



QUALITY OF CARE REPORT



2012

CHIEF EXECUTIVE OFFICER REPORT TO THE COMMUNITY



Castlemaine Health is a sub-regional health service providing acute, subacute, primary health, residential and community based health services. This year has been one of continued review and change and the continued support of staff and stakeholders has been

paramount in meeting our goals for organisational continuous improvement.

The Board of Management maintains a vigilant oversight of the political, environmental, social and funding changes which impact upon Castlemaine Health. The Board has ensured 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 seek to deliver services that meet the health interests of the community, within deliverable requirements set by both State and Commonwealth Governments. We understand the organisational requirements to be monitoring government policy and the health industry changes to make the adjustments that the organisation requires in remaining competitive and contemporary. The national reforms both

in acute and in aged care funding will present challenges next year and we believe we have endeavoured to prepare ourselves for these issues. We are also cognisant of the local changing demographics, morbidity and mortality figures and with this data we make informed planning of services. Castlemaine Health is moving to a population health based service planning model and shall refine its reporting to meet expected outcomes.

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



Graem Kelly

Chief Executive Officer.

What is Accreditation?

Accreditation is when our facility is assessed against established standards by external, independent surveyors who are trained and qualified to assess against these established standards.

Type of Accreditation	Status
New National Quality and Safety Standards	Gap analysis commenced and preliminary action plan developed.
Australian Council on Healthcare Standards (ACHS)	On site Organisation Wide Survey occurred September 2012. Formal report not received at time of this report, however compliance with EQuIP standards was verified and we are expecting confirmation of Accreditation until November 2014.
Aged Care Standards Accreditation Agency (ACAA)	On site reaccreditation audit conducted 20th and 21st March resulted in confirmation of reaccreditation against the Accreditation Standards until 13 June 2015. Unannounced visits during 2011/12 resulted in assessment of full compliance.
Home and Community Care (HACC) Standards	Awaiting full assessment against these standards which were introduced June 2011.
Community Aged Care Packages and National Respite for Carers Program	The Commonwealth Department of Health and Ageing assessed these programs against Community Care Common Standards November 2011 with compliance verified and one recommendation for improvement which was: <ul style="list-style-type: none"> Implement a process to undertake/formalise service user reassessments under all community programs.
Emergency Housing Assessment	Successful review June 2010. New standards were introduced 1 July 2012.



Diversity Awareness

Castlemaine Health embraces the diversity of the population we serve and we endeavour to tailor our services to meet the needs of all of our clients, by taking into consideration their cultural and linguistic background and responding according to their needs and preferences.

The following table outlines the six cultural diversity standards we are required to address in line with Department of Health requirements.

<p>1. A whole of organisation approach to cultural responsiveness is demonstrated.</p>	<p>Achieved: An electronic education program was developed. Additionally, upon orientation, all new staff have commenced completing basic cultural care and diversity training.</p>
<p>2. Leadership for cultural responsiveness is demonstrated by the health service.</p>	<p>Achieved: An Access and Inclusion Plan incorporating cultural diversity was developed in 2010 and reviewed in 2011. This is scheduled to be reviewed and submitted to the Department of Health annually. It is available to all staff on the facility Intranet.</p>
<p>3. Accredited interpreters are provided to clients who require them.</p>	<p>Achieved: To ensure that all clients who are identified as requiring an interpreter are provided with access to one, there is a detailed procedure on the facility Intranet. Out of the seven ATSI/Cultural and Linguistically Diverse clients identified as requiring an interpreter service, one requested use of this service and it was provided.</p> <p>100% of community language groups accessing the service were provided with translated materials and resources if they were required.</p> <p>Planned Improvement:</p> <p>Implementation of computer software (iPM) to enable identification and recording of clients with first language other than English and sharing of this information across departments.</p>
<p>4. Inclusive practice in care planning is demonstrated including, but not limited to, dietary, spiritual, family attitudinal, and other cultural practices.</p>	<p>Achieved: Individualised care planning incorporates cultural and diversity aspects when appropriate. Staff are encouraged to contact the Cultural Care Coordinator for advice regarding care planning as required. 100% of ATSI clients were offered referral to local Aboriginal Liaison Officer.</p>
<p>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.</p>	<p>Planned Improvement: Re-implement the Community Consultative Committee (operating until December 2010) including CALD representatives within its membership. ATSI consumer groups have been widely consulted on service development and on the recruitment project.</p>
<p>6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness.</p>	<p>Achieved: Education in cultural responsiveness provided to all departments during 2011.</p> <p>One senior staff member attended cultural responsiveness education.</p> <p>Planned Improvement: Increase in the percentage of staff who access cultural training through inclusion in the orientation program for staff and provision of regular in-service education sessions.</p>

CALD Patients admitted to our acute and subacute units 2011/12

	2011/12	2010/11	2009/10	2008/9
Aboriginal and Torres Strait Islanders	7	7	11	14
Clients requiring an interpreter	1	16	16	0

Indigenous Health

In 2004 the "Improving Care for Aboriginal and Torres Strait Islander Patients" (ICAP) program was established to increase the focus on the health of Aboriginal Victorians who experience poorer health and lower life expectancy than the general community.

During the year, improvements have included:

- "The Meeting Place" re-established July 2011 coordinated by Castlemaine District Community Health as the lead agency, with Castlemaine Health's participation. "The Meeting Place" provides a get together whereby health service feedback is actively sought from our ATSI community and provides a venue for health promotion activities as identified by the users
- The leadership group of the Primary Care Partnerships Health Provider's Forum opted to fund "The Meeting Place" ATSI group, which is regularly attracting more than twenty young people and elders to each session
- HARP coordinator, Bernadette Ervin has successfully completed her training to become an ATSI specific Flinders Chronic Disease program trainer
- Work has begun on Karreeta Yirramboi Aboriginal Recruitment project in conjunction with the State Government and there are plans to develop employment and training pathways in consultation with the local community

Risk Management

Risk management are the systems in place to reduce the chance of things going wrong and, if things do go wrong, to make sure lessons are learnt, thereby reducing the chance of problems reoccurring.

Minimising Risk

Many strategies are in place aimed at minimising risk including:

- A comprehensive preventative maintenance program, to ensure buildings, services and equipment are maintained in optimum working condition
- Appropriately registered, credentialed and skilled staff, who perform duties as assigned in position descriptions and duty lists and also those who participate in ongoing education programs
- Learning from the experiences of others, where possible, following staff analysis of journals, coronial reports and health incidents from other facilities
- All staff are required to have a compulsory Police Check prior to employment and then again three yearly
- Relevant staff are required to obtain a Working With Children Check

During the year the following improvements were implemented:

- A Risk Management Policy and framework was reviewed and approved by the Board of Management
- Identification, implementation and monitoring of controls for the top 10 identified organisational risks and department risks have been implemented

Incident Reporting

Incidents and near misses are reported and analysed. Post analysis strategies are then implemented to reduce the risk of recurrence. During the year some actions that have been taken as a result of the analysis of incidents include:

- Staff education around falls management
- Staff education in the manutention method of manual handling
- Purchase of equipment to reduce manual handling

The Limited Adverse Occurrence Screening (LAOS) Program

The LAOS program is a system of general practitioner peer review of selected patient records. This program is available to Victoria's rural acute facilities and provides an opportunity for confidential, independent review of client episodes of care, with the aim of improving systems and quality of care. Castlemaine Health commenced participation in this program in May 2012.

All recommendations received from this program will be discussed at the Clinical Governance Committee and actions will be implemented where appropriate.

ISBAR Clinical Handover Tool

Poor communication is widely recognised as a major contributing factor to adverse events in healthcare.

To reduce the risk of poor communication of client needs, Castlemaine Health introduced ISBAR as a communication tool. This tool prompts staff to cover the key headings in a consistent sequence to reduce misunderstandings and inadequacy of clinical information.

IDENTIFY	self and others
SITUATION	state the purpose of the call / contact and is it urgent?
BACKGROUND	tell the story
ASSESSMENT	interpretation of the situation and degree of certainty
REQUEST	state what is wanted from the other person



Medication Management Program

The provision of appropriate medications is essential to improve health. However medications can be dangerous if not taken correctly.

Strategies in place to reduce the risk of medication errors include:

- Regular ongoing staff education
- Electronic medication history maintained for all clients and also maintained and monitored by the pharmacist
- On discharge, patients are provided with written information about discharge medications, as well as an explanation which is provided by the pharmacist
- Medication management is on the agenda at the Clinical Services Committee for regular discussion and review of systems
- Regular review of all residents who are taking nine or more prescription medications, to ensure that the medications are all still required
- Medications errors are reported and analysed and steps are taken to reduce the risk of recurrence where possible

During the year, several new strategies were introduced with the aim of reducing medication errors. These included:

- Staff education
- Purchase of aprons for staff to wear when performing medication rounds to reduce disruptions
- Participation in a national inpatient medication chart audit. The results show that Castlemaine Health is performing above state and peer group hospital averages
- Plans developed to improve medication preparation areas, in an effort to reduce distractions for staff performing this role

Falls Prevention

Falls can drastically alter an individual's quality of life especially if it results in a serious injury. Over the past two years, staff have worked hard to try to reduce the risk of client falls, whilst at the same time encouraging independence and quality of life. This can often be a difficult task to manage.

To reduce the risk of falls:

- All clients are assessed on admission for risk of falls
- If clients are assessed as having a moderate or high risk of falls, an appropriate and individualised falls reduction plan is developed, which includes strategies, such as the use of appropriate mobility aids, a bed that can be lowered to the floor, or non slip socks
- Staff education is provided through on - line learning packages

During the year, a working party to try to reduce falls was developed and monitored through our Clinical Services Committee. Improvements accomplished included:

- Development of an ongoing action plan
- Implementation of non - slip socks
- Review of individual falls and trending results of falls across the site
- Audit of completion of falls prevention plans

Pressure Injuries

Pressure injuries are damage to the skin that results from reduced blood supply caused by pressure. Many of our clients are at risk, particularly those with impaired sensation, prolonged immobility, or advanced age.

Together with a focus on falls during the year there has also been a focus on trying to reduce pressure ulcers.

To reduce the risk of clients developing pressure ulcers the following occurs:

- A pressure ulcer procedure is in place to guide staff practice
- Pressure ulcer education is available on the facility Intranet
- A mandatory risk assessment is undertaken for all clients on admission

- All clients identified as a high risk of pressure ulcers have an appropriate care plan developed, which includes the use of pressure relieving mattresses or other appropriate pressure reduction devices or strategies
- A report which identifies the number of pressure ulcers is sent to both the Department of Human Services and the Australian Council of Healthcare Services and is used to compare our statistics with other services
- Auditing of compliance with pressure ulcer procedures

For next year, we plan to develop a working party that will further review our current procedures and statistics. We also aim to communicate with community care providers with the aim to reduce the number of clients admitted with pressure ulcers.

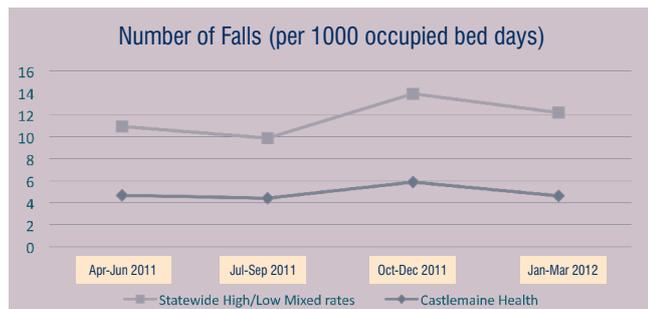
Residential Care Quality Indicators

In the Victorian Government's Public Sector Residential Aged Care Policy (released in October 2004) a key initiative was the introduction of "Quality of Care Indicators". Five areas of clinical care were selected to measure, report and provide comparisons with other facilities. A quality indicator is a measure which can alert to possible problems and opportunities for improvement in client care. Regular audits are conducted and reported to the Department of Health who provide results and comparison with other facilities. Castlemaine Health analyse the results when received through the Residential Improvement Committee. As a result, action plans are formed where possible to try to improve outcomes.

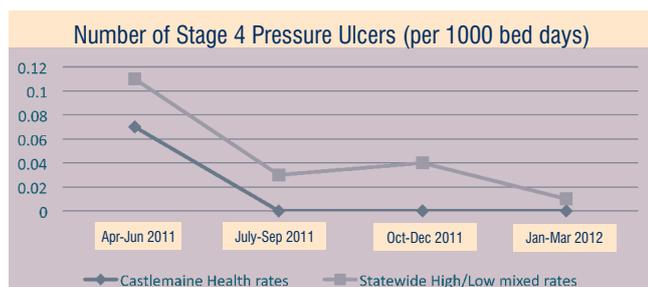
Year	Medication errors
2011/12	140
2010/11	169
2009/10	150
2008/9	129
2007/8	167

Results for Residential Quality Indicators

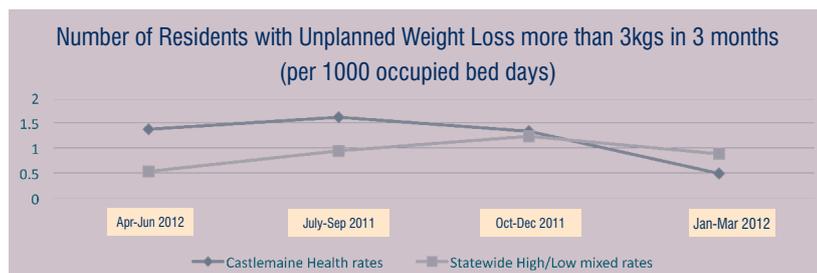
The clinical areas measured are: falls, weight loss, pressure ulcers, the number of residents on nine or more medications and the number of uses of restraint



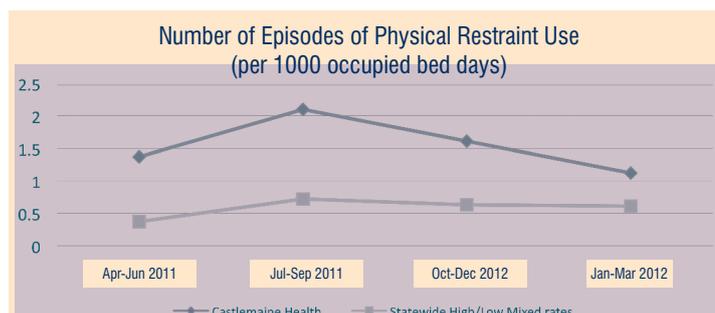
During the year a falls working party has continued to work on ways to reduce falls to maintain our level under the statewide average.



Pressure Ulcers are graded according to their severity with Stage 1 being no break to the skin and Stage 4 being full thickness tissue damage. All residents have assessments and preventative strategies in place to reduce the risk of pressure ulcers. If a pressure ulcer is identified, strategies are put in place to reduce the risk of worsening. This may include a nutrition review, alteration in chairs/beds and positional changes.



We are pleased to advise that during the year the number of residents with weight loss has reduced. These improved results followed individual reviews that resulted in strategies including the implementation of nutritional supplements, dietetic, or speech interventions, and additional assistance with eating.



Early this year we implemented a review of our auditing procedures and provided education in relation to restraint. We are pleased to see that the frequency of restraint has reduced as a result of this project. The only restraints used are bed sides and occasionally a chair table. The majority of these episodes are at the request of family members. All residents with restraint have an assessment for appropriateness. This is regularly reviewed.

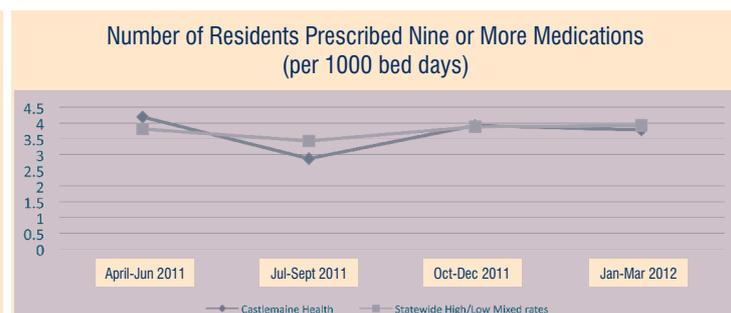
Safe Use of Blood and Blood Products

The blood and blood products provided to Australian Hospitals are collected, analysed and checked to ensure that our facility receives blood and blood products that are safe for our clients use.

Castlemaine Health has systems in place to oversee that all aspects of blood and blood transfusion are undertaken safely and with the full consent and understanding of the client. Some aspects of the system include:

- Staff follow the facility procedure "Administration of Blood and Blood Products" that clearly details staff responsibilities
- Staff check to ensure that the client has received a full explanation of the process and has consented to the transfusion. This process is audited regularly
- Close monitoring takes place during the transfusion so that any reaction is promptly identified and treated
- Only staff who have completed the Blood Safe e-learning competency may oversee administration of blood and blood products
- All blood products are ordered by a qualified doctor. Staff triple check the order against the correct client details prior to transfusion
- A blood transfusion checklist has been developed between Healthscope Pathology and Castlemaine Health to reduce errors

To ensure that there is no wastage of blood products, a six monthly audit is conducted and reported to the Clinical Services Committee.



Three monthly audits identify which residents are on nine or more medications. These residents are referred to the pharmacist to ensure that all medications are appropriate for the resident's condition.

“ Every year, an audit of the Residential Care Areas is conducted on a specified day. For 2011, we had an infection rate of 2% which was significantly lower than the Loddon Mallee Region average of 3.3%. ”

Improving Care for Older People Project

Castlemaine Health was successful in receiving an extension of funding from the Victorian Council of Australian Government’s Long Stay Older Patient. The focus of this project is on building capacity and organisational policy and program capacity to improve care processes for older people. The three domains of nutrition, mobility and skin integrity were chosen and project workers with a particular expertise in these areas were appointed. We have conducted system reviews and implemented improvements including:

- The introduction of a red meal tray on acute and subacute units to assist staff to identify those patients at nutritional risk
- Alteration in risk assessment forms
- Distribution of information sheet to assist with falls reduction
- Implementation of orange magnets on staff client communication boards to identify clients at high risk of falling
- Commencement of a Functional Maintenance Program on the acute unit whereby an individualised exercise program is developed with twice daily exercises provided with the assistance of an Allied Health Assistant
- New digital scales were purchased for the Geroe unit to assist staff to regularly weigh patients
- Older person friendly environmental changes such as bathroom signage, orientation clocks and new contrast carpet to identify a potential falls risk area
- Trial of the “red sox” to assist with identifying those at falls risk
- A restructure of the dietetic department with the employment of a part-time Nutrition Assistant to assist those at nutritional risk

Infection Prevention and Control

Castlemaine Health has an extremely rigorous approach to Infection Control aimed at preventing the spread of germs that may cause disease.

Improvements within the year include:

- Review of risk of salmonella infection from using eggs in menus (following an alert issued by the Department of Health). The system review identified our systems are safe in relation to the purchase, storage, cooking and provision of eggs in our menus
- Purchase of a new cleaning instrument “Nocospray” that is a dry spray that effectively disinfects rooms with more efficiency and accuracy than current cleaning methods
- Introduction of “TuffieWipes”. Tuffie wipes replaced two other products that were not as effective at killing a common gastroenteritis organism, Norovirus and the emerging “superbug” *Chlostridium Difficile*
- Additional hand washing facilities have been installed in Penhall Hostel

Planned improvements include:

- Development of an action plan to ensure full compliance of the new “National Safety and Quality Health Service Standard: Preventing and Controlling Healthcare Associated Infections”

Staff Immunisation

To protect our staff from contracting illnesses, we offer a staff vaccination program free of cost.

Number of staff immunised	2012	2011	2010	2009	2008
Influenza (including swine flu 2011)	303	271	222	269	243
Hepatitis A and B	0	18	64	6	19
Hepatitis A	0	10			
Hepatitis B	2	8			
Swine flu		Included with influenza	183		
Boostrix (offered 2011/12)	26				



Sally Mitchell (dietitian) with client Bert Christmas. The red tray system was introduced to assist staff to identify those patients at nutritional risk.



Infection Control Nurse Dianne Huggins immunising Clinical Educator and fellow Staff Immuniser Andrew Lewis.

Hand Hygiene

Hand hygiene is the cornerstone to preventing and controlling the spread of infection. Staff, clients and community members can all assist to reduce infection spread by correct hand washing. Castlemaine Health participates in the hand hygiene program which is a national program, whereby hand hygiene audit results are reported three times a year to the Department of Health. All audit results are evaluated and discussed at relevant meetings to ensure the ongoing education of staff. Alcohol hand rub dispensers are available at entrances to all Castlemaine Health buildings for staff and visitors to use before entering or leaving.

Unit	Audited Hand Hygiene Compliance				
	2012	2011	2010	2009	2008
Geroe Acute Unit	77.8%	78.2%	79%	75.23%	65%
Connolly Rehabilitation Unit	80.6%	88.45%	80%	89%	68%

Cleaning

Cleanliness within Castlemaine Health is of key importance in preventing the spread of germs that can cause healthcare associated infections.

The Department of Health "Cleaning Standards for Victorian Public Hospitals" sets out minimum cleaning requirements including regular audits.

The facility has established a comprehensive program of cleaning schedules that is regularly audited. Every year there is a minimum of one audit conducted by an external independent auditor.

Year	External Cleaning Audit % Compliance (85% is the required pass rate)
2011/12	96.2
2010/11	96.6
2009/10	97.0
2008/9	96.8
2007/8	97.25
2006/7	96.00

Our Commitment to Consumer Participation

Participation occurs when consumers, carers and community members are meaningfully involved in decision making about services, care and treatment and the wellbeing of themselves and the community.

The "Doing it With Us Not For Us" Government policy provides Castlemaine Health with a framework to assist us to ensure we facilitate and monitor consumer participation in multiple ways.

The Department of Health has requested health services measure their current rate of compliance with consumer participation against set indicators and report annually in the Quality of Care Report.

The following tables represent some of what we have implemented and are planning to implement to address the requirements of the policy:

Action	Achievements	Planned Improvements
Participation policy in place	Completed	
Community Participation Plan	Available on the facility Intranet.	Review of Community Participation Plan to incorporate the new HACC requirements.
Community reporting in place through a range of approaches	Systems currently in place include regular articles in the local paper, annual reports to the public, staff representation on community meetings.	Re-establishment of the Community Consultative Committee to receive and to assist with distribution of relevant information.
Cultural Responsiveness Plan	Developed as part of our Access and Inclusion plan which is reviewed annually.	
Improving care for ATSI patients program	In place.	
Disability Action Plan	Included within the "Access and Inclusion Plan" available on the facility intranet.	Ongoing review occurs through key committees.
Process in place to consult and involve consumers	Feedback forms available in all areas. Satisfaction surveys distributed for many programs.	Reestablishment of the Community Consultative Committee.
Staff capacity building to support participation	Procedures include capacity building.	
Consumer information provided in appropriate format	The "checklist for assessing Written Consumer Health Information (Currie et al (2000), Is used for consumer information (100% (3) completed this year).	Allocate a staff position responsible for ensuring the check list is completed 100% of the time.
Inclusion of community into –strategic planning, program development, quality improvement, feedback systems, development of health information	Board of Management members are community volunteers.	Utilise Community Consultative Committee to assist with development and feedback systems.

As a result of a Bright Idea submitted by a staff member plans are underway to purchase a golf buggy to assist with transporting elderly clients around the site. Pictured trialling a potential buggy is Donna Brook (Residential Care Operations Manager), Helen McKay (Hostels Manager), a resident's relative and Jackie Farrell (Residential Aged Care Assistant).



Monitoring of Satisfaction

A key source of information that we use to evaluate our effectiveness against targets set for us by the Department of Health within the "Doing it With Us Not For Us" Policy, are client satisfaction surveys.

One survey, the Victorian Patient Satisfaction Monitor (VPSM), is funded by the Department of Health and managed by an independent company, to assess satisfaction of the States' public acute and sub-acute hospitals. We receive six monthly reports with over 200 clients completing it each time. We are pleased to say that our results across all areas of service have improved and have been higher than other like sized facilities.

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.

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

Feedback Management

Castlemaine Health continually explores ways to encourage consumers, families, carers and staff to provide feedback, whether a complaint, comment, compliment or suggestion. This is an important way to help us identify system improvements.

We encourage anyone who has concerns to discuss them in the first instance with relevant staff, in an attempt to resolve the problem immediately. In addition, feedback forms are available in all departments and also electronically from our website. As an alternative, "Bright Idea" forms are available in the cafeteria for staff and visitors to complete.

All complaints are investigated, 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 residents' agreements and financial documentation, to ensure that the information is written in a manner clearly understood by prospective residents and their families

- Plans developed for additional car parking spaces to be implemented
- A car park developed specifically designated for the on call doctor
- Additional air-conditioning installed within residential aged care units
- New signage installed to clearly identify departments
- Additional sound proofing provided to areas where client consultations occur
- Staff have been counselled in relation to their communication manner

Health Promotion

Health Promotion and disease prevention is becoming an essential part of the role of health services. One of our challenges is how to prevent disease and reduce the risk factors that lead to poor health.

Key initiatives for the year include:

- Staff health checks. This involved the provision of confidential health checks for staff including blood pressure, cholesterol, and blood sugar levels
- "Keep Nurses Nursing" Project (funded by the Nurse Policy Branch) whereby staff were trained in manutention (safe lifting techniques) to reduce the risk of muscle injuries

VPSM Results-Overall Satisfaction with Hospital Stay					
	J-D 2011	J-J 2011	J-D 2010	J-J 2010	J-D 2009
Castlemaine Health	86.8	87.1	86	85	84
Similar size hospital	84.4	83.5	83	83	83

	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". 86	75
CH Maternity Survey (insufficient number of responses to VPSM for maternity clients)	The midwives respected their wishes and choices	97
	The doctors respected their wishes and choices	100
CH Community Rehabilitation Survey	Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied". 100	90
CH Residential Care Survey	Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied". 90	75

The following lists some of the many established programs that have continued to provide health promotion to relevant clients:

- Back Care Program
- Cardiac Rehabilitation
- Continence Service
- Movement to Music
- Educational Activities during Nutrition Week
- Falls Prevention
- Healthy Lifestyle
- No Lift Approach
- Out & Out Club
- Pain Management Support Group & Program
- Podiatry Service - screenings & education in schools & kindergartens
- Pulmonary Rehabilitation Program
- Social Support, Social Work & Counselling Services
- Speech Pathology - screenings & education in schools and kindergartens
- Health promotion days are provided in collaboration with CHIRP and the Mount Alexander Shire, such as Healthy Heart Week walk and diabetes expo days



Pictured is newly appointed Director of Corporate Services, Rick Munari, driving the bus during the relay.



Risk and Safety Coordinator Barbara Lund takes advantage of the free health checks offered to all staff, which provided confidential health checks and advice if a follow up was considered necessary. Performing the health check is Vanessa Lougoun from Springboard Health.

Transition Care Program

The Transition Care Program aims to improve a client's independence and confidence following a hospital stay. Nursing care and low intensity care are provided to enable the client and family to have time to consider long-term care options which may include a decision to return home or to transfer to an aged care facility.

To be eligible, clients are an inpatient of the hospital and receive a referral from the hospital team.

Currently Suzie Westcott is being assisted in the program. This is the second time Suzie has been part of the program.

Suzie has had extensive acute and rehabilitation admissions since November last year after she fell and fractured her leg. Suzie's goal is to return home and our OT, Physiotherapy and our allied health staff are working with her each day to assist her with exercise and gaining her independence. Today Suzie was doing her exercise and then going to have afternoon tea in a local café.

Heather Harris, Nurse Unit Manager, Thompson House, is seeing our TCP clients improve their independence and confidence after a hospital stay. This program provides a package of services including low intensity therapy and personal and/or nursing care as part of an ongoing but slower recovery process.

This means that our clients and their family, or carer, have time to consider long-term care arrangements, which may include returning home with community support or accessing the level of care provided by an aged care home.

Suzie said the program has changed her attitude toward any future happenings about being in care. "The nurses and allied health staff are wonderful. There is a lot of fun and laughter." "Coming back into the program the second time has been like coming home."



Gordon Donaldson (Transition Care Program Carer) and Suzie Westcott

Fundraising

Castlemaine Health is committed to raising additional funds which are used for the benefit of 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.

Several special events have been held that have raised money for the facility including:

Run the 'Maine

The 2011 "Run the Maine" Fun Run which was held in October last year raised in excess of \$6000 which was used to purchase equipment for the Physiotherapy Department in our Community Rehabilitation Centre. Two recumbent bikes, a pulse oximeter and a set of weighted arm pulleys were purchased. This equipment will be used by the Healthy Living, Cardiac Rehabilitation and Pulmonary Rehabilitation Programs.



"Fun and laughter", "feeling comfortable", "like being at home" were words used to describe the current Transitional Care Program at Castlemaine Health.



MAJOR DONOR LIST 2012

Murray to Moyne

This year's Murray to Moyne Cycle relay raised \$16,000 - a great effort from all riders and everyone involved in this event. The team was well supported by many businesses and individuals in the community. The 2011 relay raised \$26,780 and Lifting Machines for the Hostels have been purchased.

Money raised from 2012 will go towards the purchase of a **Golf Buggy** which will be used to transport prospective frail residents and their families around the site to view the residential care accommodation. The Golf Buggy will also be used by Activity Workers to take clients to appointments in the main building and it will allow for easier transportation of residents to visit relatives or friends in other units.

Collier Charitable Fund

Thank you once again to the Collier Charitable Fund for a grant of \$30,000 for the purchase of new orthopaedic equipment which included a wire driver, drill, and orbital saw.

These pieces of equipment will be used for small bone procedures including fixation of joints, bunionectomy and numerous other procedures involving small joints. We have three visiting orthopaedic surgeons from Bendigo who perform procedures here and all will be using this new equipment.

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 \$1,777 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.

Evaluation and Distribution

The Quality of Care Report is distributed at our Annual General Meeting, posted to key community organisations and major donors and an electronic copy is available from our website at www.castlemainehealth.org.au.

This year we will also ensure that it is placed in key client care areas of the organisation, to enable more inpatients and residents access to the report.

Additional hardcopies and provision of comments and feedback are available by contacting our Quality Coordinator on telephone 54 711 680 or by clicking on the link on our website.

We appreciate all feedback, both good and bad, as part of our evaluation process so that we can continue to provide a report that is appropriate to our community.

Last year we received feedback from staff, clients and some members of the general public. As a result of feedback from the 2011 report this year we have included a client journey to illustrate a particular service, endeavoured to use simple, clear wording and have maintained pictures in full colour.

Acknowledgements

This report was compiled by members of the:

- Castlemaine Health Leadership and Management Committee
- Castlemaine Health Information Management Committee

A variety of staff and consumers who were provided with drafts for their suggestions for improvement.

Bequests & Legacies	\$
Collier Charitable Fund	30,000
Estate of W McBeath	2,928
Estate of GL Godfree	2,419

Total donations receipted year ended 30/06/2012 was \$90,960

Mr & Mrs	E	Barker
Mr & Mrs	B & D	Baud
Mr	G.	Beardall
Ms	G	Beare
Mr & Mrs	J & M	Bodzsar
Mr & Mrs	A	Bradshaw
Mr & Mrs	C	Cawthan
Mr & Mrs	I & J	Clark
Mr & Mrs	R & Y	Dunse
Ms	M	Edwards
Mrs	D	Edwardson
Mr	H D P	Envall
Mr & Mrs	E & M	Farthing
Mrs	P	Garnett
Mr	S	Gibbons
Mrs	E	Grainger
Ms	J	Hallett-Odgers
Mrs	M	Harris
Mr & Mrs	M & M	Heagney
Dr	M	Jalland
Mr	B	Kidson
Mr & Mrs	F	Lewis
Mr & Mrs	A	Lourey
Mr & Mrs	L	Magnussen
Ms	J	Marriott
Ms	J	McKenzie
Ms	J	Muntz
Mrs	E	Norris
Ms	P	Owen
Mr & Mrs	D & B	Padgham
Mr	D	Parnaby
Mr	J	Pilcher
Mr & Mrs	G & B	Ralph
Mr	G	Redfearn
Mrs	J	Reed
Mrs	P	Revell
Mr & Mrs	R	Seedsman
Mrs	J	Stewart
Mrs	B	Straw
Mr & Mrs	D	Walker
Mr & Mrs	W & P	Watson
Mr	S	Watson
Mr & Mrs	W & F	Weatherall
Mr	M	Williamson
Mr & Mrs	I & H	Wilson
Mr	R	Wright

"The Pups"
Bendigo Toyota
Bendigo Washed Sands
Bishop Accounting & Taxation
Castlemaine Toyota
Collier Charitable Fund
Dalrene on Mostyn
Fit N Foxy Personal Training
Flowserve Pty Ltd
Graffiti Publications P/L
Habadash
Central Septics Castlemaine
Leech Earthmoving Contracting Pty Ltd
Lions Club of Castlemaine
Parsons Motor & Body Shop
R. & R. McClure Excavations Pty Ltd
Rotary Club of Castlemaine
RSD Chartered Accountants
Cherry Tennant Studio Gallery
The Shoe Connection
The Wrong Bias Club
Togs Place
Top Meats Castlemaine
Vic Restorations Building Services
Wednesday Ladies Tennis
Wesley Hill Hall Committee



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www.castlemainehealth.org.au