation

Prenatal Education

Community Health Services

Obstetrics

Diabetic Education

Respite Care

Diagnostic Services

- Pathology Collection
- Radiology
- Ultrasound

Surgery

- Endoscopy
- General
- Gynaecological
- Orthopaedic

Dialysis

Education Unit

Visiting Nursing Services

Activity

Admitted Patient	Acute	Sub-Acute	Mental Health Other	Other	Total
Separations					
Same Day	854	N/A	N/A	N/A	854
Multi Day	825				825
Total Separations	1679				1679
Emergency	-	N/A	N/A	N/A	-
Elective	432				432
Other inc Maternity	42				42
Total Separations	474				474
Total WIES	904.47				
Total Bed Days	4931				4931

Non-Admitted Patient	Acute	Sub-Acute	Mental Health Other	Other	Total
Emergency Department Presentations	3314	N/A	N/A	N/A	3314
Outpatient Services – occasions of services (VACS and Non VACS clinics)	0	N/A	N/A	N/A	0
Other Services – occasions of services	1664	N/A	N/A	N/A	1664
Total occasions of service	4978				4978

The Mansfield District Hospital is funded under the Acute Health Program for inpatient admissions. The Emergency department this financial year saw 3314 presentations and our X-ray department had 1664 outpatient presentations.

Revenue Indicators

	Average Days	Collection
	2010	2009
Private	68	81
TAC	0	0
VWA	0	236
Other Compensable	0	0
Psychiatric	0	0
Residential Aged Care	11.58	13.63

Debtors Outstanding as at 30 June 2010

	Under 30 days	31-60 days	61-90 days	Over 90 days	Total 30.6.10	Total 30.6.09
Private	35231	34633	8421	43163	121448	31814
TAC	0	0	0	0	0	0
VWA	0	0	0	0	0	22260
Other Compensable	0	0	0	0	0	0
Psychiatric	0	0	0	0	0	0
Residential Aged Care	24023	4380	2164	3008	33575	31976

ABBREVIATIONS:

- TAC Transport Accident Commission
- VWA Victorian WorkCover Authority

Workforce Statistics

Every month our organization is required to submit a report to the Department of Human Services to be used for Statewide Workforce Planning. The following mandated information is current as at the 30 June 2010.

Labour Category	JUNE Current Month FTE	JUNE YTD FTE
Nursing	58.32	58.54
Administration and Clerical	14.19	14.54
Medical Support	0.56	0.63
Hotel and Allied Services	35.29	35.33
Medical Officers	-	-
Hospital Medical Officers	N/A	N/A
Sessional Clinicians	N/A	N/A
Ancillary Staff (Allied Health)	3.72	3.79

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

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

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 2009-2010 year, 54 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 2009/10.

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 2009-2010 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.

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.

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 2009-2010 year to providing a healthy and safe workplace for all. Evidence of such commitment can be seen in the development and implementation of an organizational OH&S plan.

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 is it 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 worker's compensation claims made, and trends in worker's 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, 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

Board of Management

President:	Ms Marie Sellstrom
Senior Vice President:	Ms Nicola Beautyman
Junior Vice President:	Ms Leanne Robson
Treasurer:	Mr Malcolm Blair
Board Members:	Mrs Diana Kilford
	Mr Jaya Naidu
	Ms Julie Syme
	Mr Tony Tehan
	Ms Julie Walpole

Medical Staff Group

Representative:	Dr Will Twycross (01/07/09 - 30/11/09) Dr Graham Slaney (01/12/09 - 30/06/10)
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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 (05/10/09 - 30/6/10)
Aged Care Manager:	Ms Margaretanne Hood, RN, RM, BN, Cert Neuroscience
Corporate Services / Finance Manager:	Ms Karla Goodberry, JP, BSc, BEd, MBA, Dip. Fin Serv (01/07/09 - 22/04/10)
Human Resources Manager:	Ms Colleen Raid, Grad. Dip (IR/HRM)
Director of Medical Services:	Dr Richard Lowen, MB, BS DRCOG, RACGP, AACHSE

Associated Bodies As At 30 June 2010

Auditors
WHK for D Pearson, Auditor General

Solicitors
Mal Ryan and Glen

Bankers
Westpac
CBA
NAB
ANZ
Bendigo Bank

Audit Committee

Mr A Sloman, Deloitte (01/7/09-31/11/09)
Mr T Solokovice, Deloitte (01/12/09-30/6/10)
Mr J Naidu
Mr M Henry
Mr M Blair
Ms M Sellstrom
Mr C Willingham (11/1/10-30/6/10)
Ms J Ridley

Director of Medical Services

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

Visiting Medical Practitioners

Dr L Carter, MB, BS, BSC (Hons)
Dr S Flew, MB, BS, DCH, DRANZCOG, FACRRM,
FRSTM&H, MPH
Dr Friday, MB, BS, DRANZCOG, FRAGP
Dr J Hall, MB, BS
Dr L Ihuraqui, MD, DTPH (Sydney)
Dr J Huang, MB, BS. B.Med Sc.
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 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

Director of Medical Services

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

Life Governors & Presidents 2010

Mansfield District Hospital Life Governors
Ms J Acaster
Mrs J Adams
Mrs M E Black
Mrs N Buckland
Mr O Buttula
Mrs C Cameron
Mr H B Clark
Mrs J Clark
Mrs N Corr
Mrs B Cox
Mrs C Cox
Mr J M Cummins
Dr J M Curtis
Mr C Durran

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Mansfield District Hospital

QUALITY OF CARE REPORT

It's Your Hospital Welcome....

Welcome to Mansfield District Hospital's Quality of Care Report for 2009/2010. The year has been both interesting and challenging. Last year recruitment and retention was a significant challenge to the organization however this year we are pleased to inform the community that recruitment efforts have been largely successful and the organization currently enjoys almost full staffing levels. We take this opportunity to thank our dedicated team that continued to provide excellence in care 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. 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.

Enjoy reading about our hospital, and any feedback you may have is greatly appreciated. Feedback can be made in writing to: Anne Jewitt Quality Manager Mansfield District Hospital 53 Highett St Mansfield VIC 3722.

Frank Megens
Director of Nursing
Anne Jewitt
Quality Manager

Margaretanne Hood
Aged Care 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

Finance Manager/ Manager Corporate Services

Karla Goodberry(to April 2010)

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 (Jamieson-WoodsPoint)

Jane Dwyer

Community Health Nurse (Mt Buller)

Megan Hooper

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 shortages continues to challenge many organizations and MDH is continuing to develop innovative models of care to meet the challenges and community expectations.

In 2009 /2010 the hospital built on past initiatives that seek to establish a sustainable and skilled workforce in all our key areas with a particular focus on training and developing our own work force.

Maternity Shared Care Service:

Following the introduction of the Shared Care Model of Maternity Care at Mansfield District Hospital in 2007/08 the hospital has now entered phase 2 of the Rural Maternity Funded project and is exploring alternate models of midwifery care. Our project worker, Elizabeth Sinclair, is exploring models of care that have been used throughout the state to establish a model that meets the needs of our community.

We envisage that, in response to our client feedback, the model will provide a more consistent approach to care provided during the pregnancy.

Emergency Department:

Our emergency department continues to provide an expert service to the community in times of need. This year the department has focused on the development of nurse initiated drugs to provide greater after hours support to our medical staff as well as further focusing on triage training as a first line screening process for all patients entering the department.

Triage training skills are an important tool in categorising patients by level of urgency and, accordingly, assist in determining the medical response.

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
07/08	0.3%	4.7%	23.8%	44.7%	26.5%	31.3% (1)	3186
08/09	0.4%	2.9%	23.9%	53.1%	19.4%	31.3% (1)	3070
09/10	0.38%	0.38%	21.6%	56.4%	16.2%	22.3%	2842

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

Diverse Communities:

Mansfield District Hospital has this year been developing its Diversity Plan. This plan reflects the organisation's progress in addressing the needs of culturally and linguistically diverse individuals, families and communities in Mansfield.

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.
- Promotes awareness for identify barriers to communication and determines strategies to overcome these.
- Recognises behaviours that are detrimental to patient groups from varying backgrounds or disabilities and strives to inform these.
- Promotes 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.

Some facts about our community.....

Country Of Birth	Mansfield	% of total persons in Region	Australia	% of total persons in Australia
Australia	5,888	5,888	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%

The hospital has been fortunate this year through the kind support of its community donations to establish a bariatric care room fully equipped with appropriate equipment to meet the challenges of a client group with special care needs.

Marginalised communities and groups:

With a resident population of 7,200 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 1105 episodes of care to the residents

of Jamieson, Woods Point, Kevington and Macs Cove. These care episodes consisted of home visits, health promotion activities and the provision of a healthy lifestyles program.

The Mt. Buller community health service has been operational since November 2008. This 2-year pilot program has operated between November and May each year. The service offers an off-season health service for the residents of Mt Buller. The primary focus of the service is the early detection and prevention of disease through health promotion. During 2009-2010 the service provided care to 89 patients and 166 health promotion contacts. Health promotion activities conducted included, snakebite management, Flu vaccination, CPR, Police 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 then 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.

Compliments, Complaints and Suggestions

The hospital received 134 compliments and 19 complaints in 2009/2010. Feedback is encouraged from all users of services. The majority of compliments received were from patients or their families thanking staff for the quality of care. It is always gratifying to know that the care provided by the Mansfield District Hospital is appreciated. All complaints are investigated thoroughly, whilst maintaining confidentiality. There was no common issue found with the complaints received, but they resulted in the following improvements:

- Targeting the refurbishment of our patient waiting area - Blue Ribbon Foundation
- Improvement in the menu offered to patients/residents through review and collaboration between staff and residents
- Review of patient transport procedures

Aged Care Resident Satisfaction:

Resident satisfaction is measured in a variety of ways in order to offer residents as much opportunity to have input into their care as possible. A resident survey is conducted annually and obtains a formal measure of satisfaction or dissatisfaction. This survey is currently being undertaken. Residents and Relative meetings are conducted monthly and provide a valuable opportunity for staff to listen to the concerns of both residents and relatives. Residents report that they feel the Aged Care facilities are homely and that they are treated with dignity and respect. Suggestions for improvements in care included more variety with meals with special events such as 'take away' nights. Bindaree residents have identified a need to have a newer more sophisticated monitor to assess vital signs and, to that end, have

contributed to the purchase of a new electronic vital signs monitor.

Visiting Nursing Service Review and Consumer Satisfaction Survey:

The Visiting Nursing Service continues to assist both clients and their Carers in their homes. Whether it is to aid an early discharge from hospital by supporting Post Acute Care, or to provide care through the Hospital in the Home program, or to facilitate health maintenance, the Visiting Nursing Service is continually evolving to meet the changing needs of the community.

A recent consumer Satisfaction Survey conducted identified a high level of consumer satisfaction with 91 % of respondents expressing overall satisfaction with the care they receive from the Visiting Nursing Service. The nurses were described as caring, informed, skilled and as having the ability to involve their clients in the planning of their care.

WAVE results in summary:

Mansfield District Hospital proudly participates in Patient Satisfaction Monitoring of the organization. This monitoring is managed by an organization called "Ultrafeedback"

Each quarter every participating hospital compiles a database of eligible, consenting inpatients discharged from the hospital during the designated sampling period. This database is sent to UltraFeedback; a random selection of patients is mailed a questionnaire.

This year the Victorian Patient Satisfaction Monitor (VPSM), saw 117 respondents 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 indicating that patients were very satisfied with most aspects of their stay at Mansfield District Hospital. Consistent with previous waves, the majority of patients reported that they were helped a great deal by their stay in hospital and felt that the length of time spent in hospital was about right.

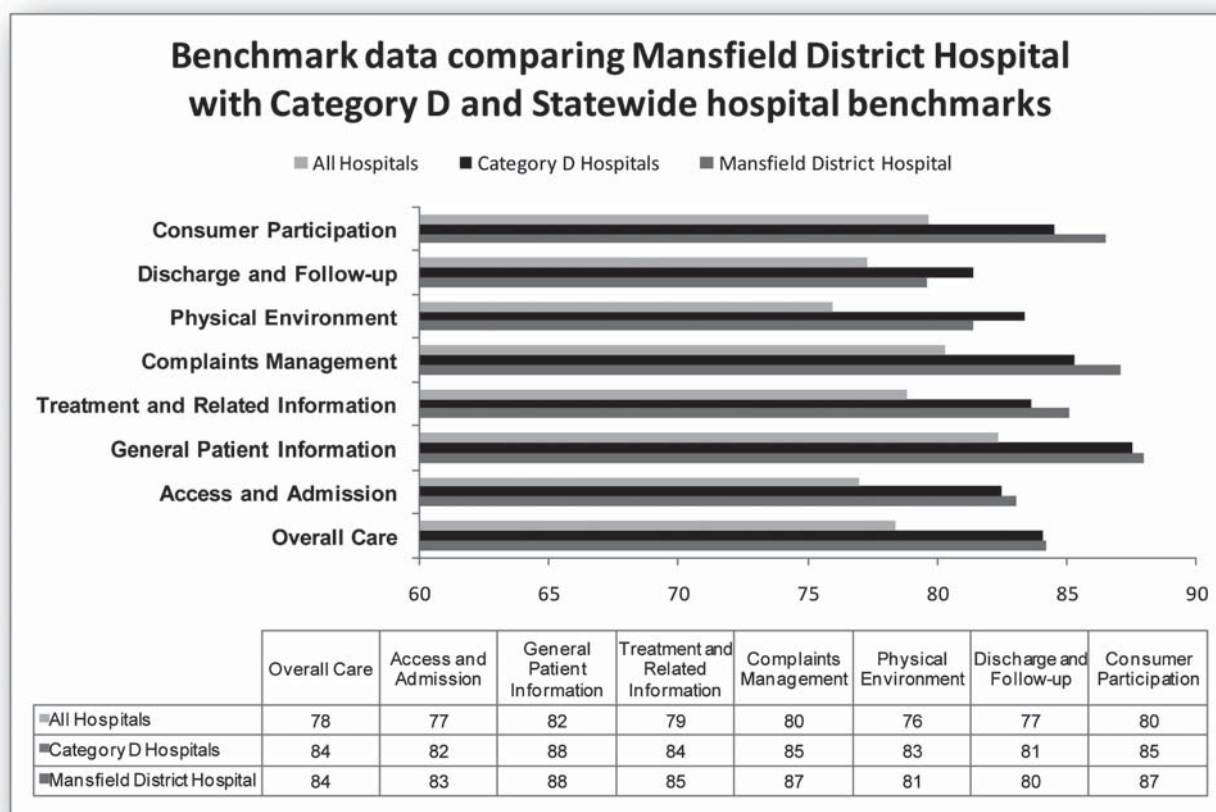
One of the areas highlighted by last years VPSM for improvement was increasing the 'proportion of mothers who have previously met their midwives'. As a result, Mansfield is currently exploring Midwifery Models of Care that meets this expectation.

Areas identified for improvement this year were noted as:

- The way the hospital routine and procedures (like meal times, visiting hours, doctors' visits, etc.) were explained to you
- The restfulness of the hospital (amount of peace and quiet)
- The written information you were given about how to manage your condition and recovery at home

Mansfield District Hospital looks forward to improving in the above areas.

How do we compare.....?



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 we identify trends so as 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.

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 and this includes the provision of lo lo beds, installation of floor alarms etc. Those at high risk are often referred to the physiotherapist to assist with mobility issues.

Mansfield District Hospital is currently implementing strategies that will further assist our patients and residents to minimise the risk of fall .

In 2009/2010 the falls indicators for MDH include:

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

(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?

- Patients with an increased risk of falls should avoid wearing bifocals or graduated glasses when walking
- Most falls are unwitnessed
- Encouraging family members to sit and walk with residents decreases falls
- Wearing shoes with inadequate fixation devices (laces,velcro) has been associated with high falls rates
- Walking barefoot or in socks is associated with a 10-13 fold increase 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 organisation. 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 2009 /2010 the numbers of medication incidents are as follows:

	08/09	09/10
Acute	20	40
Buckland	6	8
Bindaree	38	64

Pressure ulcers:

The monitoring of 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.

For the 09/10-year the figures are:

Unit/ Pressure ulcer (1)	Stage 1	Stage 2	Stage 3	Stage 4
Bindaree		8	3	0
Buckland House	5	5	6	N/A
Acute ward	9	1	1	0
(1) In all occasions the results lie well below the state average for similar facilities				

Infection control:

Monitoring of our systems to prevent infections remains a high priority. The Infection Control Practitioner oversees the collection of data in all 3 facilities by using nominated staff in each area. With nosocomial (hospital acquired) infection rates now benchmarked across the state, our rates remain low. The last 12 months has seen staff from the 3 facilities vaccinated with the swine flu vaccine and seasonal flu vaccine and we are hoping to improve on the 75% of staff vaccinated last year.

The data for 2009/2010 is as follows:

Number of nosocomial (hospital acquired) infections for 2009/10 (1) All data collated is a measure of the total number/ 1000 bed days		
Acute hospital	Bindaree	Buckland
0.19%	0.22%	0.46%

The Infection Control Practitioner also monitors:

- Nursing staff compliance with hand hygiene (March 2010 audit result 81% compliance)
- Overall staff compliance (March 2010 audit result 80% compliance)
- Surgical wound surveillance
- Antibiotic usage in Aged Care

A recent improvement in our infection control practices has been the installation of an ultrasonic transducer disinfectant in our radiology department. This small unit now enables the hospital to comply with the Australian Standard associated with disinfecting “semi critical” devices.

Our hospital utilised the services of the Hume Region Infection Control Resource and Consulting service to conduct a compliance audit.

Our 2009 Compliance Audit Identified 100% compliance in food services, hand washing and Linen management as well as Personal Protective compliance.

Our waste management scored a 95%. The overall organizational result was 88.5% compliance - an improvement over our last year result.

Ensuring CARE is safe

The safety of staff, patients, residents and visitors is a major area of continued improvement for Mansfield District Hospital. The Occupational Health and Safety Committee meet 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. 15 hazards were reported for the 2009/2010 period.

Monthly safety audits by OH&S representatives check the workplace to ensure that our service provision is occurring in an environment free from hazards.

3 Hazards related to patient care equipment that was identified as requiring maintenance. 12 hazards related to environmental maintenance repairs.

In 2009/2010 the number of incidents reported was:

Patient/ Resident Incidents (inc. falls)	251
Other OH&S incidents (inc. security, communication)	40
Medication incidents	112
TOTAL	403

Major points of the program are:

- All incidents are entered to an electronic database to be allocated a risk rating (extreme, high, moderate or low risk).
- Staff incidents were slightly down on last year; this can be attributed to the higher profile of the Occupational Health and Safety systems and a culture of identifying hazards.

Food Safety Audit:

The catering department had their food safety audit on 18/4/2010. It was conducted by Food Hygiene Australia and resulted in excellent results for all three facilities. The catering staff also undertook their food handling course in early March with everyone meeting all the food handling standards.

The number of meals provided by the catering department this year was 97,217. This year, in February, the Catering department received a grant of \$40,000 from the Collier Charitable Trust Fund. With this money we upgraded our kitchen with a new gas deep fryer, a new rational oven, a new gas cook top and a new dishwasher which replaced the cold water washer in Buckland House.

Laundry Standards:

Our Laundry service remains a busy unit within the organization. This year the laundry has washed approximately 60kgs of personal laundry per day for our Aged care residents and approximately 115kgs per day of patient care linen.

Cleaning Audits:

The external cleaning audit has once again shown the hospital's Domestic Services team as a dedicated and hard working group.

The audit focused on all areas of the organization and allocates areas into Very high, High, Moderate and Low risk areas. Periodically the organization utilises external auditors to assess areas as a quality control measure.

In an environment of cost containment strategies and increased use of services, the cleanliness of the facilities for the residents and patients remains high. The audit figure results are scored against a standard tool that gives a qualitative indicator of cleanliness. Minimum standards are set at 85%.

Mansfield District Hospital received scores above this minimum standard for 2009.

Facility/ Year	05/06	06/07	07/08	08/09	09/10
Hospital	95.3%	97.0%	96%	95.3%	94%
The audit figures are a standard scoring tool that can give a qualitative indicator of cleanliness. Minimum standards are set at 85% Very High Risk score (98.8), High Risk (90) & Moderate Risk (94)					

Education:

One of the most gratifying aspects to education in our rural setting is that it is often collaborative and multidisciplinary, where medical and nursing staff work together on organising, delivering and participating in educational activities, for example in the past year:

- Foetal Surveillance study day, attended by 15 midwives and 4 GP's
- Maternity Emergency Education Program, attended by 4 GP's and 14 midwives
- Neonatal Emergency Transport Service education attended by 4 GP's and 9 midwives, plus an education dinner meeting attended by 11 midwives and 13 GP's (plus 2 med students)
- 6 non midwifery staff attended the CRANA Maternity Emergency Course
- Anaesthetic Emergencies Study Day, coordinated by Graham Slaney, and attended by 11 nurses and 11 GP's
- Triage education for nurses conducted in house by Megan Hooper, Will Twycross and Leonie McLaughlin with 8 nursing attendees

Other nursing education which has occurred has included:

- ISBAR clinical handover education has been conducted across the organization to all clinical staff - SBAR stands for Introduction, Situation, Background, Assessment, Request and aims to standardise and improve the quality of information transfer from one health

- professional to another
- Change Management workshop which was attended by an excellent cross section of 14 nursing staff, and focussed on the changing scope of practice for Division 2 nurses and the implications this change has on both the nursing profession in general and MDH specifically
- All mandatory training has been delivered, the mandatory requirements obviously differ across work areas and includes Basic Life Support, Fire & Evacuation, Prevention of Bullying, Hand Hygiene, No Lift/Manual Handling, Food Handling, OHS

Our Trainees:

Mansfield District Hospital is proud to be providing quality training for our work force.

Sarah Leiber has been awarded the academic achievement for 2009 Trainee of the Year for Certificate IV in nursing. Sarah undertook training with our training partner Wodonga Institute of TAFE and has achieved the highest standard for her year.

Continuity of CARE

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 that it is meeting the health needs of the community in an ongoing capacity.

This is done in a variety of ways which include:

- The purchase of quality furnishings and equipment for the comfort and enjoyment of Buckland House residents. These purchases were made possible by the generosity of the Mansfield community with their contributions to the 'Boost up Buckland' appeal.
- Purchase of pressure relieving mattresses to reduce the incidence of pressure injuries.
- Ongoing provision of pastoral care to all patients and residents.
- The hospital has subscribed to the aged care channel. This education channel will compliment the staff education program and will allow more flexible delivery of education to all staff on a variety of shifts.
- 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:

The staff across all sites at Mansfield District Hospital are committed to the provision of high quality end of life care. A palliative care interest group has recently been established which has seen the introduction of palliative care resource boxes, regular meetings to discuss issues of clinical relevance, the redesign of a small space in Buckland House to make way for a refreshment station

for relatives whose loved one is in the terminal phase of their illness and the purchase of salt rock lamps, a TENS machine, doona covers and a privacy screen. All these items of equipment will enhance the end of life experience for residents and their relatives/

Physiotherapy:

Physiotherapy treatment is provided to all patients in the Mansfield Hospital if requested by the treating doctor. This treatment may be ongoing after the patient is discharged with attendance as an outpatient. Members of the community may attend as an outpatient provided they have a doctor's referral and hold a pension or health care card. Residents of Bindaree and Buckland House Nursing Home are also assessed and provided with physiotherapy treatment as appropriate. Further services available include a Cardiac Rehabilitation Program, a Diabetes Exercise Group and Loan Equipment hire service.

Monitoring Quality of CARE

Quality Program:

To provide a high quality service Mansfield District Hospital must have in place a comprehensive quality improvement program. This program plays a part in achieving accreditation. Some examples of quality activities attended during 09/10 include:

Maternity

The Maternity service continues to be a focal point of our organization. This year we have embarked on an alternate model of care project as well as looking at some of our existing processes. A review of data entry into our BOS system that records maternity specific information showed that improvement was occurring as staff became familiar with this new electronic data base.

BOS or 'Birthing Outcomes System' is a computer program designed to record obstetric and neonatal data relating to a maternity episode. The computerized system replaces manual documentation and is designed to accommodate the day to day information needs of the clinician by offering easy to use data forms and eliminates repetitive data.

In addition, the system meets the mandatory requirements of statutory agencies, clinical performance indicators and provides relevant summary information to ongoing care providers.

BOS also allows sharing of the obstetric information between registered users; this is valuable when patients are seen by clinicians at different localities.

The implementation of a caesarean section care plan will provide continuity of care for this group of women based on care pathways.

Engineering

The new heating Boilers were installed on the 24th May. The new 92% energy efficient boilers replaced the 10-15% energy efficient ones, but new controls were

also added to increase efficiency for patient/resident comfort. The controls sense the outdoor temperature and automatically adjust the flows and temperature of the heating, thus giving a more comfortable setting for our clients.

Aged Care:

Quality Indicators continue to be an important tool used in aged care to monitor care. The current 5 indicators are intended to monitor major aspects of quality care at the facility level. Processes have been embedded into our systems to complete and analyse this data each quarter. The results we get back are used to drive changes in each area if we perform poorly against targets.

Executive Team:

The Executive Team has devoted considerable time in ensuring adequate staffing levels are available within the organization. Currently the organization enjoys near capacity staffing and the focus now is on skills maintenance and training.

The summer period was an interesting time with considerable planning being undertaken to ensure our organization was safe and prepared for the fire season. Innovative client data sheets were developed by the Visiting Nursing Service and staff whereabouts were monitored via tracking sheets completed at the commencement of each high risk day. Our engineering department ensured that the facility was fire ready and that patient comfort was maintained through high heat days. The lessons learned will be invaluable for next season.

The organization has also reviewed its Drugs and Poisons Plan which was lodged with the Drugs and Poisons regulation group and now sets the compliance standards for medication management within the organization.

Governance:

Our Board of Management continues to monitor clinical quality through representation on all of 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
- Involvement in the Credentialing process for the facility
- Involvement in Quality Assurance committees
- Monitoring 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 received from medical practitioners working from within our organisation. This process requires Medical Practitioners to submit

copies of their current Medical Practitioners Certificate of Registration, Indemnity Insurance and Radiography licence. We further verify qualifications, experience and professional standing of medical practitioners in their respective fields. Due to the strict credentialing process, patients can be confident that Mansfield Doctors can deliver high quality clinical services.

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 up-skilling for our GPs and the opportunity to strengthen links via our credentialing of staff is seen as a logical step.

Over the past 12 months Mansfield District Hospital has credentialed a number of new doctors to our organization including:

- Dr Matt Reid- GP Registrar
- Dr Jimmy Huang- GP Registrar
- Dr Laurie Reid- GP Registrar

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

Accreditation:

In October 2009, the hospital underwent its annual accreditation under the ISO 9001:2000 quality management system. A successful outcome was achieved with discrepancies identified and actioned.

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

Aged Care Accreditation:

Both Bindaree and Buckland House underwent a successful unannounced support contact visit in May this year. Support visits ensure services improve the standard of care they provide to residents and their families as well as improve the facilities the residents live in.

Ensuring CARE continues...

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 organisation and of our community will only be enhanced by the development of genuine environmental sustainability initiatives.

Facing the Challenges of the Future:

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 its own 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 organisation; 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 focus on developing its residential aged care services to meet expansion in demand.
- Mansfield District Hospital will focus on maintaining our current level of acute service.

A key challenge will be to position the organization to meet the needs of an ageing population. Alternate models of staffing will be key issues in responding to this need and the organization is working with stakeholders to ensure a ready and skilled staffing resource is available with our community.

Information regarding the organizations strategic plan is available on request.

Facts From Your Hospital:

Number of patients treated in the acute ward as overnight admissions: 821

Average length of stay: 5.01 (exc. day treatments)

The Laundry washes an average of 60kg personal washing for our Aged care residents.

Number of babies born: 79

Number of patients treated in the emergency department: 3,314

Number of operations performed: 474 (inc. caesarean sections)

Number of visits from the Visiting Nursing Service: 7,490 visits to 259 clients

Number of meals served by the kitchen: 97,217

Blue Ribbon Foundation – \$20,000 commitment to upgrading patient sitting area

Our Angels & Volunteers:

The High Country Angels (HCA) started as a pastoral care pilot project in 2007 & continues to grow with support from local volunteers. The Angels visit patients of the hospital, nursing home and the hostel. Their role is to provide support through friendship and encouragement, to listen & share patient concerns. But these Angels spread their wings much wider: they bring love, laughter and friendship; feeding patients in the nursing home; making music - accompanying dementia

patients to music sessions & encouraging them to join in; responding to requests for wheelchair pushers so that patients can visit a friend; relieving boredom for a long term patient with weekly backgammon sessions; they bring in their pets to cheer depressed residents so that "life is worthwhile after all"; they accompany residents on excursions. We have a weekly reading circle that the residents greatly enjoy. The service even includes taking round the "bar" trolley on a Friday afternoon.

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