



## 121st Annual Report for the year ended 30th June 2013 incorporating the Consolidated Financial Statements

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## **Our History**

When gold was discovered in Omeo in 1851, the isolated communities of Omeo, Swifts Creek, Ensay and Benambra changed dramatically with the influx of visitors. The need to build a hospital was identified in November 1891 with incorporation of the Omeo District Hospital. Provision of care for the sick and injured commenced in August 1894 until the devastating 1939 bushfires that destroyed the original building. A new 19 bed hospital was built in 1940 on the Easton Street site and continues to be utilised to provide acute and residential aged care, medical, community and allied health services.

Services delivered by Omeo District Health (name change occurred in 2004) have been regularly reviewed to meet the changing needs of the community. In 1990, the acute service was reduced to twelve beds, following further reviews and funding changes in September 1993 the number was further reduced to four registered acute beds plus an emergency room and ten nursing home places. In July 1997, the construction of a purpose built four-bed hostel was completed.

On the 9<sup>th</sup> December 2005 the full redevelopment of the existing hospital buildings and service areas was completed and officially opened. In 2011 Omeo became part of the Transitional Care Program (TCP) with one residential bed and one community based bed.

The Board of Management has continued to review service provision and explore innovative ways of meeting the community's needs. The growth in community care, allied health services, and the establishment of the Medical Centre, Dental Clinic, Community Gym, the lead partner in construction of a men's shed and an in-venue Day care centre are a testament to this.

Omeo District Health is established under the Health Services Act 1988. The responsible Minister during the reporting period was the Hon David Davis MP.



## **Our Objective**

#### Mission

To promote and enhance the health and wellbeing of the people of Omeo and district.

#### Aim

To provide the most effective and efficient physical, emotional and social care possible through the delivery of services that are accountable to individual and communities needs.

#### **Objectives**

To ensure the Health Service is accessible to all and continues to develop within a Best Practice model in response to the community's identified need.

To provide a coordinated continuum of health care to the communities of Omeo and district, encompassing aged and residential care, community care and appropriate acute services.

To maximise the health and wellbeing for all community members.

To provide a well-maintained, safe and pleasant environment for patients, residents, staff and visitors.



## **Our Services**

Omeo District Health provides broad-based health and support services to Omeo, Benambra, Swifts Creek, Ensay, Dinner Plain and surrounding districts.

**Acute Care** 

4 Acute beds for general medical care

Emergency Stabilisation in Urgent Care Centre Transitional Care Programme

**Residential Aged Care** 

10 High Level Care Beds 4 Low Level Care Beds Aged Care Assessment **Diversional Therapy** 

Respite Care

Virtual Visiting program for Residents Gentle exercise program for Residents

**District Nursing Services** 

**Equipment Hire** Home Visiting **Palliative Care** 

Post-Acute Care Program

Respite Care

Post Discharge Support

Transitional Care program in the community

**Home and Community Care** 

**Domestic Assistance** Home Maintenance Home Respite Meals on Wheels Personal Care

Planned Activity Group **Medical Services** 

Omeo Medical Centre

**Dental Services** 

**Public Dental Services** Private Dental Service

Use of the Facilities

Community Group Meetings

Omeo Playgroup **Optometry Services** 

Swifts Creek Community Centre

**Ancillary Services** 

Radiology

**Sub-Acute Care** 

Rehabilitation

**Visiting Services** 

Maternal & Child Health Continence Service **Wound Consultant Ophthalmologist** 

**Allied Health & Community Services** 

Chronic Disease Management, Diabetes Education in conjunction with Omeo Medical

Centre

Counselling / Social Work

**Dietetics** 

**Emergency Housing** 

**Podiatry** Foot Care

Health Promotion and Education

Information and Referral

Kindy Gym

Occupational Therapy

Physiotherapy Speech Pathology Youth Program Allied Health Assistant Community Transport Volunteer Program

Community Gym and Exercise Classes Pre-employment physical testing program

service

In-venue day care program

**Supporting Portfolios** 

Administration

**Environmental & Food Services** 

Infection Control

Maintenance & Gardens Occupational Health & Safety

Pathology

Quality

## **Service Activity**

Admitted Patients	Acute 2012-2013	Acute 2011-2012	Transitional Care Program	Mental Health	Other (Aged Care)	Total 2012- 2013	Total 2011- 2012
Separations							
Same Day	1	8	0	0	0	9	8
Multi Day	43	54	66.80	0	92.52	77.51	74.80
<b>Total Separations</b>	44	62	66.80	0	92.52	77.51	74.80
_							
Total WEIS	46.01	56.94					
Total Bed Days	263	390	481	0	3331	4465	5463

Non-Admitted Patients	Acute 2012- 2013	Acute 2011-2012	Transitional Care Program	Mental Health	Other	Total 2012- 2013	Total 2011- 2012
Emergency Department Presentations	407	434	0	0	0	407	434
Outpatient Services (Occasions of Service)	118	180	0	0	0	118	180
Total Occasions of Service	525	614	0	0	0	525	614

## Attestation on Data Integrity and Attestation on Insurance

I, Louise Vuillermin, certify that the Omeo District Health Service has put in place appropriate internal controls and processes to ensure that the Department of Health is provided with data that reflects actual performance. The Omeo District Health Service has critically reviewed these controls and processes during the year.

I, Louise Vuillermin, certify that Omeo District Health has complied with Ministerial Direction 4.5.5.1 – Insurance.

Ms Louise Vuillermin - CEO/DON Omeo District Health

23<sup>rd</sup> August 2013

## **Governance Overview**

#### **Board of Management**

#### Mr Russell Pendergast President (from 22/10/2012)

Self Employed Farmer, Benambra, Board member since 1987 Member of the Finance, Facilities and Remuneration Committees Appointment Expires 30/06/2014 Board Meetings attended - 11/11

#### **Ms Louise Armit**

Teacher, Self Employed Farmer, Swifts Creek, Solicitor,
Board member since 1995
Member of the Medical/Dental Credentialing & Facilities Committees
Appointment Expires 30/06/2016
Board Meetings attended - 11/11

#### Mr Evan Newcomen

Self Employed Farmer, Ensay, Board member since 2002 Member of the Finance Committee Appointment Expires 30/06/2016 Board Meetings attended - 10/11

#### **Mrs Alison Burston**

Self Employed Farmer, Benambra,
Appointed 01/07/2008
Member of the Quality, Finance & Credentialing
Committees
Appointment Expires 30/06/2016
Board Meetings attended - 10/11

#### **Mr Robert Vardy**

Self Employed Business Operator, Swifts Creek,
Appointed 01/07/2008
Member of the Facilities and Audit Committees
Appointment Expired 30/06/2013, did not reapply
Board Meetings attended - 7/11

#### Ms Jenny Molloy President (from 22/11/2011-22/10/2012)

General Manager, Mt Hotham Alpine Resort,
Appointed 01/07/2011
Appointment Expires 30/06/2014
Resigned from the Board of Management
22/10/2012
Board meetings attended 2/3

#### Mrs Sandra Crisp Treasurer (from June 2011)

Pharmacy Assistant, Omeo,
Appointed 01/07/2010
Member of the Audit, Finance, Facilities and
Remuneration Committees
Appointment Expires 30/06/2015
Board Meetings attended – 7/11

#### **Mrs Rosemary Fitzgerald**

Co-ordinator,
Benambra Neighbourhood House,
Appointed 24/03/2009
Member of the Quality and finance Committees
Appointment Expires 30/06/2014
Board Meetings attended – 11/11

#### Ms Suzanne Malcolm

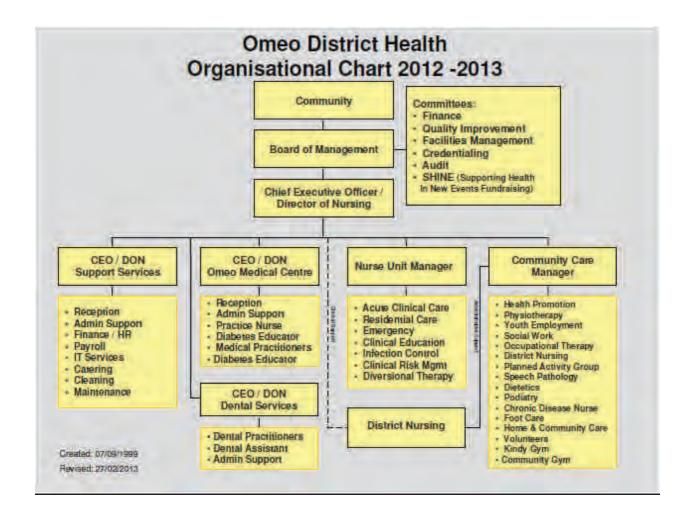
Self Employed Company Director Omeo, Teacher, Swifts Creek, Appointed 01/03/2007 Member of Finance Committee Appointment expires 30/06/2015 Board Meetings attended - 6/11

#### **Dr Ian Seymour**

Retired General Practioner, Lindenow,
Appointed 01/07/2011
Board Governance Supervisor, and member of
Credentialing and Finance Committees
Appointment expires 30/06/2014
Board Meetings attended – 9/11

#### **Mrs Kate Commins**

Teacher, Swifts Creek,
Appointed 1/07/2012
Appointment Expires 30/06/2015
Member of Quality and Finance Committees
Board Meetings attended – 8/11



#### Role of the Board of Management

The Board of a public hospital is responsible for its governance. It is accountable to both Government and the community that it serves for ensuring the provision of agreed services within the resources provided. Board of Management members are appointed by the Governor-in-Council, upon the recommendations of the Minister for Health, Hon. David Davis, MP. Members of the Board of Management act in a voluntary capacity and have not received fees in the 2012-2013 financial year.

To fulfil its role, the Board should have members with a range of appropriate expertise and experience. The functions of the Board of Management as determined by the Health Services Act 1988 are:

- > To oversee the management of the hospital; and
- > To ensure the services provided by the Hospital comply with the requirements of the Act and the aims of the organisation.

#### **Resignations and New Appointments**

Ms Jenny Molloy resigned from the Board in November 2012. We thank Jenny for her short but effective role as the Chair of the Board. Mr Robert Vardy resigned at the end of his term in June 2013 and the Board thank him for his substantial commitment during his appointment on the Board. Ms. Judith Congalton was appointed to the Board in July 2013.

The Board of Management members serve voluntarily and are committed to working for the benefit of the Health Service and community.

#### **Strategic Planning**

The Board ensures that the visionary direction of the hospital is clearly focused, able to be implemented and aligned to the mission statement of the hospital. Throughout the year the objectives of the strategic plan have been monitored and the progress on the deliverables reported to the Board of Management. The review of the strategic plan commenced in the 2012-13 and will be completed this year to ensure it is in line with Government Reform, Health Priority Frameworks, Statement of Priorities and Community need.

#### **Local Policy**

The Board of Management oversees timely and appropriate policy setting to reflect current best standards of service delivery.

#### **Effective Management**

The Board is responsible for the appointment of the Chief Executive Officer and annual appraisals of the CEO. The CEO is responsible for the effective management and operation of Omeo District Health. Ms Louise Vuillermin continued in the combined Chief Executive Officer / Director of Nursing role for this full reporting period.

#### **Pecuniary Interest**

It is an obligation for Board Members to declare a pecuniary interest when Board discussions include matters in which they have a direct, or indirect, financial or other interest. The Conflict of Interest Register is current and can be viewed on request. There were no occasions during the year when Board Members declared a pecuniary interest in connection with Board deliberations.

#### **Finance / Audit Committee**

The Board endorses plans and strategies, and monitors the performance of ODH through appropriate budgetary processes to ensure compliance with Financial Framework requirements. The Audit committee continued meeting quarterly and reporting directly to the Board of Management, led by Fiona Hammond, the independent Chairperson.

#### **Quality & Safety Committee**

The Quality & Safety committee is responsible for oversight of the Quality Improvement Program, meeting on a monthly basis with two/three invited Board members and a range of staff from across the organisation attending. A quality improvement schedule informs the agenda and ensures the timely completion and evaluation of quality improvement activities. The minutes from the monthly Quality & Safety meeting are presented to each Board of Management meeting.

#### **Facilities Committee**

This committee meets, as required, to review the maintenance and improvement of the facility. A facility report is provided to the Board of Management each month in the executive management report.

#### **Credentialing Committee**

Ensuring the medical and dental practitioners are appropriately qualified and experienced is an important role for this committee. Dr Jane Greacen, Director of Medical Services, reviewed all Medical positions again this year prior to the Acute ACHS National Standards Accreditation. Reaccreditation of current staff was attended to and recommendations for appointments of new locums or visiting GP's were made to the Board of Management for approval.

#### **Statement of Priorities**

The 2012-13 year was the first year for Omeo District Health to engage in and sign off a Statement of Priorities document with the Regional Department of Health. See following pages for outcome.

## **STATEMENT OF PRIORITIES**

Victoria Health Priorities Framework priority areas	Action	Deliverable	Outcome
Developing a system that is responsive to people's needs	<ul> <li>In partnership with other providers within the local area, apply existing service capability frameworks to maximise the use of available resources across the local area.</li> <li>Work and plan with key partners and service providers to respond to local issues including issues of distance and travel time experienced by some rural and regional Victorians.</li> </ul>	<ul> <li>New Omeo District Health Strategic Plan developed.</li> <li>Embedded partnership with Mt Hotham Alpine Resort to continue pre- employment health checks at ODH.</li> <li>Work with other East Gippsland health services to develop parameters for the development of a subregional planning framework.</li> </ul>	Review of Strategic Plan commenced. Will be complete 2013 complete  achieved and ongoing work continues
Improving every Victorian's health status and health experience	<ul> <li>Collaborate with key partners such as members of local PCP, the newly formed Medicare Locals, community health services and Aboriginal health service providers to support local implementation of relevant components of the Victorian Health and Wellbeing Plan 2011–2015.</li> <li>Consider new models of care and more coordinated services to respond to the specific needs of people with priority clinical conditions.</li> </ul>	<ul> <li>Collaborate with the East Gippsland Shire Council process to develop an East Gippsland public health and wellbeing plan 2013-17 that tackles Gippsland's health promotion priorities (physical activity, healthy eating and mental health promotion).</li> <li>Relationship established with Gippsland Medicare Locals with a particular focus on after hours GP services and rural primary health service programs.</li> <li>Complete pilot regarding in-venue day care, to inform potential of ongoing program.</li> <li>Implement dental hygienist role to establish an early years dental program, aimed at early intervention.</li> </ul>	Achieved  Complete. Invenue day care program operating Complete

Victoria Health Priorities	Action	Deliverable	Outcome
Fronties Framework priority areas			
Expanding service, workforce and system capacity	Develop collaborative approaches to deliver professional education, training and support.  Identify opportunities to address workforce gaps by optimising workforce capability and capacity, and exploring alternative workforce models.	<ul> <li>Implement the Rural and Regional Remote Advance Practice model to support urgent care service.</li> <li>Commence East Gippsland health services executive initiative to explore workforce opportunities regarding education, graduate nurse programs and improving student placement program.</li> </ul>	Commenced. Planned for completion by end of 2013  Achieved and program continues effectively
Increasing the system's financial sustainability and productivity	<ul> <li>Develop and support alternative arrangements that drive greater financial productivity and sustainability through more efficient purchasing of nonclinical services.</li> <li>Examine and reduce variation in administrative overheads.</li> </ul>	<ul> <li>Identify opportunities to improve debtor management processes.</li> <li>Identify opportunities to reduce costs associated with kitchen and hotel services.</li> <li>Embed the restructure of reception and administrative services, to ensure knowledge sharing of high risk roles along with education to provide supportive work roles and improved job satisfaction.</li> </ul>	Complete  Achieved  Commenced, restructure due for completion by end of 2013
Implementing continuous improvements and innovation	Develop and implement improvement strategies that better support patient flow and the quality and safety of hospital services.	<ul> <li>Complete implementation of PROMPT documentation system for management of policies and procedures.</li> <li>Review of physiotherapy services to ensure equity of access and appropriate service delivery.</li> </ul>	Complete
Increasing accountability and transparency	Continue to strengthen the capability of rural health service boards and senior management to ensure that ongoing stewardship obligations of rural and regional health services can be met.	Complete program of Board of Management education to maintain effectiveness and currency with health policy and reform initiatives at state and federal government levels.	Completed and ongoing program identified to engage ODH Board in for 2013- 14

Victoria Health Priorities Framework priority areas	Action	Deliverable	Outcome
Improving utilisation of e-health and communications technology	<ul> <li>Maximise the use of health ICT infrastructure to better connect a broad range of health care and other health – related workforces.</li> <li>Trial, implement and evaluate strategies that use ICT as an enabler for better patient care.</li> <li>Work with partners to better connect service providers and deliver appropriate and timely services to rural and regional Victorians.</li> </ul>	<ul> <li>Complete the upgrade of the ODH Website.</li> <li>Expand the use of telehealth for specialist appointments.</li> <li>Complete a pilot program for Allied Health Assistant supervision, utilising videoconference facilities by Physio/Health professional offsite at Gippsland Lakes Community Health.</li> <li>Embed utilisation of accessing a wound consultant and a Palliative Care Nurse Practitioner via videoconferencing.</li> </ul>	Objective reviewed following funding cuts Complete Completed Achieved

Key performance indicator	Target	Actual
Health service accreditation	Full compliance	Full compliance
Residential aged care accreditation	Full compliance	Full compliance
Cleaning standards	Full compliance	Full compliance
Submission of data to VICNISS (3)	Full compliance	Full compliance
Hand Hygiene (rate)	70	Full compliance
Victorian Patient Satisfaction Monitor (OCI) (4)	73	n/a
Consumer Participation Indicator (5)	75	n/a
People Matter Survey	Full compliance	Full compliance

Key performance indicator	Target	Actual
Operating result		
Annual operating result (\$m)	0.016	0.089
Cash management		
Creditors	< 60 days	40 days
Debtors	< 60 days	37 days



# **Board President's & Chief Executive Officer's Report**

It is with pleasure we present the  $121^{st}$  Annual Report of operations for Omeo District Health (ODH), in accordance with the Financial Management Act 1994 for the year ending  $30^{th}$  June 2013.

The Board and Management recognize the important role of ODH in the region, consistently reviewing service provision and delivery methods to ensure sustainability, compliance with State and Federal health priorities and relevance to community needs. The Strategic Plan review process commenced this year and the revised plan will be available in 2013-14.

#### **Enhancing the Services Available to the Community**

ODH continues to offer a broad suite of services to support the communities of the region.

Omeo Medical Centre (OMC) has continued to provide a regular service at Omeo, Swifts Creek and Ensay. The rotational 'Grumpy Old Doc's' model, utilising the expertise of five regular experienced GP's with the support of up to eight returning locums continues to provide an effective service that meets the hospital and community needs alike. The transition from additional Commonwealth funding (GP after hours funding) to Medicare Locals to enable the continuation of an after hours clinic at Omeo occurred this year and will be reviewed again in 2014 to determine ongoing operation with Gippsland Medicare Locals assuming the lead role.

The role of the Practice Nurse incorporated with Chronic Disease Management continues effectively and the maintenance and growth of this role ensures the comprehensive and coordinated approach to maintaining the health of those suffering a chronic health condition.

The demand for the provision of public and private dental services in the Omeo Region has been met by the dental team under the leadership of Dentist, Dr Lex Bertrand with Dental Assistant Jackie Pendergast, dental receptionist Trish Simmons and Dental Therapist Sharon Favaloro. This year has been an exciting year of improvement in the Omeo dental unit. Two Australian trained dentists have been recruited in the Graduate dentists program due to the combined efforts of Omeo and the Gippsland Oral Health Consortium. By doing this the opportunity to extend the service in Omeo has been made possible plus the upgrade of a significant amount of equipment has occurred.

A culture of continuous quality improvement ensures that aged care, acute care, community and allied health services' programs and activities, are reviewed on a regular basis. This year has been a very big year as ODH has prepared for and successfully achieved accreditation with the National Standards in the Acute Hospital and the Dental Unit. Omeo was the first hospital in Gippsland to embark on accreditation against the National Standards. We were also the 2<sup>nd</sup> hospital in all of Victoria. At the same time accreditation against the Common Care Standards occurred in the Community Service Area followed shortly after by

accreditation by the Department of Human services to allow the community services to deliver flexible community packages to disabled.

We are proud to report that there have been no long term staff vacancies in any position throughout the hospital. We believe supportive and innovative practices are used to recruit and retain quality staff to deliver these high quality services. We are constantly striving to improve the orientation process to ensure staff feels adequately supported in new roles.

We thank all past and present members of staff, including our medical and dental practitioners for their valuable contribution to the successful outcomes achieved during the year, and we welcome newcomers to our organization.

The graduate nurse program continued this year in collaboration with Bairnsdale Regional Health Service and two more nurses have been engaged in the program. It is anticipated that this will continue next year. The Child Care Pilot program at Omeo District Health was completed and now there is successful in-venue daycare run by Kilmany Care which is being used by both staff at ODH and community members.

#### **Delivering Quality, Accessible and Coordinated Care**

ODH continues to provide services that are responsive to community needs. Resident, patient, client and community feedback is regularly sought to improve service provision, and will continue to be used to inform the Strategic Planning process due for completion this year. ODH has met quality accreditation requirements under the Australian Council on Health Care Standards (acute and community), the Aged Care Standards and Accreditation Agency, and the Australian General Practice Accreditation Limited, including accreditation of radiology service.

The systematic Quality Improvement Program continues to address an organization-wide approach to improvement activities and maintain a high standard of data collection supported by all staff. Performance is monitored through internal and external auditing processes in areas including finance and probity, medical records, infection control and cleanliness, food safety, fire protection and Occupational Health and Safety.

An increased understanding of the importance of this process for safety and risk management is also evident, complimented by further occupational health and safety staff education. The electronic 'Riskman' reporting program continues to monitor and enable reporting of incidents with timely and appropriate responses to issues. Riskman Q which now includes the ability to record the quality improvements has been introduced this year. Victorian Health Information Management Systems (VHIMS) critical reporting allows direct reporting of critical incidents and provides an increased ability to capture Quality Improvement opportunities and identify risks.

Coordination of services, both internally and externally, between other agencies continues. The multidisciplinary case conference meetings continue to be a very effective process to deliver individualized and holistic care through the inpatient and community continuum. The collaborative relationships with the East Gippsland Primary Care Partnership (EGPCP), Omeo and Swifts Creek Schools, Emergency services, the Bush Nurse services of Ensay and Swifts Creek continue.

#### **Improving the Organization's Infrastructure**

Maintaining and improving the infrastructure of ODH remains a high priority. The Resident Garden Project is now complete. The access ramp from the residents' sun deck directly to the garden is complete and it is only due to the immense support from Volunteers that ODH have been successful in stretching the funds to complete this project. The Gym is fully functional, offering programs to staff and community of all ages. ODH sincerely thanks all those involved for their remarkable contribution, and we look forward to continued use and enjoyment in these areas.

The Information Technology program included the upgrade of a number of computers throughout the organization again this year. Support has been provided by SAGE and GHA but special thanks must go to the IT skills and application knowledge provided by Darren Fitzpatrick who provides onsite expertise in implementing IT maintenance.

#### **Ensuring the Best Use of Available Resources**

All staff are encouraged to pursue both professional and personal goals to most effectively support the functions of the organization and enhance personal growth. We are committed to education delivered internally and via external providers, with staff throughout ODH participating in a variety of educational pursuits. A coordinated in-house mandatory training program for staff ensures currency of core competencies including basic life support, infection control, manual handling/no lift and fire safety.

Sincere appreciation is expressed for our dedicated Volunteers who provide support to many of the services provided, including the Planned Activity Group, residential care activities, Volunteer Drivers program and health promotion activities. Without the commitment of our volunteers, many services would not be possible.

The SHINE (Supporting Health in New Events) fundraising and support group has been very active again in the 2012-13 year, coordinating some significant fundraising activities that benefit residents and patients at Omeo District Health. In October 2012 a very successful Fundraising Ball was held at the Omeo Memorial Hall. A great deal of fun was had with entertainment from KoKo the clown as pre entertainment and then music by Harry Hookey and his band. The event was a successful fundraiser and it is hoped the event will run again in April 2014.



Members of the Board, staff and family and community are pictured with KoKo the Clown at the Omeo Ball

Accounting and Audit Solutions Bendigo continue to provide excellent financial support services.

We wish to acknowledge the work of the ODH Board of Management incorporating the Finance Committee and the Audit Committee for ensuring sound governance with financial and auditing responsibilities.

ODH is fortunate to have a dedicated and committed employee group. The people that serve the organisation provide an exceptional level of care and support to residents, clients, carers, community members and to their co-workers. We sincerely thank all members of staff, including those who have left ODH in the past year, from all areas, for their contribution as individuals to the organization.

Omeo District Health has prospered under the leadership of Ms. Louise Vuillermin CEO/DON. With success in Acute National Standards Accreditation, Dental, Community Common Care Standards in Home and Community Care and achieving accreditation standards with the Department of Human standards. The assets of Omeo District Health have been maintained and/or improved: the in-venue day care program is now established, the success of the Transitional Care Program is clearly evident, improvement of the collaborative Graduate Nurse Program now in its second year. Review of the financial performance indicates a surplus budget as well as the new initiatives and program growth and maintenance. ODH would like

to take this opportunity to recognise and thank those from whom we have received kind donations. Community generosity greatly assists the sustainability of the Health Service, and the strong commitment to support ODH demonstrated by our community is greatly appreciated. The Canning Cup ran again this year as a very successful method to raise awareness for Motor Neurone disease sufferers in our area and raised a \$4500 fundraising donation to the hospital.

Finally, we wish to extend our gratitude to the members of the ODH Board of Management and Audit Committee. All members give their valuable time as community representatives who have an interest in improving the range and quality of health services provided to the community. We thank Ms Jenny Molloy who worked as the Board Chair until November 2012 and particularly acknowledge the work of Mr. Russell Pendergast who has been on the Board of Management since 1987 and has played a very active role. His commitment and dedication to the role is demonstrated in the 100% attendance rate to the monthly Board meetings in the past year. Russell has been the Board Chair since 2007 with the one year break last year while Jenny was chair. Thankyou to all current, outgoing and incoming Board Members who strive to ensure the ongoing future and success of ODH. Board of Management membership is voluntary, and the commitment required of the members is very much appreciated.

Russell Pendergast

President, Board of Management

**Louise Vuillermin** 

Chief Executive Officer / Director of Nursing

# Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, Russell Pendergast certify that Omeo District Health has risk management processes in place consistent with the Australian/New Zealand Risk Management Standard and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The Finance/Audit Sub-Committee to the Board of Management verifies this assurance and that the risk profile of Omeo District Health has been critically reviewed within the last financial year.

Russell Pendergast

Chairperson

Omeo District Health Board of Management

Date: 10<sup>th</sup> August 2013

## **Clinical Services**



2012 and 2013 has been a challenging and eventful year at Omeo District Health. The Clinical Service's area has continued to provide a vast array of services to a broad community by a dedicated and caring team during the past year. We have witnessed many improvements in the pursuit of maintaining and improving the delivery of quality care.

This year we have successfully completed accreditation under National Safety and Quality Health Service Standards for the first time. This was indeed a new learning experience for all staff and the support of staff in achieving accreditation for this service cannot be overstated. Particularly congratulations are extended to Christa Thompson, the quality coordinator, for her guidance and dedication to achieving this result in the short period that she has been working at Omeo. Unannounced Aged care support visits are becoming more positive and this year concentrated on risk management for the residents. The surveyors consistently offer compliments on the homelike environment, the cleanliness of the facility and the teamwork within the facility. This is indeed a credit to all staff of the facility. We are currently reviewing our Aged Care area in preparation for our Aged Care Accreditation due in September 2013.

Mandatory Training sessions continue to be well attended this year, with Ambulance Victoria consistently running the Basic Life Support sessions; Lisa Mitchell taking on the No-Lift educating role; Tania Sedgman, continuing to provide education for infection control/hand hygiene; the maintenance staff Glenn Swift and Steve Disney providing Fire Training; Bill Newcomen taking staff through Emergency Response codes and Christa Thompson presenting Quality and Risk. Many thanks for all your support in undertaking these roles and passing the knowledge on to all our staff.

Nursing staff personnel have seen some changes this year with the resignations of Angela Dmytrenko and Angela Lawlor. We wish to acknowledge all the work and dedication that these staff members have shown, especially in regards to patient and resident care. The commitment and support of these staff members over many years has been greatly appreciated. We wish them well in their new roles in Queensland and Orbost respectively.

It would be remiss of me not to thank seasonal personnel returning to Omeo. Many thanks go to Karen Sherry and Blaire Woods returning to Omeo for short term contracts. The enthusiasm and the ability to plan for coverage of staff leave has been so much easier with the support of these staff members. Your contributions have been most appreciated.

The first graduate nurse student program undertaken by Omeo was completed in January. Congratulations to Jacqueline Tearle for completing her graduate year and being successful in attaining a position with Bairnsdale Regional Health Service, BRHS. Emily Peachey, our second graduate, was successful in obtaining a position in Queensland in the area of wound care. This was an area that Emily demonstrated a keen interest in and was a key area of study for our Graduates from last year. Our program continues and another two graduate students relocated to Omeo for their graduate year. This year education and placement support has been received from Bairnsdale Regional Health Service. Our two graduate students, Brigitte

Steenholdt and Cheng Luo, have been instrumental in covering staffing shortfalls whilst developing their skills and work practices. Although almost halfway through their graduate year they have become an integral part of our workforce and have developed very good working relationships with the residents of the facility and community.

Whilst nurse training is not new to Omeo, we have had numerous students attending the facility in the last twelve months. We have been fortunate enough to share experiences with a final year medical student from Monash University, a fourth year medical student from James Cook University and more recently two second year medical students also from James Cook University. ODH has been involved with the Initial Registration of Overseas Nurses program run by the University of Ballarat. It has exposed the staff to different cultures, working practices and experiences from many areas of the world. Predominantly the students have been from India but of the eight students that have rotated through Omeo there have been representatives from Brazil and the Philippines. Enrolled Nurse Trainees have also been represented with thirteen students undertaking placement in Omeo from Partners in Training Australia, Careers Australia and East Gippsland TAFE. Of particular note is that eighty percent of our Enrolled Nurse workforce trained with East Gippsland TAFE.

Education this year has concentrated on Palliative care with Anne Walker, Carol Johnson and our graduate nurses for this year, Brigitte Steenholdt and Cheng Luo, taking on lead roles.

The Transitional Care Program continues to be well supported and beneficial to the community members as an interim for support and integration back to the community from Acute Care. We continue to have positive feedback from families and clients undertaking the program and it is a welcome alternative in the continuum of care between hospital stays, the community or aged care. Latrobe Regional Health continues to support us in relation to this service.

Our residents continue to have the benefit of two Diversional Therapists. The residents were fortunate to have local school children undertake placement as part of their Rotary awards program. A big thank you to the students that participated and also to Omeo Primary School who enabled this to occur. A new development this year has been the Men's Shed, which offers our male residents the opportunity to head offsite and interact with other males in an alternate environment. Whilst still in its infancy it offers an alternative for some of our residents.

Case Conference meetings continue to enhance communication and coordination between services within Omeo District Health and increasing consultation with the Swifts Creek Bush Nursing Centre Inc. This has seen improvements with ongoing care delivery and planning for community members, residents and in-patients. These meetings have been consistently held and well attended, ensuring more ideas are considered when planning care for individuals. The ongoing dedication to maintaining this program is excellent and many thanks to the chair, Bill Newcomen.

It would be remiss of me not to mention the contribution of staff from Allied Health, Community Health, Medical Centre, Dental Services, Maintenance and Domestic Services. Without the support of these areas clinical services would cease to exist. The physiotherapy program and group strength sessions continue to be a highlight for our residents and are well attended. The maintenance of resident mobility and balance is a chief benefit and whilst we do experience falls within the Aged care area, harm is minimized as a result.

Congratulations and gratitude is extended along with sincere appreciation for the support, encouragement and commitment of all our staff, Board of Management, Volunteers and the Community. All are to be commended for the ongoing achievements at Omeo District Health during the 2012-2013 year.



## **Community Services**

The Community Services department receives funding from two main sources: Commonwealth funding through Rural Primary Health Services program and State funding through The Department of Health through the Home and Community Care Program. The Rural Primary Health Services program funds a range of allied health services and the Home and Community Care program funds Home Care, District Nursing, Planned Activity Group and Community Transport. Two smaller programs Transitional Housing and the Flexible Support Package program are also administered through the Community Services arm.

Omeo District Health (ODH) has embraced the 'Social Model of Health' as its approach to health services across the board. This approach recognizes that 'health' is a complex interaction of the following determinants:-

- Income and social status
- Social support networks
- Education
- Employment
- Social environment
- Physical environment
- · Personal health practices and coping skills
- Healthy child development
- Biological and genetic endowment
- Health services
- Gender
- Culture
- Rurality

ODH Community Health Services has strong links with the East Gippsland Primary Care Partnership and East Gippsland Shire at a regional level, and at a local level works in collaboration with such organisations as Swifts Creek Bush Nursing Centre, Ensay Bush Nursing Centre, Swifts Creek Community Centre, Benambra Neighborhood House, Ambulance Victoria, Victoria Police and local schools.

Outreach services are provided out of the Swifts Creek Bush Nursing Centre on a regular basis. Services operating from this location include: Social Work, Exercise programs and Foot Care.

Client care coordination is greatly improved through fortnightly case conferencing meetings with input from community health direct care staff, ODH acute nursing staff and medical practitioners from Omeo Medical Centre. These meetings have led to improved referral processes and streamlined care coordination for community based clients.

#### **HACC Funded Services**

HACC services at Omeo District Health undertook accreditation in June 2013 against the National Community Care Common Standards. The service achieved a positive report with all standards met.

#### **District Nursing**

The District Nursing service provides health promotion, maintenance, clinical care and assessment, advocacy, education and resources. The District Nurses liaise with Doctors, the health care team and other HACC services at the Omeo District Health.

The District Nurses aim to improve, restore and maintain an optimal level of health and independence for clients in the community through providing clinical nursing services both on site and in client's homes.

Our service provides a six day per fortnight coverage to the residents of Omeo, Benambra, Cobungra, the snow resort of Dinner Plain, and surrounding areas. This is

accomplished with supply of a four wheel drive vehicle, to negotiate the bends and curves and sometimes rough gravel roads. If the ongoing assessment by the nurses identifies a greater need within the community there is an ability to increase the service in direct response to the need.

#### **Planned Activity Group**

This program provides a structured opportunity for isolated older persons in the community to come together and share a meal and social interaction. The Planned Activity Group program is aimed at the Home & Community Care target group (frail aged persons and people living with disabilities in the community). The program operates one day per week and is facilitated by two workers. Sessions are generally provided from two community based locations- at Omeo' Golden Age Motel and at the Albion Hotel at Swifts Creek but over the course of the year there have been various destinations. This arrangement allows access to the program for a wide district population. Some of the additional activities enjoyed by the group this year included: a musical performance day at Benambra, a picnic lunch at a local farm location and several trips to Bairnsdale incorporating an Op-Shop tour and Bingo at the RSL- these days provided an opportunity to catch up with past group members who have moved away.

A new program initiative was introduced this year- "Cooking for One". The group ran from the newly refurbished class kitchen at Swifts Creek School and had a "Master Chef" style activity with expert instruction from Omeo District Health's visiting Dietitian.

#### **Home Care**

The Home Care program is aimed at assisting frail aged people and people with disabilities to remain living independently at home in a community setting. Services encompassed by the Home Care program include: -

- Housekeeping,
- Personal care,
- Respite care,
- Transport,
- Home maintenance, and
- Meals on Wheels.

Monitoring of clients health status and providing a case coordination role form an important part of the service provision.

The service is facilitated by 12 part time home care workers across the district and overseen by a Home Care Coordinator, with administration support. Home care staff offer a high quality service with all staff qualified or undertaking a minimum of Certificate III in Aged care. This year two HACC staff members completed qualifications in Diploma of Community Services Coordination.

#### **Community Transport**

Transport to services both local and regional has been an ongoing need in the district. The Home and Community Care program provides a coordination role in assisting clients to access the range of supported transport options available. A pool of volunteer drivers play an important role in the success of this program and in the 2012- 2013 year, more than 8,200 kms were travelled by volunteer staff transporting clients around the region. Other schemes are used where applicable including Red Cross transport, Dept Veterans Affairs and Victorian Patient Transport Assistance Scheme

A regular weekly district community bus run continues and this has been helpful in broadening the local transport options for community members. The community bus operates each week on Mondays (according to demand) and provides a door to door

service for people wishing to access health services, shopping or social and recreational activities.

#### **HACC Designated Assessment Agency/ Active Service Model**

HACC services are presently undergoing a change of focus with the introduction of the "Active Service Model" across Victoria. The model places greater emphasis on maintaining independent living and restoring function for clients accessing services. A holistic assessment process has been introduced- the "Living at Home Assessment". ODH operates as the designated HACC Assessment Agency for the district providing Living at Home Assessments. This extended role includes additional HACC funding for Allied Health services including Occupational Therapy, Physiotherapy and Social Work.

#### **Volunteers**

Omeo District Health has a small but dedicated pool of volunteers. The Home and Community Care program provides coordination to enable support and assistance in the following areas:-

- Transport as part of the Omeo District Health Community Transport program
- Assistance to the residential Diversional Therapy program,
- Assistance in the residents' dining room
- Delivery of meals in the Meals On Wheels program.
- Assistance with garden and maintenance activities

#### **Rural Primary Health Service**

#### **Counseling/ Social Work**

The social worker continues to be called on to provide a range of counseling/support services to both patients and residents at ODH as well as members of the wider community.

Whilst referral numbers to this service have not grown significantly this year there is a notable increase in issues related to financial stress and the lack of affordable private housing. Teachers report that these issues are also reflected in the primary and secondary school population in the region.

Requests for service provision to the snow fields of Dinner Plain and Hotham have continued to increase particularly over the winter months. The social worker has been involved in supporting staff following fatal ski field accidents, providing support for overseas workers and the provision of generalist counseling for local residents.

Our isolation and a shortage of visiting services means that the social worker is required to provide a broad range of community services in addition to a generalist counseling and case management service to the region. These include community mental health support, relationship counseling and child and adolescent work, particularly in the schools. We are particularly pleased with the decision of Gippsland Lakes Community Health to reinstate their fortnightly Alcohol and Drug counseling service to the region

The ODH Case Management meeting continues to be an important tool in the provision of coordinated services to the community. This group meets fortnightly and has representatives from all disciplines within ODH including the resident G.P.

Hospital discharges are reviewed and management plans for community service recipient's eg HACC, DNS and Counseling are also formulated and reviewed at this meeting.

Local contacts remain critical in the provision of services and the social worker continues to liaise with schools, police, the bush nurse service and local government representatives.

#### **Chronic Disease Management / Practice Nurse**

The role seeks to establish a service focus within ODH to provide a best practice approach to the treatment and prevention of chronic disease (in particular diabetes, asthma, cardiovascular disease and cancer), utilizing a population-based approach, integrated service provision, client centered focus and incorporating the principals of client self management. The position has strengthened links between Omeo Medical Centre, ODH Community Health Services and acute services. The role allows for service provision both in the medical centre and through home visits in the community.

#### **Occupational Therapy**

The main aim for Occupational Therapy services in the community health team is to facilitate independent living in the community, particularly for people with health problems or restrictions due to disability or frailty.

Interventions include: -

- Home safety and home modification assessments,
- Specialist equipment provision,
- · Increasing physical access to public facilities,
- Advice on management of particular disorders,
- Support for carers, and
- A broad health promotion focus such as health education and provision of gentle exercise programs.

The opportunity to undertake training through Gippsland Regional Integrated Cancer Service has allowed services to be expanded to include comprehensive Lymphoedema management.

The service to provide work fitness assessments to seasonal workers at Mt Hotham Ski resort was continued. There is potential for this role to expand to other work place environments in the local community.

Considerable energy has been spent this year in improving community access to childcare and Early Years Services. ODH has been an active member of the High Country Early Years Action Group and some of the benefits of the work of this group are starting to be realized with the establishment of In-Venue Family Day Care based at Omeo District Health in the Pink Palace is certainly one of the benefits.

Omeo District Health again received Flexible Care Package funding through Department of Human services. This program allows younger people with disabilities to access funding for a wide range of applications to enhance independence and support. Registration for this program required Omeo District health to undertake yet another accreditation schedule- The Department of Human Service Standards. This was carried out successfully in 2013.

#### **Physiotherapy**

Omeo District Health has provided physiotherapy services through a collaborative brokerage arrangement with Gippsland Lakes Community Health.

The arrangement provides a service of two consecutive days per fortnight based at Omeo District Health. The Physiotherapy service has a focus on providing clinical treatment for musculoskeletal conditions, mobility issues and rehabilitation following orthopaedic surgery. In addition, group programs such as gentle exercise and back care education have been provided.

This role is supported by a very active and successful four day per week Allied Health Assistant position.

#### Speech Pathology

The speech pathology service is provided 2 days per fortnight. The service has a strong focus on Pre School and school age clients and works closely with the primary

schools and kindergarten services in supporting Early Years development. Support provided by the allied health assistant, Home Care workers and primary school staff allows speech pathology language and literacy groups to operate from the primary school campuses at both Omeo and Swifts Creek on a weekly basis.

Developmental screenings have taken place at both Omeo and Swifts Creek kindergarten locations, with continued support for children identified with needs. Local primary school, kindergarten and childcare staff have benefited from additional education and support provided through this role.

In collaboration with the local Schools as Hubs project, the speech pathologist has provided a number of community based parent education sessions.

#### **Dietetics**

Dietetic services are provided on a contract basis through "Eat Up Nutrition", one day per month.

The service provides advice on general nutrition and nutritional issues related to illness and specific conditions. In addition, the Dietitian provides health promotion activities and educational presentations to schools, ODH staff and community groups.

The dietitian was involved in running two "Master Chef" style sessions with the Planned Activity Group this year with the theme "Cooking for One". These sessions were a great success.

#### **Youth Services**

Omeo District Health youth service operates two days a week, working in a generalist capacity aiming to support the healthy physical, social and emotional development of local young people. This service facilitates links with support services and implements prevention and early intervention measures as well as building community connectedness and strengthening pathways to education and employment. By assisting young people to develop their strengths; protective factors are enhanced and the impact of risky behaviours is lessened.

The service works closely with the local Swifts Creek P12 School in delivering programs. The role has been very active over the past year with some of the activities and initiatives including:

#### • The Students at Work Program (S@WP)

Is aimed at providing local young people with the opportunity to develop skills and experience through applying and engaging in meaningful paid work. Employers willing to offer casual/part time employment outside of normal school hours have the opportunity to apply for wage subsidies for students. Along with financial support, employers are offered ongoing assistance in developing job descriptions, recruitment and addressing issues, which may arise with young people in the workplace.

#### • Be Heard!

ODH in partnership with OSCAR 3HCR FM Radio was one of the ten successful stations receiving a \$5000 grant, as part of the Victorian Government's Be Heard! Program as a result of submissions by the ODH Youth Worker. This project has provided a wide range of opportunities for young people to increase their skills in radio and media through professional media training, and in addition provide volunteering support for a local community organization.

#### FReeZA

Is an innovative youth development program providing young people between the ages of 12 and 25 with the opportunity to attend alcohol and drug free, affordable and accessible music and cultural events. ODH youth services organizes a series of these events locally throughout the year including a pool party, dance events and movie nights.

#### Surfing for girls.

Omeo District Health provided local girls the opportunity to attend this annual Surfing Victoria event in Cape Conran where girls are able to gain surf tuition with female world tour surfers and gain confidence in the water.

#### National Youth Week:

The Omeo Region saw a workshop held where a series of Spray Art Murals were produced. This coincided with a live to air broadcast on OSCAR 3HCR FM focused on raising awareness of youth mental health issues amongst isolated youth. An additional highlight of this NYW event was the inclusion of a special effects makeup workshop.

#### A Youth Representatives Group:

Has been formed in the district. Youth volunteers are now representing the region through the East Gippsland Youth Council, assisting in the planning and development of youth events, and distributing information that directly relates to local youth via social media.

#### • The Omeo Regional Youth Welfare Group:

Consists of members from ODH, Swifts Creek P-12 School, Victoria Police, Department of Human Services and Workways. The aim of this group is to identify and discuss youth issues and work collaboratively together to develop new programs.

#### Youth Mentoring

The ODH youth worker has a mentoring role enabling students to access information and resources, guidance, advocacy and support for such issues as: bullying, web safety, sexual health, family conflict, lack of transportation, unemployment and enquiries about government services i.e. Centrelink.

#### **Emergency Housing**

ODH undertakes a coordination role for the Omeo District Transitional House on behalf of Community Housing Limited. The Transitional House has had a consistent occupancy rate over the past year.

#### **Kindy Gym**

This popular program is targeted at children 0-5 and provides a range of fun physical activities and play, aiming to develop healthy bodies, sensory awareness, perceptual awareness, and social skills. Considerable volunteer input went into developing a dedicated space for the program located at the Omeo Recreation Reserve Complex. The program provides one session per week facilitated by an allied health assistant.

#### **Podiatry/ Foot Care**

Foot care services have continued to be provided on a one-day per month basis with a qualified foot care technician. The service alternates venues between Omeo, Swifts Creek and Ensay. Services provided include fingernail and toenail trimming and foot massage.

The services of a visiting qualified Podiatrist continue to be offered on a quarterly basis from Omeo. The priority areas for podiatry service provision are clients with diabetic conditions and older clients who have difficulty accessing podiatry services available in Bairnsdale.

#### **Health Promotion**

The role of Health Promotion aims to improve the health outcomes of the community through providing access to health information and educations, delivering programs

and activities, identifying and advocating for community needs and working in partnership with key organisations (locally and regionally).

The main focus of health promotion activities over the past year have included:

#### High Country Men's Shed

The High Country Men's Shed continues to grow following its completion in July 2012. The shed operates 1 day per week and has a small group of members. Donations of tools, equipment and money has been much appreciated and are being well utilized. These donations have helped the shed to become better established and to undertake projects.

#### Community Gym

Following the opening of the Omeo Community Gym in March 2012, Omeo District Health in May 2013 saw the extension of the Community Gym program with the opening of a Community Gym in Swifts Creek located at the Swifts Creek Hall. The Swifts Creek Community Gym was made possible due to a partnership with the Swifts Creek Hall Committee of Management. Currently both Omeo and Swifts Creek Community Gyms offer a range of casual gym hours and a number of instructed exercise classes, enabling the community to have better access to physical activity opportunities.

#### • Oral Health Promotion

Dental Screenings were conducted in July 2012- completing the screening for 2012 and in May 2013. Children aged 0-6 yr who attended the early year settings in the Omeo District were invited to participate. Oral Health Promotion was also supported by a "Munch Girl" visit in September 2012 that helped deliver the Smiles for Miles Award Program messages: 'Drink Well, Eat Well, Clean Well'.

#### Health Screening:

Occurred at the Omeo Show and Ensay Calf Sales. Annual health screening activities aimed at identifying risk factors associated with chronic disease including High Blood Pressure, Diabetes and Obesity. Health Checks include Blood Pressure, Blood Sugar Level and Waist Measurements.

#### 10,000 Steps Workplace Challenge

In March/April 2013 Omeo District Health conducted a 10,000 steps workplace challenge inviting all workplaces in the Omeo district to participate in the 4 week pedometer (a small step counting device) based challenge. The program aims to increase people's physical activity levels by providing greater awareness of their current activity levels and motivation to do more.

#### Community Health Survey

The Community Health Survey provides Omeo District Health with local community based information and feedback to assist in reviewing current health services, and guide the planning and implementation of future programs and services. A report was compiled in May 2013. An executive summary is available by contacting Omeo District Health.

#### Partnerships and Advocacy

The Health Promotion Worker at Omeo District participates in regular regional meetings including East Gippsland Primary Care Partnership and Gippsland Health Promotion Task Group. Locally the Health Promotion Worker coordinates Community Health Promotion Network Meetings and the High Country Physical Activity Reference Group.

#### Walking Events- Walktober Oct 2012 and Autumn Walks April 2013

In October 2012 and April 2013 the Omeo district hosted a series of walks aimed at promoting local walking opportunities and the health benefits that walking provides. Walktober and the Autumn Walks Program were well received by the local community and fellow East Gippslanders, with more walks planned for Walktober 2013.



#### Production of Health Matters Newsletter

Two newsletters have been produced during the 2012-2013 year. This publication helps keep the community informed about current projects, services and health information and is delivered to every household in the district.

#### **Allied Health Assistant**

This role supports a broad range of services and programs offered by the community services team. Individual and group support is provided for clients of Physiotherapy and Speech Pathology services. In addition the role has provided valued input into the community gym establishment and supports members with fitness assessments and individual program development. Gentle exercise programs at both Benambra and Swifts Creek are well supported by the community.

The successful broad focus of the Allied Health Assistant role at ODH was recognized by Department of Health and featured as a demonstration case study in a publication-"Supervision and Delegation Framework for Allied Health Assistants". In addition to this, ODH participated in a development project- the Allied Health Assistant Implementation Program. Participation in this project was as part of a cluster group with Gippsland Lakes Community Health, Orbost Regional Health and Bairnsdale Regional Health.

#### **Marijs Last**

Manager - Community Care

## **Support Services**

#### **Public & Private Dental Services**

Dr Lex Bertrand has continued to provide skilled Public and Private dental services throughout the year. The addition of the dental therapist, Sharon Favaloro, last year successfully targeted the dental health of the early year's population. While the dental service in Omeo has been of high quality and successful in receiving accreditation by ACHS against the National Standards, financially it has not proved to be sustainable. The service will continue into 2014 but the delivery of public dental services will improve with the additional services of the new Gippsland wide collaboration of the Graduate Dental Program. It is due to this program that a significant number of the dental equipment/assets have been upgraded to current best practice equipment.



Dr Lex Bertrand, Dental Assistant Jackie Pendergast and Dental Receptionist Trish Simmons picture with the new dental chair in the Omeo clinic.

#### **Omeo Medical Centre**

The practice has prospered well this year continuing to deliver General Practice services to the community of Omeo and surrounding towns/areas for all 52 weeks of the year.

We are extremely fortunate to have 4 dedicated and experienced General Practitioners at the Medical Centre, Dr Timothy Watford, Dr Graham McCallum, Dr Elisabeth Wearne & Dr Jennifer Schlager. With the Centre becoming increasingly busy, it is a reflection of patient's confidence in the services delivered at the Medical Centre. The roster is also complemented with the return of our locums such as Dr Michael Sewell, Dr Trevor Andrews, Dr Allin Marrow, Dr Scott Deller & Dr Jane Greacen. We are extremely grateful to these Doctors and their liaison with the Medical Centre.

Our Chronic Care Nurse/Practice Nurse Annie Kissane started her 3<sup>rd</sup> and final year of study in 2013 for Bachelor of Nursing Practice (Registered Nurse/Division 1) We are very proud of Annie's commitment to her studies, having earned many distinctions, whilst continuing to work at the Medical Centre. This shows how passionate she is about her role as Practice Nurse. Well done Annie, keep it up.

The medical centre has embraced the opportunity to provide Telehealth – Phone Consultation with specialist Doctors. This is a great initiative to reduce travel time and expense for patients and reduce time frames for follow up appointments.

"The Omeo Medical Centre is committed to providing a high standard of health care to all individuals, families and visitors to the Omeo region"

The practice has continued to be popular with Medical Students from Monash Gippsland School of Medicine, Melbourne University, and James Cook University in Queensland. Our reputation as a General Practice offering a diverse variety of skills to medical students at all levels has travelled by word of mouth around many of the Australian states! This bides well for sustainability of the workforce into the future.



Queensland Medical students Gabrielle Dent & Amanda Raty with Dr.Tim Watford at the Omeo Medical Practice.

#### **Catering Services**

An external food audit was conducted in early 2013 with favorable results, clearly demonstrating the continued delivery of excellent catering services and compliance with regulations. An internal audit in April 2013 indicated 93.% compliance with food safety requirements. All non-compliance areas were actioned to have the kitchen operating at 100% compliance. A random food safety assessment was conducted by the shire on 8/4/13 and ODH was compliant in all areas. Catering staff, under the supervision of Robyn Gardam, maintain a continuous quality improvement approach to all aspects of operations, as evidenced by food quality and safety initiatives. During 2013 a consultant was engaged to review the kitchen and domestic procedures. Staff found this an effective review to streamline practice.

Department	Number of meals provided
Meals On Wheels	712
Residents and	
Patients	14,672
STAFF	1,302

#### **Domestic / Cleaning Services**

It is a government requirement that 3 external cleaning audits be conducted annually. The latest result of 91.7% organizational wide average on  $26^{th}$  July 2013 demonstrates a continued very high standard of cleanliness. The clean environment is obvious to all entering the facility and a testament to the domestic staff hard work.

#### **Occupational Health and Safety**

Occupational Health & Safety (OH&S) is monitored through the Quality Improvement program and at regular OH&S management meetings. Review of incidents and identified risks from across the organisation result in changes, upgrades or education as appropriate. This process is assisted by the electronic 'Riskman' program. And each work discipline has the opportunity to escalate any concerns to the OH&S representative. This year Lisa Aires was nominated by the hospital staff as the new OH&S representative and Omeo District Health collaborated with Mt Hotham Ski Resort to complete training for Lisa on site at Mt Hotham. Marijs Last is the OH&S management representative and they have worked effectively together to initiate OH&S improvements and continue to monitor issues in the workplace.

#### Reception / Administration / Finance / Payroll / Human Resources

The current team of Kelly Greenland, Merinda Sedgman and Peter Blackie, who is replacing Billie-Jo Britton who is on Maternity leave, work together to deliver a wide range of administrative services. Sandra Coleman completed a one year traineeship at Omeo District Health in 2013 and contributed significantly to the operation of the department during that time. The team are to be congratulated on their ability to multi-task; greet the public with a smile, answer the phone and direct an enquiry and attend to their wide portfolio of tasks

Human Resources is managed by the CEO/DON and supported by Kelly Greenland, Executive Personal Assistant to the CEO, and the area managers. ODH maintains clear policies on performance and behaviour for all staff and contractors and the successful transition to the data base "PROMPT" which holds all ODH Policies and procedure has assisted the health service in accessing these documents more easily and facilitated in the process of a number of accreditation processes.

#### **Maintenance / Facilities / Grounds**

The maintenance team has changed this year with the resignation of Matt Mason. Glen Swift is now the supervisor in maintenance with Stephen Disney. Steve Thomas is a new casual employee this year. There continue to be significant improvements in the grounds and infrastructure upgrades and maintenance across the whole health service. The comprehensive preventative maintenance program for both general and essential services continues, meeting fire safety requirements, completion of the Residents garden walkway project, completion of the renovations at the Doctors house and the staff Residence and continued upgrades to the community gym have been valuable improvements. Provision of home maintenance under the Home and Community Care service continues.



#### **Louise Vuillermin**

Chief Executive Officer / Director of Nursing

## **Workforce Data - Our People**

# **Chief Executive Officer/Director of Nursing**

Ms Louise Vuillermin

RN1, RM, Grad Dip Family and Child Health, Grad Cert. Critical Care Emergency Stream, Cert. Management, MBA

#### <u>Community Services Manager/</u> Occupational Therapist

Ms M Last

B. App Sc (Occupational Therapy)

## **Director of Medical Services**

Dr Jane Greacen

MB.BS, Mast.P.H, FACRRM, FACOM

#### **General Practitioners**

Dr G McCallum, MB.BS, FACRRM, D. Obst.RCOG (UK)

Dr T Watford, MB.BS, L.R.C.P. (Lond), MRCS (Eng), D. Obst. RCOG, Dip. Anaes. (Eng)

Dr E Wearne, MB.BS, FRACGP

Dr T Andrews, MB.BS, FRACGP

Dr G Keogh, MB.BS, FRACGP

#### **Registered Nurses**

Ms K Buttery (casual)
Mrs L Disney (casual)

Mrs A Dmytrenko (resigned 2013)

Mrs B Flannagan Mrs H Goudie Mrs A Hinton Ms L Ingram

Ms A Lawlor (Resigned 2013)

Mr. C Luo Mrs C Onslow

Mrs Z Pendergast (casual)

Mrs T Sedgman (Infection Control Nurse)

Mrs S Sedman RN1 (Casual)

Ms. K Sherry Mrs. C Thompson Ms A Walker Ms. B. Woods Ms E Sears

Ms. B Steenholdt

Ms J Tearle (casual 2013)
Ms E Peachy (resigned 2012)

#### **Diversional Therapy**

Ms P Craig Ms R Walker Mrs P Carruthers

#### **Nurse Unit Manager**

Mr D Fitzpatrick *RN1* 

#### **Finance**

Mr S Jackel, and Mr A Smith (CA) Accounting & Audit Solutions Bendigo

#### **Dental Practitioners**

Dr L Bertrand *BDSc, LDS*Ms. S Favaloro, Dental Therapist

Dr M Dawkins, MB.BS, Dip. Anaes. (UK), FRACCP, FRACOG, FACRRM

Dr J Schlager, MB.BS, CSCT RACGP, FACRRM, Dip. PallMed., Dip. Skin Cancer

Dr A Marrow, MB.BS, FRACGP

Dr M Sewell, MB.BS, Dip.RACOG, FRACGP, GradDipFamMedMFM

Dr M Sujecki MB.BS

#### **Enrolled Nurses**

Mrs J Connley

Ms K DeVisser

Ms C Easton (resigned 2013)

Mrs C Faithfull Ms R Fletcher

Mrs J Gribble (casual)

Mrs C Johnson Ms S Johnson Ms K McLeod Mrs L Mitchell Ms S Obrien

Ms L Wilson (Resigned 2012)

Mrs M Worcester

Ms A Sedgman (casual)

#### **Dental Nurses / Assistants**

Mrs J Pendergast

Mrs P Simmons (commenced October 2012)

#### **Omeo Medical Centre**

Mrs T AhSam (Medical Centre Receptionist)
Ms M Sedgman (Casual Receptionist)

#### **Omeo Medical Centre**

Ms A Kissane , Practice Nurse (incorporating Chronic Disease Management)
Mrs A Walker (O'Brien), Diabetes Educator

#### **District Nursing Service**

Christa Thompson RN1 Mrs C Onslow RN1

#### **Home Care Coordinator**

Mrs N Boucher

Mrs L Airs *(Admin assistant)*Ms T Crisp *(Admin assistant)* 

#### **Home & Community Care Workers**

Mrs L Airs
Ms D Baker
Ms P Craig
Ms T Crisp
Mrs K Ennis
Ms L Froud
Mrs J Kennedy
Ms J Miles
Ms E Sheean
Ms J Tuck

Mrs M Vivian

Ms R Walker Ms S Watts Ms K Weaver

#### **Food & Domestic Services**

Miss S Anderson Ms A Baker Mrs R Butler Ms P Craig Ms G Elford

Mrs R Gardam (resigned 2013)

Ms L Leighton Mrs L Peacock

Ms T Dykes (resigned 2012)

Mrs M Pendergast
Ms M Sedgman
Mrs J Smith (Casual)
Mrs C Thomas

#### **Administrative Assistants**

Mrs K Greenland

Ms BJ Britton *(maternity leave)*Ms J Wood *(Casual Receptionist)* 

Mr P Blackie

#### **Maintenance / Engineering**

Mr S Disney Mr G Swift

Mr Steve Thomas (Casual)

#### Allied Health Staff

Mrs E Anthony, Allied Health Assistant
Mr W Newcomen, Social Worker/Counsellor
Ms N Creaser, Dietician (Brokered service)
Ms A Seiler, Speech Pathologist (Brokered)
Miss N Kee, Physiotherapist (Brokered service)
Mrs D Watts, Foot care services (Brokered)
Mr S Learninan, Podiatrist (Brokered service)

#### **Health Promotion**

Ms L Mooney

B. App Sc (Health Promotion)

#### **Planned Activity Group**

Ms R Walker Ms L Airs

#### **Youth Services Worker**

Mrs C Hall

#### **Volunteers**

Bernie Asman Roma Lumsden Jean Jenkins Ron Grinter Peter Matthews Paul Wilson

#### **Equal Employment Opportunity (EEO)**

Omeo District Health is subject to the requirements of the Equal Opportunity Act 1995 and applies appropriate merit and equity principles in its management of staff. The Health Service expects all staff to take responsibility for fair, non-discriminatory behaviour.

### **Recognition of Service**

Omeo District Health recognises staff as its greatest asset and acknowledges the dedication and commitment of all staff to residents, patients and the community. Their loyalty to the health service is highly valued.

### Full Time Equivalent (FTE) for Omeo District Health:

Labour Category	June 2013 — Current Month Full Time Equivalent	June 2013 – Current Month Head Count
Administration	4.60	7
- CEO/DON	1.00	1
- Admin Assistants	2.90	4
- Dental Assistants	0.70	2
<b>Community Services</b>	7.60	23
- Manager /OT	0.80	1
- District Nursing	0.60	2
- Allied Health Assistant	0.70	1
- Health Promotion	0.70	1
- Social Worker	0.80	1
- Planned Activity Group	0.30	2
- Youth Worker	0.40	1
- Home Care	2.00	13
- Manager Home Care	0.70	1
-Community Services Admin	0.60	2
(Figures do not included contracted		
physiotherapist, speech pathologist,		
podiatrist, foot care nurse, and		
dietician)		
Hotel Services	7.70	14
- Food Services	4.40	7
- Domestic Services	1.60	3
- Maintenance	1.70	3
Medical Officers	1.37	9
- General Practitioners	1.00	10
- Dentist	0.37	1
Medical Support	1.59	3
- Medical Admin	0.83	1
- Practice Nursing	0.62	1
- Diabetes Educator	0.14	1
Clinical Services	15.60	24
- Nursing Unit Manager	1.00	1
- Registered Nurse	6.30	16
- Enrolled Nurse	7.70	12
- Diversional Therapy	0.60	2

# **Audited Financial Results ABN: 24 479 149 504**

Financial	2012/2013 \$,000	2011/2012 \$,000	2010/2011 \$,000	2009/2010 \$,000	2008/2009 \$,000
Total	4,718	4,611	4,394	4,279	3,962
Revenue Total Expenses	5,038	4,724	4,539	4,603	4,097
Surplus / (Deficit)	(320)	(113)	(145)	(324)	(135)
Retained Surplus / (Accumulated Deficit)	2,597	2,917	3,030	3,175	3,499
Total Assets Total Liabilities	8,329 1,464	7,938 1,284	7,690 923	7,860 949	8,173 938
Net Assets Total Equity	6,865 6,865	6,653 6,653	6767 6767	6,911 6,911	7,235 7,235

# Operational and Budgetary Objectives of Omeo District Health for the Financial Year

Omeo District Health projected an operating surplus of \$98,000 for the year and an overall deficit after depreciation of \$292,944. The Health Service is operating under tight monetary constraints but continues to provide a broad range of services to the community. Funding received for Transition Care Packages has enabled aged care services to be offered more flexibly and is expected to provide a continuing revenue source in the future.

#### **Audited Financial Results**

The financial results for 2013 reflect a net surplus before capital and specific items of \$103,042 (2012 \$281,563) and an overall deficit before asset revaluation movements of \$(320,308) (2012 Deficit \$113,228). The overall budget position for the year was a deficit of \$292,944. Whilst the results are unfavourable against budget and previous financial years, the Health Service remains positive in key areas such as cashflow and further increase in net assets.

# Summary of Major Changes or Factors Affecting Achievement of Operational Objectives

Improved occupancy with Transitional Care Program has reflected favorably on overall financial results for Omeo District Health, however the fees generated from aged care have reduced overall due to lower occupancy. The dental unit has declined in financial productivity and has produced a negative variance on operation.

# Events Subsequent to Balance Day, which may have significant effect on Operations in Subsequent Years

There have been no events subsequent to balance day which may have a significant effect on operations in subsequent years.

#### Consultancies costing in excess of \$10,000 (ex GST)

There were no consultancies costing in excess of \$10,000 during the financial year.

#### Consultancies costing less than \$10,000 (ex GST)

There were no consultancies costing less than \$10,000 during the financial year.

#### **Fees Charged by Omeo District Health**

#### Aged Care

ODH is bound by the Schedule of Resident Fees as set down by the Commonwealth Department of Health & Ageing on a bi-annual basis. Fees for clients include daily care fees, accommodation charges, income tested fees and accommodation bonds.

#### Dental

ODH is bound by the fee structure set down by Dental Health Services Victoria. Fees are applicable for public and private patients.

#### Admitted & Non-Admitted Patients

ODH is bound by the Victorian Department of Human Services Fees Manual for admitted public, private, DVA, Workcover and TAC patients. The DHS Fees Manual also provides information on charges for non-admitted patients, referred to by ODH for Physiotherapy and Outpatient Facility Fees. Facilitated exercise programs attract a nominal fee.

#### Home and Community Care

ODH refers to the 'Schedule of Costs for Services provided' as set down by the Victorian Department of Human Services. Fees to other health agencies include post acute care, home care for DVA clients, home care and respite for supported clients. Fees to clients include home care, home maintenance and District Nursing Service visits.

#### Other

ODH also charges a small fee to clients for items that are not directly funded, nor specified in the Fees Manual, by the Victorian Department of Health or the Commonwealth Department of Health & Ageing. Fees to clients include rental of Health Service equipment, rental of Health Service buildings, and outpatient charges for procedures, starter packs and interventions.

Cash Management/Liquidity	2012-13 actuals	2011-12 actuals
Creditors (Days)	40	54
Debtors (Patient Fees) (Days)	37	50

#### **Occupational Health & Safety**

Omeo District Health observes and abides by the *Occupational Health and Safety Act 2004* and seeks to secure the health, safety and welfare of employees and other persons at work by eliminating or minimizing risks at the source when possible. Omeo District Health has an Occupational Health and Safety plan that is reviewed annually. Management and OH&S staff representatives have participated in further education and have been involved in the formulation and implementation of health, safety and welfare standards. OH&S work area assessments are conducted annually to determine areas in need of improvement. Occupational Health and safety activity is documented through quarterly OH&S meetings and through the ODH Quality Management meetings.

#### **Building & Maintenance Compliance**

In the year ended 30 June 2013, all buildings of Omeo District Health were fully compliant with the *Building Act 1993*. No major building works were undertaken during the reporting period.

#### **Freedom of Information Requests**

Omeo District Health is subject to the *Freedom of Information Act (Victoria) 1982*. All health service records are accessible to the limitations imposed by the Act. The public may seek access to such records by making a written request to the Chief Executive Officer. In the year ended 30 June 2013, five (5) applications for access to documents under the Freedom of Information Act were received.

#### **Implementation and Compliance with National Competition Policy**

In accordance with the national competition principles agreed by the Federal and State Governments in April 1995, Omeo District Health has implemented policies and procedures to ensure compliance with the National Competition Policy. These programs and policies include tendering for the provision of goods and services, and a number of services are already outsourced on a competitive basis including the supply of dairy, bakery and fresh meat and vegetable produce.

#### **External Reviews Undertaken in 2012-13**

April 2013 – Food safety inspection, East Gippsland Shire

May 2013 – Annual fire detection, alarm and brigade connection

June 2013 - Australian Council on Healthcare Standards Full Survey

April 2013 – External Food Safety Audit

December 2012 - Aged Care Standards & Accreditation Agency - Unannounced visit.

July 2013 – External Cleaning Audit

# Details of Major Promotional, Public Relations and Marketing Activities to Develop Community Awareness of ODH

Articles and advertisements of interest to the local community and beyond are regularly placed in the Omeo Region News Sheet, published on a weekly basis. Bairnsdale newspapers are also utilised as required. ODH produces "Healthmatters" newsletter on a quarterly basis, distributed to all local residents providing relevant health and activity information. Community health promotional activities included health checks at the Omeo Show and initiatives in response to youth issues. Since being successful with the grant for youth development on the local radio, there is an increased opportunity for promotion on the local radio.

#### **Details of overseas visits**

No overseas visits occurred during the reporting period.

#### **Details of Assessments and Measures Undertaken to improve OH&S of Employees**

The ODH OH&S plan outlines the occupational health framework within the organisation.

Influenza vaccination – offered to all staff and residents with documented uptake.

Home and Community Care (HACC) – pre-visit telephone home safety assessments conducted for HACC workers and District Nurses. On-site risk assessments also performed for HACC workers prior to commencement of service.

Organisation wide mandatory training days for all staff covering Manual Handling/No Lift, Infection Control, Fire Safety training and Emergency Response scheduled on a regular basis.

Work area OH&S inspections conducted

Formal training for the OH&S representative formal 5 day training and OH&S

ODH is a member of the Victorian Network of Smokefree Health Services.

# **General Statement on Industrial Relations & Details of Time Lost through Industrial Accidents & Disputes**

ODH management meets regularly with employee Australian Nursing Federation representatives, and the regional Industrial Officer and the HSU representative.

There has been 1 day lost through an industrial accident (chemical splash) but nil days lost through disputes.

## **Additional information (FRD 22C)**

In compliance with the requirements of FRD 22C *Standard Disclosures in the Report of Operations*, details in respect of the items listed below have been retained by Omeo District Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- (a) A statement of pecuniary interest has been completed;
- (b) Details of shares held by senior officers as nominee or held beneficially;
- (c) Details of publications produced by the Department about the activities of the Health Service and where they can be obtained;
- (d) Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) Details of any major external reviews carried out on the Health Service;
- (f) Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- (g) Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) General statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- (k) A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- (I) Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

#### **Victorian Industry Participation Policy**

Omeo did not commence or complete any contracts to which the VIPP Act 2003 would apply.

## **Disclosure index**

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

Legislation	Requirement	Page Refere	age Reference			
Ministerial Directions						
Report of operations – FRD Guidance						
Charter and	purpose					
FRD 22B	Manner of establishment and the relevant Ministers		2			
FRD 22B	Objectives, functions, powers and duties		3			
FRD 22B	Nature and range of services provided		4			
Management and structure						
FRD 22B	Organisational structure		7			
Financial and other information						
SD 4.2(j)	Accountable officer, signed of report operations	29 5	(FS)			
SD 4.5.5	Risk Management Compliance		15			
FRD22B	Operational and budgetary objectives and performan	nce against	32			
	objectives					
FRD 22B	Statement of merit and equity		30			
FRD 22B	Workforce Data Disclosures	29,30	0,31			
FRD 22B	Occupational health and safety		33			
FRD 22B	Summary of the financial results for the year		32			
FRD 22B	Significant changes in financial position during the year	ear	32			
FRD 22B	Major changes or factors affecting performance		26			
FRD 22B	Subsequent events	27	', 28			
FRD 22B	Application of operation of Freedom of Information A	lct 1982	33			
FRD 22B	Compliance with building and maintenance provision Act 1993	ns of <i>Building</i>	33			
FRD 25	Victorian Industry Participation Policy disclosures		n/a			
FRD 22B	Statement of National Competition Policy		34			
FRD 22B	Details of consultancies over \$10,000		32			
FRD 22B	Details of consultancies under \$10,000		32			
FRD 22B	Statement of availability of other information		35			
FRD 10	Disclosure index		36			
FRD 11	Disclosure of ex-gratia payments	220	(FS)			
FRD 21A	Responsible person and executive officer disclosure	es 42	(FS)			

#### Financial Statements - FRD Guidance

#### Financial statements required under part 7 of the FMA

SD 4.2(b)	Operating Statement	1(FS)
SD 4.2(b)	Balance Sheet	2(FS)
SD 4.2(b)	Statement of Changes in Equity	3(FS)
SD 4.2(b)	Cash Flow Statement	4(FS)
SD 4.2(c)	Accountable officer's declaration	29 5a(FS)
SD 4.2(c)	Compliance with Australian accounting standards and other	r 5(FS)
	authorative pronouncements	
SD 4.2(c)	Compliance with Ministerial Directions	41(FS)
SD 4.2(d)	Rounding of amounts	4(FS)

#### Legislation

Freedom of Information Act 1982	34
Victorian Industry Protection Act 2003	n/a
Building Act 1993	33
Financial Management Act 1994	1(FS)
Audit Act 1994	1(FS)

FS = Financial Statements

#### **Responsible Bodies Declaration**

In accordance with the *Financial management Act 1994*, I am pleased to present the Report of Operations for *Omeo District Health* for the year ending 30 June 2013.

Russell Pendergast

**Board Chair** 

Omeo District Health

28/08/2013

