

KYABRAM & DISTRICT HEALTH SERVICES

REPORT OF OPERATIONS

Our Vision

Kyabram & District Health Services (KDHS) aims to be a leading district health service, dedicating our resources, talents and skills to improve the health status of our community.

We will deliver comprehensive services, which are high quality, compassionate, efficient, affordable and accessible to our community.

We will achieve this vision by leading the development and operation of an integrated health care delivery system embracing acute, aged and community service.

Our Mission

A commitment to excellence in Health Care.

Our Purpose

To enhance the, life of everyone in our community through a focus on health and well being.

Manner of Establishment and relevant Ministers

Kyabram & District Health Services was established on 27 March 1960 and operates in accordance with the Health Services Act 1988. The responsible Minister during the reporting period was The Hon. Daniel Andrews MP until December 2010 followed by The Hon. David Davies MP.

Objectives, Functions, Powers and Duties

Objectives, Functions, Powers and Duties of Kyabram & District Health Services are described in Operational Practices and By-Laws of the organisation

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Front cover photo: Karen Taylor, Midwifery Coordinator; with some of the Mums who birthed their babies in the new Community and Hospital Midwife birthing model at Kyabram & District Health Services . Photo courtesy of <i>Bellies & Babies</i>	

President and CEO Report

Corporate

Following on from last year when KDHS was awarded the Premier's award for the best rural public health service in Victoria, this year has seen a consolidation of those gains, achieving a balance between access to services, quality improvements and financial sustainability. All three improved. Everyone associated with KDHS should be congratulated, our Board, management team, staff, medical practitioners, volunteers and community supporters. The Health Service was awarded two Extensive Achievement ratings within the 4 year cycle of ACHS accreditation.

The Board appointments from July 1, 2010 saw the reappointment of Maureen Atkins and Doug Crow to 30 June 2013 and the appointment of Geoffrey Cootes, Nicole Ryan and Jeffrey Newham.

Ray Tuhan retired on 30th June 2010 after 13 years of volunteering on the Board of Directors. Ray was awarded the Life Governorship for his work over many years, including his passionate and tireless representation of the community, especially the Stanhope community. Ray contributed to many of the innovative changes that occurred at the Health Service, and has been a valued mentor for new Board members.

The Board continues to approve Budgets that result in modest operational surpluses to ensure the ongoing financial sustainability of the health service. It is a Department of Health requirement that health services do not operate at a loss. This approach has allowed new services to be offered, such as the development of a new wing to house renal dialysis services. The Board is appreciative of the \$237,000 contribution from the Department of Health towards the construction costs of the new wing, as well as money to assist training nursing staff. It is a satisfying by-product that 2 of the 3 new renal dialysis staff are existing local staff who have increased their skill base.

The Board of KDHS recognises that it operates as part of a broader health system and partnerships

with other health providers and local government are important. For a number of years, the community of Tongala, working with the Shire of Campaspe has been building new facilities with a health focus. It is hoped that some mutually agreeable arrangement can be signed which will improve access to community health services.

Engagement with our Community is important and it is pleasing to report that representatives of the Stanhope community are satisfied with the continuation of the pilot project of increased community nursing in Stanhope.

Goals set by the Department of Health under the Health Service Agreement have been attained and these include WIES targets for private and public inpatients and Home and Community Health Care (HACC) targets. Our nursing home, Sheridan, increased occupancy rates by 7%. It is still placing a significant financial burden upon the health service. The Board of Directors is extremely confident that once the refurbishment program is completed in 2012, persons seeking residential aged care will find the attractive amenities and ambience at Sheridan a most appealing and charming preference.

The Health Service expresses its deep appreciation and gratitude for the endless hours donated by so many volunteers in so many different ways. It is indeed a reflection on the ownership felt towards the Health Service by our community that so many persons are willingly prepared to volunteer and donate their most valuable, and irreplaceable, commodity - time. Thank you to those volunteers who share their experience, their life-skills, advice, understanding and friendship. As a Health Service we are indeed most fortunate to benefit from such community minded supporters.

President and CEO Report cont.

Clinical

After much planning, and collaboration with all stakeholders, a new Community and Hospital Midwifery program started in January. This has allowed women with low risk pregnancies to continue to birth in Kyabram. The program has attracted media attention and may be a model for other health services who are struggling to sustain a medical model with the retirement of GP obstetricians. The number of births has dropped by 42% in recognition that not all women are clinically suitable for this model.

This last year was the first full year of a Transitional Care Program, which provides older patients recovering from an acute illness the chance to assess whether they will be safe returning to their own homes and caring for themselves. We have 2 bed based places and 2 community places and while this program was initially slow to gain traction, it is now operating at full capacity.

Hospital admissions at the Urgent Care Centre saw a growth of 6.2% this year. This growth is driven by the ageing of our population and the variation in the supply of medical workforce personnel in the community. Managing this demand is a major challenge. In line with the rest of the state, most of the presentations are “non urgent” in terms of Department of Health triage categories. The management team has been seeking to spread the message that to prevent our existing GP workforce from burnout, the UCC should only be used for urgent cases. The free Nurse On Call service has also been promoted. More broadly the Board of Directors has been working with the local GPs to assist them bring additional doctors to our Community. We welcomed Dr Tadrous and his family during the year, as well as two registrars, Drs Jia Xue and Wil Chong. After a brief sojourn we welcomed Dr. Michael McQueen-Thompson back into a transitional role and thank Michael for his past contributions. We also acknowledge the decades of dedicated, skilled service to his patients and to the Health Service delivered so professionally by Dr. Bernie Moore. Over many years Dr. Moore has provided informed and knowledgeable assistance to the Health Service, including time on the Board of Directors and it is hoped that, along with Robyn, Bernie continues to enjoy his overseas adventures

This year we expanded our elective surgery program with a DoH allocation of an extra 38 WIES representing an extra \$150,000. The number of patients treated increased 2.3% to a record number treated at KDHS. This will increase further when we treat our first dialysis patients in July 2011 and establish an urology service. The Board is mindful that a resolution to the local medical workforce shortage is not only imperative to the needs of the wider community but also to the Health Service. The Board does not wish to rely solely on visiting anaesthetists, surgeons and other specialists, thereby severely limiting the ability to have community emergencies dealt with locally. We do greatly appreciate the work performed by our visiting medical officers and there will always be a mix of work performed by procedural GPs and visiting specialists.

Memorial services in Sheridan to remember and celebrate the lives of recently deceased Residents commenced during the year. Families have been able to express their feelings in a supportive environment and have found it a really positive part of the healing process.

Support

Support visits to Sheridan by the Aged Care Standards Agency resulted in ongoing accreditation.

The implementation of HealthSmart Information Communication Technology products continues to be problematic. It has caused extra work for staff. We were the first in the state to use the Community Health module of iSOFT in an integrated Health environment. The product initially failed to fully deliver as promised, but now nearly all of the outstanding issues have been resolved. The upgrade of our ICT is occurring in conjunction with the Loddon Mallee Rural Health Alliance and we remain an active member of this joint venture. No new rollout of HealthSmart products is planned for KDHS for 2011/12 while the government reviews the program and the structure of the rural health alliances.

The Health Service maintains a constant vigilance and awareness to OH&S risks and accordingly the medical gas storage and reticulation system was upgraded to remove manual handling of large gas bottles, whilst also securing consistency of supply and increasing efficiency savings.

President and CEO Report cont.

Obituaries

It is with sadness that we acknowledge the passing of Dr. Peter Tisdall recently. Dr. Tisdall held a close empathy with the Kyabram Hospital for over 45 years and indeed was a major reason for the development and growth of the health care facilities in our region during this period. It has been well documented that many residents in our district had never seen another medical practitioner. Dr. Tisdall's visits to the hospital on many occasions after hours are being recalled with sadness and fondness by the many staff he came in contact with over a period greater than four decades.

The Kyabram and District Health Services recognizes the most worthy contributions that Peter extended through his dedication and commitment. Certainly there is now a huge challenge facing the Health Service, and the broader community, to maintain and broaden the services that have been created. To the Tisdall family the Health Service extends condolences and gratitude for their support of Peter through his professional career.

Thank you Dr. Peter Thomas Tisdall – Rest in Peace.

Acknowledgements

Achievement is obtained through direction and encouragement in a supportive and innovative culture and the ensuing success is shared amongst the many who have participated to make it happen. The staff of KDHS and our Visiting Medical Officers have toiled diligently throughout the year to achieve some great results. We say thank you to all for their commitment to our patients, residents and clients, as well as to their support of their colleagues.

Our sincere appreciation is expressed to the many groups, volunteers and supporters who have contributed greatly to the work of KDHS during the past year. The hospital Ladies Auxiliary continues to support the Health Service in many ways, not least by providing services to patients and visitors via their "shop" as well as generous donations.

The support and contribution received from the Commonwealth Department of Health and Ageing, the Victoria Department of Health, the Vic-

torian Department of Education and Early Childhood Development, the Victorian Department of Human Services together with the Shire of Campaspe is acknowledged.

In addition, the support received from our local politicians Dr. Sharman Stone, MP Electorate of Murray and Mr. Paul Weller, MLA member for Rodney is greatly appreciated, as they make time to meet and discuss health issues and assist in meeting the challenges faced by KDHS.

We extend our thanks to the Board of Directors for their leadership and good governance, which is admirably supported by sub-committees.

Outlook

We continue to build on our reputation of providing high quality services. The Board of Directors will continue to focus on the medical workforce sustainability. It will monitor the developments of the national health reform agenda and the establishment of Medicare Locals and Local Hospital Networks. It will strongly advocate for continued local governance of KDHS and to be aware of opportunities and threats that may flow from the 'reforms'.

A longer term threat to KDHS is the ongoing funding of nursing homes below the increase in inflation. Working with the industry body, ACCV, we will lobby for more appropriate funding levels so we can continue to provide high quality care to our residents. We still have a gap in our fundraising target for the final redevelopment phase of Sheridan. The community has generously supported us to date and we hope that we can overcome this final hurdle shortly.



A handwritten signature in black ink, appearing to read 'MSweeney'.

Michael Sweeney
PRESIDENT
BOARD OF DIRECTORS



A handwritten signature in black ink, appearing to read 'Neil Cowen'.

Neil Cowen
CHIEF EXECUTIVE
OFFICER

2010—2011 Highlights

Achieved four year Accreditation

Achieved EA rating (Extensive Achievement) for 3.1.1 – the organisation provides quality, safe care through strategic operational planning and development

Achieved EA rating for 2.4.1 – Better health and wellbeing for consumers/patients, staff and the broader community are promoted by the organisation.

CaHM

The CaHM Program is a midwifery service that is unique to Kyabram and was a direct initiative by the organisation to retain a birthing service for the local community. The CaHM Program employs a core group of midwives who provide antenatal, birthing and post natal care to women experiencing a low risk pregnancy. The CaHM midwives are supported by their hospital midwife counterparts who provide assistance with birthing and postnatal care.

Renal Dialysis Unit

The RDU has been constructed. The works were completed well within the timeframe allowed despite some issues with supply of critical components. \$237,000 financial support from Department of Health.

Transition Care Program

A Transition Care Program (TCP) was consolidated. It provides care and restorative services for a short term period for people over 65 years of age, at the conclusion of a hospital admission.

KDHS offer both types of TCP:

Residential TCP – provided in the hospital building (in a homely environment) and

Community TCP – provided to people in their own homes.

By the end of its first year, the TCP program at KDHS was running above the required 95 % occupancy levels.

Evening Sessions Providing Pap Smear testing to Working Women

Six evening sessions for pap screenings were conducted with 21 working women were assessed. The majority of women screened attended the evening session after a working commitment. Of the 21 screened 6 women had their last pap test greater than 2 years prior (the recommended interval). The sessions were so successful, we hope to run them again this year!

Stanhope Learn to Sail Program

Conducted with the Stanhope Primary School Grade's 3-6 kids at the Waranga Boat Club. This program was funded by Yachting Victoria the State Government. (\$10,000)The Waranga Boat Club donated \$200 towards bus costs. The kids received 4 full days instruction from the team from the 'Boat shed', Melbourne and learnt about all aspects of water safety and boating, how to read the wind and how to stay safe in a boat. The feedback was extremely positive. Estelle Close, Community Health Stanhope Nurse, instigated this wonderful program.

Diabetes Prevention Initiative

In partnership with Goulburn Valley Division of General Practise (GVDGP) Community Health has conducted 2 "LIFE" programs in the last year. Twenty five people identified at high risk of diabetes attended with positive feedback and results from clients. Medical Students have been very interested in this preventative initiative and 4 students have presented a project on the outcomes from the session they viewed.

Falls Risk Initiative

Funding was received in partnership with the Campaspe Primary Care partnership to run a 15 week group for people at high risks of falls within the Kyabram area. The initiative saw Rushworth (Goulburn Valley Health) and KDHS work together to implement the "Making a Move" program within Kyabram. The program included pre and post questionnaires, assessment, therapeutic intervention and monitoring and evaluation. The initiative was extremely well received. Louise Brenan, Chief Physiotherapist with KDHS presented the outcomes of this initiative and our partnership focus at the Loddon Mallee Allied Health conference.

People Matter Survey

Results from the People Matter Survey 2010 (Survey conducted Feb to June 2010) were overall fantastic, showing consistent improvement and above peer group results! KDHS was significantly better than peer organisations in all 3 areas measured, namely values, principals, workplace wellbeing and commitment. In particular, responsiveness, human rights, fair and reasonable treatment, reasonable avenues of address and employee commitment were significantly higher than other like organisations. A true reflection of our journey from 'Good to Great'.

2010—2011 Highlights cont

Fifty Year Anniversary

KDHS celebrated fifty years in Fenaughty Street. Previously the KDHS, formerly known as Kyabram Bush Nursing Hospital, was located on the site of the current Kyabram Club. The November weekend celebrations commenced with a community event including the Annual Fete and Bed races. Saturday saw tours undertaken, historical displays with lots of photos and memorabilia finishing with a reunion dinner on Saturday night. The Annual General Meeting was held on the Sunday. Celebrations were enjoyed by all.

Ten Year Anniversary

On 24th September 2010, the Campaspe Early Childhood Intervention Services (CECIS) team celebrated their 10 year anniversary. The number of places for children was increase fourfold to 48. This celebration was an opportunity for families across Campaspe who utilise CECIS services, health service partners and previous staff members to get together to acknowledge a team who has come a long way in 10 years of service, from humble beginnings to a much larger focus. The celebration brought together over 40 people all connected to CECIS in some way.

Doctor Changes

Dr Moore departed KDHS whilst Dr. McQueen Thomson returned, Dr. Tadrous commenced as did two new registrars, Dr. Wil Chong and Dr. Laurence Tay.

Loddon Area Flooding

KDHS took 7 REDHS hostel residents when Rochester flooded. REDHS was re-commissioned after 8 days.

Donations

Donations of \$25,196 to cover the cost of some of the chairs and equipment in the Renal Dialysis Unit have been gratefully received from the Kyabram Hospital Ladies Auxiliary, the Bicycle Users Group (BUG) 2010 and 2011 annual fundraising rides, the Heart Support Group, the Kyabram Cross Piston Saloon Club, the Ambulance Auxiliary and the Kyabram Lions Club. Heart Support Group donated \$9,157 to purchase a monitor to use in the Theatre recovery. Heart Support Group also donated \$5,500 to purchase two monitors, one for theatre and one for DPU. Sheridan appeal hits \$2,000,000. Reg Poole concert with other artists—Bec Hance, Les Parkinson, Molly Sparks, Mick Coventry, plus one.

Men's Health

Australian Government's Men's Health ambassador, Roy Francis visited KDHS, prostrate awareness.

Staff Changes

Finance area was restricted and we bade farewell to Paula Judd and welcomed David Edwards and AASB. Also farewellled were Mel Hartley after 25 years of service, together with Katrina Studd and Annette Cowan. Bev McLaine and Julie Russell both joined the team.

National Medical Chart

KDHS was chosen as one of five Victorian hospitals chosen to pilot the Victorian Quality Council TeamSTEPPS communication program, and one of 25 hospitals nationally to pilot a new inpatient medication chart to decrease deep vein thrombosis.

Staff Training

Three successful submissions to provide staff training for student supervision and leadership training. Shavina Sacco, nurse educator and Sophia Holt, clinical support nurse began at KDHS. Elearning was introduced to KDHS and is used extensively in clinical areas and Fire and Emergency Training. Bullying and Harassment training was implemented and is continuing.

Student Accommodation

\$425,000 HWA grant awarded to KDHS to provide student accommodation and training room.

Targeted Equipment Grants

Targeted equipment grants from Department of Health

Prevac Steriliser - \$125,115

ENT Microscope - \$55,860

Steris Steriliser - \$64,450

2 IV Volumetric pumps \$6,000

CTG Monitor for maternity service - \$35,500

Essential Infrastructure Grant

\$118,145 was received to replace the Nurse Call System in the hospital from Department of Health.

External Works

As part of the impending commencement of Stage 4 of Sheridan, work has commenced on areas that will be affected by it as well as planned improvements to allow better use and function of the site as a whole. These include:

An improved Medical and Financial Records Store that reduces manual handling issues and increases record storage capacity. A new Medical Gas store that has eliminated manual handling issues, increased efficiency and reduced gas costs. An improved traffic flow and waste storage/pickup process that will reduce loading/unloading issues and provide a safer workplace.

2010—2011 Highlights cont.

Volunteer Afternoon Tea

At the Volunteer afternoon tea in May, guest speaker, Jo Fairbairn from Kidney Health Australia gave an informative and interesting talk on a program run in rural New South Wales providing kidney health checks to relevant community members. Presentations of a certificate, a 10 year pin from Volunteering Australia and a small gift from KDHS were made to the volunteers.

Palliative Care Initiative

Building on the strong relationship with Flinders University after the success of our innovative Oral Health Program in Sheridan, staff piloted a new program for a different approach to palliative care. This initiative specifically targeted residents with Dementia and was the first in Victoria, commenced with 2 other Hospitals at the same time. It included 26 learning modules called 'micro-training' sessions.

Projects

Selected to participate in the VQC Victorian TeamSTEPPS Pilot Project. National Inpatient Medication chart (NIMC) project trial commenced

Well for Life Project

The third stage of this program was implemented within Sheridan. It consisted of 4 parts:

- (1) Increasing physical, emotional and nutritional activities in the Lifestyle programme,
- (2) Education, which focused on the 'Person Centred Care' model,
- (3) Emotional Wellbeing; this was implemented by establishing a 'Family Support Group' and was the stimulus for the 'Dementia Friendly Garden' project as it was deemed that the current garden did not have enough to offer,
- (4) Continuous Improvement; an auditing/monitoring tool was developed in conjunction with the Quality Manager to ensure sustainability of the above.

People Matter Survey

Results from the People Matter Survey 2010 (Survey conducted independently by the State Services Authority Feb to June 2010) were excellent

Values	Average Percentage Agreement (%)			
	Your 2010 Results	Your 2009 Results	Your 2008 Results	2010 Other Like Orgs
Providing the best standards of service and advice (Responsiveness)	98%	95%	97%	92%
Earning and sustaining public trust (Integrity)	88%	87%	86%	81%
Acting Objectively (Impartiality)	90%	87%	88%	85%
Accepting responsibility for decisions and actions (Accountability)	80%	78%	75%	76%
Treating others fairly and objectively (Respect)	81%	78%	74%	76%
Actively implementing, promoting and supporting the values (Leadership)	79%	76%	74%	70%
Respecting and upholding human rights or employees (Human rights)	98%	96%	95%	94%
Principles				
Choosing people for the right reasons (Merit)	83%	81%	81%	78%
Respecting and balancing people's needs (Fair and reasonable treatment)	87%	78%	77%	78%
Providing a fair go for all (Equal employment opportunity)	97%	95%	93%	94%
Resolving issues fairly (Reasonable avenues of redress)	82%	77%	79%	71%
Respecting and upholding human rights or employees (Human rights)	91%	91%	92%	89%
Workplace wellbeing and commitment				
Workplace wellbeing	88%	87%	84%	83%
Employee commitment	95%	94%	92%	88%

Clinical Summary

	2010/2011	2009/2010	2008/2009	2007/2008	2006/2007
Acute Services					
Patient Separations	3,406	3,331	3,315	3,365	3,365
Births	65	112	108	136	150
Urgent Care Centre Attendances	4,711	4,437	4,139	4,104	4,045
Average Length of Stay (days)	3.29	3.11	3.10	3.27	3.05
Surgical Procedures					
General Practitioners	367	426	402	423	462
Ear, Nose, Throat	199	279	316	398	261
Dental	51	51	74	77	66
Gynaecology	36	46	36	38	71
Ophthalmology	54	45	75	79	55
General Specialist	158	137	145	74	69
Orthopaedics	85	120	117	137	138
Plastics	0	0	5	28	25
Urology	0	0	0	0	5
Total surgical Procedures	950	1,104	1,170	1,254	1,152
Resident Bed Days (total Aged Care)	13,712	12,813	14,981	15,358	15,237
Community Health Counselling/Casework (hrs)	615	757	943	764	1,371
Dietetics (hrs)	852	1,185	897	763	640
Health Promotion (hrs)	NA	NA	NA	NA	2,261
Nursing (hrs)	3,197	1,952	2,338	2,303	1,606
Occupational Therapy (hrs)	449	446	477	364	523
Physiotherapy (hrs)	2,269	2,588	2010	1,622	2,238
Speech Therapy (hrs)	451	574	593	879	1,095
General Services					
Meals Produced	90,775	86,821	94,517	99,088	96,157
Maintenance Requests (ex preventative)	2,670	2,783	2,620	2,072	2,427
Preventative Maintenance	906	1,036	1,345	1,217	1,063
Staff					
Equivalent Full-Time Staff – June	165.54	166.60	157.95	154.61	150.4
Total Staff	290	291	270	285	259

Activity and Service Performance

<u>Activity Weighted Inlier Equivalent Separations (WIES)</u>	2010-11 Activity Achievement
WIES Public	1975.5
WIES Private	238.6
Total WIES (Public and Private)	2214.1
WIES DVA	121.6
WIES TAC	2.2
WIES TOTAL	2356.8
Sub Acute Inpatient	
Transition Care (non DVA) - Day bed	690
Palliative Care—DVA	64
Ambulatory	
Transition Care (non DVA) - Homeday	603
Post Acute Care	115
Nursing Home Type	
NHT (non DVA) Day Bed	215
NHT—DVA	92
WIES Activity Performance	
WIES (public and private) performance to target(%)	100%
Cash Management/Liquidity Indicators	
Creditors (days)	27.49
Debtors (patient fees) (days)	17.02

Workforce Statistics

Labour Category	June Current Month FTE		June YTD FTE	
	2011	2010	2011	2010
Nursing	87.9	89	87.8	86.1
Administration and Clerical	22.8	22.4	24.6	22.7
Medical Support	1.9	3.6	2.1	3.2
Hotel and Allied Services	38.2	37.9	38	37.8
Medical Officers	0.1	0.1	0.1	0.1
Hospital Medical Officers	0	0	0	0
Sessional Clinicians	0	0	0	0.5
Sessional Clinicians	14.7	13.5	13.5	11.4
	165.5	166.5	166.1	161.8
FTE = Full Time Equivalent				

Nature and Range of Services

Kyabram & District Health Services (KDHS) is located at Fenaughty Street, Kyabram and has a 37 bed ward and 2 operating theatres, providing acute medical, surgical and midwifery services. There is a 42 bed aged care facility, and a number of non admitted acute/sub acute services including an Acute Care Centre, District Nursing Service, Transitional Care Program, Planned Activity Group (HACC) as well as a number of Community programs including Community Allied Health, Diabetes Education, Post Acute Care, Rural Health Team Podiatry, etc.

Community programs also operate from offices in Tongala and Stanhope.

Acute

- 35 acute beds for medical, surgical, midwifery and transitional care admissions
- Palliative Care family stay area—overnight and day ‘time out’ area for families of Palliative Care in-patients
- Midwifery Services include two options for pregnancy care
 - The CaHM Program- a standalone, midwifery-led unit based at KDHS. It provides continuity of care for clearly identified ‘low risk’ women, throughout their pregnancy, labour, birth and postnatal period.
 - Shared Care ante natal clinic run by midwives, in conjunction with Goulburn Valley Health. This service is provides an antenatal clinic for those women who choose to birth at GVH or who are experiencing a pregnancy that is not considered low risk
- 2 room birthing suite for low risk births
- Post natal home visits by midwives
- Urgent Care Centre—3 trolley unit and trauma room for emergency and urgent situations
- Needle and Syringe program—operates out of Urgent Care Centre 365 days a year
- Admission Clinic—all elective admissions have the opportunity to attend a pre admission clinic.
Preparation for discharge commences on admission through the Admission Coordinator
- Continence Nurse advisor for men and women

Transitional Care Program

- 2 beds plus 2 community places

Operating Theatre

- 6 bed Day Procedure Unit for day surgery cases, blood transfusions and some chemotherapy
- 2 operating theatres—surgery includes
 - Dental surgery
 - Ear, Nose and Throat
 - General Surgery
 - Orthopaedics including joint replacement
 - Gynaecology
 - Ophthalmology
 - Endoscopy

District Nursing Services

Including Breast Cancer support service.

Residential Aged Care

42 bed aged care facility includes:

- * 12 bed dementia specific wing
- * 2 respite beds

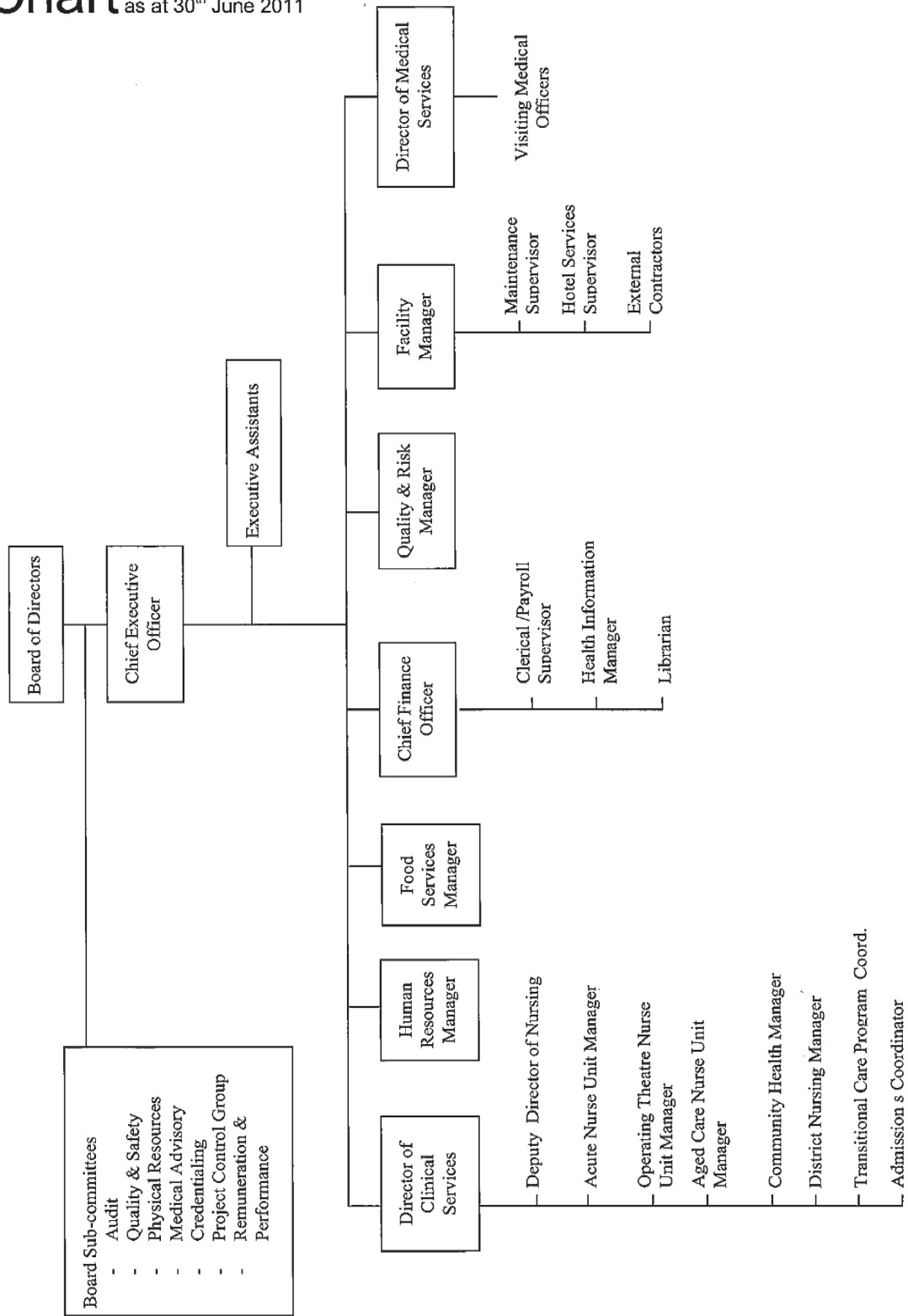
Primary and Allied Health Services

Chronic Disease Management
Diabetes Education
Counselling service, including Drought Counselling
Dietetics
Early Childhood Intervention
Occupational Therapy
Physiotherapy
Planned Activity Group / HACC
Speech Therapy
Well Women’s Clinic
Clinics at :

Kyabram
Tongala
Stanhope

Organisation Chart

as at 30th June 2011



Administrative Structure

Board of Directors

as at 30th June 2011

Mr. Mike Sweeney—President
Ms Judy Greer—Vice President
Mr. Geoffrey Cootes—Treasurer
Mrs. Maureen Atkins
Mrs. Jean Courtney
Mr. Doug Crow

Mr. Jeffrey Newham
Mr. Barry Norton
Mrs. Nicole Ryan

Retired 30 June 2010:

Mr. Ray Tuhan

Audit Committee

Ms Judy Greer (Chair)
Mr. Mike Sweeney
Mr. Geoffrey Cootes
Mr. David Livsey (community representative)
Mr. Kevin Livingston (community representative)

Declarations and Attestations

1 Responsible Bodies Declaration

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for *Kyabram and District Health Services* for the year ending 30 June 2011.

2 Attestation on Data Integrity

I, Mike Sweeney, certify that Kyabram & District Health Services has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Kyabram & District Health Services has critically reviewed these controls and processes during the year.

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

I, Mike Sweeney, certify that Kyabram & District Health Services (KDHS) has risk management processes in place consistent with the *Australian/New Zealand Management Standard* and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. The Board of Directors verifies this assurance and that the risk profile of KDHS has been critically reviewed within the last 12 months.



Mike Sweeney
Chair of Board
Kyabram
30 June 2011

Compliance

The Kyabram & District Health Services (KDHS) Annual Report has been compiled to meet the requirements of the Annual Reporting (Contributed Income Sector) Regulations 1988 (as amended).

Freedom of Information Act

Requests for access to document and records held by KDHS may be made under the Freedom of Information Act 1982. All applications in writing are forwarded to KDHS. In the majority of cases a Freedom of Information request is to gain access to a patient's own medical record. During the 2010/2011 financial year KDHS received 31 requests.

Consultancies

No consultancies costing in excess of \$100,000 were utilised during the year. Consultancies utilised during the year costing less than \$100,000 were 13 at a cost of \$49,882.

Whistleblowers Protection Act 2001

The Whistleblowers Protection Act 2001 (the Act) is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector, and to provide a framework for the investigation of these matters.

Kyabram & District Health Services (KDHS) has policies and procedures in place to enable total compliance with the Act. It provides a safe environment in which disclosures can be made, and the investigation process is clear. Privacy of all individuals involved in a disclosure is assured at all times.

KDHS is committed to the principles of the Act and at no time will improper conduct by KDHS or any of its staff be condoned. A copy of the policy is available on request.

Further information can be obtained from www.health.vic.au/hsc, or:

The CEO
Kyabram & District Health Services
P. O. Box 564
Kyabram Vic 3619
Telephone: 5857 0250
or
The Ombudsman Victoria
Level 22, 459 Collins Street
Melbourne, Vic 3000
Telephone: 9613 6222
Toll free: 1800 806 314

No disclosures under the Act were received during 2010/2011.

National Competition Policy

KDHS complies with all government policies regarding neutrality in regard to tender applications.

Victorian Industry Participation Policy Act 2003

During the year there were no contracts at KDHS to which VIPP applied.

Buildings

KDHS buildings and maintenance comply with the Building Act 1993, Building Regulations 2006 and Building Code of Australia relevant at the time of the works.

Merit & Equity Principles

Throughout the Human Resources area of operation it is essential that merit and equity are applied through integrity and impartiality. The Victorian Public Sector Code of Conduct ensures that KDHS is highly ethical, accountable and professional in the way services are delivered to staff and the community. Consultation on decisions that involve changes are discussed with staff prior to making final decisions so that the best decision considers the merit of the input from staff and/or the community. These principles are applied in recruitment and selection decisions, performance management, and development and advancement.

Compliance

Additional information

In compliance with the requirements of the Standing Directions of the Minister for Finance, details in respect of the items listed below have been retained by Kyabram & District Health Services 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 statement of pecuniary interest has been completed.

Details of shares held by senior officers as nominee or held beneficially.

Details of publications produced by the department about the activities of the entity and where they can be obtained.

Details of changes in prices, fees, charges, rates and levies charged by the Health Service.

Details of any major external reviews carried out on the Health Service.

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 report and Report of Operations.

Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit.

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.

Details of assessments and measures undertaken to improve the occupational health and safety of employees.

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.

Occupational Health & Safety Committee

The OH&S Committee continues to be actively involved in ensuring KDHS provides a healthy and safe environment for staff, patients, visitors and contractors. The committee meets regularly on a monthly basis and is comprised of representation from both management and designated work groups and is compliant with all legislative requirements

The OH&S Benchmarking Group has continued to expand and now incorporates 6 health services from the Loddon Mallee Region. Quarterly networking and the availability of data and systems for comparison provides valuable opportunities to improve services.

Fire and Emergency Management

Regular fire drills were held throughout the year to ensure all systems are in place to effectively manage emergencies. The drills provide valuable information and opportunities for improvement. As a result there is a continuing focus on system review and the R.A.C.E principles for emergency management have been introduced throughout the organisation.

Compulsory staff education in fire and emergency management is further supported by the introduction of an e-learning program which enables competency assessments to be completed electronically by all staff

Risk Management

Following a review by our insurers, VMIA, the Risk Management framework was revised and a comprehensive risk register developed that provides a clear system to recognize, monitor and control risks in different areas within the organisation.

Kyabram & District Health Service's approach to risk management is based on an understanding of the environment in which the service operates and the risks that are inherent in the delivery of health and hospital services. It is also acknowledged that risk and quality are inter-related concepts and share some processes and systems within the service. This approach is consistent with the risk management process as described by AS/NZS:31000:2009

DISCLOSURE SUMMARY

The Annual Report of Kyabram & District Health Services is prepared in accordance with all relevant legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Note: The Disclosure Index consists of 2 pages.

Legislation	Requirement	Page Ref.
MINISTERIAL DIRECTIONS		
REPORT OF OPERATIONS		
Charter and purpose		
FRD 22B	Manner of Establishment and the relevant Ministers	1
FRD 22B	Objectives, functions, powers and duties	1
FRD22B	Nature and range of services provided	10
Management and structure		
FRD 22B	Organisational structure	11
Financial and other information		
FRD 10	Disclosure Index	15 and 16
FRD11	Disclosure of Ex-gratia payments	Ref fin report
FRD 15B	Executive Officer Disclosures	Ref fin report
FRD 21A	Responsible person and executive officer disclosures	Ref fin report
FRD 22B	Application and operation of <i>Freedom of Information Act 1982</i>	13
FRD 22B	Application and operation of <i>Whistleblowers Protection Act 2001</i>	13
FRD 22B	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	13
FRD 22B	Details of consultancies over \$100,000	13
FRD 22B	Details of consultancies under \$100,000	13
FRD 22B	Major changes or factors affecting performance	Ref fin report
FRD 22B	Occupational Health and safety	14
FRD 22B	Operational and budgetary objectives and performance against objectives	Ref fin report
FRD 22B	Significant changes in financial position during the year	Ref fin report
FRD 22B	Statement of availability of other information	14
FRD 22B	Statement on National Competition Policy	14
FRD 22B	Subsequent events	Ref fin report
FRD 22B	Summary of the financial results for the year	Ref fin report
FRD 22B	Workforce Data Disclosures including a statement on the application of employment and conduct principles	14
FRD 25	Victorian Industry Participation Policy disclosures	14
SD 4.2(j)	Sign-off requirements	12
SD 3.4.13	Attestation of Data Integrity	12
SD 4.5.5	Attestation on Compliance with Australian/New Zealand Risk Management Standard	12

DISCLOSURE SUMMARY cont.

Legislation Requirement	Page Ref.
FINANCE STATEMENTS	
Financial statements required under Part 7 of the FMA	
SD 4.2(a) Statement of changes in equity	Ref fin report
SD 4.2(b) Operating Statement	Ref fin report
SD 4.2(b) Balance Sheet	Ref fin report
SD 4.2(b) Cash flow statement	Ref fin report
Other requirements under Standing Directions 4.2	
SD 4.2(a) Compliance with Australian accounting standards and other authoritative pronouncements	Ref fin report
SD 4.2(c) Accountable Officer's Declaration	Ref fin report
SD 4.2(c) Compliance with Ministerial Directions	Ref fin report
SD 4.2(d) Rounding of amounts	Ref fin report
Legislation	
<i>Freedom of Information Act 1982</i>	13
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<i>Victorian Industry Participation Policy Act 2003</i>	13
<i>Building Act</i>	13
<i>Financial Management Act 1984</i>	Ref fin report