

Quality of Care Report



2011



Chief Executive Officer report to the Community



Castlemaine Health is a regional health service that has provided extensive health care services to the community for 157 years. There are challenges heralding a new era for Castlemaine Health. Our capacity to meet these challenges is built upon our capacity to have systems and processes that meet expected quality outcomes.

The Board of Management is deeply aware of these challenges and the implications arising from political, environmental, social and funding changes which impact upon Castlemaine Health. The Board has put in place strategies ensuring it meets its governance requirements and delivers services identified in the Service Plan. The Board and staff of Castlemaine Health are committed to the local community of Mount Alexander Shire and beyond. They have put in place accountabilities to meet the interests of community, governments and the needs of the organisation and maintain a constant, vigilant monitoring of government policy and restructuring. The cause and effect of national reforms are a recent example of these changes. It also means constantly adjusting to the changes arising in service contracts and funding models from both levels of government, as well as dealing with the implications of changing demographics, morbidity and

mortality figures. Castlemaine Health is fully aware of the implications of moving to a population health based service planning model and is dealing with the complex reporting requirements on expected outcomes. This year's theme of 'transitions' encompasses the impact of these changing dynamics, and at the same time, looks to better dealing with the birth to death implications in delivery of high quality health care.

Castlemaine Health is seeking to deliver to its local community care of the highest quality and it is with pleasure that we provide our Quality of Care Report to our community.

Graem Kelly
Graem Kelly

Chief Executive Officer.



Accreditation – A Measure of Accountability

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.

Our current accreditation status is outlined in the following table:

Type of Accreditation	Status
Australian Council on Healthcare Standards (ACHS)	Successful alignment survey (to incorporate Maldon Hospital) conducted Sept 2010.
Aged Care Standards Accreditation Agency (ACAA)	Accredited until 2012. Unannounced visits during 2010/11 resulted in assessment of full compliance.
Home and Community Care (HACC) Standards	New Community Common Care standards introduced March 2011. (Awaiting assessment).
Emergency Housing Assessment	Successful review June 2010.

Flying the flag for Indigenous Health

The Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program was established in late 2004 in recognition that Aboriginal Victorians continue to experience poorer health and lower life expectancy than the general community. Many Aboriginal people are reluctant to present to hospitals and, when they do so, may have more acute and complex health issues.

During the year improvements have included

- Review of discharge planning to ensure it is culturally appropriate including referral to appropriate services where necessary including involvement of Aboriginal workers and agencies
- Provision of cultural education to all departments
- Development and distribution of a DVD in Dinka Language describing the different types of health and community services within the region

On “Sorry Day” May 2011 Castlemaine Health invited staff and community members to the raising of the Aboriginal Flag and the launch of the service’s work towards “Closing the Gap”. Flying the flag is one way to show our commitment to ensuring we provide a welcoming environment for our Aboriginal community members.



The flag raising ceremony was well attended. Pictured: Graem Kelly (CEO), Aboriginal representatives Charlie Knight (Closing the Gap Project Worker, /Bendigo Aboriginal Co-op) and Auntie Barbara Lee, and Deputy Chairperson Board of Management, Lee Bower.

Culture –Promoting inclusiveness

Six cultural diversity standards we are required to address in line with Department of Health requirements are:

1. A whole of organisation approach to cultural responsiveness is demonstrated.	Planned Improvement: 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.	Achieved: An Access and Inclusion Plan incorporating cultural diversity has been developed and submitted to the Department of Health Services.
3. Accredited interpreters are provided to clients who require them.	Achieved: Procedures are in place and accessible to all staff to ensure that all clients who are identified as requiring an interpreter are provided with one. Out of the 16 Cultural and Linguistically Diverse clients identified as requiring an interpreter service 16 (100%) received the service. Planned improvement: Implementation of computer software to enable identification and recording of clients with 1st language other than English.
4. Inclusive practice in care planning is demonstrated including, but not limited to, dietary, spiritual, family attitudinal, and other cultural practices.	Achieved: Care planning incorporates cultural aspects when appropriate.
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.	Achieved: The Community Consultative Committee (operating until December 2010) included CALD representatives within its membership. A community consultative forum was chaired by the CEO March 2011 and representatives from diverse communities were invited. Planned Improvement: Extend cultural representation where possible on other committees.
6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness.	Achieved: Education in cultural responsiveness provided to all departments during 2011. Out of 32 senior staff 28 attended leadership training for cultural responsiveness (87.5%). Planned Improvement: individual training at team meetings scheduled to occur across the service.

CALD patients admitted to our acute and subacute units 2010/11			
	2010/11	2009/10	2008/9
Aboriginal and Torres strait Islanders	7	11	14
Clients requiring an interpreter	16	16	0

Risk Management

Providing health care is inherently a risky business. Castlemaine Health has a Risk Management Policy, procedures and registers that set out the strategies and processes we use, as part of everyday work, to minimise the potential for things to go wrong.

Risk Register

The risk register is used as one strategy whereby risks associated with all aspects of health care provision are documented, given a risk rating (based on consequence and likelihood) and strategies reviewed to assess the effectiveness at reducing risk. Ongoing high risks are reported to the Executive Directors for monitoring.

Incident reporting and analysis

Castlemaine Health also manages risk through the documentation and investigation of all incidents that occur within the organisation. An incident is when an unexpected event occurs. In October our Incident Report System was extended to incorporate additional components which enable comparisons of our incident trends with other Victorian public health facilities.

While most incidents don’t result in damage, a small number can lead to unnecessary harm to a person. This is referred to as an adverse event. Each time this occurs, a thorough analysis is conducted coordinated by our Executive Director of Nursing to determine the cause and to establish whether it was preventable.



Clinical Governance

Clinical Governance is about being accountable to provide good, safe care. The Victorian Clinical Governance Policy Framework 2009 provided health services with a checklist a toolkit and a guidebook to facilitate review of practices. In response Castlemaine Health has developed a Clinical Governance Subcommittee of the Board of Management. This committee was established to ensure that there is ongoing reporting to the Board of Management areas identified as a clinical risk. This has expanded the organisations ongoing monitoring of high risk areas and ensures the Board has a good understanding of the controls in place to reduce risk where possible.

Staff Credentialing

The Australian Health Practitioner Regulation Agency (AHPRA) was established during the year and is responsible for the implementation of the National Registration and Accreditation Scheme across Australia. There is now a single national registration and accreditation system for ten health professions: Chiropractors; Dentists (including Dental Hygienists, Dental Prosthetists and Dental Therapists); Medical Practitioners; Nurses and Midwives; Optometrists; Osteopaths; Pharmacists; Physiotherapists; Podiatrists; and Psychologists. The new Agency maintains a public national register for each health profession that will ensure that a professional who has been banned from practising in one place, is unable to practise elsewhere in Australia. Castlemaine Health is using the data base to ensure all relevant staff are appropriately credentialed for the job in which we have them employed.

All staff have a compulsory Police Check prior to employment and then again three yearly. Relevant staff are required to obtain a Working With Children Check.

Medication Management Program

Medications improve health, but can be dangerous if not used safely. To reduce the risk of medication related problems our staff involved in medication provision provide a range of medication related safety activities with the aim of reducing medication related risks.

The pharmacist maintains an up to date electronic medication history and communicates with other health care providers involved with the care in relation to relevance of medications and any cautions that need to be observed.

On discharge patients are advised by the pharmacist regarding new medications that have been prescribed and this includes a written explanation sheet.

Some nursing staff have received special training to enable them, in accordance with approved clinical procedures, to provide emergency medications in life threatening situations if a doctor is not present.

Staff report any medication errors that occur and these are analysed by the Chief Pharmacist to ensure systems are optimised to reduce the risk of further medication errors. We are happy to report that during the year there were no medication incidents that resulted in harm to clients.

Year	Medication errors
2010/11	169
2009/10	150
2008/9	129
2007/8	167
2006/7	173

Falls Monitoring and Prevention

Castlemaine Health has identified that falls and falls related fractures have been increasing at the facility over the last few years. This is consistent with an increasing number of elderly and frail clients. This area has been identified as a priority with staff working on a project to try to reduce both the number of falls and the fractures occurring from falls.

Current preventative strategies include:

- Assessment of all clients on admission for risk of falls. This includes identifying factors that research has shown contributes to falls (eg. medications, mobility, continence, vision, sensory impairment)
- Development of an appropriate and individualised falls reduction plan for those clients identified as either moderate or high risk of falls
- Use of appropriate mobility aides to improve stability
- Staff education provided through on line learning packages and in-service education sessions provided on site

Reviewed this year

- Compliance with the Falls Procedure
- Review of systems against best practice literature
- Review of the provision of relevant education
- Ongoing monitoring of falls and fracture numbers and comparisons with other like size facilities

Planned Improvements

- A detailed fall by fall analysis is currently underway identifying the possibility of additional contributing factors that could impact on falls including time of day and location
- Audit of staff compliance with provision of information sheets to clients and next of kin and the use of high falls identifiers
- Audit of falls prevention plans to ensure they are specifically tailored to the individual and not generalist in nature

Fall Statistics			
	Number of falls per 1000 bed day	Number of clients	Number of fractures
2010/11	5.4	257	12
2009/10	7.19	289	21
2008/9	5.82	280	21
2007/8	3.25	333	6
2006/7	3.53	313	9

Pressure Ulcers (bed sores)-Aiming to reduce our numbers

Pressure ulcers are skin lesions that develop when blood supply is reduced because of pressure. Clients with reduced ability to move independently are at high risk.

Together with falls, we have noticed that we have had an increasing trend in the number of pressure ulcers that occur. In particular, we have noticed that we have a large number of clients coming into our care with a pressure ulcer present on admission.

To try to reduce these numbers, staff have commenced a project focusing on pressure ulcer reduction. They are reviewing our current strategies and compliance with strategies and are investigating what more can be done to reduce the risk of pressure ulcer development.

"To try to reduce these numbers, staff have commenced a project focusing on pressure ulcer reduction"

	Number of pressure ulcers Identified as present on admission into our service	Number of pressure ulcers acquired during our care
2010/11	71	62 (41 clients)
2009/10	67	70 (40 clients)
2008/9	44	64 (50 clients)
2007/8	33	56 (46 clients)
2006/7	14	67 (54 clients)

Strategies in place to reduce pressure ulcers

- On admission all clients are assessed for risk of pressure ulcers and an appropriate care plan is developed for those assessed as high risk
- Pressure relieving mattresses and other aids are used to reduce risk of pressure areas
- We measure the number of pressure ulcers (recorded as an incident) and report them to both the Department of Human Services and the Australian Council of Healthcare Services for comparing with other services

- Regular auditing of compliance with pressure ulcer procedures

Planned improvements:

- Review of the provision of information to clients and their next of kin
- A focus on clients coming into the facility with pressure ulcers together with community health providers to try to reduce the frequency

Michael's story

Michael Davis spent 30 years in a wheelchair with paraplegia after being involved in a motor care accident in his 20's.

Michael is well aware that he is "vulnerable" to pressure ulcers and if one occurred he would not heal well due to medical and physical issues.

On admission to Connolly Rehabilitation Unit it was identified that all the available shower chairs were not comfortable or effective at reducing pressure ulcer risk.

Occupational Therapist, Paul Lamb, recognised the need to access a suitable chair promptly and after he finished duty undertook the responsibility of driving to Epping (one and a half hours drive away) and returning with a chair suitable for Michael's needs.

Michael was "humbled and most appreciative" that staff took his potential for pressure ulcers seriously and addressed his needs swiftly.



Paul Lamb, (Occupational Therapist) with client, Michael Davis and a shower chair specially designed to reduce risk of pressure areas.



Infection Prevention and Control

Castlemaine Health works in numerous different ways to reduce the risk of infection. This includes correct procedures, staff education and ongoing monitoring.

Improvements within the year include:

- Introduction of safety intravenous cannula and safety blood glucose lancets (finger pricking needles)
- Introduction of electronic hand hygiene education package

Planned improvements include:

- Implementation of safety needles for insulin syringes
- Training of additional hand hygiene auditors

Every year an audit in the Residential Care Areas is conducted on a specified day. For 2010, we had an infection rate of 3% which was significantly lower than the Loddon Mallee Region average which was 4.05%.

Staff Immunisation

We offer a full vaccination program for staff according to recommendations from the National Health Medical Research Council. Having healthy staff increases staff ability to provide care and also reduced risk of spreading of disease. Immunisation clinics are provided before the start of the “flu season”. A combination vaccine for Whooping Cough, Tetanus and Diphtheria is available for clinical staff following a number of outbreaks in the region.

Number of staff immunised	2011	2010	2009	2008	2007	2006
Influenza (including swine flu 2011)	271	222	269	243	159	174
Hepatitis A and B	18	64	6	19	11	14
Hepatitis A	10					
Hepatitis B	8					
Swine flue	Included with influenza	183				

Unit	Audited hand hygiene compliance					
	2011	2010	2009	2008	2007	2006
Geroe Acute Unit	78.2%	79%	75.23%	65%	58%	12%
Connolly Rehabilitation Unit	88.45%	80%	89%	68%	54%	20%

Hand hygiene

Poor hand hygiene is the cause of most hospital acquired infections. Research shows that compliance with hand hygiene can be poor due to lack of time, knowledge and poor access to hand cleaning products. Our compliance with hand hygiene is monitored and reported to Department of Health. All facilities have alcohol hand rub dispensers available at entrances to buildings for staff and visitors to use before entering or leaving. Regular education is provided to staff and brochures are available.

Cleaning

Maintaining a clean and hygienic environment is an important component to reducing cross infection and facilitating an environment conducive to health maintenance and recovery. Since July 2010 revised “Cleaning Standards for Victorian Health Facilities” have required that we report to the Department of Health the results of three audits (conducted by a qualified auditor) each year. One annual audit is conducted by an external auditor and the results of these independent audits continue to be above requirements.

Year	External cleaning audit % Compliance 85% is the required pass rate)
2010/11	96.6
2009/10	97.0
2008/9	96.8
2007/8	97.25
2006/7	96.00

Communication and Consumer Participation

“Doing it with us not for us-Strategic Direction 2010-13”:

The “Doing it with us not for us” government policy grew from a commitment to involve people in decision making about their health care services. Castlemaine health has continued to provide various ways in which consumers, carers and community members can be meaningfully involved in decision making.

The Department of Health has requested health services measure their current rate against set indicators and report in this year’s Quality of Care report compliance with consumer participation and evaluation.

The following tables represent some of what we have done and are planning to do to address the requirements of the policy.

Monitoring of Satisfaction

The Victorian Patient Satisfaction Monitor (VPSM) monitors the level of adult patient satisfaction with the care and services provided by the State’s public acute and sub-acute hospitals. It was introduced in July 2000 and is funded by the Department of Health and administered under contract by an independent company.

Castlemaine Health receives reports six monthly from this survey with approximately 230 clients completing it each time. The information obtained is used to determine the level of satisfaction with our acute and sub-acute services, provides us with areas to focus improvement activities on and also enables us to measure ourselves against targets set for us by the Department of Health within the “Doing it with us not for us” Policy Statement.

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

Action	Achievements	Planned improvements
Participation policy in place		To be developed
Community Participation Plan	In place and located on the facility Intranet.	
Community reporting in place through a range of approaches	Multiple reporting approaches in place including staff representation on many community meetings, articles in the local paper, and annual reports to the public.	Extension of articles in the local papers.
Cultural responsiveness plan	In place.	
Improving care for ATSI patients program	In place.	Additional work to be undertaken to extend our services.
Disability Action Plan	Implemented and included within the facility “Access and Inclusion Plan”.	Ongoing review occurs through key committees.
Process in place to consult and involve consumers	Many processes in place including community forums, advisory committees, feedback forms and satisfaction surveys.	Improved trending of results of surveys in relation to consumer involvement areas.
Staff capacity building to support participation	Capacity building incorporated into procedures.	
Consumer information provided in appropriate format	A process introduced whereby all client care information resources produced, revised or adopted are assessed against “checklist for assessing Written Consumer Health Information (Currie et al (2000)).(100% (2) completed this year). Community forums held 6 monthly.	Ensure more client care information leaflets are revised against the checklist.
Inclusion of community into –strategic planning, program development, quality improvement, feedback systems, development of health information		Review of attendee list at community forums.

VPSM results-Overall satisfaction with hospital stay					
	Wave 19 J-D 2010	Wave 18 J-J 2010	Wave 17 J-D 2009	Wave 16 J-J2009	Wave 15 J-D 2008
Castlemaine Health	86	85	84	82	87
Similar size hospital	83	83	83	82	84

	Castlemaine Health	Similar sized organisations	Target
Consumer Participation Index (July-Dec 2011)	87	84	75

We also utilise our own internal surveys to evaluate many of our services not surveyed by the VPSM:

Survey used	Results %	DoH Target %	
VPSM	Written information on how to manage your condition and recovery at home rated as “good” to “excellent”	96	75
CH Maternity Survey (insufficient number of responses to VPSM for maternity clients)	The midwives respected their wishes and choices	95	90
	The doctors respected their wishes and choices	95	90
CH Community Rehabilitation Survey	Involvement in decisions about their care and treatment rated as “satisfied” or “highly satisfied”	96	90
CH Residential Care Survey	Involvement in decisions about their care and treatment rated as “satisfied” or “highly satisfied”	91	75



Feedback Management

We really enjoy hearing from our clients and the community. All feedback, including complaints, we view as an opportunity to improve our services.

Feedback forms are available in all departments and also electronically from our website. We also encourage anyone with a concern to raise them initially with the relevant staff member, as often an immediate response can allay concerns. All feedback forms completed that register a complaint or suggestion for improvement is assessed, investigated, addressed, resolution attempted and a response provided by the relevant Executive Director.

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

- Review of discharge planning procedures
- Improvement of cooling systems
- Repairs to improve television reception
- Alterations to vegetarian menu
- Improvement of lifting equipment availability
- Review to ensure there are gluten free salad dressings available
- Installation of uninterrupted power supply to operating theatre
- Staff counselling and additional competency training

Feedback forms are available in all departments and also electronically from our website

Health Promotion

Castlemaine Health continues to focus on providing regular activities that facilitate improved health and wellbeing of both clients and staff. Through providing motivation, education and resources to promote healthier lifestyles we aim to reduce the incidence of chronic disease.

Key initiatives for the year include

- The provision of “Weight Watchers Program” for staff
- The implementation of staff health checks that provided tests of blood pressure, cholesterol, and blood sugar
- “Keep Nurses Nursing” Project (funded by the Nurse Policy Branch) has commenced to promote health of our nursing staff
- Activities associated with special “weeks” including Stroke Awareness Week, Wound Awareness Week, Palliative Care Week, biannual diabetes fair and the Heat Health Walk
- Dietitian visits to local schools
- Participation in the local Mental Health Network

In addition, many established programs have continued during the year to optimise well being for relevant clients:

- Pulmonary Rehabilitation
- Cardiac Rehabilitation
- Pain Management
- “Make a move” home-based falls prevention with the Shire
- Falls Prevention
- Back Care
- Health Lifestyles
- Chronic Disease Self-Management

“Keep Nurses Nursing” Project (funded by the Nurse Policy Branch) has commenced to promote health of our nursing staff



Pharmacist Wendy Morton is just one of our many successful participants in Castlemaine Health's very first “Weight Watchers at Work” program. The tower of margarine tubs represents the 14 kilograms she has lost after only 17 weeks on the program.

Palliative Care Services

The Palliative Care Service is available to any person who has been diagnosed with a life limiting illness who is requiring physical or emotional assistance, or for the carer of that person. After a referral is received, contact with the client will usually be made within 1-2 working days, and a first visit arranged to suit the client and carer. Having an endorsed Palliative Care Nurse Practitioner has enhanced the scope of interventions able to be offered by the Service. Referrals can be made by contacting the Manager of the service on 5471 1495.



Merrill Cole, Palliative Care Nurse Practitioner, with Margaret Gervasoni.

Frank's story

Frank was referred to the Palliative Care Service after being diagnosed with further progression of his cancer, and was aware that it was no longer curable. The emphasis now was to manage symptoms and make things easier for both Frank and his wife Margaret.

After admission to the Palliative Care Service, Frank and Margaret received regular visits from Leah and Merrill, Registered Nurses who have additional qualifications in Palliative Care. The Service assists people who have a life limiting illness, and need additional physical or emotional support to be able to manage their illness, while still being able to participate in their normal activities for as long as possible. Discussions often occur around the different ways to do things that make it easier for both the person and their carer. The aim is to maximise quality of life, and coordinate ways to manage the impact of symptoms on lifestyle. The nurses also help facilitate good communication with the doctor and other programs and services in the hospital or the community.

Over the next 12 months, Frank and Margaret, together with the nurses, worked to ensure that care for Frank was managed the best it could be.

Leah and Merrill encouraged Frank to express his concerns about the illness and problematic symptoms. They also supported Margaret to be able to manage Frank's day to day care. There were many discussions about things such as pain control and the importance of taking medications as prescribed; and where Frank wanted to spend the last part of his life.

There were discussions about items of equipment needed for his care at home, and other support from community-based services that could be commenced. Through all of this, the Palliative Care nurses worked closely with Frank's local GP, and Oncology and Radiotherapy specialists in Bendigo to ensure that everyone was working towards Frank's goal - to stay at home, with symptoms managed, for as long as possible.

Margaret wanted to be able to care for Frank at home right up until he died, but was realistic that with the demands of doing this on her own, there may be some limitations with his care. Frank did spend the last couple of weeks in hospital in Castlemaine, where Margaret was able to spend as much time with him as she liked. Family and friends visited often. Hospital staff attended to Frank's care, with Palliative Care staff continuing to offer

suggestions for management of symptoms, and supporting Margaret through this difficult time.

But the service does not stop after the client dies, there are visits or phone calls arranged for bereavement care, usually for a few months. Often things discussed at this time include the amount of support the carer has from other family and friends, and the change to routine now that the carer's role has altered.

Margaret commented that "Frank didn't want to have people visiting, but he knew that I needed help. He kept a lot to himself, but he loved the girls visiting. It sparked him up."



The late Frank Gervasoni.



Fundraising

At Castlemaine Health we are committed to raising additional funds to benefit our clients. 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 Libby Moran for co-ordinating our second Fun Run and to all runners and walkers, sponsors and volunteer helpers who contributed to the success of this event which was held on Sunday October 3, 2010. \$6787 was raised which was used to purchase new equipment for our Midwifery Unit.

Murray to Moyne

In April 2011, 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. This year's relay raised \$26,780 a fantastic effort from all riders and everyone involved in this event which will go towards the purchase of Lifting Machines for our organisation.

The 2010 relay raised \$31,592, which together with a grant of \$30,114 from Colliers Charitable Fund has purchased a new Operating Table for our Operating Suite.

Bequests and legacies

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 \$2,210 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 Club 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.

Bequests & Legacies	
Collier Charitable Fund	\$30,114
Estate of W McBeath	\$4,184
Estate of GL Godfree	\$1,397

Total Donations received year ended 30/06/2011 was \$107,630

Distribution and evaluation

The Castlemaine Health Quality of Care Report is distributed at our Annual General Meeting and sent to all key community organisations and major donors and placed on our website at www.castlemainehealth.org.au. We invite you to request a copy or provide feedback on our report by contacting our Quality Coordinator on telephone 54 711 680 or email via the link available on the Castlemaine Health Website. All comments are very welcome so that we can continue to provide a report that is appropriate to our community. Last year we received feedback from our Community Consultative Committee members, staff, clients, some members of the general public and the Department of Health. As a result of feedback from the 2010 report this year we have endeavoured to include more pictures, explain more clearly prevention of clinical risks, and have repeated the inclusion of a client journey.

The team was well supported by many businesses and individuals in the community. This year's relay raised \$26,780



Libby Moran (organiser of the 2010 Fun Run) and Dr Richard Mayes proudly showing the new paediatric emergency equipment purchased with funds raised from the Fun Run.



New Operating Theatre table purchased with fundraised money.

Major Donor List

Mr C Aparo	Mrs P Garnett	Mr & Mrs B Reed
Apotex	GMHBA	Mr & Mrs T Roberts
Mrs W Attwood	Graffiti Publications P/L	Robertson Hyett
Ms B Vanderwege	Mrs E Grainger	Robinsons Pty Ltd
Mrs C Barker	Dr E Griffin	Rotary Club of Castlemaine
Mr & Mrs B Baud	Mr C Gixti	Mr & Mrs R Scott
Ms G Beare	Ms J Hallett-Odgers	Mrs F Scutt
Bishop Accounting & Taxation	Mr & Mrs M Harris	Mr C Shay
Mr & Mrs A Bradshaw	Mrs M Harris	Mr & Mrs B Stainsby
Bress Wines, Cider & Produce	Mr & Mrs M Heagney	Mrs J Stewart
BRiT	Mr G Hookey	Ms V Stewart
Mrs B Broad	Mrs M Hynam-Smith	Mrs B Straw
Mr Andre Carmiggelt	J & M Band	Mr J Styles
Castlemaine Football & Netball Club	Dr M Jalland	Symbion Pharmacy Services
Castlemaine Fruit Supply	Kym Jermyn Building	Mr C Taig
Castlemaine Golf Club Ladies	Leech Earthmoving Contracting Pty Ltd	Mr & Mrs J Tait
Castlemaine Property Group	Dr & Mrs E Levecke	Cherry Tennant Studio Gallery
Mr & Mrs C Cawthan	Life Cycle Gym	The Bike Vault
Ms P Chatterton	Gordon & Mary Lillecrapp	The Wrong Bias Club
Mr & Mrs I Clark	Lions Club of Castlemaine	Tingays Smash Repairs
Collier Charitable Fund	Mrs Maddox	Tog's Place
Mr Coxon	Ms J Marriott	Tonks Bros Pty Ltd
D & B Button Painting & Decorating	McKenzie Davey Pharmacy	Tony Smark & Associates Pty Ltd
Dalrene on Mostyn	Ms J McKenzie	Ms T Turton
Mrs K Daly	Dr G Moller	Vossloh Cogifer Australia Pty Ltd
Mrs M Denniston	Mr E Muntz	Mr & Mrs D Walker
Mrs M Douglas	Mrs E Norris	Wednesday Ladies Tennis
Mr & Mrs Dunse	Mr & Mrs D Padgham	Wesley Hill Hall Committee
Ms J Dyer	Mr D Parnaby	Mr M Williamson
Mrs D Edwardson	Mrs E Piper	Mr & Mrs I Wilson
Ms J Ellery	Poyser Motors Pty Ltd	Mr R Wright
Ms M Exton	R & R McClure Excavations Pty Ltd	
Mr & Mrs E Farthing	Railway Hotel	
Flowserve Pty Ltd	Mr & Mrs G Ralph	
Mr T Furness	Mr G Redfearn	



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