



**annual report**  
2013 / 14



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## Contents

## **Welcome**

Welcome to Boort District Health's Annual Report for 2013 – 2014. 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 2013 to 30 June 2014. 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.

## **Acknowledgement of Country**

We acknowledge the Dja Dja Wurrung Country and 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.

# What we value

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## **Welcome / Our Values**

### ***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



# Our Vision

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... is to enrich the health and wellbeing of the community.

# Our Goal

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

# About Boort District Health

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## 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.

**Our Vision,  
Our Role /  
About BDH**

On behalf of the Board, Executive Management Team 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 on the ongoing support we receive from volunteers and the wider community.

### **Governance**

Mr Jim Nolan completed a second term as Board Chair in November 2013. Mrs Marlies Eicher accepted the nomination by the Board to take on the Chair role.

During the year, the health service welcomed three new Board members: Mr Laurie Maxted, Mrs Gayle Smith and Mr Gary Armfield.

Mr David Rees was the sole resignation during the year. The Board congratulated Mr Rees on his eight years as a board member including a term as Board Chair.

During the year the Community Advisory Committee was formed. The Committee has been actively involved in understanding Standard Two of the National Standards: Partnering with Consumers. Patient centered care is healthcare that is respectful of, and responsive to, the preferences, needs and values of patients and residents in our aged care facility. The initial work undertaken by the Community Advisory Committee has been to undertake the following:

- Reviewing documents and brochures that the health service develops for patients, residents and the community. The focus has included developing health literacy principles for all documents produced by Boort District Health.
- Developing communication strategies to communicate and share information to the community. There has been considerable increase in health information provided to, and published by, the local newspaper.
- Increasing knowledge about local health issues and developing recommendations for the Board to consider.

### **Board of Management Development**

The Board of Management is committed to best practice governance with all Board members completing finance management training. The Board committed to an evaluation process and used the outcomes to reflect and improve its governance processes.

During the year the Board reviewed the Strategic Plan and its impact on the progressive development and systems of the health service. A decision was reached to commence with the development of a new Strategic Plan that will be implemented in the next financial year.

### **Health Service Redevelopment**

It was with great excitement that Boort District Health learned in May 2014 that the Victorian Government in its State Budget, announced \$14 million to redevelop the health service. The funding will be used to build a 25 bed ageing in place facility, with six acute beds, a palliative care room, transition care room, two bed urgent care centre and new kitchen facilities. Board, Community Advisory Committee, staff, and the wider community have been involved in the exciting design phase. It is expected that the development will commence mid June 2015 and be completed in 2017.

Once the funding was announced, design work commenced immediately. We have the opportunity to build a facility for the future and we understand the great responsibility to get everything right.

## Statement of Priorities

The Statement of Priorities is an agreement between the individual health service and the Minister for Health regarding key objectives to be achieved throughout the year. The agreement provides the Board with an opportunity to review the business of the health service and benchmark outcomes with other similar sized health services. Progress against the Statement of Priorities is formally reviewed on a quarterly basis with the Department of Health.

## Community Engagement

Boort District Health is committed to working with the community to support the local economy, thereby providing opportunities to ensure Boort and surrounding communities are strong and viable. We do this by engaging with the Loddon Shire on projects, we participated in a very successful Victorian Government Regional Living Expo, worked in partnership with others to increase funding for local projects, and worked with local community groups to develop strategies to address the challenges and opportunities of living in a small rural area. We see this work as an essential role for the health service. That is, we are committed to building harmonisation of economic and social capital.

## Our Thanks

We would like to thank the Board of Management, our staff, Ladies Auxiliary, volunteers, our partner organisations and many others who 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 Victorian Department of Health and the Australian Government Department of Health, as we strive to improve the health and wellbeing of the communities in and around Boort.



*Marlies Eicher*

Marlies Eicher  
**Chair**  
**Boort District Health**  
**Board of Management**



*Vicki Poxon*

Vicki Poxon  
**CEO**  
**Boort District Health**

**Chair &  
Chief  
Executive  
Officer's  
Report  
(cont.)**

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 nine 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 to 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.

Board of  
Management  
&  
Governance  
/ Meeting  
Attendance

	Meeting Attendance			
	Board of Management	Finance & Audit	Safety & Quality	Community Advisory
Mr G.L. Armfield	9 / 11		0 / 1	
Mrs E.M. Barnes	9 / 11		4 / 4	
Mrs M. Eicher	10 / 11	3 / 4	1 / 3	
Mr K.M. Jeffery	10 / 11			
Mr A.J. McDougal	11 / 11	4 / 4		
Mr M.J. Nolan	8 / 11	1 / 1		
Mrs N.G. Smith	10 / 11	3 / 4		
Mr D.J. Rees	5 / 7			
Mr L.H. Maxted	11/11			4 / 4

## Office Bearers



### Board Chair

#### **Mrs Marlies Eicher**

First Elected: 01.07.2012

Committees –

Safety & Quality Committee

Finance & Audit Committee



### Board Vice-Chair

#### **Mr Alister McDougal**

First Elected: 01.07.2008

Committees –

Finance & Audit Committee



### Member

#### **Mr Gary Armfield**

First Elected: 01.06.2013

Committees –

Safety & Quality Committee



### Member

#### **Mrs Elizabeth Barnes**

First Elected: 10.01.1995

Committees –

Safety & Quality Committee



### Member

#### **Mr Kelvin Jeffery**

First Elected: 25.08.1969



### Member

#### **Mr Laurie Maxted**

First Elected: 01.06.2013

Committees –

Community Advisory Committee



### Member

#### **Mr Jim Nolan**

First Elected: 27.07.1970

Committees –

Finance & Audit Committee



### Member

#### **Mrs Gayle Smith**

First Elected: 01.06.2013

Committees –

Finance & Audit Committee

### Member

#### **Mr David Rees**

First Elected:

01.11.2001 – 03.03.2014

## Office Bearers / Role of the Executive

## 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

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  
10.04.2012 - 11.04.2014  
Dr Manoj Mogilisetty  
BDS (DipBus)

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 Managers**

Mrs Tamara Boyd  
Dip Business - Admin  
Mrs Kathryn Velleley  
The Corporate Services Manager 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 & Risk 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**

Ms Julie Walton  
Dip Business (Human Resources)  
Advanced Dip Business Management  
Victorian Cleaning Standards Auditor (QVCSA)  
The Facilities & 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 Michelle Medenilla  
MBBS

Dr Poate Radrekusa  
FRACGP; MBBS; Dip Surg

Dr Adel Asaid  
MBBCH; FRACGP; ACRRM

Dr Eji Ekeanyanwu  
MBBS; FACP; FRACGP

## Report of Operations

### Safety and Quality

Boort District Health is committed to providing a safe and quality focussed health service. 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 agreed to by the Australian Health Ministers (2012) and 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.

### Patient/Resident Centred Care

In the broadest terms, patient/resident centred care is care organised around the aged care residents or patients engaged in 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 patient 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 are in decision making at the level they choose.

- **Collaboration** - Residents, families/carers are included in decision making across the health service.

Throughout the year we have been actively working on strategies to increase our transparency in regards to patient/resident 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 support patient centred care.

### 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** In 2014, the Boort District Health Ladies Auxiliary celebrated 80 years of continuous service and support to the health service. Over the years the Auxiliary has provided over \$300,000 to Boort District Health.

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.

## Report of Operations



• **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.

Residents also enjoy visiting the school and have taken great interest in the community garden. Children enjoy hearing stories from the residents' about life on farms many years ago and the vegetable gardens that they planted.

• **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. They enjoy having a chat, playing pool or supervising some of the projects!

• **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 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.

### **Women's Health and Wellbeing**

Through our local partnerships and with support from the Bendigo Loddon Primary Care Partnership women across the region have been meeting to discuss health and social needs. The culmination of many months of activity led to the production of a report called Around the Table.

The report noted that women of all ages talked about the need to feel connected, explored opportunities for themselves and their families, highlighted the lack of access to female GP's in North Loddon and the importance of access to preventative health programs. There was further discussion about the importance of reliable mobile and internet connections. Additionally, women mentioned the need for child care and more social activities. There was also recognition that women who move to our communities can feel isolated and unsure how to join in. Immediate outcomes have included communities across North Loddon working on resources and developing information to welcome new women to the community and encouraging women to join community groups.

The contribution from Boort District Health included working with St Anthony's Family Medical Centre, the provider of medical services in Boort to explore the opportunity to engage a female GP. In September 2013 we welcomed Dr Michelle Medenilla in a full time role.

### **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 Family Medical Centre 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. Through the partnership with St Anthony's Family Medical Centre additional allied health, for example, audiology is provided on a quarterly basis.

### **Dental Services**

During the year we farewelled Dr Chetan Bhardwaj and in April 2014 Dr Manoj Mogilisetty joined the Boort District Health dental team. 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 and Pyramid Hill. In the second half of the year the service was further expanded to include aged care facilities in neighbouring towns and outreach to Wedderburn and Charlton.





A partnership has been formed with Kerang Aboriginal Medical Service where a monthly dental clinic has operated from the aboriginal medical service in Kerang. This has been an important relationship as it has provided aboriginal people with confidence in the Boort dental team. The Kerang Aboriginal Medical Service provides transport to the dental clinic in Boort for more specialised services.

In January 2014, the Child Dental Benefits Scheme was introduced by the Commonwealth Government. 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 checkups and cleaning teeth
- Fissure sealants and filling
- Dental X-rays
- Extractions
- Dental health promotion

### **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. During the year Dr Takla received formal recognition from Melbourne University for his quality teaching.

### **Food Services**

An exciting development was the introduction of a new menu and computerised system to manage food services. Overwhelmingly the new menu has been welcomed by everyone. We are committed to providing high quality and nutritious meals that reflects the diversified patient and resident needs. All of the patient and resident feedback has noted that the meals are high quality and very tasty. The food services team produced, delivered and served approximately 39,520 meals.

### **Volunteers**

At Boort District Health we welcome volunteers as we acknowledge volunteers are the life blood of our day to day activities. There are so many benefits to volunteering for both the volunteers and the people who receive the support from volunteers.

Our volunteers show us how to live well and they strengthen our community through their acts of compassion and commitment. What sets health volunteers apart is their dedication to serve the frail, sick and vulnerable members of the community.

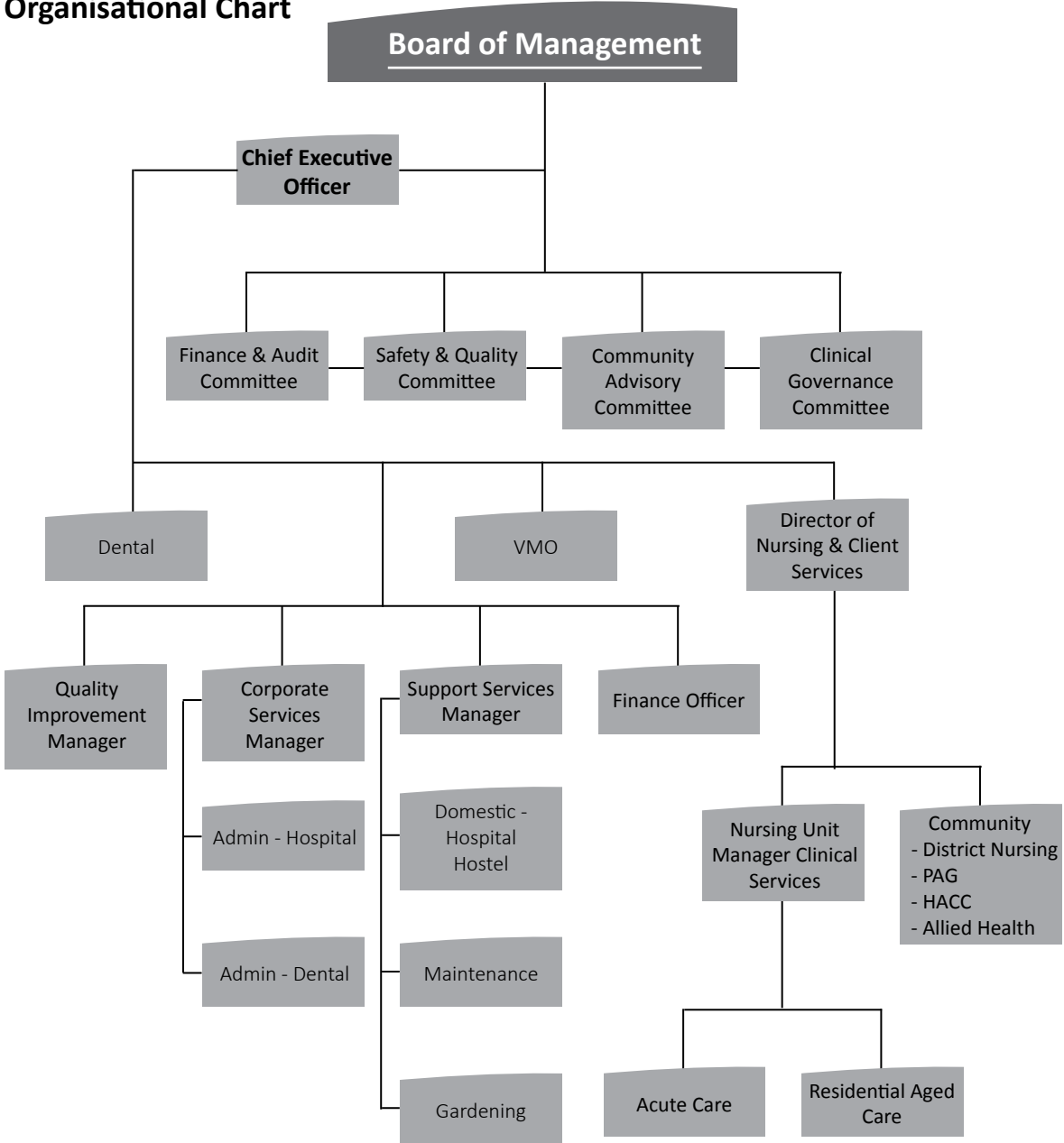
Volunteers work in a number of areas at Boort District Health including:

- The Church groups of Boort who provide worship every week at the Hostel
- Pastoral Care
- Garden Club
- Planned Activity Program, including craft and social support
- Transport to attend medical appointments
- Computer and internet tutoring
- Sing-along's at the Hostel and Nursing Home
- Regular patient and resident visiting program
- Pet visiting program
- Meals on Wheels

Boort District Health provides a volunteer training and induction program and we welcome volunteers from all backgrounds and special interests.

## **Report of Operations (cont.)**

Organisational Chart



Years of Service Awards - 2014

10 Years	June Gardner, Julie McGrath
15 Years	Ann Pink
20 Years	Edna Boyle, Michelle Holland, Peg Mitchell, Linda Young
25 Years	Judith Keath, Kerrie Fitzpatrick
30 Years	Jan Rawlins
45 Years	Kelvin Jeffery



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 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
- Promoted the use of video conference facilities at BDH in preference to driving to meetings

**This Year BDH has:**

Been successful in obtaining funding to purchase i-pads and other smart devices to capture and record audits and review information

- Updated watering system to ensure efficient watering of gardens by drip reticulation and timers on lawns.
- Obtained funding to install new efficient generator to power hospital during power outages. Installation to be complete October 2014.
- Installed butt litter containers at all BDH sites
- Introduced passcodes for all printing to help reduce unnecessary printing
- Implemented use of "Box" and "inbox" app to reduce the need to print our documentation from meetings.
- Increased use of electronic communication to staff instead of reliance on printed media via BDH's intranet
- Installed LED lighting when replacing florescent tubes to reduce power consumption.

**The Future**

In our new building BDH endeavours to use solar power options and a variety of energy efficiencies, solar hot water, energy efficient heating and cooling and water reduction technologies.

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

**Environmental  
Performance**

## Statement of Priorities

### Priority

Developing a system that is responsive to people's needs

### Action

- Implement formal advance planning structures and processes that provide patients with opportunities to develop, review and have their expressed preferences for future treatment and care enacted.

- In partnership with local providers apply existing service capability frameworks to maximise the use of available resources across the catchment.

- Work and plan with key partners and service providers to respond to issues of distance and travel time experienced by some rural and regional Victorians.

### Deliverable

- Review current advance care planning structures and implement best practice protocols by June 2014.
- Provide staff training on adopted patient processes February 2014.

- Develop a small rural hospitals working group with the aim to improve local efficiency and service delivery. Working group to be established by December 2013.

- Loddon Shire Health and Wellbeing Plan 2013 – 2015 includes collaborative strategies with Boort District Health.
- Bendigo Loddon PCP Strategic Plan 2013- 2017 includes collaborative strategies with Boort District Health.

### Outcome

- Advance Care Planning is currently in policy development within the nursing team. This is an essential component of National Standard 9 – Recognising and Responding to Clinical Deterioration in Acute Healthcare. The criteria include:
  - A system is in place for preparing and/or receiving advanced care plans in partnership with patients, families and carers.
  - Advanced care plans and treatment limiting orders are documented in patient clinical records.
- Ongoing patient engagement training forms part of the mandatory training program for staff.

- A working group has been established between BDH, Heathcote Health, Rochester and Elmore Health Service, Inglewood and Districts Health Service and Cohuna Health Service to share resources with the aim to improve overall efficiency and effectiveness. The current project is developing a financial benchmarking tool for the Living Longer, Living Better initiative.

- Planning commenced for the development of BDH Strategic Plan and this will include forming health partnerships across the district including incorporating aspects of the Loddon Shire Wellness Plan. It is planned to have the Strategic Plan completed in October 2014.
- The Bendigo Loddon PCP Strategic Plan includes collaborative strategies with BDH.

**Priority**

Improving every Victorian's health status and experiences

**Action**

- Improve thirty day unplanned readmission rates.
- Improve health literacy and support informed choice by responding to the health information needs of service users.
- Use existing service capability frameworks, patient pathways and clinical guidelines to support better health outcomes.

**Deliverable**

- Review the discharge planning process. Develop clinical pathways by February 2014.
- Establish Community Advisory Committee. Tasks to include the review of health information developed by Boort District Health by June 2014.
- Develop a patient centred framework that articulates the patient experience by June 2014. Promote the Victorian Health Experience Measurement Instrument to patients.

**Outcome**

- Community Advisory Committee established in February 2014. Community Advisory Committee has reviewed aged care policies, health information, provided advice on redevelopment plans, reviewed meals system and participated in health service planning.
- Patient centred approaches to planning currently being implemented in policies and procedures across the health service.
- Commitment to roll out diabetes procedures developed with the Bendigo Loddon PCP.
- System established to collect patient feedback data.
- Purchased online clinical resources to ensure up to date policies and procedures implemented and followed.

**Priority**

Expanding service, workforce and system capacity

**Action**

- Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional training.
- Support excellence in clinical training through productive engagement in clinical training networks and developing health education partnerships across the continuum of learning.
- Develop and implement a workforce immunisation policy that builds capacity and aligns with national guidelines, including reference to employment screening and staff immunisation assessment.

**Deliverable**

- Develop dental operational plan by August 2013 to implement new National Partnership Agreement.
- Implement the children's dental program Grow Up Smiling in January 2014.
- Clinical placements for medical students, nursing students or allied health at Boort District Health in place or arranged by June 2014.
- Implement national immunisation policy guidelines by June 2014.

**Outcome**

- Dental plan fully operational and meeting monthly targets.
- Families in health service catchment have been given advice about Child Dental Benefit Scheme. Saturday dental clinic focussed on providing dental care for children.
- Outreach dental camps completed at Kerang Aboriginal Medical Service and Alcheringa Aged Care Hostel, at Pyramid Hill, Wedderburn Community Centre and Charlton.
- Post graduate nurse commenced in early 2014.
- Ongoing rotation throughout the year of nursing students.
- Four Melbourne University medical students completed placements at the medical clinic and BDH.
- Immunisation policies and procedures updated and implemented. 85% of workforce had a flu jab.
- Flu immunisation program completed for residents at Hostel and Nursing Home.

## Statement of Priorities (cont.)



Priority	Action	Deliverable	Outcome
Increasing the system's financial sustainability and productivity	<ul style="list-style-type: none"> <li>• Reduce variation in health service administrative costs.</li> <li>• Identify opportunities for efficiency and better value service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• In partnership with Loddon Mallee Rural Health Alliance develop business case for introduction of KRONOS staff rostering software by June 2014.</li> <li>• Review organisational administration to improve efficiency. Complete review and workflows by December 2013.</li> </ul>	<ul style="list-style-type: none"> <li>• Financial audit of finance systems as related to Standard 1 of the National Standards. Audit recommendations accepted and implemented.</li> <li>• Working with other small rural health services to develop a financial model to deliver the Living Longer, Living Better initiative by 1 July 2014.</li> <li>• Development of partnerships with other small rural hospitals to implement ACFI change management model to improve resident outcomes. This has resulted in funding increase for high care residents.</li> <li>• KRONOS implemented and used by all staff, April 2014. All policies and procedures in relation to payroll reviewed and updated. This has resulted in a more reliable and efficient payroll system.</li> <li>• Administration review completed and new processes implemented that have improved efficiency and increased staff satisfaction.</li> </ul>

## Statement of Priorities (cont.)

Priority	Action	Deliverable	Outcome
Implementing continuous improvements and innovation	<ul style="list-style-type: none"> <li>• Develop and implement improvement strategies that optimise access, patient flow, system coordination and the quality and safety of hospital services.</li> <li>• Support change and innovation in practice where it proven to deliver more effective and efficient healthcare.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop plan for engagement of Board, staff and community in the planned redevelopment of Boort District Health December 2013.</li> <li>• Implement 12 month residential care planning project in partnership with Heathcote, Rochester and Elmore, Inglewood and Kerang Health Services by February 2014.</li> </ul>	<ul style="list-style-type: none"> <li>• Master Plan for redevelopment of health service completed in December 2013.</li> <li>• Boort was awarded \$14 million in the 2014 May State Budget to redevelop the hospital site.</li> <li>• Volunteer engagement strategy reviewed and has resulted in an increase in number of people volunteering at the health service.</li> <li>• Work has commenced with other small rurals to implement Living Longer, Living Better initiatives e.g. financial modelling, building staff engagement, and marketing.</li> <li>• Developed engagement strategy for staff and community to fully engage people in the redevelopment.</li> </ul>

**Priority**

Increasing accountability & transparency

**Action**

- Prepare for the National Safety and Quality Health Service Standards, as applicable.

- Implement systems that support streamlined approaches to clinical governance at all levels of the organisation.

**Deliverable**

- Review clinical management structure to increase clinical accountability within a new Clinical Governance framework.

- Implement systems to achieve National Standards by September 2013.

- Governance reporting tool aligned to National Standards completed by September 2013.

**Outcome**

- Reviewed board processes and implemented policy changes that have been approved at board level e.g. Delegation of Authority.
- Reviewed and implemented changes in Terms of Reference for board committees: Finance and Audit, Safety and Quality, Community Advisory and Clinical Governance.

- Audited fire and safety standards throughout the health service implemented all suggestions for improvement.
- Engaged a consultant to undertake mock audit of progress against National Standards in preparation for National Standards review in October 2014.
- Completed audit of infection control standards and dental records management in dental clinic.
- New clinical governance framework developed and approved by Board.
- Exploring with the Department of Health about creating a CEO Dashboard to provide measures that the community will find useful to increase BDH transparency and accountability.
- Board provided with training about requirements of National Standards.
- Monthly reports provided report charting progress to meet National Standards.

**Priority**

Improving utilisation of e-health and communications technology.

**Action**

- Maximise the use of ICT infrastructure.
- Trial, implement and evaluate strategies that use e-health as an enabler of better patient care.

- Work with partners to better connect service providers and deliver appropriate and timely services to rural and regional Victorians.

**Deliverable**

- ICT framework developed to support the future planning for the health service by December 2013.

- Establish partnership with East Wimmera Health Service, Loddon Mallee Murray Medicare Local and Grampians Medicare Local to use ViTCCU for on call roster system by June 2014.

**Outcome**

- All nursing staff using MANAD (electronic system) to update residents care plans. Mandatory use of MANAD implemented January 2014.
- Organisation wide Information Communication and Technology plan developed that outlines the health service's needs. The plan to be used in redevelopment. The planning process has included advice from LMRHA.

- Forming partnerships to build change management processes to use ehealth technology for all patients in Urgent Care Centre.

## Statement of Priorities (cont.)

It is a pleasure to present the report from Client Services for 2013-2014.

We were very excited to receive the news that Boort District Health had been allocated \$14 million for a major refurbishment of the acute, aged care and urgent care services.

This refurbishment is exciting for not only the client services facilities but also an opportunity for the design of models of care based on person centred principles to deliver the services to our clients. Throughout the process, staff have had the opportunity to be part of focus groups talking to the architects and engineers in developing plans that will enhance the ability of the staff to care for their clients.

We look forward to the beginning of the work in 2015.

The following are a few high lights from all client services delivered at BDH:

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

- While the occupancy of acute services has been low at times BDH continues to seek to improve both the equipment and processes to care for our clients in acute and urgent care. Through the hard work and generosity of the BDH Auxiliary, the Murray to Moyne team and Mrs Therese Nagy, a wide range of equipment has been purchased for this area. This equipment enables the clinical staff to better care for the clients in a timely and appropriate manner.
- BDH like all acute hospitals nationally is required to undertake Accreditation under the National Standards. The 10 standards cover 10 important clinical areas, and BDH will have a full audit in October 2014. A great deal of work has been done to meet the requirements of these standards with all clinical staff having input into the development of the necessary policies and procedures required.

#### **Residential Aged Care Service**

- The low occupancy of the Hostel has been an ongoing concern throughout the year, while the demand for high care has remained constant. This scenario is repeated across the aged care sector.
- BDH continued to receive unannounced support visits from the Australian Aged Care Quality Agency to monitor compliance with the aged care standards throughout the year. BDH has worked with the Agency to quickly remedy any issues with processes identified in the visits. At all times the staff have been commended on their individualised care of the residents and are to be congratulated.
- We have been very appreciative of the work of all the volunteers who work in residential aged care. In particular this year we have benefited from work in the gardens and also with the curtains in the residents rooms. A special thank you to Elaine and Blue, and Nancy and Kevin.
- Government grants enabled the replacement of aging lifting equipment, while the Murray to Moyne donated funds to purchase an automatic defibrillator for the Hostel.
- BDH has been fortunate to be able to participate in an Aged Care Funding Instrument (ACFI) project in partnership with five other small rural health services. ACFI is the means by which residential aged care is funded by accurately assessing each residents needs and thus the funding required to meet those needs. This project funded by the Department of Health was able to facilitate the employment of a Project Officer with the aim of increasing the knowledge and capacity of staff to accurately assess and document residents' needs. As a result BDH was able to increase the ACFI claims by 19.85% and the ACFI Coordinator, the ACFI team and staff are to be commended on this achievement.

#### **Community Services**

- The low occupancy in the acute areas has resulted in lower numbers of patients being referred to the Transition Care Program and District Nursing services.
- Planned activity groups continue to offer many programs to the community and is well supported by our valuable volunteers.
- Home and Community Care (HACC) funding has enabled the activity room to be updated with new carpet, new window furnishings, repainted and the old air conditioner replaced.
- BDH HACC services will undergo Accreditation under the Common Care standards. The Accreditation will be undertaken alongside the National Standards Accreditation in October of this year. Staff have worked very hard to ensure that all processes are in place and working well.
- BDH has continued to participate in the Diabetes in Loddon Action Group and the Around the Table steering group with a particular emphasis on diabetes and women's health.





### Workforce

- The clinical workforce has been relatively stable in 2013-2014 with no major staffing changes.
- BDH continued to participate in the Northern Rivers Graduate Nurse program with two graduates spending six months at Boort and six months at Echuca Regional Health. BDH is currently working in partnership with St Anthony's Family Medical Centre to expand the Graduate Nurse program in 2015.

### Clinical Education

- Boort has participated in the Loddon Mallee Clinical Networks, committing to providing clinical placement to undergraduates in health disciplines. In 2013-2014 BDH provided 16 students from three facilities with clinical placement.
- BDH continues to provide ongoing education for our existing clinical staff. In 2013-2014 69 clinical and care staff undertook 1160 hours of education over 143 education topics.
- A grant from the Department of Health enabled 30 staff from across the organisation to undergo three hours in Dementia training.
- Individual achievements in clinical education include
  - o The Nurse Unit Manager completed a Masters in Nursing
  - o Three registered nurses completed Advanced Clinical Management
  - o One registered nurse completed the Nurse Immuniser course.



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

## 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
<b>Charter and purpose</b>		
FRD 22E	Manner of establishment and the relevant Ministers	3 & 5
FRD 22E	Objectives, functions, powers and duties	1-10
FRD 22E	Nature and range of services provided	3
<b>Management and structure</b>		
FRD 22E	Organisational Structure	10
<b>Financial and other information</b>		
FRD 10	Disclosure Index	18
FRD 11A	Disclosure of ex-gratia payments	3 & 5
FRD 12A	Disclosure of major contracts	3 & 5
FRD 21B	Responsible person and executive officer disclosures	See Financial Report
FRD 22E	Application and operation of the <i>Protected Disclosure 2012</i>	3 & 5
FRD 22E	Application and operation of <i>Carers Recognition Act 2012</i>	3 & 5
FRD 22E	Application and operation of Freedom of Information Act 1982	3 & 5
FRD 22E	Compliance with building and maintenance provisions of Building Act 1993	3 & 5
FRD 22E	Details of consultancies over \$10,000	3 & 5
FRD 22E	Details of consultancies under \$10,000	3 & 5
FRD 22E	Employment and conduct principles	3 & 5
FRD 22E	Major changes or factors affecting performance	3 & 5
FRD 22E	Occupational health and safety	3 & 5
FRD 22E	Operational and budgetary objectives and performance against objectives	3 & 5
FRD 22E	Reporting of office-based environmental impacts	3 & 5
FRD 22E	Significant changes in financial position during the year	See Financial Report
FRD 22E	Statement of availability of other information	3 & 5
FRD 22E	Statement on National Competition Policy	3 & 5
FRD 22E	Subsequent events	3 & 5
FRD 22E	Summary of the financial results for the year	See Financial Report
FRD 22E	Workforce Data Disclosures including a statement on the application of employment and conduct principles	3 & 5
FRD 25B	Victorian Industry Participation Policy disclosures	3 & 5
SD 4.2 (g)	Specific information requirements	See Financial Report
SD 4.2(j)	Sign-off requirements	See Financial Report
SD 3.4.13	Attestation on Data Integrity	3 & 5
SD 4.5.5.1	Ministerial Standing Direction 4.5.5.1 compliance attestation	3 & 5
SD 4.5.5	Risk management compliance attestation	3 & 5
<b>Financial statements required under Part 7 of the Financial Management Act</b>		
SD 4.2(a)	Statement of Changes in Equity	See Financial Report
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
SD 4.2(d)	Rounding of amounts	See Financial Report
<b>Legislation</b>		
<i>Freedom of Information Act 1982</i>		3 & 5
<i>Protected Disclosure Act 2012</i>		3 & 5
<i>Carers Recognition Act 2012</i>		3 & 5
<i>Victorian Industry Participation Policy Act 2003</i>		3 & 5
<i>Building Act 1993</i>		3 & 5
<i>Financial Management Act 1994</i>		See Financial Report

## Service Performance Reporting

	Acute Health	Aged Care	Primary Health	Total
<b>ADMITTED PATIENTS</b>				
1. Separations				
<i>Same Day</i>	1			1
<i>Multi Day</i>	155			155
<b>Total Separations</b>				<b>156</b>
2. Bed Days				
<i>i. Acute</i>	1613			1613
<i>ii. Nursing Home Type</i>		771		771
<i>Residential Care</i>		12696		12696
<b>TOTAL (Item 2)</b>				<b>15080</b>
3. Emergency Medical Treatment	196			196
4. Outpatient Services (Hospital Based)	915			915
5. Ambulatory Services (Community)				
<i>District Nursing</i>		538	1511	2049
<i>Transitional Care</i>			158	158
<i>Planned Activity</i>		2223		2223
<i>Meals on Wheels</i>			1586	1586
<i>Dental</i>			2373	2373
<i>Pathology Collection</i>			1462	1462
<b>TOTAL (Items 3,4, &amp; 5)</b>				<b>10962</b>
<b>TOTAL OCCASIONS OF SERVICE</b>				<b>26198</b>

## Service Performance Reporting / Workforce Resources

### Workforce Resources

As at 30th June 2014 Boort District Health employed staff equating to persons (in fulltime equivalent units).

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2013	2014	2013	2014
Nursing	13.46	12.69	12.92	12.14
Aged Care				
Low	14.94	11.16	14.87	12.75
High	9.45	8.77	9.47	8.31
Community Health Services				
District Nursing	0.69	0.65	0.66	0.70
Day Care	1.76	1.33	1.79	1.38
Physiotherapy	0.40	0.04	0.53	0.10
Administration and Clerical	5.01	7.15	5.02	6.58
Dental	3.77	3.63	3.84	3.29
Support Services	10.91	13.79	10.98	12.25
<b>Total</b>	<b>61.67</b>	<b>24.57</b>	<b>61.34</b>	<b>57.50</b>

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

## Quality & Safety

Quality and Safety	Target	2013-14 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	99
Cleaning standards (AQL-B)	85	99
Cleaning standards (AQL-C)	85	98
Health care worker immunisation - influenza	75	85
Submission of data to VICNISS	Full compliance	Achieved
Hospital acquired infection surveillance	No outliers	Achieved
Hand Hygiene (rate)	70	94
SAB rate per occupied bed days	<2/10,000	Achieved
Consumer Participation Indicator (July - December 2013)	75	Not applicable
Victorian Hospital Experience Measurement Instrument (January – June 2014)	Full compliance	Unable to report
People Matter Survey	Full compliance	Achieved

## Statement Of Priorities

Emergency Care	Target	2013-14 actuals
Number of patients with length of stay in the emergency department greater than 24 hours	0	0
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80%	100%





## **Our Team**

### **Chief Executive Officer**

Vicki Poxon

### **Clinical Services**

#### **Director of Nursing & Client Services**

Judy Keath

#### **Nurse Unit Manager**

##### **Clinical Services**

Lee Sullivan

##### **Registered Nurses**

Tanya Buchanan  
Cheray Campbell  
Jessica Chalmers  
Madison Fox  
June Gardner  
Melissa Gardner  
Zachary George  
Ken Holland  
Michelle Holland  
Wendy Keyster  
Michelle Lawrence  
Wendy Liu  
Mary Noonan  
Elizabeth Pashley  
Amy Perry  
Hannah Perry  
Tanya Pickering  
Ryan Pomado  
Wendy Russell  
Lois Seipolt  
Paul Shajan  
Marvin Sunaz  
Sue Taylor  
Vikki Van Harten

##### **Enrolled Nurses**

Gayle Campbell  
Carmen Cauchi  
Nadine Chalmers  
Pauline Cooper  
Catherine Farmer  
Kim Griffiths  
Raima Hutton  
Jeanette Long  
Yvonne Mannix  
Julie McGrath  
Judy Parker  
Janice Smith  
Narelle Theobald  
Sharon Wright

##### **Personal Care Assistants**

Stephanie Absalom  
Jenny Allison  
Cathrine Brodie  
Suwattana Chulakathappa  
Karen Coutts  
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  
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  
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 & Risk Manager**

Lynne Sinclair

#### **Quality Manager - HACC**

Dallas Coghill

### **Corporate Services**

#### **Corporate Services Managers**

Tamara Boyd  
Myra Johnstone  
Kathryn Velleley

#### **Finance Officer**

Stacey Fernee

#### **Reception / Administration**

Laura Fenton

Nicole Fuller  
Nikki Hawes  
Heather McClelland  
Melissa Magnone  
Sharyn O'Rourke  
Jessica Shelley  
Meaghan Sinclair  
Stacey Streader

### **Maintenance / Horticulture**

Michael Fitzpatrick  
Cliff Gleeson

### **Support Services**

#### **Facilities & Support**

##### **Services Manager**

Julie Walton

#### **Staff**

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

#### **Dental**

##### **Dentist**

Dr Chetan Bhardwaj  
Dr Manoj Mogilisetty

##### **Dental Hygienist**

Narelle Hartwich  
Kristy Lowe

##### **Dental Assistants**

Richa Bhardwaj  
Nikki Hawes  
Vicki Peiffer  
Chris Stevenson  
Helen Tular





### **Donations**

Adam Holster  
BDH Ladies Auxiliary  
Boort Bowls Club Inc  
Boort Trotting Club  
Boort Uniting Church Fellowship  
Estate of Mr Albert Dainty  
Estate of Mrs Vida Carr  
Family of Jean Pratt  
GC & LE Gardner  
JG & VE Henderson  
Jocelyn M Williams  
Kel & Rosie Day Foundation  
McGregor Family  
Mrs Theresa Nagy - Garden Day  
S & K Lanyon  
Strella Toose  
Wally Mannallack

### **Murray To Moyne Donations**

A & N Stringer  
Alan & Elaine Overall  
Dr Ashraf & Annalaise Takla  
B & T Watts  
Beattie Windarra Pty Ltd  
Bendigo Radiology  
Bob Sindler - Douglas Badges Pty Ltd  
Boort Veterinary Services  
BW & EM Barnes  
Campbell Chamlers  
Charlton Tyre & Battery (Ian Donaldson)  
Commercial Hotel - Boort  
D & D Aldrich  
D.B. & J.F. Wagner  
Don Farrer  
Donna Sexton  
Dot Lanyon  
G & J Allison  
Gary Grumley  
GG & JE Doyle  
Gillies Rural Co  
GJ & MA Rumbold  
Goulburn Murray Water  
Hazel Whitmore  
Hills Petfood

Hyde Street Nominees Pty Ltd  
JE Cameron  
JFG & MJ Allison  
Judy Malone  
Judy Mountjoy  
Kel & Rosie Day Foundation  
Kel Jeffery  
Ken Pattison- Cathcart Corporation Pty Ltd  
Lee Lanyon  
Lyla Nolan  
Maree Bunce  
Maris Stephenson  
Microchips Australia Pty Ltd  
Peter Schlitz  
PJ Johnston  
Quambatook Catholic Ladies  
R & D Johnston  
R & T Twigg  
Raelene McGrath  
Railway Hotel - Boort  
Robert Krisman  
Robyn Falls  
St Anthony Family Medical Practice Pty Ltd  
Tania Twigg  
The Loddon Times  
Trevor & Gwen Moresi

### **Our Community**

## 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 (still to update)	
Buildings certified for approval.....	Nil
Works in construction and the subject of Mandatory inspections .....	Nil
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.

## Privacy

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

## Consultants

During 2013/2014 Boort District Health engaged five consultants with fees to the total of \$24,583.56.

## Ex-Gratia Payments

There were no Ex-Gratia payments made by Boort District Health during the 2013/2014 reporting period.

## Victorian Industry Participation Policy Act 2003

During the 2013/2014 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 were two claims submitted to the Insurer.

## Factors Affecting Performance

During 2013/2014 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

## 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.

**Statutory  
Reporting  
Requirements  
(cont.)**

**Attestation On Data Integrity**

I, Vicki Poxon certify that the 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.



Chief Executive Officer  
31/07/2014

**Attestation for compliance with the Ministerial Standing Direction 4.5.5.1 - Insurance**

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



Chief Executive Officer  
31/07/2014

**Attestation for Compliance with the Australian/New Zealand Risk Management Standard**

I, Vicki Poxon certify that the Boort District Health has risk management processes in place consistent with the AS/NZS ISO 31000: 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 the Boort District Health has been critically reviewed within the last 12 months.



Chief Executive Officer  
31/07/2014

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

## Life Governors

As President of the Boort District Health Ladies Auxiliary, it gives me great pleasure to provide an overview of our activities for 2014. It has been a rewarding year for our group, both financially and socially, and our group members have worked hard to ensure a good return to our coffers. I would like to thank each of the auxiliary members for their dedication to the group throughout the year.

We have raised just over \$43,645 for this year through the activity of the Op Shop.

Interestingly, the Op Shop has raised just over \$330,170 during the past 14 years, as reported at our 80th Birthday celebrations which was held in May. Many past members returned for the celebration, held at the supper rooms at the Memorial Hall. Isabel Loader made and decorated the cake and my thanks also go to David Rawlins for designing the invitations. David also prepared and erected a 'History Board', chronicling the activities of the Auxiliary over the 80 years of service.

As usual, there were many community activities that the Ladies Auxiliary has been involved in. Teresa Nagy once again held her fund raising garden party in Korong Vale and we were pleased to accept her donation. The Ladies Auxiliary catered for the Boort District Health AGM high tea and supplied the riders in the 'Murray to Moynes' with refreshments to boost their energy.

We are thankful to the Boort IGA for donating Easter Eggs for our Easter raffle. Also, thank you to the members who then volunteered to sell the raffle tickets in the main street.

We are also thankful for the donation of a new glass display counter in which to display donated crystal and jewelry in the Op Shop.

Jan and David Rawlins decorated the shop window for Christmas, eliciting much praise for their efforts from the community. Our Christmas meeting and breakup was held at Marilyn Lanyon's, and a joyful and relaxing time was had by all.

This year, the Auxiliary has purchased an eye slit machine and a lifting harness for the hospital with the funds raised.

Our meetings are held on the second Tuesday of the month, with our CEO, Vicki Poxon. Judy Keath, the Director of Nursing and Client Services keeps the Ladies Auxiliary informed of the happenings and needs of the hospital.

My thanks must go to our Secretary, Isabel Loader and Treasurer, Robyn Kennedy for their work and their friendship, being the President is much easier with the commitment of these dedicated workers.

A fun highlight of the year was the Auxiliary winning first prize at the Boort Show in the Organisation Section. Well done, ladies!

Margaret Rothacker  
**Boort District Health Ladies Auxiliary President**



In its long history of service to its community, Boort District Health has touched the lives of many people across many generations. While 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](mailto:corporateadmin@bdh.vic.gov.au)

**Thankyou For Your Support**

## **An Appeal for Assistance**









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