

# Quality of Care Report



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new name, new logo, new look

CENTRAL, VITAL AND THRIVING

## CEO report to the Community



Currently Castlemaine Health faces some daunting challenges. We have had cuts to our budget from the Health Department in efficiency savings, increased costs in wages and utilities, drops in revenue from reduced numbers of Department of Veteran Affairs (DVA) patients and increased costs associated with technological change and in meeting our day to day maintenance requirements.

In addressing all this our efforts are further complicated by the fact that our funding is set by the Department of Health and therefore we have little ability to negotiate price for services we provide. This means there will not be a quick fix short term solution to our problems. The solution we know lies in a lot of hard work, strong leadership, effective management and commitment from our staff.

The first steps we have taken in dealing with all this was to become better informed on the complexity of variables we deal with in providing quality health care. Typically this requires investigation, research and some levels of prediction. We achieved this by engagement of specific professionals to assist us in completing a comprehensive Service Plan. This Service Plan clearly defined what our community wants, what we do well, what are the gaps in services offered, what can we do better and where do we have legitimacy in expanding our role.

The Service Plan has allowed the Board to sit down, reflect and make considered judgements in developing its comprehensive Strategic Plan.

The Strategic Plan sets out the organisational objectives and direction for the next five years. While all this sounds easy when you say it quickly, what has unfolded as part of all of this is the need to (1) cut our operational costs, (2) deliver efficiencies and (3) increase revenue.

As the CEO I openly make a personal commitment to our community that with the support of our excellent staff, Castlemaine Health will achieve sustainability and the goals of our Strategic Plan whilst achieving quality of care to our clients and community. I am proud of the achievements that we have accomplished in the past twelve months, given the difficulties we have faced, and I hope that you will enjoy reading about our current improvements and systems in the following Quality of Care Report.



Graem Kelly, CEO

## Quality of Care- 2010

The Castlemaine Health annual Quality of Care Report is developed to provide you with an insight into what we have been doing between July 2009 and June 2010. You will find some wonderful achievements described and in addition you will find the areas that we plan to improve on in the future.

Hard copies of this report will be sent to all key community organisations and major donors. It is also available to read on our website at [www.castlemainehealth.org.au](http://www.castlemainehealth.org.au). We invite you to request a copy or provide feedback on our report by contacting our Quality Projects Manager on telephone 5471 1680 or email via the link available on the Internet website. Feedback is welcomed so that we can continue to provide a report that is relevant and interesting. We received feedback last year through our Community Consultative Committee members, staff and some members of the general public. As a result of feedback we have this year separated

our Quality of Care Report into a separate document from our Annual Report.

We would like to thank the people who assisted to develop this report including

- Staff
- Members of our Community Advisory Committee
- Members of the public who have provided feedback

### Accreditation

All Australian Health Services are required to maintain accreditation with an approved accreditation body. This is one way that the community can be informed how well health services maintain required standards and work towards improvements. We are currently accredited by the Australian Council of Healthcare Services until February 2012 and with the Aged Care Standards Agency until February 2013.

The Adult Day Service National Respite for Carers Program and the Community Aged Care Package Program were assessed for compliance with Quality Reporting for the Community Standards in September. They were found fully compliant with the surveyors complimenting the individualised person centred care that was provided. As a result of the survey there was additional education provided to staff regarding documentation requirements and the formatting of the Adult Day Service client record was improved.

In June our emergency housing service, CADARG (Castlemaine and District Accommodation and Resource Group), was assessed by the Quality and Community Services Accreditation (QICSA) against the Housing and Supportive Services (HASS) Standards. The results were outstanding with full accreditation granted. The surveyors were very complimentary of the service. However, they did provide some suggestions for improvement which will be completed including developing some additional procedures.

Our Quality Projects Manager, Chris Mitchell, was selected as part of the team to review the Australian Council of Healthcare accreditation standards guidelines.

### Cultural Diversity

The Department of Health commissioned a review of cultural and linguistic diversity (CALD) and cultural reporting requirements and as a result a "Cultural Responsiveness Framework - Guidelines for Victorian Health Services" was developed. This new framework has the intention of improving and extending our ability to provide culturally responsive health care.

### Cultural Standards

1. A whole of organisation approach to cultural responsiveness is demonstrated	<b>Planned Improvement:</b> An education program is in the initial stages of development targeting all relevant staff. This will be fully implemented during the next year and will be fully evaluated
2. Leadership for cultural responsiveness is demonstrated by the health service	<b>Achieved:</b> A Cultural Diversity Plan has been developed and approved by Directors  This will be submitted to the Department of Health Services annually
3. Accredited interpreters are provided to clients who require them	<b>Achieved:</b> Procedures have been developed to ensure that all clients who are identified as requiring an interpreter are provided with one  A bilingual health worker has been employed
4. Inclusive practice in care planning is demonstrated including, but not limited to, dietary, spiritual, family attitudinal and other cultural practices	<b>Achieved:</b> The Menu Review Committee included a standard agenda heading to review meals for cultural appropriateness  <b>Planned Improvement:</b> Education of care staff to further extend inclusion in care planning
5. Cultural and Linguistically Diverse (CALD) consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis	<b>Achieved:</b> CALD representatives are included in the membership of the Community Consultative Committee  <b>Planned Improvement:</b> Extend representation where possible on other committees
6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness	<b>Achieved:</b> Development of an education package and calendar  <b>Planned Improvement:</b> Education will be provided within the next year for all relevant staff

### CALD Patients admitted to our acute and subacute units

	2009/10	2008/9
Aboriginal and Torres Strait Islanders	11	14
Clients with 1st language other than English	5	2
Times interpreter used	16	0



## Indigenous Health

Castlemaine Health is committed to improving care to the Aboriginal and Torres Strait Islander members of the community consistent with the principles of the Department of Health Program Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) Program. The ICAP listed 4 key areas to monitor and improve our performance:

1. Development of improved relationships with Aboriginal Communities
2. Coordination of cross-cultural training to all staff in the health service
3. Improved discharge planning
4. Enhancement of primary care referrals in collaboration with Aboriginal workers and agencies

During the year improvements have included

- Staff member, Jessica Neale, becoming a member of the Bidja's place working group

### Improvements planned for next year

- Castlemaine Health staff to assist with the development of a resource package for the aboriginal population of the region

## East African Community

Castlemaine has been a resettlement site for the East African refugee community for the last four years. To address the specific health needs of this community, a working party comprised of a number of key health providers meets quarterly to address access issues and barriers to service. Castlemaine Health is a key contributor to this group and has been involved in the development of a proposal to employ a bilingual (Dinka speaking) health worker in partnership with other agencies. Additionally, Castlemaine Health hosted a forum for midwives and doctors around improving pregnancy and early parenting care for East African populations.

## Kundiawa

During September 2009 two staff from Castlemaine Health and one staff member from Maldon Hospital were invited to work for two weeks at Kundiawa (Castlemaine Health Twinning Hospital in Papua New Guinea). Our computer expert Jaynee Russell-Clarke set up eleven work stations on a network in their hospital and developed an Intranet site. Graeme Hill, our deputy CEO, assisted with preparing the hospital for an Accreditation Survey. He assisted with developing a number of policies, procedures and brochures, and assisted them with fire and emergency planning.



Deputy CEO, Graeme Hill in Kundiawa

## Risk Management

All of our staff are accountable for risk management. Policies and procedures are regularly reviewed to ensure our processes are effective in recognising risks and minimising them where possible.

To enable a risk management system to work effectively staff need to feel comfortable to report incidents or potential incidents to enable analysis of our processes to determine where



Brook Ginnivin and Cassie Berry (Waller Realty) Neyaryaic Deng (with babe Adend Yai) receiving the Waller monthly Golden Bundle baby basket award from CEO Graem Kelly

improvements are required.

In October we launched a new database called RiskMan to assist staff with recording incidents directly onto a computer database. This has helped reduce staff time and paper, and also provides us with the ability to easily print off reports that help us analyse incidents. This assists us to take steps to prevent incidents happening again. It also provides automated emails to relevant staff to facilitate communication and follow up of incidents.

We have become members of a newly formed Occupational Health and Safety Benchmarking Group which will attempt to benchmark results in key risk areas and as a group attempt to develop strategies to reduce risk.

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

- New linen skip trolleys purchased that reduce manual handling
- Training provided for stress management
- Development of a procedure for working on electric doors
- Review of pressure ulcer reduction strategies
- Review of client care plans

### Planned improvements

- Implementation of the Victorian Health Information Incident Management system. This is a collaborative project between the Government and Victorian Health services to collect and review incident information across the State of Victoria. Data will be collected from all Victorian publicly funded health facilities to enable investigation of data to help reduce incidents. Data collection commenced 1st July 2010.

## Clinical Governance

An effective system of clinical governance is essential at all levels of our facility. During the year we have reviewed the "Victorian clinical governance policy framework" developed by the Department of Human Services. This has assisted us to ensure that systems and processes are in place and continually improved to support our clinicians to provide safe care. As a result of this review we have developed a Clinical Risk Committee as a subcommittee of the Board and also reviewed all key clinical risk areas monitoring and reporting.

### Our Medical Staff

This year we are pleased to report the doctors numbers are increasing. It is pleasing to welcome back Dr Richard Mayes who is one of a group of four general practitioners who share the workload of providing obstetric services in our community.

Prior to employment all of our doctors are assessed for previous experience and qualifications and commitment to education. This is a formal process that is overseen by an appropriate panel of qualified staff.

A complete review of the credentialing of doctors has occurred this year, with a new system developed with increased emphasis on ensuring that their scope of practice is clearly defined on commencement of employment and regularly reviewed thereafter.

### Adverse and Sentinel Event Program

While the vast majority of incidents don't result in damage or harm, a small percentage can lead to unnecessary harm to a person. This is referred to as a significant adverse event.

In the event of an adverse event an experienced team, headed by our Director of Nursing, investigates to determine the cause and to establish whether it is preventable.

The most commonly reported incidents at Castlemaine Health include falls, minor medication errors and pressure ulcers. We have had no sentinel events this year. The 21 significant adverse events that we had were mostly fractures after a fall.

### Medication Management Program

We have systems in place to ensure our clients are accurately prescribed and administered with their required medications. We have a committee in place to monitor our medication safety with monthly meetings whereby medication incidents are analysed for areas of potential improvements.

The introduction of RiskMan, the online incident reporting system, helps staff to identify issues in medication safety and ensures that information about any incidents is easily accessible. Incidents are classified in the system into prescribing errors, administration errors, storage and handling errors and other classifications. The introduction of RiskMan has enabled staff to track and trend incidents in a more efficient manner.

Year	Medication Errors
2009/10	150
2008/9	129
2007/8	167
2006/7	173
2005/6	165

### Improvements

- Implementation of a regular audit to ensure that the whereabouts of drug keys are accounted for at all times
- A successful audit of the Poisons Control Plan was conducted by the Department of Human Services
- Implementation of a national medication chart on Connolly Rehabilitation Unit. The use of a medication chart that is used at all public hospitals reduces risk of medication errors associated with unfamiliarity with the chart

- Implementation of the Pharmaceutical Benefit Scheme (PBS). This enables discharge medication dispensing to be charged to the client instead of the hospital. Clients are now able to leave hospital with medications rather than having to have prescription dispensed on the way home.
- Audit of completed medication charts showed high compliance

### Planned Improvements

- Implementation of vaccine appropriate refrigerators to reduce risk of overheating or underheating of medications
- Completing of a medication safety self assessment

### Falls Monitoring and Prevention

As our population ages we are noticing an increase in the frailty of the clients we are admitting. Research clearly shows that there are key contributing factors to the incidence of falls including being elderly and vision impaired. We complete a falls risk assessment on all our admitted clients and for those identified as a high risk we develop a plan to try to reduce the risk of falls. We monitor the number of falls that occur and the injuries that occur as a result. This is analysed at our Clinical Services Committee and also benchmarked with other organisations.

### Improvements

- Provision of an on-line education package for staff to learn about reducing the incidence of falls and falls related injuries

### Falls Statistics

	Number of falls per 1000 bed day	Number of clients	Number of fractures
2009/10	7.19	289	21
2008/9	5.82	280	14
2007/8	3.25	333	6
2006/7	3.53	313	9
2005/6	5.89	351	8

### Pressure Ulcers (bed sores)- aiming to reduce our numbers

Pressure ulcers are caused when there is a reduction in blood supply because of pressure. Some clients are at increased risk of pressure ulcers in particular if they are frail and unable to move independently. All admitted clients are assessed to determine if they are at high risk of developing a pressure ulcer and then an appropriate plan is developed which may include a special pressure relieving mattress, or regular positional changes.

We measure the number of pressure ulcers and report them to both the Department of Human Services and the Australian Council of Healthcare Services for comparing with other services.

Whilst we have attributed some of our increase in numbers to our increased focus on assessment and reporting, we have noticed that we are above average in the number of pressure ulcers that are present on admission and also that occur after admission. We have identified that many of our clients are coming in frailer, and often malnourished, as a result they often develop more than one pressure ulcer. As a result of our increased figures we conducted a very thorough review of our processes to ensure that we are providing best practice pressure care. This project will continue next year when we intend to investigate the reason why so many of our clients are admitted with pressure ulcers.

### Infection Prevention and Control

Castlemaine Health has a designated Infection Control Officer who vigilantly oversees the infection control system to ensure the risks of infection are minimised in all areas.

Year	Number of pressure ulcers identified as present on admission into our service	Number of pressure ulcers acquired during our care
2009/10	67	70 (40 clients)
2008/9	44	64 (50 clients)
2007/8	33	56 (46 clients)
2006/7	14	67 (54 clients)
2005/6	5	16 (14 clients)

Our area of highest risk, the operating suite, has a minimum of six monthly air sampling to ensure there is no bacteria present. During the year a new air filtration system was fitted into our sterilizing department with upgraded air flows and fan.

In March a “needle safe” system was introduced which reduces the risk of staff pricking themselves with contaminated needles. This system uses needles that effectively self cap themselves on withdrawal from the skin.

An audit of infections present in the Residential Care areas identified that on the day of audit we had an infection rate of 1.25% which was significantly lower than the Loddon Mallee Region average on that same day which was 2.43%.

### Staff Immunisation

To minimise the risk of gaining and transferring infection to both our staff and our clients an immunisation program is developed and closely monitored. Clinics are held at times and locations convenient to staff and the clinics are overseen by a doctor and Immunisation Nurse. This year we included immunisation for swine flu.

### Hand hygiene

Since the introduction of alcohol based hand rub in 2006, hand hygiene compliance by staff, client and visitors has continued to improve.

Visitors are encouraged to use the alcohol rub when entering and leaving the facility to prevent the spread of infection. Staff hand hygiene compliance is audited three times a year and compared with other hospitals in Victoria.

### Cleaning

The control of infection is very much dependent on a high standard of cleaning. Regular internal and external cleaning audits are held across all areas to ensure compliance with current cleaning standards. The frequency and intensity of cleaning audit has increased during the year as a result of alterations in cleaning standards. We are very proud to say our external cleaning audit this year was once again markedly higher than the required pass rate.

Year	% Compliance (85% is the required pass rate)
2009/10	97.00
2008/9	96.80
2007/8	97.25
2006/7	96.00
2005/6	96.92



Infection Control Officer Di Huggins demonstrating hand hygiene

Audited hand hygiene compliance					
Unit	2010	2009	2008	2007	2006
Geroe Acute Unit	81.64%	75.23%	65%	58%	12%
Connolly Rehabilitation Unit	83%	89%	68%	54%	20%

Number of staff immunised					
	2010	2009	2008	2007	2006
Influenza	222	269	243	159	174
Swine Flu	183	-	-	-	-
Hepatitis A and B	64	6	19	11	14

**Communication and Consumer Participation**

“Doing it with us not for us - Strategic Direction 2010-13” is the Victorian Government’s policy on consumer, carer and community participation. The following table represents some of what we have done and are planning to do to address the requirements of the policy.

Action	Achievements	Planned improvements
Participation policy in place		To be developed
Community Participation Plan	In place	
Community reporting in place through a range of approaches	Multiple reporting approaches in place	Extension of articles in the local papers
Cultural responsiveness plan	In place	
Improving care for ATSI clients program	In place	To be formalised
Disability Action Plan	Developed June 2010	To be fully implemented
Process in place to consult and involve consumers	Community Consultative Committee, Feedback forms, advisory committees, surveys  A new question was added to the residential satisfaction survey to measure satisfaction with decision making involvement	Improved trending of results of surveys in relation to consumer involvement areas
Staff ability and knowledge building to support participation		Education for staff to be conducted
Consumer information provided in appropriate format	Client information brochures approved through established process	Process for checking all consumer information against a nominated check list to be developed
Inclusion of community into –strategic planning, program development, quality improvement, feedback systems, development of health information	Community Consultative Committee meets bi-monthly  Community forums held during development of new Strategic Plan 2009	Extend the agenda of Community Consultative Committee to cover these areas

**Monitoring of Satisfaction**

Castlemaine Health participates in the Victorian Patient Satisfaction Monitor Survey (VPSM) which is funded by the Department of Health. The survey compares how we are performing against other hospitals by surveying opinions across all aspects related to clients care episodes.

The VPSM also measures our performance in involving consumers, carers and the community and collates into a “Consumer Participation Index”. We consistently score above like size facilities.

VPSM results-Overall satisfaction with hospital stay					
	2009 July-Dec	2009 Jan-June	2008 July-Dec	2008 Jan-June	2007 July-Dec
Castlemaine Health	84	82	87	82	81
Similar size hospital	83	82	84	81	82

	Castlemaine Health	Similar sized organisations
Consumer Participation Index	85	84



## What were the best things about your stay in hospital?

*“Everyone concerned was wonderful, could not recommend this hospital highly enough”*

*“Cheerfulness of staff and willingness to answer my questions” - Quotes from VPSM 2009*

### Feedback Management

We consider feedback, including complaints, as an opportunity to improve our services. We encourage everyone to let us know if there is anything that we can do better.

By having a feedback system that works well is another way that our clients can have input into our service. We encourage anyone with a concern to raise them initially with the relevant staff member as often an immediate response can allay concerns. In addition there are “Customer Feedback Forms” readily available in all departments. Each complaint or suggestion for improvement is assessed, investigated, addressed, resolution attempted and a response provided by the relevant director. This year we provided an incentive to encourage use of the “Customer Feedback” form with a six monthly “lucky draw” being held with the chance to win \$50.00.

The following are some of the improvements made as a result of customer feedback:

- Purchase of additional televisions and telephones on Connolly Unit
- Review of and improved system for providing private patient benefits
- Staff educated in relation to effective communication
- Curtains purchased
- Equipment repaired

### Health Promotion

Some events that occurred during the year to promote our community health include:

- Celebration of Healthy Bones week during August with provision of bone health foods in the cafeteria, information display board, questionnaire and advice from dietitian

- Jeans for Genes day 7 August was spent increasing awareness of genetic and childhood diseases through various displays, competitions, and sale of items which all raised money for, and awareness of, the Children’s Medical Research Institute



Dietitians Emma Lewis and Jana Munzel during Healthy Bones Week

### Continuity of Care

#### Audrey’s Story

Audrey was referred to the HARP program in August 2009, because she was having frequent admissions to hospital as a result of her many chronic health conditions and because she often felt so unwell she couldn’t get out of bed in the morning.

Since her admission to the program, Audrey has had weekly visits from Ian, a Registered Nurse, who is her Care Coordinator with HARP (Hospital Admission Risk Program). HARP links people who have one or more chronic conditions and are being frequently admitted to hospital or the emergency department, with a Care Coordinator. According to Ian, “my role is to work together with the client to develop a care plan that will improve their quality of life, knowledge of their medical condition and ways to manage the impact of their symptoms on their lifestyle.” HARP staff also help facilitate good communication with the doctor and will often arrange referrals to other programs and services in the hospital or the community. The goal of the program is to keep people out of hospital and as independent as possible.

Together, Ian and Audrey have done just that. Over the past six months, Ian has supported Audrey to better understand

her health conditions, such as strategies to manage her shortness of breath and the importance of taking her medications as prescribed. He has also linked her with a variety of different allied health and community-based services, encourages her to be as active as possible and motivates her to take control of her own health. Ian has also worked closely with Audrey’s case manager from the Mount Alexander Shire to ensure that everyone is working towards the same goals: Audrey’s goal was to stay out of residential care and be at home with her dog, Tina.

The results of Audrey’s work with Ian and her care team (which includes dietetics, speech pathology, HACC services and District Nursing) have been very exciting: not only is Audrey having fewer hospital admissions (and shorter stays when she is admitted), but she has also improved her mobility from 200 metres to 355 metres and her scores on tests of health knowledge and quality of life are much better too. According to Audrey “everyone says how well I look now. I’m not sick anymore, I’m well”. Community Rehabilitation Centre receptionist Jenny Verlin concurs, “Audrey was sitting in our waiting area and I haven’t seen her for some time – I could hardly recognise her! She looked so good, like she had lost weight and her breathing had improved. She looked a lot happier. What a wonderful job Ian and the HARP program has made to her health and I’m sure her outlook on life.”

HARP is available to any person over the age of 65, who has a chronic condition/s and is frequently having admissions to hospital. There are limited places available on the program however, and sometimes there is a waiting list for service. Referrals to HARP can be made by contacting Intake at CRC on 5471 1575.



Ian Morelli with Audrey.



### Monash Medical School Hub

The Monash Medical School Goldfields Hub commenced operation at Castlemaine Health in 2010. This teaching site is the culmination of many years work and planning between the University, local doctors practices and Castlemaine Health. Each semester we have eight fourth year medical students in the hub (six placed in Castlemaine and two in Maryborough) for a 17 week period. The theory of the program is if students undertake a large part of their medical education in rural or regional settings they are more likely to come back and practice once qualified.

Each student spends two days a week working in the doctors practices parallel consulting with the doctors. Parallel consulting is where the student sees the client first, takes a history, conducts an examination, forms a diagnosis and works out a plan. The doctor comes in for the last ten minutes of the consultation where the student presents a summary of the case and the doctor confirms or alters the plan.

One day of the week is an education day held in the rooms at Castlemaine Health where tutorial sessions are conducted by local doctors and other health professionals. The remaining days of the week are spent on community placements or undertaking opportunistic learning activities.

This program changes the focus of learning from being 'taught at' to the student being much more self directed in their learning.

There has been a high level of participation and enthusiasm in the Castlemaine and Maryborough health care communities, with people freely giving their time and expertise to assist these students.

### Radiology

Bendigo Radiology have provided imaging services to the Castlemaine community since 1981. Bendigo Radiology provides general X-ray, Orthopantomogram (Xray of the jaw), Computed tomography (CT) and ultrasound service five days a week between the hours of 8.30 and 5pm.

Images are electronically sent to a radiologist based in Bendigo. This electronic transfer of images ensures that the referring doctor receives a verified report within 24 hours of the imaging study being completed. The referring doctor also has access to all their client images within minutes of the imaging study being completed. Bendigo Radiology is fully accredited with RANZCR/NATA and completed 9060 procedures at Castlemaine Health during the year.

A patient satisfaction survey of Castlemaine clients confirmed that Bendigo Radiology provides an excellent medical imaging service at the Castlemaine Health facility.

Seventy Three ultrasound clients were surveyed during September 2009.

- The examination staff introduced themselves to the client 97% of the time
- 99% of clients felt they were adequately informed about their examination
- 100% of clients felt they were made to feel comfortable during their examination

### Comment received from a Day Surgery Client Oct 09

*"I would like to write to thank the hospital and in particular Annie, Amanda and Leanne in day surgery for their beautiful attitude and consideration in dealing with patients. Not only do they appear very busy and efficient but also take time to make you feel nurtured and even loved!"*

*I can only think that because it is a general attitude in most of the staff there that it must be reflected down from the management and recognised as qualities to be encouraged. If this is so I applaud you. I read your vision at reception and for once believe it is not only a piece of paper but something developed by staff to strive for.*

*I am glad to know I have somewhere wonderful to go when me or my family are sick."*



Medical students practicing surgical techniques

## Fundraising

Fundraising is an ongoing commitment to raise money for Castlemaine Health. We are extremely grateful for the continued support that has been shown by many individuals, businesses, community groups, bequests, legacies and philanthropic trusts.

During the year, a number of special events involving staff and the local community raised funds for our health service, including:

### Run the 'Maine'

Thank you to all the runners and walkers, sponsors and volunteer helpers who made the inaugural Fun Run on Sunday October 4, 2009 such a success. A total of 191 men, women and children entered as individual or teams and raised \$4,500 for Castlemaine Health, as well as enjoying a fun day out.



Winner Virginia Bennett.



Fundraising riders on the road

### Murray to Moyne

In March 2010, 23 riders consisting of staff and members of the community rode 520 kilometres in the Murray to Moyne cycle relay. The team was well supported by many businesses and individuals in the community. A number of additional activities were also held to support the riders with their fundraising efforts.

This year's relay raised \$31,592 a fantastic effort from all riders and everyone involved in this event.

In appreciation of the hospital's care and support a number of families chose to make donations in lieu of flowers at funerals, with a total of \$1410 donated this year. This is a very direct and practical way of expressing their gratitude and benefits those receiving care in the future.

The Golden Bundle Award continues to promote our maternity services through the presentation of a 'Baby Bundle' gift basket each month. Castlemaine Health sincerely thanks Waller Realty for their generous ongoing sponsorship.

### Comment received from an Acute Unit Client Aug 2009

*"Impeccably clean, comfortable beds, decent shower, kind and caring staff, lovely food, what more could you ask for"*

### Comment from residential satisfaction survey 2009

*"I like that each resident is treated individually for their needs and that it feels like a family home not a nursing home."*

### Comment received from a Day Surgery Client Aug 2009

*"From the people at reception to the nurses and doctors I found the most pleasant and competent medical treatment. The best hospital I've ever attended"*

#### Bequests & Legacies

	\$
Collier Charitable Fund	\$21,659
Estate of Patricia Indian	\$7,501
Estate of W McBeath	\$5,578
Estate of GL Godfree	\$4,211
FRRR	\$3,950
William Angliss Charitable Fund	\$1,000
Estate of WS Godfree	\$ 773

## Major Donor List 2010

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### Major Donor List 2010

Antonio Mrs V	Faulkner Mr & Mrs A	Padgham Mr & Mrs D
Baker Earthmoving Services	Fettling Mr N	Parsons Motor & Body Shop
Ball Ms C	Fit N Foxy Personal Training	Piper Mrs E
Band Mr & Mrs J	Flowserve Pty Ltd	Printz Plumbing
Barker Mr & Mrs E	Forest Creek Nursery & Castlemaine Floristry	Ralph Mr & Mrs G
Barkla Mr D	FRRR	Redfern Mr G
Baud Mr & Mrs B	Funk Mr G	Revell Mrs P
Beare Ms G	Furness Mr T	Robinson Pty Ltd
Belton Mr P	Garnett Mrs P	Rotary Club of Castlemaine
Blue Illusion	Girvan Mr & Mrs I	Scutt Ms F
BRiT	Glover Mr B	Sharkey Mr & Mrs K
Cappy Mr F	GMHBA	Stevenson Mr & Mrs A & M
Carter Mr P	Goodes Ms M	Stewart Mr & Mrs L
Cassidy's Retravision	Graffiti Publications	Straw Mrs B
Castlemaine Fashion Central	Grainger Mrs E	Tait Decorative Iron
Castlemaine Football & Netball Club	Gray Ms E	TeamReno Pty Ltd
Castlemaine Fruit Supply	Griffin Dr E	The Bike Vault
Castlemaine Golf Club Ladies	Guildford Hotel	The Wrong Bias Club
Castlemaine Hot Rod Club	Gunter Mr R	Thomas Mr J
Castlemaine Property Group	Hallett-Odgers Ms J	Tingay Smash Repairs
Cawthan Mr & Mrs C	Harris Mrs M	Tonks Bros Pty Ltd
Cherry Tennant Studio Gallery	Harris Mr & Mrs M	Tony Smark & Associates Pty Ltd
Chewton Senior Citizens	Joe Cappy Real Estate	Turnour Ms K
Clark Mr & Mrs I	Kerr Dr C	Van Domburgh Mr & Mrs J
Coliban Water	Kidson Mr B	Vic Restorations Building Services
Collier Charitable Fund	Kotlarz Mr A	Wakeman Messrs D
Cowden Mrs M	Kromkamp Mr & Mrs R	Walker Mr & Mrs D
Curves	Kym Jermyn Building	Watson Mr & Mrs W
Curwen-Walker Mr H	Lamont Mr & Mrs R	Weatherall Mr & Mrs W
Cusack Mr W	Leech Earthmoving Pty Ltd	Wednesday Ladies Maine Tennis Club
Dalrene on Mostyn	Levecke Dr & Mrs E	William Angliss Charitable Fund
Denniston Mrs M	Life Cycle Gym	Williamson Mr M
Dodsworth Mr L	LMSW Lawyers	Wilson Mr & Mrs I
Donaldson G & C	Maine Design & Constructions	Winters Flat Primary School
Douglas Mrs M	Marriott Ms J	Wright Mr R
Dunse Mr & Mrs R	McClure Mr G	
Dyer Ms J	McKenzie Ms J	
Edwardson Mrs D	McKenzie Davey Pharmacy	
Envall Mr D	Muntz Mr E	
Extremity Pty Ltd	Norris Mrs E	
Falzon Ms S	Olivet Christian College	





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