

# ANN UAL REP ORT

2014 / 2015



*Boort*  
*District Health*

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**Welcome**

Since Boort District Health was established on its current site in 1961 it has played a key role in the provision of public health services for the community of Boort and surrounding districts. The Annual Report 2014 - 2015 is an important document that provides information to all stakeholders about the performance of the health service. The report will highlight services provided, operational achievements and challenges during this financial year.

The Annual Report should be read in conjunction with Boort District Health's Quality of Care Report. The document details Boort District Health's achievements in many clinical, community and operational areas. The Quality of Care Report is produced in a calendar format to make it a useful document that will be read throughout the year.

Report specifications:  
Reporting period from 1 July 2014 to 30 June 2015. This report is prepared for the Minister for Health, the Parliament of Victoria and the general public in accordance with relevant government and legislative requirements.

**Acknowledgment of Country**

We acknowledge the Dja Dja Wurrung Country of the Jaara people and we pay our respects to their elders past and present. We acknowledge their living culture and the unique role they play in the life of this region.

**Person centred care**

Be patient, resident and staff focussed

**Respect**

Be impartial and aware that the rights and choices of people are respected

**Accountability**

Be accountable for our actions

**Integrity**

Responsible and ensure that care and services provided demonstrate integrity

**Our Vision**

Is to enrich the health and wellbeing of the community

**Our Goal**

As a collaborative partner in health our goal is to deliver quality, flexible and responsive health and care services to the community

what we value





## About Boort District Health

Boort District Health provides a comprehensive range of healthcare services to the community.

### Acute Services

Nine acute beds in both single shared accommodations are provided. One palliative care bed with a family room is available. Admission to acute services is through the Visiting Medical Officers.

### Urgent Care Centre

The centre provides urgent medical care on a 24 hour basis, seven days a week. The Urgent Care Centre is supported by local based general practitioners.

### Residential Aged Care

The hostel provides 30 low residential aged care beds including one transitional care bed. The nursing home has ten high level residential aged care beds.

### Oral Health Services

Public and private oral health services are provided to the community. The public program provides outreach to other towns and provides preventative dental care programs to children and schools. Oral health services are also provided to residents in nursing homes.

### Community and Home Based Care

Boort District Health is a hub for outreach community support programs and includes providing Meals on Wheels, district nursing, transition care and social programs. Within the health service programs including planned activities, exercise groups, arts and crafts and community wellbeing programs are provided.

### Primary Care Services

Various allied health services are provided including physiotherapy, podiatry, health education and health promotion.





On behalf of the Board of Management and staff we are pleased to present the Annual Report for Boort District Health. As evidenced in this report we are proud to report on a number of achievements and highlight the ongoing support we receive from volunteers and the wider community.

In a year that has seen the commencement of important changes at Boort District Health it is pleasing to reflect on the achievements of the organisation. The announcement in the May 2014 Victorian Government Budget of \$14 million to provide capital works to redevelop the health service has ensured Boort District Health will continue to offer flexibility and sustainability in service delivery.

#### **Quality and Safety**

Boort District Health maintains systems to ensure accountability and responsibility for the delivery of safe, high quality care. We are proud to report that the organisation met all requirements under the Australian Commission on Safety and Quality in Health Care Standards. Further Boort District Health achieved an unprecedented 58 Met with Merits. This demonstrated sustainable performance higher than the required standard.

We are very proud of the recognition and this is a terrific acknowledgment of the commitment of staff and volunteers who provide assurances to the community about the quality and high levels of care that are provided to our patients, residents their families and the wider community.

During the year, Boort District Health committed to develop a leadership program for emerging leaders in the organisation. The program has involved establishing a mentorship program and on site leadership training. We also committed to forming a partnership with four other small rural health services to implement the Studer Program. This has involved leadership catch ups with staff to observe and receive direct feedback from staff and working with everyone to commit to the Vision of the organisation. It is wonderful to see the commitment from staff as they demonstrate new ways of working where they are continuously improving our services.

#### **Board of Management**

The Board of Management is responsible for governing all the organisational domains of activity including business performance, human resources management, information and communication technology, work health and safety and quality of all services delivered by Boort District Health. Ultimately, responsibility for ensuring the integrity and effectiveness of the governance systems rests with the Board of Management.

During the year the Board approved the 2015-2018 Strategic Plan. The plan is available on the website at [www.bdh.vic.gov.au](http://www.bdh.vic.gov.au).

There are four committees that provides advice on a regular basis to the Board of Management meetings:

1. Community Advisory Committee:

The committee ensures there are meaningful partnerships with the community. This committee provides valuable input and support to the redevelopment project.

2. Finance and Audit Committee:

The committee monitors all aspects of financial performance and financial risk management. It ensures there are reliable and well-designed systems to manage all financial aspects of the organisation.

3. Safety and Quality Committee:

The committee reports and monitors the effective use of data and information to inform the overall performance of clinical care.

4. Clinical Governance Committee:

The committee reports and monitors the cultural clinical leadership which prioritises and provides clarity about safety and quality of clinical care.



### **Health Service Redevelopment**

The Minister for Health, the Hon David Davis, announced in May 2014 \$14 million for the redevelopment of Boort District Health. The funding is an important investment to provide innovation in the delivery of services in aged and acute care. The funding will mean a new 25 bed Ageing in Place facility will be built, six bed acute ward including palliative care, new kitchen, activity room, two bed Urgent Care Centre and revitalised grounds for the enjoyment of all visitors to the health service. It is expected that the entire building project will be completed by July 2016.

The redevelopment has provided additional opportunities to engage the community on a number of projects. For example, it is planned to construct a new children's play area, coffee shop where residents can volunteer and it will be a place for visitors to have meals with their families, an art space and a history collection of memorabilia. These projects have provided enthusiastic responses from the community and it will be exciting to watch all the projects develop over the next few months.

We would like to thank everyone who has been involved in the planning stages and the feedback has certainly meant that once finished the facility will be an exceptional building.

### **Community Engagement**

Boort District Health continued to actively build its partnerships. These structured relationships that have been formed are important in providing the health service with advice, direction and guidance about issues affecting the community.

A few examples of the diversity of the community engagement over the past 12 months includes:

- The health service formed a partnership with the Boort Trotting Club to raise awareness of Ovarian Cancer. All funds raised at the trotting meeting was given to Victorian Ovarian Cancer.
- The Boort District School has continued to be an important partner. The residents really enjoy the visits from children who sing songs, play games, read stories and overall provide quality interactions. This year the health service sponsored the Debutante Ball. This was followed by a visit from a few of the Debutantes and their partners who demonstrated their dancing skills to the residents.
- Anzac Day was a significant event in the life of the residents. Hundreds of poppies were made to support Anzac Day Commemorations in Melbourne and Boort. All residents participated in local Anzac Day services.
- Our local Church groups continue to provide inspiration. Every week the various denominations provide services, pastoral care activities and generally support the activities of the health service. Our Chaplain provides an important pastoral service and is available to all.
- Our relationship with the Loddon Shire continues to be an important one. We each face challenges and by working in partnership it gives us the opportunity to support issues facing our community.

### **Our Thanks**

The Board of Management would like to thank our staff, volunteers, partner organisations and many others who work hard to support Boort District Health. Additionally, we would like to acknowledge the contribution to the health service by our visiting medical officers, specialist services, allied health professionals, the funding received by the Department of Health and Human Services and the Department of Social Services, as we strive to improve the health and well-being of Boort and surrounding communities.



### Board of Management

The Board of Management at Boort District Health follows the strategic framework for board developed by the Victorian Department of Health and Human Services. It is acknowledged that the board is the cornerstone of our health system, and the performance of health services depends on the quality of members who work on the board. The actions of boards and individual directors can positively influence the lives of all in our community. It is for this reason that the Board of Management actively undertakes training and annually evaluates its performance.

The three priority areas for training and development that the board has focussed on during the year are:

- Leadership,
- Strategic thinking, and
- Financial management.

The Board has developed four committees that meet at least quarterly and provide advice, these committees are:

1. Finance, Audit and Risk Management Committee
2. Quality and Safety Committee
3. Community Advisory Committee
4. Clinical Governance Committee

An essential component of all Board meetings throughout the year has been the strategic planning required to successfully compete the redevelopment of the health service. The building works commenced in May 2015 and will be completed by July 2016. Every facet of the health service has been reviewed with the aim of ensuring that the community will have a state of the art health service with safety and quality the underpinning elements of all design and model of care that is delivered by the health service. And most importantly a health service that the community can justifiably feel proud of.

During the year the Board released the Strategic Plan for 2015 – 2018. This is an important document that sets the future direction of the health service. The community can access the Strategic Plan through the Boort District Health website.

### Meeting Attendance

Name	Board of Management	Finance & Audit	Safety & Quality	Clinical Governance	Community Advisory
Mr G.L. Armfield	7/11		0/1	3/3	
Mrs E.M. Barnes	9/11		3/3		
Mrs M. Eicher	11/11	0/1			
Mr K.M. Jeffery	9/11				
Mr G.N. Malone	10/11	3/4			
Mr L.H. Maxted	11/11				3/3
Mr A. McDougal	10/11	0/1		3/3	
Mr M.J. Nolan	11/11	3/3			
Mrs N.G. Smith	10/11	4/4			

## Office Bearers

### Board Chair



**Mrs Marlies Eicher**  
(First elected: 01.07.2012)

### Board Deputy Chair



**Mr Laurie Maxted**  
(First elected: 01.06.2013 – 30.06.2015)  
(Community Advisory Committee)

### Members



**Mr Gary Armfield**  
(First elected: 01.06.2013)  
(Safety & Quality Committee)  
(Clinical Governance Committee)



**Mrs Elizabeth Barnes**  
(First elected: 10.01.1995)  
(Safety & Quality Committee)



**Mr Kelvin Jeffery**  
(First elected: 25.08.1969)



**Mr Alister McDougal**  
(First elected: 01.07.2008)  
(Finance & Audit Committee)  
(Clinical Governance Committee)



**Mr Jim Nolan**  
(First elected: 27.07.1970)  
(Finance & Audit Committee)



**Mrs Gayle Smith**  
(First elected: 01.06.2013)  
(Finance & Audit Committee)



**Mr Grant Malone**  
(First elected: 01.07.2014)  
(Finance & Audit Committee)  
(Safety & Quality Committee)

### Role of the Executive

The role of the Executive is to enact the decisions of the Board of Management, provide leadership and management to the BDH staff, approve and oversee the implementation of the quality and business plans and to ensure the organisation operates within the various statutory requirements set for it by government and statutory bodies.



## Executive

### Chief Executive Officer

#### Ms Vicki Poxon

MIH; B ED; Adv. Dip. Bus Man; GAICD; ACHSM

The role of the Chief Executive Officer (CEO) is to ensure implementation and maintenance of robust corporate and clinical governance systems in all areas of the organisation.

These activities are in accordance with best practice and comply with all statutory obligations.

The key focus of this role is to lead, manage and direct BDH to achieve optimum outcomes through effective and efficient use of business assets and human resources. This requires working with the board, staff and key stakeholders to develop and implement initiatives in keeping with the strategic direction of the organisation. Additionally, the CEO is to provide the board with comprehensive information, analysis, and timely advice on all matters affecting BDH.

### Director of Nursing and Client Services

#### Mrs Judith Keath

RN; RM; BN AFCHM

The Director of Nursing and Clients Services role is to ensure the efficient and effective delivery of quality clinical care services of acute care, aged care and community care.

### Director of Medical Services

#### Dr Paul Francis

MBBS; FANZCA; AFRACMA

The Director of Medical Services leads and directs the delivery and development of clinical governance and services as part of the Executive team, consistent with the Strategic Plan and Government policy.

### Director of Dental Services

#### Dr Sajeew Koshy

MDS Endo (Otago); MBA (Otago); MRACDS (Endo); AFCHSM

The Director of Dental Services is responsible for ensuring the competent clinical care delivery of a comprehensive range of dental services and treatments, and in doing so, will provide the clinical supervision of staff employed at the Boort Dental Clinic.

### Management Team

#### Dental Officer

##### Dr Manoj Mogilisetty

BDS (Dip Business)

The Dental Officer is responsible for the overall management and delivery of a comprehensive range of dental services and treatments and the general supervision of staff employed at the Boort Dental Clinic under the direction of the Director Dental Services and the CEO.

#### Finance Officer

##### Mrs Stacey Fernee

Cert IV in Accounting (Maternity leave)

##### Mr Karl Sewell

Bachelor Business (Accounting) 3/2/15

In collaboration with the CEO and BDH External Accountants, the Finance Officer is responsible for the co-ordination of all financial data and systems including payroll and human resources administration within BDH.

### Corporate Services

#### Managers

##### Mrs Tamara Boyd

Dip Business (Admin)

##### Mrs Kathryn Velleley

The Corporate Services Officer is responsible for the management of Administration and Corporate services within BDH.

### Nurse Unit Manager

#### Clinical Services

##### Mrs Lee Sullivan

RN; PG Dip HSc; MN

The Nurse Unit Manager Clinical Services is responsible for the delivery of clinical services to the clients in Acute and Residential Aged Care.

### Quality Improvement

#### Manager

##### Mrs Lynne Sinclair

RN; Cert Gerontology

Advanced Dip Management

The Quality Improvement Manager is responsible for overseeing all relevant accreditations at BDH. The role is also responsible for the promotion of a culture of continuous improvement and Risk Reduction and Management across BDH.

### Facilities & Support

#### Services Manager,

#### Chief Procurement Officer

##### Ms Julie Walton

Dip Business (Human Resources)

Advanced Dip Business Management; Victorian Cleaning Standards Auditor (QVCSA)

The Support Services Manager, Chief Procurement Officer is responsible for the management of food services, cleaning & maintenance services, occupational health & safety and information technology and procurement.

### Visiting Medical Officers

#### Dr Ashraf Takla

MBBCH, JCPTGP (UK), DFFP (LON)

#### Dr Michelle Medinella

MBBS

#### Dr Poate Radrekusa

FRACGP; MBBS; Dip Surg

#### Dr ADeI ASaid

MBBCH; FRACGP; ACRRM

#### Dr Eji Ekeanyanwu

MBBS; FACP; FRACGP



## Safety and Quality

Boort District Health is committed to providing a safe and quality focussed health service, where we deliver person-centred care. We are achieving this by improving our access to care, improving efficiency, increasing information to the community about the health service, providing opportunities for residents, patients and families to have “their say” about Boort District Health and ensuring transparency.

We support the three goals set out in the Australian Safety and Quality Commission policy direction:

1. Safety of care: That people receive health care without experiencing preventable harm.
2. Appropriateness of care: That people receive appropriate, evidenced based care.
3. Partnering with Consumers: That there are effective partnerships between consumers and the health service and that the partnership is supported at levels of healthcare provision, planning and evaluation.

Boort District Health has recognised that to achieve the above goals it must develop partnerships with the community. Our defined link to the community is through the Community Advisory Committee. Our aim is to ensure we continue our conversations with the community about safety and quality and we continually strive to create an organisation where people who use our services are confident that they are receiving care of the highest standard.

## Person-Centred Care

In the broadest terms, Person-Centred Care works within a framework that consists of the following principles (Health Foundation, UK):

1. Affording people dignity, compassion and respect.
2. Offering coordinated care, support or treatment.
3. Offering personalised care, support or treatment.
4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.

This means that we deliver care, support or treatment that is personalised and organised around the needs of the aged care residents, patients who use the services that Boort District Health offers. It is a model in which we partner with residents, patients, families or carers to identify and satisfy the full range of resident or patient needs and preferences.

The core concepts that we believe is at the heart of person-centred care includes:

- **Dignity and Respect** - all nursing, personal carers, visiting medical officers and other health care practitioners listen to and honour resident, patient and family/carers perspectives and choices. Resident, patient and family/carer knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing** – it is expected that all of our health care practitioners communicate and share complete unbiased information with patients and families in ways that are affirming and useful. Residents, patients and families/carers receive timely, complete and accurate information in order to effectively participate in care and decision making.
- **Participation** - we support and encourage residents, patients, family/carers in decision making at the level they choose.
- **Collaboration** - Residents, families/carers are included in decision making across the health service.

As we make the inevitable changes of moving into a new facility we have been actively working on strategies to increase our transparency in regards to delivering person-centred care. Our resident, patient and family feedback forums and individual surveys have provided valuable information for the health service to increase the way we engage and ensure people are at the centre of everything we do.

## Financial Management

During the year a review was done of the structure of the Finance and Audit Committee. After reviewing the expectations of the Financial Management Compliance Framework changes were made to the committee structure. This involved the implementation of an additional program into the annual work plan. Two new members were also welcomed to the Finance and Audit Committee and they provide considerable financial expertise, Ms Jude Holt the Director of Corporate Services for Loddon Shire and Leading Senior Constable Ray Stomann who is based in Boort.

The Finance and Audit Committee has been reviewing and implementing the Standing Directions of the Minister for Finance that details the health services compliance requirements. These Standing Directions are reviewed annually and Boort District Health is assessed that it has met all compliance criteria. It is pleasing to note that the health service is compliant with the Standing Directions.



### **Health Purchasing Victoria**

Health Purchasing Victoria was established in 2001 to improve the collective purchasing power of Victorian public health services and hospitals. The role of Health Purchasing Victoria (HPV) is to achieve 'best value' outcomes in the procurement of health related goods, services and equipment through more than 40 contract categories.

Throughout the year Boort District Health has worked in partnership with HPV to facilitate the tenders for equipment required for the health service redevelopment. HPV also takes a lead in identifying and evaluating opportunities for collective procurement and projects that enhance public health procurement capability. Working with HPV has provided cost savings for the health service.

### **Community Partnerships**

Boort District Health has long held the belief that community partnerships ensures the health service remains a strong vibrant organisation. To improve the health outcomes of our community takes a lot of work and we can't do it alone. The ability to partner effectively with individuals and other organisations is absolutely essential to build a healthy community. The following are examples of a few of our important partnerships.

#### **• Ladies Auxiliary**

The Boort District Health Ladies Auxiliary continues to fundraise and provide resources for the health service. As a result of their fundraising the Ladies Auxiliary purchased Medsig. This is an electronic medication administration system that significantly improves the safety and quality of delivering medication to our aged care residents. The system communicates directly with the pharmacy via a secure data centre, updating medication details with new levels of efficiency, simplicity, speed and security.

The Auxiliary meets once a month with the CEO and together they plan projects for the health service.

#### **• Murray to Moyne**

The Boort District Health bike relay team has been riding in the Murray to Moyne event since 2007. During this period it has raised almost \$120,000 for the Urgent Care Centre.

The Murray to Moyne is a relay team where work mates, friends and family train together to complete the 520 km from Echuca to Port Fairy.

#### **• Boort District School P -12**

Boort District Health has enjoyed a long relationship with the local school. Children regularly visit residents in the aged care facility where they sing and entertain everyone. The children are a highlight as they are always enthusiastic and like to share the details of their day to day lives with everyone.

During the year the residents welcomed debutantes and their partners who had made their Debut in May. The Debutantes modelled their dresses and showed everyone the dances they learned and provided highlights from the Ball.

#### **• Boort Men's Shed**

The Men's Shed is co-located with the health service and provides an important service of encouraging men to come together to share information and resources, develop new skills and complete community projects. The men meet each Tuesday and Thursday and their skills are in great demand.

The men living in the health service's residential aged care facility have an opportunity to join men from the community at the Men's Shed. During the year the men have completed a number of jobs including repairing the outdoor seats.

#### **• Primary Care Partnerships**

Primary Care Partnerships are made up of a diverse range of organisations. Boort District Health is an active member of the Bendigo Loddon Primary Care Partnership. The role of the partnership is to build sustainability across the region to ensure communities have access to "joined up" care.

The health service is involved in working groups that focus on diabetes, women's health, physical activity and aged care projects. The partnership is important in supporting staff by providing skills based workshops and networking opportunities.

### **Clinical Governance**

The essence of clinical governance is to ensure the right things happen to patients and residents within the health service. The Clinical Governance Committee reports to the Board and is chaired by Dr Paul Francis. The Committee reports to the Board about the patient/resident experience throughout the continuum of care.



### **Primary Care**

Boort District Health is well supported by St Anthony's Medical Group who provides the general practitioner services for Boort. Dr Ashraf Takla and Dr Michelle Medenilla are the Visiting Medical Officers who provide care throughout the health service including Urgent Care.

Nicole Hocking provides monthly podiatry services while Angela Doyle provides a once a week physiotherapy service. During the year we welcomed Mallee Physiotherapy who work closely with our residents providing pain management relief. Through the partnership with St Anthony's additional allied health, for example, audiology is provided on a quarterly basis.

### **Dental Services**

Dr Manoj Mogilisetty joined the Boort District Health dental team in 2014. Boort District Health operates a single dental chair and offers both public and private dental health services. The services offered to the community include:

- Emergency treatment
- Preventative oral health treatments
- Prosthodontics (e.g. Dentures)
- Orthodontic referrals can be organised
- Children's dental health care

During the year the dental service provided outreach services to Kerang, Cohuna, Pyramid Hill, Wedderburn and Charlton. These outreach services are very popular and patients are encouraged to make appointments at the dental clinic in Boort for more extensive treatment.

The dental clinic also provides dental services to the Kerang Aboriginal Medical Service. This has been an important relationship as it has provided aboriginal people with confidence to seek dental advice and treatment from the Boort dental team. The Kerang Aboriginal Medical Service provides transport to the dental clinic in Boort for more specialised services.

The Child Dental Benefits Scheme introduced by the Commonwealth Government is an important children's oral health program. This scheme allows for up to \$1000 basic dental treatment over a two year period for eligible 2 - 17 year olds. The dental team provides services on Saturday's to ensure children in the region can access the scheme. The services that are available include:

- Dental check-ups and cleaning teeth
- Fissure sealants and filling
- Dental X-rays
- Extractions
- Dental health promotion

Boort District Health partners with Inglewood and Districts Health Service and Northern Districts Community Health to provide the Smile 4 Miles program. Smiles 4 Miles is an initiative of Dental Health Services Victoria (DHSV) which works in partnership with organisations to improve the oral health of children, their families, early childhood staff and the wider community.

The program is based on the World Health Organisation's Health Promoting Schools Framework and is delivered in kindergartens throughout the Loddon Shire.

### **Students**

Student involvement at Boort District Health is highly valued. On a regular basis the health service hosts student nurses from various universities. Under Dr Takla's supervision medical students from Melbourne University are provided with a valuable rural placement.

Nursing students from the Northern Districts Post Graduate Nursing Program work on placements throughout the year. The program provides post graduate nursing opportunities across the small rural health services in our region. Additionally, student nurses from La Trobe complete their rotations on a regular basis in Boort.

### **Food Services**

At Boort District Health we are committed to providing high quality and nutritious meals that reflects the diversified patient and resident needs. All of the feedback received throughout the year has noted that the meals are high quality and very tasty. During the year the food services team produced, delivered and served approximately 39,520 meals.

### **Responsible Bodies Declaration as at 30 June 2015**

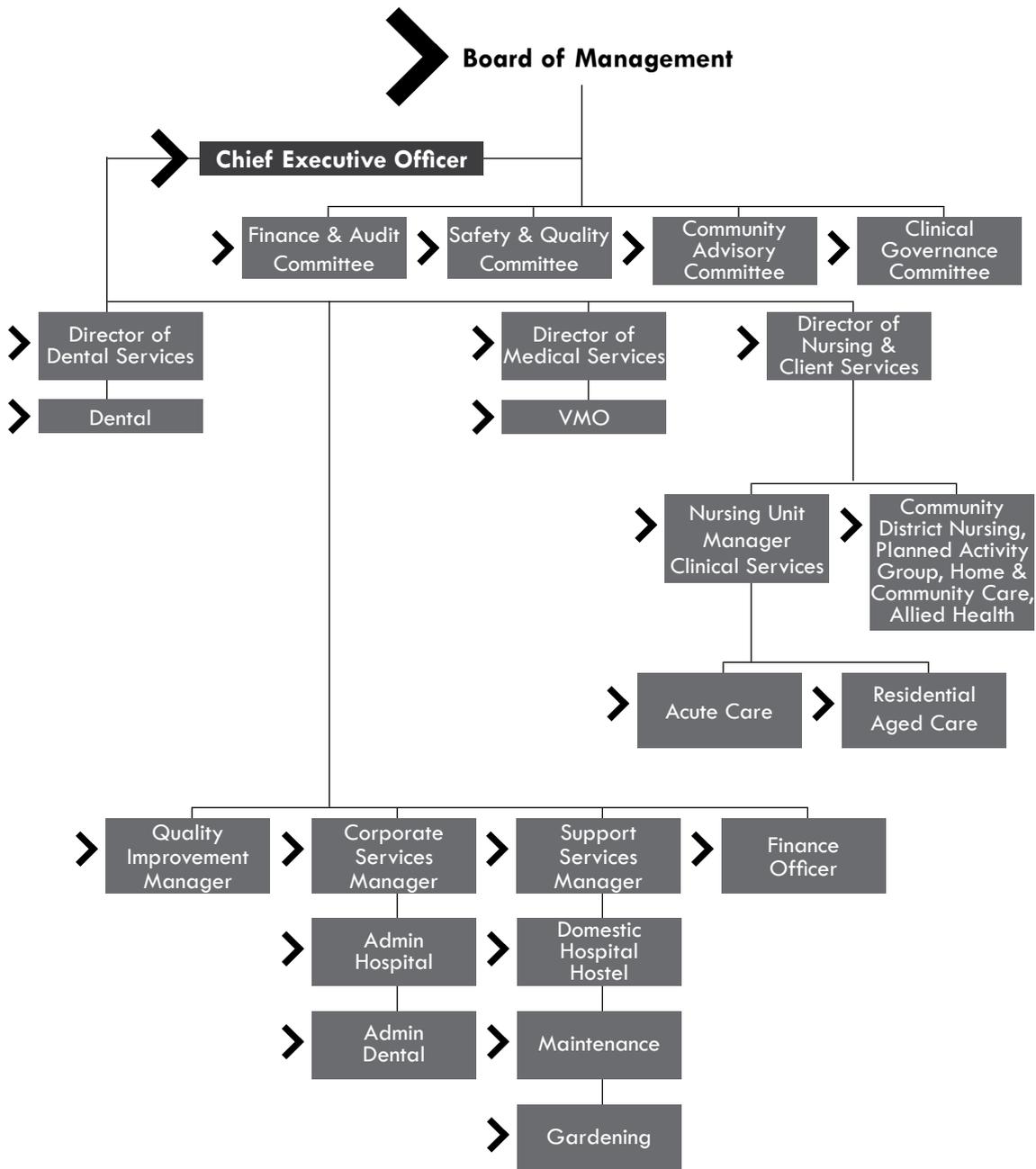
In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Boort District Health for the year ending 30 June 2015.



**Marlies Eicher**  
Board Member  
Boort

[24/7/2015]

Organisational Chart



organisational chart / years of service awards

Years of Service Awards For 2015 as at 30th June, 2015

10 years	Kerry Moloney
15 years	Nicole Fuller
20 years	Elizabeth Barnes – Board
40 years	Margaret Makeham – Ladies Auxiliary

### **Environmental Performance**

Boort District Health is committed to improving the environmental sustainability of our operations and minimise the environmental effects associated with our operations to the greatest extent possible. We do this by, minimising waste, being responsible with our purchasing practices and monitoring BDH's environmental impacts.

To date Boort District Health has:

- Installed retrofit water devices,
- Installed skylights throughout the hospital to provide natural light into rooms and corridors,
- Provided bicycle facilities for staff and visitors to BDH,
- Installed power saving devices on all televisions and computers,
- Installed a new boiler (heater) and hot water system enabling the reduction of LPG gas,
- Promoted the use of video conference facilities at BDH in preference to driving to meetings,
- Ensured replacement lighting is LED florescent tubes to reduce power consumption,
- Successfully obtained funding to purchase iPads and other smart devices to capture and record audits and review information,
- Installed butt litter containers at all BDH sites,
- Introduced passcodes for all printing to help reduce unnecessary printing,
- Increased use of electronic communication to staff instead of reliance on printed media via BDH's intranet.

### **This Year Boort District Health has:**

- Installed new efficient generator to power hospital during power outages,
- Implemented electronic meeting program "convene" to become "paperless" at all meetings,
- Introduced paperless systems for aged care documentation,
- Updated watering system to ensure efficient watering of gardens by drip reticulation and timers on lawns,
- Continued to recycle printer cartridges and batteries,
- Continued recycling program, including a depot for all commingled waste (includes, composting, bricks, pipes etc.),
- Continued to conduct regular waste audits (general, medical).

### **The Future**

In our new building Boort District Health is installing solar hot water and power panels to reduce reliance on the main grid power, double glazing on windows, energy efficient heating and cooling, underground water tanks to collect water for use in grey water systems, and macerators to reduce water consumption. Drought friendly vegetation will be planted in garden areas.

**Statement of Priorities**



**Priority**

Developing a system that is responsive to people's needs



**Action**

Develop an organisational policy for the provision of safe, high quality end of life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care.



**Deliverable**

Review current policies to include

- Acute Care
- Residential Aged care
- Community clients
- Links with Loddon Mallee palliative care consultancy, and Bendigo Health community palliative care services including pathways for timely referral.



**Outcome**

Advanced Care Planning (ACP) implementation progressed significantly during the year. All policies were reviewed and ensured patients and residents have ACP.

Strong partnerships exist with member agencies to ensure timely referrals for palliative care. The planning has included advice from Loddon Mallee partners informing the development of the palliative care area in the redevelopment that commenced in May 2015.

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Implement an organisation-wide policy for responding to clinical and non-clinical violence and aggression by patients, staff and visitors (including code grey) that aligns with department guidance (2014).

Review current policies to reflect best practice in the management of violence and aggression.

All relevant staff have completed training programs in relation to managing violent behaviour.

Develop code grey policies and procedures.

All Code Grey policies and procedures developed and staff training completed.

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Implement formal advance care planning structures and processes, including putting into place a system for preparing and/or receiving, and documenting advance care plans in partnership with patients, carers and substitute decision makers.

Train minimum of two staff in advanced care planning through 'Respecting Patient Choices' initiative.

• Three staff trained in advanced care planning from the aged care, acute and community areas.

Review and strengthen all policies and procedures for Advanced care planning throughout :

- a Acute Care
- b Residential Aged care
- c Community clients

All policies and procedures have been revised and new forms and systems designed to inform and assist clients in this process.

All acute adult clients, community and aged care residents are given the opportunity to discuss advanced care planning with the designated staff



**Priority**

Developing a system that is responsive to people's needs



**Action**

Progress partnerships with other services to improve outcomes for regional and rural patients.



**Deliverable**

Continue partnership with Rochester and Elmore Health Service, Cohuna District Hospital, Inglewood and District Health Service, Kerang District Hospital and Heathcote Health to develop strategies for improvisation and sustainability for Small Rural Health Services.



**Outcome**

Partnerships continue to prosper. The following programs working well are delivering solid outcomes:

- Studer program
- Aged Care Funding Instrument (ACFI)
- Financial Modelling Tool
- Director of Nursing workgroups
- Quality Managers workgroup
- CEO network meetings

Outcomes include:

- ensuring all residents have an ACFI plan,
- all staff using MANAD to update resident progress notes
- 100% residents have had ACFI plans reviewed
- Introduction of pain management clinics
- Studer workshops with staff sharing resources between agencies
- Organisational goal setting and targets established

Continue to work with Bendigo Loddon Primary Care Partnership Chronic Disease in the development of Interagency shared Planning protocols for Loddon providers by June 2015.

BDH is an active partner in the Diabetes in Loddon Action Group. Key work carried out in 2014 was the development of the Interagency Shared Care Planning agreement which was signed by all agencies working in the shire of Loddon.

Partner with neighbouring agencies in the development of women's health strategies for the north of the Loddon shire.

BDH continues to partner with community health and Neighbourhood houses to review women's health needs and implement activities across the northern part of the shire of Loddon



**Priority**

Improving every Victorian's health status and experiences



**Action**

Use consumer feedback to improve person and family centred care, health service practice and patient experience.



**Deliverable**

Continue to develop a person centred service with emphasis on consumer feedback, staff training, and alignment of all strategic plans, policies and procedures to reflect this ethos.

Embed the introduction of the Victorian health experience survey (VHES) and utilise data to improve services

Develop the 2015-2018 strategic plan in consultation with the Boort District

Work with MDAS to provide enhanced dental care by the provision of 'dental camps' to aboriginal consumers in the north of the state.

Support training of RIPRN nurses.

Support training of advanced care planning training.

All clinical protocols and emergency procedures will be reviewed to ensure continuity and best practice



**Outcome**

A staff led workgroup implemented to develop models of care to ensure patient centred service delivery is consistently delivered across the health service.

The health service is receiving data from VHES and acting on information received.

The Strategic Plan and Operational Plan endorsed. Goals and targets set. Strategic Plan on BDH website.

Dental outreach program established in Kerang. MDAS transports clients to BDH for follow up dental treatment.

Two nurses supported to undertake RIPERN training. One nurse to do training in the Northern Territory.

100% eligible staff completed training programs. All clinical protocols and procedures reviewed in line with expectations from the Australian Commission on Safety and Quality in Health Care.

All policies and procedures reviewed to meet best practice. Staff informed of policy and procedure updates.



**Priority**

Expanding service, workforce and system capacity



**Action**

Develop and implement a workforce immunisation plan that includes pre-employment screening and immunisation assessment for existing staff that work in high risk areas in order to align with Australian infection control and immunisation guidelines.

Support excellence in clinical training through productive engagement in clinical training networks and developing health education partnerships across the continuum of learning.

Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility.



**Deliverable**

Review policies and procedures to ensure achievement of staff immunisation targets.

Include robust pre-employment screening and assessment for both staff and students.

Develop computerised staff immunisation record.

Continue to engage with the Loddon Mallee clinical training network in provision of clinical placement for health students.

Partner with St Anthony Medical Clinic in the shared position of graduate nurse in both BDH and St Anthony medical clinic.

Support St Anthony medical clinic in the delivery of a new after hours on call system based at Boort.

Investigate alternative models of staffing care for implementation in the new building.



**Outcome**

85% staff immunised against a target of 75%.

Immunisation topic part of Orientation program

Quarterly rotations of students placed at BDH.

One Graduate Nurse placement with St Anthony's Medical Clinic.

Reviewed On Call system to make it more accessible to the community and has achieved at least 50% each month a GP delivering after hours care face to face in Boort. Previously one face to face attendance every 6 weeks

BDH Workforce Plan completed and staff workgroups formed to have input into the staff changes that will be implemented 1 April 2016.

Education Fund established to support the retraining of staff into other roles.

Increasing the system's financial sustainability and productivity

Identify and Implement practice change to enhance asset management.

Develop policies and procedures in line with Victorian Government Purchasing Board policy.

Working towards completing the Direction Requirements of the Financial Management Compliance Framework (FMcF).

All policies reviewed to meet requirements of FMCF and signed off by Board of Management.

On track to meet requirements of Health.

Appoint a chief procurement officer.

Purchasing Victoria and Chief Procurement Officer appointed.



**Priority**

Implementing continuous improvements and innovation



**Action**

Develop a focus on 'systems thinking' to drive improved integration and networking across health care settings.

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.



**Deliverable**

Contribute to Strengthening Health Services Project Hume and Loddon Mallee Regions

Seek opportunities to design new facility with dementia friendly concepts.

Investigate alternative models of staffing care for implementation in the new building.



**Outcome**

Active member of the Governance Committee. Working groups formed to examine improved service delivery for maternity, telehealth delivery, human resource management and enhanced role for shared Director of Medical Services.

Based on feedback from community and experts in dementia friendly concepts the facility plans were revised in December 2014. Feedback included improved outside activity areas, landscaping, access to animals, furniture design, bedroom layouts, dementia focused activities etc...

Dementia concepts and gerontology issues have featured in staff training

Staff input assisted in design of workforce required for Ageing in Place facility

Increasing accountability & transparency

Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.

Demonstrate a strategic focus and commitment to aged care by responding to community need as well as the Commonwealth Living Longer Living Better reforms (applicable to health services administering aged care services).

Under take Board training with The Australian Centre for Healthcare Governance

Under take annual Board assessments

Apply for 2014 ACAR round for community packages to meet future needs of the Boort District

Review all policies and procedures to ensure compliance with aged care reform

All board members completed governance training.

All board members completed annual assessments and based on feedback changes were implemented into structure of board meetings and information received by the board.

BDH was unsuccessful with its ACAR application. Now working on forming partnerships with the largest provider of services in the region to improve access for the community.

All policies and procedures reviewed and staff upskilled in the new developments. Information relevant to the community has been discussed in newsletters, forums and on BDH website.



**Priority**

Increasing accountability & transparency



**Action**

Utilise telehealth to better connect service providers and consumers to appropriate and timely services.

Ensure local ICT strategic plans are in place.



**Deliverable**

Develop Aged care framework for BDH

Incorporate aged care needs in the development of the 2015-2018 strategic plan in consultation with the community

Work with Loddon Mallee Telehealth Strategy to identify and implement telehealth projects appropriate to BDH needs.

Investigate use of telehealth with after hours on-call system

Ongoing implementation of BDH ICT plan.



**Outcome**

Framework developed and is an active working document to guide the organisation.

Strategic Plan reflects the aged care needs of the community. Plan available on BDH website.

Telehealth strategies identified and BDH building its platform to improve telehealth access.

Working with partners to encourage GP access to telehealth on call system.

ICT Master Plan developed and being used to inform the ICT requirements for the redevelopment.

## Service Performance Reporting

	Acute Health	Aged Care	Primary Health	Total
<b>Admitted Patients</b>				
1. Separations				
<i>Same Day</i>	4			4
<i>Multi Day</i>	131			131
<b>Total Separations</b>				<b>135</b>
<b>2. Bed Days</b>				
<i>i. Acute</i>	1496			1496
<i>ii. Nursing Home</i>		580		580
<i>Type</i>		11879		11879
<i>Residential Care</i>				
<b>Total (Item 2)</b>				<b>13955</b>
<b>Non Admitted Patients</b>				
3. Urgent Care	182			182
4. Non-admitted patients	907			907
5. Ambulatory Services (Community)				
<i>District Nursing</i>		311	1276	1578
<i>Transitional Care</i>			19	19
<i>Planned Activity</i>		2508		2508
<i>Meals on Wheels</i>			2196	2196
<i>Dental</i>			1881	1881
<i>Pathology Collection</i>			1310	1310
<b>Total (Items 3,4 &amp; 5)</b>				<b>10581</b>
<b>Total Occasions Of Service</b>				<b>24671</b>

service performance reporting / compliance



## Quality and Safety

Quality and Safety	Target	2014-15 actuals
Health service accreditation	Full compliance	Achieved
Residential aged care accreditation	Full compliance	Achieved
Cleaning standards (Overall)	Full compliance	Achieved
Cleaning standards (AQL-A)	90	Achieved
Cleaning standards (AQL-B)	85	Achieved
Cleaning standards (AQL-C)	85	Achieved
Submission of data to VICNISS*	Full compliance	Achieved
Hand Hygiene Program Quarter 2	75	90
Hand Hygiene Program Quarter 3	77	96
Hand Hygiene Program Quarter 4	80	92
HCW Influenza Immunisation*	75	Achieved
<b>Patient Experience and Outcomes</b>		
Victorian Health Experience Survey	Full compliance	Achieved
<b>Governance, Leadership and Culture</b>		
People Matter Survey Patient Safety Culture	Full compliance	Achieved

\*Victorian Healthcare Associated Infection Surveillance

\* Health Care Worker Influenza Immunisation

**a) Funded Flexible Aged Care Places**

Campus	Number
Flexible High Care	10
Flexible Low Care	29

**b) Utilisation of Flexible Aged Care Places**

Campus	Number	Occupancy level %
Flexible High Care	10	100%
Flexible Low Care	28	73%
Respite	1	100%
Flexible Home Care	0	-
Other community services	0	-
<b>Total</b>	<b>39</b>	<b>81%</b>

**Workforce Resources**

As at 30th June 2015 Boort District Health employed staff equating to persons (in fulltime equivalent units).

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2014	2015	2014	2015
Nursing	12.69	10.79	12.14	10.92
Aged Care Low	11.16	14.14	12.75	13.01
Aged Care High	8.77	9.70	8.31	9.12
Community Health Services				
District Nursing	0.65	1.22	0.70	1.28
Day Care	1.33	1.52	1.38	1.50
Physiotherapy	0.04	-	0.10	0.07
Administration and Clerical	7.15	7.96	6.58	6.93
Dental	3.63	3.35	3.29	3.66
Support Services	13.79	12.33	12.25	13.17
Quality	*	1.05	*	1.16
<b>Total</b>	<b>59.21</b>	<b>62.06</b>	<b>57.50</b>	<b>60.82</b>

Note: An FTE is equivalent to one full-time position of 40 hours per week.  
 \* Quality figures were reported in the Nursing Labour Category in 2014.

**Acknowledgment of Victorian Government funding support**





## **Judy Keath – Director of Nursing and Client Services**

I am delighted to present the report from Client Services and provide highlights of the activity that has taken place over the past 12 months.

The chief focus of activity has been in making detailed preparations for the new building with both furniture, equipment and communications and technology choices to be made, as well as confirming the model of health care required in the Boort district and subsequently the workforce needed to deliver that care.

### **Workforce review and design**

- In preparation for the refurbishment of the health facility, Boort District Health undertook a service and workforce review in November 2014. The review focused on:
  - o Making sure what we do, is the same as what we say we do,
  - o Redefining the model of care based on a person centred approach,
  - o Ensuring that the clinical services are consistent, and of the best quality.
- As part of this process, the senior nurses formed a Clinical leadership team which looked at the critical aspects of delivering new models of care but ensuring the service is person centred.
- The work the leadership completed provide input into the development of the BDH Workforce Plan 2015-2018. The plan which included all aspects of BDH, described the type of workforce needed to deliver a person centred approach to the Boort community. BDH is now seeking to have direct input from staff around the varied proposals via a series of working groups.
- Included in the wider approach to examining the new models of care was a clinical review which provided recommendations to the clinical staff on ways to improve the delivery of clinical care.

### **Acute Services/Urgent Care**

- In October the health service underwent a full audit of 10 important clinical areas under the National Standards accreditation process. Outstanding results were achieved with the health service meeting full compliance in all 256 actions with 58 actions achieving the higher Met with Merits.
- BDH changed after-hours on-call arrangements to include the Visiting Medical Officers (VMOs) from St Anthony Medical Practice, replacing our previous arrangement. We can now provide more face to face consultations for our of hours consultations. The health service continues to work towards improving the after- hours on call process by researching the utilisation of technology, particularly when the VMO is able to provide face to face services in Boort.
- The BDH Auxiliary, Murray to Moyne team and Mrs Therese Nagy have continued to provide funds to purchase a wide range of equipment. We thank them for their hard work and dedication in providing this opportunity to continually upgrade and improve our clinical equipment.

### **Residential Aged Care Service**

- BDH has made a commitment to all residents that the hostel will be maintained as long as necessary for any residents unable to be placed immediately in the new build. However with the anticipated move into the new build in early 2016, we have not actively sought to increase the number of residents at the hostel since late 2014 in order to avoid if possible a prolonged period of occupancy in dual locations.
- Staff are working with the residents from the hostel to support them through the big changes to come when we move 'down the hill'. Some of the activities planned is the writing the individual life stories for all residents, and the production of a one off calendar featuring all residents from the hostel for its final year. These calendars will be available to the general public.
- Massage as a means of pain management was introduced in mid - 2014. The massage is carried out 4 times each week for each person requiring the management of their pain by either a physiotherapist or occupational therapist to residents assessed as having chronic pain. Both staff and residents have greatly appreciated this service with all residents reporting a reduction in chronic pain levels.
- In May the nursing home underwent a full audit from the Australian Aged Care Quality Agency which resulted in full compliance of all 44 standards. Staff were commended by the surveyors on their individualised care of the residents and are to be congratulated on the excellent result.
- We have been very appreciative of the work of all the volunteers who work in residential aged care. Our volunteers, Elaine and Blue continue to toil away in the gardens and appreciate the input from residents. It was amazing to see the transformation of the gardens under their 'green' thumbs.
- To mark the changes about to occur within the health service, we held a 'Farewell to our Garden' garden party in the nursing home the week prior to the commencement of the building works. Although we picked the coldest day for the year to date, and the garden party was moved indoors, it was an enjoyable time for all residents, families and staff.

### **Community Services**

- In October Home and Community Care (HACC) underwent accreditation under the Common Care Standards in line with the National Standards accreditation. The BDH HACC program which includes the adult day centre and district nursing was found compliant in all 18 outcomes.
- The numbers for District Nursing and Transition Care Programs have been maintained in 2014-2015.
- Planned activity groups continue to offer multiple programs to the community and support our valuable volunteers.
- BDH has continued to participate in the Diabetes in Loddon Action Group and seeking opportunities to partner with outside organisations in reducing the rate of type 2 diabetes in the Shire of Loddon.
- A volunteer training day was held in August 2014 to provide ongoing education to the volunteers of BDH. BDH values its volunteers greatly and we thank you for your invaluable contribution to BDH over the year.

### **Clinical Education**

- Boort has participated in the Loddon Mallee Clinical Networks, committing to providing clinical placement to undergraduates in health disciplines.
- BDH continues to provide ongoing education for our existing clinical staff. Some of the highlights in clinical education include:
  - o Three nurses completed training in advanced care planning, and have now instigated a program throughout BDH to assist all patients, residents and clients with the process of having a statement of choices in the event of a sudden and/or catastrophic health event.
  - o Two nursing staff have been trained to take simple x-rays. This training is only available to small rural health services in recognition of the inability to have a doctor on the premises at all times.
  - o Two nurses are currently undertaking the Rural and Isolated Practice Registered Nurse (RIPRN) training course. On completion of this training, the staff will be able to treat certain conditions and prescribe a limited number of medications without a doctor present. Again this training is only available to small rural health services staff.

It is with mixed feelings that I complete this report, as after 12 years it will be my last.

It has been a privilege to work at Boort District Health, and I would like to thank all the Board, staff, patients and residents for all the support over the years.

A big thankyou to the community of Boort district for their support and encouragement I have experienced during this time and it has been truly a privilege to meet so many members of this wonderful community in the time I have filled this role.



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FRD 12A	Disclosure of major contracts	28
FRD 21B	Responsible person and executive officer disclosures	See Financial Report
FRD 22F	Application and operation of <i>Protected Disclosure 2012</i>	27
FRD 22F	Application and operation of <i>Carers Recognition Act 2012</i>	27
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SD 4.2(b)	Comprehensive operating statement	See Financial Report
SD 4.2(b)	Balance sheet	See Financial Report
SD 4.2(b)	Cash flow statement	See Financial Report
<b>Other requirements under Standing Directions 4.2</b>		
SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	See Financial Report
SD 4.2(c)	Accountable officer's declaration	See Financial Report
SD 4.2(c)	Compliance with Ministerial Directions	See Financial Report
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<i>Building Act 1993</i>		27
<i>Financial Management Act 1994</i>		12, See Financial Report

**Chief Executive Officer**

Ms Vicki Poxon  
Acting Chief Executive Officer  
Alan Rickey

**Change Management Officer**

Graem Kelly

**Safety & Quality Services**

**Oh & S Officer**

Julie Walton

**Infection Control Officer**

Judy Parker

**Quality & Risk Manager**

Lynne Sinclair

**Clinical Services**

**Director Of Nursing & Client Services**

Judy Keath

**Nurse Unit Manager Clinical Services**

Lee Sullivan

**Associate Nurse Unit Manager**

Sue Taylor

**Registered Nurses**

Susanna Bell  
Tanya Buchanan  
Jessica Chalmers  
June Gardner  
Melissa Gardner  
Clavel Gregorio  
Ken Holland  
Michelle Holland  
Wendy Keyster  
Michelle Lawrence  
Kirsty Lucas  
Mary Noonan  
Emily Palmer  
Elizabeth Pashley  
Amy Perry  
Hannah Perry  
Tracey Schilling  
Tanya Pickering  
Ryan Pomado  
Wendy Russell  
Lois Seipolt  
Marvin Sunaz  
Vikki Van Harten

**Enrolled Nurses**

Gayle Campbell  
Carmen Cauchi  
Nadine Chalmers  
Pauline Cooper  
Catherine Farmer  
Kim Griffiths  
Jeanette Long  
Yvonne Mannix

Julie McGrath  
Judy Parker  
Janice Smith  
Narelle Theobald  
Sharon Wright

**Personal Care Assistants**

Jenny Allison  
John Benjok  
Cathrine Brodie  
Suwattana Chulakathappa  
Karen Coutts  
Emma Gardner  
Ena Green  
Mandy Hastie  
Kinderjeet Kaur  
Tracey Leys  
Lorraine Linehan  
Helen Matthews  
Kerry Moloney  
Jacquie Mora  
Denise Murphy  
Ann Pink  
Beverley Taylor  
Amber Thamm  
Richard Tierney  
Narelle Vernon  
Lois Whykes  
Jenny Withington  
Linda Young

**Community Care Service**

**District Nursing Service**

Tanya Buchanan  
Carmen Cauchi  
June Gardner  
Judy Parker  
Wendy Russell  
Janice Smith

**Physiotherapy**

Angela Doyle

**Planned Activity Group**

Deanne Smith  
Maree Stringer

**Lifestyle & Leisure Services**

Carmel Allison  
Sandra Poyner  
Amber Thamm  
Richard Tierney

**Corporate Services**

**Corporate Services Managers**

Tamara Boyd  
Kathryn Velleley

**Finance Officer**

Stacey Fernee  
Karl Sewell

**Reception/Administration**

Brooke Arnold

Laura Fenton  
Nicole Fuller  
Nikki Hawes  
Sharyn O'Rourke  
Jessica Shelley  
Meaghan Sinclair  
Stacey Streader  
Georgia Walton  
Jessica White

**Support Services**

**Facilities & Support Services Manager/Chief Procurement Officer**

Julie Walton

**Maintenance/Horticulture**

Jay Brown  
Michael Fitzpatrick  
Cliff Gleeson  
Natham Wright

**Staff**

Helen Absalom  
Elizabeth Allen  
Carmel Allison  
Alicia Broad  
Lynette Clark  
Kerrie Fitzpatrick  
Lindee Frost  
Emma Gardner  
Cliff Gleeson  
Sally Keeble  
Helen Matthews  
Jeane Muaya  
Margie Lanyon  
Tracey Leys  
Sharon Martin  
Judy Perryman  
Sandra Poyner  
Julie Puttick  
Cloie Robinson  
Stacey Streader  
Trevor Taylor  
Richard Tierney  
Jessica White  
Julie Wilson  
Natham Wright  
Roslyn Wright

**Dental**

**Dentist**

Dr Sajeev Koshy  
Dr Manoj Mogilisetty

**Dental Hygeinist**

Narelle Hartwich  
Kirsty Lowe

**Dental Assistants**

Nikki Hawes  
Vicki Peiffer  
Chris Stevenson  
Helen Tular

### Health Services Act

Boort District Health does not administer any Acts directly. The Health Services Act 1988 is the vehicle by which the Boort District Health is incorporated, and prescribes the manner in which BDH is regulated.

### Building Act 1993

This Act sets standards for the construction of new buildings and for the maintenance of existing buildings. It includes provisions to protect the safety and health of building users, and cost effective construction is encouraged.

During the year the following works and maintenance were undertaken to ensure conformity with the relevant standards:

#### Building Works

Buildings certified for approval	Yes
Works in construction and the subject of	
Mandatory inspections	Yes
Occupancy Permits issued	Nil

#### Maintenance

Notices issued for rectification of substandard	
Buildings requiring urgent attention	Nil
Involving major expenditure and urgent attention	Nil

#### Conformity

Number of buildings conforming with standards	10
Number brought into conformity this year	0

### Freedom Of Information Act 1982

The Freedom of Information Act provides members of the public with a means of obtaining information held by Boort District Health. In the majority of cases, a Freedom of Information (FOI) request is to gain access to a patient's own medical record. In accordance with the Act an application fee is payable upon request and administrative charges apply.

### Carers Recognition Act 2012

Boort District Health takes all practicable measures to ensure;

- its employees and agents have an awareness and understanding of the care relationship principles
- all practicable measures to ensure that persons who are in care relationships and who are receiving services in relation to the care relationship from the care support organisation have an awareness and understanding of the care relationship principles; and
- all practicable measures to ensure that the care support organisation and its employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for persons in care relationships.

### Protected Disclosure Act 2012

The Protected Disclosure Act is designed to protect people who disclose information about serious wrongdoing within the Victorian public sector and to provide a framework for the investigation of these matters.

The Act's key objectives are to:

- Promote a culture in which people feel safe to make disclosures;
- Protect these people from recrimination;
- Provide a clear process for investigating allegations; and
- Ensure that investigated matters are properly dealt with.

Boort District Health has a prescribed procedure in place for dealing with disclosures made under the Act. A copy of the procedures are available from the BDH Privacy Officer (Protected Disclosure Officer) to whom all enquiries on this matter should be directed.

In the year ended 30th June 2015 there were no disclosures made to Boort District Health under the Protected Disclosure Act.

### Privacy

Boort District Health is committed to the protection of privacy for all patients, residents, clients and staff.



#### **Consultants**

During 2014/2015 Boort District Health engaged eleven consultants with fees to the total of \$47,338.20.

#### **Ex-Gratia Payments**

There were no Ex-Gratia payments made by Boort District Health during the 2014/2015 reporting period.

#### **Victorian Industry Participation Policy Act 2003**

During the 2014/2015 financial year there were no contracts which met the specified criteria under this policy.

#### **Pecuniary Interest**

Boort District Health subscribes to Government principle and practice, that appointees to Government bodies should have records of personal, professional and commercial integrity. As such all Board Members are required to complete a Declaration of Private Interest prior to their appointment to the Board of Management. This provides for disclosure of private interests or other interests, which would conflict with the proper performance of their Board member duties. In addition all new Board members are required to consent to the conduct of formal probity checks.

#### **Industrial Relations**

Industrial relations within Boort District Health have been harmonious and no time was lost due to industrial disputes during the reporting period.

#### **Overseas Visits**

No overseas visits have been undertaken on behalf of BDH by either members of the Board or any paid member of the staff.

#### **Publications**

Boort District Health produces the following publications annually:

- Annual Report of Boort District Health
- Quality of Care Report of Boort District Health
- Newsletters

#### **Workcover And Work Safety**

The Occupational Health and Safety Committee as established under the Occupational Health & Safety Act 2004, includes staff representation, plays a major role in investigating unsafe work practices and managing staff welfare issues and safety concerns. Under the prescribed criteria, there was one claim submitted to the Insurer.

#### **Factors Affecting Performance**

During 2014/2015 there were no major changes or factors which affected the achievements or performance of Boort District Health.

#### **Competitive Neutrality**

Boort District Health supports the Victorian Government's Competitive Neutrality Policy as outlined in the Guide to Implementing Competitively Neutral Pricing Principles. We see competitive neutrality as a complementary mechanism to the ongoing quest to increase operating efficiencies by way of benchmarking and embracing better work practices.

Therefore we will continue to comply with Victorian Legislation as it is introduced to reflect the objectives of the National Competition Policy

#### **Risk Management**

The BDH Risk Management Program is regularly reviewed to ensure that all risks are appropriately prioritised and appropriate actions for mitigation of our risks are developed. Boort District Health has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard AS/NZS ISO 31000:2009 and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The Safety & Quality Committee verifies this assurance and that the risk profile of Boort District Health has been critically reviewed within the last 12 months.

#### **Equal Employment Opportunity**

Boort District Health is subject to the provisions of the Public Authorities (Equal Employment Opportunity) Act 1990. As such, it wishes to report the following information in respect of equal employment opportunity.

Boort District Health is committed to providing an equal employment opportunity workforce free from discrimination for existing and prospective employees.

In promoting an equal employment opportunity workplace the Boort District Health acknowledges and accepts to following principles:

- BDH shall obtain through the merit system the best employees possible to deliver its services;
- It shall realise the potential contribution of each employee; and
- Ensure that all employees can pursue their duties free from discrimination and harassment.

**Subsequent Events**

As at the time of writing this report there were no events subsequent of the reporting date which by their nature and/or amount will have or may have a financial effect on the financial position of the entity.

**Attestation On Data Integrity**

I, Vicki Poxon certify that Boort District Health has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Boort District Health has critically reviewed these controls and processes during the year.



**Vicki Poxon**  
Chief Executive Officer  
BOORT  
[24/7/2015]

**Attestation For Compliance With The Ministerial Standing Direction 4.5.5.1 - Insurance**

I, Vicki Poxon certify that Boort District Health has complied with Ministerial Direction 4.5.5.1 - Insurance.



**Vicki Poxon**  
Chief Executive Officer  
BOORT  
[24/7/2015]

**Attestation For Compliance With Australian/New Zealand Risk Management Standard**

I, Vicki Poxon certify that Boort District Health has risk management processes in place consistent with the AS/NZS ISO 31000:2009 and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The Safety and Quality Committee verifies this assurance and that the risk profile of Boort District Health has been critically reviewed within the last 12 months.



**Vicki Poxon**  
Chief Executive Officer  
BOORT  
[24/7/2015]



**Ladies Auxiliary**

I am pleased to present my annual report to Chief Executive Officer Vicki Poxon, President and Members of the Hospital Board of Management and Nursing Director Judy Keath.

Our Ladies Auxiliary worked very hard to obtain another successful year in supplying equipment needed for our hospital.

We are pleased to have handed over \$1,293.00 for a "POCH100i" arm so that the Nurses can practice the taking of blood and \$15,000.00 for a "MEDSIG" cabinet for distributing medication that can only be operated by a Nurse with their private number.

Our OP Shop is our main source of income, thanks to our Ladies who run it each week. We are very proud of the way it is presented and the comments that we receive.

I thank the Ladies for their hard work in keeping things in order also the people who donate the goods that we sell and those that support us by shopping in our shop.

We thank the IGA for donating Easter Eggs each year, Isabel for her Xmas Cake to raffle and Ken for the help that he gives throughout the year.

We also cater for the Boards Annual Meeting each year. Thanks go to Edna for her jam making, to Julie for her window displays, Margaret and Sue for the washing and ironing of clothing, Val and Lorraine for holding the fort every Saturday morning and Beryl our girl Friday, who is there every week.

CEO Vicki and Judy keep us informed of what is happening with the new Hospital.

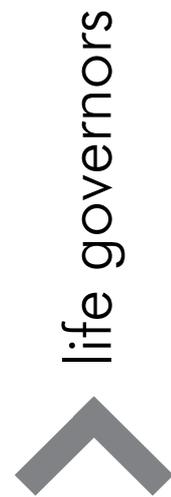
Congratulations to the Hospital Board on the management of our new Hospitals. Last but not least I wish to thank each and every one of our Ladies in this Auxiliary for their help as we could not function without your support.

Thanks to our Secretary Isabel, Treasurer Robyn and Julie and Sue for the excellent job that they do. I have enjoyed my time as President and wish all new incoming officers a great year ahead.

**Jan Rawlins**  
President



<b>Name</b>	<b>Month</b>	<b>Year</b>
Mr. D.G. Coutts	October	1964
Mrs. E.M. Wilson	September	1972
Mrs H.E. Lanyon	September	1972
Mrs. N.M. Weaver	September	1972
Mr. L.R. Meadows	September	1972
Mr. L.F. Whitmore	September	1972
Mr. G.A. Frost	October	1974
Mr. W.N. Haw	March	1976
Mr. H.D. Cable	September	1980
Mr. W.A. Boyle	April	1985
Mr. H.F. Slatter	April	1985
Mr. K.I McKay	April	1985
Mr. E.L. Poxon	October	1989
Miss. A. Donnellon	December	1989
Mr. F.L. Boyle	December	1989
Mr. K.M. Weaver	October	1992
Mrs. F.J. Meadows	March	1995
Mr. K.M. Jeffrey	October	2000
Dr. G.C. Findlow	May	2001
Dr. J.E. Findlow	May	2001
Mr M.J.Nolan	October	2002
Mrs M.A.Birt	October	2003
Mr G.E. Arundell	October	2005
Mrs P Byrne	December	2009
Mrs M Worland	October	2011
Mrs B Jeffery	October	2011
Mr D Rees	October	2014





### 2015 Hospital Donations

AgFarm Pty Ltd  
Beattie Windarra Pty Ltd  
Boort District Health - Ladies Auxiliary  
Boort Bowls Club Inc  
Boort RSL  
Boort RSL Womens Auxiliary  
Boort Shire Depot Social Club  
Boort Trotting Club  
Catholic Regional College  
Gordon Lyndon-Smith  
Grant & Jeanette Weaver  
HJ & HW Mitchell  
Jenny & David Weaver  
Jenny Allison  
JFG & MJ Allison  
Judy Keath  
Lachlan Fraser-Smith  
Loddon Valley Standardbred Stud  
Loretta Beattie  
Max Weaver  
Mr Denis Martin  
Norm Stringer - Clearing Sale  
Robert J Tamblyn  
Robert Rollinson  
Rodwells Boort  
Samantha McIntyre  
Teresa Nagy  
Thelma Powell  
Tina Peacock  
Troy & Kate Perryman  
Walter Manallack  
Yando Hall Social Committee

### Murray to Moyne Donations:

Barry & Betty Barnes  
Barry & Tina Watts  
Boehringer-Ingelheim  
Boort District Health - Hospital Ladies Auxiliary  
Boort IGA  
Boort Lakeside Caravan Park  
Campbell Chalmers  
Carol & Cassandra Ritchie  
Caroline Heritage  
Des Flynn (Oxman Group)  
Dr Ashraf & Annalaise Takla  
G & T Powell  
GA & JM Allison  
George Tallis - Home Timber and Hardware  
Goulburn Murray Water  
Ivan Vanderwall  
JM, LM & FM LANYON  
John & Sonia Piccoli  
Joy Manuel  
Kathryn & Steven Lanyon  
Ken & Margaret Hockey  
Lanyon Farms  
Lynette Clark  
Men's Shed  
Miller's Agricultural Supplies  
Noel & Jenny Featherby  
Northern Districts Community Health  
Paul & Cathy Ballis  
PS Wholesale Clothing (Preston & Sue Forster)  
Quambatook Catholic Ladies  
Ray & Coral Moresi  
Rubicon Systems Australia Pty Ltd  
Strella Toose  
Trev & Gwen Moresi

## Appeal for Assistance

In its long history of service to its community, Boort District Health has touched the lives of many people across many generations. Whilst the Health Service receives government funding to operate, it also relies on the financial support of the community to grow and develop.

You can help in many ways

*You can become an annual subscriber to BDH*

*You can donate through our donor program*

*You can remember BDH in your will*

*You can become a Volunteer*

*You can join the Ladies Auxiliary*

If you would like more information about how you can help us, please contact Reception on 03 5451 5200 or via email on [reception@bdh.vic.gov.au](mailto:reception@bdh.vic.gov.au)

Thankyou for your support

#### Website:

<http://bdh.vic.gov.au/>

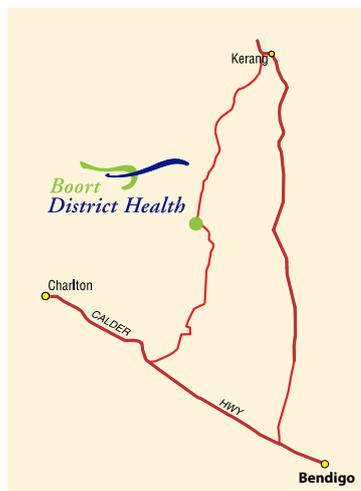
#### Facebook:

<https://www.facebook.com/pages/Boort-District-Health/1689834117910799>



**Boort**  
*District Health*

PO Box 2 Boort Vic 3537  
Phone: (03) 5451 5200  
Fax: (03) 5455 2502



[bdh.vic.gov.au/](http://bdh.vic.gov.au/)



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