Casterton Memorial Hospital

Victorian Quality Account

2016-2017

Serving the Casterton & District Community Since 1908

Casterton Memorial Hospital

CMH Two Year Over-Arching Strategic Plan 2015—2017 - as at 30th June, 2017

To support the Vision Statement of C.M.H. the following Strategic Objectives and associated KPI's will need to be achieved;

STRATEGIC OBJECTIVES & KEY PERFORMANCE INDICATORS

PHYSICAL FACILITIES/ASSETS

- Assets & infrastructure review & financing plan for 10-20 years. ~ 100%
- Community/Allied Health Zone connectivity to CMH & Up-grade of East Facility facia. ~ 60%
- New & up-dated Nurse call system installed. ~ 20%
- Investigate & report on change to individual A/C units across Res Care & Acute. ~ 100%

GOVERNANCE CORPORATE & CLINICAL

- Maximise financial sustainability / administrative and resource usage. ~ 100%
- Board Member recruitment & ongoing relevant education on Clinical Governance & Risk. ~ 100%
- Business of Aged Care sophistication, finance & Clinical. ~ 90%
- Board retreat/s covering relevant aspects of these Objectives. ~ 100%

QUALITY IMPROVEMENT RISK MANAGEMENT

- ACHS & National Standards Accreditation attainment & Aged Care Accreditation. ~ 100%
- Risk Management & compliance systems increased sophistication re: VMIA report. ~ 90%
- Implementation of E-medication system. ~ 60%
- Quality improvement evidence map completion. ~ 90%

HUMAN RESOURCES

- Map & formalise CMH training systems & partners. ~ 30%
- Succession planning & CMH position needs & assessment report & plan. ~ 80%
- Develop project person on Sub-Regional Basis. ~ 100%
- Review staff to client ratios seeking optimum care levels within allocated funding. ~ 100%

SERVICES DEVELOPMENT

- Expand time frame for access to community taxi. ~ 50%
- Seek additional relevant clinical service roles through external Travis review. ~ 90%
- Expansion of home based service roles. Working with aged care reforms of maintaining persons in their own home longer. ~ 70%
- Full review required Allied Health & Primary Care Services. ~ 60%
- Pursue funded respite care places. ~ 100%

AGED CARE SERVICES

- 98% Occupancy maintained. ~ 100%
- Development of private comprehensive home based services & support package. ~ 10%
- Marketing strategy developed for use at determined trigger points. ~ 90%
- CMH Management plan for Res Care information packages and potential client advice, information servicing and support. ~ 90%

Contents

President's Report

Mr. Peter Green
Board Chair

It is with great pleasure, on behalf of the Casterton Memorial Hospital Board of Management, employees, volunteers and consumers that I present to you our 2016-2017 Quality Account.

2016-2017 continued on from previous years in striving to meet the Casterton community needs with a diverse range of services from community to urgent care, inpatients and permanent residential care. Every year brings with it different challenges and rewards and this year Casterton Memorial Hospital has worked on enhancing the Person-Centred approach and in increasing awareness and access to services for the local community.

I therefore commend this year's Quality Account to you as one that demonstrates a strong commitment to meeting the Casterton community health care needs.

Financial Sustainability

Casterton Memorial Hospital vigilantly maintains systems and processes that ensure sustainability, accountability and responsibility for the delivery of safe, responsive person centred care services.

This year we are pleased to report a surplus, before capital and specific items, of $281,486 whilst still continuing to meet service demands and its Model of Care for the Casterton community. This financial performance is a result of sound financial management, responsible reporting and budget monitoring. This positive result was strengthened by maintaining overall operating expenses to within budget and a consistent revenue flow. Glenelg House residential care occupancy rate of 99.80% has been a positive contribution and recognises the need for this high care service for the community. Exceeding set targets for acute DVA activity resulted in $33,430 additional revenue earned. Casterton Memorial Hospital has also continued to maintain a very solid balance sheet with a current asset ratio of 1.41% and with sufficient cash to meet current liabilities.

Community Service Provision

Casterton Memorial Hospital's home and community services continue with community home nursing, health promotion, community health education, delivery of home maintenance, meals on wheels and a community transport programme to support access to essential medical and health services.

Our specialist visiting services and allied health personnel also continue a strong level of service and commitment to our community.

Governance

As in previous years, Casterton Memorial Hospital has met its obligations to the Statement of Priorities with the Department of Health and Human Services. This contract is negotiated annually between the Casterton Memorial Hospital Board of Management and the Department and results in funding for service delivery.

Casterton Memorial Hospital is now working on the next strategic plan which will be a three year plan from 2017-2020. The previous plan (2015-2017) is being signed off with a large proportion of the Key Performance Indicators achieved and many others well on the way.

The Board has also processed and governed the implementation of many improvements during the 2016-2017 year including, and not limited to;

- **Strengthened Partnerships and collaborative relationships within the region:** formalised;
- **Twenty Year Asset & Facility Condition Program:** consultancy work in progress for improved facility for community and primary care activities;
- **Interior carpet replacement:** continuance;
- **Air conditioning:** upgrade program;
- **Electronic Health Record:** working toward electronic medication module at the end of 2017;
- **CHSP Accreditation:** successfully achieved;
- **Board Education:** Clinical Governance, new board member orientation;
- **Dementia Awareness program:** continues to be an ongoing programme with an

President's Report continued

employee driven annual fun run to increase community awareness;

- **I-Procurement and HPV:** policy development and compliance;
- **Risk Management:** enhance evidence map near completion;
- **Board Recruitment:** two new board members in Julie Crowle and Bronwyn Roberts.

The Casterton Memorial Hospital Team

Casterton Memorial Hospital has a diverse team of employees and volunteers who ensure safe, consistent and efficient care across the three domains of community, acute and aged care. These employees and volunteers work in teams of catering, environmental services, maintenance, administration and clinical services. Each area is committed to the person centred care approach both to the consumer and to the Casterton Memorial Hospital team.

The Board of Management would like to acknowledge the continued excellence in service provided by employees and volunteers in this report.

The continued successful outcomes for consumers is maintained through the support of contracts especially the Casterton Coleraine Medical Clinic Partners, Dr Brian Coulson and Dr Greta Prozesky and their team. Their 24 hours coverage for all of the Casterton community is a wonderful service and the support shown to Casterton Memorial Hospital through their attendance and active clinical governance role in administration is well evidenced. Casterton Memorial Hospital is supportive of their continued ongoing recruitment and succession planning.

Casterton Memorial Hospital is proud of the continuing clinical care provided by the nursing team. As a small rural health service the nurses are skilled to provide care to a wide range of presentations and conditions from urgent care to aged, acute and community. Maintaining clinical excellence in care, clinical competence, continuing professional development, ensuring clinical supervision of students and graduates and work experience students are all part of the broad role that nurses undertake at Casterton Memorial Hospital.

Casterton Memorial Hospital's nursing team maintain a close working relationship with external education providers to facilitate student placement, support the post-graduate nurse entry to practice programme and to ensure that this clinical supervision meets best practice standards. Casterton Memorial Hospital is proudly supported by Barwon Health with both clinical and education support through the use of real time video conferencing and clinical practicums and in person regular visits both to Barwon and to Casterton.

To the service divisions Catering, Environmental, Maintenance and Administrative employees, Casterton Memorial Hospital has continued to have outstanding results in external cleaning audits, maintenance of the facility and a cohesive and organised administration system. Consumers also praise the Catering Department and the quality of their product and this is of particular importance to consumers who are unwell and who genuinely appreciate nutritious and appealing meals cooked and served quickly.

Casterton Memorial Hospital continues to have an amazing relationship and strong support from the community who provide additional funding and a wonderful sense of wellbeing by participating in voluntary groups to fundraise.

These groups are the Murray to Moyne Cycle Relay Team, Casterton Memorial Hospital Ladies Auxiliary, Hospital Social Club, Wando Vale Auxiliary, Friends of Glenelg House and employees including the Glenelg House Dementia Fun Run Team.

Volunteering for the hospital has many benefits, not only for the consumers who reap the reward of the additional equipment but also the sense of wellbeing and participation that improves small communities to become strong communities. Well done for another great year.

President's Report continued

Finally to my fellow Board Members and the Executive Management team of Owen and Mary-Anne; your input, vision and support of Casterton Memorial Hospital for and on behalf of our community is to be commended. The future for Casterton Memorial Hospital will continue to be progressive while we all team together as a cohesive unit and work in collaboration with our partners across the Barwon Southwest Region.

In conclusion, I commend the 2016-2017 Quality Account to you the community and request your ongoing support of the Casterton Memorial Hospital and its hard working team.

Mr Peter Green
Board Chair

Above: CMH Board of Management & Executive from left Mr. Terry Baker, Mr. Owen Stephens, Mr. Roger Dalby, Mr. Gerald Smith, Mrs. Julie Kensen, Mr. Peter Green, Ms. Merridy Rowe, Ms. Mary-Anne Betson, Mr. Graham Sheppard and Dr. Tim Halloran.

CMH Board of Management President Mr. Peter Green, Chief Executive Officer Mr. Owen Stephens & Manager Nursing Services Ms. Mary-Anne Betson

Hospital Officers

Casterton Memorial Hospital
ABN 62 051 291 134

Responsible Ministers

Commonwealth Government Australia
The Hon Sussan Ley MP, Minister for Health & Aged Care
01/07/2016 – 24/11/2017
The Hon Greg Hunt MP, Minister for Health & Aged Care
24/01/2017 – 30/06/2017

State Government Victoria
The Hon Jill Hennessy, MP, Minister for Health, Minister for Ambulance
The Hon Martin Foley, MP, Minister for Housing, Disability and Ageing

Hospital Board of Management

President
Mr. G. Sheppard 01/07/2016 – 24/11/2016
Mr. P. Green 24/11/2016 – 30/06/2017

Vice President
Mr. P. Green 01/07/2016 – 24/11/2016
Mr. G. Smith 24/11/2016 – 30/06/2017

Members
Mr. T. Baker (OAM)
Mr. R. Dalby
Dr. T. Halloran
Mrs. J. Kensen
Ms. M. Rowe
Mr. G. Smith

Audit Committee
Mr. R. Dalby – Chair
Mr. G. Sheppard – Independent Member
Mr. P. Green – Independent Member
Mrs. L. Hulm – Independent Member
Mr. O. Stephens – CEO
Mrs. B. Toma – Finance Officer
Mr. M. Betinsky – Finance Officer

Visiting Medical Staff
Dr. B. S. Coulson: M.B.B.S., D.R.O.G., F.A.C.R.R.M.
Dr. M. Prozesky: M.B., ChB, (South Africa)
Dr. R. Taheri: M.B. (Mashad Uni Iran)
Dr. L. Thompson: BMBS FRACGP (Flinders University)
Dr. T. N. Halloran: B.D., B.Sc. (Hons)
Mr. P. H. Tung: M.B., B.S., F.R.A.C.S.
Mr. S. Clifforth: M.B., B.S., F.R.A.C.S.
Mr. R. H. Moore: M.A.(Camb.), MB., BCHIR., S.R.C.S.
Dr. C. de Kievit: M.B., B.S., D.R.A.N.Z.C.O.G., F.A.C.R.R.M.
Dr. K. Fielke: M.B., B.S., D.R.A.N.Z.C.O.G., F.A.C.R.R.M.
Dr. J. D. Muir: M.B., ChB, D.A., F.R.C.A.
Dr. T. J. Hodson: M.B., M.B.S., F.R.A.N.Z.C.O.

Emeritus
Dr. A. F. Floyd: M.B., B.S., D.Obst, R.C.O.G.

Principal Officers

Chief Executive Officer
Mr. O. P. Stephens: B.Bus., A.C.H.S.E.

Manager Nursing Services
Ms. M.A. Betson: N.P.,R.N., R.M., Cert. Critical Care, Nurse Immuniser, Cert IV Training & Assessment, MNsg.MNP,FACN.

Infection Control/ AHS
Mrs. H. Gill: R.N, Cert Infection Control & Sterilisation, MACN

Education Officer
Mrs P. Layley-Doyle: R.N., R.M., Cert IV Training & Assessment, MACN

Nurse Unit Manager Acute Ward/AHS/Education Officer
*Mrs. J. Coulter: R.N.,R.M., Cert IV Training & Assessment

Nurse Unit Manager Acute Ward/AHS
Mr. S. Gill: R.N, Cert Aged Care
Ms P. Gunning: R.N.

Nurse Unit Manager Residential Care
Mrs. K. Sealey: R.N., Cert IV in Frontline Management, MACN

Nurse Unit Manager Primary & Community Care
*Ms. A. Pekin: R.N., Nurse Immuniser, Grad Cert Diabetes Ed., BA., Grad DipEd (Psychology)

Night Nurse in Charge /Quality Improvement
Mrs. H. Dillon: R.N.,R.M.Grad Cert Ad Nsg Practice (Rural Remote)

After Hours Supervisors
Mrs. S. Dehnert: R.N., R.M., Nurse Immuniser, Grad Dip Child Maternal Health
Mrs. A. Jenkins: R.N., Grad Dip Palliative Care, Grad Cert Ad Nsg Practice (Rural Remote), Grad Cert Gerentology
Mr. S. Bryan: R.N. B.N. Grad Cert Ad Nsg (Emergency Nursing)
Mr. M. Makore: R.N., B.N. Grad Cert (Rural & Remote)

Social Support Group Co-ordinator
Mrs Bernadette Bryan: E.N. Cert IV in Leisure & Lifestyle

Corporate Services Officer / HR
Mrs. L. Hulm

Finance Officer
Mrs. B. Toma – Administrative & Finance
Mr. M. Betinsky – Finance & Payroll

Health Information / Quality Improvement
Mrs. H. Rees: Clinical Coder

Catering Services Supervisor
Mr. M. Nolte: Trade Cooking, Cert IV Training & Assessment

Environmental Services In Charge
Ms J. East

Maintenance Coordinator / Safety
Mr. S. Zippel: Trade Carpenter/Builder

Meals on Wheels Coordinator
Ms. V. Ross

* Resigned during the year

Model of Care

Casterton Memorial Hospital is classified as a Small Rural Health Service (SRHS) under the Department of Health & Human Services Policy and Guidelines. This classification allows Casterton Memorial Hospital, a Small Rural Health Service, to direct service delivery within our budget which will best meet the needs of our community.

This service and planning decentralisation of the hospital is important for flexibility from year to year or as circumstances may alter, but also allows at the local level to identify and target community needs. It is the role of the Board of Management, in consultation with the community, to utilise information available on our local area to maximise the health gains for our community.

Casterton Memorial Hospital fulfils its mission through provision of acute, residential care and community health/primary care services from its modern facility, as well as services into the home.

Demographics of our Service Area

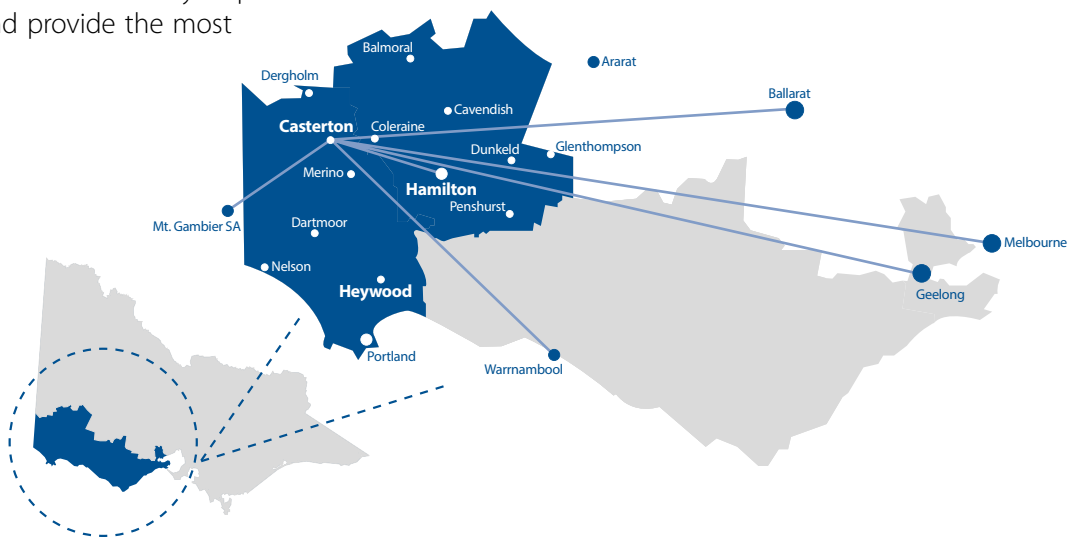
Casterton Memorial Hospital was established in 1908 and is situated in the northern sector of the Glenelg Shire within the township of Casterton. Nestled amongst rolling hills and river red gums of the Glenelg River valley, it is located on the Glenelg Highway, 359 kilometres west of Melbourne and 42 kilometres east of the South Australian border.

The Shire has a total population base of 19,520 and Casterton rural north has a catchment population of 3,500. Our catchment area includes the townships of Digby, Merino and Sandford and the surrounding rural localities. Casterton Memorial Hospital provides services to all within its population base as well as neighbouring shires.

As a Small Rural Health Service, the hospital is provided flexibility in its funding base to ensure that the services provided directly to our community are within budget and will best meet the needs of our community. The Board utilises local area information and community input to plan for and provide the most appropriate care and intervention options for our local catchment area to maximise health gains and status for our community.

The hospital provides a range of acute health, aged residential care and primary healthcare services incorporating 15 medical/surgical inpatient beds, operating theatre, 2 bay urgent care centre, 2 dialysis chairs and 30 bed residential care facility 'Glenelg House'. The hospital also provides an extensive range of allied and primary healthcare personnel and programs along with visiting consultant services. All of these services are provided from our facility ensuring effective triaging and access of best care in best possible time for our consumers.

The Board of Management and employees at the Casterton Memorial Hospital are committed to providing strong and efficient health and community services to meet the needs and expectations of the community it serves.



Service Model

Acute Service

- Acute Beds 15 (Gen. Medical and Surgical)
- Theatre with two bed recovery
- Urgent Care – two bay (24/7)
- Satellite Dialysis (Royal Melbourne Hospital)
- Domiciliary / Midwifery
- Nursing Home Type
- Palliative Care
- Infection Control / CSSD
- Infection Control Officer

Visiting Consultants / Practitioners

- General Practitioners (Private Practice)
- Physicians General Medicine
- Ophthalmologist
- Anaesthetist
- Digital Radiology Services – Bendigo Radiology
- Community Rehabilitation
- Chiropractic Service
- District Nursing (7 days)
- Physiotherapy
- Psychologist
- Occupational Therapy
- Dietetics
- Audiology
- Mental Health Team
- Podiatry

Aged and Residential Care

- 30 Bed High Care Residential Facility
- Support Groups / Resident's Committee
- Diversional Therapy

Education and Workforce Development

- Clinical Nursing Student Placements
  - Flinders University
  - Deakin University
  - Latrobe University
  - Uni SA
  - South West TAFE
  - TAFE South Australia
  - Darwin University
  - Institute of Health and Nursing Australia
- Medical Clinical Placements
  - Deakin University Medical School
  - Royal Adelaide Hospital Intern Rotations
- Work Experience Placements
- In-House Education and Competencies

Primary Care

- Social Support Group (3 days)
- Community Health Programs
  - Diabetes Education, Monitoring and Support Group
  - Women's / Men's Health Programs
  - Drug Awareness and Education
  - Osteoporosis / Falls Risk Prevention
  - Alcohol and Drug Information
  - Asthma Education and Mentoring
  - Primary Mental Health Team Counsellor
  - Better Health Self-Management Program
  - Strength and Balance Programs
  - Walking Group
  - Cardiovascular Disease Circuit Program
  - Carer Support Group
- Meals on Wheels
- Home Maintenance Services
- Community Bus and Car Transport Service
- Community Room Facilities
- Advance Care Planning

Infrastructure Services

- Administration / Financial / Secretarial
- Maintenance Personnel
- Catering Services (Functions)
- In-House Laundry
- Meeting and Function Facilities
- Consulting Rooms
- Short Term Accommodation
- Video Conferencing/Telehealth Facilities
- Community Transport
- SWARH IT Alliance Network
- Ambulance Victoria Fixed Wing
- Helicopter Emergency Service (HEMS)
- Medical Specialists Video Conferencing
- Local Ambulance Victoria base

Available Services to our Community

HOSPITAL	2015/16	2016/17
Total Multistay Inpatient Separations*	254	232
Total Same Day Separations*	410	245
Bed Days*	2900	2548
Total WIES	361.49	413.06
% Occupancy Rate Staffed Beds	53%	47%
Average Length of Stay**	3.2	5.0
% Public Bed Days	87%	74%
% Private Bed Days	13%	26%
Obstetrics / Gynaecology	9	12
Operations / Procedures	79	70
Urgent Care Presentations	1307	1190
Glenelg House Residential Care		
Residents Accommodated	37	42
Bed Days	10970	10898
Average Daily Occupancy	29.97	29.86
% Occupancy Rate Full Year	99.91%	99.53%
Social Support Group		
Attendances	993	829
District Nurse		
Home Visits	5852	5660
Kilometres Travelled	23076	23751
Community Health		
Attendance (contacts)	353	374
Allied Health		
Physiotherapy Attendance ***	933	1159
Speech Therapy Attendance ***	0	0
Dietetics ***	77	74
Occupational Therapist ***	125	102
Meals Produced		
Hospital / Residential Care / Other	68167	66231
Meals on Wheels (HACC Assessed)	4082	5487
Home Maintenance Program (HACC Service)		
Number of Consumers	104	99
Number of Visits	906	1081
Number of Hours	912	1154

** Does not include Newborn transfers*

*** Excludes Nursing Home Type*

**** Includes inpatients*

Our Supportive Community

Casterton Memorial Hospital is well supported by its employees and the community. We offer our sincere thanks to employees, the Hospital Ladies Auxiliary, Hospital Social Club, Murray to Moyne Cycle Relay team, Friends of Glenelg House and the Wando Vale Ladies Auxiliary for their support and fundraising contributions. We also acknowledge the various businesses, community groups, estates, families and individuals who continue to support us financially and by way of donations.

During the 2016/2017 financial year, fundraising contributions and donations totalled $40,278.66. These valuable funds assist with the upgrading of equipment and the maintenance and furnishing of our modern hospital, aged care facility and community health development.

Our many volunteers provide purposeful activities and roles, and as such are greatly appreciated by our employees and the community we serve. We extend our sincere appreciation to the community volunteers who assist with the delivery of meals on wheels, bus driving, visiting, outings, entertainment, diversional and lifestyle activities. Our volunteers assist us to meet the needs of our community and foster community connections for our residents and their families.

Acknowledging our Life Governors

Recognised for Service and dedication to Casterton Memorial Hospital

Collins, Mrs B
Collins, Mr D
Cowland, Mr R.
Edge, Mr E.
Flanders, Mrs E.
Floyd, Dr. A. F.
McKinnon, Mrs C.
Moffatt, Mrs M.
Nicol, Mr R.
Ross, Mrs J. (OAM)
Sandow, Mr P. J.
Simson, C. R. & K. L.
Squire, D.
Thompson, Mrs R. G.

The hospital also appreciates the input and contributions from the businesses and the broader community through our community surveys, questionnaires and Hospital Card Program. This community spirit contributes to Casterton Memorial Hospital being a proud facility and also supports our continual effort to provide the best quality services to meet the changing needs of our community.

The Board of Management sincerely thanks all Casterton Memorial Hospital supporters for their generous, tireless and invaluable support during the 2016/2017 year.

Acknowledging 2016/17 donations

Funraiding Committee	
CMH Staff	1995.00
CMH Ladies Auxiliary	950.20
Wando Vale Ladies Auxiliary	420.00
CMH Social Club	1000.00
Murray 2 Moyne Cycle Relay Committee	12877.35
Hospital Card Progam	4250.00
Community Member Support	
Casterton Kelpie Association	250.00
Friends of the Community, Vic Inc	130.00
Casterton Fox Hunters Group	1000.00
Royal Melbourne Hospital	10000.00
Memory of Joan Perry	575.00
Memory of Brian Denton	70.00
Memory of Ivan Naylor	325.00
Memory of Cameron Seymour	55.00
Memory of James Widdicombe	790.00
Memory of Jack Widdicombe	300.00
Memory of James Kent	1550.00
Memory of William Outtram	66.85
Memory of Doris Johnston	355.00
Memory of Norma Carlin	315.00
Memory of J Pretlove	103.17
Anonymous	100.10
Caroline Thomas	40.00
Jan McGrath	200.00
Jenny Browning	50.00
Leon Jordan	73.45
Roberta Tucker	10.00
Sam Hooper	10.00
Estates	
Equity Trustees - Estate Lousie Henty	692.54
Equity Trustees - Estate William Health	650.00
Equity Trustees - John Russell MacPherson	1075.00
Total Donations	**40,278.66**

Gifts in Kind:

2 Dialysis Chairs - RM Hosp
(reconciled above value $10,000)

Consumer, Carer & Community Participation

Strengthening Hospital Response to Family Violence

Violence against women and children is often hidden and not spoken about within our community. Research shows that family violence and broader violence against women has major health impacts and accounts for substantial repeat presentations to hospitals. Family violence can result in serious and long lasting health conditions, and is a leading contributor to death, disability and ill health for Victorian women aged between 15 and 44 years. In Australia, at least one woman a week is killed by a current or former ex-partner.

CMH plays an important role in the health and safety of our community. The hospital system is an early contact point for many people who have experienced family violence, presenting an opportunity for earlier identification, and improved responses and referral of victims. CMH understands that with education and support, health professionals can reduce the barriers for victims/survivors and be a catalyst for action. An empathetic and professional response from a trusted doctor, nurse, midwife or other health provider can reinforce a victims/survivors understanding that they are entitled to a healthy relationship and a life free from violence.

CMH employees completing MATE training

Over the past 12 months, CMH has completed significant work in this area.

Partnering with Women's Health and Wellbeing Barwon South West, CMH has completed an organisation-wide survey to gather baseline information prior to any form of intervention. The survey gives great insight into respondent's understanding of violence against women, the prevention of this violence, and attitudes and behaviours that support such violence. Recommendations from the survey will guide future work in this area. This survey will be completed again in two years to reassess any change in attitudes, behaviours and understanding of violence against women.

MATE (bystander violence prevention) training was offered to all CMH employees and covered topics of leadership, bystander action, rates of violence against women, types of abuse and a practical group exercise about how to respond in a specific scenario.

A Family Violence Policy, Clinical Guidelines and Referral Pathway have been developed to ensure a consistent response across CMH. These organisation wide policies assist employees to notice the warning signs early, inquire sensitively, respond respectfully and connect victims to family violence services.

The wellbeing of children in family violence situations is also pertinent to all community members as child abuse reporting is now mandated for all people. CMH recognises the need to safeguard and protect the wellbeing of children and have recently updated the Child Safety and Mandatory Reporting Hospital policy to reflect this.

CMH will continue to work diligently in preventing family violence and will focus specifically on community education and support in the year ahead.

Consumer, Carer & Community Participation continued

CMH Welcomes the LGBTI Community

CMH prides itself on being inclusive of all people, including the LGBTI community. Hence our Motto "With Open Arms". In March 2017, CMH were fortunate enough to offer our local aged care providers a training day provided by Transgender Victoria (TGV). The training focused on supporting the development of culturally appropriate services for older Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people. The training included a mix of interactive activities, research presentations and small group work in a safe and non-judgmental environment which encouraged open discussion. Employees from every department within our hospital attended and found the training beneficial. The training improved awareness of the range of issues facing older LGBTI people. It supported attendees to learn about relevant policy and legal issues, and understand aspects of good practice and inclusive care for LGBTI consumers. This program was part of a national initiative, managed by the National LGBTI Health Alliance and funded by the Commonwealth Department of Social Services. By using the Rainbow eQuality Guide, CMH is in the process of reviewing and updating organisational procedures, practices, protocols and ongoing employee education to reflect LGTBI inclusive practice.

Participants in the LGBTI training day.

Consumer, Carer & Community Participation continued

Culture, Diversity and Language

The Casterton community continues to have low numbers of consumers who have English as a second language, but CMH does have a significant number of employees who speak other languages.

There are fourteen languages spoken by CMH employees, these are:

- Italian
- Shona
- Ndebele
- Afrikaans
- Polish
- Ukrainian
- Hindu
- Punjabi
- Malayalam
- Mandarin
- German
- Farsi
- Burmese
- English

CMH is fortunate that clinicians are able to access interpreter services via a languages services line supported by the Department of Health and Human Services. Whilst the service is rarely used, it is available and all clinicians are able to access this very quickly to support consumers who need this service.

Language, however, is only one of the many ways in which a community may be diverse, and cultural sensitivity especially in small health care services is imperative to ensure all consumers are able and happy to access care and services when they need it.

CMH is therefore proud that person-centred care remains a key focus across the organisation and community settings. This approach by employees and volunteers aims to provide consumers with a personalised approach to their health needs to aid in their recovery. CMH will continue to expand this over the coming years and undertake organisation wide updates and education in the 2017-2018 period on this approach to care.

Improving Care for Aboriginal Consumers

CMH has been working towards making our organisation more welcoming to the Aboriginal community. As a member of the Grow Health Together 'Ka-ree-ta Ngoot-yoong Wat-nan-da' Indigenous Advisory Committee, we continue to work collaboratively and be guided by the knowledge of this group in ways to improve services for Aboriginal consumers. The 'Healing our Future, Caring for Koorie Kids Forum' held in May 2017 was attended by a CMH representative to support and learn from the forum recommendations. We have recently introduced an Aboriginal Culture e-Learning package on the Learning Management System. We have an Acknowledgement of Country in all meeting rooms, Aboriginal posters, artwork and Aboriginal health literacy in waiting areas. The admission system has also been updated to identify the Indigenous status of all consumers presenting to CMH to ensure they are provided the most appropriate services for their healthcare needs.

Archie Roach and Andrew Jackomos - Commissioner for Aboriginal Children and Young People at the 'Healing our Future, Caring for Koorie Kids Forum' held in Portland in May 2017.

Education Officer, Paula Layley-Doyle with renowned singer/ songwriter Archie Roach.

Consumer, Carer & Community Participation continued

Disability Services

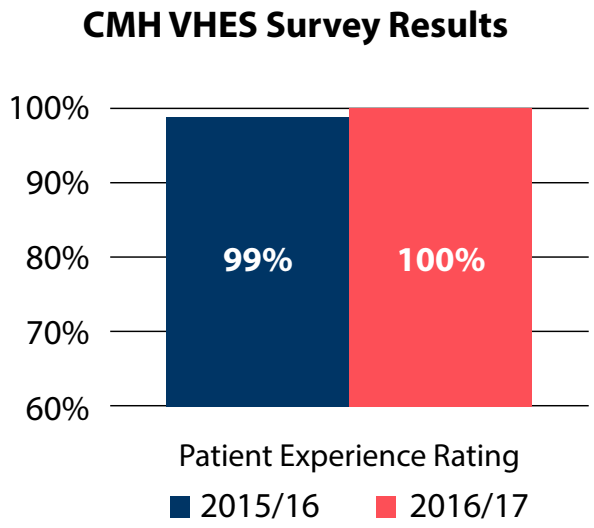
CMH is currently working with the community and service providers to understand and be ready for the implementation of the National Disability Insurance Scheme (NDIS) service in 2017-2018. This work is in collaboration with the service providers and our partners in the region who will be key players in the roll out. In the interim, CMH is working on the disability action plan which will support consumers with a disability in facilitating pathways through care and care providers and prevent discrimination of any consumer with a disability.

Victorian Health Experience Survey

When consumers are discharged from hospital, they may receive a survey in the mail asking for their opinion regarding their experience as an inpatient at CMH.

The survey is run by the Department of Health & Human Services and collects feedback from consumers on their experience in receiving care at Victorian public hospitals. It collects quality information on all aspects of hospital care from admission to discharge.

We use survey information to assess our care and services and to look at where we can improve inpatient experiences at CMH. This year people who completed surveys have rated their overall experience at 100%. This means that 100% of people who returned a survey, rated their hospital experience at CMH as either 'Very Good' or 'Good'.



Areas where we have performed well	*Areas where we would like to improve further*
Care, treatment and communication	Improved engagement between student nurses and consumers.
Discharge Planning	Discharge information for consumers and GP's.
Politeness, courtesy, respect and dignity	
Overall cleanliness of the facility	

From the last years feedback, we worked in collaboration with the Casterton Coleraine Medical Clinic to improve the consistency of doctor ward round rostering. This means that consumers see the same doctor more often which supports better clinical communication and handover.

CMH urges consumers who recieve a survey to please take the time to complete it. You can do this by sending it back in the mail or by completing the survey online. Every reply we receive helps our small hospital improve care and services to the Casterton community.

Consumer, Carer & Community Participation continued

Improving Child Health

Over the past twelve months, CMH has specifically focused on improving the nutrition and physical activity of children in the Casterton Community.

Baby Pip Eats. In collaboration with local business 'Say Want' and nutritionist Amie Harper an enjoyable evening was spent for 45 community members hearing from Amie about how to get young children to eat "the Colours of the Rainbow" and improve their nutrition.

Casterton Show. "Less Screen Time, More Play Time" making and playing with kinetic sand. Around 70 children participated in the activity from the ages of 18mths to 13 years and described it "as being lots of fun". We also received lots of positive feedback from parents saying how good it was to have a free activity at the show (which can become expensive with rides, show bags and food) and it was great to see the hospital providing such an activity.

Data collection with Deakin University regarding health indicators / behaviours of Primary School Aged Children.

Improved local access to Dental Service by the establishment of a regular public dental service at CMH and have continued working in partnership with the local childcare centre and kindergarten to embed in policy and practice an ongoing oral health promotion strategy.

Increased Awareness of the sugar content in drinks.

Mental Health & Wellbeing of Young People. "R U OK Day Celebrations" in partnership with Casterton Secondary College identified the importance of supporting each other, having a positive outlook and resources to support mental wellness.

Consumer, Carer & Community Participation continued

CMH Passes Quality Review Accreditation with Flying Colours

In June 2017, the Australian Aged Care Quality Agency performed a quality review of Casterton Memorial Hospital Community Services. A quality review is conducted to assess whether a provider delivers aged care services in the community in accordance with the Home Care Standards.

The primary objectives of the Home Care Standards are to:

- Assist providers in delivering high quality care for their care recipients;
- Inform care recipients of the standard of care they can expect to receive;
- Support providers in achieving quality in administering and managing their services; and
- Provide a basis for promoting and monitoring service delivery as part of the broader regulatory framework for ensuring quality in the delivery of Australian Government subsidised aged care services in the community.

There are 3 standards to meet, each supported by a principle and 18 expected outcomes.

Standard 1 – Effective management: The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Continuous Quality Improvement strategies included:

- Internal audits (e.g. Goal Directed Care Planning Audits in both District Nursing and the Social Support Group). These were able to identify where gaps or omissions in the existing care plans needed improving or updating;
- Care recipient feedback (e.g. Renaming of Social Support Group to Seasons). This change was suggested by a consumer and the whole group was then actively involved in this renaming process;
- Employee suggestions (e.g. nursing suggestions following the Goal Directed Care Planning Training). This directly led to an update of the existing care plans to ensure they were person-centred, goal directed and involved the consumer and their carer in all decisions;
- Incident reports and feedback processes;
- Information management systems (e.g. Implementation of Point of Care documentation for Community Nurses). In 2017, CMH began using electronic record management systems when providing care to consumers within their homes in order to document more accurately and efficiently.

"A comprehensive compliance reporting and monitoring process is embedded across the organisation"

"The service has a strong understanding of and engagement with the communities in which it operates"

"Engagement with the community is ongoing through processes such as participation in community activities and promotional events, participation in service provider events and in local collaborations with health services"

ASSESSOR COMMENTS

Consumer, Carer & Community Participation continued

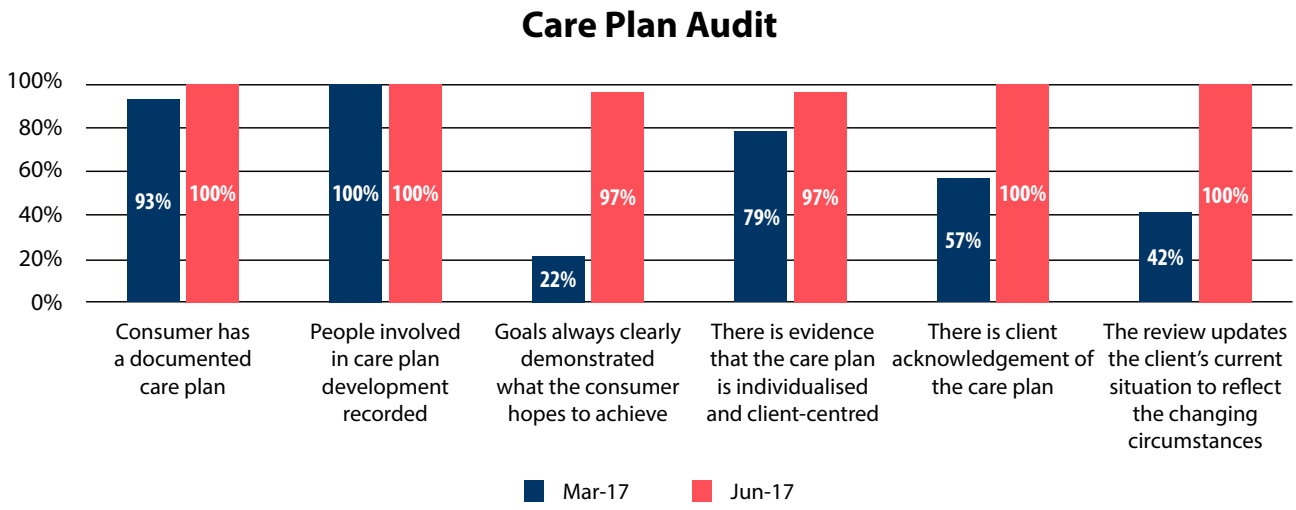
CMH Passes Quality Review Accreditation with Flying Colours continued

Standard 2 – Appropriate access and service delivery: Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

A partnership with the Southern Grampians Glenelg Primary Care Partnership made it possible to provide Goal Directed Care Planning training to the Primary & Community Care team. Following the training, 93% of attendees felt that it was important to set individual goals with their consumers. A number of improvements to CMH systems have been undertaken as a follow on from this training.

These included:

- Improved assessment tools to elicit information and provide input into the Care Plan;
- Planning templates that meet the needs of the employee and the organisation which are based on best practice evidence;
- Goal Orientated Assessment Tools and Care Plans have been implemented for District Nursing and Social Support Group;
- Training to a level that has increased the confidence of employees to undertake the assessment and planning role with the consumer; and
- Evidence that plans are being completed and reviewed and are a partnership between the consumer and their representatives and the service.



Goal-directed care plans assist with:

- Ensuring a person-centred approach;
- Ensuring awareness of the aims of interventions across all service providers;
- Facilitating a coordinated approach;
- Linking assessment, care planning and discharge; and
- Directing effort towards improvements in everyday life.

A full review of the Primary & Community Care guidelines was also undertaken to ensure they were person-centred and met best practice guidelines.

"Care recipients…are assisted in registering with My Aged Care (MAC)"

"The initial nurse assessment triggers specialist nursing assessments as required"

ASSESSOR COMMENTS

Consumer, Carer & Community Participation continued

CMH Passes Quality Review Accreditation with Flying Colours continued

Standard 3 – Service user rights and responsibilities: Each service user (and/or their representative) is provided with information to assist them to make service choices, and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

The care recipient information package was updated in 2017 to ensure all relevant information was provided including Primary & Community Care booklets, Health Promotion Program brochures, Charter of Healthcare Rights, My Aged Care Information, Complaints, Advocacy, Privacy and Confidentiality.

Casterton Memorial Hospital Community Services met 18 out of 18 of the expected outcomes of the Home Care Standards. The next planned quality review is in 2020.

"…confirmed that privacy and confidentiality issues had been discussed with them and stated that staff are professional and respect their privacy and dignity"

"I am very happy and grateful for the service I receive. The service helps me maintain my independence and continue living in my own home".

RESPONSES FROM CONSUMERS INTERVIEWED BY THE ASSESSORS

Case study: Continuum of Care

An 83 year old consumer returned to CMH for rehabilitation following a right hip fracture. The consumer had been living at home independently prior to this and sustained the fracture following a fall. Discharge planning with the consumer identified their goals for rehabilitation and areas where help was required to get back home and to be able to manage activities of daily living independently. Referral to the physiotherapist, occupational therapist, community home nursing service, meals on wheels and home help were made to support identified goals. The consumer transitioned to home smoothly with the support of the home nurses and their family.

CMH District and Community Nurses at the Goal Directed Care Planning training day

The occupational therapist visited the home to recommend and advise the best equipment and adjustments to the home environment to minimise falls risk. The community nurses recommended the consumer visit the CMH Strength & Balance Falls prevention class and arranged for the CMH bus to provide transport. This not only benefited the consumer physically but also psychologically by feeling socially connected and part of a group. The consumer now attends classes weekly and this complements regular physiotherapy sessions for ongoing improvement in mobility and balance. 'The Community Nurses visiting me at home really helped me get my confidence back after I fractured my hip.'

By the healthcare team focusing on the consumers' needs and personal goals, everyone was able to work together to provide the best possible outcome: a happy consumer back living at home and managing well.

Paula Layley-Doyle
Community Health Nurse Unit Manager

Quality & Safety

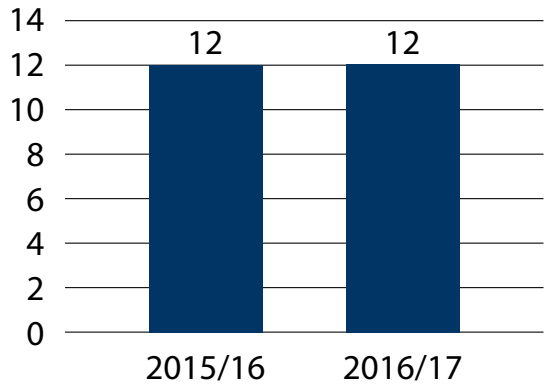
Feedback / Complaints

At CMH we value all feedback, both positive and negative as well as suggestions on how to improve care and services. The complaint process is user friendly and allows consumers to tell us either in person or in written form. We encourage consumers to talk to our employees about any concerns or issues. Sometimes simply talking about an issue means it can be dealt with more easily. If the employee cannot help, we can assist you to take the issue to a more senior level.

Last year's Quality Report was made available to the public via the CMH website, at the Annual General Meeting, on request, and on display at CMH reception.

There was little response or feedback to this report, therefore this year we are widening the availability to the public by distributing the report as an insert in the local paper. We are optimistic that this wider distribution will encourage more people to read and give feedback on this report.

CMH Formal Complaints



YOU SAY – WE DID!

- Organisational Menu review.
- Review of lawn mowing rotations for spring.
- Improved timing of long stay letters.
- Improve privacy of Telehealth room.
- Improve visibility of wheel stops in the car park.
- Warming plates in meal delivery service.
- Enhanced input by "Seasons" group members for activities.
- Input by the community into the content of CMH brochures.
- Library services for Glenelg House consumers.
- Changes to Glenelg House Happy Hour food.
- Improved cleaning schedules.

For privacy and confidentiality reasons not all actions have been listed.

TYPES OF FEEDBACK:

Suggestions / Compliments:

Suggestions or comments on the quality of and possible improvements to care and services.

Point of Care/Service Concerns:

These are straight forward concerns which can be dealt with promptly at the point of service.

Complaints needing more investigation: (formal complaints)

More serious or complex matters may need to be referred to more senior personnel such as the Chief Executive Officer or Manager of Nursing Services.

If there is a need for further investigation, the complaint will be delegated to the appropriate senior person which may involve different levels within the organisation.

HOW TO INFORM US OF YOUR CONCERNS

Direct to CMH via

- Talking to an employee
- Complaint form / letter
- Suggestion form
- Satisfaction surveys
- Consumer Participants

External:

- Health Complaint Commissioner
- Aged Care Complaints Scheme

Quality & Safety continued

People Matter Survey

Casterton Memorial Hospital (CMH) employees annually participate in the Victorian Public Sector Commission, People Matter Survey. This survey is designed to capture employee perceptions of their workplace in order to gauge organisational workplace culture.

The survey focuses on how well CMH:

Upholds the public sector values: responsiveness, integrity, impartiality, accountability, respect, leadership and human rights.

Upholds public sector employment principles: merit, fair and reasonable treatment, equal employment opportunity and avenues of redress.

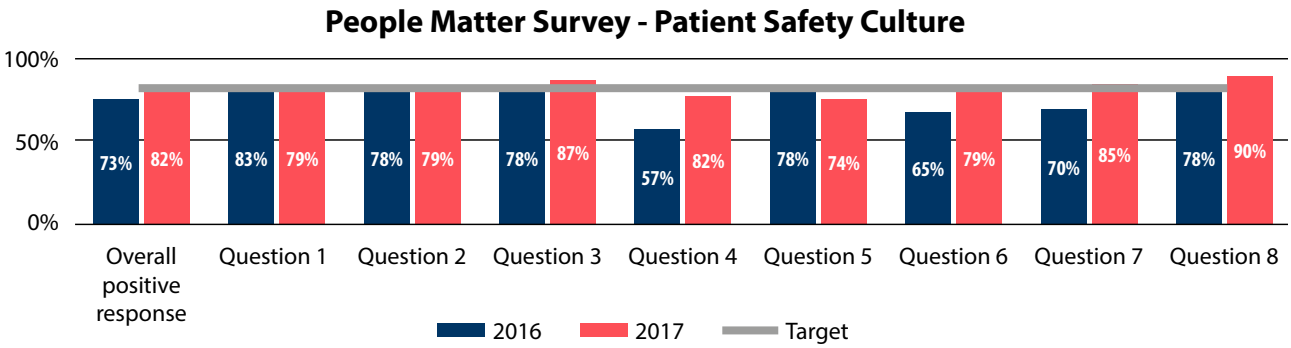
Uses supporting measures to assist employees: job satisfaction, employee engagement, intention to leave, feedback, effective promotion of policies and processes, leading change, role clarity, role enablers, intrinsic reward, discrimination, bullying and patient safety.

In the latest survey, employees at Casterton Memorial Hospital had an average of 82% positive response to the questions relating to patient safety and workplace culture. This was an increase from 2016's response of 73%.

The questions used to collate these results include:

1. Patient care errors are handled appropriately in my work area;
2. This health service does a good job of training new and existing staff;
3. I am encouraged by my colleagues to report any patient safety concerns I may have;
4. The culture in my work area makes it easy to learn from the errors of others;
5. Trainees in my discipline are adequately supervised;
6. My suggestions about patient safety would be acted upon if I expressed them to my manager;
7. Management is driving us to be a safety-centred organisation;
8. I would recommend a friend or relative to be treated as a patient here.

A comparative of the 2016 and 2017 results from these questions can been seen in the graph below:



CMH reviewed the results from the survey and has put measures in place to address issues where results did not meet the set targets. Since the last survey, CMH has introduced a communication tool to enhance the communication of consumer "near misses" or "errors or incidents" to clinicians, so that each clinician is made aware of the potential risk to consumer safety or quality of care. This evolved from survey results as well as feedback at performance reviews from clinicians who wanted more information about these events. Any near miss, error, or incident is written in the communication tool and is handed over to every oncoming clinician three times a day for seven days. This maximises the number of clinicians who are aware of the "event". This has greatly improved the communication of 'events" that may not be identified until the full progress notes of the consumer are read. This will be fully evaluated internally in the next employee survey. Ad hoc feedback has certainly noticed an increase in clinicians awareness of information pertinent to consumer safety and care.

Quality & Safety continued

Accreditation Status

There are a range of both Commonwealth and State Accreditation Quality frameworks that hospitals are required to participate in to demonstrate commitment to quality and safety in healthcare. These frameworks are designed to ensure the highest standards of quality and safety are achieved through rigorous external evaluation processes.

In July 2016, CMH underwent an Organisational Wide Accreditation survey with the Australian Council on Healthcare Standards. This survey assessed our level of performance against a total of 367 criteria through the 10 National Safety and Quality Healthcare Standards and the 5 Australian Council on Healthcare Standards EQuIPNational Standards. We are happy to report that we achieved full compliance to all criteria and indeed were granted higher ratings in a number of criteria.

The assessors recommended two actions to assist us to improve further - and to this end, in collaboration with the Casterton/Coleraine Medical Clinic, our educators are increasing access to training opportunities for General Practitioners within our education programs.

CEO Owen Stephens and MNS Mary-Anne Betson with ACHS Accreditation Surveyors and Dr. Nic van Zyl, Director of Medical Services.

In Australia, residential aged care homes are required to be accredited to receive Australian Government funding. The Australian Aged Care Quality Agency (AACQA) undertake regular assessment contacts with facilities to monitor continuing compliance with standards by way of unannounced visits as well as periodic full Accreditation audits.

In March 2016, Glenelg House received an unannounced visit by AACQA. After viewing documents, observing care practices and interviewing consumers, the assessor was pleased to recommend our ongoing Accreditation status.

In June 2017 a quality review was conducted at CMH against the Home Care Standards. This review was undertaken by the AACQA and the areas that the assessors reviewed were Allied Health, "Seasons" and Community Nursing. The Primary and Community Care Departments were very proud to achieve full compliance in all 18 Standards and assessors acknowledged their strong focus on community engagement and continuous improvement. Examples of this included community engagement through "Seasons", implementation of Goal Directed Care Planning across all services and point of care documentation for Community nurses.

Throughout 2016/17, CMH has been very proud of the ongoing commitment to implementing best practice in clinical care and organisational governance shown by all areas of the health service.

Heather Rees
Health Information / Quality Officer

"CMH is to be commended on the achievement of higher ratings and encouraged to continually strive for excellence."

ASSESSOR COMMENTS

Compliance Programs	*Status*
National Safety and Quality Healthcare Standards	Accredited
Australian Council on Healthcare Standards EQuIPNational	Accredited
Commonwealth Home Support & HACC Programs Quality Standards (Home Care Standards)	Accredited
Australian Aged Care Quality Agency Residential Aged Care Accreditation	Accredited Re-confirmed
Food Safety Accreditation	Achieved

Quality & Safety continued

A Positive & Healthy Workplace & Community

The data from the People Matter Survey assists in directing education and support to employees to improve their performance in the workplace. As a result CMH has put in place several initiatives to support the safe working environment. One of the initiatives was installing an increased number of centralised locking for external doors with keypad access for employees. This has seen the lockdown process reduced considerably to a central locking point and allows consumers access to residential care and other areas during specified times. The impact has been considerable to the workforce as after hours and on weekends employees know which areas are secured and which areas are open for public access. This, along with other minor addendums has seen an improvement in the agreement from employees in the People Matter Survey 'My organisation provides a safe work environment' from 87% in 2016 to 95% in 2017.

Mary-Anne Betson
Manager Nursing Services

Blood and Blood Products

Blood transfusions are carried out in Australian hospitals daily. At CMH we are committed to administering blood and its products safely to our consumers using the best practice standards as prescribed by The National Safety and Quality Health Service (NSQHS) Standards.

To ensure that our consumers have a safe blood transfusion, registered nurses undergo a compulsory yearly competency programme through Blood Safe learning. This program is completed as an online course which covers safe administration of blood and its products. This includes decision to transfuse, associated risks, overall benefits for the consumer, informed consent, pre-transfusion sample collection and the importance of consumer identification and specimen labelling.

Nurses are also trained on appropriate storage of blood products, administering blood and monitoring of consumers before, during and after transfusion. A vital component is also recognising and responding to acute adverse events. CMH participates in the Blood Matters Serious Transfusion Incident Reporting (STIR) system which is a central reporting system for serious adverse events with transfusion of fresh blood or blood components. CMH recorded nil blood transfusion adverse events for 2016/17. A comprehensive auditing program is also maintained that reviews processes for informed consent and documentation of the appropriate indication for the transfusion.

Muza Makore
Associate Nurse Unit Manager

CMH Performance Result	*July-Dec 15*	*Jan-Jun 16*	*July-Dec 16*	*Jan-Jun 17*
Significant Blood Transfusion Adverse Event	0%	0%	0%	0%
Transfusion where informed consent not documented	0%	0%	0%	0%
RBC Transfusion where Hb reading > 100g/L	0%	0%	0%	0%

Medication Management

CMH takes pride in continually improving ways to ensure that all consumers receive their medications according to the "8" rights of medication administration. These practices ensure the right dose of the right drug is given to the right consumer at the right time via the right route for the right reason, and is documented in the right manner, thereby producing the right response. Medication incidents are taken seriously and are reported via the incident reporting system.

Each incident is followed up by the Manager of Nursing Services and actions put in place to minimise the likelihood of recurrence.

In the next few months we will be transitioning from paper to electronic management which will be a challenge in some ways, but will also be able to better prevent incidents occurring and is a more transparent system which can be easily audited. Comprehensive audits are undertaken both in-house and by the pharmacist to ensure that regulatory requirements and safe work practices are followed.

Heather Gill
Infection Control

Quality & Safety continued

Adverse Events

An 'incident' is any occurrence which is not consistent with the routine operation of a hospital or the routine care of a consumer. It may be a circumstance that could have resulted or did result in unintended harm to a consumer/employee, a complaint, or loss/damage to property. An adverse event is where there is unintended and/or unnecessary harm. This may or may not be related to a healthcare service. An example of an adverse event may be a fall, an allergic reaction to medication, infection or pressure injury.

CMH uses an online register called the "Victorian Health Incident Management System" to record incidents, complaints and other feedback. Incidents are reviewed and assessed by senior personnel immediately with a view to implementing improvement actions to reduce the risk of similar incidences occurring again.

Actions and reports are monitored closely by the Quality Committee and Board of Management within their Clinical Governance roles.

The Department of Health & Human Services also mandate specific reporting of adverse events through the "Sentinel Event" program, Victorian Register of Surgical Mortality, Serious Transfusion Incident Reporting programs, just to name a few. CMH had zero incidents of this nature during 2016/17.

Some examples of improvement actions taken this year include:

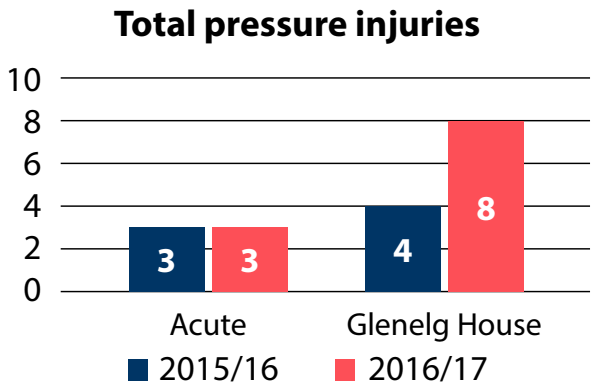
- Improved cleaning schedules;
- Improved entry security to the facility;
- Progression of the electronic health record; and
- Improved clinical handover processes.

Heather Rees
Health Information / Quality Officer

Preventing and Managing Pressure Injuries

Pressure injuries are areas of damage to the skin and underlying tissue caused by constant pressure or friction. This type of skin damage can develop quickly in anyone with reduced mobility, such as older people or those confined to a bed or chair.

All mattresses at CMH are pressure relieving. All mattresses are checked regularly to ensure they are working at their maximum and then replaced as required.



All consumers are assessed on admission which is then followed up at regular intervals. If a consumer is found to have higher risk of developing a pressure injury, then management strategies are put in place. These may include air pressure mattresses, heel boots and other pressure relieving devices, regular positional changes and regular skin integrity reviews. This will enable early detection and along with efficient care planning can lead to a reduction in pressure injuries.

At CMH all pressure injuries are reported on and a regular audit is undertaken to see if policies have been adhered to. This also gives us the opportunity to improve policies if required.

A policy that CMH has recently implemented involves the moisturising of limbs twice a day, and discouraging the use of soaps that dry the skin. We have found this decreased the amount of skin tears due to fragile skin not being as dry.

Stewart Bryan
Associate Nurse Unit Manager

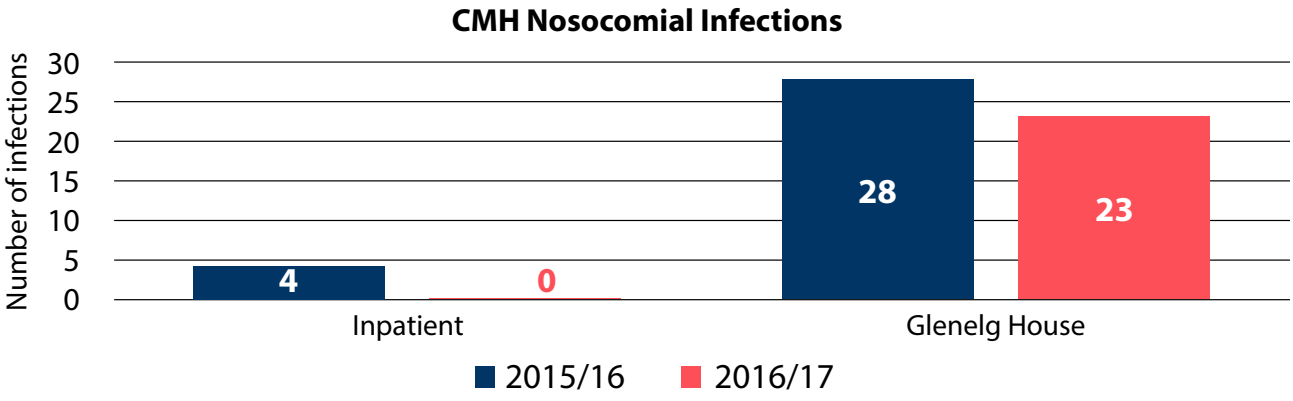
Quality & Safety continued

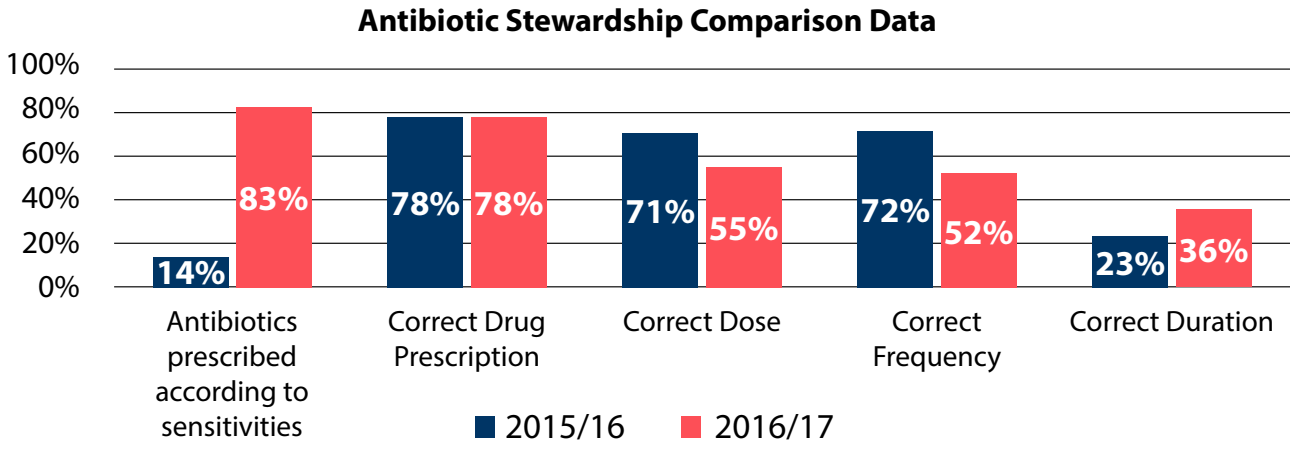
Staphylococcus Aureus Bloodstream Infections

CMH is pleased to report that during 2016/17 there have been no healthcare associated infections occur in acute care and only 23 infections in residential care. This includes any type of healthcare associated infection from relatively simple urinary infections to major infections such as *Staphylococcus Aureus* bacteraemia.

	*No. of SAB**	*Rate per 10000 bed days*	*No. of MRSA**	*Rate per 10000 bed days*
CMH Acute 2016/17	0	0	0	0
VICNISS 5 year aggregate (n=68)	1776	0.9	306	0.2

*SAB = Staphylococcus aureus Bacteraemia
*MRSA = Methicillin Resistant Staphylococcus aureus





Infection rates and antimicrobial (antibiotics etc.) usage in both acute and residential care is monitored on a monthly basis as part of the Infection Control role. These reports are reviewed at the Clinical and Board of Management meetings and a copy is sent to GP's so they can review their practice against best practice.

Our clinical guidelines and hospital policies are all written with guidance from Legislation surrounding Infection Control and the Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010. All other relevant standards and guidelines are updated to reflect best practice at least every 3 years but more frequently if changes in best practice occur.

Heather Gill
Infection Control

Quality & Safety continued

Falls Prevention

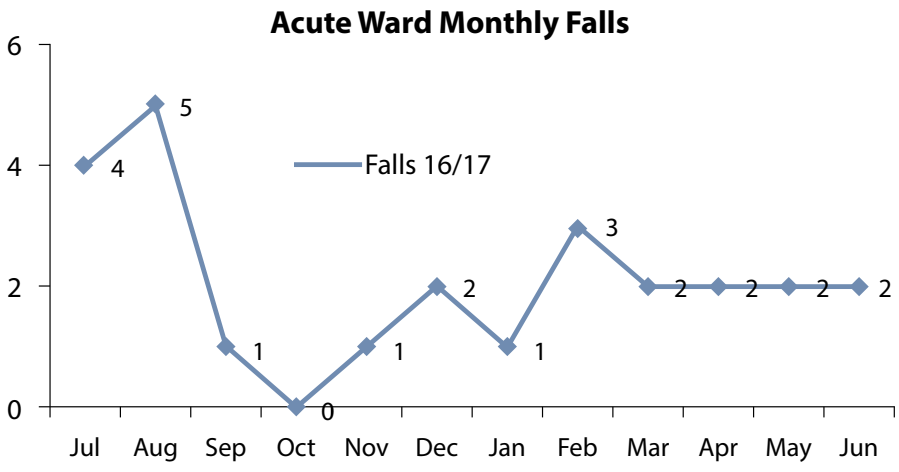
CMH recognises falls to be a major adverse event affecting consumer's health and wellbeing. CMH implements a comprehensive and multidisciplinary approach to prevent falls and related injuries. A falls prevention brochure is given to every person on admission and a falls risk assessment tool (FRAT) is completed involving the consumer / carer. They are then allotted a falls risk, which could be High, Medium or Low, based on the score and functional status. Falls prevention strategies are then put into place based on the classified falls risk and appropriate to the consumer's condition. Falls risk signs are placed in the room for 'high falls risk' consumers. Medications are reviewed regularly, as some medication may be putting consumers at a higher risk for falls. The falls assessment is reviewed weekly or whenever there is a change in the consumer's condition.

A physiotherapy referral is completed on admission for those who have mobility issues. The physiotherapist reviews them on a regular basis, provides consumers with a suitable mobility aid (tagged with degree of assistance needed), attaches bed height tags, and advises about suitable equipment for transfers like lifters for those who require them. Falls audits are performed every 3 months to identify gaps and ensure the effectiveness of falls prevention strategies. All falls are promptly reported in VHIMS incident reporting and reviewed by the Manager. The review of falls incidents help in implementing prevention measures that will prevent falls in future, including beds that can be lowered to floor level and bed, floor and chair sensors for consumers who are not able or who don't ring the call bell for assistance, has greatly attributed in preventing falls.

An Occupational Therapist referral is completed prior to discharge to reduce the risk of falls at home.

All nurses also complete falls prevention education online, which enhances their knowledge and skill in preventing falls. The prompt answering of call bells and assisting consumers appropriately in their activities of daily living has reduced the incidence of falls. Assessing continence and managing incontinence has also markedly contributed in decreasing the number of falls. A nutrition assessment is also undertaken on admission to rule out malnutrition, so that undernourishment / malnourishment does not contribute to a fall, especially in aged consumers. In a nutshell, accurate assessment, appropriate interventions, efficient implementation and timely evaluation of falls has highly helped in declining the number of falls at CMH.

Aparna George
Registered Nurse

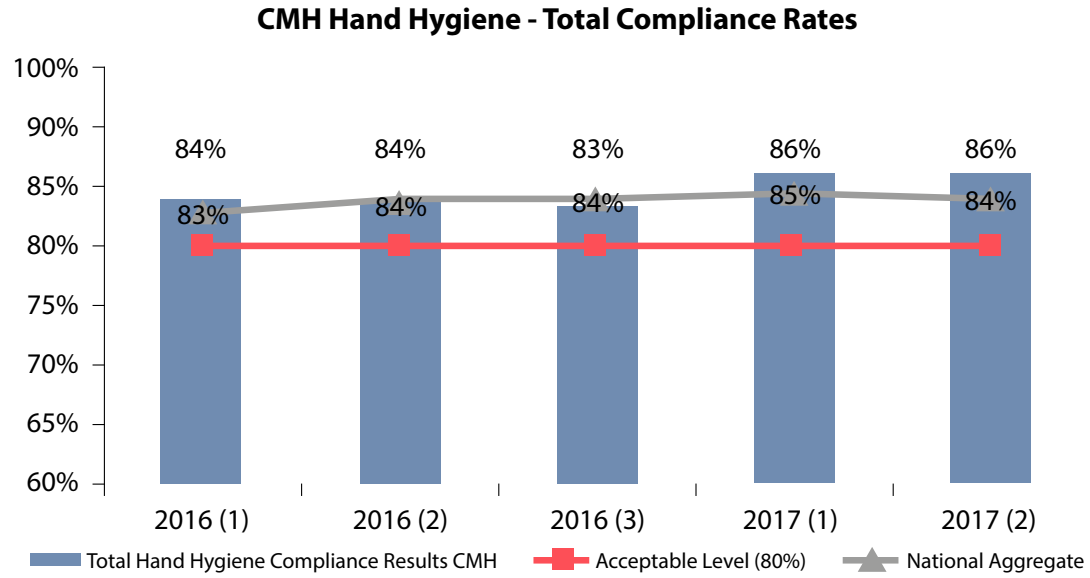


Quality & Safety continued

Hand Hygiene

CMH compulsorily reports hand hygiene compliance 3 times per year to Hand Hygiene Australia. This national database then compiles data from all public and some private hospitals across the country and thus gives us a national average hand hygiene compliance rate against which to compare ourselves. The required National Hand Hygiene compliance rate has been 75% but was increased to 80% for 2017. CMH is consistently above the required compliance level and if a slight waning in compliance is noted a new way of promoting hand hygiene is put in place. Following a slight dip in compliance in 2015, further education on hand hygiene was given as part of Infection Control. CMH's compliance rate rose during the next reporting period and has since been consistently above 80%. All CMH employees and Visiting Medical Officers undertake an annual education competency on hand hygiene through Hand Hygiene Australia which has programs tailored to the specific healthcare worker groups that are audited.

Heather Gill
Infection Control



Casterton Primary School students learning about Hand Hygiene

Quality & Safety continued

Immunisation

Every influenza season CMH encourages all persons who are part of our workforce (paid and non-paid) to take up the annual vaccination that is offered. Every year the majority of these persons take up this offer with 98% of our workforce again this year being vaccinated by our Nurse Immuniser in the clinics that are conducted at the commencement of the flu season. Once the bulk of the workforce are immunised the clinics cease and the Nurse Immuniser personally follows up any person who were not present during the period of time the clinics were held. This personal touch is where CMH is able to stay at the forefront of immunisation rates in Victorian Healthcare facilities.

Once again, CMH will submit to the Department of Health and Human Services a high rate of vaccination uptake and in comparison with the state average form 2016 data, will again be in the top few facilities in the state. Last year we submitted a vaccination rate of 98.1% to the Department and which is well above the state average immunisation rate of 79.9%.

Heather Gill
Infection Control

Employee Group	*Total employee numbers*	*Vaccine Administered*	*Vaccine Declined*	*Percentage Vaccinated*
Nursing	55	55	0	100%
Allied Health	1	1	0	100%
Administration	13	11	2	85%
Environmental Services	9	9	0	100%
Catering	18	18	0	100%
Maintenance	4	4	0	100%
Total CMH employees	**100**	**98**	**2**	**98%**
CMH Volunteers	17	14	3	82%
Students – nursing	6	6	0	100%
Agency nursing employees	1	1	0	100%
Total Non CMH Employees	**24**	**21**	**3**	**94%**
Total vaccinated	**124**	**119**	**5**	**96%**

Enrolled Nurse, Kate Parsons receives her Influenza vaccination from Mary-Anne Betson.

Quality & Safety continued

Residential Aged Care Indicators

In Victoria, Public Sector Residential Aged Care Facilities participate in a quality indicator program which is sponsored by the Department of Health & Human Services. The program measures five important aspects of care:

- Pressure injuries;
- Falls and fall-related fractures;
- Physical restraint;
- Use of nine or more medications; and
- Unplanned weight loss.

Each quarter CMH receives reports from the department describing how we are performing in each of the indicators. This tells us if our performance rates change or if we are performing differently to other facilities or to the Departments accepted reference ranges. This information is used to identify where improvements can be made. Reports are displayed on the Glenelg House noticeboard so that consumers, families and visitors can view our performance and contribute ideas on how to improve further.

	CMH Rates 2015-16	*CMH Rates 2016-17*	*State Rates 2016-17*
Pressure Injuries Stage 1	0.00	0.28	0.32
Pressure Injuries Stage 2	0.18	0.73	0.38
Pressure Injuries Stage 3	0.18	0.00	0.05
Pressure Injuries Stage 4	0.00	0.00	0.00
Suspected deep tissue injury	0.00	0.00	0.00
Unstageable pressure injury	0.00	0.00	0.00
Falls	7.48	5.60	7.58
Fall Related Fractures	0.36	0.18	0.16
Intent to Restrain	0.00	0.00	0.24
Physical Restraint Devices	0.00	0.00	0.52
9 or more medicines	5.65	4.77	4.50
Significant Weight Loss (> 3 Kgs)	0.46	0.37	0.84
Unplanned Weight Loss (Consecutive)	0.18	0.18	0.83

Pressure injuries or as they are more commonly known as "pressure sores" or "bed sores" are more prevalent in the older person, especially those who live in a Residential Care Facility. Older persons have a greater risk due to a number of factors which may include chronic disease, use of medications, decreased mobility, poor or inadequate nutrition and hydration, incontinence and changes to skin condition over time.

Prevention is a key factor in the reduction of pressure injuries. Glenelg House is proactive in its approach in identifying those consumers at risk of developing pressure injuries and has introduced management strategies for the prevention and reduction of these injuries.

Glenelg House has a system in place for the regular checking and upgrading of the pressure relieving mattresses.

Quality & Safety continued

Residential Aged Care Indicators continued

Glenelg House has also purchased and uses specialised "air" mattresses for those who have been assessed as "high-risk": those who are no longer able to ambulate, and those who are classified as palliative care. Glenelg House has also introduced mobile lift chairs which enable consumers, who are normally bed / chair fast, to venture out of their rooms and participate in activities such as the weekly exercise classes. This allows frequent positional changes, which helps to relieve pressure prone areas.

Dryness of skin is a risk factor that can lead to skin tears, infections, pain and discomfort.

At CMH, nurses have introduced a "water wise" program. All people are encouraged to maintain and improve skin hydration by having access to jugs of water on the dining room tables at all meal times. Employees encourage everyone to drink one to two glasses at each meal time, improving skin turgor and hydration. Nurses also assist in skin maintenance by ensuring consumers are comprehensively assessed on admission and an individual plan is developed in collaboration with each person. Skin is maintained at an optimal state by reducing factors that can lead to dryness (such as over showering and poly pharmacy), and reducing the risk of skin tears and injuries caused by falls (wearing correct fitting shoes and having a safe, uncluttered environment).

Carers also encourage the use of hydrating moisturisers to skin at least twice daily. Glenelg House has also introduced a new skin care range which reduces skin dryness in the form of moisturising wash gloves and hydrating creams.

The older person is often at a greater risk of having a fall once they have begun living in a Residential Care Facility. Those with dementia, who have had a stroke, have Parkinson's disease or diabetes, are often in the high risk category for falls. The most common fracture resulting from a fall is that of the hip. Falls are preventable and Glenelg House, since the introduction of the FRAT tool, has seen a reduction in the number of falls. Every consumer has a FRAT assessment performed on admission. This assessment forms the baseline care for mobility needs from the most appropriate footwear, the correct mobility aid, and the amount of assistance and support an older person may require in maintaining or improving their mobility status. We even go as far as placing a coloured tag on each frame. This alerts all employees, volunteers and family the level of assistance that each consumer requires with their mobility. These tags are coloured coded, so at a glance anyone is able to recognise at what level consumers' mobility requirements are. Beds are also tagged. This indicates to all employees the most appropriate bed height for that consumer. At Glenelg House weekly exercise classes are held. These classes are an important part in maintaining and improving mobility and function and therefore in reducing falls.

Karen Sealey
Residential Care Unit Manager

Escalation of Care Processes

Over the past 12 years CMH has undertaken considerable work on developing, training and implementing several different models to alert clinicians of subtle consumer deterioration, and/or communication from carers and consumers of their self-reported deterioration.

During this long journey, CMH has moved from a paper based observation chart to an electronic documentation system for all adult consumers.

For paediatric consumers, CMH uses the statewide ViCTOR (Victorian Children's Tool for Observation and Response) paper format charts developed by the Victorian Paediatric Clinical Network. This chart has age specific parameters that allow the clinician to easily see any subtle changes in observations which may indicate deterioration. Parents/guardians are also very much part of the care team as they understand and know the changes they see in their child's health and are therefore an essential part of any child's assessment.

Quality & Safety continued

Escalation of Care Processes continued

These systems trigger an alert when clinical observations are outside the "safe zone". The alerts vary from repeating the observation/review, the senior clinician or medical officer to review the consumer, or in the most severe scenario an emergency response.

These systems support the safe care of all consumers as early recognition of deterioration can mean earlier intervention, transfer and definitive care in the most suitable environment.

Combined with these measures, CMH put in place little reminder "pop up" menu boards on every bed side table in the acute ward. These provide consumers and their carer's with prompts to "call for assistance" or "report a change" or "ask the question". The goal of this is to encourage consumers and their carers to ask for clarification, help and to make sure the clinicians are getting the full story so they provide the best care. Discharge summary information, medication reconciliation, education, and provision of current contact details all assist in supporting a safe consumer journey through the healthcare system.

The final part of the process is clinical handover which involves the consumers, carers and clinicians at their bedside at least twice a day (or in complex situations many times a day). This allows the consumer to involve themselves in questions, feedback on their progress, their plans for discharge and their overall state of wellbeing. It allows the clinicians to discuss with consumers and other health professionals their ideas and to develop a plan of care. This may involve transfer of care to another facility or clinician.

Overall the advances in the electronic medical record, training of clinicians and education of consumers continues to improve the delivery of appropriate and well planned care.

Mary-Anne Betson
Manager Nursing Services

RN Christo Jose (left) discussing dialysis care with patient Stuart McPeake and work experience student Tynan Shannon

Acute NUM Shane Gill supervises a student taking consumer Heather Povey's blood pressure

Continuity of Care

Leaving Hospital

To be up to date with technology and processes while the consumer is in hospital is vital, however the time when they are most vulnerable is on discharge. They are leaving a supportive environment and will need to manage all aspects of day-to-day living outside the hospital environment.

Discharge planning needs to be tailored to each individual to ensure all their needs are met.

We are continually searching for ways to improve the discharge process. Medication management has been a main focus this year - ensuring that the doctor provides a precise and accurate medication list to be given with the discharge summary. We encourage the use of Webster packs for any consumer we feel may have trouble managing their medications. The Webster administration system works well as it takes away the uncertainty and associated stress of managing many medications.

We also refer suitable consumers to the Occupational Therapist who can assess their home and advise and organise equipment and/or adjustments to assist the consumer to manage activities of daily living.

Feedback is important, as this enables us to find gaps in our discharge processes. We encourage the consumer to fill out the discharge questionnaire (internal) and the Victorian Healthcare Experience Survey (VHES) when it comes in the mail. We have indicated the importance of completing this survey by having it written in bold red on the discharge sheet to encourage the consumer to complete it when it arrives.

Recently, we have also developed an Urgent Care discharge information sheet. We had found that when Urgent Care consumers are discharged with verbal instructions, this information is often not retained - as they have often had a traumatic experience and forget the information that was planned for their discharge. We feel, and time will tell, that this written discharge sheet will go a long way towards addressing this shortfall.

Shane Gill
Acute Nursing Unit Manager

Victorian Health Experience Survey Discharge Questions	*CMH 2015/16*	*CMH 2016/17*	*State rating*	*Peer group rating*
Before leaving hospital, did the doctors and nurses give you sufficient information about managing your healthcare at home?	86%	100%	71%	87%
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed?	95%	97%	69%	87%
Did hospital staff take your family or home situation into account when planning your discharge?	82%	98%	72%	88%
If follow up with your GP was required, were they given all the necessary information or advice that you recevied while in hospital?	100%	100%	90%	95%
Overall, how would you rate the discharge process?	96%	100%	84%	97%

Continuity of Care continued

Advance Care Planning

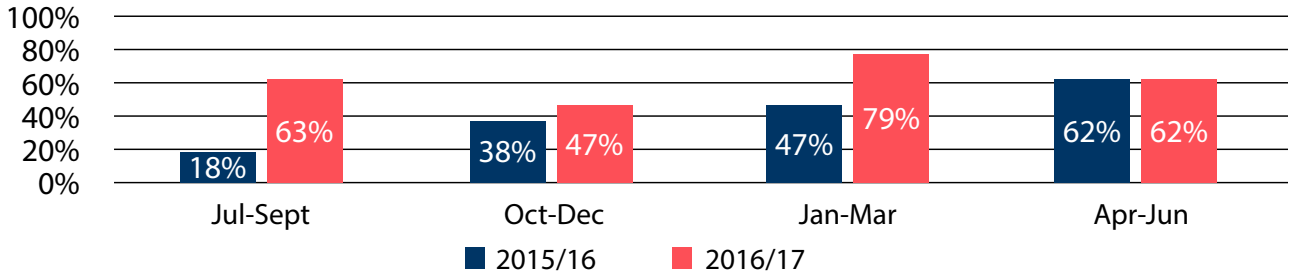
CMH has continued to provide information to all consumers entering the service either through community services / home nursing, community health programmes, acute admissions, urgent care presentations and aged care. This is evidenced by the number of brochures given and the increasing number of consumers who have a completed care plan on file.

CMH is fortunate to have so many enthusiastic Advance Care Facilitators employed as it enables greater access by consumers to a timely "discussion" and possible completion of a plan.

Currently there are 12 nurses employed at CMH who follow up with consumers interested in more information and/or the completion of an advance care plan.

The benefits of this planning continues to be seen in the case scenarios that play out in the management of people with a chronic illness and how they can have greater input and control over their future health plans.

Discharged inpatients aged over 75 with an ACP or Substitute Decision Maker



Case Studies

This year CMH has focussed on improving education and provision of resources and brochures to consumers who present to urgent care. This has had some positive outcomes especially for two consumers of CMH. The first consumer ended up in a major hospital with a critical status that required the implementation of their advance care plan. Without this plan in place their choices would not have been known and as someone with few close family and friends their voice, and therefore their wishes may not have been heard. The consumer then decided to complete their advance care plan not long before they were transferred out and were thankful for the conversation that was had at CMH.

The second case was a younger consumer who presented with a life threatening illness several years ago and was transferred to a major health facility. They ended up having considerable time away whilst undergoing complex drug therapy at several different health facilities. They returned home to Casterton and were well for several years when another health crisis arose and they ended up back in the system with another disease that had significant impact on their ability to return to their usual lifestyle. On their return to CMH they commenced a community health programme as part of their rehabilitation. This is where they were informed of advance care planning. They were quite surprised not only to find out about Medical Enduring Power of Attorney (substitute decision maker) but also that they could have a say in how they wanted to be managed when they could no longer speak. They completed a very articulate and detailed plan which they spent considerable time thinking about. They noted that they felt "in control".

Advance care planning is about "living well", it is the process of letting others know your opinions and wishes while you can. No one knows what is around the corner and no one can understand what your wishes are unless you share them.

Caring for people during their final days is made so much easier and clearer for carer's such as CMH, loved ones and all who are involved in the process when someone's wishes are absolutely clear. Everyone can be on the same page if you have a substitute decision maker who knows and respects your wishes.

So come and chat with one of the advance care planners at CMH by contacting reception. They will pass your details onto one of the facilitators.

Mary-Anne Betson
Manager Nursing Services

Continuity of Care continued

End-of-Life care

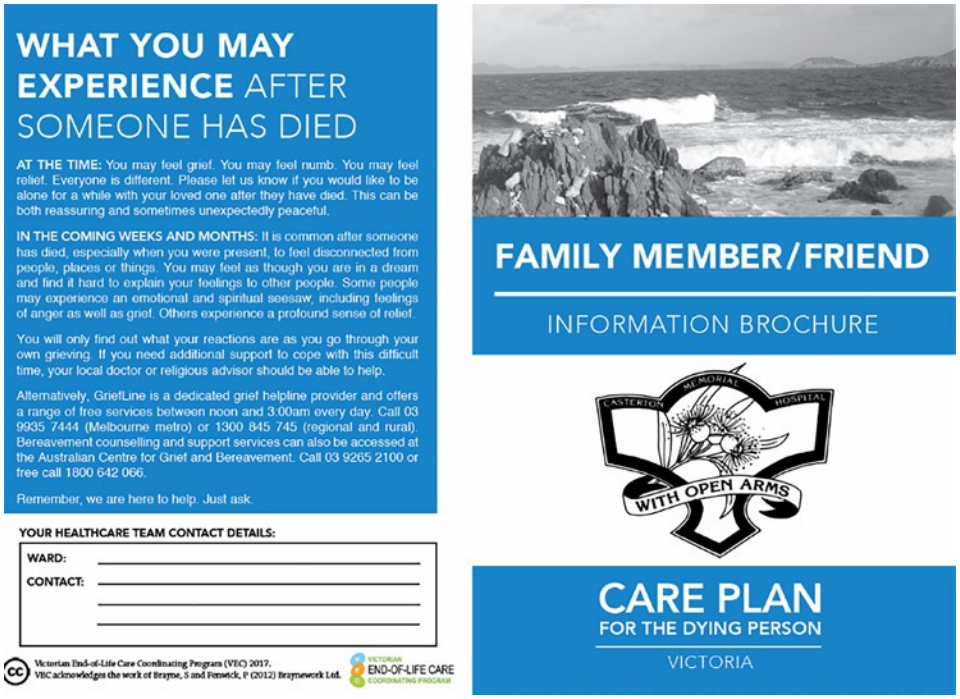
One of CMH's main aims is to provide person-centred care to all consumers. In particular, this applies to palliative consumers who disease pathway can be complex and involve many professionals. Through the use of Victoria's end-of-life and palliative care framework: *A guide for high-quality end of life care for all Victorians,* CMH is continuing to deliver person-centred services to this group. All nurses, carers and health professionals encourage feedback from the consumer, carer and family of the palliative care process and about how they or their loved one was treated whilst being cared for at CMH. CMH had significant improvements in actions taken to enhance the consumer/carer/family experience.

Priority 1 Aims	*Feedback from families / carers*	*CMH's Actions / Interventions*
A person's care is individualised.	95% of carers and families reported that the consumer was provided care that met their terminal wishes and that requests for care met their expectations.	• Continue to use a person centred approach to all consumers including refresher programme in the coming years for all employees. • Palliative information reviewed and updated in consumer information brochures. • Expansion of the end of life care plans, education roll out in 2017-2018.
Families and carers are supported and valued.	85% of carers and families noted that they were kept informed and that their loved one was able to be supported and involved throughout the process.	• Current feedback forms are updated to allow any care plan changes. • Consumers, families and carers are assisted in decision making with the treatment team. • Continue to work collaboratively with regional palliative care teams to ensure funding and services to support increased options of where consumers choose to die.
People have information that supports decision making.	100% of carers and family who completed feedback identified that the care "met their expectations and needs".	• Identifying more life limiting consumers earlier in the disease trajectory so that conversations can start earlier. • Continued community health promotion and expanded community sessions on end of life care.
People have opportunities to develop their advance care plan.	Advance care plans were present in 75% of palliative care consumers and there is evidence that continued revision and discussion occurred.	• Guidelines for Advance Care Planning are well embedded at CMH and will continue to evolve with time. • Continue to build the relationship with consumers and their carer/family to express their values and goals of care and monitor successfully implemented end of life care plans.

Continuity of Care continued

End-of-Life care continued

CMH has been fortunate to have been ahead in its provision of advance care planning and end of life care. With the more recent improvement initiative by the Australian Commission for Safety and Quality in Health Care, CMH was well on its way in meeting its consensus statement: Essential elements for safe and high-quality end-of-life care. Consumers and family members are provided with a broad range of information which includes relevant literature from Palliative Care Victoria, as well as general CMH related material. CMH takes a multi-disciplinary team person-centred and individual approach, involving specialist palliative care services, dietician, social worker, pain management specialists and the consumers' local general practitioners. Documentation and communication to the consumer, carers and team is paramount. CMH is also fortunate to have two post-graduate trained Palliative Care nurses, who are available to provide support to consumers, nurses and carers. Palliative care consumers are provided services in the community from the regional Palliative Care support team, and this includes the CMH community nurses who provide care in the home.



The new information brochure for the families of palliative consumers.

Most recently the expansion of a Comfort Care Chart, which is kept in the consumers' home or room, allows carers/family members, etc. to remain informed and involved in their loved one's care. This chart is used to identify any changes and/or deterioration in condition, it allows carers and nurses to indicate the time and care that has been delivered, and signs and symptoms experienced by the consumer. This is monitored to provide an overview of future care, education needs, and progress. Over the next few months CMH will be implementing across the facility the 'Care Plan for The Dying Person (Victoria)'.

This elaborates on our current care plans, with two nurses attending the training program and implementing this to other care providers in the near future.

Continuing professional development is a key part of ensuring that all nurses access opportunities to expand on their knowledge for the benefit of the consumer and families.

Debriefing and supporting not only family but also carers and other persons involved in the process assists in the end of life care pathway.

Finally, completing the cycle by using consumer and carer feedback is invaluable as that information guides future care and recognises the gaps that lead to improved care and processes.

Alison Jenkins
Rural and Isolated Practice Endorsed Registered Nurse

Human Resources

Meet the CMH Consumer Participants!

CMH recognises the need for the clinical workforce to support and encourage consumer involvement in their care and treatment decisions whilst in hospital. We also recognise the need to have other forms of partnerships with consumers, specifically in the planning, delivery and evaluation of our healthcare services.

Our philosophy seeks to enhance positive experiences and outcomes for consumers. Some of the approaches we take for this include;

- Promoting respect and dignity;
- Clear and consistent communication with consumers; and
- Consumer evaluation of our healthcare services through feedback opportunities, consumer groups, and consumer participants.

To promote this philosophy further we have formed a "Consumer Participant" partnership with a group of community members. Consumer Participants have specific roles within CMH, which include reviewing literature, assisting to develop the annual Quality Account and other publications, and generally providing feedback on policy development, service planning and suggesting ways we can improve care and services.

A Community Participation Forum meets every three months which is made up of Board Members, Executive, Quality Personnel and Consumer Participants. We are very pleased to introduce this group of participants to the community. Participants are always interested in hearing your feedback about your experience using our services.

Heather Rees
Health Information / Quality Officer

The current CMH consumer group participants. From left: Cathy Parfrey, Colin Walsh, Julie Crowle, Greg Davis, Jean Black, CEO Owen Stephens and Terry Baker. Absent: Roger Dalby.

Human Resources continued

Movember

The Movember Foundation is a global charity focused solely on men's health. They raise funds that deliver innovative, breakthrough research and support programs to enable men to live happier, healthier and longer lives. Through their awareness and education programmes, they encourage men to become more aware of their health, talk more with their friends and be more active, improving their health and wellbeing.

Men's health is a topic that a group of 12 men from Casterton Memorial Hospital are seriously motivated about. They have been showing their support by growing a moustache for this year's Movember campaign. We have watched their 'mos' grow over the month as they raise money to "Change the face of Men's Health" and their countdown to the end of the month has finally arrived.

Check out those mo's!

Friends of Glenelg House

In the 'Western Advertiser' on May 6th 1987, an article was placed looking for volunteers to assist in an activity program to help brighten the lives of those living in the Nursing Home at the Casterton Memorial Hospital.

The 'Friends of the Nursing Home' was formed in November 1987 with a total of eleven members. The first donation to the Nursing Home by the group was a video player in April 1988, and the first outing for a number of residents was a trip on board the MV Nelson Endeavour in June 1988. Since then, the group has purchased items for the Nursing Home to the value of $30,000.

Since the formation of the group, consumers have been involved in outings to various locations, such as the Hamilton Botanic Gardens, Crater Lakes in Mt. Gambier, Target - Christmas shopping, meals at a number of local locations and shopping expeditions.

Each Wednesday, 'The Friends' provide bingo and card playing for the residents - this has been a weekly ritual for many years. Consumers' birthdays are recognised with the giving of a small gift and card.

Since 2013, 'The Friends' have paid for consumers' lunches at local cafes on a fortnightly basis - approximately six residents at a time. This has ensured that the consumers have an opportunity to interact and remain part of the local community. It is amazing how many locals spend time chatting. 'The Friends of Glenelg House' (now so named) have spent $9,031.45 on meals and snacks over the past four years for the consumers of Glenelg House.

Alison Jenkins
Rural and Isolated Practice Endorsed Registered Nurse

Human Resources continued

Winter Christmas

The 'Winter Christmas' Committee originally consisted of community members, whose aim was and still is today, to provide a day out during winter for those elderly who are housebound and those who are lonely. The first 'Winter Christmas' was held thirty-one years ago, and has since been run on a yearly basis. The day consists of enjoying a traditional Christmas dinner, Santa calling in, Christmas cake and gifts, plus musical entertainment provided by local artists. Today Glenelg House' and a few extra local volunteers. The Committee usually hosts up to one hundred guests, and they are very appreciative of the support of local businesses. The generosity of the local community has ensured that this event is now a fixed part of the calendar.

Alison Jenkins
Friends of Glenelg House

Winter Christmas Festivites at the Albion Hotel in August 2017

CMH's float at the Kelpie Festival

Human Resources continued

Fun Run Memory Walk

The 2017 Casterton Memorial Hospital Fun Run Memory Walk was held on the 19th March and had:

- 67 registrations
- 13 under 16 years
- 19 children under 5
- 13 Marketeers

The raffle and donations raised a total of $1387 towards improving the care of those at CMH with dementia.

The fact that run/walks are classic fundraising events for non-profit organizations doesn't make them any easier to plan and execute. Like any event, attendance and fundraising results are very important, but run/walks involve extra challenges and expenses including marketing, registration, insurances, and public safety.

CMH's primary aim was community awareness, not just about the cause but also our facility which provides essential dementia care. It is also about the ability to reach a larger audience in future initiatives and fundraising campaigns. Promoting community engagement and education by making the day about fitness, fun and our environment. To use the event to empower people to take action with regards to dementia, the second leading cause of death in Australia.

An event is only as good as the people involved. It's not just about the participants. Firstly, you need to be spearheading and leading the initiative. It's a way to get everybody involved, and in this instance, a way for everyone to help run the event, or participate in it.

What a successful day! 5 steps to a healthy brain community awareness program about dementia. We had registrations from as far as Melton.

CMH acknowledges the fantastic support of the Glenelg Shire, Wannon Water, Mixx FM, Casterton News, Parks Victoria, the road traffic controllers and emergency services.

VCAL students have improved the bridge and track at the Ess Lagoon, making it safer for next year as a 1 lap walk of 6km and 2 laps for a 12km run (½ marathon).

We thank the Casterton community for such wonderful support of this event and we strive to keep making this event bigger and better!

Dianne McKinnon
Residential Care Clinical Nurse Specialist

Happy competitors at the end of the run!
*Photo supplied courtesy of the Casterton News.

Human Resources continued

Workforce Information

Casterton Memorial Hospital is committed to the provision of a safe and healthy work environment for all employees, contractors and visitors.

During the 2016/17 year Casterton Memorial Hospital employed a total of 108 employees, 39 full-time and 69 part time across the labour categories as detailed in the following table. Statistics provided are consistent with information provided in the entity's MDS/F1 datasets which are reported on a monthly basis to the DHHS. Condition of employment is that Casterton Memorial Hospital employees will adhere to the values as outline in the Code of Conduct for Victorian Public Sector Employees 2015 and CMH's Code of Conduct Policy.

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2016	2017	2016	2017
Nursing	44.22	39.56	43.09	44.28
Administration & Clerical	8.94	10.02	9.16	9.23
Hotel & Allied Services	23.15	23.15	23.37	23.32

EMPLOYEE RECOGNITION YEARS OF SERVICE 2016-2017			
Name	Years of Service	Name	Years of Service
Carolyne Bellinger	5	Anne Pekin	5
Debra Gould	5	Wendy Zippel	5
Jake Green	5	Paula Gunning	10
Christo Jose	5	Rita Bogie	15
Matthew Kensen	5	Paula Layley-Doyle	15
Dianne McKinnon	5	Donna Nesbitt	40
Julie Murrell	5		

Employee of the Year

David Richardson – Maintenance

David was awarded Employee of the Year due to his all-round capabilities within the Maintenance Department and being a well-respected community car driver.

LEFT: SEASONS member, John Humphries with volunteer Keith Edwards tending to the groups garden.

RIGHT: Dietician, Danielle Lee discussing healthy eating options at the Diabetes Support Group.

Finance & Activity Overview

Net Result Operating Result

This year Casterton Memorial Hospital's Comprehensive Operating Statement reports a surplus before capital and specific purposes items of $281,486. This result includes a SWARH net operating result of $174,375 leaving CMH an excellent operating result of $107,110. This result represents an improvement of 41.8% over the previous year.

A 99.80% residential care occupancy rate, an increase in activity and responsible maintenance of operating expenditure to budget across all levels have been contributing factors to this positive result. Other non-employee operating expenses have been maintained within budget, and total salaries & wages have been contained to a 2.54% increase.

Entity/Comprehensive Result

Entity Comprehensive Result of ($410,443) is a further 46.12% decrease on the prior year result.

This result is impacted by capital revenue $457,014 and unfunded depreciaton expense of ($1,152,864).

Liquidity

Casterton Memorial Hospital financial postion is stable with current assets exceeding current liabilities by $1,851,742 as at 30 June 2017.

Our current asset ratio of 1.39 is an improvement on the 1.33 reported in 2015/16.

Casterton Memorial Hospital has consistently over the past 5 years recorded an asset ratio well above the 0.7 Department benchmark.

Cash Flow

Casterton Memorial Hospital has generated positive operating cash flows of $449,852 for the financial year. Cash on hand as at 30 June 2017 totals $5,285,649 and includes $1,832,008 in accommodation bonds.

- Cash and cash equivalents increase are due to higher accommodation bonds.
- Revenue due to a direct result of increased DVA activity.
- Asset value decrease is directly due to depreciation.
- Liability decrease is due to the decrease in employee liability provisions.

Casterton Memorial Hospital looks forward to sustaining our positive position through 2017/18.

Environmental staff with the new carpet cleaner

Catering staff with the newly installed salad bar

Finance & Activity Overview continued

Revenue by Source	*2017*	*2016*	*$ Variance*	*% Variance*
Operating Grants	7,012,370	6,603,703	408,667	6.19
Inpatient and Resident Fees	1,160,313	1,090,580	69,733	6.39
Donations and Bequests	40,279	36,649	3,630	9.9
Interest	83,507	82,183	1,324	1.61
Other Receipts	1,058,725	636,397	422,328	66.36

Employee Expenditure	*2017*	*2016*	*$ Variance*	*% Variance*
Salaries & Wages	5,571,702	5,344,293	227,409	4.26
LSL	120,394	228,778	-108,384	-47.38
Superannuation	558,527	532,173	26,354	4.95
Workcover	64,194	53,345	10,849	20.34
Total	**6,314,817**	**6,158,589**	**156,228**	**2.54**

Summary of Changes	*2017*	*2016*	*% Variance*
Cash & Cash Equivalents	3,660,451	3,210,599	14.01
Revenue	9,635,680	9,136,153	5.47
Expenses	10,062,443	9,908,276	1.56
Assets	22,088,156	23,004,640	-3.98
Liabilities	428,773	438,843	-2.29

Five Year Financial Comparative Statement	*2017*	*2016*	*2015*	*2014*	*2013*
Total Operating Revenue	9,173,011	8,829,428	8,483,467	8,783,562	8,771,881
Total Operating Expenditure	8,891,525	8,753,878	8,322,723	8,767,371	8,749,003
Operating Surplus/(Deficit)	281,486	75,550	160,744	16,191	22,878
Capital Purpose Income	467,014	318,045	450,104	366,421	272,719
Depreciation & Other Capital Expenses	1,170,918	1,114,324	1,111,856	859,120	939,338
Revaluation of LSL	11,975	40,999	27,889		
Net result for the year	-(410,433)	-(761,728)	-(528,897)	(-476,508)	-(643,741)
Total Assets	28,620,775	28,657,681	28,465,333	27,525,008	18,409,321
Total Liabilities	5,109,680	4,736,143	3,782,067	2,312,845	2,376,819
Net Assets	23,511,095	23,921,538	24,683,266	25,212,163	16,032,502
Total Equity	23,511,095	23,921,538	24,683,266	25,212,163	16,032,502
Asset Ratio	1.40	1.33	1.40	1.50	1.39

Employee List

Registered Nurse
Betson, M. A.
Bryan, S.
Clutterbuck, M. P.
Coulter, J. M.*
Dehnert, S. D.
Dillon, H. V.
Drogemuller, S. J.
Freeland, J.
Gartlan, D. A.
George, A. A.
Gill, H. L.
Gill, S. M. D.
Gunning, P. S.
Jenkins, A. J.
Jose, C.
Kettle, L. J.
Kosgei, C. J.
Mahanda-Makore, C.
Makore, M.
Makore, S.*
Makwati, O.
Matthews, J. A.
McCrohan, M. M.*
McKinnon, D. R.
Peterson, L. J.*
Sealey, K.
Sheahan, V. J.
Stephens, R. C.
Taylor, A. C.
Young, J. L.
Zippel, W. J.

Diversional Therapy
Perry, K. M.
Watts, A. M. E.*

Enrolled Nurse
Beever, A.
Benson, A. M.
Bogie, R. M.
Bosch, L. K.*
Condon, C. A.
Hannaford, K. L.*
Irving, A. P.
Jacobs, A. M.
Jarrad, L. J.
Jepchirchir, D.
Kaur, S.
Killey, R.
McArlein, K. M.
McCabe, J. A.
Meena, M.
Nesbitt, D. A.
Parsons, K. L.
Perri, D.*
Russell, M. R.
Smith, G. J.
Tait, P. M.
Tibbles, W. K.
Wombwell, S. M.

Community Health
Layley-Doyle, P. L.
Pekin, A. M.*

Nursing Attendant/ Personal Care Workers
Jackson, A. M.
Reilly, R. F.
Roberts, C.
Sealey, T. B.
Tucker, R.

Social Support Group
Bryan, B. H.

Healthcare Attendant
Kent, B. M.

Administration
Betinsky, M. J.
Carmichael, P. G.
Crowle, C. E.
Harvey, V. E.
Hulm, L.
MacFarlane, J. L.
Milich, E.*
Rees, H. D.
Rees, K.
Richardson, J. F.
Shone, C. M.
Stephens, O. P.
Toma, B.

Environmental Services
Bellinger, C.
Bunnik, I.
East, J. A.
Jones, P. A.
Hurrell, J. A.*
Kerr, L. M.
Louden, D. J.
O'Connell, S. J.
Smith, C. L.

Catering
Clode, J. M.
Craig, E. A.
Goodwin, S. M.
Gould, D. A.
Green, J. R.
Kensen, M. D.
McCalman, J.
McPeake, M. L.
Murrell, J. A.
Naylor, J. H.
Niewand, S. J.
Nolte, M. R.
Northcott, C. J.
Ross, V. L.
Sealey, D. J.
Southern, D. L.
Stanislawski, H.

Maintenance
Hill, M. C.
Naylor, M. L.
Richardson, D. J.
Zippel, S. J.

* Resigned during the year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Luck


GREEN
THUMBS!


WEST END
GENERAL STORE
Ice Creamery

WE NEED OUR COMMUNITY'S HELP!!

What information would you like to see in next year's report?

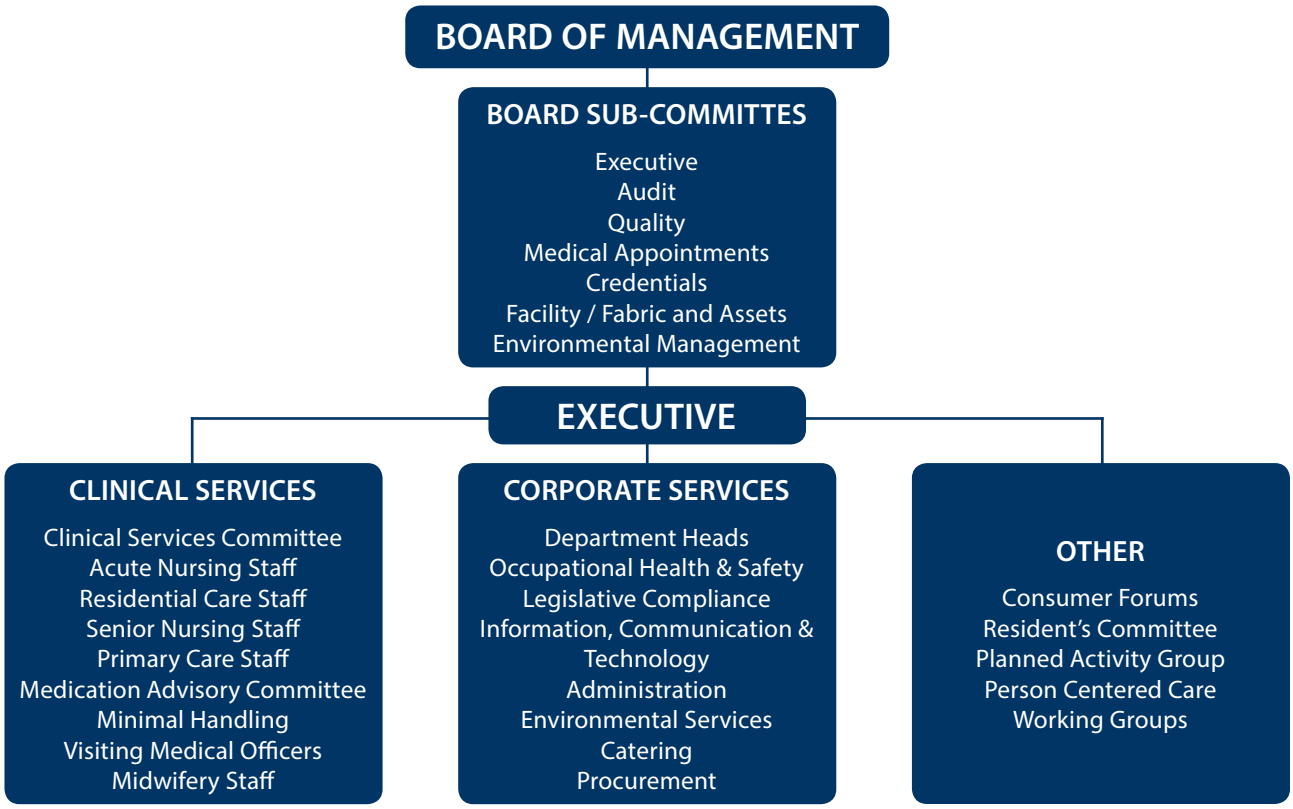
Community input is necessary to continue to provide a Quality Account which meets the needs of our community. We need your comments to help us ensure that the next year's report contains information that is important to you.

Please take the time to provide suggestions below. Drop this page in to the Hospital reception, email or post it back to the address below.

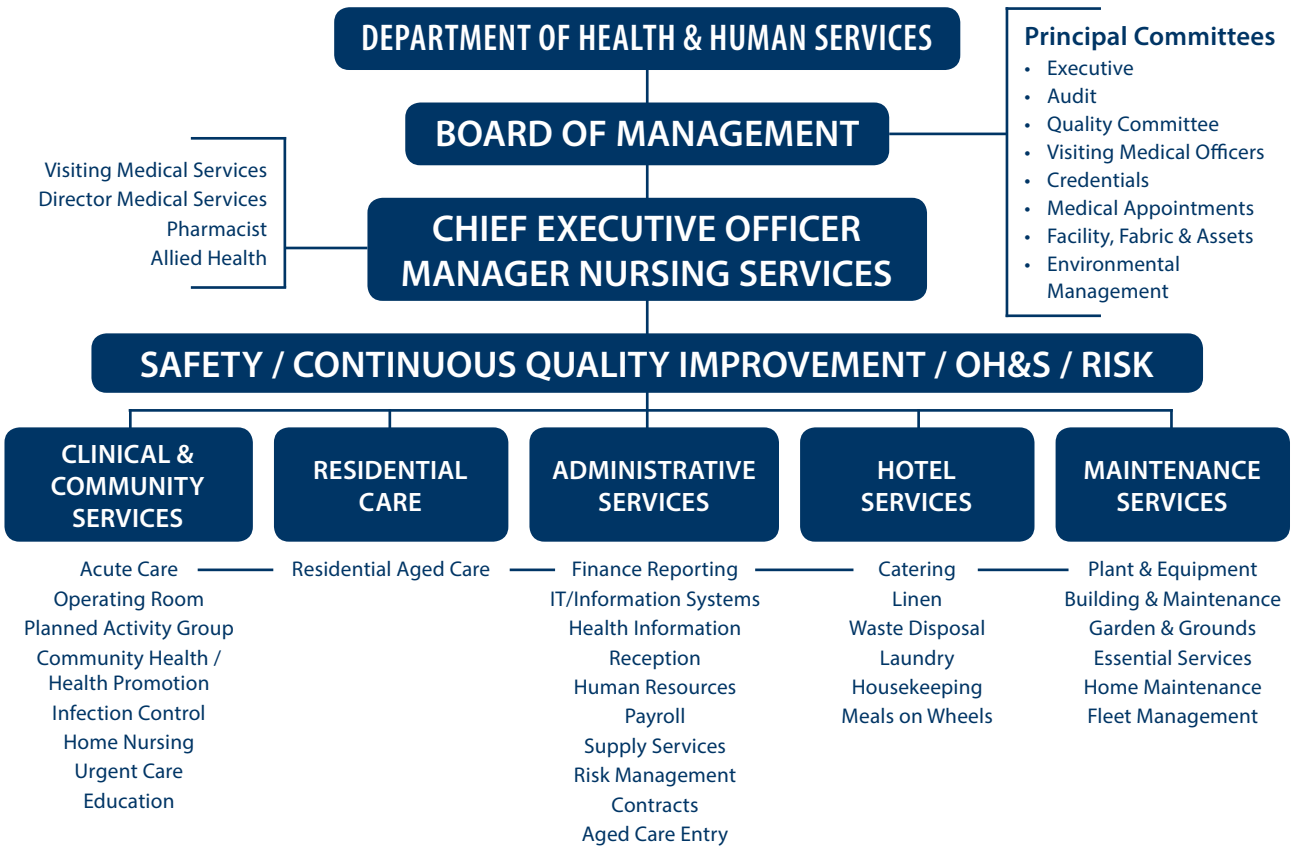
Thank You.

Casterton Memorial Hospital
63 - 69 Russell Street, Casterton, Victoria 3311
Phone: (03) 5554 2555 Fax: (03) 5581 1 051 Email: mail@cmh.org.au
www.castertonmemorialhospital.com.au

Casterton Memorial Hospital
Committee Composition



Casterton Memorial Hospital
Functional Organisational Chart



CASTERTON MEMORIAL HOSPITAL

WITH OPEN ARMS

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