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Welcome

Welcome

Since Boort District Health was established on its current site in 1961 it has played a key role in the provision of public health services for the community of Boort and surrounding districts. The Annual Report 2015 - 2016 is an important document that provides information to all stakeholders about the performance of the health service. The report will highlight services provided, operational achievements and challenges during this financial year.

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

Report specifications: Reporting period from 1 July 2015 to 30 June 2016. This report is prepared for the Minister for Health, the Parliament of Victoria and the general public in accordance with relevant government and legislative requirements.

Acknowledgment of Country

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

what we value

Person centred care

Be patient, resident and staff focussed

Respect

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

Accountability

Be accountable for our actions

Integrity

Responsible and ensure that care and services provided demonstrate integrity

Our Vision

Is to enrich the health and wellbeing of the community

Our Goal

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



About Boort District Health

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

Acute Services

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

Urgent Care Centre

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

Residential Aged Care

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

Oral Health Services

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

Community and Home Based Care

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

Primary Care Services

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

Our Board Chair and Chief Executive



The main highlight of the year was that Stage One of the redevelopment of Boort District Health was completed on time and on budget. To achieve this outcome reflects the hard work and commitment of so many staff and volunteers. It has been a challenging, exciting and rewarding year.



Vicki Poxon
Chief Executive Officer



Marlies Eicher
Board Chair

Building Our Future

Stage One of the redevelopment program was finished on 27 April 2016. It now means Boort District Health has a new 25 bed Ageing in Place facility, seven acute beds, new activity areas and administration area. Stage Two will be completed September 2016 and this will include new kitchen, laundry, staff amenities, activity room for residents and refurbished areas for allied health and the management team. A total funding package of \$14 million has been provided for the redevelopment.

The redevelopment program has enabled us to review research conducted over the last 20 years to include findings about best practice dementia care into the redevelopment. The main findings indicates that a person's sense of self supports their ability to act, even when they have dementia. The creation of an environment that assists a resident with dementia to make choices goes some way to meeting their needs.

In planning for the new aged care facility at Boort District Health design principles that takes into account creating an environment that supports residents to do the things they can still do and enjoy is important. We work hard to fit our routines into the routines of our residents, supporting their independence and ability to exercise choice.

Our new facility is landscaped to provide residents with the opportunities to move around the facility. The future will see our residents encouraged to grow vegetables or other plants, feed the chooks or entertain their visitors in the new coffee shop. We will also create an area where children can play and be involved with the residents.

Maximising Person Centred Care

An organisation wide approach has seen Boort District Health work in partnership with Alzheimer's Australia to deliver workshops for staff and volunteers. The focus has been on improving the way we interact with residents and patients. That is, ensuring in all of our interactions with people they are the focus of our attention. We also subscribed to Patient Opinion during the year. This allows residents, patients and their families or carers to share their healthcare stories and experiences on a moderated public online platform. In turn, the stories allow Boort District Health to reflect on what is working well and where we need to improve. We are actively engaged in many community events that supports the cohesion of the local community.



AS WE REFLECT ON THE PAST 12 MONTHS, IT IS CLEAR THAT Boort District Health HAS CONTINUED TO FOCUS ON ITS MISSION TO "ENRICH THE HEALTH AND WELLBEING OF THE COMMUNITY"

This year we set up a display area at the Boort Trots to once again raise awareness and fundraise for Ovarian Cancer.

WE HAVE BEEN FORTUNATE DURING THE PAST 12 MONTHS TO REALISE THE MOST SIGNIFICANT BUILDING COMMITMENTS IN RECENT HISTORY OF BOORT DISTRICT HEALTH

Shaping our Future

It was been a year of looking into the future. It is clear that community expectations are focussed on:

- extending 'patient/resident experiences' beyond the excellent medical and nursing treatment and ensure we are focussed on Person Centred Care.
- focusing on health literacy and health promotion.
- using digital technology to improve health outcomes; and
- delivering healthcare in new environment that is consistent with community expectations.

Appreciation for Continued Support

Our sincere gratitude goes to our many donors and volunteers whose constant support and tireless efforts make a difference to all of our residents and patients' health and wellbeing. Thanks must also go to the Board for their guidance and direction and to the Boort District Health team for their unfailing support. It has been a significant year for the organisation and one on which we will build in 2016-17.



Board of Management



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

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

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

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

1. Finance, Audit and Risk Management Committee
2. Board Excellence in Governance Committee
3. Community Advisory Committee
4. Clinical Governance Committee

Meeting Attendance

Name	Board of Management	Finance & Audit	Board Excellence Governance	Community Advisory 080316
Mr G.L. Armfield Resigned March 2016	3/11			
Mrs E.M. Barnes	8/11			1/1
Mrs M. Eicher	9/11	3/4	4/4	
Mr K.M. Jeffery	9/11			
Mr G.N. Malone	10/11	4/4	4/4	
Mr A. McDougal	9/11	4/4		
Mr M.J. Nolan	9/11	3/4		
Mrs N.G. Smith	7/11	4/4		

Office Bearers

Board Chair



Mrs Marlies Eicher
(First elected: 01.07.2012)

Members



Mr Gary Armfield
(First elected: 01.06.2013 - Resigned 01.03.2016)
(Safety & Quality Committee)
(Clinical Governance Committee)



Mrs Elizabeth Barnes
(First elected: 10.01.1995 - Retired 30.06.2016)
(Safety & Quality Committee)



Mr Kelvin Jeffery
(First elected: 25.08.1969 -
Retired 30.06.2016)



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



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



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



Mr Grant Malone
(First elected: 01.07.2014)
(Finance & Audit Committee)
(Excellence in Governance)

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 strategic, business and quality plans and to ensure the organisation operates within the various statutory requirements set for it by government and statutory bodies.

Highlights

from Boort District Health



Compliance met for:

- Staff flu immunisation
- Hand hygiene
- Data submission
- Financial Sustainability



MeNtAl HeAlth

First Aid training
delivered to staff and
Volunteers



Maintained all
ACCREDITATION
requirements
for Aged Care

There were

2074

points of contact with
Planned Activity Group
Social Support program

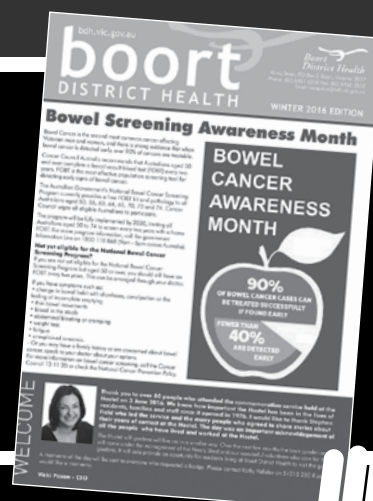
District Nursing cared for

209

people and
completed

3,963

visits



39,250

Meals
produced,
delivered and
served by the
**KITCHEN
TEAM!**

Two rural and isolated
Practice Nurses trained
and can do suturing
and provide some
medications



THIRTY-FIVE

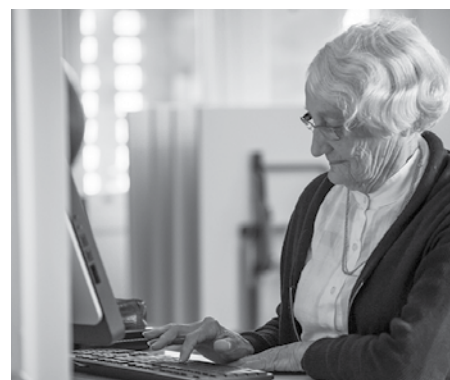
volunteers provide
an invaluable
support



Regular

visits from
Boort District School

Dental visits to Aged
Care facilities in
Kerang, Cohuna,
Charlton and
Pyramid Hill



61



people regularly
participate in Planned
Activity Group Social
support activities

Allied Health Assistant
regularly takes
community groups to
hydrotherapy sessions

PATIENT OPINION

BE HEARD.

200%

uptake
in Transition Care
program



In partnership with
Northern Rivers Graduate
Nurse Program supported
employment of six nurses

Stage one Building
Program met target.
25 Aged Care beds,
7 Acute beds, new
activities area and
administration area
finished 27th April.



Met

all requirements
for X-ray
Accreditation



one nurse

trained to do
limited X-rays

Aged Care Activities
delivered 5 days a week,
plus evenings and
weekends

Work in partnership with
Bendigo Loddon Primary
Care Partnership to deliver
services to the community



Medical and Nursing
students from
Melbourne and
LaTrobe Universities
provide valuable
insights

Person

Centred Care

Report of Operations



Safety and Quality

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

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

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

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

Person-Centred Care

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

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

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

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

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

In April 2016 we moved into the first stage of our redevelopment of the health service. We worked hard to keep everyone involved with the inevitable changes that had to be considered with moving into a new facility. Over the past 12 months we have actively worked on strategies to increase our transparency in regards to delivering person-centred care. Our resident, patient and family feedback forums and individual surveys have provided valuable information for the health service to increase the way we engage and ensure people are at the centre of everything we do.

Financial Management

During the year we adopted all the expectations of the Financial Management Compliance Framework. We have welcomed the ongoing support from our independent Finance and Audit Committee members.

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

The Finance and Audit Committee has also worked on the policies and procedures expected from Health Purchasing Victoria. It is pleasing to note that Boort District Health is fully compliant with all HPV policies.

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

Community Partnerships

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

• Ladies Auxiliary

The Boort District Health Ladies Auxiliary continues to fundraise and provide resources for the health service. During the year the Auxiliary purchased new furniture for our new aged care facility.

The Auxiliary meets once a month with the CEO and together they plan projects and purchases 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. This year the team ride contributed an additional \$12,000. The Murray to Moyne is a relay team where work mates, friends and family train together to complete the 520 km from Echuca to Port Fairy.

• Boort District School P-12

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

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

• Boort Men's Shed

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

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

Report of Operations (cont.)



• 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, mental health and aged care projects. The partnership is important in supporting staff by providing skills based workshops and networking opportunities.

• Murray Primary Health Network

Boort District Health has established a strong working relationship with the Primary Health Network. The relationship has developed where problem solving strategies are being worked on to increase access to services.

The first projects will involve improving access to cancer services with the aim to improve survivorship. Additionally another project that focuses on telehealth will increase access to other health services including specialist services.

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 the Director of Medical Services, Dr Craig Winter. The Committee reports to the Board about the patient/resident experience throughout the continuum of care.

The dental service has oversight by a Director of Dental Services, Dr Sajeev Koshy (OAM). As a solo dental practice it is important for the BDH dentist to have clinical support. Dr Koshy is on a number of important state and national committees and provides clinical excellence and oversight for our dental program.

Primary Care

Boort District Health is well supported by St Anthony’s Medical Group who provides the general practitioner services for Boort. Dr Ashraf Takla (resigned in February 2016), Dr Mena Attalh and Dr Michelle Medenilla are the Visiting Medical Officers who provide care throughout the health service including the Urgent Care Centre.

Nicole Hocking provides monthly podiatry services from the health service. Angela Doyle provides a physiotherapy service one day a week from the medical centre and Mallee Physiotherapy provide a pain relief program for the residents. Through the partnership with St Anthony’s additional allied health, for example, audiology is provided on a quarterly basis.

Dental Services

Boort District Health operates a single dental chair and offers both public and private dental health services. Dr Manoj Mogilisetty (MJ) is the dentist and provides the following:

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

During the year the dental service provided outreach services to nearby towns. These outreach services are very popular and patients are encouraged to make appointments at the dental clinic in Boort for more extensive treatment.

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

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

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

Students

Student involvement at Boort District Health is highly valued. On a regular basis the health service hosts student nurses from various universities. Additionally, medical students and pharmacy students have been welcomed during the year.

Nursing students from the Northern Districts Post Graduate Nursing Program work on placements throughout the year. The program provides post graduate nursing opportunities across the small rural health services in our region.

Food Services

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



Quality Overview



Boort District Health has continued to focus on our commitment to providing excellence of service as a key priority of the health service. We have achieved accreditation of our Low Care Ageing in Place facility against all 44 standards as well as successfully passing impromptu quality audit visits throughout the year for both our Low Care and High Care Ageing in Place areas.

We take our quality obligations seriously and we have dedicated champions looking at opportunities for improvement and ensuring that we deliver best practice. Each champion is responsible for a National Standard and we focus on a different Standard each month ensuring staff are well educated and engaged.

As part of our strive for improvement we are focusing on implementing Riskman Q for all Quality activities and recording. This will provide a collaborative and centralised hub for all quality information and allow us to strengthen our records and produce accurate reporting. Moving from a paper based system to an electronic easily accessible system will enable us to maximise our efforts and strengthen our areas of compliance.

All staff employed at BDH are required to attend a mandatory training day once each year. This provides us with an opportunity of not only delivering mandatory competencies but also exploring culture and undertaking activities to enhance it, involving staff at all levels.

We welcome feedback in regard to the quality of our service. Feedback forms are available throughout the health service and on our website. As feedback is so important to us we are now part of Patient Opinion which allows patients and residents to provide feedback anonymously to an independent party.



Service Performance Reporting

	Acute Health	Aged Care	Primary Health	Total
Admitted Patients				
1. Separations				
Same Day	7			7
Multi Day	107			107
Total Separations				114
2. Bed Days				
i. Acute	1110			1110
ii. Nursing Home				
Type		195		195
Residential Care		6326		6326
Total Separations				7631
Non Admitted Patients				
3. Urgent Care	655			655
4. Non-admitted patients	123			123
5. Ambulatory Services (Community)				
District Nursing		343	1630	1973
Transitional Care	373	227	310	910
Planned Activity		3907		3907
Meals on Wheels			2196	2196
Dental			1870	1870
Pathology Collection			1172	1172
Total (Items 3,4 & 5)				12806
TOTAL OCCASIONS OF SERVICE				20551

Performance Priorities

a) Safety and quality performance

Key performance indicator	Target	Actual
Health Service Accreditation	Full Compliance	Full Compliance
Overall compliance with cleaning standards	Full Compliance	Full Compliance
Very high risk (Category A)	90 points	N/A
High risk (Category B)	85 points	N/A
Moderate risk (Category C)	85 points	N/A
VICNISS data compliance*	Full Compliance	Full Compliance
Compliance with the Hand Hygiene Australia Program	80%	92.3%
Percentage of healthcare workers immunised for influenza	75%	90%

*Victorian Healthcare Associated Infection Surveillance

b) Patient experience and outcomes

Key performance indicator	Target	Actual
Victorian Health Experience Survey - data submission	Full Compliance	Full Compliance
Victorian Healthcare Experience Survey – patient experience	95% positive experience	95% positive experience
Percentage of women with prearranged postnatal care*	100%	N/A

*for services delivering postnatal services

c) Governance, leadership and culture performance

Key performance indicator	Target	Actual
People Matter Survey patient safety culture	80%	45%

d) Funded flexible aged care places

Campus	Number
Flexible High Care	10
Flexible Low Care	25
Flexible Home Care	N/A

e) Primary health care

Service For example:	Actual Activity 2015-16 (specify unit of activity i.e. occasions of service/hours of service etc.)
Speech Pathology*	38
Community health nursing	387
District nursing	1973
Dietetics*	24
Podiatry*	110
Other (please specify)	

*Services which are not funded or only part funded through the MPS Tripartite Agreement

Review of Clinical Services

The Hostel

Significant focus at Boort District Health has been in the preparation for the transfer into the new facility. This has meant many planning meetings and engagement with residents, community and other stakeholders. There were a number of resident and family meetings held which provided opportunities for discussion and update for preparation of the move into the new facility in April 2016. The residents had views about layout of rooms and decoration of their new home.

The move into the new facility went very smoothly and we would like to acknowledge the support of the resident's family and friends who made this possible. We all celebrated the move with a BBQ. However, we had to say a proper farewell to the Hostel and in June a memorial service was provided to recognise the life and times of all persons, residents and families who had invested interests in the Boort Hostel. It was both sad and celebratory but well received. It is with pride we personally want to thank all staff who have assisted and had to deal with the transition of old to new.

Workforce Review and Design

- The introduction of the Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 has ensured productive meetings were held with the Australian Nurses and Midwives Federation (ANMF) to deal with the combining of Hostel (low residential care) and Nursing Home (high residential care). This has led to a reconfiguration of the staff profile and is being continually monitored against clinical need.
- Support services have seen the introduction of new cleaning equipment and duties to ensure compliance with cleaning standards but also ensure workloads are manageable and achievable.
- The year also saw the continuation of the Studer (management) program and plans are in place for the introduction of E-recruit software to assist in human resources management and also for the introduction of CAMMs software to align electronically strategic goals to ensure more robust reporting and budgeting.

Acute Services/Urgent Care

- Small numbers continue to present via the Urgent Care Centre but it's the continuing support of medical coverage from St Anthony's Family Medical Centre which underpins BDH's ability to deal with complex medical emergencies.
- Congratulations to the Rural and Isolated Practice (Scheduled Medicines) Registered Nurse (RIPRN) graduates Michelle and Ken Holland as they are able to provide extended practice in suturing and in some medications.
- Congratulations to June Gardner on completing Nurse led x-ray training which also allows for basic, non-complex nurse led x-rays.

Medical Staff

- A warm thanks is extended to Dr Ashraf for his years of service to the Boort community and we wish him the very best in his future.
- Thanks to St Anthony's Family Medical Centre for their dedicated support at the Boort Medical Clinic in providing medical services to Boort and surrounding areas. There is however a special thanks to Dr Michelle Medenilla and Dr Adele Asaid for the professionalism of the medical care provided to Boort District Health.
- A warm welcome and thanks to Dr Craig Winter for his work as Director of Medical Services. Craig is the Director of the Emergency Department at St Vincent's in Melbourne and visits Boort once a month to monitor our clinical governance in both nursing, pharmacy and medical.

Dental Services

Congratulations to Dr Sajeev Koshy who received an OAM on Australia Day 2016 for his contribution to the provision of high standards of dental care to communities across Victoria. It is a pleasure to have Sajeev provide clinical governance to our dental services that benefits anyone who uses the Boort District Health dental services.

The dental team led by Dr Manoj Mogilisetty had a successful year ensuring children and adults had access to extremely high quality services. Throughout the year extra services were provided to aged care facilities in surrounding towns.

Residential Aged Care Service

- Full accreditation for Low residential care in Loddon Place (aged care) was achieved in May 2016.
- Sale of 12 bed licenses leaving our facility with a total of 28 places.
- Increased life style and leisure support hours.

Community Services

- Significant increase in opportunities to provide extended Transition Care Program for the community.
- Introduction of Montessori principles into Boort District Health with customised training opportunities for the staff and volunteers.
- District Nursing and the Home and Community Care programs continue to provide high quality services.
- During the year hydrotherapy visits to Kerang were introduced.
- To support physiotherapy services to residents additional services were also provided by the Allied Health Assistant.

Education

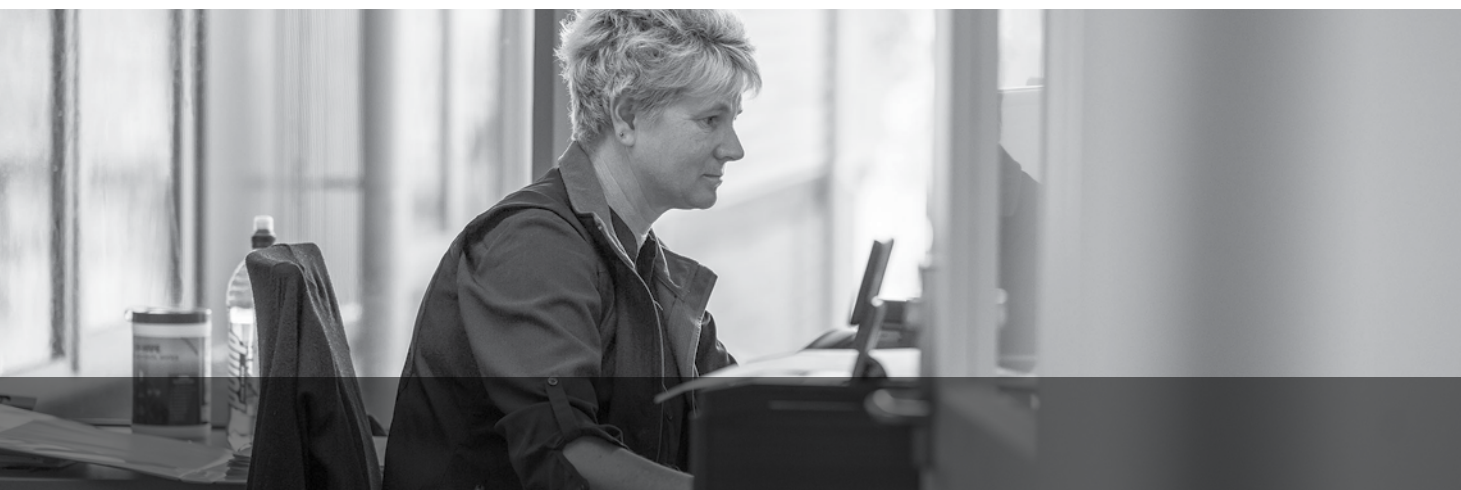
- The nursing team were provided with specific education in: Assessments in Aged Care, Basic Life Support and Advanced Life support training days.
- The Post Graduate Nurse program continues to be a success and an additional placement was offered in 2016.
- Boort District Health continues its work with local universities to support the undergraduate and placement of nursing students.
- All Support Services staff were provided training in food preparation and presentation.
- One staff member completed training to work as a qualified cook.

Support Services

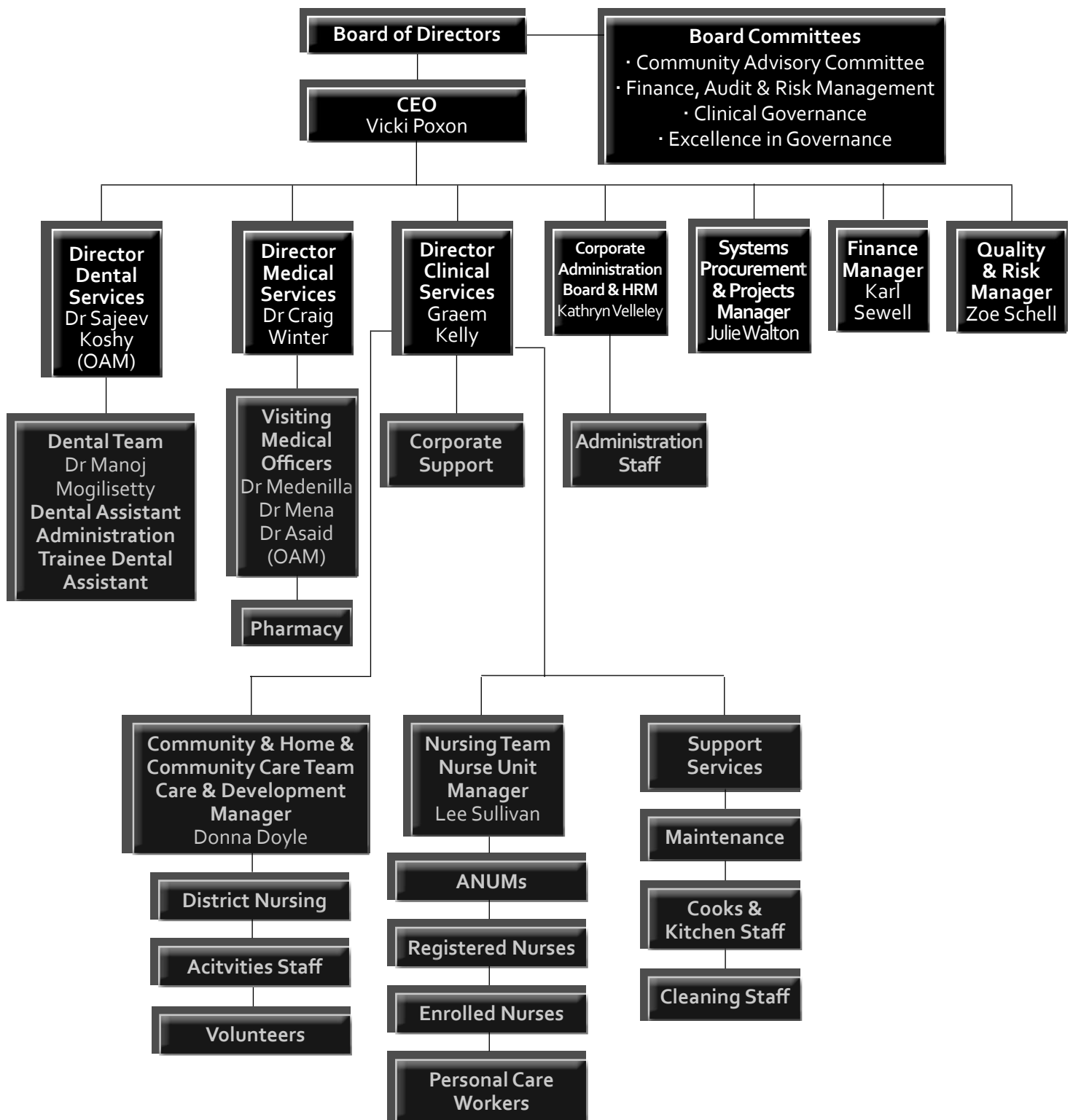
- Based on resident and patient feedback the menu continues to evolve to ensure a high standard of meals is provided to everyone.
- Cleaning staff have worked collaboratively and assisted in redesign of their works program.
- Staff have contributed to the Roster redesign.
- The Support Services Team have made huge contributions to the design of the new facility and we acknowledge their valuable contribution.

This has been a challenging 12 months which has called upon all the clinical and support staff to forge a new destiny. It is through a changing involvement of acceptance of the new with actioning better practices, increasing accountability, providing measurable oversight and commitment to the provision of person centred high quality care. Thanks to all staff for their efforts to give the direction for a new and better health service. We must recognise the tireless work done by all our local volunteers whether in the hospital auxiliary and working in the Op Shop or visiting the elderly in aged care or in life styles and activities. It's their efforts that shine through every day in reassuring us that this is a great community which cares about each other. We are building a strengthened and constantly improving small rural health service.

In looking back we acknowledge the great work done by all staff. However, during this period one person stands out for her determination to build a new facility and ensure we introduce high standards of care. We would like to thank Judy Keath who retired in 2016 as the Director of Nursing. We thank Judy for her many years of dedicated service and wish her well in her retirement.



Organisational Chart



Years of Service

10 years	15 years	25 years	30 years
Pauline Cooper	Nadine Chalmers	Elizabeth Pashley	Denise Murphy
	Stacey Streader		Lois Whykes
			Tanya Buchanan

Environmental Performance



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

Our success with managing the environmental performance will see ongoing improvement as our building redevelopment program is finalised. Stage One of a new aged care and acute facility was completed in April 2016. The new building has a number of environmental systems that will increase the overall efficiency of the organisation.

To date Boort District Health has:

- Continued use of electronic Meeting program "Convene" to be "paperless" at all meetings.
- Paperless aged care documentation.
- Participation in environmental friendly processes within Boort District Health; such as printer cartridge and battery recycling, separation of comingled wastes (composting, bricks, pipes, plastics etc.) and regular waste audits.
- Bicycle parking and scooter facilities for staff and visitors to BDH.

In our New Building - Environmental Initiatives

- Installation of Solar Power to reduce dependency on the grid power.
- Installation of Solar Hot Water for all patient/resident showers with gas boost when required.
- All external windows are double glazed.
- Energy efficient individual heating and cooling for all rooms.
- Underground water tank to collect water for use in grey water system and garden areas.
- Installation of water saving devices in all showers and toilets.
- Garden planting – drought friendly selection watered with grey water when possible. Automatic watering installed.
- Installed new efficient generator to power hospital during power outages.
- All lighting is set on timing system to regulate external lighting. Lighting is LED fluorescent tubing.



Statement of Priorities



Boort District Health is a small rural health service which provides a diverse range of health services to Boort and neighbouring communities.

Boort District Health has a catchment population of approximately 3455 people.





Boort District Health on its current site has been providing health services to the community since 1961.


Services provided include:





- Acute medical inpatient care
- Nursing home providing nursing care and allied health support to the frail aged
- Hostel providing low care residential care, transition care and daily living support to the frail aged
- Ambulatory care through the Urgent Care Centre, general nursing and diagnostic monitoring services
- Physiotherapy services in acute and community settings
- Community outreach including district nursing, planned activity and social support services
- Public dental chair that also provides services to private patients
- Children's dental program
- In June 2015 work commenced on stage one of the BDH redevelopment. Stage one includes a new 25 bed Ageing in Place facility, acute services and urgent care centre. Stage One was completed in April 2016. Stage Two will be finished in September 2016 and will include a new kitchen, laundry, staff amenities, activity room, refurbished office spaces for management, allied health and administration teams. The new facility will bring the following changes to BDH service delivery:
 - o All BDH services will be under the one roof enabling a seamless continuity of care
 - o All residents will be living in an ageing in place facility that is purpose designed. This will comply with changes to residential aged care as outlined in the Living Longer Living Better policy
 - o Increased capacity for urgent care presentations with a discrete ambulance entry
 - o A more financially sustainable model with no duplication of services
 - o Opportunity for innovative work force design to meet the new model of care
 - o The management of up to ten home based care services
 - o Project management to meet the needs of the community e.g. Cancer Survivorship program to support survivors and their carers

Boort District Health staff has worked with the Department of Health and Human Services and various planners to produce a design that will meet the future needs of people with dementia and high needs people. Planning has also included providing innovative ICT solutions and outdoor areas that will encourage residents and families to access other interesting resources.


Domain	Action	Deliverables	Outcome
Patient experience and outcomes	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	<ul style="list-style-type: none"> • 100% staff attend Mandatory training to learn about person-centred care. Training completed March 2016. • Work groups established in August 2015 and work completed by February 2016 with the aim to initiate person-centred care into the facility. All consumers who use the facility will be encouraged to provide feedback. • Consumers contacted within 24 hours of discharge to provide feedback. 	<p>Achieved - Mandatory Training days completed on 18 April 2016, 18 May 2016, 17 June 2016 and 22 June 2016. Person Centred Care. Training provided as part of training day.</p> <p>Achieved - Workgroups established and peer to peer training on Person Centred Care.</p> <p>Achieved - Up to date feedback forms provided to residents and family at family forum days</p> <ul style="list-style-type: none"> • Procedure developed for District Nurses to contact consumers within 24 hours of discharge. Evaluation of discharge planning noted high consumer satisfaction.
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent, identify and respond appropriately to family violence at an individual and community level.	<ul style="list-style-type: none"> • Work with the Bendigo Loddon Primary Care Partnership to prevent, identify and respond to family violence. • Provide the BDH workplace with information about how to respond to family violence and provide information about the Employee Assistance program by December 2015. • Implement an action plan when recommendations arise from the Family Violence Royal Commission. 	<ul style="list-style-type: none"> • Family Violence Policy to be finalised and has included information on Employee Assistance Program (EAP). EAP policy recirculated and staff signed acknowledgement sheet February 2016. • Recommendations from Royal Commission considered and implemented into policy.
	Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.	<ul style="list-style-type: none"> • All Board minutes give documented evidence of change arising from consumer feedback. 	<p>Achieved - All policies reviewed to include Person Centred Care where appropriate. All feedback is reported to the Board, Executive and staff.</p>
	Implement an organisation-wide approach to advance care planning including a system for identifying, documenting and/or receiving advance care plans in partnership with patients, carers and substitute decision makers so that people's wishes for future care can be activated when medical decisions need to be made.	<ul style="list-style-type: none"> • Person centred care be included into all reviewed and new policies and procedures. An ongoing requirement for policy review. 	<p>Achieved - Advanced Care Planning documentation completed and Champion assigned to oversee implementation.</p> <ul style="list-style-type: none"> • 30 Staff attended a 4 week (one day a week) training program to implement Montessori principles into new Ageing in Place facility. • In partnership with the Murray PHN, BDH is the lead agency to deliver a program under the Cancer Survivorship program. Commencement June 2016.

 Domain	 Action	 Deliverables	 Outcome
Safety and Quality	Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	<ul style="list-style-type: none"> • Antimicrobial Stewardship auditing carried out and reported to Clinical governance meeting. 	Achieved - Antimicrobial Stewardship has been included in the Audit Schedule and results are reported to the Clinical Governance Committee via the Quality Manager's report.
	Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.	<ul style="list-style-type: none"> • Education and training included in training plan and to be annually provided by infection control officer. This to include participation in Antimicrobial Stewardship Week. 	Achieved - Antimicrobial Stewardship forms part of the Mandatory Training Days (March and April 2016) and is ongoing throughout the year.
	Ensure that emergency response management plans are in place, regularly exercised and updated, including trigger activation and communication arrangements.	<ul style="list-style-type: none"> • Emergency management plans reviewed annually or as required and includes testing of bush fire and flood responses to be included in mandatory training calendars and these will include testing of communications arrangements. • All staff receive training in emergency responses (component of mandatory training) by March 2016. 	<p>Achieved - Reviewed December 2015 and circulated to staff. Emergency management is part of the Mandatory Training Days. Additional testing is scheduled throughout the year.</p> <ul style="list-style-type: none"> • Annual heat wave and bushfire planning occurs with partners e.g. CFA and Loddon Shire prior to the summer period.

 Domain	 Action	 Deliverables	 Outcome
Financial sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	<ul style="list-style-type: none"> Ongoing engagement with Strengthening Hospitals project to achieve improved financial outcomes through collaboration with other health services. 	<p>Achieved - Ongoing meetings with relevant committees to ensure collaboration. BDH leading work on the e-Credentialing project. Current work with LMRHA to review finance system.</p> <ul style="list-style-type: none"> Improved financial reporting to Board where individual trends in specific area are reported and evaluated.
	Work with Health Purchasing Victoria to implement procurement savings initiatives.	<ul style="list-style-type: none"> Health Purchasing Victoria compliance achieved by 30 June 2016. 	<p>Achieved - Finance, Audit and Risk Management Committee have reviewed 100% of HPV policies and recommended approval by Board.</p> <ul style="list-style-type: none"> HPV has assisted with tender management to ensure compliance for redevelopment building program to ensure compliance.
	Undertake cost benchmarking and develop partnerships with peers to improve operating efficiency.	<ul style="list-style-type: none"> Implement shared Director of Medical Services position with Swan Hill Hospital, Echuca Regional Hospital, Cohuna District Hospital and Kerang and Districts Hospital. To be implemented by February 2016 	<p>Achieved - New DMS appointed in April 2016.</p> <ul style="list-style-type: none"> 2015 workforce plan has been reviewed and further changes made to ensure staffing levels are accurate. Also involved change management workforce design workshops with staff. Ongoing meetings with HWU and ANMF.
	Develop collaboration with peers to selectively provide services that represent the best value of money whilst in the best interests of patients.	<ul style="list-style-type: none"> Review and reduce current staffing costs with reduced staffing profile with new building design. Benchmarking reviewed on a quarterly basis by March 2016. Monitor and reduce where practicable meal production costs. Monitoring to occur on a monthly basis and reported to Board. 	<p>Achieved - Ongoing commitment to review meals. The new kitchen being built in Stage 2 of the redevelopment will see further efficiencies once up to date cooking equipment installed.</p> <ul style="list-style-type: none"> One staff member completed 12 month chef course. Knowledge has contributed to ongoing management of costs while producing quality meals.

 Domain	 Action	 Deliverables	 Outcome
Access	Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to so, making the most efficient use of available resources across the system.	<ul style="list-style-type: none"> • Progress partnership with Bendigo Health Care Group to implement home care support program for vulnerable older people by June 2016. • Engage with Residential Aged Care Facilities in Kerang, Pyramid Hill, Cohuna, Charlton and Inglewood to provide oral health services and completed by June 2016. 	<p>Partially Achieved - Formed partnership with Feros Care to provide up to 10 home based services.</p> <p>Achieved - Partnership with RFDS to jointly deliver outreach dental services.</p> <ul style="list-style-type: none"> • Working with Maryborough Health Service to use mobile dental equipment to service aged care facilities in region (i.e. Charlton, Kerang, Inglewood and Pyramid Hill). • Dental team have conducted aged care dental assessments in aged care facilities in nearby towns.
	Develop telehealth service models to facilitate the delivery of high quality and equitable specialist services to patients across regional Victoria.	<ul style="list-style-type: none"> • Use telehealth strategy to implement Hume model of Out of Hours GP services at Boort, Heathcote, Rochester/Elmore and Strathfieldsaye (Bendigo). Evidence of increased telehealth use by February 2016. 	<p>Achieved - BDH successful in a funding application to initiate telehealth services for out of hours care. The project will commence in June 2016.</p>

Community Engagement and Development

 Boort District Health has an active Community Advisory Committee that has developed a fully integrated strategy for the community which consists of examining and finding solutions for a “whole of community” response.

EVALUATION of services, systems and demand

An analysis matched with high levels of community experience gives Boort District Health the ability to understand the needs of the community and where they are not being met.

Services and programs are developed to meet the needs. An example of evaluation is analysis that showed high numbers of children with Asthma presenting to the Urgent Care Centre. The project included working in partnership with St Anthony's Family Medical Clinic where a review was undertaken. A prevention strategy for childhood asthma was put into place ensuring every child has an Asthma Action Management Plan.

IDENTIFICATION of community needs

The process commenced with the development of a Community Engagement Plan

BDH through its partnership with Loddon Shire and the Bendigo Loddon Primary Care Partnership used data collected by these organisations to gain a greater understanding of community need. It has provided information that has allowed BDH to successfully apply for grants e.g. Cancer Survivorship. The Community Advisory Committee provided input into the application as it was identified that survivors of cancer and their family and carers needed ongoing support.

CONNECTING whole of community to services that meet their needs

The delivery of services and programs as well as improving existing services and programs

Ensuring that supports and services are connected achieves a more efficient community engagement strategy with a planned and considered approach to community needs creating long term community connectedness. Two examples of this approach include:

- The BDH Dental Clinic now provides outreach aged dental services to a number of aged care facilities in the region.
- The Diabetes in Loddon Action Group ensures that referral and treatment pathways supports any person using a diabetes service in the Loddon area.

Activities



This report covers the Planned Activity Group and Social Support (PAGASS), Allied Health (AHA), Aged Care Activities, District Nursing Service (DNS) and volunteer activity.

Planned Activity Group and Social Support (PAGASS)

The PAGASS program is supported by staff members Maree Stringer and Carmel Allison and has seen 61 clients participate in their programs in the 2015 – 2016 period. This also involved 2074 points of contact. The group offers a variety of activities, outings, theme days and much more that participants actively enjoy.

Examples of the specific programs offered are;

- “Down the Street” – shopping and catch up with the community
- Creative Living – an opportunity to be involved in a variety of art and craft activities
- Specific support for isolated people
- Talk and Tucker
- Ladies and Laughs
- Staying Strong
- Film Club
- Men on the Move

Allied Health

The Allied Health program is delivered by our allied health assistant, Dee Smith. Dee offers low impact exercise sessions including hydrotherapy, walking and the Staying Strong program. Additional allied health is provided to the transitional care program that is provided to individual clients over three days per week.

Aged Care Activities

The Aged Care Activities program is delivered by co-ordinator Sandra Poyner five days per week. There are additional scheduled activities offered to residents for example, BINGO on Thursday night. Activities are provided in the evening and weekends. The types of activities include but are not limited to: one on one therapies/activities, pet therapy, cooked breakfasts, games, music, craft, cooking, movies and visiting services such as church and entertainers.

District Nursing Services

The District Nursing Service is provided by Registered Nurses. The nurses care for clients in the community over five days each week. The nurses have cared for 209 clients over 3,963 visits in a 12 month period. Our dedicated team attend to multiple health needs which include wound dressings, complex medication therapies as well as assessments and support.

Within the District Nursing Service there are additional hours provided for clients who are involved with the Transitional Care Program. The Transition Care Program was delivered to eight clients and involved 145 contact visits.

Volunteers

BDH currently has 29 volunteers registered. The assistance provided by volunteers is invaluable. They provide a range of support services including transporting community members both locally and out of town to appointments. We have ordered and recently received our volunteer shirts for distribution. In the 12 month period to date they have assisted twenty five clients with transport to various appointments.

PAGASS	61 clients	2074 points of contact
AHA	4 programs	22 clients
ACTIVITIES	26 residents	Staffed 5 days/week
DNS	209 clients	3963 points of contact
TCP	8 clients	145 points of contact
VOLUNTEERS	29 volunteers/25 clients	530 points of contact

Occupational Violence

Labour Category	2015-16
1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
3. Number of occupational violence incidents reported	0
4. Number of occupational violence incidents reported per 100 FTE	0
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

There were no instances of occupational violence at BDH during the 2015-16 period

Definitions

For the purposes of the above statistics the following definitions apply.

Occupational violence - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident - occupational health and safety incidents reported in the health service incident reporting system. Code Grey reporting is not included.

Accepted Workcover claims – Accepted Workcover claims that were lodged in 2015-16.

Lost time – is defined as greater than one day.

FTE figures required in the above table should be calculated consistent with the Workforce information FTE calculation (refer to page 16 of the Health Service Model Annual Report guidelines). These do not include contracted staff (e.g. Agency nurses, Fee-for-Service Visiting Medical Officers) who are not regarded as employees for this purpose. The above data should be consistent with the information provided in the Minimum Employee Data Set.

Responsible Bodies Declaration as at 30 June 2016

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Boort District Health for the year ending 30 June 2016.



Marlies Eicher
Board Member
Boort
30/06/2016

Workforce Resources



As at 30th June 2016 Boort District Health employed staff equating to persons (in fulltime equivalent units).

Labour Category	June Current Month FTE		June YTD FTE	
	2015	2016	2015	2016
Nursing	10.79	11.87	10.92	11.18
Aged Care	14.14	11.24	13.01	12.15
	9.70	6.62	9.12	8.36
Community Health Services	1.22	1.19	1.28	1.21
	1.52	3.70	1.50	2.88
Administration and Clerical	7.96	7.81	6.93	8.23
Dental	3.35	3.37	3.66	3.51
Support Services	12.33	11.61	13.17	13.44
Quality	1.05	1.20	1.16	0.89
Total	62.06	58.61	60.82	61.85

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

Compliance Disclosure Index

The annual report of the 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
Ministerial Directions		
Report of Operations		
Charter and purpose		
FRD 22G	Manner of establishment and the relevant Ministers	2
FRD 22G	Purpose, functions, powers and duties	19
FRD 22G	Initiatives and key achievements	19
FRD 22G	Nature and range of services provided	19
Management and structure		
FRD 22G	Organisational structure	19
Financial and other information		
FRD 10A	Disclosure index	29
FRD 11A	Disclosure of ex gratia expenses	31
FRD 21B	Responsible person and executive officer disclosures	See Financial Report
FRD 22G	Application and operation of <i>Protected Disclosure 2012</i>	30
FRD 22G	Application and operation of <i>Carers Recognition Act 2012</i>	30
FRD 22G	Application and operation of <i>Freedom of Information Act 1982</i>	30
FRD 22G	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	30
FRD 22G	Details of consultancies over \$10,000	See Financial Report
FRD 22G	Details of consultancies under \$10,000	31 & See Financial Report
FRD 22G	Employment and conduct principles	10
FRD 22G	Major changes or factors affecting performance	31
FRD 22G	Occupational health and safety	28
FRD 22G	Operational and budgetary objectives and performance against objectives	21
FRD 24C	Reporting of office-based environmental impacts	20
FRD 22G	Significant changes in financial position during the year	See Financial Report
FRD 22G	Statement on National Competition Policy	31
FRD 22G	Subsequent events	32
FRD 22G	Summary of the financial results for the year	See Financial Report
FRD 22G	Workforce Data Disclosures including a statement on the application of employment and conduct principles	16, 28
FRD 25B	Victorian Industry Participation Policy disclosures	31
FRD 29A	Workforce Data disclosures	28
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	32
SD 4.5.5	Risk management compliance attestation	32
Financial Statements		
Financial statements required under Part 7 of the FMA		
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
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		
<i>Freedom of Information Act 1982</i>		30
<i>Protected Disclosure Act 2012</i>		30
<i>Carers Recognition Act 2012</i>		30
<i>Victorian Industry Participation Policy Act 2003</i>		31
<i>Building Act 1993</i>		30
<i>Financial Management Act 1994</i>		28

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

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

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.

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.

Protected Disclosure Act 2012

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

The Act's key objectives are to:

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

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

In the year ended 30th June 2016 there were no disclosures made to Boort District Health under the Protected Disclosure Act.

Statutory Reporting Requirements (cont.)

Privacy

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

Consultants

During 2015/2016 Boort District Health engaged eight consultants with fees to the total of \$28,488.38.

Ex-Gratia Payments

There were no Ex-Gratia payments made by Boort District Health during the 2015/2016 reporting period.

Victorian Industry Participation Policy Act 2003

During the 2015/2016 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 2015/2016 there were no major changes or factors which affected the achievements or performance of Boort District Health.

Competitive Neutrality

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

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

Risk Management

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

Equal Employment Opportunity

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

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

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

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

Subsequent Events

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

Attestation on Data Integrity

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



Vicki Poxon
Chief Executive Officer
BOORT
[30/06/2016]

Attestation for Compliance with the Ministerial Standing Direction 4.5.5 - Risk Management Framework and Processes

I, Vicki Poxon certify that Boort District Health has complied with Ministerial Direction 4.5.5 - Risk Management Framework and Processes. The Boort District Health Audit Committee has verified this.



Vicki Poxon
Chief Executive Officer
BOORT
[30/06/2016]

Our Team



CHIEF EXECUTIVE OFFICER

VICKI POXON

DIRECTOR OF MEDICAL SERVICES

Dr. CRAIG WINTER

DIRECTOR OF DENTAL SERVICES

SAJEEV KOSHY (OAM)

SAFETY & QUALITY SERVICES

Quality, Risk & Compliance Manager

ZOE SCHELL

(commenced August 2015)

Quality & Risk Manager

LYNNE SINCLAIR (resigned 2015)

OH&S Officer

JULIE WALTON

Infection Control Officer

JUDY PARKER

CLINICAL SERVICES

Director of Nursing

JUDITH KEATH - (retired 2015)

Director of Clinical Services

GRAEM KELLY

(commenced August 2015)

Nurse Unit Manager

LEE SULLIVAN

Associate Nurse Unit Manager

JUNE GARDNER

KENNETH HOLLAND

MICHELLE HOLLAND

MICHELLE LAWRENCE

MARY NOONAN

ELIZABETH PASHLEY

TANYA PICKERING

WENDY RUSSELL

LOIS SEIPOLT

SUSAN TAYLOR

Registered Nurses

SUSANNA BELL

TANYA BUCHANAN

DONNA DOYLE

MELISSA GARDNER

CLAVEL GREGORIO

WENDY KEYSER

KIRSTY LUCAS

STEPHANIE O'CONNOR

EMILY PALMER

LAURA PALMER

LICYMOL SCARIA

TANYA PAYNTER

PAYYAMTHADATHIL

SARA RAY

SARITHA SAJAN

COURTNEY WOOD

Enrolled Nurses

GAYLE CAMPBELL

CARMEN CAUCHI

NADINE CHALMERS

PAULINE COOPER

KIM GRIFFITHS

JEANETTE LONG

YVONNE MANNIX

JULIE MCGRATH

AMY PERRY

JANICE SMITH

SHARON WRIGHT

COMMUNITY CARE SERVICES

Care & Development Manager

DONNA DOYLE

(commenced June 2016)

TANYA PAYNTER (resigned 2016)

District Nursing Services

TANYA BUCHANAN

MICHELLE LAWRENCE

JUDY PARKER

Allied Health Assistant

DEANNE SMITH

Planned Activity Group

SANDRA POYNER

Lifestyle & Leisure Services

CARMEL ALLISON

MAREE STRINGER

Systems, Procurement &

Projects Manager

JULIE WALTON

Maintenance/Horticulture

MICHAEL FITZPATRICK

(resigned 2015)

CLIFFORD GLEESON

NATHAN WRIGHT

Support Services Staff

HELEN ABSALOM

ELIZABETH ALLEN

ALICIA BROAD

LYNETTE CLARK

SUSAN DUNNE

KERRIE FITZPATRICK

LINDEE FROST

SALLY KEEBLE

MARGARET LANYON

SHARON MARTIN

ROBYN MCCONNELL

JUDITH PERRYMAN

CLOIE ROBINSON

DARREN SHERWELL

TREVOR TAYLOR

ELOISE THOMPSON

JESSICA WHITE

KAREN WHITE

JULIE WILSON

ROSLYN WRIGHT

Personal Care Assistants

JENNIFER ALLISON

JOHN BENJOK

CATHRINE BRODIE

SUWATTANA CHULAKATHAPPA

KAREN COUTTS

EMMA GARDNER

ENA GREEN

SAMANTHA ISAAC

KINDERJEET KHANGURA

TRACEY LEYS

AMY LINEHAN

KERRY MOLONEY

JACQUELINE MORA

DENISE MURPHY

ANN PINK

BEVERLEY TAYLOR

AMBER THAMM

RICHARD TIERNEY

NARELLE VERNON

LOIS WHYKES

JENNIFER WITHINGTON

LINDA YOUNG

DENTAL SERVICES

Dental

Dr. MANOJ MOGILISSETTY

Dental Assistants

NIKKI HAWES

VICKI PEIFFER

HELEN TULAR

Trainee Dental Assistant

KATRINA ROY

Dental Reception/

Administration

NICOLE FULLER

CORPORATE SERVICES

Corporate Administration

Human Resources Manager

KATHRYN VELLELEY

Corporate Support

TAMARA BOYD

Finance Manager

KARL SEWELL

Finance Officer

STACEY FERNEE

(Maternity Leave)

Reception/Administration

BROOKE ARNOLD

LAURA FENTON

(Maternity Leave)

MELISSA MCNEAIR

SHARYN O ROURKE

STACEY STREADER

Ladies Auxiliary



I am pleased to present my annual report to Chief Executive Officer Vicki Poxon also members of the Hospital Board of Management.

Congratulations need to go to all our hard working ladies who have ensured another very successful year for the auxiliary culminating in the spending of \$ 10,566 on various items of equipment and other requirements including 3 oxygen units, one month trial of virtual glasses and weights for the exercise group.

Also the hospital has recently taken delivery of 4 floatation chairs which the auxiliary will be paying for.

As the Op Shop is our main source of income, sincere thanks go to all the ladies who work so hard to ensure its continued success.

Another valuable source of income is our Christmas Cake Raffle, thanks again to Isabel Loader for providing another absolutely gorgeous cake.

Thanks to Marg Rothaker, my vice president, who has been an enormous help to me recently, chairing meetings in my absence while I escorted my elderly parents to doctors appointments .

Thanks also to Isabel Loader for her continued extremely valuable role as Secretary and also her much appreciated support to me in my first year as President.

Thanks to Robyn Kennedy for another terrific year as Treasurer. Thanks also to Julie Puttick for her fabulous, thoughtful window displays.

IGA once again very generously supplied the Easter Eggs for our Easter raffle and we extend our thanks to them for their continued support.

Thanks also to Ken Loader for his handy man help. It's very much appreciated. The Auxiliary cater for the hospital AGM every year, thanks to the valuable efforts of our ladies, and look forward to this tradition continuing well into the future.

We were invited to the RSL 80th birthday lunch and six of us attended this very pleasant celebration and we thank them for the invite.

Congratulations to the Hospital Board on the opening of our new hospital. The town should be very proud of the tireless work put in by the Board to make this a reality.

In closing, I proudly present this report on behalf of the Hospital Ladies Auxiliary, and thank all our hard working Auxiliary members for their continued support .

Sue Laversha
President

Name	Date commenced	Years of Service
Isabel Loader	1986	30
Lorna Hubbard	1986	30
Val Mayberry	2001	15

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
Mr D Rees	October	2014

Name of Donor

David Barnes	CRC Melton - K.Hunter
Ernie Perry	E Streader & Sons
Boort Football Club	Maree Stringer
Days Charities	Marj Crombie
Rod & Vicki Poxon	Boort Bowls Club
Dianne McConachy	Boort Trotting Club
Santina Peacock	Deb Ball
Boort RSL	Boort Amity Club
Tamara & Greg Boyd	Marl Worland
Judith Kumtoo	Howard & Peg Mitchell
Dodgshun & Medlan	Mr & Mrs C Rigoni
Walter Manallack	Rosemary Sutherland
Boort Uniting Church Fellowship	Ross & Robyn McGuachie
Gladys Keating	Arch Smith
Boort RSL Womens Auxiliary	William Wallace
Betty Wagner	Jason Sim
G.Goodes	Barry and Tina Watts - Boort BP
Cliff Gleeson	

Appeal for Assistance

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

You can help in many ways

You can become an annual subscriber to BDH

You can donate through our donor program

You can remember BDH in your will

You can become a Volunteer

You can join the Ladies Auxiliary

If you would like more information about how you can help us, please contact Reception on 03 5451 5200 or via email on admin@bdh.vic.gov.au

Thankyou for your support

Website:

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

Facebook:

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

