Casterton Memorial Hospital

Victorian Quality Account

2015-2016

Serving the Casterton & District Community Since 1908

Casterton Memorial Hospital
CMH Two Year Over-arching Strategic Plan 2015—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 next 10-20 years. ~ 80%
- Community/Allied Health Zone connectivity to CMH & Up-grade of East Facility facia. ~ 20%
- New & up-dated Nurse call system installed. ~ 20%
- Investigate & report on change to individual A/C units across Res Care & Acute. ~ 20%

GOVERNANCE CORPORATE & CLINICAL

- Maximise financial sustainability / administrative and resource usage. ~ 100%
- Board Member recruitment & ongoing relevant education on Clinical Governance & Risk. ~ 80%
- Business of Aged Care sophistication, finance & Clinical. ~ 50%
- Board retreat/s covering relevant aspects of these Objectives. ~ 90%

QUALITY IMPROVEMENT RISK MANAGEMENT

- ACHS & National Standards Accreditation attainment & Aged Care Acc. ~ 100%
- Risk Management & compliance systems increased sophistication re: VMIA report. ~ 30%
- Implementation of E-medication system. ~ 10%
- Quality improvement evidence map completion. ~ 100%

HUMAN RESOURCES

- Map & document CMH training systems & partners. ~ 30%
- Succession planning & CMH position needs & assessment report & plan. ~ 50%
- Develop project person on Sub-Regional Basis. ~ 60%
- 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. ~ 10%
- Full review required Allied Health & Primary Care Services. ~ 5%
- Pursue funded respite care places. ~ 10%

AGED CARE SERVICES

- 98% Occupancy maintained. ~ 100%
- Development of private comprehensive home based Services & support package. ~ 5%
- Marketing strategy developed for use at determined trigger points. ~ 0%
- CMH Management plan for Res Care information packages and potential client advice, information servicing and support. ~ 90%

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Mr Graham Sheppard
Board Chair

President's Report

It is with great pleasure, on behalf of the Casterton Memorial Hospital Board of Management and staff, I present to you our 108th Annual Report.

The 2015/16 year has been a busy and rewarding year for CMH in all areas of its diverse services and the management and governance of the organisation to instil that level of person centred care we seek to achieve for all our patients, residents and clients.

I commend the 108th Annual Report to you as a testimony to another strong and successful year for all our team at CMH.

Financial Sustainability:

CMH has been able to support service demands and its Model of Care to our community and still produce a moderate surplus.

This year CMH achieved a surplus before capital and specific items of $75,550. This financial performance is a result of sound financial management, responsible reporting and budget monitoring. Our positive result was strengthened by control of our salary & wage expense, maintaining other operating expenses to within budget and a consistent revenue flow. Our residential care occupancy rate of 99.91% has been a positive contribution. Set targets for acute DVA activity has resulted in a recall position, however in spite of budgetary pressures we have maintained consistent acute and primary care service activity. CMH maintains a solid balance sheet with a current asset ratio of 1.33% with adequate cash to meet current liabilities.

Community Services

CMH continues to provide very active care to our community through District Nursing Service, Home Maintenance, Meals on Wheels and its active Community Health service and programs.

Our Specialist Visiting services and Allied Health personnel also continue a strong level of service and commitment to our community.

Governance

CMH has fulfilled close to 100% of its Statement of Priorities with the State Department of Health & Human Services; our contract between Government and ourselves in return for funding levels set.

The Board have worked hard on its two year 2015-2017 Strategic Plan and is making sound progress on many of the deliverables set out therein. Deemed achievement levels of these KPI's can be seen on the inside cover.

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

- Strengthened Partnerships with Barwon Southwest Health agencies for improved service provision and efficiency development in how services are provided;
- Twenty Year Asset & Facility Condition Report - providing advice on replacement needs of our facility; car park development completed;
- Interior carpet replacement–ongoing program;
- Electronic Health Record - management and development;
- Aged Care Accreditation – achieved;
- Board Education - Clinical Governance;
- Dementia Awareness program- training for all staff - Dementia community fun run;
- I-Procurement policy development and compliance;
- Risk Management - continued development;
- Board Recruitment - two new board members in Mrs Julie Kensen and Ms Merridy Rowe.

These are but some of the highlights of the Board and Management work during the 2015/16 period.

President's Report continued

The CMH Team:

In achieving the above results as well as an efficient and effective working environment, CMH has a workforce across Catering, Environmental, Maintenance, Administration and Nursing services which truly provide exceptional work in all their varied roles. The Board of Management wish to publicly acknowledge this through this 108th Annual Report.

I wish to also recognise the exceptional work by the nursing team under Mary-Anne Betson, Manager Nursing Services, in the field of education for student nurses, nurse graduates and work experience personnel. This is another scope of service our team manages, and one that is little known by the public.

CMH will continue to be relevant with the skills and services we provide and we do this with close working partnerships with other health services, universities and organisations across our region and interstate.

To our Medical Officers, Dr Brian Coulson, Dr Greta Prozesky and team, your 24/7 support to CMH and our community is to be applauded and we look forward to your ongoing recruitment for the future.

To our community, your contribution to fundraising and volunteer tasks and associated support to CMH is to be commended. Special mention is noted of the Murray to Moyne team for its continuing success in fundraising for CMH. To all other contributors, no matter how small or large, your input is all very much appreciated and needed.

Finally, to my fellow Board Members and the Executive Management team of Owen and Mary-Anne; your input, vision and support of CMH for and on behalf of our community is to be commended. The future for CMH 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 108th Annual Report to you the Community, and request your ongoing support of the Casterton Memorial Hospital and its hard working team.

Mr Graham Sheppard
Board Chair
11th August, 2016

MNS Mary-Anne Betson, Chair Graham Sheppard and CEO Owen Stephens

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

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

Vice President
Mr. P. Green

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

Audit Committee
Mr. O. Stephens - CEO
Mrs. K. Black – Chair
Mr. G. Sheppard – Independent Member
Mrs. B. Toma – Finance Officer
Mr. R. Dalby – Independent Member

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. S. Ansari: M.B.B.S. (Army Medical College – Pakistan)
Dr. Y. Zhang: M.B. (Uni of Med Sciences – Guangzhou)
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. G. Coggins: M.B., B.S., F.R.A.C.P.
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.
Dr. S. Perry: G.P. Anaesthesia F.R.A.C.G.P., B.M.B.S. (Flinders), B.S.C., D.C.H.

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

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

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., IBCLC , 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)

Programmed Activity Group Co-ordinator
Mrs B. Bryan: E.N. Cert IV in Leisure & Lifestyle

Administrative & Finance Officer
Mrs. B. Toma

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

Catering Services Supervisor
Mr. M. Nolte: Trade Cooking, Cert IV Workplace 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

Board of Management

Mr Graham Sheppard
President

Expertise: *Management, Finance / Audit*

Current Term of Appointment:
01/07/2015 – 30/06/2016

Mr Peter Green
Vice President

Expertise: *Management, Finance / Audit, Risk Management*

Current Term of Appointment:
01/07/2016 - 30/06/2016

Dr Timothy Halloran
BDS, Bsc (Hons)
Vice President

Expertise: *Clinical Governance, Health Issues / Planning, Finance / Audit*

Current Term of Appointment:
01/07/2015 – 30/06/2016

Mr Geoffrey Cain

Expertise: *Capital Management, Industrial Relations, Community Service, User Perspective*

Current Term of Appointment:
01/07/2013 - 30/06/2016

Mrs Karen Black
Board Audit Officer

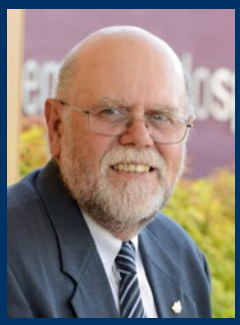
Expertise: *Management, Finance / Audit, IT, Community Service*

Current Term of Appointment:
01/07/2015 – 30/06/2016

Mr Terry Baker (OAM)

Expertise: *Clinical Governance, Health Issues / Planning, Risk Management, Community Service, User Perspective*

Current Term of Appointment:
01/07/2014 – 30/06/2017



Mr Roger Dalby

Expertise: *Capital Management, Community Service, User Perspective*

Current Term of Appointment:
01/07/2014— 30/06/2017

Mr Gerald Smith

Expertise: *Management, Industrial Relations, Risk Management*

Current Term of Appointment:
01/07/2015 - 30/06/2016

Ms Merridy Rowe

Expertise: *Community Services*

Current Term of Appointment:
08/03/2016 – 30/06/2018

Mrs Julie Kensen

Expertise: *Community Service, Risk Management, User Perspective*

Current Term of Appointment:
08/03/2016 – 30/06/2018

The Board of Management is appointed by the Governor-in-Council, from nominations received by the Hospital. The Hospital is an incorporated body under, and regulated by, the Health Services Act 1988.

The role of the Board of Management is to oversee and monitor the operations of the Hospital and to develop, in accordance with its mission and strategy objectives, the future directions for the Hospital.

Finance & Activity Overview

The financial statements of account for the year ended 30 June, 2016 have been completed in accordance with the *Australian Audit and Accounting Standards* and the *Financial Management Act 1994.*

Acute Service

This year Casterton Memorial Hospital's Comprehensive Operating Statement reports a surplus before capital and specific purposes items of $75,550. Contributing factors to this positive result include 99.91% residential care occupancy and maintenance of operating expenditure to budget across all levels.

This $75K surplus is down 47% when compared to our 2015 result of $161K but has been achieved in a year when Acute DVA activity targets have been unachievable, resulting in a $105.5K recall by the DHHS. Increased Residential Care revenue has offset the Acute activity recall. Private patient and non-inpatient activity has remained stable and consistent with prior year. The increase in Residential Care Accommodation Bonds held has generated increased interest earning capacity.

Comparative revenue

- ex CMH share of SWARH & PCP

	2016	2015	$Var	% Var
Acute Revenue	3,760,905	3,688,791	72,114	2.0
Residential Care	3,310,404	3,223,897	86,508	2.7
Community Health	446,848	436,001	10,847	2.5
Interstreamed	124,415	101,207	23,208	22.9
CMH Initiated	291,473	287,026	4,447	1.5
Totals	**7,934,044**	**7,736,921**	**197,123**	**2.5**

Salaries & wages have been contained to a 4.4% increase and includes the take-up of the provision for outstanding EBA award increases and LSL liability revaluation against the DHHS revised model.

Comparative employee expenditure

- ex CMH share of SWARH & PCP

	2016	2015	$Var	% Var
Salaries & Wages	5,344,293	5,172,059	172,233	3.3
LSL	228,778	147,354	81,425	55.3
Superannuation	532,173	533,845	-1,672	-0.3
Workcover	53,345	47,461	5,883	12.4
Totals	**6,158,588**	**5,900,719**	**257,869**	**4.4**

Other non-employee operating expenses have been maintained within budget.

Entity/Comprehensive Result

Entity Comprehensive Result of ($761,728) is a further 44% decrease on the prior year result. This result is impacted by the unfunded depreciaton expense, reduced capital revenue by $132,059 and the LSL revaluation expense ($40,999).

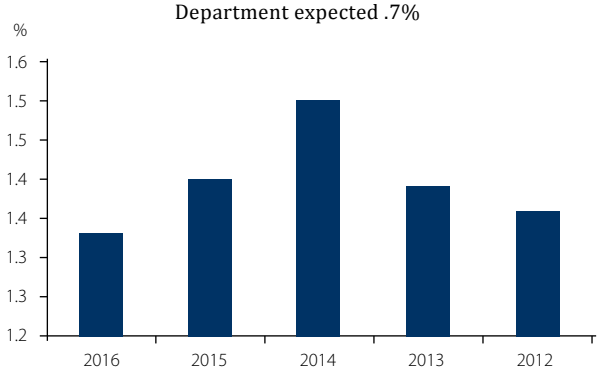
Liquidity

Cash holdings combined with current assets remaining in excess of current liabilities by $1,368,633 confirms a stable liquidy position for Casterton Memorial Hospital as at 30 June 2016.

Our current asset ratio of 1.33 is slightly down on the 1.4 reported in 2014/15. Casterton Memorial Hospital has consistently over the past 5 years recorded an asset ratio well above the .7 Department benchmark.

Current Asset Ratio

Department expected .7%



Cash Management

CMH cash has been well managed with cash on hand as at 30 June 2016 totalling $4,696,963 and includes $1,568,927 in accommodation bonds; a total cash increase over the reporting period of $528,693.

Finance & Activity Overview continued

Cash Movement

	CMH Funds $	Bonds $	Total $
Opening Balance	2,772,271	1,396,000	4,168,271
Closing Balance	3,128,037	1,568,927	4,696,964
Increase/(Decrease)	355,766	172,927	528,693

Significant Changes

The only significant change effective in our 2015/16 year as compared to our 2014/15 relates to Acute targets set by the Department and our achievement against these targets.

Activity to Target - Significant Change

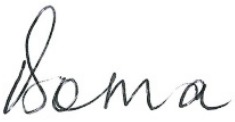
Year 2015/16	Target	Achieved	Var	Var $
DVA inpatient Episode	20	13.5	-6.5	-30904
DVA NHT inpatient days	295	0	-295	-83485
TAC Inpatient Episode	0	0	0	0
Dialysis	27	33	6	8,874
Top-up/(Recall)				**-105,515**
Year 2014/15	**Target**	**Achieved**	**Var**	**Var $**
DVA inpatient Episode	18	18	0	0
NHT inpatient days	295	274	-21	-6000
TAC Inpatient Episode	3	0	-3	-3000
Dialysis	15	32	17	80,000
Top-up/(Recall)				**71,000**

Other changes have been to our administrative processes including the amalgamation with other SWARH south west health services to the newly adopted shared Central Supply Warehouse. Purchasing through Central Supply creates the ability to consolidate purchasing and warehousing with economic benefits.

CMH has successfully progressed to full electronic batch payments for all creditors with benefits to staff resources and more timely payments to our suppliers.

Overall the 2015/16 year, although challenging with unknown EBA implications and a recall position on activity, has been positive. We have managed expenditure well while at the same time maintained our on going capital equipment upgrade and facilty maintenance. We have increased our graduate nurse program and intake with other external training facilities while continuing to support our own employees, both clinical and non clincial, with training opportunities and resources. This we have achieved while maintaining a consistent and balanced range of services across all program areas.

Casterton Memorial Hospital is confidently looking forward to new challenges, including management of nurse EBA outcomes within budget, while continuing to service our community well and sustain our positive position throughout 2016/17.



B. G. Toma
Finance Officer
11th August 2016

Five Year Financial Comparative Statement	2015	2015	2014	2013	2012
Total Operating Revenue	8,829,428	8,843,467	8,786,562	8,771,881	8,420,308
Total Operating Expenditure	8,753,878	8,322,723	8,767,371	8,749,003	8,228,150
Operating Surplus/(Deficit)	**75,550**	**160,744**	**16,191**	**22,878**	**192,158**
Capital Purpose Income	318,045	450,104	366,421	272,719	325,933
Depreciation & other capital expenses	1,155,323	1,139,745	859,120	939,338	949,213
Net result for the year	**-(761,728)**	**-(528,897)**	**-(476,508)**	**-(643,741)**	**-(431,122)**
Total Assets	28,657,681	28,465,333	27,525,008	18,409,321	17,435,253
Total Liabilities	4,736,143	3,782,067	2,312,845	2,376,819	2,164,513
Net Assets	23,921,538	24,683,266	25,212,163	16,032,502	15,270,740
Total Equity	23,921,538	24,683,266	25,212,163	16,032,502	15,270,740
Assest Ratio	1.33	1.40	1.50	1.39	1.36

Our Supportive Community

Casterton and district community members, businesses, service groups and fundraising committees continue to support the activities, planning and development of our facility. This support is very much valued and reinforces our strong community spirit.

During the 2015/2016 financial year our community and fundraising committees have contributed $36,648 to our facility to assist with maintaining our modern well equipped hospital, aged care facility and community health development. We also acknowledge and appreciate the many donations received from families, community members, staff and estates.

Acknowledging 2015/16 donations

Funraiding Committee	
CMH Hospital Social Club	1,000.00
CMH Ladies Auxiliary	3,100.97
CMH Murray to Moyne	16,326.20
CMH Hospital Card Program	4,700.00
CMH staff	978.60
Friends of Glenelg House	1,000.00
Community Member Support	
In Memory of Mr Basil Stafford	150.00
In Memory of Mr Stuart Cain	160.00
In Memory of Mr Joe Davis	75.00
In Memory of Mrs Dallas Cook	200.00
In Memory of Mrs Lorna Davis	320.00
In Memory of Mrs Dawn Anson	350.00
In Memory of Mrs Lynn (Bates) Waters	175.00
In Memory of Mr Gill Sanders	25.00
In Memory of Mr Norm Lamb	300.00
Casterton Rotary	119.50
Hamilton Bridge Club	250.00
Geoff Sinclair	450.00
Anonymous	898.70
Laurence Stokes	10.00
David Widdicombe	100.00
Caroline Thomas	19.50
Joyce Edwards	500.00
John Coxon	5.00
E V MacDonald	50.00
Estates	
Bequest Mary Thurza Carey	2,000.00
Equity Trustees - Estate John MacPherson	2,100.00
Equity Trustees - Estate Louise Henty	485.00
Equity Trustees - Estate William Health	800.00
Total Donations	**36,648.47**

Gifts in Kind:

Ginn Family - Laptop Computer

Ray Marks - Patchwork quilts

Volunteers provide purposeful activities and roles, and as such are greatly appreciated by staff and the community we serve. Their contribution extends to activities, including 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.

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 2015/2016.

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.

Statement of Priorities

The Board of Management Casterton Memorial Hospital entered into an agreement with the Victorian Department of Health and Human Services in 2015-2016 year to achieve a number of priority actions in line with the State-wide Victorian Health Priorities Framework for 2012 to 2022.

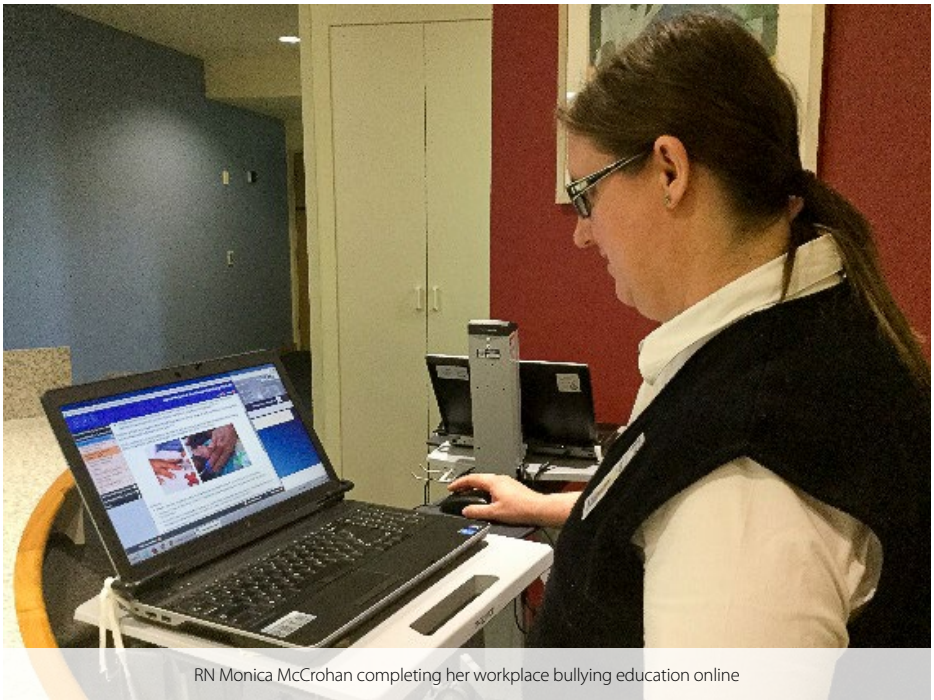
This agreement between the Department and Casterton Memorial Hospital details funding levels for the Hospital in line with agreed service and activity levels to be achieved and a requirement for us to achieve a number of deliverables associated with the Victorian Health Priorities Strategic directions for the State.

The Strategic Priorities and the deliverables agreed to by Casterton Memorial Hospital are herein listed for your review of our attainment or progress with the deliverables set for 2015-2016.

PRIORITY: PATIENT EXPERIENCE & OUTCOMES		
ACTION	**DELIVERABLE**	**OUTCOME**
• Drive improved health outcomes through a strong focus on patient centred care in the planning, delivery and evaluation of services and the development of new models for putting patients first.	• Patient Centred Care Steering Committee to review existing patient service model for improved patient focus and collaboration with their care. • Sustained positive feedback from VHES survey across all areas of care provision.	• Revised Policy Dec 15 • ACP Brochure and resources revised and Consumer approved. • Staff ACP education completed Dec 2015 in response to updated legislation. • VHES staff training. • Overall Experience rating of 100% for Jan-Sept 15 VHES results. • Internal inpatient surveys indicate 100% satisfaction with care expectations. • Organisational Dementia training completed Dec/Jan 2015/16
• Implement an organisation wide approach to Advance Care Planning, including a system for identifying, documenting and/or receiving Advance Care plans in partnership with patients, carers and substitute decision makers so that peoples wishes for future care can be activated when medical decisions need to be made.	• Capture data on patients /residents admitted and discharged with ACP • Increase CMH trained ACP consultants • Capture data on the number of patients/residents who have their wishes met according to the End of Life care pathway. • Continue to collaboratively plan the development and use of end of life care pathways with the local community through the Advance Care Planning group.	• Nursing survey re; ACP – Staff knowledgeable about their role, and confident undertaking plans. • TRAK Icon for ACP in place Nov 15. • Increased ACP consultants trained. • At end of 15/16 – 62% of discharges aged >75 had ACP or decision maker. • Increase of 37% in completed ACP • Nursing staff ACP education completed Dec 15. • End of Life pathway implemented 2015. • Family satisfaction with End of Life care through Palliative Care surveys – continue to be positive
• Strengthen the response of the health service to family violence including implementing interventions, processes and systems to prevent, identify and respond appropriately to family violence at an individual and community level.	• Provide information brochures to patients, and clients of Casterton Memorial Hospital on identifying and reporting instances of family violence. • Provide education to clinical service staff in acute, urgent care and community health settings on identifying and appropriately responding to suspected instances of family violence.	• Leaflets drafted • Implementation plan developed. • Assessment form developed

Statement of Priorities continued

PRIORITY: GOVERNANCE LEADERSHIP & CULTURE		
ACTION	**DELIVERABLE**	**OUTCOME**
• Demonstrate an organisational commitment to OH&S including mental health & wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the DoHHS and professional bodies to identify and assess systematic issues of mental health amongst the medical professionals.	• CMH to review existing staff assistance policy to ensure it captures the full range of mental health issues and supports required. • Collaborate with South West Mental Health Team to provide ongoing Mental Health strategies for staff.	• Policy being reviewed • Memorandum of Understanding in place • Education sessions.
• Monitor and publicly report incidents of OH&S violence. Work collaboratively with DoHHS to develop systems to prevent the occurrence of Occupational violence.	• Collect detailed data for all occupational violence and aggression incidents. • Consider for each above a risk matrix and possible mitigation actions.	• Staff Policy in this regard being reviewed currently. • Ongoing follow up of incidents and collaboration between staff has resulted in reduced incidents of this nature being reported so far for 2015/16. • Categorization of data collections.
• Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale	• Establish a workplace Mentor program and incorporate into CMH's Human Resources policy. • Utilising Victorian Public Sector People Matter Survey benchmark information target areas for improvement and re-education. Report to CMH Board of Management.	• Mentor program implemented 2014. Feedback from both mentor / mentee is very positive. • Mentor Feedback templates updated • Updated Orientation programs in 2015 • Improved staff satisfaction noted within Public Sector People Matters survey.
• Undertake an annual Board assessment to identify and develop board capacity to ensure all board members are well equipped to effectively discharge their responsibilities.	• Utilise the DHHS Board Annual assessment tool to identify areas needing further development.	• Board evaluation reviewed in line with Department Assessment proforma and undertaken – May 2016. • Positive feedback from Board Members following last Board retreat 2015. Now held annually.



RN Monica McCrohan completing her workplace bullying education online

Statement of Priorities continued

PRIORITY: SAFETY & QUALITY		
ACTION	**DELIVERABLE**	**OUTCOME**
• Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterocacteriaceriaceae as outlined in Hospital Circular 02/15 (June 2015)	• Ensure nursing and medical staff are provided with up to date education and training on CRE and infection control measures. • Adopt pathology testing guidelines	• Annual CMH Infection Control plan updated • New TRAK alerts for CRE and CPE implemented June 2016 • Revision of CMH assessment forms to improve screening.
• Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it through effective communication, education and training.	• Review Infection Control policies in collaboration with sub-regional Infection Control Officer. • In support of improved antimicrobial awareness CMH will reaffirm existing stewardship policies and practices through a planned education programme for nursing and medical staff.	• Annual Infection Control Management Plan updated • Noted improvement in clinician compliance for prescribing practices according to guidelines from 63% in 14/15 to 79% Ytd. • Clinical Staff education completed.
• Ensure that emergency response management plans are in place, regularly exercised and updated including trigger activation and communication arrangements.	• Review the emergency management response plan and ensure staff are familiar with it. • Place emergency response management on the occupational health and safety meeting as a standard agenda item.	• Implemented departmental Fire Emergency practice exercise checklists in 2014/15 which were very well received. • Checklists updated in response to staff feedback from exercises 2015 • Desktop Code Brown exercises undertaken regularly. • Standown checklist implemented 2015. • OH&S meeting Agenda template updated.

Pauline Carmichael uses the new scanner to order supplies

Heather Gill orientates Shane Hammond (RAV) through CMH

PRIORITY: FINANCIAL SUSTAINABILITY		
ACTION	**DELIVERABLE**	**OUTCOME**
• Improve Cash management processes to ensure that financial obligations are met as they are due.	• Transition from existing cheque management system to EFT for Creditors.	• Policies / procedures reviewed • Transition plan to EFT payments 2015 undertaken. • CMH Cash Management is currently strong with current Asset ratio of 1.33
• Work with Health Purchasing Victoria to implement procurement saving initiatives.	• Improved procurement practices and produce savings by joining the sub regional procurement network under HPV guidelines.	• Involvement in committee on subregional basis to implement HPV Policy. • Procurement implemented 2015. • Cost saving review on I-Procurement

Statement of Priorities continued

PRIORITY: ACCESS		
ACTION	**DELIVERABLE**	**OUTCOME**
• Implement integrated care approaches across health & community support services to improve access and responses for disadvantaged Victorians.	• With the Southern Grampians Glenelg Primary Care Partnership explore opportunities to develop programmes for disadvantaged Victorians, improving access and responses for this cohort. i.e. tele-health options, community transport and referrals.	• Collaboration with newly appointed Primary Health Care Network. • MOU with PCP
• Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe to do so, making the most efficient use of available resources across the system.	• Collaborate with Barwon Health with respect to the expansion of the tele-health project for small rural facilities.	• Established Telehealth collaborations • Promotion of Telehealth resource s to local community • Local representation on Barwon Regional Telehealth project.
• Contribute to the provision of additional services to achieve these targets milestones and objectives of the National Partnership on Adult Public Dental Services.	• Work with the South West Healthcare Dental Service to progress the delivery of public dental health services at CMH.	• Public Dental Service commenced November 2015. • Processes and resources in place • Usage data monitored.

Carmichael Street carpark redevelopment before and after completion

Our 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

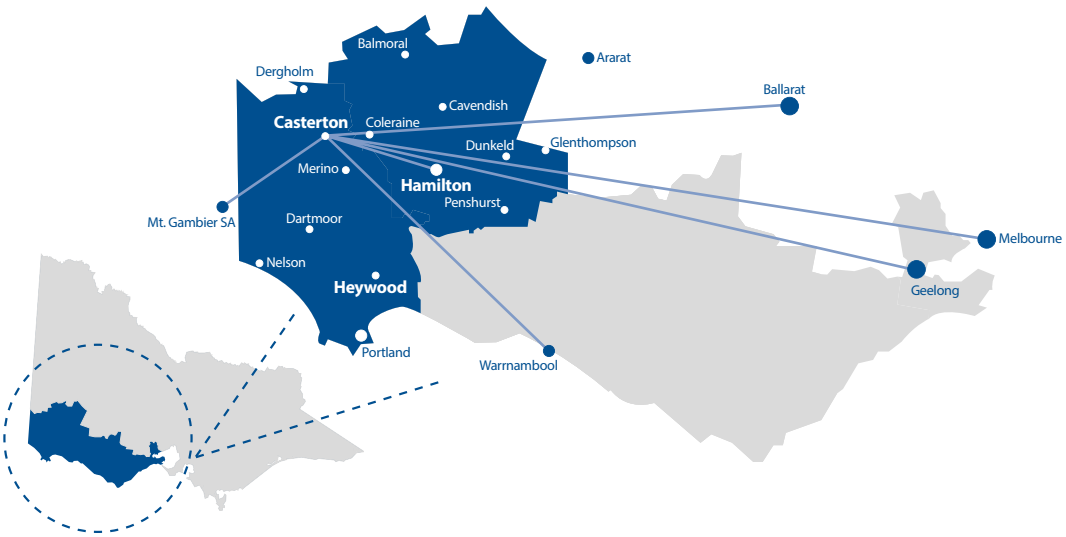
Casterton Memorial Hospital was established in 1908 and is situated in the northern sector of the Glenelg Shire within the township of Casterton. Nestled amongst rolling hills and river red gums of the Glenelg River valley, it is located on the Glenelg Highway, 359 kilometres west of Melbourne and 42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

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)
- Domiciliary / Midwifery
- Nursing Home Type
- Palliative Care
- Infection Control / CSSD
- Ambulance Service
- Infection Control Officer

Visiting Consultants / Practitioners

- General Practitioners (Private Practice)
- Obstetric / Gynaecology
- Physicians General Medicine
- Surgeons
- Ophthalmologist
- Specialist 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 SASouth West TAFE
  - TAFE South Australia
- Medical Clinical Placements
  - Deakin University Medical School
  - Royal Adelaide Hospital Intern Rotations
- Work Experience Placements
- In-House Education and Competencies

Primary Care

- Planned Activity 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 Groups
- Meals on Wheels
- Home Maintenance Services
- Community Bus and Car Transport Service
- Community Room Facilities
- Advance Care Planning

Infrastructure Services

- Administration / Financial / Human Resources
- Health Information and Quality
- 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

RN Smart Makore teaches student nurse Sarah Hateley on an Urgent Care patient while RN Shane Gill supervises

Services to our Community

Hospital	2014/15	2015/16
Total Multistay Inpatient Separations*	263	254
Total Same Day Separations*	444	410
Bed Days*	2,867	2,900
Total WIES	375.58	361.49
% Occupancy Rate Staffed Beds	52%	53%
Average Length of Stay **	2.8	3.2
% Public Bed Days	77%	87%
% Private Bed Days	23%	13%
Obstetrics / Gynaecology	18	9
Operations / Procedures	130	0
Urgent Care Presentations	1,460	1,307
Glenelg House Residential Care		
Residents Accommodated	42	37
Bed Days	10,936	10,970
Average Daily Occupancy	30	29.97
% Occupancy Rate Full Year	99.87%	99.91%
Planned Activity Group		
Attendances	1,284	993
District Nurse		
Home Visits	4,998	5,852
Kilometres Travelled	18,522	23,076
Community Health		
Attendance (contacts)	545	353
Allied Health		
Physiotherapy Attendance ***	2,220	933
Speech Therapy Attendance ***	0	0
Dietetics ***	104	77
Occupational Therapist ***	64	125
Meals Produced		
Hospital / Residential Care / Other	64,098	68,167
Meals on Wheels (HACC Assessed)	4,266	4,082
Home Maintenance Program (HACC Service)		
Number of Clients	95	104
Number of Visits	1,234	906
Number of Hours	1,283	912

** Does not include Newborn transfers*

*** Excludes Nursing Home Type*

**** Includes inpatients*

CMH maintenance staff members, Mr. David Richardson and Mr. Malcolm Hill are kept busy with the Home Maintenance service.

Dr Brian Coulson holds an education session with Clinic and CMH staff.

Michael Naylor keeps the CMH gardens looking neat and tidy

Consumer, Carer & Community Participation

Doing it with us not for us: Strategic direction 2010-13 policy

Casterton Memorial Hospital (CMH) has incorporated the Department of Health and Human Services policy 'Doing it with us not for us' into our everyday care. This strategic direction complements our philosophy of Person Centred Care. CMH has advanced as a health service by being committed to involving people in the decision making process concerning their own health care. In other words, consumer participation enables CMH to focus on improving health outcomes and the quality of health care that we deliver to our clients as we work in partnership with each other to continually improve and ensure high quality health care in our community.

The 'Strategic direction 2010-13' for 'Doing it with us not for us' builds on the initial framework conceived in 2006, expanding it by setting new standards, indicators and targets. The Department of Health and Human Services policy statement on participation states that 'participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community'.

CMH supports the concept that participation in health is an essential principle of health development, clinical governance, community capacity building and the development of social capital. Participation is valued because it is:

- an aid to improve health outcomes and the quality of health care
- an important democratic right
- a mechanism to ensure accountability.

As a result of 'Doing it with us not for us' strategy, CMH has incorporated the five standards for consumer, carer and community participation in Victorian health services into the everyday functioning of the hospital. These standards are:

1. The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.
2. Consumers, and, where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.
3. Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.
4. Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.
5. The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.

As part of the implementation process, CMH has been monitoring the above standards against a range of indicators. The following is a brief report on relevant participation indicators and priority actions in 'Doing it with us not for us: Strategic direction 2010-13 policy' at CMH.

"Planned Activity Group" happenings

Consumer, Carer & Community Participation continued

Doing it with us not for us: Strategic direction 2010-13 policy

Indicator 5.1

CMH actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively. This is achieved in a number of ways and is detailed as follows:

CONSUMERS

- Are involved in the reviewing of all brochures developed and published for use within the facility. Consumers proof read and comment on the detail within the documents and make suggestions for the enhancement that may be required to assist CMH to support their promotion of health literacy within the organisation.
- Complete surveys and questionnaires after attending functions for Community Health, attending events or after hospital admissions.
- Are encouraged to support the ongoing improvement of CMH's functionality by contributing to the organisation through our Suggestions/Comments form.

CARERS

- Preparatory work undertaken by CMH to establish a Carer Support Group which will commence in July 2016.
- Are involved in all Goal-directed Care Plans so that those they care for have a voice in their own care.
- Have their social wellbeing and health recognised in matters relating to the care relationship that they are in. This is assessed and monitored three monthly.

COMMUNITY MEMBERS

- Are informed of the various programmes and services offered at CMH through multiple media outlets including the local newspaper, website and mail outs.
- Are invited to participate in meetings pertaining to the functions of CMH. We are building on our consumer engagement model to embed community members input into the working culture of CMH.
- Are encouraged and supported to volunteer their services to the organisation where they are then orientated, educated and supported to be involved in the organisation in a variety of capacities.

Casterton Memorial Hospital is committed to the ethos of 'Doing it with us not for us' policy. It has informed and guided our care delivery strategies enabling us to use a variety of participation types to involve consumers, carers and community members in care processes within our organisation.

Anne Pekin
Primary Care Nurse Unit Manager

Planned Activity Group clients (Day Centre) enjoy the many varied activities provided

Consumer, Carer & Community Participation continued

Culture and Language

As a small rural health facility we need to respond to consumers from a variety of languages. To provide this, CMH relies on the 24 hour telephone interpreter service which is provided by the department of Health and Human Services Language services line.

This service whilst not utilised often, provides reassurance to health carers, should the need arise, they can access fast, responsive and suitably trained translators to assist consumers.

Casterton as a community has a low number of consumers who have English as a second language; we do however, have an increasing cultural diversity in the workforce. The benefits are: greater access to carers with language and culture awareness skills, increased workforce stability and enhancing the local community diversity.

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's current cultural responsiveness plan demonstrates an organisation-wide approach to cultural responsiveness. It endeavours to meet the needs of consumers, the community and workforce.

CMH has developed many partnerships with groups and organisations who support the education of the workforce and support CMH in delivering the best possible service to consumers.

Current partnerships:

- Glenelg Shire Council
- Diabetes Australia
- Grow Healthy Together Indigenous Advisory Committee
- Cancer Council
- Diversitat (Geelong)
- Glenelg Outreach
- Primary Care Partnerships
- District Nursing Services
- WDHS Palliative Care
- Power Disability Network

Mary-Anne Betson
Manager Nursing Services

RN Smart Makore attends to dialysis patient Stuart McPeake

Consumer, Carer & Community Participation continued

CMH Victorian Health Experience Survey Results 2016

The Victorian Health Experience Survey (VHES), which is conducted on behalf of the Department of Health & Human Services (DHHS), commenced in 2014. It replaced the previous Victorian Patient Satisfaction Monitor.

The VHES survey collects and reports feedback from patients on their experience in receiving care at Victorian public hospitals. It collects feedback on all aspects of hospital care from admission, care, treatment, communication, food, cleanliness and environment through to planning for discharge.

Each month discharged patients are randomly selected to receive a survey from the Department with options to complete it either online or on paper.

Feedback received from VHES reports indicated a lower score in the area of patients observing clinicians undertaking hand hygiene. Clinicians informed us that whilst they would always perform hand hygiene prior to care they could not do this at the bedside so this was not always visible to the patient. In response to this and Hand Hygiene audit results, we placed hand hygiene products at the end of beds to make the process easier for clinicians and so patients could also observe this happening. From the most recent feedback received this year, we have improved our score in this area by 11%. Clinician's attention to hand hygiene is also reflected in our extremely low Infection Rates and improved performance in External Hand Hygiene audits.

We provide information from the survey to our Quality Committee to consider where improvements can be made and we display results to staff and the community. CMH Overall Patient Experience score as at September 2015 is 100% which means that 100% of people who completed a survey rated their hospital experience at CMH as either 'Very Good' or 'Good'.

Getting enough responses to the VHES survey has been challenging for us, so we would encourage everyone to complete a survey if you receive one, even if you have done it before. Getting more responses provides us with increased information regarding your experience at Casterton Memorial Hospital and helps us identify areas to improve.

Heather Rees
Quality Officer

Patient experience and outcome performance	2015/16 Target	2015/16 Actual
Victorian Healthcare Experience Survey - data submission	Full Compliance	Achieved
Victorian Healthcare Experience Survey		
- patient submission Qrt 1	95% positive experience	100%
Victorian Healthcare Experience Survey		
*- patient submission Qrt 2**	95% positive experience	Full Compliance*
Victorian Healthcare Experience Survey		
*- patient submission Qrt 3**	95% positive experience	Full Compliance*

**Less than 42 were receieved for the period due to relative size of Health Service*

Consumer, Carer & Community Participation continued

Improving Aboriginal Care

Casterton Memorial Hospital aims to provide a culturally safe and responsive environment which empowers clients to make decisions on their own health and wellbeing. We aim to provide equitable and responsive services and programs, a culturally responsive workforce and effective, evidence-based approaches.

In March 2016, CMH completed a review of both the Cultural Diversity Plan Manual and the Cultural and Spiritual Care Clinical Guidelines. This was to ensure CMH promotes the development of care plans which are responsive to care recipients' cultural and linguistically diverse (CALD) needs.

Strengthening our partnership with Indigenous communities was further demonstrated in May 2016 when CMH accepted an invitation to join the Grow Healthy Together Indigenous Advisory Committee. Other committee members include Portland District Health, Dhauwurd Wurrung Elderly & Community Health Service (DWECH), Windamara Aboriginal Co-op (WMAC) and Gunditj Mirring Aboriginal Co-op Heywood.

Casterton Memorial Hospital will be working collaboratively with this committee to attain its goals of building the health group to learn from each other. In time, it is hoped the committee will build and expand services within the region and to work in partnership with local Aboriginal communities to improve their health and wellbeing.

Paula Layley-Doyle
Community Health Nurse

Community Awareness Component

Memory Walk-Jog-Fun Run

There are 342,800 people living with dementia and the numbers are expected to rise to 400,000 within ten years. Without medical breakthrough the number of people with dementia is expected to skyrocket to 900,000 by 2050. It is Australia's second leading cause of death and single greatest cause of disability in older Australians over 65 and there is NO CURE. There are approximately 25,100 people in Australia with younger onset dementia under 65 years of age including people as young as 30. So how do we get the message out?

Charity events in any form are always popular, but increasingly, many organisations are choosing to recruit fundraisers through more interactive events such as walks and runs. A charity run is not only a healthy way for participants to raise money for a good cause, and improve all fitness levels, but a very visible way of publicising this cause to the community.

The rationale for having a community event for all ages is because of the growing prevalence of dementia driving the need for better understanding. By having an increased understanding, we can reduce the stigma that still exists around dementia in our community and, in doing so, achieve a more dementia friendly community. All of us are likely to come into contact with a person with dementia. That person could be a neighbour, a fellow club member, a person we encounter at the supermarket but could equally be a close family member.

Casterton Memorial Hospital Dementia Dynamics Memory walk-jog-run was held on 17th April 2016, at Island Park Casterton and with

Consumer, Carer & Community Participation continued

Community Awareness continued

Memory Walk-Jog-Fun Run continued

fantastic support from the community, we hope to work this into our calendar as an annual event.

As this is a shared charity event, money raised from registrations will go to Alzheimer's Australia to help provide vital support services, such as counselling, research, support groups, education to help family carers across Victoria.

The take home message from the day was *'Your brain is your most valuable asset. You need to protect it all your life!'*

Dianne McKinnon
Registered Nurse Div 1

'We're nearly finished!'
Dr Brian Coulson and After Hours Supervisor Stewart Bryan celebrate nearing the finish line.

RN Judy Coulter completes the Memory Walk Fun Run

Our talented Memory Walk organiser Dianne McKinnon (centre) working on plans with Karen Sealey and Cecily Condon

Quality & Safety

Feedback & Complaints

Casterton Memorial Hospital values and encourages both positive and negative feedback. We aim to present open and accountable services where feedback is welcomed and will be dealt with fairly and in a timely fashion. We see Complaints, Suggestions and Comments as essential components for understanding how our services are perceived. We use this in determining quality improvement initiatives and working towards addressing identified gaps.

CMH supports consumers to actively participate in and suggest improvements through involvement in Consumer Participation programs such as consumer committees, consumer support groups and consumer surveys as well as complaints, suggestions and comment forms. Feedback is recorded within our quality systems, reported through to the various hospital departments as well as to the highest executive level.

Some examples of actions we have initiated in response to feedback include;

- Improving the sociability and experience of Happy Hour for Glenelg House residents was a priority for Activities staff following feedback from residents. A new restaurant style design was trialled and proved very popular with residents who have endorsed the new format.
- Consumers identified a number of design actions that would improve privacy across a number of hospital functions. CMH have acted on this feedback and have implemented environmental design enhancements, i.e. curtains as a result. Follow up feedback has been very complimentary to the improvements.
- CMH has worked in collaboration with consumers on a number of improvements to organisational information, i.e. improved leaflet content. We will continue to engage with consumers of our services to identify improvement opportunities.
- A need for support of carers and families was identified by a family member at the Resident Committee. In July 2016 a Carer support group met for the first time. Initial feedback is positive and the group will continue to meet regularly.

People Matter Survey Score

CMH also participates in the Public sector "People Matter Survey". This provides the organisation with feedback from employees on their experience in the workplace. This information leads conversations in ways to improve workplace culture and reduce bullying and harassment.

Results:

- My organisation provides a safe environment 86%.
- I have the ability and skills to deal with difficult customers 84%.
- I believe the work I do is important 87%.
- I get a sense of accomplishment from my work 83%.
- The health service does a good job of training new and existing staff 78%.

This coming year CMH will be working with the workforce and community educating and formalising guidelines on domestic violence. This will be an organisation wide and community based project.

Heather Rees
Quality Officer

Quality & Safety continued

A Positive & Healthy Workplace & Community

As an employer of one hundred employees from the local community, there are connections within the workplace that go back generations. It can seem that someone in the community is either working at CMH, has had a relative work here or has had someone they know as a patient, resident or consumer of the service.

Developing the community and workforce to maintain positive, confidential and therapeutic relationships is paramount to a healthy, connected and safe workplace.

CMH strives to provide this through many channels of communication with the workforce to support employees and the greater community.

Employee groups elect an area representative who is trained and becomes part of the Occupational Health & Safety committee. This committee meets regularly to provide feedback and information on specific concerns, safety issues and education gaps or needs in the workplace.

Some of the programmes and organisational culture to support this include, healthy lifestyle and mental health wellbeing programmes run through community health focusing on diet, exercise and mental health. These are well attended by CMH employees, volunteers and carers.

The new employee mentor programme connects a more experienced employee in their work area to the new employee. This programme is an evaluation over a six month period. Feedback from the workforce has been very positive.

Q: What worked well in the mentoring experience?

A: "Both of my mentors were always approachable and had great advice"

Managing consumers or peers with aggression, bullying and harassment and dealing with complex mental health and behavioural issues is a challenge for all employees. An education programme was provided, organisation wide, for employees to assist in their recognition of key signs of escalating negative behaviour and strategies to respond to these. Instances of aggression, bullying or harassment can be consumer to employee, consumer to consumer or employee to employee. By providing strategies and policies to support employees in these situations CMH is endeavouring to ensure the safety and health of all persons using CMH either as a workplace or service.

Currently nearly all employees have completed this two hour training programme, and evaluation will be of assistance to the Occupational Health and Safety committee in planning future training.

Employees are provided with support services and access to counselling, medical assistance, or are able to access assistance should they feel they are unfairly treated in the workplace. Bullying and harassment guidelines are in place and are reviewed through the Occupational Health and Safety forum.

Quality & Safety continued

A Positive & Healthy Workplace & Community continued

Celebration of the positive input by employees.

CMH runs an Employee of the Year programme to acknowledge a person, who demonstrates positive input into the CMH organisation. This is awarded annually at the employee Christmas function. This celebration has been running since 1997 and last year's winner was Wendy Tibbles, who is a very worthy recipient.

Involvement by the workforce over and above their roles is a common occurrence in this facility. With the amazing drive of a Clinical Nurse Specialist from Aged Care, Mrs Dianne McKinnon, a very successful fun run was organised for the first time to support "Dementia". Di with her large group of supporters organised and ran a community event to highlight the impact of dementia and to raise money for the cause.

Well done Dianne, you raised great awareness and community involvement.

Mary-Anne Betson
Manager Nursing Services

CMH Employees Maree Russell and Sue Dehnert give the day some extra color in their outfits

Betty Collins & Margaret Wood after completing the Dementia Walk

Quality & Safety continued

Accreditation Status

Accreditation is the principal component of a facility's Quality Framework that is designed to ensure that the highest standards of quality and safety are achieved. It is a rigorous external evaluation process used to assess the quality of healthcare, services and business systems including a process of Continuous Quality Improvement.

In September 2015 Glenelg House Residential Aged Care was assessed by the Aged Care Quality Agency for Aged Care Accreditation. This involved meeting a total of 44 Standards across 4 specific areas, including Management systems, Heath and Personal Care, Care Recipient Lifestyle, Physical Environment & Safety systems. We were very happy to achieve successful re-accreditation status across all 44 standards. A very pleasing result for Glenelg House achieved by a very dedicated group working together to provide excellent care and services. Assessors were impressed with the care service and overall organisational systems in support of aged care.

Following accreditation, there was an un-announced assessment visit by the Australian Aged Care Quality Agency for Glenelg House in March 2016. These un-announced visits are to monitor on-going performance and compliance to the Aged Care Standards for Residential Aged Care organisations. During the visit the surveyor visited residents and families, viewed Quality Improvement systems, Supporting Independent Lifestyle and Preference programs as well as Cultural and Spiritual Life systems. Again we could demonstrate our commitment to excellence in Residential Aged Care.

Casterton Memorial Hospital had a very successful Equip National Standards Periodic Survey in 2014, where all required standards were met without further surveyor recommendations for improvement. The surveyors increased our rating to "Met with Merit" in 29 out of 133 actions. Met with Merit ratings are applied where a facility can demonstrate a high level of achievement. This was a very pleasing result and all staff groups are congratulated on their excellence.

Since this time we have been working extremely hard on ensuring that CMH systems meet the requirements of the next phase of Equip National Accreditation which is due in July 2016. This phase will assess CMH against all 10 National Standards and the 5 additional Equip National Governance based standards which equates to a total of 367 actions to meet. All teams have been hard at work reviewing procedures and consolidating work practices to support and enhance quality and safety within CMH care and services.

Each financial year CMH enters into an Agreement with the Department of Health & Human Services called a "Statement of Priorities". The Statement sets out priority actions that will deliver or progress shared objectives towards improving quality, safety, good governance and leadership for healthcare facilities.

Aged Care Quality Assessors David Barnett and Katherine Cassar join with Karen Sealey (NUM Glenelg House), Mary-Anne Betson (MNS) and Owen Stephens (CEO)

Quality & Safety continued

Accreditation Status continued

Within the "Statement of Priorities" there are set performance targets to achieve for health services. We are very proud of CMH employees for their ongoing commitment to Quality and Safety and their dedication to not only meeting Quality Standards but showing a willingness to go above and beyond in the interests of patients, residents and clients.

Performance Priority	CMH Rate	Target
Accreditation National Standards	Achieved	Achieved
Aged Care Accreditation	Achieved	Achieved
Patient Experience data submission	Achieved	95%
Patient Safety Culture Survey staff satisfaction	94%	80%
Hand Hygiene Program compliance	86%	80%
VICNISS data submission compliance	Achieved	Achieved
Influenza Vaccination rate	98%	75%
Financial sustainability	Achieved	Achieved

Adverse Events

Casterton Memorial Hospital actively seeks to manage adverse events in healthcare through an open and transparent process of communication with patients, residents, clients and support persons.

We recognize the value of open disclosure in the effective management of adverse events and complaints. The framework for this is contained within the CMH Open Disclosure Policy and is enacted with the recognition of unintended harm. This includes;

- Consistent and effective communication with a patient, resident, client and their support person following an unexpected adverse event.
- Providing an environment where a patient and their support persons receive relevant information needed to understand the adverse event.
- Creation of a supportive environment for the patient, their support persons, health care professionals and managers.
- Provision of information for all clinical staff on commencement of employment at CMH.
- Providing updates and reports to organizational and staff meetings.
- Clinical employees undergo regular education and training in CMH Open Disclosure processes.

CMH also uses other systems that support proactive identification, reporting and prevention of Adverse Events.

Clinical record reviews are undertaken monthly to identify system issues regarding clinical care outcomes.

Incident reporting systems are used to report organization clinical and non-clinical events however small.

Performance data is collected across all departments for a range of clinical and non-clinical information. Some data is reported to external statutory quality databases such as the Sentinel Reporting Program, Serious Transfusion Incident Reporting system, Trauma reporting, Adverse Drug Reaction programs, Clinical Indicator program, VICNISS healthcare associated infection surveillance, Hand Hygiene Australia and Department of Health & Human Services Cleaning audits to name just a few. Other data is collected internally such as complaints, suggestions and comments as well as consumer feedback information. There is also an extensive audit program that is designed to monitor performance and identify improvement opportunities.

Performance data collected is used to assess and compare ourselves against our peers

and to monitor where our results may vary. Improvements to care and systems are identified and followed up through CMH Risk Management and Continuous Quality Improvement frameworks.

Quality performance reports are generated monthly and these are viewed by organizational meetings as well as at the highest executive level. The Board of Management receives quality reports to enable it to monitor organisational compliance and performance on a monthly basis.

Heather Rees
Quality Officer

Medication Management

This year shows an improvement in medication management within the hospital. The introduction of the medication management plan and the ongoing education in its use has provided us with a platform to improve outcomes for our patients.

These valuable documents encourage us to explore fully the medication patients were taking pre admission to hospital and to ensure these are prescribed for the patient whilst in hospital.

On discharge we are able to reconcile the patient's medications with the medication chart and ensure that consumers are sent home with the appropriate medications and have been provided with education and information to take these medications as prescribed.

In the near future we hope to be able to manage this even better with the introduction of electronic medication prescribing and administration systems which will ensure that at all times the patient receives their correct medications at the correct time in the correct dose and via the correct route.

We are working hard to further improve medication reconciliation performance. Patient feedback from internal and external surveys confirm that nurses are providing education on new and discharge medications appropriately.

RN Aparna George administers Wally Richardson his medications

Quality & Safety continued

Falls

Falls management and the prevention of falls is a major part of our ongoing care of patients at CMH. Every person admitted to CMH whether as a day stay or longer has a falls risk assessment completed and then a falls prevention plan is written in response to this assessment.

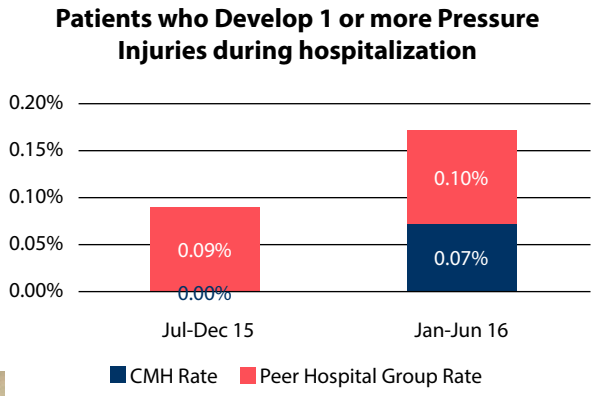
Falls prevention may consist of the provision of aids, assessment of gait and mobilisation by the physiotherapist, the use of lifting devices for transfers or the use of bed or chair sensors to alert the nurses to patient movements.

All of these together are evidence of CMH's commitment to ensuring that all patients in our facility are safe.

EN Sandi Kaur supervises Val Burrows using her 4 wheel walker

Pressure Injuries

All patients admitted to CMH are assessed for the presence of a pressure injury or the possibility of developing one whilst an inpatient.



If this assessment shows that the patient is at risk we are then able to implement measures to assist in prevention. These measures may be as simple as helping someone to move on a regular basis, ensuring they are always dry and comfortable through to the provision of special air mattresses which inflate and deflate at regular intervals or special cushions for the arm chairs to relieve pressure on bony areas.

CMH continues to collect performance data on the incidence of Pressure Injuries within the acute Hospital. The addition of special air mattresses, cushions and new skin care products have contributed to very low incidence rates of Pressure Injuries for 2015/16 as seen in the ACHS Clinical Indicators noted above.

Quality & Safety continued

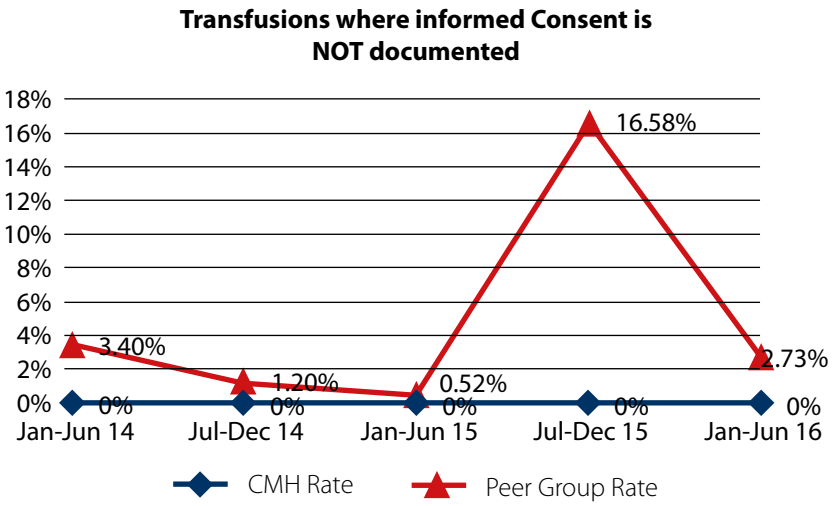
Blood and Blood Products

The transfusion of a unit of blood or the administration of immunoglobulin is all part and parcel of CMH's ability to provide quality care for our community.

CMH has multiple policies and guidelines in place to ensure that we administer these products in line with best practice guidelines and standards and that we are at all times compliant with the requirements for transfusion.

All patients who are to receive a blood transfusion sign an informed consent to ensure they are fully conversant with the reason for the transfusion and of the potential complications. CMH has consistently performed at 100% in performance data for 2015/16.

All blood or blood products received at CMH are recorded in a register which records the date and time of arrival, the unit/batch number, the expiry date and to whom this product is administered so that we can accurately track the unit from delivery and administration through to disposal.



Staphylococcus Aureus Bloodstream Infections

The tables for MRSA (Multi-resistant Staphylococcus Aureus) and SAB's (Staphylococcus Aureus Bloodstream) all show that Casterton Memorial Hospital has had no healthcare acquired infections this year that are reportable to the Department of Health and Human Services. These infections are monitored monthly and data submitted, where it is compared to the state averages.

Any healthcare acquired infection that is reportable is then fully investigated and processes put in place to prevent further infections in the future.

As part of the reporting requirements, forms must be completed to show the investigation has taken place and if any further follow up is required then VICNISS, to whom these reports are made, will contact the Infection Control Clinical Nurse to further investigate.

Year	Healthcare associated		Community associated	
	No. of SAB*	No. of MRSA**	No. of SAB	No. of MRSA
2015/16 YTD	0	0	0	0
VICNISS 5yr aggregate	1809	340	3131	453

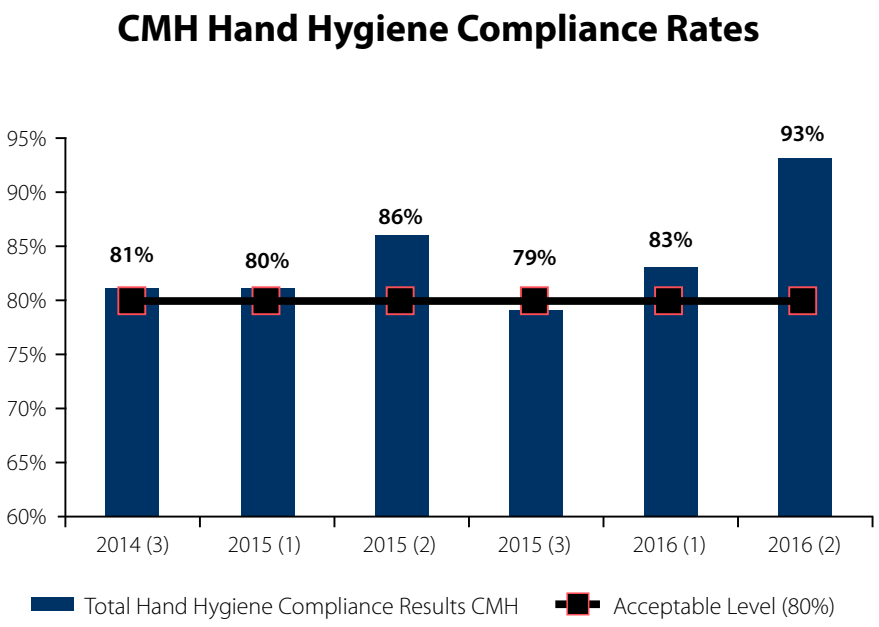
* Staphylococcus Aureus Bacteraemia
** Methicillin Resistant Staphylococcus Aureus

Quality & Safety continued

Hand Hygiene & Immunisation

The World Health Organisation (WHO) and the Australian Government have made a firm promise to raise the awareness of the importance of hand hygiene in preventing healthcare acquired infections.

To this end the WHO came up with a way to determine when and where Hand Hygiene should take place. This was the start of the "5 moments of hand hygiene." To monitor compliance with hand hygiene we audit our employees against these 5 moments.



Moment 1 - before touching a patient

Moment 2 - before a procedure or potential blood or body fluid exposure

Moment 3 - after a procedure or potential blood or body fluid exposure

Moment 4 - after touching a patient

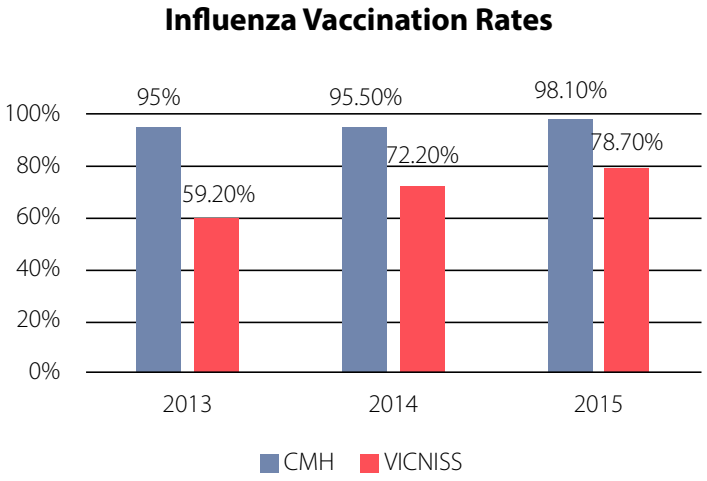
Moment 5 - after touching a patients surrounds

As can be seen in Quarter 3 2015, we were below the accepted compliance level of 80%. With further education of our employees on the 5 moments of hand hygiene and a change in the location of the Alcohol Hand Rub we have been able to increase our compliance from 79% to 93% in 8 months.

Once again the influenza vaccination rate for CMH is well above the state average for 2016.

Employees and volunteers of CMH show great commitment to their patients/residents by ensuring they receive this annual vaccination and are to be commended for this commitment.

The state government have a required target of 80% vaccination rate for employees and as can be seen by the below table CMH is as always well above this rate.



* Victorian Hospital Acquired Infection Surveillance System

Heather Gill
Infection Control Clinical Consultant

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:

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

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 Department accepted reference ranges. We use this information to identify where improvements can be made. We post reports onto the Glenelg House noticeboard so residents, families and visitors can view our performance and also contribute ideas on how to improve further.

A project concluded in 2015/16 to improve resident skin integrity in Glenelg House. Best practice reviews were undertaken and as a result new skin hygiene practices and skin care products were introduced. Additional resources such as pressure air pump mattresses, pressure cushions and pressure reducing chairs were also purchased.

Following evaluation of the changes, Pressure Injuries reduced by 66% and Skin tears also reduced by 43% overall from 2013/14 to 2014/15. Staff continue to be very positive about the changes and the improvements to resident's overall skin integrity.

Glenelg House has a set of guidelines which identifies when each resident is due for a medication review.

This is done on a 3 monthly time frame and in consultation with the resident and their family.

Each resident also has a comprehensive medication review which is carried out by an Accredited Pharmacist yearly. The pharmacist reviews all medications and prepares a report which is then discussed with the resident's doctor. Suggestions and/or changes are discussed and implemented according to findings of the review.

Karen Sealy
Glenelg House, Nurse Unit Manager

Your Rates (per 1000 bed days)	CMH Rates	State Rates	
	2015-16	Accepted Range	State 2015-16
Pressure Injuries Stage 1	0.00	1.20	0.35
Pressure Injuries Stage 2	0.18	0.80	0.38
Pressure Injuries Stage 3	0.18	0.00	0.07
Pressure Injuries Stage 4	0.00	0.00	0.02
Suspected Deep Tissue Injury	0.00	0.00	0.01
Unstageable Pressure Injury	0.00	0.00	0.04

Your Rates (per 1000 bed days)	CMH Rates	State Rates	
	2015-16	Accepted Range	State 2015-16
Falls	7.48	11.00	7.21
Fall Related Fractures	0.36	0.00	0.15
Intent to Restrain	0.00	0.00	0.34
Physical Restraint Devices	0.00	0.00	0.46
9 or more Medicines	5.65	3.50	4.44
Significant Weight Loss (>3kgs)	0.46	1.00	0.86
Unplanned Weight Loss (Consecutive)	0.18	1.00	0.76

Quality & Safety continued

Community Health Services

One of the leading causes of morbidity and mortality in older Australians is falls-related injury. More than 80% of injury-related hospital admissions in people aged 65 years and over are due to falls and falls-related injuries. More importantly, fall rates are greater for older people therefore Casterton Memorial Hospital has an established framework for the prevention of falls. To minimise falls risk and harm from falls all patients in the Acute Ward, residents living in Glenelg House and community members receiving District Nursing care are assessed on admission. Staff use either a Falls Risk Assessment Tool (FRAT) for those people within the hospital and a Falls Risk for Older People (FROP) for those people receiving District Nursing Services.

In keeping with practices developed within the hospital and following best practice guidelines, CMH Primary and Community Care reviewed, developed and trialled the FROP for community settings. Staff were cognisant of the fact, older people who live in the community and fall, about 50% of the time, this will occur within their own homes or immediate home surroundings. Interestingly, most falls occur on level surfaces within commonly used rooms, such as the bedroom, lounge room and kitchen. Comparatively fewer falls occur in the bathroom, on stairs, or from ladders and stools. While a proportion of falls involve a hazard such as a loose rug or a slippery floor, many do not involve obvious environmental hazards. The remaining falls occur in public places and in other people's homes. Primary and Community Care are focused on their falls prevention message to their clients, therefore, all people admitted to the service undertake a falls assessment. Intervention recommendations are then discussed with the client in the context of promoting independence for the client and remaining at home by reducing their risk of falls.

The FROP used by District Nursing staff is a comprehensive tool that was developed by the National Ageing Research Institute to review and recommend a set of falls prevention resources for general use. CMH reviewed this document, trialled and tested the format on a range of clients and then adapted the final document to match our clients and environment. The FROP consists of a questionnaire with a range of subtitles including: history of falls; medications; medical conditions; sensory loss; feet and footwear; cognitive status; continence; nutritional status; environment; functional behaviour; function; balance; and gait/ physical activity. A score is allocated for each area and then a grading of falls risk occurs.

Primary and Community Care utilise a selection of strategies, such as health promotion, walking groups, balance and exercise groups, to assist in reducing falls to help prevent fall related presentation to the hospital and to assist people to remain at home. District Nursing refer to outpatient Occupational Therapy service to assist clients to review their homes and suggest additional aids as needed for the home setting. This all promotes and supports ongoing independence in a safe environment.

This philosophy has been well accepted by the community with the following evidence testimony of the enthusiasm and keenness for people to uptake services and ideas and advice so that they can remain living at home.

Some of the items discussed at the Better Health Self-Management program run by Community Health

CMH Employee Barb Toma enjoys making a smoothie at the Casterton Show CMH Bike & Blend stand

Quality & Safety continued

Community Health Services continued

District Nursing clients have their falls risk reviewed three monthly as routine. They are also re-assessed more frequently if it is noted or that their mobility or cognition has altered or they report having a fall. Auditing the falls risk assessments for 2015/16 has provided the following information:

- 104 clients with 29 identified as high falls risk.
- 38% of high risk clients have attended Strength &Balance classes.
- 13 (12%) District Nursing clients presented to hospital due to falls during 2015/16.
- A total of 24 individual DN clients have attended Strength & Balance during the year.
- Those not attending noted a variety of reasons including difficulty getting into classes due to lack of transport, too frail to attend, no interest in attending or just declined the suggestion.
- As a result of the FROP, we have recorded increased referrals to other support services to help prevent future falls such as Physiotherapy, Dietetics, Continence and Occupational Therapy services.
- During Strength & Balance classes, strength is monitored every three months with measurement evidence showing that people who regularly attend sessions are able to maintain and improve their strength.

CMH have since increased transport options for Strength & Balance classes with volunteer assistance. This will assist clients to attend Strength & Balance classes where they may otherwise have not been able. Already we are noting increased attendance as a result.

Additional Occupational Therapy service to Casterton district has also increased the service capacity for clients to support and promote safety within the home.

Anne Pekin
Primary Care Nurse Unit Manager

Strength & Balance clients enjoying the varied activities. Strength & Balance classes are held every Wednesday morning at 9am in the Day Centre

Continuity of Care

Leaving Hospital

Effective discharge planning is of the utmost importance to support a successful transition from hospital back to home and into the community. Where planning for discharge is not co-ordinated it can lead to a relapse in illness resulting in possible re-hospitalisation. This can be frustrating for the patient in terms of returning to health.

The planning of client discharge must start soon after the initial presentation to hospital. Comphrehensive assessment and screening of the patient can simplify the discharge process as identifying care needs will support co-ordination of care requirements so that they are appropriate and adequate.

The ultimate aim for healthcare facilities and effective discharge planning is to co-ordinate services available within the community to promote return to health and to support patients to remain living at home for as long as possible.

There are numerous services which can be activated to assist the transition from hospital to home. District Nursing, Home Help, Meals on Wheels, Palliative Care, Medication Management and many others are at the disposal of the public to ensure they have the necessary and adequate support once they leave hospital.

Post-discharge follow up is paramount as it provides the patient and Casterton Memorial Hospital confirmation that services put in place are: 1) adequate and 2) have actually started. At CMH eligible patients receive a phone call two days after discharge in order to ascertain whether the discharge services are adequate, to identify any further gaps and rectify these before they have a negative affect which could ultimately result in re-hospitalisation.

The challenge of discharge planning is to convince patients they are not a burden by using available discharge services. These services, i.e. meals on wheels/district nursing, provide a means to support patients within their own home and contribute to more timely health recovery and may reduce extended stays in hospital. We collect feedback to ensure our discharge and transfer practices continue to meet consumer needs.

We receive data from the Victorian Health Experience Survey and we use this to assess satisfaction and compare this to other facilities. This helps us to identify where we ourselves may improve our care and services.

To improve further transitions of care we have;

- Improved non-emergency patient transfer capacity.
- A patient discharge medication lists improved;
- Introduced electronic transfer of discharge summaries to the patient's own GP to support communication between CMH and the patients GP.

Shane Gill
Acute Nurse Unit Manager

RN Shane Gill discusses discharge planning with patient Carol McKinnon-Ward

Continuity of Care continued

Advance Care Planning

Casterton Memorial Hospital has continued to demystify the concept of Advance Care Planning to the workforce and the community. CMH was fortunate to have some innovative and forward thinking nurses who started the conversations at Casterton around 18 years ago. The work of these nurses is now truly evident with the continual uptake of advance care planning in the community. CMH now has completed in-house education of most of the workforce (non clinical) and formally trained over 20 facilitators with 13 still in the workplace.

CMH also continues to run annual community information days which are always well attended. This year a full review of the information packs and brochures was undertaken, with input and development by the Community Advisory committee. This welcome consumer assistance ensured our brochures meet the needs of the people who will be using them.

The processes are now very well embedded for CMH. Communication is through a bi-monthly meeting of facilitators and includes community providers such as the medical clinic. Every person admitted to a CMH service are provided with a brochure and the opportunity to discuss their ACP in more detail. The uptake is very high. Residential care has a 100% completion rate and our goal for 2017 is to increase the opportunity for Urgent Care presentations.

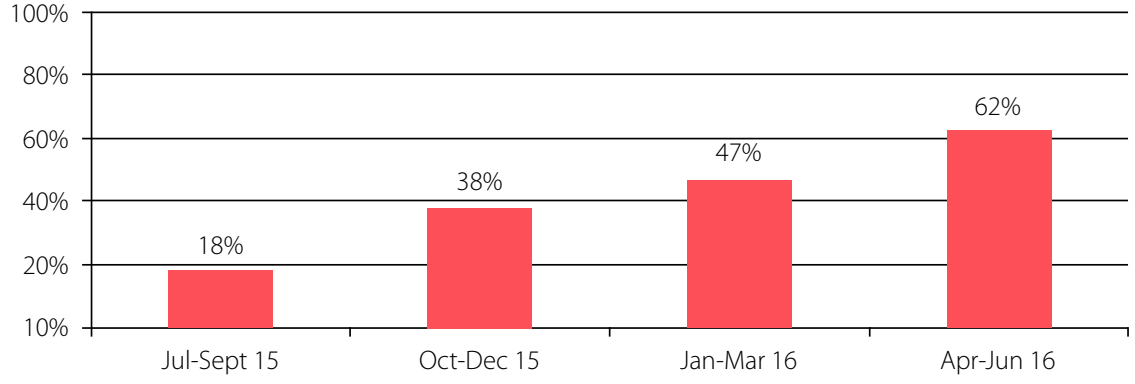
These actions promoted more conversations and better follow up with consumers resulting in an approximate increase of 37% in the number of completed ACP's. Feedback from nurses and consultants showed they felt comfortable in commencing and following through Advance Care Plan conversations with consumers.

There have been so many instances where Advanced Care Plans have provided a wonderful outcome for persons, especially those with chronic and terminal illnesses. It has given consumers control in how they wish to live their life, rather than someone else making decisions for them when they no longer can.

CMH would like to thank all the consumers who have over the past 18 years provided the feedback which allows CMH employees the opportunity to improve their care and respond to your needs. So if you are reading this report please take a moment to consider a couple of questions:

- Have you told anyone else how you would like to live your life?
- Do you have someone who can speak on your behalf?
- Have you completed your Advance Care Plan and Enduring Power of Attorney?
- If not, come and see us.

% of Discharged Patients aged over 75 with an ACP or Substitute Decision Maker for 2015/16



Continuity of Care continued

Advance Care Planning continued

CASE STUDY 1

An Employee attended the organisation wide education on Advance Care Planning at CMH in Dec 2015. They had never thought about the implications of something happening to them. They went home with the brochures and discussed it with their partner. Both were well, with no pre-existing illness, however, on starting the conversation together, they realised they both had vastly different ideas and beliefs on how they wanted to live their life. This was quite confronting as they came to terms with each other's wishes.

They both sought clarification from a facilitator and went on to complete their advance care plan and Enduring Power of Attorney. Whilst they had a will in place, it only discussed post death wishes, not how they wanted to "live their life".

This case study also had another impact in that they continued the conversation with their friends and family and this lead to more enquiries.

CASE STUDY 2

A consumer presented with a complex terminal medical condition, this consumer had an advance care plan in place which was very articulate and clear. Considering the complexity of the medical diagnosis, the consumer had completed an Advance Care Plan which requested they have care in their home town care facility and did not wish to be transferred to Melbourne. Very specific details were documented as to family and care to be provided, all of which our facility could undertake.

The Advance Care Plan was registered on the electronic medical record with the Enduring Power of Attorney. It was checked with the consumer to be current and the End of Life care was provided following the Advance Care Plan. The result was a consumer who achieved their goal, to live and die how they wished and with the people they loved, respected and knew present.

Mary-Anne Betson
Manager Nursing Services

ACP Facilitator Anne Pekin discusses Advance Care Plans with RN Anne Taylor and student nurse Sarah Hately

Human Resources

Workforce Information

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

What our employees have to say (extracts from the Victorian Public Sector Commission – People Matter Survey)

- *"I am very happy with my work situation here and I find that there is a very high level of professional support provided. I believe there are many employees that go beyond their roles to help provide patients with the best possible care available."*
- *"I very much enjoy my working environment. It is physically a very pleasant place to work and I enjoy the company of my fellow colleagues."*
- *"My work is stimulating, challenging and never boring."*

During the 2015/16 year Casterton Memorial Hospital employed a total of 115 employees, 40 full-time and 75 part time across the labour categories as detailed in the following table. Statistics provided are consistent with information provided in CMH'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 outlined in the Code of Conduct for Victorian Public Sector Employees 2015 and CMH Code of Conduct Policy.

Labour Category	June 2016 Current Month FTE		June 2016 YTD FTE	
	2015	2016	2015	2016
Nursing	43.67	44.22	42.67	43.09
Administration and Clerical	8.57	8.94	8.37	9.16
Hotel and Allied Services	23.02	23.15	22.94	23.37

STAFF RECOGNITION YEARS OF SERVICE 2015-2016			
Name	**Years or Service**	**Name**	**Years or Service**
Julie Hurrell	5	Maree Russell	15
Moana Shone	5	Michael Naylor	15
Helen Stanislawski	5	Susan Davis	15
Jenelle East	5	Ingrid Bunnik	15
Vanessa Sheahan	10	Janine Naylor	20
Cindy Smith	10	Karen Sealey	25
Cecily Condon	15	Judy Matthews	30

Employee of the Year

Each year CMH recognises one of our team as the Employee of the Year and for 2015, Wendy Tibbles was bestowed with this award. This was in recognition of Wendy's dedicated care and work for over 29 years to residents of Glenelg House and for her diligence in support of CMH in the areas of minimal handling management, continence management and representation on our Occupational Health & Safety committee, together with her on-going education.

On behalf of The Board of Management of CMH, your colleagues, all residents and our organisation, we thank you.

Staff List

Registered Nurse
Betson, M. A.
Bryan, S.
Clutterbuck, M. P.
Coulter, J. M.
Dehnert, S. D.
Dillon, H. V.
Dong, S *
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.
McEachern, B. M. *
McKinnon, D. R.
Peterson, L. J.
Roll, L. E.
Sealey, K.
Sheahan, V. J.
Taylor, A.C
Thomson, J. C. *
Were, B. A. *
Young, J. L.
Zippel, W. J.

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

Enrolled Nurse
Beever, A.
Benson, A. M.
Bogie, R. M.
Bosch, L. K.
Condon, C. A.
Galpin, S. P. *
Hannaford, K. L.
Jacobs, A. M.
Johnson, C. D.
Jones, N. M.
Kaur, S.
Nesbitt, D. A.
Parsons, K. L.
Perri, D.
Russell, M. R.
Smith, G. J.
Tait, P. M.
Tibbles, W. K.
Wombwell, S. M.

Nursing Attendant/ Personal Care Workers
Green, M. M. *
Meyers, C. L. *
Reilley, R. F.
Roberts, C.
Sealey, T. B.
Stephens, R. C.
Thurkle, E. R. *
Tucker, R

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

Planned Activity Group
Bryan, B.H.

Healthcare Attendant
Kent, B. M.
Walker, S *

Administration
Betinsky, M. J.
Carmichael, P. G
Davis, S. S. *
Hulm, L. S.
Macfarlane, J. L.
Milich, E.
Rees, H.
Rees, K.
Richardson, J.F.
Shone, C. M.
Smith, S. J. *
Stephens, O. P.
Toma, B. G.
Foster, N. *

Environmental Services
Bellinger, C.
Bunnik, I.
East, J. A.
Edwards, K. D. *
Hurrell, J. A.
Jones, P. A.
Louden, D. J.
McDonald, B. A. 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. A.
McPeake, M. L.
Murrell, J. A.
Naylor, J. H .
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.

*denotes resigned during year

Community Support Groups

Murray to Moyne

Our Murray to Moyne team took part again in this years' 30th anniversary of the cycling event.

Our team consisted of cyclists Duncan Wishart, Mark Cowland, Stephen Mutch, Paul Beauglehole, Simon Povey, Madelene Cleary, Michael Greenham and Maggie Greenham with support from Shane Gill, Barb Toma and Patrick Smith.

The Murray-to-Moyne committee has been raising funds for our local hospital for the past 23 years in various ways including the ride, breakfast on the lawns, catering and golf days.

This year the team also won the Rapid Relief Team Award for the overall outstanding Support Crew on the 2016 M2M Ride.

2016 M2M team successful finish

CMH Employees Barb Toma and Shane Gill with the M2M Award

CMH Ladies Auxiliary

Casterton Memorial Hospital Ladies Auxiliary after a short recess has reformed and are back in action fundraising and supporting our facility. Mrs Bernie McEachern has put up her hand to take on the leadership role and has a very capable and willing band of helpers. December 2015 the ladies were back selling their renowned and much sought after Christmas Cakes and biscuits. This will become their bi-annual fund raiser. This year the Auxiliary has farewelled Mrs Margaret Moffatt, a long standing Auxiliary member. Marg will be remembered for her dedication to the Auxiliary and in her particular her coordination and expertise of the Christmas cooking projects over many years. CMH wish to publicly thank Marg for dedication and service to CMH.

2016 Christmas Cake Raffle
Cook & Decorator - Nancy Baxter

Hospital Social Club

The Hospital Social Club, formally the Hospital Younger Set, have been fundraising for CMH for over 40 years. They can be seen annually in Henty Street around the month of October with their wood raffle. CMH is very appreciated of their donation each year at our Annual Meeting.

WE NEED OUR COMMUNITY'S HELP!!

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

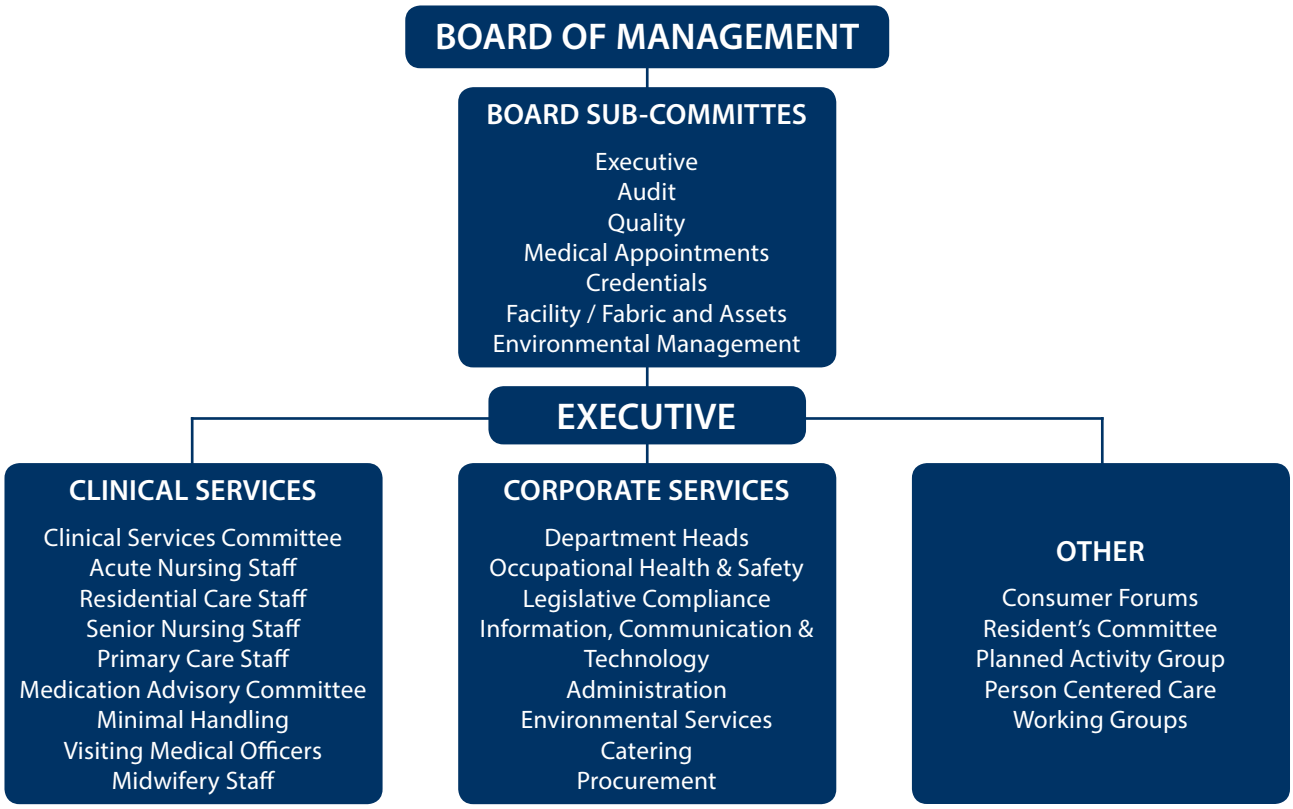
Community input is necessary to continue to provide a Quality Report which meets the needs of our community. We need your comments to help us to ensure that the next year's report contains information that is important to you.

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

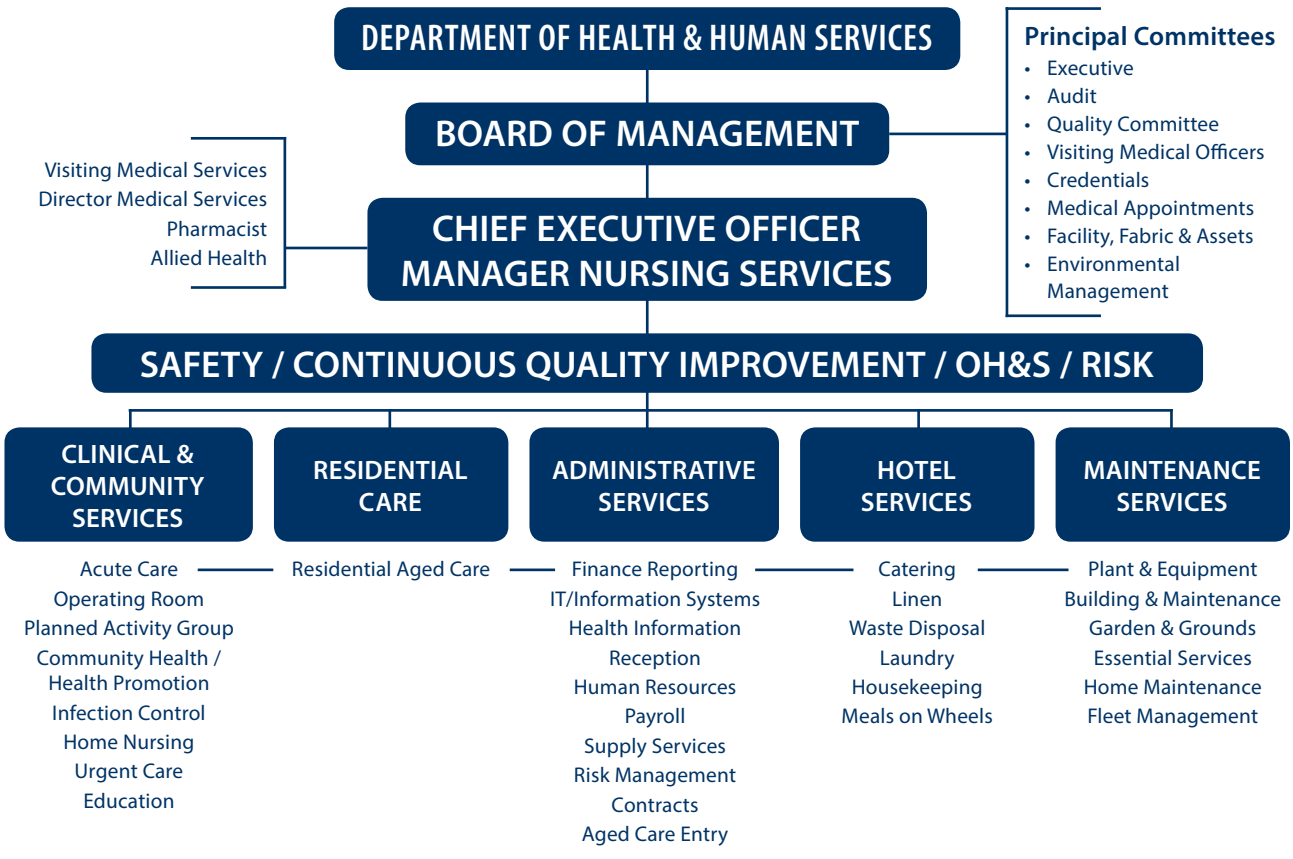
Thank You.

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



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