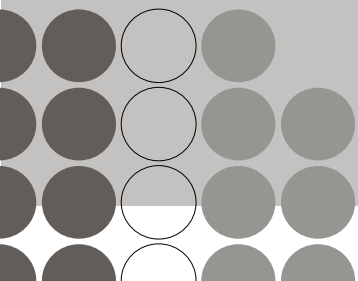


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WELCOME

Welcome to Boort District Health's annual report for 2012 – 2013. This important reporting document demonstrates how the organisation is meeting its strategic objectives as outlined in the 2011 – 2014 Strategic Plan. The Annual report also provides a comprehensive and detailed account of Boort District Health's financial performance and achievements throughout the reporting period.

Report specifications: Reporting period from 1 July 2012 to 30 June 2013. 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.

what we value

patient centred care

be patient and resident focussed

respect

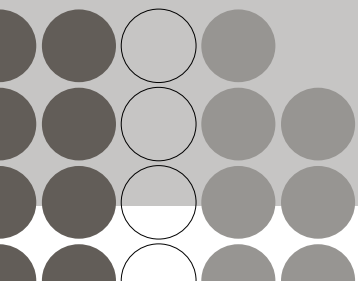
be impartial and aware that the rights and choices of people are respected

accountability

be accountable for our actions

integrity

responsible and ensure that care and services demonstrate integrity



Boort District Health's vision

is to enrich the health and
well being of the community

as a collaborative
partner in health our

role

is to deliver quality, flexible
and responsive health and
care services to
the community

About Boort District Health

History

Boort District Hospital was established in 1961 with capital works funding provided by the State Government. By June 2008, the entity resolved to change the name of Boort District Hospital to Boort District Health. The decision to make the change was to recognise the breadth of health, aged and community services Boort District Health delivers.

Health Care Services

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 well being programs are provided.

Primary Care Services

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

The Year in Review

Board of Management Report

In accordance with the Financial Management Act 1994 I am pleased to present the report of operations for Boort District Health for the year ended 30 June 2013.



Mr Jim Nolan

Chair
Boort District Health
Board of Management



Chair and Chief Executive Officer's Report

On behalf of the Board, Management and staff we are pleased to present the Annual Report for Boort District Health. As evidenced in this report we have had another successful year with the highlight of ongoing progressive planning of the re-development of the hospital and hostel.

Providing Service and Care

The staff and support team at Boort District Health continue to provide high quality care to patients and residents. Our nursing team is lead by Judy Keath, Director of Nursing and Lee Sullivan Nurse Unit Manager.

Dr Ashraf Takla continues to provide medical services to the hospital and leads the medical team at the Boort Medical Clinic. Dr Takla is now in his seventh year at Boort.

Boort District Health provides excellent dental services to Boort and surrounding areas. Dr Chetan Bhardwaj leads an enthusiastic dentistry team at the dental practice. Dr Sajeev Koshy ensures excellence in our dentistry service by providing clinical mentorship and leadership to the dental team.

Dr Paul Francis, Director of Medical Services leads the clinical governance team. All aspects of safety and quality are managed within a clinical governance framework. In 2013 we welcomed Simon O'Callaghan from Boort Community Pharmacy to the clinical governance committee.

Accreditation

In October 2012 the Organisational Wide Survey against the ACHS Equip standards produced excellent results. BDH was noted as competent in all standards and achieved 11 Extensive Achievement (EA) results. We proudly report that the Hostel (a 30 bed facility) met all 44 Standards during the accreditation process in May. This means that the Hostel is accredited for another three years. Many people contributed to the excellent result. But, we would like to recognise the work not only of a very dedicated group of staff but residents who contributed. Many residents enjoy working in the gardens. Their efforts were rewarded by compliments from the auditors. A wonderful team effort.

Partnerships

We continue to build and strengthen partnerships across the region. This is important to us as we can ensure our community has access to varied health, social welfare and preventative health and well being supports.

Partnerships have

continued with the Loddon Mallee Palliative Care Partnership, Bendigo Loddon Primary Care Partnership, Loddon Mallee Medicare Local, Northern Districts Community Health, Loddon Shire and the hospitals in our region.

Thank you

During the year we welcomed Marlies Eicher to the Board. Marlies has a strong background in small business and community involvement. One of our Board members, Kel Jeffery's term expired during the year. We were delighted to report that he was reappointed for another term by the Minister for Health. We would also like to extend our thanks to the contribution made by Mr Gary Rhook who retired from the Board during the year. We wish to thank all the individuals and community groups who continue to support Boort District Health in many different ways. We value the contributions of volunteers, community groups, families and carers who provide endless resources for the hospital and hostel. We trust you find this report interesting and informative.



Mr Jim Nolan

Chair
Boort District Health
Board of Management



Ms Vicki Poxon

CEO
Boort District Health



Board of Management and Governance

The Board of Boort District Health is accountable to the Minister for Health for conduct, performance and culture of the organisation. The Board is committed to the highest standards of professionalism, probity, diligence and excellence.

Boort District Health is governed by a six member Board and is appointed on the recommendation of the Minister for Health, the Hon David Davis MP.

The Board is responsible for a range of functions including:




- Ensuring enduring value is created.
- Improving the performance of the organisation through strategy formulation and policy making.
- Monitoring the organisations performance, ensuring that performance is in the community's interests and meets agreed goals and objectives.
- Appointment and management of the CEO.

During the year the Board has reviewed and updated the By Laws. This in turn has contributed to a review of all committees reporting the Board. The following committees that report to the Board have had their structures reviewed:

- Finance, Audit and Risk Management
- Quality and Safety
- Community Advisory Committee
- Clinical Governance

To meet the obligations that are required by the National Accreditation Standards, the Board has developed an Integrated Governance Strategy. The document outlines the framework and structures that ensures Boort District Health meets all Standards.

Meeting Attendance

	 Board of Management	 Finance & Audit	 Safety & Quality
Mr M.J. Nolan	10 / 11	3 / 4	
Mrs E.M. Barnes	11 / 11		3 / 3
Mr K. Jeffery	11 / 11		
Mr D. Rees	11 / 11		
Mrs M. Eicher	10 / 11	1 / 1	2 / 3
Mr A. McDougal	9 / 11	4 / 4	
Mr G. Rhook	2 / 6	1 / 2	



Office Bearers



Board Chair

Mr. Jim Nolan

First Elected: 27.07.1970

Committees –

Executive & Governance Committee

Finance & Audit Committee

Clinical Appointments Committee



Board Vice-Chair

Mr Alister McDougal

First Elected: 01.07.2008

Committees –

Executive & Governance Committee

Finance & Audit Committee



Member

Mrs Elizabeth Barnes

First Elected: 10.01.1995

Committees –

Executive & Governance Committee

Safety & Quality Committee



Member

Mr Kelvin Jeffery

First Elected:

25.08.1969



Member

Mr David Rees

First Elected:

01.11.2001



Member

Mrs Marlies Eicher

First Elected: 01.07.2012

Committees –

Safety & Quality Committee

Finance & Audit

Committee

Member

Mr Gary Rhook

01.11.2004 –

26.02.2013

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 organization operates within the various statutory requirements set for it by government and statutory bodies.

Key Personnel

Executive

Chief Executive Officer

Ms Veronica Jamison
MBL, Grad Dip Bus (Mgt), B.A.
(Psych), FCHSM, CHE
01.07.2011 – 29.11.2012

Chief Executive Officer

Ms Vicki Poxon
MIH; B ED; Adv. Dip. Bus
Man; GAICD
18.02.2013 – Current

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 Chetan Bhardwaj
BDS; ADC

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
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 Officer

Mrs Carol Mullins
Cert III in Business
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

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.

Support Services Manager

Ms Julie Walton
Dip Business (Human
Resources)
Advanced Dip Business
Management
Victorian Cleaning
Standards Auditor (QVCSA)

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

Visiting Medical Officers

Dr Ashraf Takla
MBBCH, JCPTGP (UK),
DFFP (LON)

Dr Poate Radrekusa
FRACGP; MBBS; Dip Surg

Dr Adel Asaid
MBBCH; FRACGP; ACRRM

Dr Eji Ekeanyanwu
MBBS; FACP; FRACGP

Review of Operations

Leadership

Building credibility across the organisation requires commitment to building a strong and vibrant team culture. A feature has been the commitment to meeting with staff, volunteers, patients and residents to hear things from their individual perspectives. This allows people to initiate dialogue on issues of concern and provides the opportunity for leadership to hear different perspectives.

The organisation's values are prominently visible and serve as a reminder of what is expected of everyone who has any involvement with Boort District Health. The reason we do this is to ensure we provide a patient/resident centred health service.

Dental

Dr Chetan Bhardwaj operates the single dental chair based in Boort. The dental service continues to provide important oral health services to the local community and during the year an outreach model of care was implemented in Kerang, Cohuna and Pyramid Hill. The purpose of outreach is to create awareness of dental health services, improve accessibility to dental care and provide an understanding of the importance of early intervention in treatment and prevention.

Primary Care

Boort District Health is well supported by St Anthony's Medical Group who provides the general practice services for Boort. Dr Ashraf Takla is the VMO and provides 24/7 care in the Urgent Care Centre, supports the nine bed acute ward and medical care for the 10 high care and 30 low care aged care residents.

Clinical Governance

Dr Paul Francis is the Director of Medical Services and leads the clinical governance committee. The essence of clinical governance is to ensure the right things happen to patients within the health service. The key focus is on the patient experience throughout the continuum of care.

Pastoral Care

Pastoral care provides spiritual and pastoral care to patients, residents and their families. The service comprises an honorary accredited chaplain, Mr Stephen Field. Pastoral care is an inclusive program carrying with it an emphasis on spiritual need as people seek the meaning of life.

Various denominations provide worship services at the hostel every Wednesday morning and monthly in the nursing home. These are volunteer services and highly valued by the residents.

Community Engagement

Once again the Murray to Moyne was a successful community event led by Dr Ashraf Takla. Approximately \$21,000 was raised and this contribution has provided valuable medical equipment such as a patient trolley and procedure lights for the Boort District Health Urgent Care Centre.

Due to the ongoing financial commitment of other community organisations and generous individuals such as the Ladies Auxiliary, Borung Mechanics Institute Committee of Management, Mrs Teresa Nagy – garden party, Uncle Bob's Club, Mr Phillip Johnson and so many others the following was purchased or refurbished:



“When you have a community like ours, anything is possible. This community has shown its steadfast support and belief in their hospital and staff.”

Dr Ashraf Takla

- Three bedroom cottage refurbished for students and staff accommodation
- beds purchased for the hostel
- Coffee machine and box of tea
- Three shower chairs
- Lift Chair for the Hostel
- Visitrex wound measuring tool
- Entonox machine
- DVDs for children
- Computer for district nurse

There are a number of volunteers who provided a varied program of activities for residents in the aged care setting and patients in the acute ward. The volunteers contribute to a very happy atmosphere and bring a wealth of experience to Boort District Health. Examples of community involvement at Boort District Health include:

- **Happy Hour** at the Hostel is a special occasion every Friday afternoon. Volunteers commence the afternoon with a sing-along. This is followed by afternoon tea and members of the community and families are encouraged to participate.
- **Pet visits** encouraged at the Nursing Home. Regularly Meg the Golden Retriever or Oreo the cat visit and spend an afternoon being petted and fused over by the residents.
- **Singing Group** provides inspiration every Thursday at the nursing home.
- **School Visits** are welcomed by the hostel residents where they appreciate the busy and entertaining lives of young people in the community.
- **Driving trips** are organised by the Activities

Team but supported by a number of keen volunteers. Additionally, volunteers drive people to various medical appointments in Bendigo or Kerang.

- **Bingo nights** supported by enthusiastic volunteers are a feature in both the hostel and nursing home. A feature of Bingo at the nursing home is that bread is cooked and enjoyed by residents for supper.

- **Planned Activity Group** volunteers are the lifeblood of all day to day activities for community and residents. They support varied activities including art and craft, reading, computer, visits to areas of interest in the wider community, cooking, exercise groups and movie afternoons.

Students

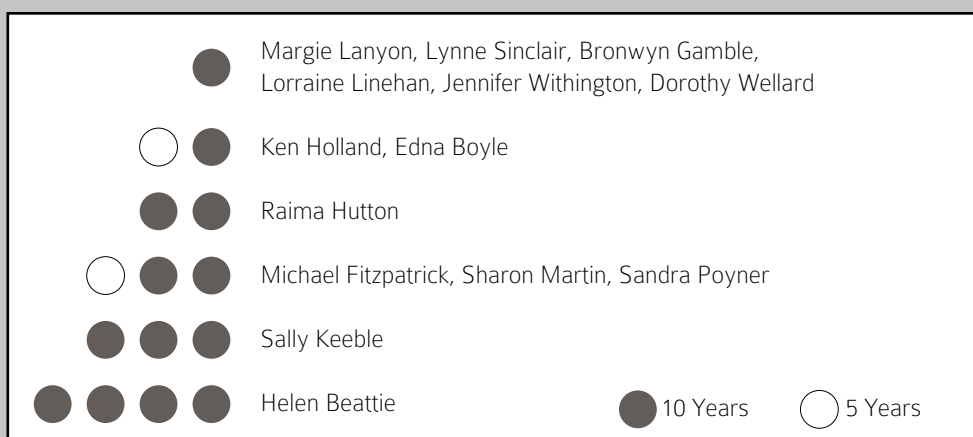
Student involvement at Boort District Health is highly valued. Regularly the health service hosts student nurses from the various universities. Under Dr Ashraf Takla's supervision medical students have had an opportunity to be part of rural medicine.

Food services

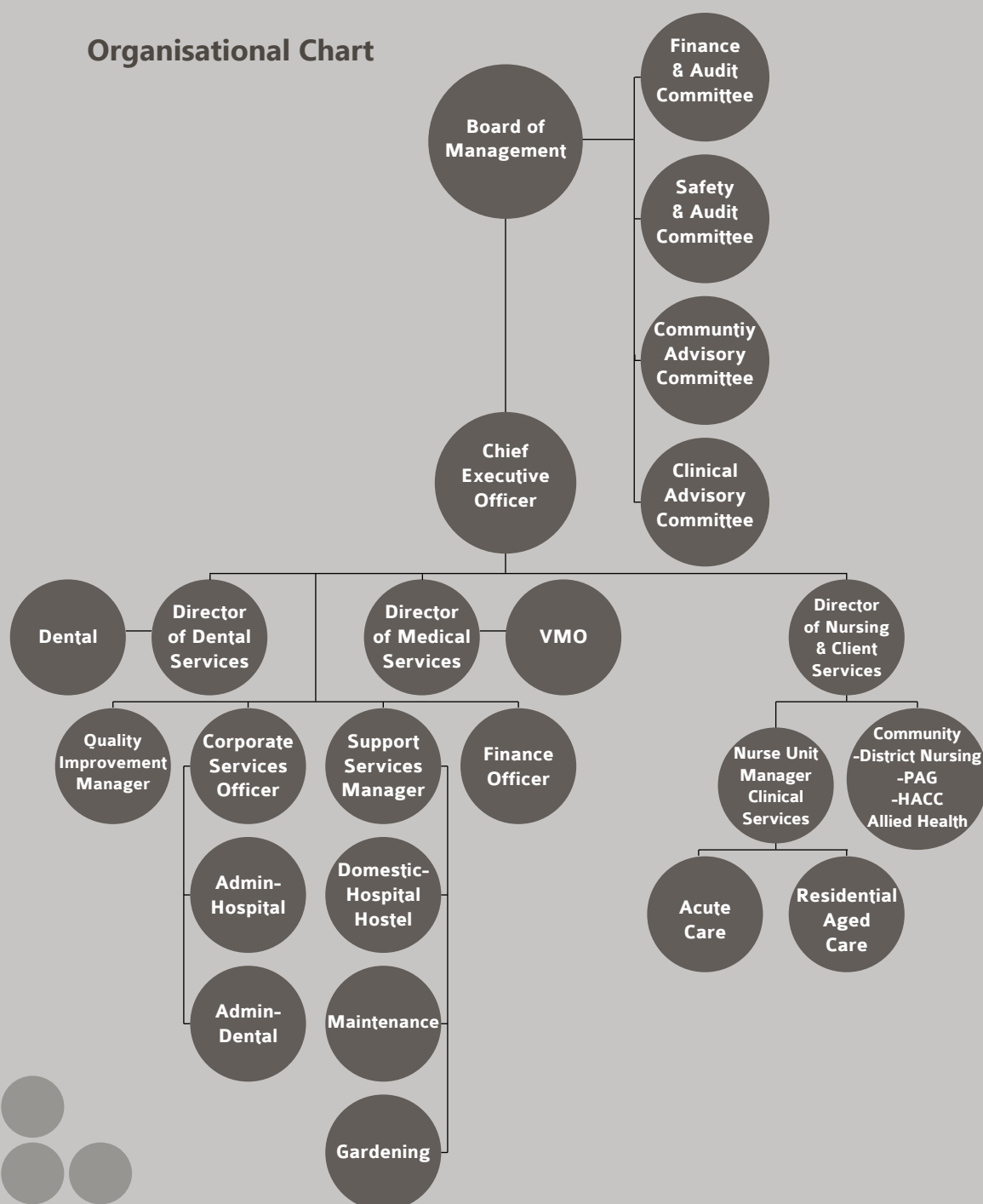
The food services team is committed to providing high quality meals and varied menus that reflect the diversified patients and residents needs. Residents and patients are encouraged to complete surveys to rate the quality of meals. Overwhelmingly the quality of food provided at Boort District is rated very highly. The food services team produced, delivered and served approximately 39,520 meals.



Years of Service Awards for 2013



Organisational Chart



Environmental Performance

Boort District Health is committed to improving the environmental sustainability of our operations and minimize 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.

Further, in an effort to reduce our environmental footprint Boort District Health participated in Sustainability Victoria's Resource Smart Health Care Project to develop an Environmental Management Plan. As part of this project BDH has established an environmental policy that has set targets and goals for the future.

To date BDH has:

- Implemented printer ink and battery recycling
- Established a recycling program, including a depot for all commingled waste (includes, composting, bricks, pipes etc.)
- Conducted regular waste audits (general, medical)
- Reviewed heating and cooling procedures
- Installed retrofit water devices
- Installed skylights throughout 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
- Used drought tolerant plants in the garden enabling the reduction of water use throughout the health service
- Promoted the use of video conference facilities at BDH in preference to driving to meetings
- Health Purchasing Victoria (HPV) compliant with all health purchases, obtaining best price where possible

The Future

- Seeking funding to progress towards becoming a paperless health service, by implementing "smart devices" such as ipads to capture and record audits and review information
- Continue on the path towards reducing our carbon emissions in our use of energy and water
- Source funding for installation of water tanks to capture and reuse rainwater in gardens
- Implementation of central store, for all medical, kitchen and housekeeping stores to reduce excess purchasing and waste.
- Implementation of "spend" profile to identify where the agency spends its money
- Investigate solar power initiatives.

Boort District Health is committed to look for innovative ways to minimise the use of "our world's resources" and minimise our environmental footprint.



ENVIRONMENT

Statement of Priorities

Strategic Priorities



Developing a system that is responsive to people's needs



In partnership with other providers within the local area apply existing service capability frameworks to maximise the use of available resources across the local area



Memorandum of Understanding developed with neighbouring community health service and other small rural health services to increase capacity of services to the community and reduce duplication. Agreement signed October 2012.

Participation in Loddon Shire health and wellbeing Municipal health Strategic Plan. Completed June 2013

Participation in development of strategic plan with Bendigo Loddon PCP. Completed June 2013.

Lead agency partnered in developing "Around the Table" forum to hear views from local woman about the social and health well being supports required. Completed June 2013.

Lead agency in the Diabetes in Loddon Action group in partnership with other health providers in the Loddon shire and BLPCP

Chair of the Loddon Mallee Regional Palliative Care Consultancy steering group. Completed June 2013

Support and enhance Transition Care Program at BDH

Improving every Victorian's health status and experiences

Collaborate with key partners such as members of local PCP, the newly formed Medicare Locals, community health services and Aboriginal health service providers to support local implementation of relevant components of the Victorian Health and Wellbeing Plan 2011-2015

Partnered with Men's Shed program to provide avenue to promote men's health.

Boort Dental Service provided outreach dental services to 'at risk' communities including Aboriginal and Torres Strait Islander people.

Partnered with Medicare Local and small rural hospital service to deliver GP after hour's program.

Member of the Loddon Mallee Regional Palliative Care Consortium as representative of unfunded agencies.

Expanding service, workforce and system capacity

Identify opportunities to address workforce gaps by optimising workforce capability and capacity and exploring alternative workforce models

Recruitment strategy for medical, dental and allied health workforce development in conjunction with Rural Workforce Agency Victoria. Completed November 2012.

Allied Health Assistant Remote supervision model implemented in partnership with Bendigo Health. Completed October 2012.




Enhanced practice education of nursing staff – Diploma of Nursing for Enrolled Nurses. Implement sponsorship for overseas trained staff in areas where gaps exists in skilled employees. Four staff sponsored in 2012

Participation in Northern Rivers Graduate Nurse program in collaboration with Echuca Regional Health Service and other Small Rural Health Services. Program commenced Jan 2013

Increase undergraduate student placement by participation in clinical networks. This was supported by employment of clinical coordinator and enhancement of accommodation options. Clinical placement increased 93.3% in 2012

Statement of Priorities (cont.)

Strategic Priorities

		
Increasing the system's financial sustainability and productivity	Develop and support alternative arrangements that drive greater financial productivity and sustainability through more efficient purchasing of non-clinical services Examine and reduce variation in administrative overheads	Strategy for use of solar power throughout the organisation. Developed in June 2013. New linen service contract finalised in May 2013. Service Plan developed in partnership with the Department of Health. Sustainability project with strategies for shared efficiencies with other health services. Report completed June 2013.
Implementing continuous improvements and innovation	Develop and implement improvement strategies that better support patient flow and the quality and safety of hospital services	Train the trainers in Palliative Care toolkit implementation. Completed May 2013. Adoption and implementation of Residential Aged care Quality Action Plan. Developed in June 2013. Integrated Governance Strategy developed. Completed June 2013. Implementation of incident management system to trend and analysis of safety issues with 90% staff trained by June 2013. New national accreditation standards embedded into organisation. Development phase completed June 2013. Collaboration with other Small Regional Health Services in employment of project worker for Aged Care Funding Instrument education of staff across multiple campuses. Hostel accredited in May 2013. Achieved full compliance 44 out of 44 Standards. Cleaning standards reports full compliance. Submission of data to VICNESS notes full compliance. Hospital acquired infection surveillance reports no outliers. The Hand Hygiene target was achieved. Victorian Patient Satisfaction Monitor target was achieved. Consumer Participation Indicator was achieved
Increasing accountability and transparency	Continue to strengthen the capability of rural health service boards and senior management to ensure that ongoing stewardship obligations of rural and regional health services can be met	100% Board of Management completed financial management training. Training undertaken May 2013. Governance By-Laws reviewed and implemented. Review completed in April 2013. Board of Management orientation package reviewed and training implemented. Review and training completed in April 2013. Review of reporting mechanisms to the board to ensure all issues of quality and safety are reported.
Improving utilisation of e-health and communications technology	Trial, implement and evaluate strategies that use ICT as an enabler of better patient care	ICT service capacity in place in February 2013 for coordination with the regional health service in: <ul style="list-style-type: none"> • Palliative care consultancy services • Transition care program • Allied Health Assistant remote supervision model • Graduate nurse education • Aged care Assessment Service E-referrals

 Priority

 Action

 Deliverable

Clinical Services Overview

Client services work across several areas to provide to the clients of the Boort Community a seamless continuum of care. In providing the right services, at the right time, the clients receive holistic and appropriate health care in our rural community. Following are a few high lights of the services:

Acute services

- The acute services underwent a full two day audit from the Australian Council of Health Standards in October 2012. As well as recommending accreditation for the full four years, the surveyors also rated BDH as having extensive achievements for 11 standards. All staff are to be congratulated on this excellent result.
- Through the generosity and hard work of the Murray to Moyne team an emergency table and a procedure light have been purchased for the urgent care centre.
- BDH has continued to have representation on the Loddon Mallee Regional Palliative care Consortium throughout the year and provided the chair for the Loddon Mallee regional Palliative Care Consultancy Service steering group. The implementation of the consultancy service provides access to specialist palliative care physicians, nurse practitioners and clinical nurse specialists to all palliative clients in the Loddon Mallee region.

Aged care service

- In May 2013 the hostel undertook a full survey and was awarded compliance in all 44 standards with the

hostel now accredited for the next three years. The staff and residents are to be congratulated for the excellent standard of care.

- In late 2012 a work plan was put in place to upgrade the gardens and grounds after years of drought had degraded them. The work carried out by the gardener and his offsiders is a credit to them, with walking paths, raised garden beds and life sized corrugated farm animals contributing to pleasant and inviting surroundings for the residents.
- In 2012 -2013 the organisation reviewed its commitment to seeking feedback from the residents. The newsletter which had lapsed after staff changes, was reinstated on a regular basis and in April we commenced as series of morning teas with small groups of residents. This has now evolved to weekly morning teas meetings with each unit, and in the near future we plan to form a Residents Advisory Committee which will further inform both management and residents of issues and changes at the hostel.

Community services

- District nursing services continue to provide an important service to the community with a small increase of .2% in clients seen from 2012-2013, contributing to an overall

increase in demand of 19% over the past 5 years.

- In 2012-2013 Planned activity groups offered 8 different programs totalling 2,490 hours and 949 hours of support to our valuable volunteers.
- The Transition Care Program (TCP) has been imbedded in BDH, offering clients further care options after discharge from acute care. In 2012-2013 7 clients spent an average of 73.5 days on the TCP program.
- The employment of an Allied Health Assistant in late 2012 has enhanced the provision of allied health services to both aged care services and the Transition Care Program.
- BDH continued to be the lead agency in the Diabetes in Loddon Action Group with the highlight of the year being the launching of "How to live with Diabetes" pamphlet with Honourable Peter Walsh MP.
- BDH partnered with Northern Districts Community Health Service, Pyramid Neighbourhood House and Womens' Health Loddon Mallee to talk to women in the north of the Loddon shire about the health issues most important to them. The partnership was fortunate to access funding which was used to form the 'Around the Table' project. This project provided for the

District nurse attendances

2007/08	2028
2008/09	1947
2009/10	2257
2010/11	2516
2011/12	2426
2012/13	2433

employment of a project worker to facilitate consultation with the women through multiple small groups across the shire. A total of 76 women took part

in the small groups with the final report has been presented to the women. The information obtained in this project, will inform the future planning of womens health services in the organisation.

Pyramid Hill issues

35%	Increase Social / Support Groups
31%	Improve Medical Services
10%	Transport
08%	Childminding
05%	Isolation
05%	Information Dissemination

Boort Issues

24%	Childcare
25%	Waiting times - Second doctor (female)
21%	Variety of Social / Support groups
12%	Access to visiting Medical Services
14%	Information Dissemination
07%	Cost of Medical Services
06%	Improved Internet access
06%	Public transport
01%	Breast Screening / Pap smears
01%	Diabetes
01%	Mental Health Services
01%	Employment Opportunities

Workforce

- BDH very happily welcomed Lee Sullivan to the position of Nurse Unit Manager – Clinical Services. Lee commenced in the position in January 2013. Lee has had extensive experience in New Zealand particularly in the area of aged care.
- Physiotherapist Angela Doyle was recruited in January 2013. Angela provides excellent physiotherapy services to the hospital and community.
- February 2013 saw the first intake from the Northern Rivers Graduate Nurse program. This

program established with seeding money from the Department of Health, is a partnership between BDH, Cohuna District Hospital, Rochester and Elmore District Health Services and Echuca Regional Health, offering new nursing graduates opportunities to rotate between small rural health services and a larger health service to gain valuable experience in their graduate year.

Clinical education

- Boort has participated in the Loddon Mallee clinical networks, committing to providing clinical placement to undergraduates in health disciplines. BDH has provided increasing numbers clinical placement for nursing students as can be demonstrated by the graph below.
- With three small grants from Health Work Australia and top-up funding from the BDH board, refurbishment of the existing hospital cottage was able to be carried out. The work provided a much more useable and comfortable facility for student accommodation.
- BDH continues to provide ongoing Clinical education for our existing clinical staff. In 2012-2013 62 clinical and care staff undertook 1265 hrs of education over 122 education topics.

Number of student days for clinical placement at BDH

2010	80
2011	120
2012	232
2013	485



Disclosure Index

The annual report of Boort District Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page Reference
Charter and purpose		
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FRD 22C	Objectives, functions, powers and duties	1-10
FRD 22C	Nature and range of services provided	3
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FRD 15B	Executive officer disclosures	See Financial Report
FRD 21B	Responsible person and executive officer disclosures	See Financial Report
FRD 22C	Application and operation of Freedom of Information Act 1982	20
FRD 22C	Application and operation of the Protected Disclosure Act	20
FRD 22C	Compliance with building and maintenance provisions of Building Act 1993	20
FRD 22C	Details of consultancies over \$10,000	20
FRD 22C	Details of consultancies under \$10,000	20
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FRD 22C	Significant changes in financial position during the year	See Financial Report
FRD 22C	Statement of availability of other information	20
FRD 22C	Statement on National Competition Policy	21
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SD 4.2(j)	Sign-off requirements	See Financial Report
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Financial statements required under Part 7 of the Financial Management Act		
SD 4.2(a)	Statement of Changes in Equity	See Financial Report
SD 4.2(b)	Operating Statement	See Financial Report
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SD 4.2(b)	Cash Flow Statement	See Financial Report
Other requirements under Standing Directions 4.2		
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
SD 4.2(d)	Rounding of amounts	See Financial Report
Legislation		
	Freedom of Information Act 1982	20
	Protected Disclosure Act	20
	Victorian Industry Participation Policy Act 2003	20
	Building Act 1993	20
	Financial Management Act 1994	See Financial Report

Report of Operations



**Acute
Health**



**Aged
Care**



**Primary
Health**



Total

ADMITTED PATIENTS

1. Separations			
	Same Day	0	0
	Multi Day	168	168
Total Separations			168

2. Bed Days	i. Acute	1652	1652
	ii. Nursing Home Type	494	494
	Residential Care	13485	13485
Total (Item 2)			15631

NON ADMITTED PATIENTS

3. Emergency Medical Treatment		90	90
4. Outpatient Services (Hospital Based)		663	663
5. Ambulatory Services (Community)			0
	District Nursing	847	2433
	Planned Activity	2135	2135
	Meals on Wheels		903
	Social Work		0
	Physiotherapy	46	363
	Dental		2353
	Pathology Collection		1565

Total (Items 3,4 & 5)			10505
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TOTAL OCCASIONS OF SERVICE 26304

Workforce Resources

As at 30th June 2013 Boort District Health employed staff equating to persons (in fulltime equivalent units).



JUNE Current Month

JUNE YTD

Labour Category	FTE	FTE
Nursing	13.46	12.92
Aged Care Low	14.94	14.87
High	9.45	9.47
Community Health Services		
District Nursing	0.69	0.66
Day Care	1.76	1.79
Physiotherapy / Flood Support	0.40	0.53
Administration and Clerical	5.01	5.02
Dental	3.77	3.84
Support Services	10.91	10.98
Total	61.67	61.34

Note: An FTE is equivalent to one full-time position of 40 hours per week.

Our Team

Chief Executive Officer

Vicki Poxon
Veronica Jamison
(until November 2012)

Clinical Services

Director of Nursing & Client Services

Judy Keath

Nurse Unit Manager

Clinical Services

Lee Sullivan
Michelle Holland
(until December 2012)

Registered Nurses

Susan Boyle
Tanya Buchanan
Cheray Campbell
Jessica Chalmers
Heather Dobie
Madison Fox
June Gardner
Zachary George
Dale Gilmore
Larissa Gretgrix
Sarah Hobbs
Ken Holland
Michelle Holland
Wendy Keyster
Michelle Lawrence
Wendy Liu
Kristen McClelland
Mary Noonan
Elizabeth Pashley
Amy Perry
Tanya Pickering
Wendy Russell
Lois Seipolt
Paul Shajan
Lynne Sinclair
Sue Taylor
Vikki Van Harten

Enrolled Nurses

Carmen Cauchi
Nadine Chalmers
Pauline Cooper
Catherine Farmer
Kim Griffiths
Raima Hutton
Janette Long
Yvonne Mannix
Joan McColl
Julie McGrath
Judy Parker
Janice Smith

Bernadette Wilson
Sharon Wright

Personal Care

Assistants

Stephanie Absalom
Jenny Allison
Anne Azzopardi
Glenys Broad
Suwattana Chulakathappa
Bronwyn Gamble
Melissa Gardner
Ena Green
Mandy Hastie
Kinderjeet Kaur
Tracey Leys
Lorraine Linehan
Melissa Magnone
Helen Matthews
Kerry Moloney
Jacquie Mora
Denise Murphy
Keana Northcott
Anne 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
Janice Smith

Physiotherapy

Angela Doyle
Brett Long
Kaye White

Planned Activity Group

Deanne Smith
Maree Stringer

Lifestyle & Leisure Services

Carmel Allison
Melissa Magnone
Sandra Poyner
Amber Thamm

Project Worker

Margaret Van Veen

Safety & Quality Services

OH&S Officer

Julie Walton

Infection Control Officer

Judy Parker

Quality Improvement Manager

Lynne Sinclair

Corporate Services

Corporate Services Officer

Carol Mullins

Finance Officer

Stacey Fernee

Reception / Administration

Tamara Boyd
Laura Fenton
Nicole Fuller
Nikki Hawes
Sharyn O'Rourke
Kathy Velleley

Maintenance / Horticulture

Jay Brown
Michael Fitzpatrick
Cliff Gleeson

Support Services

Support Services Manager

Julie Walton

Staff

Helen Absalom	Elizabeth Allen
Carmel Allison	Lynette Clark
Kerry Fitzpatrick	Emma Gardner
Natalie Harrington	Eloise Haw
Nikki Hawes	Sally Keeble
Helen Matthews	Margie Lanyon
Tracey Leys	Sharon Martin
Amy Nicholson	Judy Perryman
Sandra Poyner	Julie Puttick
Stacey Streader	Kelly Sullivan
Richard Tierney	Julie Wilson
Natham Wright	Roslyn Wright

Dental

Dentist

Dr Chetan Bhardwaj
Dr Sajeev Koshy

Dental Hygienist

Narelle Hartwich
Kristy Lowe

Dental Assistants

Richa Bhardwaj
Nikki Hawes
Vicki Peiffer
Chris Stevenson
Helen Tular

Our Community

Boort District Health Donations

M K Worland
Dawn Weaver
Emma McKern
CWA Boort
Boort Bowls Club
Wally Manallack
CWA Boort Branch
Robert Eaton
Boort Uniting Church Fellowship
Ms Teresa Nagy
Coutts Pastoral Pty Ltd
BDH Ladies Auxiliary
Boort School Reunion
Estate of Mr Albert Dainty
Mr Alfred Matthews
Borong Mechanics Institute
Committee of Management
V Bourke
M Stephenson
Boort Deb Ball
Steve Wood
NS & DA Lanyon

Murray to Moyne Donations

Ivan Vanderwell
Max Robertson
- Life Financial Services
Provet Victoria- Ken Seibel
Central Animal Records
Arnold Family Butchers
Rubicon Systems Australia Pty Ltd
John & Val Henderson
Phillip Johnston
Railway Hotel - Donation tin
Salute Oliva Pty Ltd
Boort Post Office
Kia-Ora Piggery Pty Ltd

Streader Constructions
Lois Whykes Whykes Panel & Detailers
Campbell & Janice Chalmers
Joy Manuel
Bayer Health Care
Norbrook Laboratories Pty Ltd
Hill's Pet Nutrition P/L
Kelly Dunlop Boehringer - Ingelheim
Boort Veterinary Services
Boort Supermarket
Dr AF & Mrs A Takla
Boort Medical Practice
Vicki Poxon
DA Electrics
JE Cameron
G Moresi
AL & NF Stringer
Northern District Community Health Service
Norma Fleming
Lanyon Farms Pty Ltd
Don Farrer
BW & EM Barnes
Boort RSL
J Malone
P Stringer
JM, LM & FM Lanyon
EA + KW James
Tom Burrowes
Gwen Henderson
P+H Mitchell
J+R Crudup
A+J Watley
Bendigo Radiology
Andrew & Kerry Baker
Kel & Rosie Day Foundation



Statutory Reporting Requirements

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	1
Works in construction and the subject of Mandatory inspections	1
Occupancy Permits issued	1

Maintenance

Notices issued for rectification of substandard Buildings requiring urgent attention	1
Involving major expenditure and urgent attention	1

Conformity

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

Protected Disclosure Act

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 reprimand;
- 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 2013 there were no disclosures made to Boort District Health under the Protected Disclosure Act.

Freedom Of Information Act

The Freedom of Information Act 1982 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.

Privacy

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

Consultants

During 2012/2013 Boort District Health engaged four consultants with fees to the total of \$10,467.02.

Ex-Gratia Payments

There were no Ex-Gratia Payments made by Boort District Health during the 2012/2013 reporting period.

Victorian Industry Participation Policy Act 2003

During the 2012/2013 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 publication

annually:

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

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 were no claims submitted to the Insurer.

Factors Affecting Performance

During 2012/2013 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 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 to 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.

Attestation for Data Insurance

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



Vicki Poxon
Chief Executive Officer/
Chief Finance &
Accounting Officer



Life Governors



Name

Month

Year

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

Ladies Auxiliary

Presidents' Report: 2012-2013

Firstly, I would sincerely like to thank all auxiliary members who worked diligently at the Op-shop over the last 12 months, raising over \$30,000. The amount of work in collecting, sorting, washing, ironing, pricing and then selling is enormous and the work of those tireless ladies should be acknowledged.

Almost each week, a new window display is unveiled and I wish to thank those who are involved in that as well. I always look forward to seeing it, and I know that the public do as well. It is a credit to the inventors and makes people stop to look, and then to enter and buy.

The Hospital Auxiliary has 39 members and meet regularly to discuss op-shop issues and to resolve disbursement issues. We were saddened this year by the deaths of three of our members, Lillian Matthews, Ethel James and Desiree Smith; all long term members whose input will be sadly missed. Margo Lanyon resigned her position as she embarked upon a 'sea change' and we welcomed a new member, Dawn Cooper.

With the funds that the op-shop has raised and with consultation, we have purchased for the hospital; 2 Aneroid Blood Pressure Machines, 2 Portable Electronic Monitors, 3 Wheel Chairs, 1 Electric Bed, 1 Arjo Lifter, 1 Menninham Lift Chair, 1 Vistirex and 1

Immunisation Refrigerator.

This year, our fundraising was supplemented with funds raised from catering the Boort District Health High Tea and the Murray to Moyne Bike Ride.

The auxiliary also holds raffles and this year we have raffled; a Christmas cake (donated by Isabel Loader), a knee rug (donated by Val Poyner), a basket of Easter Eggs (donated by Boort IGA), a clothes dryer (donated by Graham Pattison) and rugs (donated by a warehouse in Bendigo).

A send off was held by members of the Auxiliary for our outgoing CEO, Veronica Jamison, as well as a welcome to the new CEO, Vicki Poxon.

Some of our ladies were able to attend the garden party held by Teresa at Korong Vale and we wish to acknowledge our appreciation of her ongoing efforts for the hospital.

The Auxiliary Christmas break up party was held at John Piccoli's and a wonderful time was had viewing sculptures and socialising over a fabulous afternoon tea.

I wish to thank my fellow office bearers, Isabel Loader and Val Mayberry, who have been invaluable in many situations during this, my first year as President.

Margaret Rothacker
President
Boort District Health
Auxiliary



AN 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 is 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 the Corporate Office

on 03 54515200 or via email on corporateadmin@bdh.vic.gov.au

Thankyou For Your Support



Financial statement is attached here.
If not attached please call 03 5451 5200

