

MANSFIELD DISTRICT HOSPITAL

Annual Report 2008 – 2009

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

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 a 15 bed Dementia unit and 2 respite beds, and 8 independent living units on site.

During the 2008-2009 year the responsible Minister for the Mansfield District Hospital was The Honourable Daniel Andrews, MLA, Minister for Health 01/07/2008 – 30/06/2009.



President's Report

It gives me pleasure to present the 138th Annual Report, together with the audited Balance Sheet and Financial Statements for the Year ended 30th June 2009, on behalf of the Mansfield District Hospital Board.

I would like to commence by thanking all the members of the Board. Marie Sellstrom and Tony Tehan - Vice Presidents; Malcolm Blair – Treasurer; Julie Walpole, Nicola Beautyman, Leanne Robson and Mike Irwin. I would particularly like to thank Bob Appleby and Lochy Sumpter who retired from the Board at the end of their terms in June. Being a member of a volunteer Board such as the Mansfield District Hospital, can be a thankless task. It takes many hours of time yet it is of enormous importance to the community. All the Board members have carried out their responsibilities with professionalism and care. I thank them for their support which they give, without question, whenever required.

The Board is very pleased to welcome two new members, Julie Syme and Jaya Naidu, appointed by the Minister for Health. They both bring considerable skills from very diverse backgrounds and have a lot to offer.

The Friday Foundation has made considerable progress over the last year. I thank Christine Friday, Euan Friday and David Parsons who, together with Mike Irwin and Malcolm Blair from the Hospital Board, have continued to grow the fund for the future benefit of the Hospital and the community.

The Board members would especially like to thank the Bindaree, the Mansfield Hospital and the Bonnie Doon Auxiliaries who celebrate 75 years of fundraising this year. The hard work and dedication of the members of these Auxiliaries result in an enormous contribution to the welfare of patients and residents of the Hospital. The auxiliaries fund raising has been particularly important in 2008/2009. It has been a difficult year for our community. With both the bushfires and the economic downturn the community has been stretched to the limit of their giving. Therefore, the equipment purchased through their efforts is all the more significant.

One fundraising event that was extremely successful this year was the Trade Golf Day, which raised close to \$20,000. I would like to thank Alan Agar for all his many hours organising this event, not just this year but also over previous years.

The Audit Committee, as usual, has conducted their business in a clear and concise manner. I thank Jaya Naidu and Mark Henry, the community representatives, for their time and expertise.

The Mansfield District Hospital, of course, could not operate without the diligence and dedication of our Visiting Medical Officers. The Board thanks them all. We warmly welcome to Mansfield Kate Savage, Marina McPherson, Catherene Samuel, Stephen Flew, Licensia Ihuraqui and

Rowena Christiansen who have joined this team of hard working doctors over the year. We were however sorry to say goodbye to Ben Snow. I would also like to thank Dr Rick Lowen our Director of Medical Services. He is always available to give advice to the Visiting Medical Officers or Hospital staff whenever required, and carries out an essential role within the organisation.

There are many volunteers who work within the organisation including the palliative care group, the pastoral care group, the gardeners, the aged care visitors, those who provide entertainment and many others. On behalf of the Board I thank you all sincerely, and assure you that the Mansfield District Hospital would not be the welcoming, caring organisation it is without you all.

Last year the Board had a Business Review undertaken to give both the Board and Executive a better understanding of our finances. It became very clear that the acute hospital area is operating at a small profit, however the aged care sector unfortunately generates the financial deficit. Commonwealth Government funding for the aged has not kept pace with expenses in this sector. Rural areas are at a further disadvantage owing to higher costs of heating, transport and resident services. Mansfield does not have the numbers of low care aged, at this time, to ensure financial viability. That statistic is expected to rise by 2015, and in the meantime we continue to experience difficulty in operating this area at a break even position. The Board spends a large amount of their time working through the financial dilemma we seem to face every year. Whilst the Board and Executive predicted in last year's report a break even budget by 2010, it is looking very unlikely at this stage.

On behalf of the Board I thank everybody for ensuring that the Mansfield District Hospital was able to offer such excellent health care and health services to the Mansfield community during 2008/09. It is the hard work, dedication and commitment by the CEO, Executive and all the Staff that makes certain our Hospital's standards are maintained, our accreditations achieved, and that we operate a happy and efficient service. Each one of you has gone above and beyond what is asked of you, and you all continue to offer the excellence for which this organisation is so well known.

The Board and Mansfield community sincerely thank you all.

**Diana Kilford
President**



Chief Executive Officer's Report

'Exceptional commitment to our Community' is the way that best describes how staff, Heads of Department, the Executive Team and doctors have tackled the difficult operational challenges faced by the organization over the past twelve months.

Difficulties with recruitment, retention, staff shortages and deficit budget are not issues solely restricted to MDH, however, when they impact on our ability to provide the best possible care and service to our community, it becomes a focus for 'pulling together'.

Staff in all departments have worked additional hours, volunteered to be 'on call' on their days off, or cancelled their annual leave, to ensure the day-to-day care and services we provide are available twenty-four hours a day, seven days a week. At times, we have struggled to maintain this commitment and it is extremely unfortunate that we have had to transfer some community members to other centres for definitive care when we could not care for them in Mansfield. The dedication shown by staff at all levels to keep our services operating has been truly inspiring.

There have been complaints from some community members for the inconvenience they have experienced when we did not have a bed or staff available to cater for their immediate health needs – to these people, we apologise. We do not take these decisions lightly and they are based on what is best for the patient, at the time, given the circumstances. Patient safety is the number one priority for us. If we are short staffed, or do not have the right skill mix of staff on duty, it is paramount that the person is cared for in another facility that can provide the safest and best care at the time.

It has been difficult for the local doctors who have had to inform patients that they can't be admitted to MDH due to lack of beds or staff and will have to be transferred elsewhere; it has been just as difficult for the senior nursing staff to refuse such admissions, knowing how inconvenient travelling to another facility in another town can be. Yet, the spirit of cooperation between the doctors, nurses, management and patients in such situations has been exemplary.

I congratulate and commend all staff for their efforts, their commitment, and their support during a very difficult year.

Well done.

**Janene Ridley
Chief Executive Officer**



Board Members 2008/2009



Diana Kilford President
Chair Medical Consultative Committee, Medical Appointments Committee.
Member: Finance Committee, Audit and Risk Management Committee **Meetings Attended:** 9/11



Marie Sellstrom Vice President
Member: Audit and Risk Management Committee, Finance Committee, Medical Consultative Committee, Hospital Auxiliary Liaison.
Meetings Attended: 11/11



Tony Tehan Junior Vice President
Member: Finance Committee, Capital Appeal Committee, Medical Appointments Committee. **Meetings Attended:** 11/11



Malcolm Blair Treasurer
Chair: Finance Committee.
Member: Audit and Risk Management Committee **Meetings Attended:** 8/11



Leanne Robson
Chair Quality Assurance Committee
Member: Finance Committee. **Meetings Attended:** 10/11



Nicola Beautyman
Member: Finance Committee **Meetings Attended:** 10/11



Mike Irwin
Member: Finance Committee. **Meetings Attended:** 8/11



Bob Appleby
Member: Finance Committee **Meetings Attended:** 7/11



Julie Walpole
Member: Finance Committee, Medical Consultative Committee. **Meetings Attended:** 10/11



Lochy Sumpter
Member: Finance Committee **Meetings Attended:** 8/11

Attestation on Data Accuracy

I, Diana Kilford, certify that the Mansfield District Hospital has put in place appropriate internal controls and processes to ensure that the Department of Human Services is provided with data that reflects actual performance. The Mansfield District Hospital has critically reviewed these controls and processes during the year.

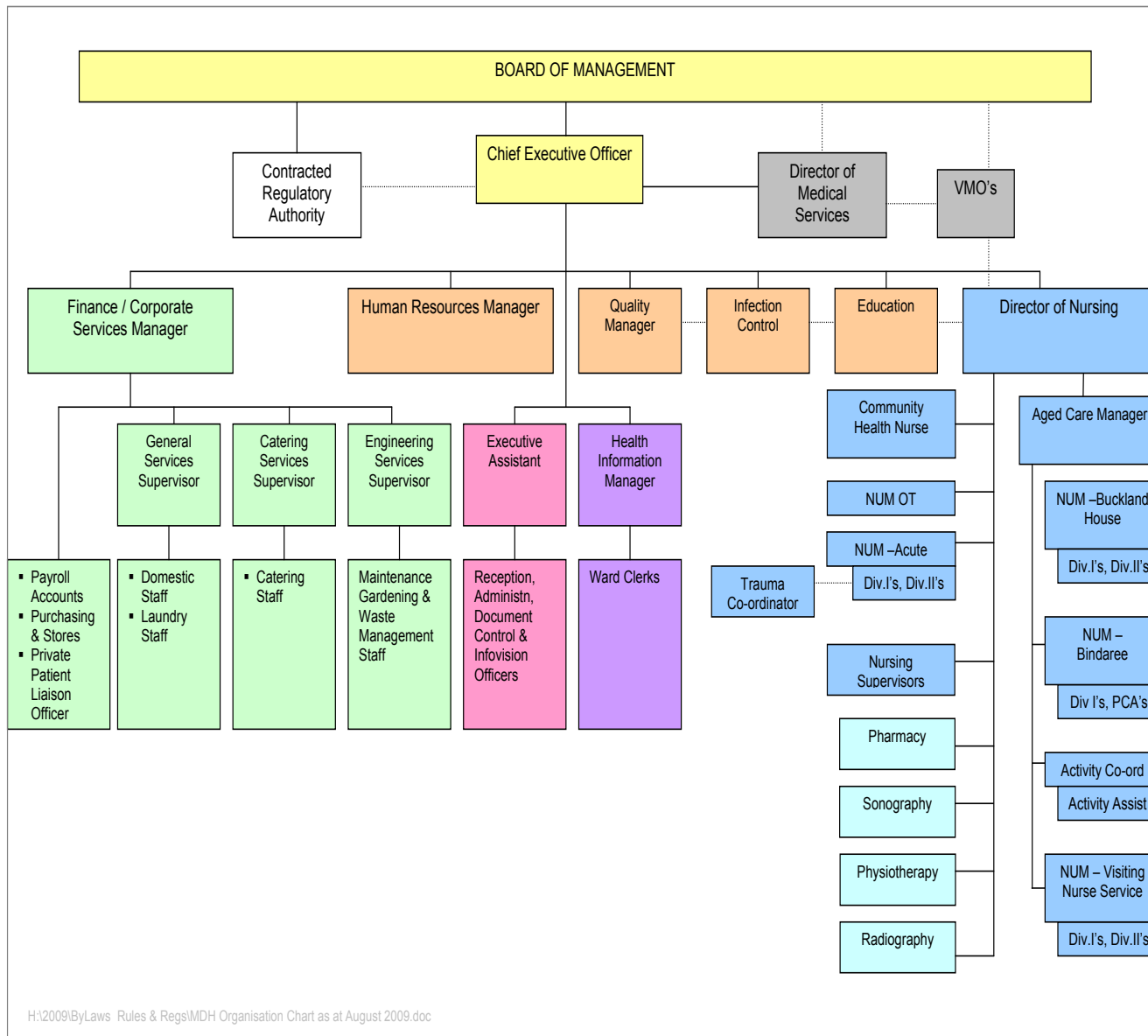
Diana Kilford
President
Board of Management

Mansfield
7 September 2009

Treasurers Initial Statement

The finance committee is responsible for monitoring the ongoing financial performance of the Mansfield District Hospital. During the year despite the best efforts of the board, CEO and executive in implementing the business review from 2008, the actual bottom line deteriorated during the year. The major cost to the hospital continues to be labour, and the ongoing management of staff is one of the greatest challenges facing the hospital, as well as the lack of funding for aged care where the overall loss of the hospital was generated.

Malcolm Blair
Treasurer



H:\2009\ByLaws Rules & Regs\MDH Organisation Chart as at August 2009.doc

Audit & Risk Management Committee

The role of the Audit and Risk Management Committee is to advise the Board of Management on the most appropriate and cost-effective way in which the Board of Management may discharge its responsibilities and statutory reporting obligations on financial matters.

The Committee's duties include overseeing the audit functions of the organisation and reviewing Risk Management Policies and Procedures, recommending changes where appropriate.

The Committee conducted several reviews during the year including:

- Asset Management
- Risk Management
- Financial Code of Practice

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.

I, Jaya Naidu, certify that the Mansfield District Hospital has risk management processes in place consistent with the standard AS/NZS 4360:1999 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
7 September 2009

Medical Liaison

The members of the Mansfield District Hospital Board agreed that as a Board there was a need to investigate ways that the Board could support both medical practices in attracting and retaining doctors in our community. The Board met with the doctors to discuss initiatives in which the Board could provide support.

Some of the issues which both the Doctors and the Board agreed needed attention included job opportunities for partners of medical practitioners, availability of childcare, secondary education including subject choices and distance education options. A Board member has met with new doctors to support their introduction into the community by listening to their needs and familiarising them with services available, including the many recreational activities in the district. Board members have also communicated with Mansfield Shire Council and Mansfield Secondary College in relation to child-care and education in the region.

Quality Assurance Committee

Mansfield District Hospital continues to ensure that Quality is at the heart of the service that it provides to the community.

Mansfield District Hospital (MDH) was once again successful in achieving AS/NZ ISO 9001:2000 Accreditation and the Aged Care Accreditation Standards. While meeting the stringent and exacting requirements of these external standards, MDH also undertakes ongoing internal audits which review the effectiveness and appropriateness of the systems in place to sustain these services.

The Quality Assurance Committee meets monthly to review all aspects of MDH's Quality systems and to make recommendations for improvement. It is the quality of the personnel across the entire organisation that ultimately ensures the high quality of clinical practice, nursing care and supporting services. MDH continues to be very fortunate to have highly skilled, highly committed and flexible staff who actively promote continuous improvement.

Leanne Robson

Chair Quality Assurance Committee

Medical Consultative Committee.

The Medical Consultative Committee meets bi-monthly to give the VMO's from both Medical Practices, CEO, DON, Medical Director and the Board the opportunity to discuss any issues that might have arisen, or suggestions for improving services at the Hospital. The Committee is chaired by the President and serviced by the Hospital. It has proved very beneficial over the last year as the Emergency area has undergone changes and training and communication have also featured on the agenda.



2008 Annual Appeal

The Mansfield District Hospital ran a very successful "Welcome to the World" annual appeal in 2008.

The appeal raised \$83,340 thanks to the unstinting generosity of Mansfield's wider community.

The appeal was given a significant boost by events including the Trade Golf Day and the Goughs Bay Sports event last Easter.

In the current financial climate this represents an outstanding result. The money raised resulted in an urgently-needed upgrade of the Hospital's maternity unit. In an environment where many hospitals have closed their maternity units more babies are being born in Mansfield each year.

The upgrade has been much appreciated by new mothers, midwives and doctors.

The generous response from the community to our annual appeal is a strong indicator of the support and confidence in our Hospital and the services it provides.

Tony Tehan

Chairman, Appeal Committee



Aged Care

In April 2009 both Bindaree Retirement Centre and Buckland House Nursing Home obtained Aged Care Accreditation for a further three year period from 2009 until 2011

Aged Care Accreditation is an evaluation process which all residential aged care facilities must undergo to be recognised as an approved provider under the Aged Care Act, and to receive residential care subsidies. It consists of a self assessment and a site audit.

The accreditation system assesses the quality of care and services provided to residents against 4 standards which consist of 44 expected outcomes.

- The 4 standards that both facilities were assessed against were
- Management systems, staffing and organisational development
 - Health and Personal Care
 - Resident Lifestyle
 - Physical environment and safe systems.

Accreditation ensures services improve the standard of care they provide to residents and their families as well as improve the facilities the residents live in.

The auditors were very impressed with the quality of care that staff provide to residents and passed both facilities on all 44 outcomes. This is a great result for Buckland House and Bindaree Hostel and a credit to the care and commitment of all staff to achieving quality care for our residents.

Mt Buller Community Health Service

The Mt Buller Community Health Service opened its doors for the first time on November 17th 2008 after several years of planning and negotiations with the community, stakeholders and health care providers. The service is a two-year pilot program funded by the Department of Human Services and managed by Mansfield District Hospital. It is located in the existing Mt Buller Medical Centre and operates in the non-ski season from November to May. The Health Service is available to all Mt Buller residents, employees and visitors and is open Mondays and Thursdays.

With the official launch of the Health Service postponed due to the bushfires, the Mt Buller Community Health Service was proudly opened



30th March 2009 by MP Bill Sykes. Over 45 people attended the launch, with representatives from the Department of Human Services, Gippsland's Monash University School of Rural Health, Alpine Resort Management Board, Mansfield Hospital, stakeholders and many of the Mt Buller Community.

Despite a very quiet summer for the Mt Buller residents with minimal construction, largely due to the global economic downturn, the Community Health Service has proven to be an essential health care service with over 296 people accessing services or health promotions. There were 86 individual presentations to the clinic for primary health care, and over 200 people attended various health promotions. The health promotions included Snakebite Management (81), Flu Vaccination Clinic (44), CPR Update (8), Blood Pressure Checks (61) and Mansfield Police Health Awareness Training day (16).

The Mt Buller community has embraced the new health service and it will continue to evolve to meet the health care needs of the community. This innovative service provides primary health care assessments, health education and promotion, monitoring, health screening, pathology collection and referrals. With ongoing support from the local doctors, hospital, ARMB and DHS, the Mt Buller community will have access to essential health services all year round.

MDH Emergency Department

The Emergency Department has again had another busy year with over 3000 presentations, more education and training and the purchase of new equipment.

With a total of 3139 presentations for the year, 11% of these were admitted to MDH and 5% of presentations required transfer to other health facilities. We had an extremely busy month in January with over 400 presentations, almost double the number we see some months. This is invariably a reflection on the number of holidaymakers, campers and motorbike riders that visit the area. Great for the community but it does stretch health resources at times.

Since the closure of the medical clinics on weekends there has been a much greater demand on the Emergency Department on weekends, especially long weekends. The hospital and medical staff have worked together to improve weekend services and reduce demands on personnel and resources. This has led to an increase in the number of patients presenting to the Emergency Department being assessed and managed by nurses, often with just a phone consultation with the doctor. With 30% of presentations being managed by nurses, we have been able to minimise non-urgent call outs for the doctors. With improved patient education and communication skills, the community has become much more accepting that this is an 'emergency service'.

We have also purchased a new resuscitation trolley for the Emergency Department. This allows easier access to vital equipment and drugs in the event of a life-threatening emergency, ultimately improving patient outcomes. With ongoing education sessions, more nursing staff being trained in First Line Emergency Care and one staff member completing the Rural & Remote Advanced Practice Nurse Certificate, we are improving our emergency care services for the community.

Dialysis

The Mansfield Dialysis unit currently provides Dialysis Monday, Wednesday, and Friday for approximately six hours per rostered day. The Unit has two Dialysis machines (Gambro AK95) and two Dialysis appropriate chairs. As a service we are also able to provide respite to home Dialysis patients and holiday treatment to visitors to the community. Because we are currently only Dialysing two permanent patients we have a certain amount of flexibility in accommodating visiting and respite clients.

Shared Maternity Care Project

In June 2007 Mansfield District Hospital launched its now highly successful Shared Care model of Maternity Care. This new model was an exciting development for midwifery services at Mansfield District Hospital. It incorporates an increased role for midwives, better continuity of care for women, and supports the ongoing viability of maternity services at Mansfield District Hospital.

All women booked in to have their baby at Mansfield District Hospital participate in the Shared Care model, thus all women have increased access to the team of midwives during their pregnancy, birth and postnatal periods.

Currently women have approximately half of their antenatal visits with a midwife and half with their GP. Additionally, most couples expecting their first child choose to attend our Childbirth Education classes. This enables women to "get to know" their midwives, and communication is enhanced greatly with not only the women but also our wonderful team of GP's.

We currently have an application in for additional funding to implement a Team Midwifery Model. The model enables a team of midwives to care for a group of women (with Shared Antenatal Care with their GP's) and be on call to care for the women as required, rather than being rostered on a daily basis. This will have the benefits of some midwives working only as midwives, increased continuity of care, midwives being available for midwifery patients at all times, and again further supporting ongoing viability of our midwifery service.

Maternity Unit Upgrade

The Mansfield community responded generously to the 2008 Annual Appeal 'Welcome to the World' raising \$ 83,340.

The funds raised with the Appeal were used to refurbish the existing Midwifery facilities at Mansfield Hospital.

Stage One included the electrical work, which commenced in April with the installation of split system air conditioning units in both the nursery and the labour ward followed by additional power points and new light fitting to the wards and corridor. Flat screen televisions with DVD players and cordless phones are new features to each patient room.



The Dialysis unit and the permanent patient care is 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% of Victorian dialysis patients, with links to major metropolitan satellite centres and 23 affiliated regional centres in the North Western corridor of Victoria.

Over the past twelve months the service has had an increase in the number of holiday patients utilising our holiday treatment positions. They include patients from Victoria and interstate as well as one patient from overseas. Over the past four years there has been a growing trend of holiday patients.



Stage Two involved painting of the entire Midwifery Unit, labour ward, the nursery, three patient rooms, bathroom, utility rooms and the corridor.

New window furnishings were installed to further enhance the unit allowing for maximum natural light while ensuring privacy for the mothers

Stage Three finalised by replacing the existing floor coverings to the patient rooms, utility rooms and corridor. New cabinetry was installed in all patient areas to include a bench with a large sink suitable for bathing infants in Room 1.

Finishing touches

Breast feeding chairs, a bed settee, bedside lamps, wall prints and new bed covers all improve the look and comfort of the midwifery unit.

Equipment upgrade

The Cardio tocograph has been upgraded to include mobile monitoring, this allow the labouring mother to be monitored while ambulating around the ward free of cables.

Additional funds were raised through a Department of Human Services Grant to allow the purchase of a new electric labour ward. The ward includes many useful features for the comfort, and ease of use by both patient and the staff.

Teddy Bear's Picnic

International Midwives Day, May 5 2009

If you go down to the woods today, you better not close your eyes

If you go down to the woods today, beware of a big surprise

For every bear that ever there was is gathered there for certain because

Today's the day the Teddy Bear's have their picnic!



It was the inspiration and enthusiasm of Nurse Unit Manager, Kay Gerrans, to celebrate International Midwives Day 2009 with a Teddy Bear's Picnic.

All the women & families from Mansfield, Alexandra and surrounding districts who had birthed their babies here at Mansfield Hospital in 2008, along with all the local GP Obstetricians & MCHN's, were invited to attend.

With the sun shining and picnic rugs carpeting the lawns, MDH midwives, along with approximately 40 women and their babies through to toddlers, along with siblings, grandmothers, and of course their teddy bears, gathered to celebrate the occasion with a picnic in the grounds of the hospital.

The Mansfield Hospital Ladies Auxiliary generously provided a wonderful afternoon tea.

The DON welcomed the mothers & children, and reflected on the changes to the midwifery service at Mansfield District Hospital since the introduction of the Shared Care model of maternity care.

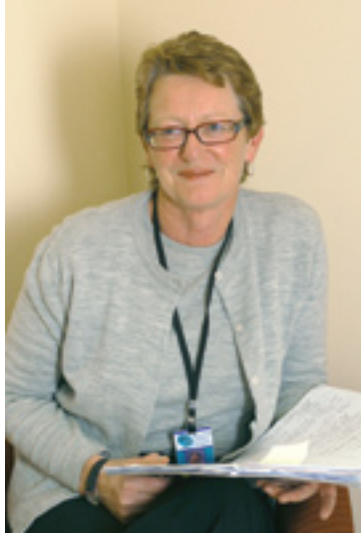
Gretchen Nadenbousch spoke on behalf of the midwives. The positive effect the Shared Care Model has had on women's birthing experiences in Mansfield was highlighted, as well as the midwives increased scope of practice and job satisfaction.

The "Lucky Door Prize" a beautiful big cuddly teddy bear was won by Kylie & Foxx Hodge, much to the delight of their 3 month old daughter, Chelsea.

The highlight of the day for the children was undoubtedly our guest of honour, "Arthur". Standing 4ft tall, soft & fluffy, the big brown teddy bear was kindly brought along by midwife Heather Wilmott, a member of her family for 32 years and belonging to her daughter, Kathryn. There was not a child there that he was smaller than!!!

A picnic on the lawns was a wonderful way to celebrate being a midwife with all our new Mums and babies!

Staff Recognition



The Mansfield District Hospital values its staff and recognises them as the most important asset to the organization. In December 2006, MDH introduced a staff recognition program to reward staff members nominated for recognition awards.

It is vital to recognise achievements over and above the normal tasks, skills and responsibilities associated with respective position descriptions. These achievements are not subject to only 'task orientated' activities, but incorporate personal qualities that are not necessarily measurable

Circumstances in which recommendations can be made may include (but are not necessarily limited to) the following:

- performance over and above the duties and responsibilities listed in the staff member's position description – (this may be a one-off situation or consistent performance)
- consistently offering to work additional hours to cover leave or roster shortfalls and always turning up for those extra shifts
- demonstrating extreme 'support' in situations that may be difficult
- 'rallying the troops' in times of stress or hardship
- acts of kindness that improve staff morale or just make everyone feel better
- community service work that promotes a positive image of the organization
- coming to work and doing a great job when their own personal circumstances are less than ideal or extremely stressful
- consistently using one's initiative to come up with great ideas to improve the organization and/or work environment

In July 2008, MDH introduced its Long Service Leave Staff Recognition system where staff achieving set milestones are publicly recognised and rewarded for their length of service.

Nursing Scope Of Practice

One of the biggest changes within the nursing profession in Victoria in the past few years has been the change to the scope of practice for Division II nurses. This has been under the guidance of the DHS Nurse Policy Branch Division 2 RN Strategy, which "aims to increase the capacity & capability of Division 2 RN's to assist in addressing workforce shortages & demand for services."

Division II nurses are now able to study additional post-graduate modules to further extend their nursing scope of practice, the first of which was the Medication Endorsement – Division 2 Nurse Course. This course has now been extended to incorporate Injectables and Intravenous Fluids & Medications as well as Enteral and Topical Medications.



The recently accredited Certificate IV in Nursing (2008), and the Diploma in Nursing (2009) now both include these medication administration modules, thus all graduating Division 2 nurses will automatically be Medication Endorsed.

Other postgraduate modules for Division 2 nurses include Acute Nursing, Perioperative Nursing, Care of Mother & Baby, Emergency Nursing, Palliative Care, which due to a successful application to the recent Division 2 Grant Program Mansfield District Hospital is now currently conducting in a collaboration with Gotafe for many of our Division 2 nursing staff. This will increase the skill base of our D2's and enable them to work skilfully in many more departments within the organization.

Corporate Services/Finance Manager Appointment

We were delighted to welcome Karla Goodberry permanently to our Executive Team in February 2009 as the new Corporate Services / Finance Manager.

Karla, who among her other qualifications has a Masters in Business Administration, comes from a financial background in banking and finance brokering. Karla has a special interest in 'customer relations' which has proved invaluable in her dealings with the general public and the team of staff she heads up in Corporate Services.

A fast learner, Karla has quickly come to understand the requirements of the aged care act in relation to residential aged care contracts and prudential arrangements for accommodation bonds. Karla's diligence in these areas has resulted in aged care residents being kept up-to-date and appropriately informed of the financial and contractual entry requirements for aged care.

As a new senior member of staff, Karla is a valuable Executive Team contributor and her skills and wide ranging knowledge complement those of other team members. A popular manager, Karla has attracted well-deserved and wide-ranging respect from her department heads and their respective staff.

We look forward to a long and fruitful working relationship with Karla over the next few years



Reception Upgrade

Monies raised by the 2007 Annual Appeal were used to upgrade the reception area of the Hospital. The amounts quoted by the various tenderers, far exceeded the funds available.

Board member Bob Appleby took a personal interest in the project and reshaped it to fit the means. Local builder Graham Picket of Mansfield Building Company accepted the project.

The major benefits to the Hospital and community were the new reception desk, and the airlock. The reception desk had to not only accommodate the receptionist, but was also required to provide disabled access.

The area is now larger than the original, and is a lot more functional for the tasks required. The air lock on the front doors has the environmental advantage of reducing our heating and cooling needs and costs. It also appreciated by those sitting, waiting for X-ray services!

The reconstructive phase was a difficult time for staff, in particular our receptionist who was relocated to the day lounge for the duration of the work. In the same way as the painting, the staff and community pulled together to enable this project to run as smoothly as possible. We have come out the other end with a fantastic result.



Water Saving Initiatives

We were very fortunate to once again be given a grant from the Department of Human Services for water saving initiatives, this time at Bindaree. This grant has enabled us to purchase additional water tanks, pumps and associated plumbing fittings.

We are now able to use filtered run off rainwater, harvested from the roof, for washing in the laundry. This project will not only save town water, but will also fill the washing machines quickly and without pressure loss to the rest of the building.

The size of the pipes and pump, will also give future scope for garden watering.

The all important hand watering wasn't forgotten either, a 5000gallon (22,500litre) tank and pump combination has been set up, just outside the Shaw wing garden.

These water saving initiatives will enable residents, staff and our all important volunteers, to keep the garden looking healthy without the guilt of using all important town water.



Painting

The Hospital building is looking refreshed with the recent painting work completed around the wards and service areas.

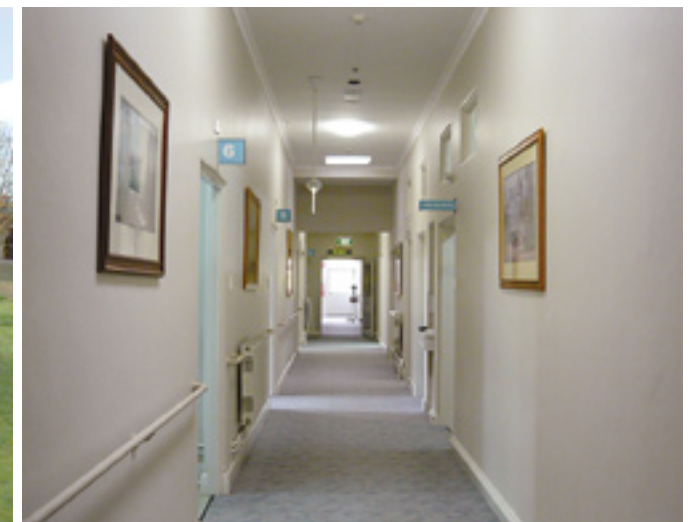
Programmed Maintenance Services were given the six year contract to prepare and paint the entire complex.

It was determined that the interior of the Acute area should be the first to receive much needed attention. These works were completed on time and without any major problems, due to everyone's efficiencies.

Don Thompson, our part time Maintenance Department staff member, was given the role of overseeing the project on behalf of the Hospital. Don co-ordinated the moves from room to room with great expertise and efficiency.

The nursing staff should be commended for their understanding and patience during this difficult time. They managed patient relocation in harmony with equipment and worker movements seamlessly, with minimum disruption to hospital routine.

It has been worth the effort, with the result bringing many positive comments from staff and visitors.



AUXILIARY REPORT

Mansfield District Hospital Auxiliary

We have had a very busy and successful year and now have twenty-five members who each bring their hard work and expertise to a variety of events. We do thank our husbands and partners who find themselves serving wine, constructing and painting art stands, moving furniture or transporting books. We thank also our "Friends" who each year help us to sell raffle tickets and make food. We welcome our new members to the team and would like to take this opportunity to pay tribute to Norma Buckland who, although still a member of the Auxiliary, has had to take a back seat due to ill health. Marion Mitchell (Secretary) and Joycelyn Nesvold (Treasurer) and Patsy Smiles (Vice President) have been a tremendous support. The members keep coming up with new ideas and we value our brainstorming sessions. Our small teams for each event continue to surprise us with their efficiency, and each time we repeat something it gets better. We have upgraded our art stands and improved our lighting for the Annual Art Show which is our main fundraiser; we are working closely with the Arts Council of Mansfield to our mutual benefit during the High Country Festival.

From funds raised in the year 2008/9 we have bought two much needed syringe drivers and an electric bed for the Recovery Room, but we do have more to give as the need arises. In the meantime, it is safely invested. The Art Show raised in excess of \$13,000, the Golf Day realised more than \$6,000, the Quilt Raffle yielded \$3,400, the sale of books \$1700, the Bridge Day \$1500 and "High Hats at Highton Manor" \$1600. Thank you to those generous people and businesses who have donated all sorts of valuable items to our cause as we have been able to augment the amounts raised on each occasion with raffles, door prizes and auctions. Thank you to the Mansfield Courier and the Information Centre and their staffs for the publicity we always need. And how would we manage without Jacqui Mallard and her talent for setting up flyers and brochures?

Sue Parsons joined the Auxiliary in 1968 and she will have seen enormous changes, particularly in technology - we are now proud to say every working member is on e-mail and we conduct a lot of our business between meetings via this medium. Some things are more complicated due to the set of rules and laws with which we need to comply; this includes accountability, food handling, obtaining a liquor licence for each event and complying with rules for running a raffle. More paperwork is inevitably involved and this is time-consuming. However, we are all the more knowledgeable and professional nowadays and this is perhaps a good thing.

Each year is just a little different and keeps us on our toes. We are dedicated to the successful running of our Hospital and realise how lucky we are to have such a facility in our community.

Ann Herbert
President

Bonnie Doon Auxiliary

With 20 members we have had a very good year once again.

I would like to thank Pat O'Brien and Allan Burgess for all of their help over the past year, also the other members.

We have raised the sum of \$8,000 to once again assist the hospital with items to help both staff and patients.

We have raised this money from Raffles, BBQ's, a Champagne Breakfast, the Foodwork's Christmas Lunch, a Chocolate Drive, Sausage Sizzles and of course all of the very generous donations from businesses and local people.

Without their help we could not do it, I have enjoyed my time as president but it's now time to step aside to welcome a new President and Secretary and I wish them both every success.

Marj Taylor
President



Bindaree Auxiliary

In this my first of two years as president I have pleasure in presenting the Bindaree Auxiliary Annual Report.

Our nineteen members work willingly to raise funds to support the residents and staff of Bindaree, thanks to them all.

Our main project for the year was the construction of an extension to the barbeque area, north of the E wing which was completed July 2009. Tables, chairs and a suitable barbeque will follow.

T.V. a major source of entertainment for the residents, was promptly replaced by us when the television set in the Collie lounge expired.

We continue to fund the residents holiday at Echuca and congratulate the staff who make it such a success.

Catering for the cattle sales has been a constant source of funds for very many years but their numbers are decreasing.

Providing lunch for the Men's Probus seems to be ongoing, but has not been supported as much as hoped.

Bingo nights and a card day in September at the golf club help the bank balance and our thanks to Geoff Payne for his ever willing help.

The fete has been our main fundraiser for the year, thanks to Neil Allen and John Valcich for their help, also other regular volunteers for their commitment to Bindaree.

Phyllis Grazebrooke kindly judged the pet show, she loved the dogs. The age and range of exhibitors was amazing.

As president my most enjoyable task this year was to propose three life governorships. Enid O'Brien and Eileen Mahoney who have worked and given to Bindaree for over 35 years, both foundation members and Gaye Adamson a long serving member and our inspired president for the last 12 of her 25 years.

In closing our thanks to the Bindaree staff, Marie Sellstom, our link with the Hospital board and the back up of the hospital.

Lyn Uren
President

STATUTORY REQUIREMENTS

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 & Aged Care 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.

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

Fundraising

The organization wishes to thank the following major donors for their contribution towards the purchase of equipment during the 2008-2009 year:

- Mansfield Hospital Auxiliary
- Bonnie Doon Hospital Auxiliary
- Bindaree Auxiliary
- Friday Foundation
- Peter MacKay Bequest
- MacKinnon Trust
- Brian Johnstone
- Murray to Moyne
- Marks IGA
- Ian 'Tiger' Ridley Memorial Bequest
- The Late Mrs June Anstee

A big thank you to the Community of Mansfield for their continued financial and in-kind support of our health service.

STATUTORY REQUIREMENTS

Summary of Financial Results 2008-2009

	2009 \$000	2008 \$000	2007 \$000	2006 \$000	2005 \$000
Total Revenue	10,937,106	10,864,372	9,787,789	9,243,950	8,668,794
Total Expenses	(11,543,558)	(10,846,536)	(10,089,769)	(9,402,306)	(9,009,519)
Operating Surplus/(deficit)	(606,452)	17,836	(301,980)	(158,356)	(340,725)
Retained Surplus/ (Accumulated Deficit)	(1,499,706)	(893,254)	(911,090)	(609,110)	(450,754)
Total Assets	21,200,694	14,835,040	13,302,623	13,072,783	12,997,773
Total Liabilities	5,706,054	5,004,389	4,095,863	3,544,043	3,310,667
Net Assets	15,494,640	9,830,651	9,226,760	9,528,740	9,687,096
Total Equity	15,494,640	9,830,651	9,226,760	9,528,740	9,687,096

Note: Comparatives for 2005:2008 have been modified to ensure consistency with disclosure in 2009.

Operational and budgetary objectives and performance against objectives

The organization had a worse than expected operating deficit due to significant increases in nursing positions in 2008, in both the acute hospital and nursing home.

While revenue from residential aged care was higher than expected budget, residential aged care continues to run at a significant deficit. Private patient revenue in the acute hospital fell substantially short of budget predictions.

Non-salary and wages expenditure was in line with expected budget across the organization.

The Department of Human Services has provided the Bindaree Retirement Centre with direct funding support in 2008-2009 for the HSUA wage increase and indirect resources to support aged care accreditation.

Significant changes in financial position during the year

The operating deficit was higher than expected due an additional 3.6 EFT allocation of nursing positions in October 2008 and the implementation of an 8:8:10 nursing roster in January 2009 resulting from the 2007 Nurses Enterprise Bargaining Agreement.

Major changes or factors affecting performance

Implementation of the results of the 2007 Nurses Enterprise Bargaining Agreement affected the end of year operating results.

Consultancies over \$100,000

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

Consultancies under \$100,000

The organization undertook two external consultancies during the year in relation to primary care planning and organizational culture at a total cost of \$42,000 excluding GST.

Additional information

The following information, where it relates to the Mansfield District Hospital and is relevant to the financial year 2008-2009 is available upon request by relevant Ministers, members of Parliament and the public:

- A statement of pecuniary interest has been completed.
- Details of shares held by senior officers as nominee or held beneficially.
- Details of publications produced by the department about the

- activities of the entity and where they can be obtained.
- Details of changes in prices, fees, charges, rates and levies charged by the entity.
- Details of any major external reviews carried out on the entity.
- Details of major research and development activities undertaken by the entity that are not otherwise covered either in the Report of Operations or in a document that contains the financial report and Report of Operations.
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.
- Details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services.
- Details of assessments and measures undertaken to improve the occupational health and safety of employees.
- General statement on industrial relations within the entity and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations.
- A list of major committees sponsored by the entity, the purpose of each committee and the extent to which the purposes have been achieved.

STATUTORY REQUIREMENTS

Activity

Admitted Patient	Acute	Sub-Acute	Mental Health	Other	Total
Separations					
Same Day	775	N/A	N/A	N/A	755
Multi Day	850				850
Total Separations	1625				1625
Emergency	0	N/A	N/A	N/A	0
Elective	388				388
Other inc Maternity	36				36
Total Separations	424				424
Total WIES	932.39				
Total Bed Days	5114				5114

Non-Admitted Patient	Acute	Sub-Acute	Mental Health	Other	Total
Emergency Department Presentations	3139	N/A	N/A	N/A	3139
Outpatient Services – occasions of services (VACS and Non VACS clinics)	0	N/A	N/A	N/A	0
Other Services – occasions of services	1410	N/A	N/A	N/A	1410
Total occasions of service	4549				4549

The Mansfield District Hospital is funded under the Acute Health Program for inpatient admissions. The Emergency department this financial year saw 3139 presentations and our X-ray department had 1410 outpatient presentations.

Revenue Indicators

	Average Collection Days	
	2009	2008
Private	81	109.30
TAC	0	0
VWA	236	70.86
Other Compensable	0	0
Psychiatric	0	0
Residential Aged Care	13.63	12.62

Debtors Outstanding as at 30 June 2009

	Under 30 days	31-60 days	61-90 days	Over 90 days	Total 30/6/09	Total 30/6/08
Private	22261	1624	4950	2979	31814	136084
TAC	0	0	0	0	0	0
VWA	7070	0	4090	0	22260	5742
Other Compensable	0	0	0	0	0	0
Psychiatric	0	0	0	0	0	0
Residential Aged Care	31252	724	0	0	31976	39655

ABBREVIATIONS:

- TAC Transport Accident Commission
- VWA Victorian WorkCover Authority

STATUTORY REQUIREMENTS

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 2009.

Labour Category	JUNE Current Month FTE	JUNE YTD FTE	JUNE Current Month Head Count
Nursing	58.61	56.02	63
Administration and Clerical	14.94	14.22	17
Medical Support	0.61	0.53	1
Hotel and Allied Services	35.79	36.62	55
Medical Officers	0.08	0.05	1
Hospital Medical Officers	N/A	N/A	N/A
Sessional Clinicians	N/A	N/A	N/A
Ancillary Staff (Allied Health)	3.83	4.45	9

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

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 2008-2009 year, 32 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 2008/09.

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 2008-2009 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.

STATUTORY REQUIREMENTS

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 2008-2009 year to providing a healthy and safe workplace for all. Evidence of such commitment can be seen in the implementation of departmental OH&S plans and performance indicator results.

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
- 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

Riskman

Riskman is an electronic database used for capturing information about all incidents that occur in the organization.

Staff manually complete incident forms at the time of occurrence and these are forwarded to the Executive Team for review and follow up action. When processed, information from the forms are transferred into the RISKMAN database where trend analysis can be undertaken to identify potential improvements.

Incidents are categorised according the type of incident, for example, occupational health and safety, patient/resident/staff injuries, and isolated events. Patient/resident falls are also documented and if an injury has been sustained, it is noted in the database. The area where the incident occurred is also documented to enable the organization to identify and trace which incidents have occurred in Buckland House, Bindaree, visiting nursing service or the acute hospital.

All incidents are given a risk rating; ratings include extreme, high, moderate or low risk.

In 2008-2009, the total number of incidents in the organization was 369. This ranges from minor incidents, such as a trip without any injury, to more serious incidents, such as a broken hip as the result of a fall.

Incidents for 2008-2009 included:

• Patient / Resident incidents	243
• Staff incidents	32
• Other OH&S incidents	22
• Medication incidents	72

STATUTORY REQUIREMENTS

Board Of Management

President:	Mrs Diana Kilford
Senior Vice President:	Ms Marie Sellstrom
Junior Vice President:	Mr Tony Tehan
Treasurer:	Mr Malcolm Blair
Board Members:	Mr Bob Appleby Ms Nicola Beautyman Mr Mike Irwin Ms Leanne Robson Mr Lawrence Sumpter Ms Julie Walpole

Medical Staff Group Representative:	Dr Phillip Jolly (01/07/08 - 30/4/09) Dr Will Twycross (01/05/09 - 30/06/09)
--------------------------------------------	---------------------------------------------------------------------------------------

Executive Staff

Chief Executive Officer:	Ms Janene Ridley, RN, BA, MHSM
Director of Nursing:	Ms Jenny Fawkes, RN, Grad Dip (CH), Grad Dip (MH), Dip.Bus
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
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 2009

Auditors
WHK for JW Cameron, Auditor General

Solicitors
Mal Ryan and Glen

Bankers
Westpac
CBA
NAB
ANZ
Bendigo Bank

Audit Committee
Mr A Sloman, Deloitte
Mr J Naidu
Mr M Henry
Ms Marie Sellstrom
Mrs D Kilford
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 D Cook, MB, BS, DA
Dr R Christiansen, MB, BS
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 P Jolly, MB, BS
Dr M McPherson, MB, BS
Dr M Reed, MB, BS
Dr C Samuel, MB, BS, DGO(Dublin), LM (Dublin)
Dr K Savage, MB, BS
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

Tenders

In line with the Victorian Government's Tender and Purchasing Guidelines, the following major tender was awarded during the 2008/09 year for capital purposes:

- **Programmed Maintenance Services for contract painting**

STATUTORY REQUIREMENTS

Life Governors & Presidents 2009

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
 Mrs M Egan
 Dr H R Esser
 Mr W H Glen
 Mrs R Gray
 Sir A Grimwade
 Mr T Gunnerson
 Mrs M Hood
 Mr P Howarth
 Mrs B Hughes
 Miss F B Shaw
 Mrs Z Kirley
 Mr P McCann
 Mrs V McCormack
 Dr P Mackay
 Mr A Maxwell-Davis
 Mr H A Nix
 Mrs W Nix
 Mrs Y O'Connor
 Mrs S Parsons
 Mr WE Parsons
 Mr G Ritchie
 Mr G Smith
 Mr C Thomas
 Miss S M Turner
 Miss B Walsh
 Mr F Wickham
 Mr DT Yencken

Presidents

1869-72
1872-74
1874-90
1890-91
1891-92
1892-93
1894-95
1895-96
1896-97
1897-98
1898-99
1899-1900
1900-01
1901-02
1903-04
1904-05
1905-06
1906-07
1907-08
1908-09
1909-10
1910
1910-11
1911-12
1912-13
1913-14
1914-15
1915-16
1916-17
1917-18
1918-19
1919-20
1921-22
1922-23
1923-25
1925-26
1926-27
1927-28
1928-31
1931-32
1932-35

A Chenery
 J P Rowe
 H H Kitchen
 I H Kelson
 E W Finlason
 W Cotter
 P W Bromfield
 Rev J F Frewin
 P W Walker
 J A Edmonston
 J Presley
 Rev T S Collins
 P W Walker
 S McMillan
 J R Bremner
 P W Conlan
 P W Walker
 A B Moffitt
 C Cahn
 E W Finlason
 Rev H E Mallet
 W Douglas
 E T Begley
 Rev W V Beaver
 E W Finlason
 J Hutchinson
 H Tomkins
 E J Kelly
 Rev F A Merner
 P J Wade
 R S Anderson
 Rev E Thornton
 E T Begley
 Rev G Brammall
 M Ryan
 Rev G Brammall
 E W Finlason
 Rev G Brammall
 Rev V F Hadley
 Rev J S Bullough
 L G Graves

1940-44
1944-46
1946-47
1947-49
1949-52
1952-53
1953-56
1956-59
1959-61
1961-64
1964-65
1965-70
1970
1970-72
1972-73
1973-76
1976-79
1979-83
1983-85
1985-88
1988-89
1989-91
1991-93
1993-96
1996-00
2000
2000-01
2001-04
2004-

RT Forrest
 J A Bostock
 F G Friday
 J D Neely
 J Tehan
 R G Ritchie
 W H Glen
 G C Cox
 D W Howie
 C J Breen
 R W Bostock
 A C Evans
 R W Bostock
 Mrs N Tehan
 C J Breen
 Mrs B Hughes
 J M Cummins
 H B Clark
 H A Nix
 DT Yencken
 K S Andrews
 Ms S A Stegley
 Dr P Mackay
 G Smith
 A Maxwell-Davis
 B E Bingham
 P A Howarth
 M D Kinloch
 Mrs D Kilford

Clubs

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

Bindaree Life Governors

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

Bindaree Presidents

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

DISCLOSURE INDEX

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	Legislation	Requirement	Page Reference
Ministerial Directions			FRD 22B	Summary of financial results for the year	RO 14
Report of Operations - FRD Guidance			FRD 22B	Workforce Data Disclosures	RO 16
			FRD 25	Victorian Industry Participation Policy disclosures	RO 16
Charter and purpose			SD 4.2(j)	Report of Operations, Responsible Body Declaration	RO 4
FRD 22B	Manner of establishment and the relevant Ministers	RO 2	SD 4.5.5	Attestation on Compliance with Australian/New Zealand Risk Management Standard	RO 5
FRD 22B	Objectives, functions, powers and duties	RO 13			
FRD 22B	Nature and range of services provided	RO 13			
Management and structure			Financial Statements – FRD Guidance		
FRD 22B	Organizational structure	RO 5	SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncement	FS 5
Financial and other information			SD 4.2(b)	Operating Statement	FS 1
FRD 10	Disclosure index	RO 20	SD 4.2(b)	Balance Sheet	FS 2
FRD 11	Disclosure of ex-gratia payments	N/A	SD 4.2(b)	Statement of Changes in Equity	FS 3
FRD 21A	Responsible person and executive officer disclosures	FS 41	SD 4.2(b)	Cash Flow Statement	FS 4
FRD 22B	Application and operation of Freedom of Information Act 1982	RO 16	SD 4.2(c)	Accountable officer's declaration	FS
FRD 22B	Application and operation of the Whistleblowers Protection Act 2001	RO 16	SD 4.2(c)	Compliance with Ministerial Directions	FS 5
FRD 22B	Compliance with building and maintenance provisions of Building Act 1993	RO 16	SD 4.2(d)	Rounding of amounts	FS 5
FRD 22B	Details of consultancies over \$100,000	RO 14	Legislation		
FRD 22B	Details of consultancies under \$100,000	RO 14	Freedom of Information Act 1982		
FRD 22B	Major changes or factors affecting performance	RO 14	Whistleblowers Protection Act 2001		
FRD 22B	Occupational health and safety	RO 17	Victorian Industry Protection Act 2003		
FRD 22B	Operational and budgetary objectives and performance against objectives	RO 14	Building Act 1993		
FRD 22B	Significant changes in financial position during the year	RO 14	Financial Management Act 1994		
FRD 22b	Statement of availability of other information	RO 14	Page reference		
FRD 22B	Statement of merit and equity	RO 17	RO – Report of Operations		
FRD 22B	Statement on National Competition Policy	RO 17	FS – Financial Statements		
FRD 22B	Subsequent events	NA	NA – Not Applicable		