Our Aim
To provide the most effective and efficient physical, emotional and social care possible to those for whom we are responsible.

Our Mission
To enhance the health of individuals and our community by providing the highest standard of skilled and compassionate care within the limitations of the Hospital’s resources, in a climate which is friendly and supportive to patients and staff, and enhances staff commitment, development and morale.

Our Objectives
Patient Care
To afford relief, including maintenance and cure of, or attention to, any disease or ailment, or any injuries or conditions in the areas of Accident & Emergency, Acute Care, Assessment and Rehabilitation, Day Therapy, Hostel Care, Nursing Home Care, and Community Home Care and Outreach Services to such individuals as are entitled thereto under the Governing Acts.

Community Health
To promote, provide and assist with health education and ill health prevention for the community.

Reflections Project
We are proud to feature some of the photographic portraits and ‘Words of Wisdom’ from the Reflections Project in this Annual Report.

The Reflections Project was an exhibition comprising of 174 photographic portraits of Mt Alexander Hospital Residents which was exhibited across eight venues in Castlemaine in October 2008 during Seniors Week.

In conjunction with the photographic portraits, residents gave quotes which were significant in reflecting on their life experiences. Central Victorian photographer Gail Hardy volunteered her time one day per week over the previous twelve months to photograph the portraits of the residents and collect the quotes.

Project coordinator Lynne Bird, said “This project strengthened partnerships within the community as it provided a link between the Mt Alexander Hospital residents, their families, and the local community.” Lynne acknowledged the time, skills and expertise that photographer Gail Hardy had contributed to ensuring the success of the project.

The photographic portraits are currently on display in all residential units.

Mt Alexander Hospital’s “Reflections Project” was proud to be a joint recipient of the Mount Alexander Shire “Community Event of the Year” Award for 2009.
YEAR IN BRIEF

Key Achievements

- Official opening of Thompson House refurbishment and extension by The Honourable Bob Cameron, Member for Bendigo West, on 31 October 2008 (page 3)
- Official naming by Bill O’Donnell, President of the Board, of the four Ellery House Wings to Ambrose, Anderson, Gray and Reimann Wings (page 3)
- Commencement of five year Service Plan (page 3)
- Upgrade of 74 computers (page 7)
- Introduction of new software programs – as part of the State Government’s HealthSMART strategy (page 7)
- Accreditation achieved in Aged Care and Australian Council of Health Care Standards (page 8)
- Compliance achieved with Home & Community Care National Service Standards (page 8)
- Increased number of surgical procedures performed (page 12)
- Additional beds provided for clients awaiting transition to residential care (page 12)
- Implementation of specialist Palliative Care Service (page 15)
- Hospital Admission Risk Program Project (HARP) and Health Independence Programs (HIP) commenced (page 17)
- Living Well – Ageing Well Project (page 17)
- Refurbishment of Acute, Rehabilitation Wards, Cafeteria, Auditorium and Renshaw Hostel (page 18)
- Upgrade of electrical switchboards (page 19)
- Installation of lifting machine in the Laundry (page 19)
- Reduced waste usage across the organisation (page 20)
- Penhall Hostel supplied with 100% green energy (page 20)
- Development of new 3CV Education Centre with dedicated computer training facilities (page 24)
- Implementation of No Smoking Policy (page 26)
- Fundraising raised $147,000 (page 31)

Performance at a Glance

<table>
<thead>
<tr>
<th>Fundraising ($000’s)</th>
<th>2008/09</th>
<th>2007/08</th>
<th>% Change</th>
</tr>
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<tbody>
<tr>
<td>Income</td>
<td>147</td>
<td>393</td>
<td>(167.35)</td>
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<tr>
<td>Expenditure</td>
<td>65</td>
<td>75</td>
<td>(15.38)</td>
</tr>
<tr>
<td>Surplus</td>
<td>82</td>
<td>318</td>
<td>(287.80)</td>
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<table>
<thead>
<tr>
<th>Staff</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Staff Employed</td>
<td>613</td>
<td>582</td>
<td>5.33</td>
</tr>
<tr>
<td>Equivalent Full-Time</td>
<td>373.24</td>
<td>351.7</td>
<td>6.12</td>
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Patient Statistics

<table>
<thead>
<tr>
<th>Patient Separations</th>
<th>Acute 2008/09</th>
<th>2007/08</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Day</td>
<td>1593</td>
<td>1489</td>
<td></td>
</tr>
<tr>
<td>Multiday</td>
<td>1709</td>
<td>1453</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3302</td>
<td>2942</td>
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</table>

<table>
<thead>
<tr>
<th>WIES Fundable Separations</th>
<th>2008/09</th>
<th>2007/08</th>
<th>% Change</th>
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<tbody>
<tr>
<td>Emergency</td>
<td>1223</td>
<td>1206</td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>1837</td>
<td>1564</td>
<td></td>
</tr>
<tr>
<td>Other including Maternity</td>
<td>157</td>
<td>143</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3217</td>
<td>2913</td>
<td></td>
</tr>
<tr>
<td>Total WIES (Estimate)</td>
<td>2148</td>
<td>1944</td>
<td></td>
</tr>
<tr>
<td>Total Discharged Bed Days</td>
<td>9125</td>
<td>7986</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Patient Separations</th>
<th>Sub Acute 2008/09</th>
<th>2007/08</th>
<th>Other 2008/09</th>
<th>2007/08</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Day</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multi Day</td>
<td>324</td>
<td>321</td>
<td>18</td>
<td>7</td>
<td>7</td>
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<tr>
<td>Total</td>
<td>324</td>
<td>321</td>
<td>18</td>
<td>7</td>
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<tr>
<td>Total Discharged Bed Days</td>
<td>7630</td>
<td>8044</td>
<td>433</td>
<td>344</td>
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Non Admitted Patients

<table>
<thead>
<tr>
<th>Non Admitted Patients</th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Presentations</td>
<td>5359</td>
<td>5065</td>
</tr>
<tr>
<td>Outpatient Occasions of Service</td>
<td>32687</td>
<td>29500</td>
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<tr>
<td>Total</td>
<td>38046</td>
<td>34565</td>
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<table>
<thead>
<tr>
<th>Resident Bed Days</th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>62999</td>
<td>63153</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Babies Born</th>
<th>2008/09</th>
<th>2007/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>59</td>
<td></td>
</tr>
</tbody>
</table>
Acute/Sub-Acute Facilities (65 staffed beds)
- Medical
- Obstetric
- Palliative Care
- Paediatric
- Rehabilitation
- Geriatric Evaluation & Management
- Respite
- Surgical
- Accident & Emergency

Residential Aged Care
High Care (90 beds)
- Ellery House
- Thompson House

Low Care (86 beds)
- Spencely
- Thompson House
- Penhall
- Renshaw

Community
- District Nursing Services
- Post Acute Care Home Services
- Support & Aged Care Assessment Service
- Adult Day Activity Centre
- Community Rehabilitation Centre
- Volunteer & Social Support Program
- Castlemaine & District Accommodation & Resource Group (CADARG)
- Early Intervention Program

Client Services
- Medical
- Nursing & Personal Care
- Welfare/Social Work
- Podiatry
- Occupational Therapy
- Physiotherapy
- Speech Therapy
- Dietetics
- Continence Management
- Volunteer Assistance
- Pharmacy
- Psychiatry
- Pastoral Care
- Infection Control
- Recreational Activities
- Transport
- Pathology-Provided on site by Gribbles Pathology
- Radiology and Ultrasonography - Provided on site by Bendigo Radiology

Facility Management Support
- Engineering Services
- Supply Department
- Human Resources
- Health Information Services
- Information Services
- Public Relations / Fundraising
- Finance Department
- Hotel Services
- Occupational Health & Safety
- Quality Department

Training and Development
- Training and Development Apprenticeships & Traineeships
- Graduate Nurse Program
- Overseas Registration Program
- Public Health Programs / Health Promotions
- Staff Education / Professional Development
- Undergraduate Programs
- Work Experience Program

History
- 2008 Thompson House upgraded
- 2007 Ellery House opened
- 2000 Newstead Hostel upgraded
- 1998 Renshaw House upgraded
- 1998 Spencely House upgraded
- 1996 Penhall Hostel opened
- 1995 Acute Facilities relocated
- 1995 Thompson House opened
- 1994 Building Program launched
- 1986 Castlemaine District Community Hospital amalgamated with Alexander to become Mt Alexander Hospital
- 1959 Mount Alexander Hostels established
- 1939 Halford Street Hospital opened
- 1860 Castlemaine Benevolent Asylum opened
- 1853 Gingell Street Hospital opened

"Take life gently. Keep your life bright and healthy" Joan Riemann - Reflections Project
Hans & Joan Riemann

“I was a day patient for (procedure). The level of professionalism throughout the entire procedure from admission to recovery was excellent”
VPSM Survey
REPORT TO THE COMMUNITY

Graem Kelly, CEO

Bill O’Donnell, President of the Board

For everyone in our community, Mt Alexander Hospital plays an important role in our life as we all strive to maintain good health. Our health service delivered professional care to over 5,000 accident and emergency presentations, 62 births, 1,749 surgical procedures and 32,687 outpatient occasions of service. We provide comprehensive community based services, high quality residential aged care, rehabilitation and acute care services. We have a local Board of Management and staff who are committed to meeting the health and welfare needs of our local community. We work in collaboration with other health service providers to ensure access to services throughout the region.

Our theme this year for the Annual Report is “Living Well-Ageing Well”. This is consistent with our objective of meeting the health needs of individuals, families and the community as a whole. We seek to do more than just treat a person’s illness.

This year has seen the introduction of many new services, improvements to systems, provision of sound financial management, and continued responsibility both environmentally and ethically. The official opening of a refurbished Thompson House residential unit by the Honourable Bob Cameron occurred on 31 October. Our new 60 bed residential facility, Ellery House, officially has its four facility wings named by our President of the Board, Bill O’Donnell on 27 November. The names Ambrose, Anderson, Gray and Reimann were named after four well-known members of our local community, who had a close affinity with the Hospital.

As a major provider of services to the elderly, we are participating in the Longer Stay Older Persons Project (LSOP), which we have renamed to “Living Well-Ageing Well” to better reflect our philosophy. This project framework has paved the way for the introduction of our Hospital Admission Risk Program (HARP), the Health Independence Program (HIP) and the Better Care for Older Persons (BCOP) project. Implementation strategies with measurable outcomes have been formulated and enthusiastic staff recruited. These projects will give us the opportunity to provide better care outcomes for our older, most vulnerable clients, many of whom suffer from chronic illnesses.

This year has also seen us embrace the Victorian Charter of Human Rights into our culture, policies and procedures. It has challenged us to not lose sight of the consumer as an individual, to understand their needs and remain aware of their rights without being lost within systems and processes. We seek to be person centered in the care we deliver. This approach, while not new, allows the consumers and their families to better understand and participate in their care planning and provision.

Our successes are many, in all areas, as you will see when reading through this Annual Report. An extensive service planning review has been undertaken which has provided us with the fundamental elements needed to construct a robust and credible Strategic Plan. During this process the Board, under the leadership of President Bill O’Donnell, has provided the stewardship required to allow the Executive team, Departmental Managers and general staff to challenge the status quo and look towards the future service role this organisation can provide.

Appreciation is extended to all current Board members for their collaboration and dedication and to past members Spencer Bock, Carolyn Wallace and Sue Turner, you will be missed. To all of our staff, your support and efforts are greatly appreciated. The achievements this year are your badge of honour – wear it proudly because you continue to make a difference. To the Minister for Health, Daniel Andrews, Executive Director Rural & Regional Health & Aged Care Services, Professor Chris Brook and his team, Regional Director of Department of Human Services Loddon Mallee, Vic Gordon and all his team, all our volunteers, donors and the community we service thank you for support and collaboration. It was and continues to be, greatly appreciated!

The future will see a continued growth in the primary care sector and a need for us to meet the challenges and ensure the continued viability of Mt Alexander Hospital. Our commitment is strong. Mt Alexander Hospital will be a leading rural hospital with key stake holder collaboration and local community support assisting this success.

BILL O’DONNELL
President

GRAEM W KELLY, PSM
Chief Executive Officer
OPERATING THEATRE UTILISATION increased this year due to contracts with Bendigo Health Care Group to reduce their waiting list. Additional funding also received from the Commonwealth to provide more surgical services.

Our Accident and Emergency service continues to provide a valuable service to our community, with a 5.8% increase in attendances from 2007/08.

The increase in Colonoscopy procedures was due to contractual arrangements with BHCG. A slight decrease in the number of cataract procedures from last year, with normal deliveries again rising.

Decreases in our average rehabilitation stay reflect our professional intervention and community support programs.

An additional 6 beds were made available for patients awaiting placement to nursing homes or hostels. This assisted to free beds for our rehabilitation clients.
FINANCIAL SUMMARY

Financials in Brief
Mt Alexander Hospital’s Financial Statements have been prepared in accordance with the provisions of the Financial Management Act 1994. These requirements incorporate relevant accounting standards issued by the Institute of Chartered Accountants and CPA Australia and other mandatory professional reporting requirements.

Our Operating Statement shows a deficit net result before capital and specific items for the year of $144,000. The current deficit is an improvement on the $406,000 deficit reported in the previous financial year. For most of the year the Hospital traded in a surplus position through very high activity in Acute and above target activity in Rehabilitation. During May and June activity was curtailed in Rehabilitation due to the removal of asbestos and related works. The Department of Human Services (DHS) did agree to fund the capital costs incurred with the works. The $550,000 received from DHS kept income well ahead of last financial year. The expenditure incurred is reported as Expenditure using Capital Purpose Income on the Operating Statement. The works however also lead to a reduction in income as occupancy and private patient numbers were impacted. As a result of the lower activity, we estimate that in addition to the costs incurred, the Hospital lost approximately $314,000 in revenue based on the activity to the end of April 2009. Continuing negotiations are still being held with DHS and we are confident of recouping at least some of this money and when this is realised it will be reported as income in the 2009 - 2010 accounts.

One-off payments which had significant impact on this year’s overall financial position were as follows:
- $400,000 transitional Fringe Benefit Tax (FBT) funding relating to the previous financial year
- $500,000 from the Monash University – for Medical 4th Year Training and Accommodation (10 year contract)
- $238,000 from the joint venture that exists with public hospitals within the Loddon Mallee Region to support the development of Information Technology infrastructure
- $55,000 from back payments from subsidies by the Commonwealth relating to Residential Aged Care. There may be some further income still from this into the next financial year

In analysing financial figures it helps to look at ratios and what is an organisation’s working capital (the money it has available). Working capital is calculated by subtracting current liabilities from current assets. This measure defines an organisation’s liquidity, or short term cash position.

Mt Alexander Hospital this year reported a negative working capital result of $1,924,000 which is an improvement of $919,000, or 32% on last year’s result. This improvement came in a year of strong activity and significant minor works related expenditure. Infrastructure remains a critical issue for Mt Alexander Hospital and in collaboration with DHS, the Board and staff continue to plan for the implementation of much needed works.

An important ratio to be considered when measuring our short term cash position is the Current Asset Ratio. This is derived by dividing the current liabilities into the current assets. This year there has been an increase in the Current Asset Ratio from 0.80 for last financial year to 0.87 this year.

The Board and Management are constantly monitoring this as DHS use this as a benchmark. DHS require that agencies make all practicable efforts to maintain a Current Asset Ratio in excess of 0.70. The Board and Management of Mt Alexander do however set themselves a goal to raise the Current Asset Ratio to 1.0 or above so as to give the Hospital a strong cash position to operate within.
Mt Alexander Hospital Board and Management are committed to financial constraint and a balanced budget. This has been a year in which the organisation did expect a good result, but because of the drop in revenue during the asbestos removal and related works this was not achieved. The Board and Management are staunchly committed to good governance and because of this they will budget to return a surplus before capital and depreciation for the 2009-10 financial year.

The Valuer-General did review all public hospital land and building valuations across the State at the end of this financial year. The result for Mt Alexander Hospital was a significant increase in the value of land and buildings of $21,623,000. The offset to this increase was to the Asset Revaluation Reserve. The revised valuation will also result in threefold increase in depreciation from next financial year. The increased depreciation will highlight the evident capital issues being experienced by all at Mt Alexander Hospital.

To the credit of the Board, a lot of energy was spent this financial year re-establishing the Audit Committee as a sub-committee to the full Board. This involved recruiting two independent members onto this sub-committee. Along with the Board members the two independent members are Richard Hetherington (Lawson Taxation Services) and Sandra Wilson (Mount Alexander Shire). These changes add to the robust governance that has existed and positions us in line with best practice and the State Government’s Financial Management Compliance Framework.

Summary of the Financial Results for the Year

<table>
<thead>
<tr>
<th></th>
<th>2009 $000</th>
<th>2008 $000</th>
<th>2007 $000</th>
<th>2006 $000</th>
<th>2005 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue (Includes Capital Items)</td>
<td>32,782</td>
<td>30,825</td>
<td>29,214</td>
<td>28,390</td>
<td>27,159</td>
</tr>
<tr>
<td>Total Expenditure (Includes Capital Items)</td>
<td>32,926</td>
<td>31,231</td>
<td>29,091</td>
<td>28,134</td>
<td>27,041</td>
</tr>
<tr>
<td>Operating Surplus (Deficit)</td>
<td>(144)</td>
<td>(406)</td>
<td>123</td>
<td>256</td>
<td>118</td>
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<tr>
<td>Total Assets</td>
<td>60,106¹</td>
<td>37,773</td>
<td>37,262¹</td>
<td>29,517</td>
<td>27,160</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>15,998</td>
<td>15,380</td>
<td>14,656</td>
<td>13,839</td>
<td>13,383</td>
</tr>
<tr>
<td>Total Equity</td>
<td>44,108¹</td>
<td>22,393</td>
<td>22,606</td>
<td>15,678</td>
<td>13,877</td>
</tr>
</tbody>
</table>

- ¹ The change to total assets recognises Ellery House
- ² A revaluation of land and building was conducted by the Valuer-General

“I was a bit emotional - all the nurses took time to listen to me and that helped a lot. I felt very well taken care of, but I was given enough privacy”

VPSM Survey
OUR FINANCE TEAM

Profile
By ensuring the financial viability of the Hospital, the Finance Directorate contributes to enhancing the health of individuals within the community. Our teams that contribute to the above goal are Finance, Health Information Services, Information Technology and Supply. Clients include our community, our staff, other hospitals, and the Department of Human Services.

Quality Outcomes
- Significant increase in private patient revenue
- Seventy four (74) computers upgraded through funding provided by the State Government HealthSMART strategy
- Inclusion of a cash flow forecasting and a capital plan within the budget process

Future Directions
- Completing the implementation of new software for the Aged Residential Sector
- Implementation of a new Patient Administration System software
- Implementation of a new Financial Management Information System
- Introduction of a simplified billing system to assist with private patient billing
- Review of communication protocols with external companies
- Identification of strategies to reduce waste
- Development of strategies to start moving to an electronic patient record across the Hospital

Finance
Our Finance Team is responsible for Accounts Payable, Accounts Receivable, Resident Trust, Salary Packaging and financial reporting, including Maldon Hospital.

The implementation of a new Financial Management Information System across all hospitals within the Loddon Mallee Region is now well progressed after much discussion. Full implementation is to occur on 1 October 2009 and will result in many benefits to the Hospital, including increase efficiency and accuracy of data entry and reporting. The implementation is part of the State Government’s HealthSMART Strategy.

During the year the Banking Services were tendered with the Bendigo Bank providing the successful tender. We look forward to forging strong links with the Bendigo Bank in partnership with the community service sector.

Health Information Services
The Health Information Service is responsible for the safe keeping of medical records, the admission and discharge processes and reporting Hospital activity, internally and externally. In addition, a major function of the Service is to accurately allocate inpatient episodes to the correct Diagnostic Related Group (DRG) which determines the level of financial reimbursement the Hospital receives. In a recent Department of Human Services audit the Service received an excellent result of 4% DRG change compared to the State average of 10% change.

Our staff are involved in regional groups and projects such as the Loddon Mallee Health Alliance (LMHA), Health Information Managers Group and the LMHA HealthSMART implementation. These Forums facilitate information sharing, professional networking and quality benchmarking activities.

Our team also provides a regular service to Maldon Hospital, Maryborough & District Health and the East Wimmera Health Service. Coding (DRG allocation) is the predominant service provided with advice and support on other record management issues.

Supply
The supply department ensures the facility has the supplies, services and equipment required to run effectively. The supply department processed over 1,300 stock orders in this financial year. Towards the end of the financial year a lot of attention was given to reviewing processes for the implementation of the new Financial Management Information System.

Information Technology
Our Computer Systems Officer provides support and maintenance to the organisation for information technology systems, including computer network, computer hardware, software and telephone systems.

The use of computers across the Hospital continues to increase with 74 computers being upgraded this year to meet the HealthSMART specifications. In addition there has been an increase in the number of printers, scanners and photocopiers. With the planned introduction of several new software programs, much time has been devoted to minimising possible risks including staff training requirements and access to computers. This will continue well into next year.
This report is designed to communicate an understanding of some of our safety systems, processes and outcomes. The topics are chosen in consultation with staff, members of the Community Consultative Committee and other community members.

Celebrating our Successful Accreditation Results

Accreditation is a formal process that all health care services are required to undertake to evaluate the safety and quality of the care they provide.

In September 2008 the facility was audited by the Australian Council of Healthcare Standards who assessed key clinical, corporate, quality and safety aspects of our service. The feedback was very positive with four years accreditation being granted until 26 February 2013. Improvements planned as a result of the survey include the development of a Disability Access and Inclusion Plan.

The District Nursing Service was assessed for compliance with the HACC (Home & Community Care) National Service Standards in September. The resultant score was 18.3 out of a possible 20 (up from 16.5 when last assessed in 2003). This increase reflects the hard work the District Nurses have undertaken since the last survey. As a result of the survey there are plans in place to review advocacy and dispute resolution procedures.

A full survey by the Aged Care Standards and Accreditation Agency was also successful in April with the service being granted three years accreditation until 13 June 2012. Following feedback from the agency there has been a plan for improvement established including; an improvement in documentation systems, and establishment of more frequent resident and family meetings.

Risk Management

Risk management is an across organisational activity and requires proactive thinking and planning to reduce risks where possible.

Department and Organisational “Risk Management Plans” are reviewed and updated annually.

Our Incident Reporting procedure ensures that all incidents that occur on the premises, or occur to staff whilst on duty, are analysed to identify any actions that can be taken to prevent reoccurrence of the incident.

Some examples of improvements implemented as a result of an incident/near miss include:

- Purchase of a motorised trolley to reduce manual handling of linen delivered to the Operating Suite
- Review of the use of needles for blood taking/injections to reduce “needle stick” injuries
- Grill fitted over a heater to reduce the risk of fire
- Modification to office furniture to reduce incidents of staff injuring their knees

Planned improvements

- Implementation of improved incident reporting computer program (RiskMan) which will include a risk register
- Increase comparisons (benchmarking) with other facilities through improved data
- Introduction of a needle safe system that reduces the chance of needle stick incidents

### Patients admitted to our acute and rehabilitation units 2008/9

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres strait Islanders</td>
<td>19</td>
</tr>
<tr>
<td>Clients with 1st language other than English</td>
<td>2</td>
</tr>
<tr>
<td>Clients requiring an interpreter</td>
<td>0</td>
</tr>
</tbody>
</table>
Clinical Governance

Clinical Governance is the term used to describe a systematic approach to maintaining and improving the quality of care within a health system. Our newly formed Clinical Services Committee leads our care safety systems and reports to the Board of Management. In May we completed a “Clinical Governance Organisational Readiness Checklist” and as a result updated procedures and guidelines in relation to risks within the clinical areas. Strong emphasis is placed on areas that have been identified as high risk of harm to our clients. These include the following:

Adverse and Sentinel Event Program

Any incident that causes a serious adverse outcome to a client is classified as an adverse event; more serious incidents are classified sentinel events. We have had no sentinel events this year. The 20 adverse events that we had were mostly fractures after a fall. Every adverse event is thoroughly investigated to enable us to identify what happened, how it occurred, and what can be done to prevent it from happening again.

Medication Management Program

Making sure that each client receives the correct medication at the right time is a staff responsibility that is taken very seriously. Any deviation from the prescription or administration schedule is reported and thoroughly investigated. The organisation continually conducts research and education to ensure that we are using the safest medicines and practices.

Improvements
- Medication blister packs were implemented in Ellery House high care residential unit. This system was introduced to improve medication safety, reduce waste and cost and save time for the staff

Planned Improvements
- Review of the administration of Subcutaneous Insulin utilising guidelines provided by the Victorian Medicines Advisory Committee
- Extend the implementation of medication blister packs to all residential care units

Falls Monitoring and Prevention

Falls continue to be the most frequent incident reported at health care facilities worldwide. All inpatients and residents undergo a falls risk assessment and have an appropriate care plan developed to reduce the risk of falls. However, the number of falls that occur within our organisation does continue to rise consistent with an increase in the age and frailty of our clients.

Improvements
- Change in system to ensure staff remember to give information sheets to clients who are at high risk of falling

Planned improvements
- Increased compliance with completion of falls risk assessment and development of care plans through education and increased monitoring

Pressure Ulcer Monitoring and Prevention

A pressure ulcer is defined as a lesion, or sore, caused by unrelieved pressure. Pressure ulcers are an internationally recognised client safety problem and are largely preventable. Pressure ulcers are assessed and graded depending on severity. We complete three monthly audits on the number and severity that are present within our organisation. Those more likely to develop a pressure ulcer include the elderly, malnourished or immobile clients, and clients with an altered conscious state.

Planned improvements
- Improve compliance with pressure ulcer risk assessment completion through staff education

Infection Prevention and Control

Health services wage a constant battle to eliminate or minimise infections. Persons who are recovering from an illness, injury or surgery and elderly clients are particularly at risk of infection.

During the year we have developed plans to reduce the risk and impact of an influenza pandemic if it occurred in our region. Our auditorium has been designated as a receiving centre should such an outbreak occur.

Recent research has shown that lanyards (cords worn around the necks of staff to hold keys or other items) carry bacteria. As a result, lanyards have been banned within the organisation.

Staff Immunisation

Division 1 Registered Nurse, Andrew Lewis, was trained as a Nurse Immuniser this year and has overseen the Staff Immunisation Program.

Hand hygiene

Audits of staff hand hygiene compliance are conducted four times a year and show improved results since the commencement of our hand hygiene project which commenced in 2006 with the implementation of alcohol based hand rub.

Cleaning audits

Mt Alexander Hospital has performed extremely well in recent cleanliness audits and client surveys. Auditing against the Victorian Public Hospital Cleaning Standards achieved a result of 96.8%, 11.8% higher than the acceptable standard.
QUALITY OF CARE REPORT CONTINUED

During 2010 there will be an Introduction of new stringent cleaning standards and systems which includes increased frequency of auditing within high risk areas.

Food Safety
Mt Alexander Hospital has a rigorous Food Safety Plan which aims to reduce the risk of consumers contracting food poisoning and gastroenteritis from foods served on the premises. There are procedures in place to monitor all incoming goods with correct temperatures, use by dates and quality. Food temperatures are regularly checked and recorded to ensure correct temperature procedures are adhered to. An Internal Food Safety Audit is conducted three times a year to identify key areas as they relate to the Food Safety Plan. The Food Safety Plan was audited in May by Catering and Hospitality Management Services with no reportable recommendations.

Communication and Consumer Participation

Community Consultation
The Community Consultative Committee was established in 2005 to increase community participation in decision making about healthcare services. Earlier this year the recruitment process, membership and meeting format for the Committee was reviewed with the aim of ensuring representation from many different groups.

In line with the DHS report “The doing it with us not for us – Participation in your health service system 2006–09”, the Consultative Committee actively engaged members representing carers, people with chronic conditions, those from isolated and rural settings, and people from culturally and linguistically diverse backgrounds. The Committee also provides a forum for Community representatives to provide feedback on promotional activities and various aspects of service delivery and development.

Planned Improvements
• Community Consultative Committee input into the revamping of the hospital’s Health Independence Programs, the Community Participation plan and the service’s Access, Discharge and Transfer review

Monitoring of Satisfaction
We take part in a state-wide Victorian Patient Satisfaction Monitor Survey (VPSM) which asks people who have been discharged from the acute and rehabilitation services a series of questions in relation to their admission, participation, complaints management, physical environment and overall care. The VPSM also measures our performance in involving consumers, carers and the community and collates into a “Consumer Participation Index”. We consistently score very close to like size facilities.

In addition, we conduct our own internal survey for residents in our Residential Aged Care Units. This year 237 surveys were distributed and 150 surveys completed. Four volunteers assisted the residents with completion of the survey which resulted in a much higher return rate.

Excellent results were received as well as many suggestions for improvement. As a result of comments made within the survey the following improvements have been made:
• Individual residents have had their menu reviewed
• Hairdresser and massage services provided for individuals
• Activities program reviewed
• Medications reviewed for a resident who felt they were taking too many tablets
• Further dissemination of minutes of resident meetings

“…My mother was treated with professionalism, compassion, care and dignity. The staff at Mt Alexander Hospital were wonderful in every way.” VPSM Survey

Paid hand hygiene compliance

<table>
<thead>
<tr>
<th>Unit</th>
<th>2009</th>
<th>2008</th>
<th>2007</th>
<th>2006</th>
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<td>58%</td>
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<tr>
<td>Connolly Rehabilitation Unit</td>
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<td>68%</td>
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VPSM results-Overall satisfaction with hospital stay

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<td>State mean</td>
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<table>
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<table>
<thead>
<tr>
<th>Mt Alexander Hospital</th>
<th>Similar sized organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Participation Index</td>
<td>82</td>
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</table>
Health Promotion
A range of health promotion strategies occurred this year including:
• Implementation of No Smoking Policy
• Mt Alexander Hospital staff competed with other regional organisations to get the most “steps” clocked up as a means of promoting exercise in the “Biggest Walker Challenge”
• Onsite health promotion days for Jeans for Genes day, Cancer Council and the Children’s Medical Research Institute
• Physiotherapy staff provided education sessions on Heart Health, Falls Prevention, Healthy Bones and Continence to the Castlemaine Senior Citizens
• “Go for your Life-Just Add Fruit and Veg Project” resulted in promotion of fruit and vegetable consumption across the Shire
• Provision of information sessions to staff and community during palliative week, May 2009
• Foot health week was celebrated in October 2008 with provision of community and staff education sessions and foot health screenings by our podiatry department

Planned Improvements
• Launching of a new program for staff to encourage general wellbeing – “Fit for Life-Fit for Work”

Continuity of Care
Our facility is able to offer many care services both on site and within the community.
Many of our acute patients are followed up after discharge with rehabilitation services, or care within their homes either through our District Nursing Service or Community Aged Care Packages (CACP). Community Aged Care Packages are coordinated packages of community care services to help our people with complex care needs to continue living in their own home. Each CACP is designed for an individual person and is based on their particular needs.
To access CACP, clients are required to have an assessment completed by the Aged Care Assessment Service (ACAS) located at the facility. A Doctor can provide a referral to this service, or the ACAS team can be contacted directly by the client, or next of kin, by telephoning the CACP manager on 54 71 1468. After a client is considered to be eligible, they are put on a waiting list and informed as soon as a package is available.
Mt Alexander Hospital has funding to provide 20 clients with Community Aged Care Packages. John Mathew’s role of CACP Coordinator ensures the highest quality service is provided to our clients receiving a CACP.

Joyce’s Story
Three and a half years ago Joyce was referred to CACP.
Care Manager, John Mathews, visits Joyce once a month and keeps in touch by phoning her regularly assessing, monitoring and reviewing Joyce’s needs to enable her to continue living at home.
“John is an absolutely wonderful and caring man, who I consider a friend, and a professional and when I need help he helps me.” Joyce says
Joyce has a personal alarm system and a reading monitor, which had been organised by John. He has also assisted in sourcing services for Joyce which include a gardener, to mow her lawns, and Home Care, which includes house cleaning and shopping. As Joyce’s needs change so the services may be changed.
John ensures her care is being provided appropriately and Joyce is able to make informed choices about the services she requires.
The CACP service makes a real difference in assisting our clients in living well and ageing well within their own home environment.
OUR NURSING DIRECTORATE

Future Directions

- Investigation of possible chemotherapy and dialysis service provision will continue
- Implementation of the Strengthening Care Outcomes for Residents with Evidence project as developed by the Department of Human Services
- Implementation of the electronic documentation system called “Management Advantage” within Residential Aged Care areas. There will also be a reduction in the need for a paper based medical record which brings environmental benefits
- A review of rehabilitation services is planned for the next year. In particular, a speciality stream in caring for people with movement disorders such as Parkinson’s and Motor Neurone diseases will be developed
- Extend the rural medical workforce partnership with Bendigo Health

Return to Practice Program and Initial Registration of Overseas Recruits

Our first Return to Practice program for 2009 commenced on 16 February. This was also the first time we have offered the course incorporating overseas registered nurses who are seeking to obtain registration to work in Australia. We are able to offer eight positions per course and have planned to offer three courses per year. In this first intake, we had two Division 1 nurses and five Division 2 nurses seeking to re-enter the workforce. We hope to recruit several of these staff into our nursing team at the completion of the program. Our overseas recruit was from the Philippines and has family living in the Melbourne metropolitan area where she is hoping to find employment at the completion of our program.

Both types of candidates generate income for the Hospital. The Victorian Government sponsors the Return to Practice staff up to $2,200 per course and the overseas recruits pay a total of $12,000 (inclusive of accommodation costs) to participate in the program. The course will generally take approximately 12 weeks to complete. Candidates can undertake the clinical component on a full-time or part-time basis and must complete a minimum number of clinical hours and undertake the theoretical component to achieve re-registration.

Increase in Surgical Activity

In response to demand for services, and through the provision of extra funding from the State and Federal Governments, we have increased the number of surgical operations by 35 to 40 per month since September 2008. Most of this increase is in endoscopic procedures, such as gastroscopy and colonoscopy to screen for cancer and other medical problems.

Extra Beds for Nursing Home Type Patients

In January 2009, we increased the number of beds available (by six) in the Rehabilitation Unit to accommodate the number of patients who were awaiting a place in a residential care facility. In addition, we designated one bed for planned respite admissions so families could plan, book and take a holiday.

“Help out with other people as much as you can”
Frances Thompson - Reflections Project

Profile

The Nursing Directorate oversees nursing services within Residential Aged Care (Hostel and Nursing home), Rehabilitation, Acute Medical and Surgical, Midwifery and Accident and Emergency services.

Quality Outcomes

- Increased number of operations performed
- Additional beds provided for clients awaiting transition to Residential Care
- Relocation of residents from Maldon Hostel to Renshaw House
- Reduction in average length of stay of inpatients
- Introduction of the Living Well - Ageing Well Project

“’The staff could not have been more helpful, thoughtful or sympathetic during my day surgery’”
Comment received 3 December 2008
We continue to receive inquiries from nurses around the world, predominantly African countries, seeking to gain employment and longer term residence opportunities in Australia.

**Strengthening Care Outcomes for Residents with Evidence (SCORE) Project**

The SCORE project aims to facilitate sustainable improvement in clinical and care practices in Residential Aged Care services. Mt Alexander Hospital has been chosen as the Loddon Mallee representative to participate in this project.

Sue Nicholson, the Nurse Unit Manager of Ellery House, has agreed to be the Research Fellow for our site and implement the changes into Ellery House. The first stage of the work is developing standardised care processes in ten areas of clinical risk. The second stage involves the piloting of four of these standardised care processes in each of the public sector residential aged care services.

**Maldon Hostel Relocation**

The final piece of the major aged care facilities redevelopment puzzle fell into place on 31 July 2008, with Maldon Hostel residents relocated to Renshaw House. The residents are enjoying their new beds, rooms and private bathrooms. New furniture was purchased to celebrate the relocation.

**Clinical Resource Unit**

The Clinical Resource Unit established last year has now been evaluated. This Unit provides a flexible workforce available to cover long term leave absences and ad hoc absences. The evaluation demonstrated a cost saving of $27,000 during the evaluation period (data was compared 18 weeks prior to 18 weeks post the implementation). As a result, a permanent workforce is employed which ensures flexibility across the organisation to fill the areas of greatest need.

**Rehabilitation & Acute Services**

Considerable work in the last year has resulted in reducing the average length of stay from 26 days in 2007/08 to 24 days 2008/9 in the Rehabilitation Unit by planning smarter therapy programs for each patient.

Staff and patients coped admirably during an eight week relocation whilst the Rehabilitation and Acute Units were refurbished.

A review of maternity services is underway with early data showing that there is a willingness and capacity to increase services to the local community. Further work will determine an enhanced role for midwives to support the general practitioner workforce and examine how we can help in relieving the demands placed on Bendigo Health.

"I felt very fortunate to be able to have my children in my local hospital with such good quality care and no "big hospital bustle"."  
Quote from a Maternity satisfaction survey
OUR COMMUNITY PROGRAMS

Profile
Our Community Programs staff are committed to providing a service that is evidence based, goal-orientated, and demonstrates the principles of self management and client-centred practice. Staff provide an extensive range of services including multidisciplinary inpatient and outpatient rehabilitation, assessment, treatment, and social support across the Goldfields, Macedon Ranges and Mount Alexander Shires.

Quality Outcomes
- Hospital Admission Risk Program Project Manager appointed and implementation plan developed
- Health Independence Program (HIP) implementation commenced
- Introduction of an electronic Aged Care Client Record System
- “Go for Your Life” Just Add Fruit and Veg Project selected to be highlighted in the “A Fairer Victoria” Annual Report
- Relocation of physiotherapy gym
- Extension of nine extra places within the Early Intervention Program
- Implementation of the specialist Palliative Care Service

Future Directions
- Compliance with the HACC National Service Standards-District Nursing Service
- Restructuring of the Out & Out Club
- Appointment of a Health Independence Programs Manager
- To improve interdisciplinary, collaborative care planning, and increase engagement in service planning and development with local service providers
- Ensure that practitioners are educated in self-management practices in chronic conditions
- Streamline service co-ordination by increasing the use of electronic referrals
- Extend the use of a dermatoscope within the podiatry department. This instrument allows examination of freckles/moles which will assist the early diagnosis of skin cancers
- Implementation of a Shared Care Protocol in medication administration in the community between the District Nursing Service and the Shire’s Home and Community Care personal care workers

Allied Health
The facility is very fortunate to have a strong professional allied health team who, together with the community and other service providers, provide an exceptional range of services aiming to achieve the best possible health outcomes for their clients. Our team provides physiotherapy, occupational therapy, podiatry, speech pathology and dietetics with access to a neuropsychology and psychology service. There is an emphasis on health promotion and education as well as the provision of individual and group interventions.

During the year work has been completed by our allied health team on the “Living Well-Ageing Well” Project, the Hospital Admission Risk Program and the implementation of Health Independence Programs Guidelines developed by the Department of Human Services (more detail on Page 17).

Physiotherapy was provided two days per week to “Scope” which is a Bendigo based not-for-profit organisation providing disability services to children and adults with physical and multiple disabilities. The exercise classes and groups provided in the Community Rehabilitation Centre have benefitted from upgraded equipment provided through additional Rehabilitation Ambulatory Care funding and the MAHS (More Allied Health Services) provided a half day a week of physiotherapy services to Maldon Hospital residents, funded by the Division of General Practitioners.

The Occupational Therapy Department received Home and Community Care (HACC) funding to work collaboratively with the Mount Alexander Shire to develop a program which is compliant with the HACC “Active Living Model”. The aim is to assist clients living in the community to remain in their own homes and provide services to enable them to remain independent and safe.
Support and Assessment Services

The Support and Aged Care Assessment Service (ACAS) was formerly titled the Welfare Department; this service encompasses the Aged Care Assessment Service and welfare support roles. The department changed their title in March 2009.

To reduce duplication of data entry an electronic Aged Care Client Record System and electronic delegation system was implemented for high and low care residents, respite, and community package client information. This system was implemented by Bendigo Health Care Group and enables staff to correspond electronically with Bendigo staff.

Early Intervention

The Early Intervention service provides multidisciplinary care for children up to six years old. As a result of a funding increase received from the Department of Education and Early Childhood Development, the service has been extended by nine places to now accommodate an average of 36 children in the program. To support these additional places the program has extended the teacher position and employed another Occupational Therapist. Additional audiovisual equipment, funded by the Commonwealth Bank, was purchased to assist with the program.

District Nursing/ Palliative Care/Post-Acute Care

These services deliver personal and nursing care to clients within their own homes seven days a week.

The service has been expanded to provide dedicated Palliative Care Nurses with post graduate specialist education to provide care for clients in their own home. The services of a Palliative Care Specialist who has just completed post graduation studies has been utilised and Merrill Cole, Palliative Care Consultant, has already completed her Masters and aims to be endorsed as a Palliative Care Nurse Practitioner in the very near future. Both of these specialist staff members work collaboratively with the client’s own General Practitioners and other health care providers to ensure optimal care.

The District Nursing Service was assessed for compliance with the HACC National Service Standards in September. The resultant score was 18.3 out of 20.
Continence Service

This service has been relocated and now has an office and treatment room which allows consultation in a more private and comfortable environment and closer liaison between staff. A full time continence nurse and part time continence physiotherapist provide assessment and treatment to adults who suffer from bladder or bowel dysfunction. Referrals are accepted from doctor, case manager or self referral.

CADARG (Castlemaine and District Accommodation and Resource Group)

CADARG assists with accessing accommodation for those people who need support.

During the past twelve months CADARG staff have been developing the Youth Housing Initiative which is now operating. The lead tenant and young people in the program are working well together and an evaluation is currently underway. The program is supported by St Luke’s Bendigo with a grant provided for the implementation of this aspect of the Homelessness Action Plan Stage 2.

There has been an increasing demand for housing assistance from the Sudanese community with twelve clients currently receiving support.

Adult Day Service/ Volunteer & Social Support

The Adult Day Service provides respite services for community carers and planned activity groups for community members with an eligible disability.

The “Out and Out Club”, which provides activities for younger clients with disabilities, has been restructured with the group sizes being reduced to enable increased individual activities.

Together with the Volunteer and Social Support Department, an “April Fools Gala Day” was arranged for the benefit of clients and invited guests from Mount Alexander Shire social support programs.

The Volunteer & Social Support Manager has worked collaboratively with the Transport Department to introduce a service criteria and fee structure for volunteer and Hospital transport.

National Volunteers Week was celebrated with a “Laugh, Learn and Let Loose Day” being held for the Mt Alexander Hospital volunteers.

Successful respite weekends are held regularly. Positive feedback continues to be received.

"Dear Virginia, Thank you for including us in the long week-end respite holiday. It was really superb; even the weather was fantastic.

Fran Van Rooen & Chris Jeffcott were wonderful support, and were always there to help us. They spoiled us & went well beyond the call of duty to ensure our comfort & that we had everything we could wish for.

The morning tea & lunch we had on the way to Yarrawonga were delicious. The units were comfortable and practical, even if not specifically for ‘disabled’. We all coped very well. The living area was very good with suitable heating in the living area, and was great for socialising for breakfast and an evening meal and board game. The two Clubs we dined at for evening meals provided really good meals.

We all loved the Pioneer Museum, the Antique Clock Display, the Op Shop where we all hunted for bargains; and the Church Fete where we were able to browse around before enjoying Devonshire tea. We all enjoyed sitting in the sun with no wind while we had our barbeque lunch and watched some boats and fishermen at the edge of the lake. Fran & Chris did the work while we relaxed and felt very lazy. We had time for some walks, and needed them to burn off a few of the calories we had consumed. We called in to a nearby winery and helped the economy by spending a little to bring some home. And on Sunday we visited the old historic homestead and gardens before again having a wonderful Devonshire morning tea out in the garden before starting our journey home.

It was a most enjoyable week-end and our best wishes and thanks go to all concerned, we are most appreciative of the opportunity to be part of such a great adventure that is available through our marvellous hospital,

Sincerely yours, Carer”

Letter from Carer to Virginia Harken ADS Coordinator
Living Well-Ageing Well

Living Well - Ageing Well is a key theme for the work we have undertaken this year and for what we have planned for next year. We have obtained Federal funding to develop and implement two projects that aim to improve care for older people by:

- Developing an age friendly environment throughout the facility, in particular for those over 65 years of age, and indigenous clients over 45 years of age
- Increasing awareness and provision of person centred care. Person centred care places the client and their family/carer at the centre of the care experience. This ensures that care provided is responsive to individual differences, cultural diversity, level of ability and personal preferences
- Minimising functional decline in particular in relation to mobility, continence, medication, depression, delirium, dementia, nutrition and skin integrity. Additional strategies will be developed to reduce risk across these areas and promote maintenance of independence where possible
- Improving management of complex/chronic diseases aiming to decrease in hospital admissions and emergency department presentations

In order to achieve the above the facility has:

- Employed two project managers to oversee the projects
- Employed a Registered Nurse Division 1 who will coordinate care for clients over 65 years with complex needs associated with their chronic condition
- Reviewed assessment and care planning tools to ensure client and carer goals are emphasised
- Developed a strategy to implement collaborative care planning that actively involves the patient, carer and their health care providers

- Provided self-management training for a number of the allied health and nursing staff
- Published a quarterly newsletter that represents client views, provides information for the community about person centred care, health independence and chronic disease self management

The focus over the next year will be ensuring the basic principles of the Person Centred Care model of service delivery for older people are demonstrated throughout all areas of our service. These are:

- Based on strong evidence and have a focus on maintaining, improving and preventing deterioration in health and quality of life
- Recognise and address older people’s complex needs
- Respectful and recognise individual differences and specific needs
- Delivered in a coordinated and timely manner across care settings
- Unnecessary admission and extended hospital stays for frail elderly people are avoided
- Focused on the care needs of older people
- Aim to provide care for older people in the setting that best meets their needs and preference (taken from Age-friendly principles and practice, Australian Health Ministers’ Advisory Council, 2004).

Eligible clients who have a chronic condition can be referred to the Hospital Admission Risk Program (HARP) via Phone (03) 5471 1673, Fax (03) 5471 1674 or the Connecting Care Website www.connectingcare.com

The HIP guidelines aim to reduce duplication, ensure a seamless journey from one service to another and offer more comprehensive care for our Shire’s most vulnerable clients.

In practical terms, these changes will include:

- The introduction of a defined point of entry and an intake clinician who will review all new clients needs that may impact upon their health
- Allocation of a key worker to coordinate care for people with chronic and complex conditions
- Increasing the use of shared care plans and case conferencing
- Ensuring all programs and services within CRC are informed by a self management approach
- Broader use of e-referral and communication tools to ensure better communication between CRC clinicians, GPs, Community Health and Shire services

Eligible clients who have a chronic condition can be referred to the Hospital Admission Risk Program (HARP) via Phone (03) 5471 1673, Fax (03) 5471 1674 or the Connecting Care Website www.connectingcare.com

Beverley Shears riding bicycle in the Botanical Gardens
Our Facility Services

- Excellent results on external food safety and cleaning audits
- Installation of a new industrial dishwasher for the main kitchen
- Upgrading of electrical switchboards
- Removal of asbestos
- Purchase of two new vehicles—an additional sedan and a razorback vehicle
- Installation of a lifting machine in the laundry
- Installation of a gourmet self serve hot drink machine in cafe

Future Directions

- Review the appropriate use of all vacant or altered building spaces that have resulted from completion of the Building Program
- Refurbish Slater House (formerly Maldon Hostel)
- Development and implementation of a three year plan for the repainting of the external surfaces of all buildings
- Investigate purchase of equipment to facilitate cleaning and maintenance of high points in buildings
- Installation of additional security cameras
- Investigation of the provision of fitted sheets

In partnership with the Local Community Health Centre a commercial arrangement has been introduced to provide transport to local residents four times a year to attend appointments at the Bendigo Regional Women’s Health Clinic.

A new vehicle was commissioned in May. The design of the passenger section was reconfigured to provide more seating and space for an additional wheelchair. The vehicle has increased fuel efficiency and complies with the highest European Emission Control Standards. These features and the reconfigured design of the vehicle will create operational efficiencies along with improved passenger comfort.

A client satisfaction survey conducted on the external Hospital Transport services provided an overall satisfaction rating of 97%.

Environmental Services

The staff from the Environmental Services Department provides flexible and high quality meal delivery and cleaning services.

To facilitate cleaning, a new electric scrubber was purchased for use in the Kitchen. A motorised equipment trolley was purchased to assist in the movement of equipment and goods. To assist in cleaning new carpet in the Rehabilitation and Acute units, new vacuum cleaners and an additional carpet shampoo machine were also purchased.

Food Services

Our busy kitchen provides over 750 well balanced meals to inpatients, residents, staff, visitors, Maldon Hospital and meals on wheels recipients each day.

The supply of some food products was tendered during the year with the result being that costs were kept to a minimum, or in some instances, were reduced.

The use of food portion control products was increased during the year to assist with waste minimisation.

Profile

The General Services Directorate provides services to ensure the effective management of assets and facilities, transport, provision of meals, general and specialist cleaning, waste disposal, recycling and security services. These services are provided to all internal departments in the facility as well as to some external organisations.

Quality Outcomes

- Refurbishment of two of the Hospital’s residences in preparation for sixth year Monash medical students who will be placed in the local General Practices in Castlemaine.
- Refurbishment of the Cafeteria, Auditorium, Renshaw Hostel, Acute and Rehabilitation Units and several offices.
- Provision of additional benefits to patients who use their private health insurance, including dressing gowns, toiletries and alternative meal choice and phone cards.

Transport Management

The Transport Department provides client transport and courier delivery services.

Over the past year the Department has established a working partnership with Mount Alexander Shire and continued providing services to the Hospital’s volunteer service. This increases efficiencies by sharing the workload between the service providers and enables clients to be allocated to a service model that is responsive to their needs.

Don Gordon
- Reflections Project
The Cafeteria refurbishment included the installation of a new range of equipment which has facilitated the provision of a wider range of food products including gourmet hot drinks available after hours. Cafeteria Manager Danielle Evans retired and was replaced by Bjindi Heath. Patronage of the Cafeteria, by both staff and external visitors, has increased substantially following the refurbishment and expansion of services.

A new $110,000 dishwasher was installed in the main kitchen, replacing one that was over fifteen years old. During the changeover time, staff embraced alternative arrangements which ensured meal services were continued without interruption.

The facility was successful in obtaining a three year contract to continue to provide meals for the Mount Alexander Shire Meals on Wheels Program.

Security

The Hotel Services Manager oversees the facility security program. Additional security strategies included the installation of additional security cameras in Penhall Hostel, Ellery House and Accident & Emergency (funded by a Stage Grant) and the reconfiguration of the entrance to the Accident and Emergency Department to enable a designated waiting area separated from the Acute Ward.

During the year there were 9 security incidents which were all investigated appropriately.

Engineering

The Engineering Department oversees building works, maintenance and the facilities fire safety emergency systems.

One of the largest projects to impact on patients and staff was the removal of asbestos in the Acute and Rehabilitation unit’s ceilings. The removal of sheets, reinstatement of ceilings, installation of overhead sprinklers, painting and other structural improvements were completed by closing each ward for a period of four weeks. The vacant Tolstrup (formerly a Nursing Home Unit) was used to house clients whilst the renovations were undertaken. In addition, new carpet was laid in both units, funded by a federal grant.

To further promote the use of the Hospital’s Auditorium for both social and meeting use, the wooden floor was covered with carpet, the walls painted, heating and cooling facilities upgraded and two large plasma television screens hung from the ceiling. This now provides the facility with an additional excellent training and functions facility.

A State Grant of $186,000 enabled the upgrading of electrical switchboards throughout the facility including the provision of earth leakage protection to improve safety.

Linen Services

The Mt Alexander Hospital Linen Service provides washing, ironing and repairs to general bedding, bathroom and dining linen and client (particularly resident’s) personal clothes to all internal departments and several external customers.

A linen bag hoist was installed in the Laundry to reduce the risk of injury to staff whilst lifting bags.

This has streamlined the process for managing linen bags and has provided a safer working environment for our employees.

Over the past year there has been an increase in the number of external clients using the laundry services.

Contracts

In July 2008, Mt Alexander Hospital was successful in their tender to provide Hotel Services to Maldon Hospital. The contract has previously been in place between the two agencies and covers the provision of General Service’s staff and supplies, including consumables and laundry.

“I am able to suggest ideas and contribute.”

“Thanks to the Hospital for the opportunity and especially to all those who were involved in reviewing systems to accommodate this apprenticeship.”

Sarah Chislett

Sarah’s Story

Sarah’s association with Mt Alexander Hospital began as a Year 10 Work experience student in the Kitchen. She then worked as a casual over the school holidays. She is now employed by the Hospital as a 1st year Apprentice Cook and is five months into her apprenticeship. Sarah recently received second place in the Aus TAFE Culinary Trophy cooking competition. She now progresses to the State final in Melbourne. This is a great achievement for a 1st year Apprentice.

“I love cooking and really enjoy working at the Hospital, it is like one big family everyone gets in and works hard.” Sarah said.

Sarah has a variety of experience offered to her within her daily tasks. These tasks may include preparation work for meals which will have between 200-300 serves, working in the Hospital cafeteria making sandwiches and coffee or decorating a birthday cake for one of the Hospital’s valued Aged Care Residents.
Mt Alexander Hospital endeavours to provide excellent services to our clients whilst minimising any negative impacts on the environment. We are active members of the “Maines Power” Project whereby we, together with other key industries in the Mount Alexander Shire, have a commitment to reducing

• Energy and water usage
• Waste
• Greenhouse gas emissions

Energy Conservation

Energy reducing strategies and works over the past year include:

• The installation of variable speed drives to the chiller condensing unit fans. This not only reduces energy consumption, but also reduces the noise level on start up and water consumption.
• Fitting of the North Wing supply fan with a variable speed drive enabling fan control strategies to reduce heating and cooling power consumption.
• The refurbishment of the Acute and Rehabilitation Units has resulted in replacement of 105 ceiling lights with new energy efficient (T5) lights. This improves the lighting levels in the corridors.
• Improvements in energy management systems. The main component of an energy management system is the Direct Digital Control (DDC) which provides information to a computer which controls the air-conditioning and other energy using mechanical plant. This new technology is replacing our old pneumatic system and has been successfully retrofitted to the theatre air-conditioning.

Power consumption is a large part of our running costs and staff are reminded that we can all contribute by switching off lights and computers when not in use.

Water Consumption

As a result of work funded through a Community Water Grant we have been able to reduce our water usage in excess of 1,200 kL this year. This is expected to increase in the future.

The consumption of our three utilities has all decreased by over 5% from last financial year. Penhall Hostel is now supplied with 100% green energy which brings our total green energy across the Hospital to 15%. Our target of 30% reduction (from 2006 levels) in CO2 generation by 2010 is also on target.

Waste Management

Staff have an ongoing commitment to reduce waste where possible.

During the year we have increased the amount of paper, metals, plastics and batteries for recycling.

Future Directions

• Evaluation of 2009 energy audit
• Conduct water usage audit
• Ongoing monitoring to ensure sustainability principles are intrinsic to service provision where possible
• Application for additional funding to facilitate environmental sustainability initiatives

"Take one day at a time and treat others as you would like to be treated yourself"

Thelma Turton - Reflections Project
CORPORATE GOVERNANCE

PRESIDENT
Mr Bill O’Donnell
BA, LLB
Solicitor, Notary Public and Mediator
Appointed 01/03/1993
Appointed President Feb 2007/Jul 2008
Appointment Expires 30/06/2011

Ms Elizabeth Grainger
Trained Infant Teachers Cert
Grad Dip, Special Ed
Assistant Principal
Appointed 01/11/2006
Appointment Expires 30/06/2012

VICE PRESIDENT
Mr Glenn Sutherland
BA, Dip Ed, Grad Dip Ed Admin,
Grad Dip Mgmt
Retailer and Training Manager
Appointed 01/11/2004
Appointed Vice President Jul 2008
Appointment Expires 30/06/2010

Ms Jude Jackson
Trained Primary Teachers Cert
Grad Dip, Special Ed (Retired)
Appointed 01/11/2003
Appointment Expires 30/06/2012

VICE PRESIDENT (Past)
Mr Spencer Bock
LLB
Solicitor (Retired)
Appointed 01/11/2002
Appointed Vice President February 2007
Appointment Expires 30/06/2009
Retired 24/07/2008

Mr Bruce Johnsen
BSc Biology, Grad Dip Computing
Account Executive
Appointed 01/11/2003
Appointment expires 30/06/2009

TREASURER
Mr Ian McKenzie
Bach of Pharmacy
Pharmacist / Wine Maker
Appointed 01/11/2002
Appointed Treasurer Feb 2007/Jul 2008
Appointment Expires 30/06/2010

Ms Sue Turner
BSc
Dip of Management
Business Consultant / Caterer
Appointed 01/11/2006
Appointment Expired 30/06/2009

Ms Caroline Wallace
Master of Public Policy & Mgt, Grad Dip Ed, BA
Policy Officer
Appointed 01/07/2008
Appointment Expires 30/06/2010
Resigned 25/09/2008

BOARD MEMBERS
Ms Lee Bower
BSc (Monash)
Employment & Training Consultant
Appointed 01/11/1998
Appointment Expires 30/06/2011

Dr Les Fitzgerald
RN, RM, Dip (Teach), BA Ed,
M Nurse PhD
Senior Lecturer in Health Sciences
Appointed 01/11/1993
Appointment Expires 30/10/2011

Ms Caroline Wallace
Master of Public Policy & Mgt, Grad Dip Ed, BA
Policy Officer
Appointed 01/07/2008
Appointment Expires 30/06/2010
Resigned 25/09/2008

Mr Rob Waller
CEA (REIV)
Estate Agency Director
Appointed 01/11/2006
Appointment Expires 30/06/2012
Executive Management

The Directors meet with the Chief Executive Officer every Monday to discuss strategic issues relating to the management of the organisation.

CHIEF EXECUTIVE OFFICER
Mr Graem Kelly, PSM
BA App Sc, Grad Dip Rural Health, Adv Dip Bus, RN, AFCHSE, MAICD, AIMM, FARLF
Appointed 2008

DIRECTOR OF GENERAL SERVICES AND DEPUTY CEO
Mr Graeme Hill
Dip Acc, Cert Bus Studies (Hosp Admin), PNA, Grad Dip Bus Manag, FACHSE
Appointed 1990

DIRECTOR OF NURSING
Dr Ann Allenby
RN, Cert Onc Nsg, Cert Steril & Inf Control, MedSt, DN, MRCNA, Cert Business & Admin
Appointed November 2003

DIRECTOR OF COMMUNITY SERVICES
Mrs Rhonda Williams
RN, B Pub Health Admin
Appointed 2008

DIRECTOR OF FINANCIAL SERVICES
Mr Geoff Vendy
BBus (Acc)
Appointed 2008

DIRECTOR OF HUMAN RESOURCES
Mr Mark Kesper
Dip Civil Eng
Appointed October 2003

Board of Management Structure and Function

The function of the Board of Management is to oversee the governance of the Hospital and to ensure that the services provided by the Hospital comply with the requirements of the Health Act 1988 and the By-Laws of the Hospital.

Members are required by the Act to act with integrity and objectivity at all times. They are required to declare a pecuniary interest, when applicable, during Board debate and withdraw from proceedings. There were no occasions that required declaration this year.

Conflict of interest is declared during Board proceedings, in accordance with the By-Laws of the service.

Board members serve in a voluntary capacity and do not receive payments.

A number of sub-committees consisting of Board, Staff, Visiting Medical Officers and members of the community have been formed to advise and recommend on relevant matters.

The Board of Management meets on the fourth Thursday evening of each month (except January) to deal with a formal agenda and reports on the Hospital’s performance as reported by the Chief Executive Officer and each of the Directors. Meetings commence at 7.00 pm in the Board Room, Level 4 of the Hospital and are open to the public.

The Board accepted, with regret, the retirement of our Vice President, Mr Spencer Bock and expressed appreciation for his valuable contribution to the Hospital.

The Board also accepted the retirement of Sue Turner and the resignation of Carolyn Wallace and thanked them for their contribution to the Hospital.

Board of Management membership of Sub-committees

Credentials & Medical Appointments Advisory Committee
Mr Bill O’Donnell (Chairperson)
Ms Lee Bower
Mr Les Fitzgerald
Ms Elizabeth Grainger
Mr Bruce Johnsen
Mr Glenn Sutherland

Project Control Group
Mr Glenn Sutherland (Convenor)
Ms Jude Jackson
Mr Bill O’Donnell (ex Offico)
Ms Sue Turner
Ms Lee Bower (Alternate)

Chief Executive Officer Evaluation Committee
Mr Bill O’Donnell (President)
Mr Glenn Sutherland (Vice President)
Mr Ian McKenzie (Treasurer)

Audit Committee
Mr Geoff Vendy (Convenor)
Ms Jude Jackson
Mr Ian McKenzie
Ms Lee Turner
Ms Lee Bower (Emergency)
Mr Richard Hetherington (Independent)
Mr Peter Stemp (Management)
Mr David Pell (Consultant – Evolve Accounting)
Mr Tim Tuena (Consultant – Evolve Accounting)
Education and Training

Mt Alexander Hospital aims to promote education and training opportunities for all staff to ensure that they develop and maintain the skills required to perform their various roles and to assist them in reaching their individual goals.

All staff are required to attend a staff development day annually, where basic compulsory training is delivered. This includes Emergency Procedures, Infection Control and Manual Handling. In addition to this, many staff have additional training and/or competencies that must be completed each year. This may include specific clinical training and competencies, food handling and training in the safe handling and use of chemicals. There has been a 29% improvement in attendance at compulsory training from the previous year.

Professional development continues to be an important component of the education and training program. This assists staff to fulfil their professional educational requirements and ensures that clients receive the best possible care. A variety of opportunities are provided including education sessions, study days, practical sessions, clinical support and learning packages.

Quality Outcomes

- Introduction of Cambron, an electronic Performance Appraisal System which includes a training database
- Recruitment of five apprentices/trainees
- Updated training facilities including the establishment of a dedicated computer training facility, including ten laptops
- Review and implementation of Service Awards
- Accreditation from Nurses Board Victoria to deliver Return to Practice and Initial Registration of Overseas Nurses programs
- Review of tertiary student placement program
- Implementation of a Totally Smoke Free workplace
- Implementation of “Aged Care Channel” education and training package

Future Directions

- Revision and updating of staff position descriptions into newly developed format
- Development of a management training program
- Implementation of a corporate wardrobe and uniforms across all areas of the Hospital
- Review of administration and clerical roles
- Implementation of a new trial electronic rostering system - KRONOS
- Extension of Well Being program through implementation of “Fit for Life – Fit for Work” program

Training facilities have also been vastly improved with the development of the 3CV Education Centre, which incorporates a dedicated computer training facility with lap tops. This facility is hired out commercially for training providers within the Region. Extensive refurbishment has included overhead projectors, digital television screens and recarpeting of the Auditorium as a training/meeting room for venue hire.

Pharmacist, Heather Persons, was successful in her Masters qualification in Clinical Pharmacy.

Recruitment and Achieving Retention

Throughout the year, Mt Alexander Hospital has successfully recruited five new trainees and apprentices, providing opportunities for young people entering the workforce. This has proven to be very successful, with all new recruits having a smooth transition into their employment and adding a dimension of youth to our workforce.

Our Staff

Profile

The Directorate’s principle focus is to ensure the Hospital recruits and retains a workforce of professional and dedicated employees who are able to perform their duties in a supportive work environment. We aim to develop a culture of staff working together to create a workplace that values and rewards initiative, accountability and co-operation.

Quality Outcomes

- Introduction of Cambron, an electronic Performance Appraisal System which includes a training database
- Recruitment of five apprentices/trainees
- Updated training facilities including the establishment of a dedicated computer training facility, including ten laptops
- Review and implementation of Service Awards
- Accreditation from Nurses Board Victoria to deliver Return to Practice and Initial Registration of Overseas Nurses programs
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- Implementation of a Totally Smoke Free workplace
- Implementation of “Aged Care Channel” education and training package

Future Directions

- Revision and updating of staff position descriptions into newly developed format
- Development of a management training program
- Implementation of a corporate wardrobe and uniforms across all areas of the Hospital
- Review of administration and clerical roles
- Implementation of a new trial electronic rostering system - KRONOS
- Extension of Well Being program through implementation of “Fit for Life – Fit for Work” program

Trainees from left to right:

- Sarah Chislett is working as an Apprentice Cook in the Kitchen and Cafeteria
- Lauren Farr is working as an Administration Trainee in the Finance Department
- Sam Medlyn is employed as a 3rd year Electrician in the Engineering Department
- Sharlene Lendon is employed as an Administration Trainee in the Pay Office
- Kate Jermyn is working as an Administration Trainee in Human Resources
As part of our commitment to recruitment and future health care provision, the Hospital places an emphasis on student placements. In developing relationships with the Universities, there has been a considerable increase in student placements from previous years. These placements included 27 Medical Students from both Melbourne University and Monash University, 49 Division 1 and Division 2 Nursing Students from Latrobe and Victoria University, 12 Aged Care Students and 28 Year 10 Work Experience Students from a number of schools throughout the area including Castlemaine, Bendigo, Gisborne, Boort and Kyneton.

A review was conducted of student placement procedures, which resulted in the development of booklets for Year 10 Work Experience and all other student placements. The Hospital provides accommodation for students and our Engineering Department has refurbished the two student accommodation houses this included painting, carpeting, remodelling of bathrooms and airconditioning.

Feedback from students and education providers continues to be positive, with many comments being made on how supportive and committed our various staff are to developing the skills and knowledge of students across all areas. This is an excellent way to ensure that Mt Alexander Hospital can attract and retain graduates in the future. The support provided by local General Practitioners, Rural Ambulance Victoria and Community Health to the student program is also greatly appreciated by the Hospital.

Equal Employment Opportunity (EEO)

Mt Alexander is committed to the principles of merit and equity in the workplace. We continue to be an EEO employer in an environment which we endeavor to maintain free from discrimination and harassment. To enhance this, three staff were trained as Prevention of Bullying and Harassment Contact Officers utilising the Human Rights and Equal Opportunity Commission.

Mt Alexander Hospital now has three Contact Officers who are the first point of contact for staff requiring information and support in relation to bullying and harassment.

Credentialing and Certification of Staff

A computerised system of recording qualifications, experience, registration, membership of professional bodies and professional standing for our medical staff was introduced this year. This ensures that these items are thoroughly checked on commencement and regularly thereafter. All medical staff appointments are overseen by the Credentialing Committee, comprising members of the Board of Management with professional advice and support provided by the Director of Medical Services.

Procedures are in place to ensure that non-medical staff also have the relevant skills and registration required to ensure that quality and safe services are provided to our clients.

All new staff and volunteers are required to undergo a Police Records Check prior to commencement. These checks are completed at least every three years for all existing employees and volunteers.

Industrial Relations

There has been no lost time due to industrial disputes in the Hospital. The Staff Consultative Committee meets each month to discuss future changes in direction and to provide an avenue for employees and Union representatives to table any concerns. The introduction of monthly Department Head and quarterly All Staff meetings has improved communication significantly. Enterprise Bargaining Payments have been made during the year as per Government policy and consistent with Victorian Hospitals.

Pastoral Care Services

Pastoral Care attends to the spiritual nature of the person in the health care environment, paying attention in particular to the spiritual issues that arise in the context of illness, suffering, life and death.

Pastoral care is available onsite at the Hospital by the Pastoral Care Coordinator, and is available to all patients, residents, their families and staff members. All interactions are conducted in a sensitive, person-centred and non-religious manner and requests for support can be made via Reception or nursing staff.

Ministers from various denominations also visit the Hospital on a regular basis and conduct weekly prayer services at various residential care units for patients and residents.

Specially trained Volunteers called Listening Companions are also available to patients and residents who may require extra support or someone to talk to in a confidential manner.

Mt Alexander Hospital provides independent and confidential counseling and support to all staff as required, through our Employee Assistance Program. Feedback has indicated that staff who have accessed the service have found it to be of value to them in providing a confidential and supportive environment.
Occupational Health and Safety (OHS)

On 1 March 2009, Mt Alexander Hospital implemented a total Smoke Free policy, prohibiting smoking in all buildings and outdoor areas within the boundaries of the Hospital grounds, with some exceptions allowed for our Aged Care Residents. All Mt Alexander Hospital sites are now "Totally Smoke Free" in order to create a healthier, cleaner and safer environment for clients, visitors, staff and volunteers. In preparation for going Smoke Free, a great deal of work was undertaken in developing and implementing strategies including increased signage, access to Quit Smoking education, resource materials from Quit Victoria, availability for residents, patients and staff to access Nicotine Replacement Therapy.

Risk management continues to be the driving force behind OHS improvement. The imminent introduction of RiskMan International®, an online incident reporting system, will enhance this process as all incidents will be automatically generated and linked to the risk register, based on the risk rating. This system will also improve the processing of incident reports as alerts will automatically be generated to the senior managers based on pre-determined levels of risk. This program will also allow for benchmarking opportunities throughout the Loddon Mallee Region, improved standard reporting methods and tracking capabilities from end to end.

The Occupational Health & Safety Committee and the Safe Practice & Environment Committee have merged to form a new combined committee titled the Safety, Health & Environment (SHE) Committee. Onsite training for five newly elected Health & Safety Representatives was conducted early in 2009.

Following review of the OHS induction process and Orientation Day program, the induction session has been included into the Orientation Day. As a result, compliance with OHS induction has increased dramatically to nearly 100% compliance.

For the greater part of the year, the organisation and the staff has been free from serious injuries.

A working group has been established to develop suitable strategies to address the number of manual handling injuries that have been occurring. The Working Group has recommended that the organisation expand the staff Well Being program and actively promotes a program titled “Fit for Life – Fit for Work”. Several initiatives have been developed and these will be rolled out later in 2009.

New equipment continues to be trialed and purchased. The Hospital now has two battery powered motorised trolleys to aid in the delivery of stores and supplies and pick up of soiled linen. A third has been ordered and will be delivered early in the new financial year. The Laundry has installed an overhead bag lifter in the soiled linen room to reduce the amount of manual handling of soiled linen bags and has also installed a new dryer and washer, both which have improved safety features over the older machines.

Several new computer workstations have been installed as a result of ergonomic assessments and a review of offices. The amount of bariatric related equipment continues to increase as does the number of electric beds throughout the organisation.

Staff Survey

Once again, Mt Alexander Hospital participated in the People Matter Survey. This survey is designed to gain feedback from employees on their perceptions of how well the Public sector values and employment principles are applied within our organisation. The survey gathers information about a broad range of employment areas such as job satisfaction and the way our managers and work groups operate. This survey is conducted across Victoria in the Public Sector. The 2008 results showed a significant improvement from past years, particularly in the areas of merit, fair and reasonable treatment, Equal Employment Opportunity and avenues of redress.

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SENIOR STAFF LISTING

Chief Executive Officer
Mr Graem Kelly, PSM: BA App Sc, Grad Dip Rural Health, Adv Dip Bus, RN, AFCHSE, AIIMM, FARLF

Deputy Chief Executive Officer
Mr Graeme Hill, Dip Acc, Cert Bus Studies (Hosp Admin), PNA, Grad Dip Bus Manag, FACHSE

Quality Projects Manager
Ms Christine Mitchell, RN, RM, BHSci, Adv Dip Bus Mgmt

Senior Projects Administrator
Ms Helen Minkevicius, RN, B Hlth Sc (Nurs), Peri Oper Cert, Adv Dip Bus Mgmt (Appointed Feb 2008)

MEDICAL SERVICES

Director of Medical Services
Dr Albert Ip, MB BS, MBA

Infection Control
Ms Di Huggins, RN, Cert IV Assess & Workplace Training

Pharmacist
Mrs Heather Parsons, B Pharm, Master of Clinical Pharmacy

MEDICAL OFFICERS

Rehabilitation Senior Medical Officer
Dr Robert Long, MB BS, FRACGP, Dip (Obs) RACOG, B Ed

Medical Officer
Dr Richard Alexander, MBBS, FRACGP, Dip (Obs) RCOG, Grad Dip Pall Med

Dr Rosamund Stobie, MB BS, FRACGP, DRANZCOG, ECFMG

NURSING SERVICES

Director of Nursing
Dr Ann Allenby, RN, Cert Onc Nsg, Cert Steril & Inf Control, MedSt, DN, MRNCA, Cert Business Admin

Deputy Director of Nursing
Ms Kate Harrington-O’Brien, RN, RM, B Hlth Sc, Grad Dip Hlth Sc (Pub & Comm Hlth), Master Hlth Sc, Chemotherapy Cert, Palliative Care Cert, Dip Bus (Impact Leadership) (Commenced Sep 08)

Supervisors
Mrs Val Breerton, RN, RM, Cert Mat Child Health
Ms Barb Gregory, RN
Ms Jillian Kong, RN, RM, Grad Dip Hlth Mgt
Ms Kay Smith, RN, RM, BNurs
Ms Kaye Williamson, RN

Nurse Unit Managers
Mr Craig DeLacy, RN, RM, BN
Mrs Heather Harris, RN
Ms Sue Nicholson, RN
Mrs Leanne Norris, RN, Peri Oper Cert

Ms Jan Swift, RN, Cert Rehab, Cert Cont & Cert Mgt

Hostels Manager / Manager Residential Aged Care
Mrs Margaret Kay, RN (June 2008 – Aug 2008)
Ms Trish Siemering, RN (Div 2) (Appointed Aug 08)

Clinical Nurse Educator
Ms Linda McKenna RN, Grad Dip Crit Care Recreation
Lyne Bird, B Ed, Post Grad CCD

COMMUNITY PROGRAMS

Director of Community Services
Ms Rhonda Williams, RN, B Pub Health

District Nursing
Ms Barbara Bleicher, RN, Grad Dip Nsg Sc in Hm & Com, Ad Dip Bus Man, Cert IV Train & Assess

Ms Merrill Cole, RN, Dip Hlth Sc (Nurs), Master of Nursing (Palliative), MRNCA

Continece Advisor
Ms Pam Gracie, RN

Adult Day Service
Ms Virginia Harkin, RN, NDN (UK), Grad Dip Health Sc (Comm Health)

Chief Dietitian
Ms Lee Mason, BS, Gr Dip Diet, MDaA, MAPD, APD (Resigned Mar 09)
Ms Sally Mitchell, BS, Diet (Appointed Mar 09)

Early Intervention Program
Ms Deanna Blakeley, B Speech Path

Community Support Coordinator
Ms B Muscat, Dip Welfare, BA (Resigned Oct 08)

Volunteer & Social Support Manager
Ms Rosemary Nicholas, RN, RM, Dip F/Line Mgt, BS Soc Science, Ass Dip Soc Welfare (Commenced Nov 08)

HARP / HIP Program Manager
Ms Jessica Neale, BSN, BA Comm, Post Grad Mental Hlth, Rural Hlth (Commenced Feb 09)

Chief Occupational Therapist
Ms Allison Mast, B App Sci (OT), Grad Dip Infant & Parent Mental Health (Resigned Nov 08)

Acting Chief Occupational Therapist
Liz Denniston, B App Sci (OT) (Appointed Dec 08)

Chief Podiatrist
Ms Rachel Fry, B Pod, Grd Cert Dentistry

Chief Speech Pathologist
Miss Kerry James, B Speech Path

Support & ACAS Manager
Mrs Donna Brook, RN, Grad Dip Health Admin

Social Worker
Mr Phil Blackwood, BA (HONS), BSW, Grad Dip Soc Sci (Psy)

CADARG Coordinator
Mr Carl Harvey, BSW & Humanities

FINANCE SERVICES

Director of Finance
Mr Geoffrey Vendy, BBus (Acc)

Accountant
Mr Peter Stemp, MBA, B Bus (Acc) CPA, ASA

Acting Chief Health Information Manager
Ms Heather Paulet, B App Sc (MRA), Adv Dip Bus Mgmt (Appointed Sep 2008)

Project Officer
Mrs Darryl O’Bryan, B App Sc (MRA) (Appointed Sep 2008)

Computer Systems Officer
Mr Leon Williams, Assoc Dip Info Proc

Supply Officer
Mr Peter Cox

GENERAL SERVICES

Director of General Services
Mr Graeme Hill, Dip Acc, Cert Bus Studies (Hosp Admin), PNA, Grad Dip Bus Manag FACHSE

Engineering Services Manager
Mr Roderick Woodford, Dipl Eng, Dipl Bus

Hotel Services Manager
Mr Robert Schroeder, Adv Dip Mgt

Public Relations / Fundraising Coordinator
Ms Fran Taylor

Transport Officer
Mr Frank Carroll

HUMAN RESOURCES

Director of Human Resources
Mr Mark Kesper, Dip Civil Eng

Human Resources Officer
Ms Angela Turley, B Bus (HR/Mark), Cert IV Ass & Workplace Training, Dipl Proj Mgt

Occupational Health & Safety Officer
Mr Andrew Gibson

Pay Officers
Mrs Christine Van Der Poel

Training Officer
Mrs Judy Spragg RN (Resigned Oct 08)

Acting Training Officer
Ms Bree Hodge (Appointed Nov 08)

Pastoral Care Coordinator
Mr Robert Mao Dip Pastoral Minist; Mast Past Counsel, BA
### VISITING MEDICAL OFFICERS

There has been increased input between the VMO’s and the service this year with increased quality assurance and peer review activities conducted. This will be further extended next year.

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### Anaesthetists

<table>
<thead>
<tr>
<th>Dr A Bradshaw, MB BS, FANZCA</th>
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<tbody>
<tr>
<td>Dr P Buncle, MB BS, FANZCA</td>
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<tr>
<td>Dr A Czuchwicki, MB BS, FANZCA</td>
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<tr>
<td>Dr S Dobell, MB BS, FANZCA</td>
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<tr>
<td>Dr L Hamond, MB BS, FANZCA</td>
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<tr>
<td>Dr S Hams, MB BS, Dip Obs, FANZCA</td>
</tr>
<tr>
<td>Dr J Harding, MB BS, FANZCA</td>
</tr>
<tr>
<td>Dr P Mazur, MB BS, FANZCA</td>
</tr>
<tr>
<td>Dr A McCarthy, MB BS, DA, FARCS (London), DRCOG, FRACGP</td>
</tr>
<tr>
<td>Dr M Nerlekar, MB BS, DA, MD (Anaesthesia), FANZCA</td>
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<tr>
<td>Dr D Noble, MB BS, FANZCA</td>
</tr>
<tr>
<td>Dr A Purcell, MB BS, DA (UK), Dip Obs RACOG, FANZCA</td>
</tr>
<tr>
<td>Dr M Shapiro, MB BCh, DA (SA), FANZCA</td>
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### Dental Surgeons

<table>
<thead>
<tr>
<th>Dr J Jefferies, BD Sc (Melb)</th>
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<tbody>
<tr>
<td>Dr J Kinnersley, BD Sc, LDS</td>
</tr>
<tr>
<td>Dr S M Leow, BD SC (Melb) (Appointed Jun 2009)</td>
</tr>
<tr>
<td>Dr E Liew, BD Sc (Melb)</td>
</tr>
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<td>Dr G Parentich, BD Sc (WA)</td>
</tr>
</tbody>
</table>

### ENT Surgeon

| Mr N Havea, MB BS, FRACS |

### General Practitioners

| Dr A Babovic, MB BS, FRACGP (Resigned Mar 2009) |
| Dr L Bettiol, MBBS, DRANZOG, FRACGP |
| Dr G Courtis, MB BS, Dip RACOG |
| Dr R Dale, MB BS, DRANZCOG, FRACGP |
| Dr H Dewhurst, MB BS, FACRRM |
| Dr C Foley, MB, BS |
| Dr C Fowler, MB BS |
| Dr E Griffin, MB ChB, FRACGP, Dip of Geriatric Medicine, Dip of Paed, Dip of Anaes |
| Dr M Holland, MB BS |
| Dr L Hope, MB BS (UK), DRCOG (UK), DCH (UK), FRACGP, Dip Palliative Medicine |
| Dr I Jones MB BS, Dip RACOG, FACRRM |
| Dr C Kerr, MB BS (Mon), DRCOG (Lond), Dip RACOG, FRACGP |
| Dr T Luscombe, MB BS, Dip(Obs) RACOG |
| Dr R Mayes, MB BS, DRANZCOG (Resigned Jan 2009) |
| Dr P MacCallum, MB BS |
| Dr J McKern, MB BS, MRACOG, FACRRM, FACoHM |
| Dr G Moller, MB BS, DA (UK), RCA |

### General Surgeons

| Dr A Barclay, MB BS, FRACS (Melb) |
| Dr G Rowland, MB BS, DRANZCOG, FRACGP |
| Dr D Silver, MB BS, B Med Sc, DRCOG, FRACGP |
| Dr S Traill, MB BS, DRANZCOG, FRACGP |
| Dr F Xia, MB BS (China) |

### Gynaecologist

| Dr M Jalland, MB BS, FRANZCOG |

### Ophthalmic Surgeons

| Mr A Atkins, MB BS, B Med Sc, FRACO |
| Mr P Burt, MB BS, FRACO, FRACS |

### Orthopaedic Surgeons

| Mr K McCullough, MB BS, FRACS, FA OrthA |
| Mr T Perera, MB BS, FRCS (Edin), M Ch Orth (UK), FRACS |

### Physician

| Dr G Harris, MB BS, FRACP |

### Plastic & Reconstructive Surgeon

| Mr R Dickinson, MB BS, FRACS (Gen Surg), FRACS |

### Psychiatrist

| Dr G D’Ortenzio, MB BS, FRANZCP |
| Dr R Forsyth, B Meds (Hons) (Appointed Jul 2008) |

### Urologist

| Dr R Forsyth, B Meds (Hons) (Appointed Jul 2008) |

---

**Mt Alexander Hospital Operating Suite**
Our Social Club

The Social Club Committee has again experienced another busy year providing a diverse range of activities for Social Club members as well as assisting with the welfare of our residents.

Over the past twelve months 136 members, out of a total membership of 203, have been lucky enough to win an individual prize in the “Special Effort” draw. The “Special Effort” is still extremely popular with members and this year the prize pool was $5,438.00. Since its inception, in excess of $48,000.00 has been returned to members as prizes in the form of vouchers that are redeemable at those local businesses who support the Social Club Discount Scheme. This is additional to the normal operating expenditure for the Club and these “Special Effort” prizes are supplementary to the free lunches, special prize draws, bus trips and the Children’s and Staff Christmas Parties that were enjoyed by members.

The Club maintains its commitment to our clients by donating a gift to all residents and inpatients at Christmas. Expenditure breakdown for this year is:

- Residents Christmas Gifts $1,746.58
- Activities for Residents – Games $106.20
- Donation for the Animal Theme Day $50.00

The Social Club acknowledged the retirement of Brenda Hall, Val Willett, Judy Spragg and farewelled Pauline Bertuch and Kris Connor. Each member was presented with a gift and Certificate of Appreciation in recognition of their service as members of the Social Club.

The success of the past year would not have been possible without the support of Social Club Committee, Members, Management, the Board of Management, the Local Business Community, Food Service Department, Cafeteria Staff and all other staff who have assisted the Club over the past year. The Club extends its appreciation for their assistance.

In conclusion, I would like to extend my thanks to a hard working Committee, consisting of Heather Stuchbree, Diann Turnbull, Lisa Pollard, Marg Patton, Cindy Streeter, Lynne Boyce, Carmel Aitchison, Peter Grant, Greg Hughes, Cheryl Bridgland and Carol Weston for their excellent work.

Frank Carroll
President
Mt Alexander Hospital Social Club.

STAFF YEARS OF SERVICE

10 Years
Maree Bagley
Alison Clark
Carmen Elshaugh
Leonie Forest
Kerry Holt
Grant Huntly
Kerryn James
Charles Kerr (Dr)
Dianne Murray
Tracey Oakes
Christyn Passalaqua
Christine Ridall
Lindy Smith

15 Years
Sandra Chapman
John Davies
Narelle Hamilton
Louisa Hope (Dr)
Suzanne Ibbns
Helen Johnstone
Sally Leversha
Joan McCooke
Gary Moller (Dr)

20 Years
Virginia Harkin
Debbie McKellar
Maryanne Murdoch
Shirley Proctor
Joanne Stubbings
Diann Turnbull
Helen Watts

25 Years
Geoffrey Adamson
Allan Comte
Rebecca Dale (Dr)
Glenda Jefferies
Ian Jones (Dr)
Terry Luscombe (Dr)
Peggy Odgers
Danny Silver (Dr)
Jennifer Verlin
Carol Weston

30 Years
Donna Brook
Geoff Courtis (Dr)
Gail Cross
Patricia Oliver

35 Years
Kerryn Blair
Gregory Hughes

Board of Management
Lee Bower 10 Yrs
Les Fitzgerald 15 Yrs
Bill O’Donnell 15 Yrs

Resigned Staff 10yrs+ Service
Lynette Baker
Peter Grant
Gwenda Growcott
Maurice Holden
Wayne Murphy
Lisa Hewitt
Leonie Stevens
Judith Spragg
Valda Willett
Pauline Bertuch
Brenda Hall

“If the knitter is weary, the baby will have no new bonnet”
Connie Perkins - Reflections Project

Eileen Thomas - Reflections Project

Mt Alexander Hospital Annual Report 2009
Life Governors since July 1, 1986

1987
Mr J Anderson
Miss Chapman
Mrs F Crowe
Mrs L Davis
Mrs C Dough
Mrs R Harwood
Mrs J Hinks
Mrs I Julius
Mrs L Jury
Mr S G Leversha
Mrs M Lovelace
Mrs G Morrison
Mrs E Palmer
Mrs H Pryor
Mrs D Richmond
Mrs E Treloar
Mrs V Treloar
Mrs M Virtue

1988
Mrs M Whaley

1989
Mr J Stuart

1990
Mrs L Dawe
Mr W Ebery
Mr A Samson
Mr J Verlin

1991
Rev H Hallett
Dr S Pilbeam

1992
Dr J Kinnersley

1993
Dr E Levecke

1994
Mr M Fyffe

1995
Mrs J Buntine

2005
Mrs M Heagney

Certificates of Appreciation

Collier Charitable Fund
Mrs M Flegg
Elliott Midland Express
Top End Servo
Thompsons Foundry Band

Murray to Moyne Riders
Alex Mactier
Chris Watts
Melissa Wade
Gordon Donaldson
Brett Struhs
Cheryl Neilson
Dianne McCoombe
Rachel Fry
Rhonda Chapman
Neil Blakeley
Tony Bateman
Terry Luscombe
Guy Peters
Mark Best
Brett Cornish
David Mayo
Rob Scott
Tim Ford
Tim Caldwell
Kevin Sharkey
Grant Thomas
Steve Haslam
Ken O’Brien
Howie Hall
Gary Bunn
Carl Harris
Peter Mahlstedt
Phil Priest
Bryan Maddern
Peter Grant
Glen Lorenz
Alan Chapman

COMMUNITY SUPPORT

Herb Rasmussen (Resident at Ellery House) & daughter Rhonda

Caitlyn Hardy (little girl) and Lorna Howe - Reflections Project
During the year, a number of special events involving staff and the local community raised funds for our redevelopment appeal. In April 2009, 34 riders consisting of staff and members of the community rode 520 kilometres in the Murray to Moyne Cycle Relay. We were well supported by the Rotary Club of Castlemaine, National Australia Bank, Lions Club of Castlemaine, Top End Servo along with many businesses in the community. A number of additional activities were held to support the riders with their fundraising efforts.

This year’s relay raised a record $48,693, a fantastic effort from all riders and everyone involved in this event.

Since 2002 Alan Harris has been a major sponsor of the Murray to Moyne, donating petrol, ice and water each year for the ride.

Hospital staff and visiting medical officers raised a total of $24,122 to the Redevelopment Appeal through payroll deductions (MAHRA Club). Since 1994 staff has directly raised $291,656 through their contributions to the MAHRA Club.

In appreciation of the Hospital’s care and support, a number of families chose to make donations in lieu of flowers at funerals during the year. A total of $3905 was donated this year. This is a very direct and practical way of expressing their gratitude and benefits for those receiving care in the future.

The Golden Bundle Club also continues to promote our maternity services through the presentation of a Baby Bundle each month. The Hospital sincerely thanks Waller Realty for their generous ongoing sponsorship.

Bequests & Legacies

Total Donations receipted Year ended 30/06/2009 $147,000.
Since the Redevelopment Appeal was launched in September 1994 a total of $2,963,283 has been received.

<table>
<thead>
<tr>
<th>Bequests &amp; Legacies</th>
<th>$27,882</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collier Charitable Fund</td>
<td>$20,000</td>
</tr>
<tr>
<td>Estate of W McBeath</td>
<td>$4402</td>
</tr>
<tr>
<td>Estate of WS Godfree</td>
<td>$1780</td>
</tr>
<tr>
<td>William Angliss Charitable Fund</td>
<td>$1000</td>
</tr>
<tr>
<td>The Walter &amp; Eliza Hall Trust</td>
<td>$700</td>
</tr>
</tbody>
</table>

(L to R) “Originals” Team at Fundraising BBQ Gordon Donaldson, Chris Watts, Neil Blakeley and Alex Mactier

(L to R) Alan Chapman (Murray to Moyne Rider) with Alan Harris

(L to R) Rob Walter from Waller Realty Pty Ltd who sponsor the Golden bundle with proud parents Tony and Catherine, baby Colin and Graeme Hill
MAJOR DONOR LISTING

Angliss, The William Charitable
ANZ Banking Group
Atkin, Mr David
Barker, Mr & Mrs E & C
Barkla, Mr David
Bateman, Mr Tony
Baud, Mr & Mrs Bruce & Diana
Bendigo Bank
Bertoncini, Mr Frank
Bishop Accounting & Taxation
Bodzsar, Mr & Mrs Joseph & Martha
Borderline Garden Supplies
Borghesi, Ms Anna
Boyle, Jessica
Bradshaw, Mr & Mrs Alan
BRT
Bruinier, Helen
Buckman, Mr & Mrs F & B
Butcher, Mr Trevor
Canning, Mrs Bettye
Carter, Mr & Mrs Wilfred & Akiko
Castlemaine Bus Lines
Castlemaine Cameras
Castlemaine Cellars
Castlemaine Church of Christ
Castlemaine Football & Netball Club
Castlemaine Fruit Supply
Castlemaine Golf Club Ladies
Castlemaine Property Group
Castlemaine Rods
Castlemaine T.O.W.N. Club Inc
Castlemaine Toyota
Cawthan, Mr & Mrs Cecil
Chapman, Mr Alan
Christmas, Mr Daniel
Clark, Mr & Mrs Ian & Judith
Clark, Mrs Dorothy
Commonwealth Bank Comm Fund
Cowden, Mrs Margaret
Curwen-Walker, Mr Hal
Dale, Dr Rebecca
Dalrene on Mostyn
Darwinkel, Mr B
Denniston, Mrs Marie
Desmond, Mr Richard
Dewey, Mr Dean
Dunse, Mr Robin
Edwardson, Mrs D
Ellery, Mr & Mrs Charles & Sylvia
Envall, Mr David
Estate of Mrs Kathleen Cockram
Extremity Street & Surf Wear
Faulkner, Mrs Patricia
Fettling, Mr Norman
Flegg, Mrs M A
Forest Creek Nursery & Castlemaine Floristy
Furness, Mr Tony
Gardens Chennmart Albury
Garnett, Mrs Penelope
GFM Accountants
Golles, Mr & Mrs Peter
Grainger, Mrs Elizabeth
Gray, Mrs Eve
Griffin, Dr Ed
Guildford Hotel,
Hagley, Ms Edna
Hamblin, Mr & Mrs Robbie & Marion
Harris, Mr Alan
Harris, Mrs Mary
Heagney, Mr & Mrs M & M
Ingram, Ms Amy
J & M Band
Jenkin, Mr John
Jones, Dr Ian
Keogh Real Estate Pty Ltd
Kidson, Mr Barrie
King, Mr Clinton
Kym Jermyn Building
Lang, Mrs Joy
Leech Earthmoving Pty Ltd.
Leech, Mr Mathew
Levecke, Dr & Mrs Edward & Margaret
Lewis, Mr Gary
Lifehouse Design
Lions Club of Castlemaine
LMSW Lawyers
Lucas, Mr & Mrs Jason & Maureen
Mactier, Mr Alex
Madderns Transport
MAHRA CLUB
Mawson, Mr Philip
Mayberry Inr, Mr Bill
McGorry, Ms Lucy
McKenzie Davey Pharmacy
McKenzie, Ms Judy
Mello, Mr & Mrs Hugh
Moore, Mr Luke
Muntz, Mr Edward
Myers, Mrs Betty
National Australia Bank
Neighbourhood Watch
Norriss, Mrs E
O'Brien, Mr Ken
Padgham, Mr & Mrs Douglas & Beverley
Parnaby, Mr & Mrs D & S
Parsons Motor & Body Shop
Pilcher, Mr & Mrs J
Piper, Mrs Eileen
Poyser Motors Pty Ltd
R. & R. McClure Excavations Pty Ltd
Railway Hotel
Ralph, Mr & Mrs George & Beverley
Regional One
Revell, Mrs Patricia
Rice, Mrs Maree
Robinsons Pty Ltd
Rotary Club of Castlemaine
Scott, Mr & Mrs Rob & Marina
Scutt, Ms F
Seedsmen, Mrs Margaret
Sharkey, Mr & Mrs K & T
Silver, Dr Danny
Smirk, Mr & Mrs Tony & Nadia
Spiller, Mrs Laura
Stewart, Mr & Mrs Lindsay & Joan
Stewart, Ms Vera
Straw, Mrs Beverley
Subway Restaurant
Sutton, Mr & Mrs Bill & Myra
Symbion Pharmacy Services
Tait Decorative Iron
Tait, Mr & Mrs John & Joyce
Tectura Pty Ltd
Tennant, Ms Cherry
The Bike Vault
“The Pups”
The Wrong Bias Club
Thompson, Mr, Keith
Tolson, Ms Veronica
Tonks Bros Pty. Ltd
Vets All Natural
Vossloh Cogifer Australia Pty Ltd
Walker, Mr & Mrs Donald
Waller Realty Pty Ltd
Watson, Mr & Mrs Wes & Peg
Weatherall, Mr & Mrs William & Florence
Wednesday Ladies Tennis Club
Wesley Hill Bakehouse
Williamson, Mr Martin
Wilson, Mr & Mrs Ian & Helen
Wright, Mr Robbie
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statutory Compliance</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Attestation on Compliance with Australian / New Zealand Risk Management Standard</strong></td>
<td>I, Graem Kelly, certify that Mt Alexander Hospital 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 audit committee verifies this assurance and that the risk profile of Mr Alexander Hospital has been critically reviewed within the last 12 months, and</td>
</tr>
<tr>
<td><strong>Attestation on Data Accuracy</strong></td>
<td>Certify that Mt Alexander Hospital has put in place appropriate internal controls and processes to ensure that the Department of Human Services is provided with data that reflects actual performance. Mt Alexander Hospital has critically reviewed these controls and processes during the year.</td>
</tr>
<tr>
<td><strong>Ex-gratia Payments</strong></td>
<td>Mt Alexander made no ex-gratia payments for the year ending 30 June 2009.</td>
</tr>
<tr>
<td><strong>Freedom of Information Applications</strong></td>
<td>All applications were processed in accordance with the provisions of the <strong>Freedom of Information Act 1982</strong>, which provides a legally enforceable right of access of information held by Government agencies. Mt Alexander provides a report on these requests to the Department of Justice. Freedom of Information requests can be submitted to the Chief Executive Officer, Mt Alexander Hospital, PO Box 50, Castlemaine 3450. Application forms are available on our website <a href="http://www.castlemainehealth.org.au">www.castlemainehealth.org.au</a>, or by phoning 5471 1555. Application fees and charges apply. Fifteen requests were received under Freedom of Information in 2008/09. All requests were processed within the required timeframes.</td>
</tr>
<tr>
<td><strong>Whistle Blower’s Act</strong></td>
<td>The Whistle Blower’s Protection Act 2001 provides protection for any person who would like to make a disclosure of improper or corrupt conduct by an official of a public entity. Mt Alexander Hospital received no complaints under this Act during the year.</td>
</tr>
<tr>
<td><strong>Compliance with Building and Maintenance Provisions of Building Act 1993</strong></td>
<td>All building works have been designed in accordance with the Department of Human Service’s Guidelines and comply with the Building Act 1993 and the Building Code of Australia 1996.</td>
</tr>
<tr>
<td><strong>Victorian Industry Participation Policy Act 2003</strong></td>
<td>There were no contracts commenced or completed at Mt Alexander Hospital under the Victorian Industry Participation Policy Act 2003 during this year.</td>
</tr>
<tr>
<td><strong>Statement on National Competition Policy</strong></td>
<td>Mt Alexander Hospital complied with all Government policies regarding neutrality requirements with regards to all tender applications.</td>
</tr>
</tbody>
</table>
| **Consultancies for Year ended 30 June 2008**                         | - **Consultancies in excess of $100,000** – Number of consultants engaged one - Aspex Consulting engaged to complete a Service Needs Analysis  
- **Consultancies costing less than $100,000** – Number of consultants engaged two. Total cost of engagements $28,812.50 |
| **Fees Charged for Service**                                           | All fees and charges charged by Mt Alexander Hospital are regulated by the Commonwealth Department of Health & Ageing and the Hospitals & Charities (Fees) Regulations 1986, as amended and as otherwise determined by the Department of Human Services, Victoria. |
| **Ethical Standards**                                                  | The Board of Management promotes the continued maintenance of corporate governance practice and ethical conduct by the Board members and employees of Mt Alexander Hospital. The Board has endorsed a code of conduct with applies to Board members, officer and all employees. |
| **Pecuniary Interests**                                               | Members of the Board of Management of Mt Alexander Hospital are required to notify the President of the Board of any pecuniary interests which might give rise to a conflict of interest in accordance with Mt Alexander Hospital Board’s code of conduct. |
| **Tax Deductible Gifts**                                              | Mt Alexander Hospital is endorsed by the Australian Taxation Office as a Deductible Gift Recipient. Gifts to Mt Alexander Hospital as a Public health service qualify for a tax deduction under item 1.1.1 of section 3-BA of the Income Tax Assessment Act 1997. |
| **Disability Act 2006**                                               | Mt Alexander Hospital has commenced developing a Disability Action Plan for full completion and implementation in 2010.                                                                                         |
MT ALEXANDER HOSPITAL

Board member’s, accountable officer’s and chief finance & accounting officer’s declaration

We certify that the attached financial report for Mt Alexander Hospital has been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes forming part of the financial report, presents fairly the financial transactions during the year ended 30 June 2009 and financial position of Mt Alexander Hospital at 30 June 2009.

We are not aware of any circumstance which would render any particulars included in the financial report to be misleading or inaccurate.

We authorise the attached financial report for issue on this day.

Bill O’Donnell
President
Castlemaine
3 September 2009

Graem Kelly
Accountable Officer
Castlemaine
3 September 2009

Geoffrey Vendy
Chief Finance & Accounting Officer
Castlemaine
3 September 2009
INDEPENDENT AUDITOR’S REPORT

To the Members of the Board, Mt. Alexander Hospital

The Financial Report

The accompanying financial report for the year ended 30 June 2009 of Mt. Alexander Hospital which comprises the operating statement, balance sheet, statement of changes in equity and cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board member’s, accountable officer’s and chief finance and accounting officer’s declaration has been audited.

The Members of the Board’s Responsibility for the Financial Report

The Members of the Board of Mt. Alexander Hospital are responsible for the preparation and the fair presentation of the financial report in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the financial reporting requirements of the Financial Management Act 1994. This responsibility includes:

- establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error;
- selecting and applying appropriate accounting policies;
- making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility

As required by the Audit Act 1994, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. These Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to the internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of the accounting policies used, and the reasonableness of accounting estimates made by the Members of the Board, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.
Independent Auditor’s Report (continued)

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor’s report relates to the financial report published in both the annual report and on the website of Mt. Alexander Hospital for the year ended 30 June 2009. The Members of the Board of Mt. Alexander Hospital are responsible for the integrity of the website. I have not been engaged to report on the integrity of the website. The auditor’s report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the Mt. Alexander Hospital website.

Independence

The Auditor-General’s Independence is established by the Constitution Act 1975. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Auditor’s Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of Mt. Alexander Hospital as at 30 June 2009 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the Financial Management Act 1994.

MELBOURNE
3 September 2009

[Signature]

D D R Peacock
Auditor-General
# Financial Statements

## Mt Alexander Hospital

### Operating Statement

For the Year Ended 30 June 2009

<table>
<thead>
<tr>
<th>Description</th>
<th>Note</th>
<th>2009 $’000</th>
<th>2008 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue from Operating Activities</td>
<td>2</td>
<td>32,476</td>
<td>30,428</td>
</tr>
<tr>
<td>Revenue from Non-operating Activities</td>
<td>2</td>
<td>306</td>
<td>397</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>3</td>
<td>(26,545)</td>
<td>(25,467)</td>
</tr>
<tr>
<td>Non Salary Labour Costs</td>
<td>3</td>
<td>(127)</td>
<td>(204)</td>
</tr>
<tr>
<td>Supplies &amp; Consumables</td>
<td>3</td>
<td>(2,181)</td>
<td>(2,043)</td>
</tr>
<tr>
<td>Other Expenses From Continuing Operations</td>
<td>3</td>
<td>(4,073)</td>
<td>(3,517)</td>
</tr>
</tbody>
</table>

**Net Result Before Capital & Specific Items**

<table>
<thead>
<tr>
<th>Description</th>
<th>2009 $’000</th>
<th>2008 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Purpose Income</td>
<td>2</td>
<td>2,141</td>
</tr>
<tr>
<td>Specific Income</td>
<td>2d</td>
<td>400</td>
</tr>
<tr>
<td>Depreciation and Amortisation</td>
<td>4</td>
<td>(1,691)</td>
</tr>
<tr>
<td>Specific Expense</td>
<td>3c</td>
<td>(25)</td>
</tr>
<tr>
<td>Finance Costs</td>
<td>5</td>
<td>(39)</td>
</tr>
<tr>
<td>Expenditure using Capital Purpose Income</td>
<td>3</td>
<td>(550)</td>
</tr>
</tbody>
</table>

**NET RESULT FOR THE YEAR**

<table>
<thead>
<tr>
<th>2009 $’000</th>
<th>2008 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>(446)</td>
</tr>
</tbody>
</table>

*This Statement should be read in conjunction with the accompanying notes.*
# Financial Statements

**Mt Alexander Hospital**  
**Balance Sheet**  
**As at 30 June 2009**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>4,265</td>
<td>2,887</td>
</tr>
<tr>
<td>Receivables</td>
<td>919</td>
<td>1,357</td>
</tr>
<tr>
<td>Other Financial Assets</td>
<td>7,090</td>
<td>6,672</td>
</tr>
<tr>
<td>Inventories</td>
<td>215</td>
<td>165</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>38</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>12,527</strong></td>
<td><strong>11,112</strong></td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>438</td>
<td>107</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td><strong>47,141</strong></td>
<td><strong>26,654</strong></td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td><strong>47,579</strong></td>
<td><strong>26,661</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>60,106</strong></td>
<td><strong>37,773</strong></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>1,152</td>
<td>1,304</td>
</tr>
<tr>
<td>Interest Bearing Liabilities</td>
<td><strong>231</strong></td>
<td><strong>277</strong></td>
</tr>
<tr>
<td>Employee Benefits and Related On-Costs Provisions</td>
<td><strong>5,820</strong></td>
<td><strong>5,702</strong></td>
</tr>
<tr>
<td>Other Liabilities</td>
<td>7,248</td>
<td>6,672</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>14,451</strong></td>
<td><strong>13,955</strong></td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Bearing Liabilities</td>
<td><strong>356</strong></td>
<td><strong>549</strong></td>
</tr>
<tr>
<td>Employee Benefits and Related On-Costs Provisions</td>
<td><strong>1,191</strong></td>
<td><strong>876</strong></td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td><strong>1,547</strong></td>
<td><strong>1,425</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>15,998</strong></td>
<td><strong>15,380</strong></td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td><strong>44,108</strong></td>
<td><strong>22,393</strong></td>
</tr>
</tbody>
</table>

**EQUITY**  
Property, Plant & Equipment Revaluation Reserve  
Restricted Specific Purpose Reserve  
Contributed Capital  
Accumulated Surpluses/(Deficits)  
**TOTAL EQUITY**  
Contingent Assets & Contingent Liabilities  
Commitments for Expenditure

*This Statement should be read in conjunction with the accompanying notes.*