



147TH

ANNUAL  
REPORT  
2017  
2018



# OUR HISTORY

- 1870** In 1870, the local Council purchased two buildings for two pounds. They spent a further 50 pounds, converting an old hotel into a courthouse and the other section into a hospital.
- 1871** In December 1871 Alexandra Cottage Hospital was incorporated and registered as a Public Hospital.
- 1957** A fire destroyed a major part of the hospital destroying all records prior to that point.
- 1993** A redevelopment of the old hospital facility took place including a new urgent care and operating theatre.
- 2004** Alexandra District Health redeveloped its Community Health building at Alexandra and took on community health services at sites in Eildon and Marysville
- 2008** Alexandra District Health was awarded the Rural Health Service of the Year award in the Victorian Public Healthcare Awards.
- 2009** In 2009 the Black Saturday fires devastated the community. Alexandra District Health was directly involved in both the medical response and the rebuilding process including our facility in Marysville that was relocated to Buxton until Marysville was rebuilt.
- 2010** Construction commenced for the new hospital on the corner of Cooper and Wattle Streets.
- 2011** Alexandra District Health was awarded the Rural Health Service of the Year award in the Victorian Public Healthcare Awards.  
Construction was completed and the hospital relocated to its new home in October 2011.
- 2015** On the 18th of June 2015 the name of our health service formerly changed from Alexandra District Hospital to Alexandra District Health.



*Photo courtesy State Library of Victoria*

# TABLE OF CONTENTS

Our History .....	Inside front	Financial Performance Summary .....	7
Mission Statement, Philosophy, Objectives, Key Initiatives and Projects.....	1	Board of Management .....	8
Disclosure Index.....	2	Corporate Governance .....	9
Board Chair and Chief Executive Officer / Director of Nursing Report.....	3	Statutory Reporting.....	12
Organisational Structure .....	4	Environment and Sustainability.....	14
Committee Reporting Structure .....	4	Statement of Priorities.....	16
Hospital Profile .....	5	Key Financial and Service Performance .....	18
Attestations and Declarations .....	5,7	Life Governors .....	20
Senior Staff Positions and Roles.....	6	Our Services .....	20
Finance Report .....	3	Medical Staff.....	20

## MISSION STATEMENT

### Our Mission

Provision of quality integrated health services that meet the needs of our community.

### Our Philosophy

The Alexandra District Health Service philosophy is based on an abiding concern for all patients and their families, but primarily the patient, and that concern revolves around:

1. Prompt attention.
2. Communicating explanations of treatment, delays, changes, re-locations and environment.
3. Comfort – mental, physical and spiritual.
4. Identifying each patient as an individual with individual needs, and help to reduce apprehension.
5. Finally, for staff to appreciate and possess a capacity to see the hospital and its services from the patient's point of view and convey the need for review through proper channels.

### Strategic Plan Objectives

#### Our Vision and Strategic Intent

"To be recognised as a leader in rural health service provision, workforce development and consumer engagement."

#### Strategies

***Be an organisation that is fit for the future.***

We will maintain a commitment to robust governance framework and continue to monitor standards.

***Have a workforce that is fit for the future.***

We will develop education, recruitment and retention strategies that are aligned with service planning goals, staff aspirations, strategic relationships and principles of community enablement to ensure a workforce that is fit for the future.

***Ensure the community is fit for the future***

Alexandra District Health will promote

the development of community focused service delivery in order to build community resilience and maintain services that are appropriate and relevant to community health needs.

#### Key Initiatives and Projects

- Recruit and maintain key management positions to ensure effective and efficient health service management
- Achieve all accreditation requirements
- Further develop telehealth projects to link to external services including North East Health, Mental Health Triage and Adult Retrieval services.

# DISCLOSURE INDEX

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

Legislation Requirement		Page reference	Legislation Requirement		Page reference
<b>Ministerial Directions</b>					
<b>Report of Operations</b>					
<b>Charter and purpose</b>					
FRD 22H	Manner of establishment and the relevant Ministers	5	FRD 22H	Significant changes in financial position during the year	3
FRD 22H	Purpose, functions, powers and duties	9	FRD 22H	Statement of National Competition Policy	12
FRD 22H	Initiatives and key achievements	3	FRD 22H	Subsequent events	F
FRD 22H	Nature and range of services provided	20	FRD 22H	Summary of the financial results of the year	3,7
<b>Management and structure</b>			FRD 22H	Additional information is available upon request	13
FRD 22H	Organisational structure	4	FRD 22H	Workforce Data Disclosures including a statement on the application of employment and conduct principles	5
<b>Financial and other information</b>			FRD 25C	Victorian Industry Participation Policy disclosures	12
FRD 10A	Disclosure index	2	FRD 103F	Non-Financial Physical Assets	F
FRD 11A	Disclosure of ex-gratia expenses	F	FRD 110A	Cash Flow Statements	F
FRD 21C	Responsible person and executive officer disclosures	F	FRD 112D	Defined Benefit Superannuation Obligations	F
FRD 22I	Application and operation of <i>Protected Disclosure Act 2012</i>	12	SD 5.1.4	Financial Management Compliance Attestation	7
FRD 22H	Application and operation of <i>Carers Recognition Act 2012</i>	12	<b>Other requirements under Standing Directions 5.2</b>		
FRD 22H	Application and operation of <i>Freedom of Information Act 1982</i>	12	SD 5.2.2	Declaration in financial statements	F
FRD 22H	Compliance with building and maintenance provision of <i>Building Act 1993</i>	12	SD 5.2.1(a)	Compliance with Australian accounting standards and other authoritative pronouncements	F
FRD 22H	Details of consultancies under \$10,000	12,13	SD 5.2.1(a)	Compliance with Ministerial Directions	F
FRD 22H	Information and Communication Technology Expenditure	13	SD 5.2.3	Declaration in the Report of Operations	5
FRD 22H	Employment and conduct principles	5	<b>Legislation</b>		
FRD 22H	Major changes or factors affecting performance	3	<i>Freedom of Information Act 1982</i>		12
FRD 22H	Occupational Violence	13	<i>Protected Disclosure Act 2012</i>		12
FRD 22H	Operational and budgetary objectives and performance against Objectives	3	<i>Carers Recognition Act 2012</i>		12
FRD 24C	Summary of the Entity's Environmental Performance	14	<i>Victorian Industry Participation Policy Act 2003</i>		12
			<i>Building Act 1993</i>		12
			<i>Financial Management Act 1994</i>		7
			<i>Safe Patient Care Act 2015</i>		12
			(F):	Financial Report attached inside back cover of report.	



# REPORT FROM BOARD CHAIR AND CHIEF EXECUTIVE OFFICER/DIRECTOR OF NURSING

In accordance with the Financial Management Act 1994 we are pleased to present the Report of Operations for Alexandra District Health for the year ending 30th June 2018.

ADH has continued to deliver safe, quality healthcare for our community over the past year, delivering on our strategic priorities and ensuring a person centred focus in all that we do.

Some of our achievements this year include:

- Undertook a clinical governance review and commenced the implementation of recommendations
- Exceeded the state-wide targets in hand hygiene compliance and health worker immunisation rates
- Commenced the development of a clinical services plan 2018 - 2022
- Undertook an extensive community consultation process in the development of the clinical services plan
- Successfully implemented several software programs to improve and streamline processes
- Undertook a review of support services and commenced implementation of several of the recommendations
- A successful aboriginal health expo for aboriginal families and aboriginal workers
- Strengthening our workforce by enhancing development opportunities and organisation culture (e.g. reward and recognition, wellbeing and training programs). This follows on from the feedback received through the People Matter Survey.
- Launched our Advance Care Planning clinic

## Our Board

ADH has a dedicated Board providing governance oversight and strategic direction for the health service. In 2017/2018 we welcomed two new members, Elizabeth Sinclair and Paul Denham. During the year we farewelled Elizabeth Milford, when she moved interstate and Elizabeth Sinclair resigned from the Board to pursue a career with DHHS. As the financial year comes to an end Jenny Cummings retires after serving for 7 years and Sally Percy leaves us after 2 years service on the ADH Board. We are most grateful for their contributions.

## Consumer Advisory Committee

This year we reviewed and updated the terms of reference for the community advisory committee (CAC), developed position descriptions and undertook a recruitment campaign to revitalise the committee. The Board and staff acknowledges the hard work and generous donation of time given by the previous CAC members and look forward to welcoming new members in 2018.

## Director of Medical Services

In November 2017, the ADH Executive team was joined by Dr Campbell Miller as the Director of Medical Services. Campbell had previously worked at Eastern Health and as a consultant following his relocation from New Zealand.

## Financial Performance

The financial results for 2017-18 indicated a slight improvement in the financial performance of the health service compared to the prior year, when assessing the result prior to capital and specific items.

This operating position also reflects ongoing improvement in our hospital revenue activity, and the reduction in the cost of medical expenses and service delivery costs, all of which were closely managed this year.

Overall, the level of activity across all areas of the health service remains relatively stable with the overall financial result for the year indicating a positive and improving financial position when compared year on year.

## The Future

The future is bright for ADH as we look forward to formalising our clinical services plan, which will bring improvements and expansion of our services to meet the needs of the community now and into the future, and ensuring services are provided locally.

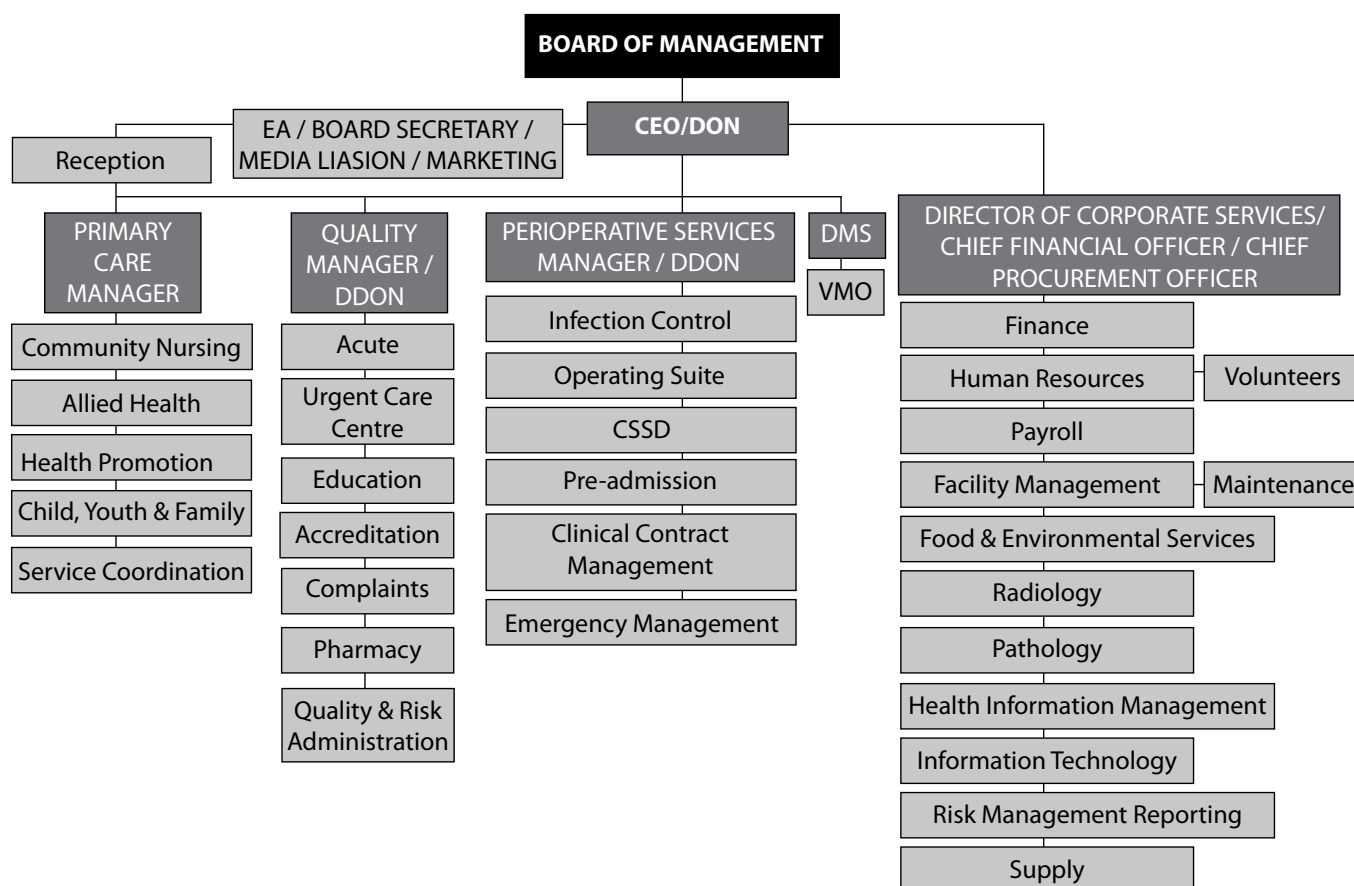
Our success depends on the strong governance and commitment of our Board members, effective leadership from our executive, and the skills, knowledge and dedication of our staff, in partnership with our community advisors. We would also like to acknowledge the generosity of our fundraisers, volunteers and community whose contributions greatly assist in the purchase of new equipment.

We also thank our patients, and clients who have shared their journey to health with us.

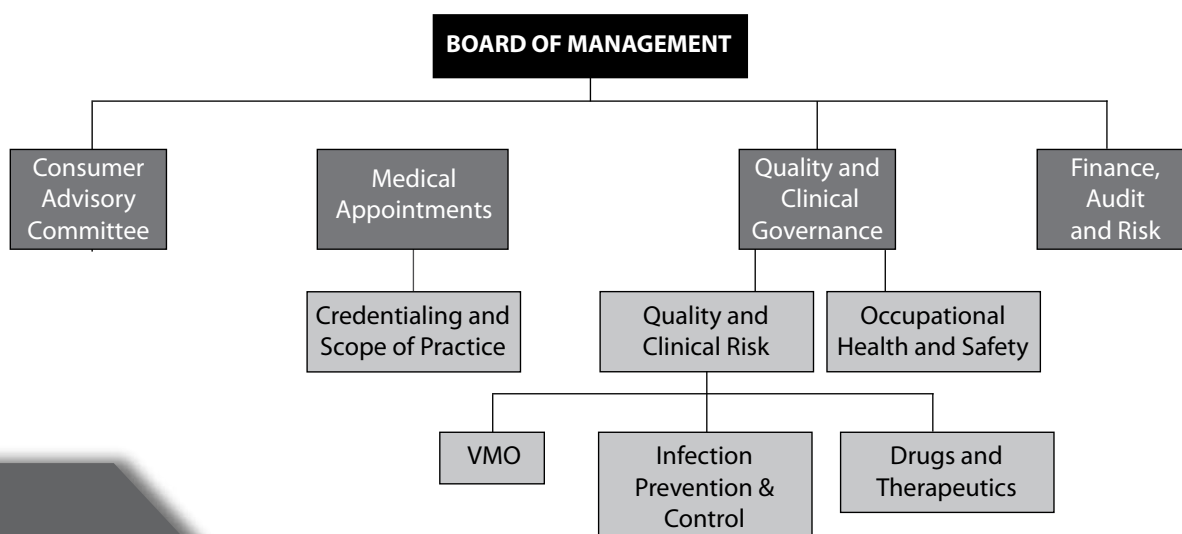
We acknowledge the support of the Victorian Government, Department of Health and Human Services and the Federal Government in the funding of our operations and initiatives.

This year has been a busy and rewarding year for Alexandra District Health and we are proud to lead the health service into the future. We hope that you enjoy reading our 2017/2018 Annual Report and learning more about our achievements in the past year.

# ORGANISATIONAL STRUCTURE



# COMMITTEE REPORTING STRUCTURE



# HOSPITAL PROFILE

## Board of Management Chair:

Ms Carole Staley

## Chief Executive Officer/Director of Nursing

Mrs Deborah Rogers

## Relevant Ministers

The Hon. Jill Hennessy, MP Minister for Health, Minister for Ambulance

The Hon. Martin Foley, MP Minister for Housing, Disability and Ageing, Minister for Mental Health

## Originally Established

Incorporated December 11th, 1871 – Hospital and Charities Act (6274)

## Accreditation Status

Fully Accredited to 9th March 2021

Workforce Data	JUNE Current Month FTE		JUNE Year To Date FTE	
	2017	2018	2017	2018
Nursing	11.33	10.43	12.92	11.15
Administration and Clerical	8.34	7.07	6.59	6.61
Medical Support	9.92	10.71	9.60	9.55
Hotel and Allied Services	0.31	0.53	0.21	0.38
Medical Officers	1.17	2.25	1.13	1.35
Ancillary Staff	23.32	23.89	24.73	23.14

All employees are correctly classified in workforce data collections and are required to comply with the Alexandra District Health Code of Conduct under their respective employment agreements. Alexandra District Health is committed to applying the Public Sector employment principles and upholds the key principles of merit and equity in all aspects of the employment relationship. To this end we have policies and practices in place to ensure all employment related decisions including recruitment, training and retention are based on merit.

## Approved Beds

25 acute

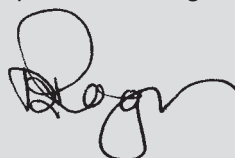
6 day procedure

## Office Bearers

Chair	Ms Carole Staley
Deputy Chair	Mrs Lorna Gelbert
Board Members	Mr Geoff Hyland
	Mrs Jennifer Cummins
	Dr Elizabeth Milford (resignation pending approval from the Governor in Council)
	Mrs Sally Percy
	Ms Elizabeth Sinclair (resigned 13 June 2018)
	Mr Paul Denham
Auditor	HLB Mann Judd (internal auditor)
	VAGO (Victorian Auditor Generals Office)
	External Auditor
Appointed Agent	Richmond, Sinnott & Delahunty
Bankers	ANZ, NAB
Solicitors	Phillips Fox / Health Legal

## Data Integrity

I, Deborah Rogers, certify that Alexandra District Health has put in place appropriate internal controls to ensure that data accurately reflects actual performance. Alexandra District Health has critically reviewed these controls and processes during the year.



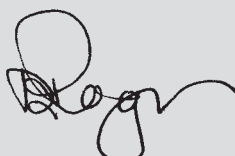
**Deborah Rogers**

**Chief Executive Officer / Director of Nursing**

Alexandra On the 30th June 2018

## Conflict of Interest

I, Deborah Rogers, certify that Alexandra District Health has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Alexandra District Health and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standing agenda item for declaration and documenting at each executive board meeting.



**Deborah Rogers**

**Chief Executive Officer / Director of Nursing**

Alexandra On the 30th June 2018

## Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Alexandra District Health for the year ending 30 June 2018.



**Carole Staley**  
**Chair Board of Management**

Alexandra  
On the 30th  
June 2018

# SENIOR STAFF POSITIONS & ROLES

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

The CEO/DON is responsible for the operational, clinical, financial and human resource management of Alexandra District Health. Additionally, this position holds full responsibility for legislative compliance and organisational performance together with organisational development and enhancement.

## **Director of Corporate Services / Chief Finance Officer / Chief Procurement Officer**

### **Andrew Lowe**

The Director of Corporate Services / Chief Financial Officer (CFO) / Chief Procurement Officer (CPO) is a member of the Executive Team having responsibility for the leadership and management of the Corporate Services Division. The Director of Corporate Services is responsible for the overall finance and accounting function, assisting in the formation of financial and budgeting policies and procedures.

## **Director of Medical Services**

### **Dr Campbell Miller**

The Director of Medical Services (DMS) acts on behalf of Alexandra District Hospital (ADH), in overseeing the professional performance of all contracted Visiting Medical Officers (VMO's) to enhance and develop medical service provision. The DMS is responsible for ensuring a safe medical care environment for patients of ADH.

## **Primary Care Manager**

### **Jane Judd**

The Primary Care Manager is responsible for the planning, co-ordination, and monitoring of the provision of high quality and accessible Primary Care services at Alexandra, Eildon and Marysville.

## **Perioperative Services Manager / Deputy Director of Nursing (DDON)**

### **Margaret Baker**

The Perioperative Services Manager is responsible for the day to day function of the operating theatre department.

The DDON reports to and works collaboratively with the Director of Nursing (DON). This position has a strong operational focus overseeing and managing the work and services provided by the perioperative services clinical team. The DDON is responsible for the coordination of infection prevention and control and occupational health and safety throughout the organisation.

## **Quality Manager**

**Claire Palmer** (to 13/03/18)

**Vivienne Low** (from 13/03/18)

The Quality Manager is responsible for the development and management of the Alexandra District Health (ADH) Safety and Quality Management Plan and Risk Management Framework.

## **Acute and Urgent Care Services Manager / Deputy Director of Nursing (DDON)**

**Claire Palmer** (from 13/03/18)

The Acute and Urgent Care Services Manager is responsible for the day to day function of the acute ward and urgent care departments.

The DDON reports to and works collaboratively with the Director of Nursing (DON). This position has a strong operational focus overseeing and managing the clinical team in the acute ward and urgent care centre.



# PERFORMANCE

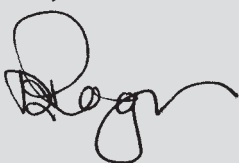
## Five Year Financial Comparison Summary:

	2018 \$	2017 \$	2016 \$	2015 \$	2014 \$
Total revenue	8,305,091	7,836,337	7,656,794	7,134,199	7,037,653
Total expenses	(9,389,326)	(8,887,959)	(8,551,853)	(8,707,796)	(8,291,351)
Other operating flows included in the net result for the year	5,575	(10,909)	27,924	24,328	0
<b>Net Result for the year</b>	<b>(1,078,660)</b>	<b>(1,062,531)</b>	<b>(867,135)</b>	<b>(1,549,269)</b>	<b>(1,253,698)</b>
<b>Operating result</b>	<b>88,482</b>	<b>32,978</b>	<b>182,102</b>	<b>(28,504)</b>	<b>(212,747)</b>
Total assets	28,233,451	26,670,067	27,732,716	28,515,494	30,059,698
Total liabilities	(2,190,907)	1,729,863	1,729,981	1,645,624	1,640,559
<b>Net assets</b>	<b>26,042,544</b>	<b>24,940,204</b>	<b>26,002,735</b>	<b>26,869,870</b>	<b>28,419,139</b>
<b>Total equity</b>	<b>26,042,544</b>	<b>24,940,204</b>	<b>26,002,735</b>	<b>26,869,870</b>	<b>28,419,139</b>

## Compliance with Health Purchasing Victoria (HPV) Health Purchasing Policies

Compliant

I, Deborah Rogers certify that Alexandra District Health has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HPV Health Purchasing Policies including mandatory HPV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.



**Deborah Rogers**  
**Chief Executive Officer / Director of Nursing**  
Alexandra On the 30th June 2018

## Financial Management Compliance

I, Carole Staley on behalf of the Responsible Body, certify that Alexandra District Health has complied with the applicable Standing Directions of the Minister for Finance under the Financial Management Act 1994 and Instructions.



**Carole Staley**  
**Board Chair**  
Alexandra on the 30th June 2018

# BOARD OF MANAGEMENT

## **Chair: Ms Carole Staley**

Carole is Registered Nurse and holds qualifications in health service management. She has 30 years experience within the health care sector including senior management roles. She has extensive experience in implementing new models of care and improvement initiatives, particularly at the interface between the acute hospital and community care area. Carole is currently employed by Eastern Health in a business development role.

## **Deputy Chair: Mrs Lorna Gelbert**

Lorna is a practicing lawyer and is an Accredited Property Law Specialist. Until the end of 2013, Lorna was a partner with a medium sized law firm in Melbourne CBD but now operates a small practice in Buxton in partnership with her husband. Lorna has previously been a Board Director of Places Victoria, Women's Legal Service Victoria and Family Law Legal Service. She is the former Chair of the Law Institute of Victoria Specialisation Board's Property and Commercial Tenancy Committee. Aside from her legal practice, Lorna and her son Michael own and operate Buxton Ridge vineyard and winery.

## **Mrs Jennifer Cummins**

Jenny is a qualified Physiotherapist who has held senior management positions in public hospitals. Jenny has experience in quality assurance, occupational health and safety management and has held directorships in a number of private companies.

## **Mr Geoff Hyland**

Geoff has a background in finance and accounting having graduated with a Bachelor of Commerce degree and worked with a Melbourne accounting firm for seven years before being self employed as an on course bookmaker – a profession he has enjoyed for 42 years. Geoff has been involved in traders and tourism bodies in Marysville and Alexandra at committee level.

## **Ms Sally Percy**

Sally is a Registered Nurse and has a long history of working in acute and community care settings. She completed her Master of Business Administration (Quality Management) and worked as a Quality and Risk Manager with a non-profit nursing organisation in Melbourne for over 26 years. She has extensive experience in developing and implementing Clinical Governance and Risk Management Frameworks and ensuring compliance with accreditation standards. She continues to undertake accreditation surveys in both hospitals and community settings for the Australian Council on Healthcare Standards.

## **Dr Elizabeth Milford**

(resignation pending approval from the Governor in Council)

Dr Elizabeth Milford is a lecturer in clinical communications at the University of Melbourne and manager of a large community dental practice in northern Melbourne. Board positions include current finance, risk and audit committee member and former executive board member for Australian Dental Association (Victoria). Elizabeth has an MBA (Prof) from Melbourne Business School and is professional mentor for dentists at all stages of their career. Elizabeth enjoys visiting Alexandra year round for outdoor activities with her family and building her network of friends in the area.

## **Mr Paul Denham**

Paul has many years' experience in the Building and Construction industry as well as Emergency Management and Recovery sectors. With a background in contracts management, Paul has considerable knowledge of building life safety systems and building services, having worked on major construction projects in both the public and private sectors. He holds a Masters of Engineering Project Management along with a number other graduate qualifications and is an endorsed fire ground commander in the emergency services.

Paul is an officer at Buxton CFA and undertakes the Community Safety role for the brigade. He has also served as a State Councillor for Volunteer Fire Brigades Victoria for over 15 years. He is a member of the Marysville & Triangle Community Foundation board and previously served on the board of the Country Fire Authority.

## **Ms Elizabeth Sinclair**

(resigned 13th June 2018)

Elizabeth is a Registered Nurse and holds a Master's in Business Administration and Graduate Diploma of Education.

Elizabeth has worked in Senior Management roles in rural health in both the aged and acute settings. Elizabeth was recently employed with Ambulance Victoria as a Project Manager in Pre-Hospital Thrombolysis Operational Quality & Improvement.

# CORPORATE GOVERNANCE

**A**lexandra District Health (ADH) Annual Report has been compiled to meet the requirements of the Public Administration Act, Financial Management Act and other requirements.

Information required by legislation – but not recorded elsewhere in this annual report is summarised below.

The organisation is governed by the Board of Management. The Board is appointed by the Governor-in-Council upon the recommendation of the Minister of Health, the Hon Jill Hennessy MP.

## **Board of Management**

The functions of the board are:

- To provide strategic leadership to the organisation, monitor performance against agreed objectives ensure accountability and compliance.

The Board of Management Committee membership is governed by the Alexandra District Health Board Charter.

## **Quality and Clinical Governance Committee**

The Quality and Clinical Governance Committee is a Board subcommittee responsible for the implementation of a strong Quality and Clinical Governance framework that encompasses the domains of quality and safety. This incorporates:

- Consumer participation
- Clinical effectiveness
- Effective workforce
- Risk Management

The Quality and Clinical Governance Framework will ensure that structures, policies, systems, processes and practices are in place and are developed, implemented, monitored and evaluated to support the consumer through their journey and to support the teams to deliver safe, high quality, effective care.

The committee oversees the clinical systems and frameworks that are in place.

The reporting of clinical key

performance indicators is presented to the Board of Management

## **Finance, Audit and Risk Committee**

The Alexandra District Health (ADH) Finance, Audit and Risk (FAR) Committee is a sub-committee of the ADH Board of Management. The Committee provides governance and oversight to:

1. Financial management (including asset management)
2. Risk management (including compliance management)
3. Internal and external audit.

## **Medical Appointments Committee**

The committee meet twice per year or as necessary and advises the Board regarding the appointment, suspension and removal from office of medical practitioners.

## **Consumer Advisory Committee**

The Consumer Advisory Committee functions to improve the ADH partnerships with consumers in service planning, designing care and service measurement and evaluation. This is achieved by the following means:

- Providing advice to the Board on appropriate and effective processes and structures, for community participation and the integration of consumer, carer, and community views into all levels of health service operations, planning and policy development,
- Advocating to the Board on behalf of the community, consumers and carers,
- Identifying and advising the Board on priority areas and issues requiring consumer, carer and community participation,
- Providing advice in the development of the Strategic Plan, the Cultural Diversity Plan and the annual Quality Account.

## **Quality and Clinical Risk Committee (Q&CR)**

The Quality and Clinical Risk committee's duties and responsibilities are to:

- Coordinate the planned and systematic development, implementation and monitoring of care and services to ensure the provision of safe, high quality, effective care and a positive consumer experience.
- Report review and monitor any current, new or emerging risks in line with ADH risk management framework.
- Develop, implement and monitor the suite of Quality Key performance Indicators (KPI)
- Ensure relevant information on recommended actions for correction or improvement of any service provided is conveyed to the Board and to the relevant health service department or personnel.

## **Occupational Health and Safety Committee**

The committee is responsible for coordinating occupational health and safety including occupational violence, waste management and emergency management within the health service and shall:

- Facilitate co-operation between employer and employees in instigating, developing and carrying out measures designed to secure the health and safety of employees in the workplace,
- Formulate and review the health and safety standards, rules and procedures that are to be carried out or complied with in the workplace, and make them known to employees,
- Identify workplace risks through review and analysis of staff accidents and near miss/hazard reports. Refer significant risks to Q&CR and the Risk Register.





*Our Executive team (from left) Debbie Rogers, Andrew Lowe, Claire Palmer, Margaret Baker (absent Jane Judd).*



*Our friendly reception team.*





*Above: Our support services staff busy preparing meals on wheels.*

*Right: Our Nurse Led Radiography Service enables access to simple x-ray services more often.*

*Below: ADH hosts a number of nursing students throughout the year. Our nursing staff and student practicing on our resus manikin.*



# STATUTORY REPORTING

Alexandra District Health's Annual Report has been compiled to meet the requirements of the public Administration Act, Financial Management Act and other requirements.

Information required by legislation but not recorded elsewhere in this annual report is summarised below.

## **Pecuniary Interests**

The Board of Management members are required to notify the Chair of the Board of any pecuniary interests. All members have completed a statement of pecuniary interests.

## **Health Services Act, 1988**

Alexandra District Health does not administer any Acts. The Health Services Act of 1988 is the vehicle by which Health Services are incorporated and prescribes the manner in which they are regulated.

## **Complaints System**

Complaints are assessed promptly and the Board of Management is kept informed of the nature of complaints.

Complaints are used as a means to achieve continuous quality improvement in all facets of health care business.

## **Freedom of Information Act, 1982**

The Freedom of Information Officer is the Chief Executive Officer (CEO). Persons wishing to access information under the Freedom of Information Act 1982 should apply in writing to the CEO.

During 2017/2018 there were 32 Freedom of Information requests.

## **Protected Disclosure Act, 2012**

Alexandra District Health complied with the Protected Disclosure Act 2012 for the year 2017/2018.

## **Carers Recognition Act 2012**

Alexandra District Health complied with the Carers Recognition ACT 2012 for the year 2017/2018.

## **Victorian Industry Participation Act, 2003**

Alexandra District Health complied with the Victorian Industry Participation Policy ACT 2003 for the year 2017/18.

## **Safe Patient Care Act, 2015**

Alexandra District Health complies with the Safe Patient Care Act 2015.

## **Employment and Conduct Principles**

All employees are correctly classified in workforce data collections and are required to comply with the Alexandra District Health Code of Conduct under their respective employment agreements. Alexandra District Health is committed to applying the Public Sector employment principles and upholds the key principles of merit and equity in all aspects of the employment relationship. To this end we have policies and practices in place to ensure all employment related decisions including recruitment, training and retention are based on merit.

## **Fees and Charges**

Alexandra District Health charges fees in accordance with the Department of Health Fee Schedule.

## **Occupational Health and Safety**

Alexandra District Health has an Occupational Health and Safety (OH&S) Committee which meets regularly. Staff report incidents, accidents and near misses which are then assessed at monthly meetings and appropriate action is taken.

During 2017/18 Alexandra District Health has:

- Ongoing mandatory manual handling and occupational violence training for all staff.
- Provided staff with training for managers and supervisors and refresher training for Health and Safety Representatives (HSR).

- Provided online training on anti-bullying and harassment to all staff.
- Provided staff with annual fire safety and emergency management training.

## **Competitive Neutrality**

Alexandra District Health has a policy in place for the implementation of the Victorian Government's policy on Competitive Neutrality.

## **Industrial Disputes**

Time lost through industrial disputes: Nil.

## **Overseas Travel**

Nil.

## **Building Act 1993**

Alexandra District Health complies with Regulation 1209 and 1215 of the Building Act 1993. The Alexandra District Health engages an independent contractor to perform an assessment of all buildings in accordance with Section 22E of the Act. A current Annual Safety Measures Report is on display at the Urgent Care entry.

## **Outsourcing of services**

- AASB Accounting and Audit Solutions – Accounting
- Clinical Labs – Pathology
- North East Health Wangaratta / Mansfield Radiographic Service – Radiology
- North East Health Wangaratta Payroll services
- Sound Imaging – Ultrasound

## **Details of Consultancies Engaged**

### **Details of consultancies (under \$10,000)**

In 2017-18, there were 7 consultancies where the total fees payable to the consultants was less than \$10,000. The total expenditure incurred during 2017-18 in relation to these consultancies is \$43,680 (excl. GST).

### **Details of consultancies (valued at \$10,000 or greater)**

In 2017-18, there were 3 consultancies where the total fees payable to the



consultants was \$10,000 or greater. The total expenditure incurred during 2017-18 in relation to these consultancies is \$72,020 (excl. GST).

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2017-18 (excluding GST)	Future expenditure (excluding GST)
Cube Consulting	Clinical services plan	Feb-18	Aug-18	\$40,750	\$35,000	\$5,750
People and Culture Solutions Pty Ltd	Human Resources management/consulting	Jul-17	Sep-17	\$18,240	\$18,240	\$0.00
Optimal Workplace Solutions Pty Ltd	Human Resources management/ consulting	Dec-17	Jun-18	\$18,780	\$18,780	\$0.00

## Publications

The following publications dealing with the functions, powers, duties and activities of the hospital were produced in 2017/18 and may be viewed at the health service upon request:

- Alexandra District Health 147th Annual Report

## Information and Communication Technology (ICT) Expenditure

The total ICT Expenditure of ADH is outlined below.

	Total ICT Costs 2017/18 (Ex GST)
<b>Business As usual (BAU)</b> ICT Expenditure (Total Ex GST)	\$253,407
<b>Non-Business As Usual (Non-BAU) ICT expenditure</b> (Total operational and capital expenditure ex GST)	\$0.00
Operational expenditure (ex GST)	\$0.00
Capital Expenditure (ex GST)	\$0.00

## Additional Information Available Upon Request

Items listed below have been retained by Alexandra District Health and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- Declarations of pecuniary interests have been duly completed by all relevant officers.
- Alexandra District Health Annual Report.
- Details of changes in prices, fees, charges, rates and levies charged by the Health Service.
- Details of any major external reviews carried out on the Health Service.
- Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services.
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

## Occupational Violence

Alexandra District Health publicly reports and monitors incidents of occupational violence.

The below table outlines these instances.

Occupational Violence Statistics	2017 2018
1. Workcover accepted claims with an occupational violence cause per 100 FTE	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
3. Number of occupational violence incidents reported	4
4. Number of occupational violence incidents reported per 100 FTE	7.66
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

## Definitions:

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

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

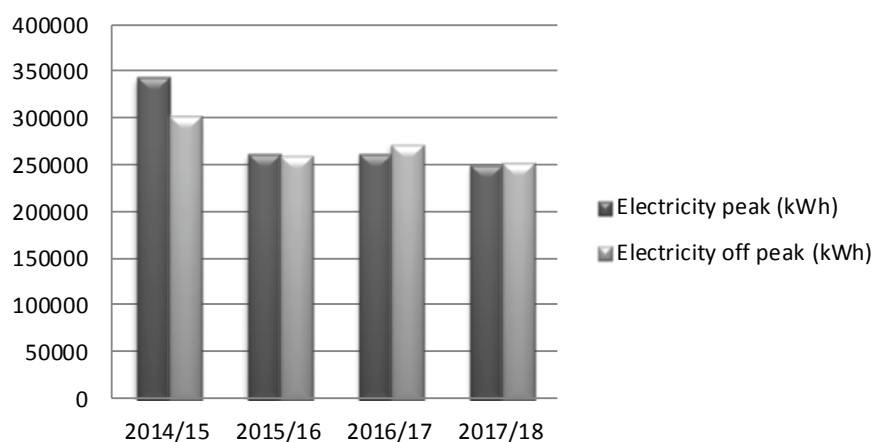
**Incident** – occupational health and safety incidents reported in the health service incident reporting system. Code Grey reporting is not included.

**Workcover Claims Accepted** – accepted claims that were lodged in 2017-18.

**Lost time** – is defined as greater than one day.

# ENVIRONMENT & SUSTAINABILITY

## Energy Consumption (kWh)

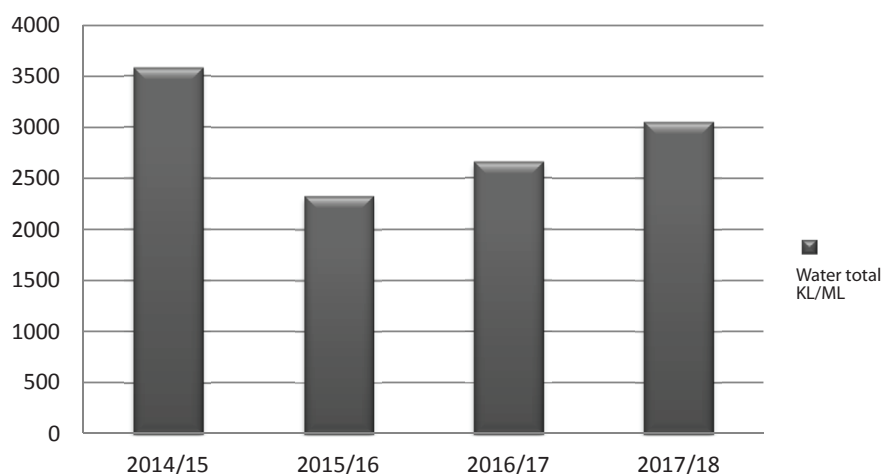


Alexandra District Health (ADH) strives to provide a sustainable environment for the community and continue to work to reduce our carbon footprint.

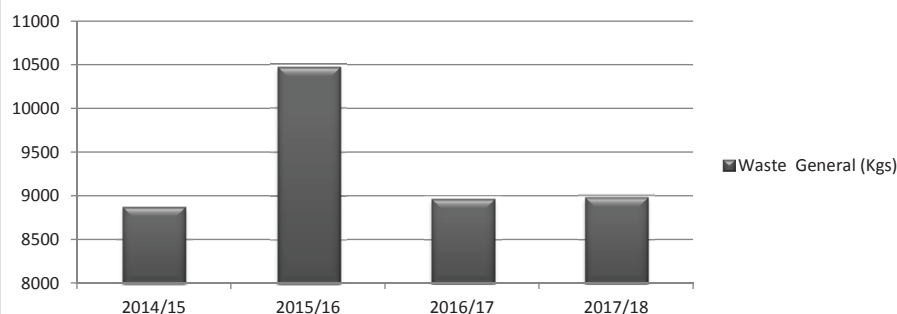
### How do we perform?

- We continue to monitor our solar production and have seen a significant reduction in the electricity consumed especially in the summer months. In 2017/18 we produced 125 Mega Watt Hours (MWH). The production of solar power has resulted in a carbon offset of 86.46 tons or the equivalent of 2217 trees.
- An ongoing commitment to educating staff on reducing clinical waste has resulted in an overall decrease of 34% in kilograms of clinical waste produced.
- Our theatre department continue to participate in a sterile wrap recycling project that means this product no longer end up in landfill.
- We continue working on a replacement program to replace our halogen lighting to LED replacements throughout the hospital site.
- We reduced our overall general waste contributing to landfill by 11%.

## Water Consumption Total KL/ML



## Waste - General Kilograms (Kgs)



### Did we achieve our goals?

In 2017/18 ADH set a number of goals for the 2017/18 reporting period including:

**Goal:** Reduce clinical waste in total volume and containers through education of the correct separation of clinical and general waste practices.

**Result:** An overall reduction of clinical waste of 34% (in totals kgs produced) and 13% (containers)

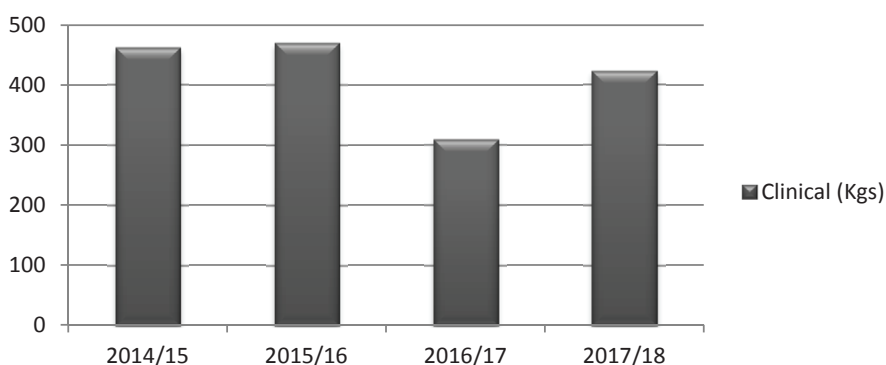
**Goal:** Reduce our overall carbon footprint by 50 tonnes by 30 June 2018 by reducing our electricity, water and gas usage through various environmental projects.

**Result:** ADH achieved an overall reduction of 31 tonnes. We will continue to achieve a further reduction in carbon emissions in 2017/18.

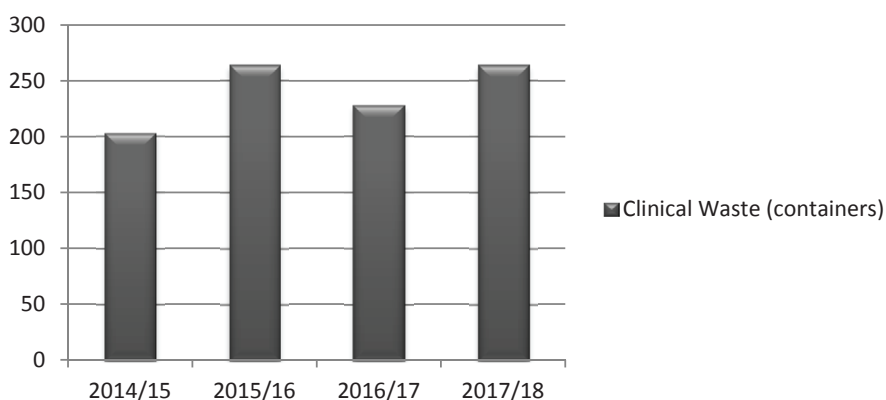
**Goal:** Overall fuel consumption target reduction of 5% by the end of 2017/18 by reducing non-essential travel and increased use of video conferencing.

**Result:** Due to an increase in remote service provision and external training and meetings that are not provided via telehealth our result was a 21% increase in fuel consumption. We will continue to work towards a decrease in non-essential travel and use of telehealth facilities and aim for a 5% reduction on 2017/18 totals.

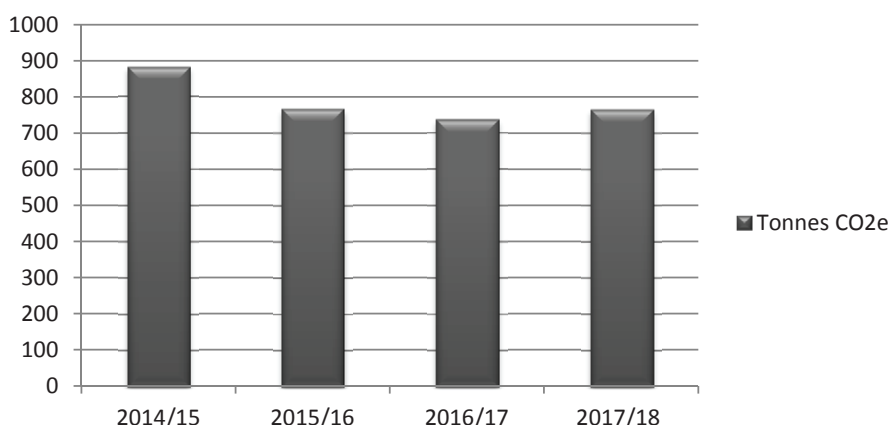
### Waste - Clinical Kilograms (Kgs)



### Clinical - Waste (Containers)



### Total Greenhouse Gas Emissions





# STATEMENT OF PRIORITIES

## Statement of Priorities Part A – Strategic Priorities for 2017/18

The Victorian Government's priorities and policy directions are outlined in the *Victorian Health Priorities Framework 2012–2022*. In 2017/18 Alexandra District Health (ADH) will contribute to the achievement of these priorities by:

Goals	Strategies	Health Service Deliverables	2017/18
<b>Better Health</b>	<b>Better Health</b>		
<p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighborhoods and communities encourage healthy lifestyles</p>	Reduce statewide risks	Actively participate in the collaborative partnership with Goulburn Valley Health for the Strengthening Hospitals Response to Family Violence.	Achieved. SHRFV project officer appointed 8 hours per week. Policy and procedures developed. Contact officer role statement developed.
	Build healthy neighborhoods		
	Help people to stay healthy	Alexandra District Health will host a workshop on the identification of family violence for clinicians across the Murrindindi Shire.	Achieved. 'Identifying Family Violence' session held on 21/09/17 at ADH provided by Integrated Family Violence Services.
	Target health gaps	Alexandra District Health will build a collaborative partnership to close the health gap through the development of a memorandum of understanding with the local providers of Aboriginal Health services.	Achieved. Aboriginal Health expo conducted for aboriginal families and aboriginal workers. Memorandum of Understanding being developed with Rumbalara Health Services.
		Alexandra District Health will actively encourage Aboriginal and Torres Strait Islander applicants to apply for job vacancies.	Achieved. Statement relating to ADH diversity added to each ADH job advertisement.
<b>Better Access</b>	<b>Better Access</b>		
<p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	Plan and invest	Alexandra District Health will work to strengthen the partnership with Goulburn Valley Area Mental Health by investigating the feasibility of a telehealth model of care to improve accessibility to mental health clinicians.	Achieved. Progressing through West Hume partnership.
	Unlock innovation		
	Provide easier access	Identify opportunities to increase care in the home of mental health patients.	Achieved. Partnership with Goulburn Valley Health, Nexus Primary Health and ADH Primary Care ensuring care in the local community is available.
	Ensure fair access	Alexandra District Health will engage consultants to undertake a clinical services plan which will recommend the breadth of services appropriate for and which meet community need at Alexandra District Health.	Achieved. An ADH clinical services plan has been developed. Murrindindi Clinical Services plan developed in collaboration with YDMH.
		The review will investigate options/ service delivery models that will ensure ongoing access to urgent care services, options for the provision of a level 1 maternity service and Alexandra District Health role in residential aged care services.	Achieved. The Clinical services plan addresses all of these deliverables.

Goals	Strategies	Health Service Deliverables	2017/18
<b>Better Care</b>	<b>Better Care</b>	The Alexandra District Health "10 Point Action Plan" demonstrates Alexandra District Health commitment to a safe aggression free workplace for staff and others.	Achieved. Funding submission for increased CCTV and security has been successful. Quarterly meetings with Victoria Police focussing on improving safety and security. Development of signage in collaboration with Victoria Police and Ambulance Victoria and ADH advising. inappropriate behaviour towards staff will not be tolerated.
Target zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs	Put quality first Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care		
<b>Better Care</b>	<b>Better Care</b>	<b>Mandatory actions against the 'Target zero avoidable harm' goal:</b>	
Care is always	Develop and implement a plan to educate staff about obligations to report patient safety concerns.	Alexandra District Health will implement a targeted education campaign to create a culture of reporting patient safety concerns.	Achieved. Communication strategy implemented. Weekly CEO forums. Monthly newsletter.
	Establish agreements to involve with external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review).	Establish and implement a Mortality and Morbidity Committee which includes external clinician membership.	Achieved. DMS appointed December 2017. Terms of Reference developed. Meeting scheduled biannually.
	In partnership with consumers, identify 3 priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every 6 months to reflect new areas for improvement in patient experience.	As identified in Victorian Healthcare Experience Survey 2016-17 results the three priority improvement areas identified: Patient consent for students to participate in their care, Improve discharge planning processes, Understanding of the Alexandra District Health patient complaint process. Alexandra District Health will work with the Consumer Advisory Committee to develop initiatives to address the priority areas.	Achieved. Consumer Advisory Committee refreshed. Working with communication and media consultant to improve communication with community. 5 Community consultations held to develop clinical services plan with 184 attendees. Communication strategy developed.

# KEY FINANCIAL & SERVICE PERFORMANCE

## Part B: Performance priorities

### SAFETY AND QUALITY PERFORMANCE

Key performance indicator	Target	2017-18 actual result
<b>Accreditation</b>		
Accreditation against the National Safety and Quality Health Service Standards	Full compliance	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Full compliance
<b>Infection prevention and control</b>		
Compliance with the Hand Hygiene Australia program	80%	86.2%
Percentage of healthcare workers immunised for influenza	75%	92%
<b>Patient experience</b>		
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience	100%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75% very positive experience	96%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%	99%
<b>Adverse events</b>		
Number of sentinel events	Nil	Nil
Mortality – number of deaths in low mortality DRGs <sup>1</sup> *	NA	NA

\* This indicator was withdrawn during 2017/18 and is currently under review by the Victorian Agency for Health Information.

<sup>1</sup> DRG is Diagnosis Related Group

### EFFECTIVE FINANCIAL MANAGEMENT

Key performance indicator	Target	Result
<b>Finance</b>		
Operating result (\$m)	0.00	0.09
Average number of days to paying trade creditors	60 days	48
Average number of days to receiving patient fee debtors	60 days	29
Adjusted current asset ratio	0.7 or 3% improvement from health service base target	2.5
Number of days of available cash	14 days	145



## Part B: Performance priorities

### STRONG GOVERNANCE, LEADERSHIP AND CULTURE

Key performance indicator	Target	Result
<b>Organisational culture</b>		
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%	98%
People matter survey - percentage of staff with a positive response to the question, "I am encouraged by my colleagues to report any patient safety concerns I may have"	80%	98%
People matter survey - percentage of staff with a positive response to the question, "Patient care errors are handled appropriately in my work area"	80%	98%
People matter survey - percentage of staff with a positive response to the question, "My suggestions about patient safety would be acted upon if I expressed them to my manager"	80%	95%
People matter survey - percentage of staff with a positive response to the question, "The culture in my work area makes it easy to learn from the errors of others"	80%	94%
People matter survey - percentage of staff with a positive response to the question, "Management is driving us to be a safety-centred organisation"	80%	98%
People matter survey - percentage of staff with a positive response to the question, "This health service does a good job of training new and existing staff"	80%	86%
People matter survey - percentage of staff with a positive response to the question, "Trainees in my discipline are adequately supervised"	80%	90%
People matter survey - percentage of staff with a positive response to the question, "I would recommend a friend or relative to be treated as a patient here"	80%	98%

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2017-18 of the *Department of Health and Human Services Policy and funding guidelines 2017*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	2017/18 Activity Achievement
<b>Acute admitted</b>	
WIES Public	678
WIES Private	170
<b>Service</b>	<b>Activity 2017/18 hours of service</b>
<b>Community Health</b>	
Initial Needs Identification	762
Nursing	490
Speech Pathology	922
Dietetics	786
Counselling / casework	2951
Physiotherapy	3364
Occupational Therapy	247

# OUR SERVICES

- Acute Ward
- Access Worker
- Asthma Education
- Bounce Back with Babes
- Cardiac Rehabilitation
- Childbirth Education
- Counselling services
- Heart Health Program
- Continence Management
- Diabetes Education
- Dietetics
- Dindi Early Intervention Program
- District Nursing Service
- Echocardiography (private service)
- Hearing Clinic (private service)
- Lung Function Testing (private service)
- Meals on Wheels
- Private Specialist Services: (General Surgeon, Gynaecologist, Ear, Nose and Throat Surgeon, Orthopaedic Surgeon, Paediatrician, Gastroenterologist, Eye Surgeon, Urologist, Cardiologist, Kidney Specialist, Respiratory Specialist)
- Occupational Therapy
- Pathology (private service)
- Physiotherapy
- Podiatry (private and HACC eligible)
- Pulmonary Rehabilitation Program
- Peer-led Support Groups
- Radiology (Northeast Health Wangaratta)
- Speech Pathology
- Surgery including: General, Gynaecology, Ear, Nose and Throat, Orthopaedic, Endoscopy, Urology, Eye Surgery)
- Ultrasound (private provider)
- Urgent Care
- Women's Health Clinic
- Wound Management Clinic

## Exercise Programs

- Gymnasium
- Stall the fall
- Gentle exercise
- Strength training
- Fit for birth
- Bounce Back with Babes

# MEDICAL STAFF

## Director of Medical Services:

Dr Campbell Miller (from Dec 2017)  
MBBS, RACMA

## Visiting General Practitioners:

Dr T Chuah, MBBS  
Dr L Fraser, MBBS  
Dr M Lowe, MBBS  
Dr E. Zadneprovskaya, MBBS  
Dr M Ashti-Baghaei, MBBS  
Dr Tin Kyaw MBBS  
Dr Rajesh Vohra MBBS

## Visiting Specialists:

### Visiting General Surgeon

Mr R Masters MBBS, FRACS

### Visiting Obstetrician / Gynaecologist

Dr A Lawrence, B.Sc. (Hons), MBBS  
(Hons), FRACOG, MRCOG

## Visiting Gastroenterologist

Dr P Mahindra MBBS, FRACGP

## Specialist Anaesthetists

Dr R Barnes, MBBS, FRANZCA  
Dr M Coghlan MBBS, FRANZCA  
Dr J Dredge MBBS, FRANZCA  
Dr N Gattuso, MBBS, FRANZCA  
Dr M Keane, MBBS, FRANZCA  
Dr S Kondogiannis, MBChB, FRANZCA  
Dr F Desmond MBBS, FRANZCA  
Dr S Madden, MBBS, FRANZCA  
Dr J Marxsen, MBBS, FRANZCA  
Dr J Monagle, MBBS, FRANZCA  
Dr C Noonan, MBBS, FRANZCA  
Dr B Slon, MBBS, FRANZCA

## Visiting Orthopaedic Surgeons

Mr N Hartnett, MBChB, FRACS  
Mr J Harvey, MBBS, FRACS orth  
Mr C Kondogiannis, MBBS, FRACS

## Visiting Specialist Ear, Nose, Throat

Mr A Guiney, FRACS

## Visiting Ophthalmologist

Dr C Chesney MBBS, FRANZCO,  
Cataract Surgeon and General  
Ophthalmology

## Visiting Urologist

Dr P Ruljancich MBBS, FRACS

## Visiting Cardiologist

Dr E Kotschet MBBS (Hons) FRACP

## Visiting Paediatrician

Dr D Cutting MBBS, FRACP

## Visiting Nephrologist

Dr P Branley MBBS, BPharm

## Visiting Respiratory Physician

Dr M Clarence, MBBS Surgery

# LIFE GOVERNORS

PAGE 20  
ANNUAL  
REPORT  
2017  
2018

Adie, Mr  
Andrews, Miss H  
Bamford, Mr W  
Bond, F R  
Bradbury, A K  
Bunn, Dr P  
Byrne, Ms H  
Crooke, Dr C  
Cumming, G F  
De La Pierre, K  
Dobson, Ms A  
Dobson, Mrs B  
Dobson, Mr G  
Gale, Mrs M  
Gale, Mr W  
Griffiths, A L  
Iser, Dr J  
Johnston, Mrs D  
Jolley, Mr T and Mrs B  
Layton, Mr A  
Lester, Mr J  
Macdonald, Mrs A  
Matthews, Mr G  
McNair, Mrs I  
Nihei, M  
Noye, T J  
Parsons, Mrs B  
Pritchett, Mrs M  
Proctor, Mrs W  
Rae, Ms M  
Radford, M K  
Reddrop Mr M and Mrs T

Robinson, Mrs  
Sartori, Mr P  
Scott, Mr R  
Shands, Mrs E B  
Sims, Mrs D  
Sloan, Mr R  
Smith, Ms J  
Taylor, Mrs M  
Tate, R H  
Thain, Mrs A  
Webster, Mrs E S  
Weeks, A J  
Welch, Mrs J  
Whittaker, J W  
Williams, Mrs W

## Volunteer Life Governors:

Bishop, Mrs J  
Bonollo, Mrs G  
Butterfield, Ms J  
Carney, Mrs K  
Lamrock, Mrs M  
Parsons, Mrs B  
Pask, Mrs E (in memory)  
Perry, Mrs M  
Ritchie, Mrs L  
Smith, Mrs K  
Taylor, Ms M

ANNUAL  
REPORT  
2017  
2018



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