

Quality of Care Report

BETTER Community Consultation TOGETHER

"...It is important to be in touch with what's going on in the health area as it concerns all members of the public"

Maureen
CC Committee

"...The whys and wherefores of reaching a decision are not always readily apparent when you are on the outside looking in."

Marlene
CC Committee

"Good physical, emotional and social health of the individual leads to healthy families and healthier communities."

Judy
CC Committee

Chief Executive Officer report to the Community

Castlemaine Health's commitment to delivering high quality health services is now reflected in the new organisational Vision and Mission statements recently adopted by the Board of Management. They are:

Vision: Exceptional care of every person, every time.

Mission: A well run and trusted organisation that engages with the community to provide high quality health services.

In line with our Mission, a significant emphasis has been placed on community engagement with Castlemaine Health through encouraging community participation in meetings and activities that potentially will have an impact on consumer services. For example, we have attended community group meetings, maintained a strong Community Consultation Committee and recruited consumers to participate in Board sub-committees and operational committees. Development of our new Strategic Plan 2014-2019 also included

community representation at facilitated planning meetings and feedback from the community at various forums. These activities have been in addition to regular and ongoing consumer feedback mechanisms such as surveys, compliments and complaints.

For 8 months of the 2013-14 financial year our operating theatres were closed for major redevelopment. They were officially opened by Minister for Health and Ageing the Hon David Davis on 30 May 2014, providing Castlemaine Health with the capacity to operate from two high class theatres. Arrangements in place to provide access to safe elective surgery were provided from neighbouring health services at Kyneton, Daylesford, Bendigo and Maryborough and were supported by our theatre staff and specialists at Castlemaine Health.

The Board completed a new Service Plan in October 2013. The plan considered our current service profile, the local changing demographics, morbidity/mortality figures, Federal and

State strategic directions and policy changes and the redevelopment of Bendigo Health. The Service Plan had a significant influence on the development of the new Strategic Plan to ensure the community of Castlemaine and surrounding areas would continue to be provided with an appropriate range of high quality services.

We look forward to continuing to demonstrate our achievements in improving our services and maintaining our accreditation status across all services.



Ian Fisher, CEO

Ian Fisher
Chief Executive Officer

Confirming our care

It is a requirement for health care facilities to be compliant with safety and quality standards. These standards are developed by various government departments and trained external assessors assess us against these standards regularly. These assessments determine if we meet or exceed the required standards and confirm if we achieve Accreditation status. Castlemaine Health works to ensure that the services we provide are of a high quality and delivered safely every time. Our organisation is a fully accredited health service.

The following table summarises our current accreditation status:

Type of Accreditation	Status
Australian Council on Healthcare Standards (ACHS) – National Safety and Quality Health Service Standards	A Transitional Periodic Review will occur in September 2014 against Standards 1, 2 and 3 with confirmation of accreditation until November 2016.
Australian Aged Care Quality Agency (AACQA)	Accredited against the Aged Care Accreditation Standards until 13 June 2015. Unannounced visits during 2013/14 resulted in assessment of full compliance. A Re-accreditation Audit is scheduled for March 2015.
Home Care Standards	A Quality Review of the Home and Community Care Services will occur in September 2014. It is anticipated that a Quality Review of Community Aged Care Packages and Adult Day Services' National Respite for Carers Program will occur in November 2014.
Department of Human Services Standards	A successful Standards Review of Castlemaine and District Accommodation Resource Group (CADARG) occurred in September 2013.

Diversity awareness and planning

Castlemaine Health makes every effort to meet the six standards outlined in the Cultural Responsiveness Framework guidelines for Victorian health services. The following table shows key progress and achievements:

<p>1. A whole of organisation approach to cultural responsiveness is demonstrated.</p>	<p><i>Progress:</i> The Manager of Human Resources received diversity mentor training as part of the Karreeta Yirramboi recruitment project to support Aboriginal employment. Increased links with local Aboriginal and Torres Strait Islander community. The cultural contact officer has attended several meetings at the local ATSI Meeting Place through Castlemaine Community Health. This resulted in liaison leading to possible employment of a trainee.</p> <p><i>Achievements:</i> All new staff have completed basic training in inclusion and person centred care in relation to cultural awareness, disability and dementia, as part of orientation to the organisation.</p>
<p>2. Leadership for cultural responsiveness is demonstrated by the health service.</p>	<p><i>Progress:</i> A survey was provided to all staff as part of efforts to provide a lesbian, gay, bisexual, transgender and intersex (LGBTI) inclusive service. Thirteen percent of staff responded to this survey.</p> <p><i>Achievements:</i> The pro-active dementia working group (established in 2012) organised a successful event to raise dementia awareness in the community. A walk in expo of services was held in the Phee Broadway foyer, as well as education for local GP practices. This was a result of the required diversity planning for Home and Community Care programs, in collaboration with Maldon Hospital and Mount Alexander Shire Council. The updated plan was submitted to the Department of Health in August 2013.</p> <p><i>Planned improvements:</i> Develop a LGBTI education action plan in response to this survey.</p>
<p>3. Accredited interpreters are provided to clients who require one.</p>	<p><i>Progress:</i> There were no clients identified as requiring an interpreter service at Castlemaine Health during this financial year. From the last census in 2011 it is known that about 3% of the local community or about 250 people speak another language at home.</p> <p><i>Achievements:</i> The Translating and Interpreting procedure was reviewed and updated; Castlemaine Health staff has access to excellent online information and support with regard to approved language services, including translations if required.</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><i>Achievements:</i> The Cultural care procedure was reviewed and updated. Some surveys for staff and consumers were revised to include reference to cultural support.</p> <p><i>Planned improvement:</i> Cultural Care policy development.</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><i>Achievements:</i> The Community Consultation Committee (CCC) includes one member with a CALD background.</p> <p><i>Planned improvement:</i> Invite specific CALD representation on to focus group discussions and to participate in surveys.</p>
<p>6. Staff at all levels is provided with professional development opportunities to enhance their cultural responsiveness.</p>	<p><i>Achievement:</i> Significant training in indigenous health has taken place. 51 staff attended sessions in Indigenous health including 16 senior staff; Diversity Mentor training (1 senior staff) and Understanding homelessness in indigenous communities (1). Thirteen percent (76) received general cultural awareness education.</p> <p><i>Planned improvement:</i> Still to review available resources on the Intranet.</p>

CALD patients admitted to our acute and subacute units 2013/14

	2013/14	2012/13	2011/12	2010/11
Aboriginal and Torres Strait Islanders	8	17	7	7
Clients requiring an interpreter	0	0	1	16

Theatre redevelopment

The hospital redevelopment which commenced in February 2013 was completed in March 2014.

Theatre staff did an amazing job of managing the move out of the old and into the new. Some took extended leave and travelled far and wide, others remained working in different areas of Castlemaine Health and redeveloped nursing skills they perhaps have not used for some time, while others diligently worked at Bendigo Health, Kyneton District Health Service, St John of God in Bendigo, Bendigo Day Surgery and Daylesford Hospital to support Castlemaine Health surgeries that were outsourced while works were taking place. This involved staff moving equipment and supplies on a weekly

basis to and from these organisations in the boots of their cars, meeting and greeting many different people and adapting to different work environments.

The new theatres opened for business on 3 March this year, with the official opening taking place on 30 May. There are now eighteen surgeons at Castlemaine Health, including three new specialists in Plastic and Reconstructive, Ear Nose and Throat and Urology. We also have sixteen anaesthetists on the team and perform almost 2,000 procedures per year from a list of more than 200, operating ten hours per day from Monday to Friday.

For further information, contact Theatre on 5471 1461.



Theatre staff in action



Health Minister David Davis, Castlemaine Health Board of Management Chair Carolyn Wallace and CEO Ian Fisher at the official opening

Risk Management

Castlemaine Health has developed the Enterprise Risk Management Framework to conform to the Victorian Government Risk Management Framework and the International Risk Management Standard AS/NZS ISO 31000:2009.

To ensure that risk is managed proactively, Castlemaine Health uses the VHIMS Risk Register to record and monitor risks as soon as identified. The VHIMS Incident reporting systems is also linked to the risk register which assists in identifying new and emerging risks. The risk management system is coordinated by the Risk Emergency & Compliance Coordinator.

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
- A comprehensive clinical governance program to ensure the quality and safety of clinical care through integrated Clinical Risk Management Strategies and Clinical Effectiveness Monitoring
- Appropriately registered, credentialed and skilled staff who perform duties as assigned in position descriptions and duty lists and also 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 also required to obtain a Working With Children Check
- Reporting Framework Monthly risk management reports are submitted to Executive and quarterly reports are submitted to the Audit and Risk committee.



WoSSP students – continuum of care

The Whole of System Student Placement (WoSSP) Program is a collaborative project between Castlemaine Health, Monash and La Trobe Universities. The Program aims to have students from different health disciplines undertake part of their clinical placement together whilst at Castlemaine Health. Being placed together enables the students to have a greater understanding of the work of other disciplines. This prepares students for their future careers where interdisciplinary teams will provide holistic person-centred care to their patients.

A total of 48 students from seven different disciplines participated in the ten week program that has been conducted twice in 2014. These students are fortunate to have many experienced Castlemaine Health staff members participate in their formal classes, as well as external community agencies and the three local GP Clinics that contribute to their education. Loddon Mallee Medicare Local has shown great interest in this innovative program and contributes population health sessions to the program.

At the heart of the WoSSP Program are the patients, without whom the program would not be possible. There have been thirteen volunteer patients recruited through the HARP program in 2013-14. The students worked alongside patients from Castlemaine Health, seeing them in their GP clinics and in their homes. The exchange of information between health professionals and students, students and patients is tremendous and the cornerstone of practice that is consultative, collaborative and respectful.

In 2014, the WoSSP program was one of five finalists to be short-listed for the Partnerships in Health Award at the Department of Health People in Health Summit.

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
- Written information about discharge medications provided to patients, as well as an explanation provided by the pharmacist
- Introduction of the National Medication Management Plan to be a central point of information for medication throughout the patient journey
- Completion of the Medication Safety Self Assessment to determine areas for improvement
- Review of Standard 4 of the National Standards (Medication Management), to ensure compliance
- Medication management regularly discussed and reviewed by the Clinical Services Committee
- 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 reoccurrence where possible. Although numbers of medication errors are increasing this is in part due to the increased vigilance in recording both errors that occur, and where a potential error is identified.

These include:

- Staff education
- Participation in a national inpatient medication chart audit; results show that Castlemaine Health is performing above state and peer group hospital averages
- Implementation of new medication storage and preparation area on acute to reduce distractions for staff performing this role

Year	Medication errors
2013/14	271
2012/13	217
2011/12	140
2010/11	169
2009/10	150

Community Consultation Committee Member

MAUREEN HEAGNEY

I have been involved with Castlemaine Health in many different ways for many years.

Firstly in the fundraising for the original 'Flats' in 1955, then in later years as a member of the 'Friends of Alexander' auxiliary fundraising for extras for the hospital and the hostels.

I was asked to be a member of the first CCC and now have joined the present CCC.

I have made many friends during my time with the Auxiliary and I also do mending for residents and the hospital. I have always enjoyed helping where I can in any way.

It is important to be in touch with what is going on in the health area as it concerns all members of the public and they need to know what is going on with our hospital. People need to know what is available for clients needing information regarding health and the services available for them at Castlemaine Health.

Maureen has been a Life Member of Castlemaine Health since 2002.



Residential Care Quality Indicators

The Victorian Government's Public Sector Residential Aged Care Policy (released in October 2004) included a requirement to measure and report on five high risk clinical areas. These Quality Indicators are reported to the Department of Health which provide results and comparison with other facilities. The Castlemaine Health Residential Improvement Committee and the Clinical Governance and Quality Committee analyse the results and develop action plans to try to improve outcomes.

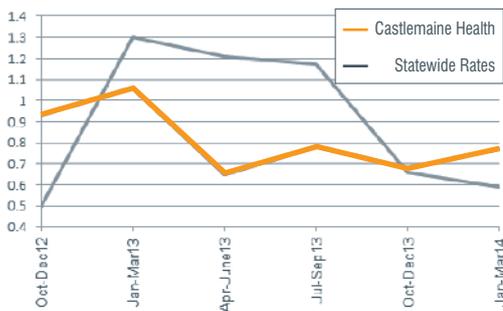
The clinical areas measured (per 1,000 occupied bed days) are: falls: falls, weight loss, pressure ulcers, the number of residents on nine or more medications and the number of uses of restraint.

Results for Residential Quality Indicators



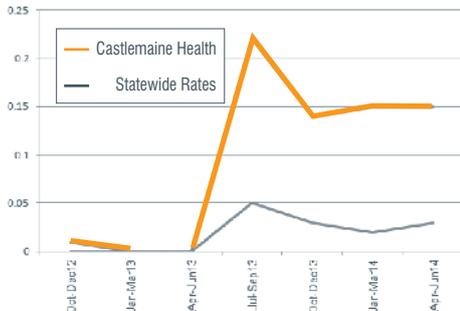
Resident Care Falls Rates

An upward trend in falls rates identified this area as a key clinical risk area for vigilant monitoring. Actions taken during the year included review of frequent fallers care plans and three monthly auditing of the completion of falls risk assessment and staff education.



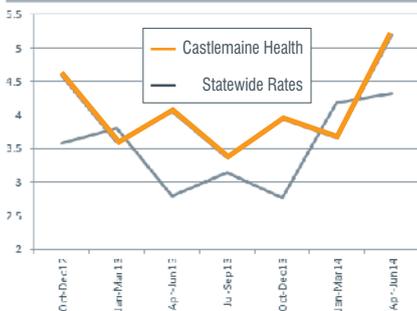
Resident with unplanned weight loss

Where possible, all residents are weighed monthly and we were pleased to see a reduction in the number of residents who had lost more than 3 kg. When unexplained weight loss is identified nutritional supplements, dietetic or speech interventions are implemented.



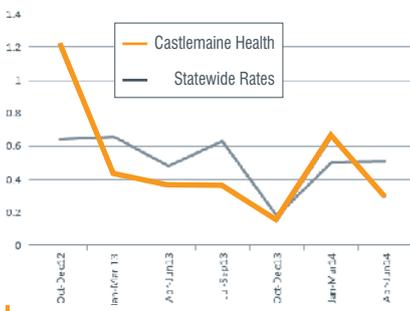
Prevalence of Stage 4 pressure ulcers

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. Six monthly audits were conducted to measure compliance with the completion of the pressure ulcer risk assessment tool which is conducted on admission and minimum three monthly. The Pressure Ulcer Procedure was revised to improve staff understanding of preventative strategies.



Resident prescribed nine or more medications

Three monthly audits are conducted where by all resident medication charts are reviewed. Residents on more than nine medications are reviewed by a pharmacist to ensure appropriate medication is being provided. During the year the results of these audits were discussed at the Medical Officers meeting, the audit form was reviewed and education provided to improve auditing and reduce risk of inappropriate use of medications.



Episodes of Physical Restraint Use

The majority of restraint is the use of bed sides and the occasional use of a chair table implemented after detailed assessment and consultation with the resident or their next of kin. During the year there has been education on what constitutes restraint and a thorough evaluation of all restraint used with a pleasing reduction in restraint usage to below the average compared with other facilities.



Transfusion practice and blood management

Each year Castlemaine Health administers over 70 blood transfusions for people in our local community. Blood transfusions are not just needed for people involved in accidents. People fighting cancer, those with anaemia or women who have had a post partum haemorrhage may need a blood transfusion.

Administering blood and blood products is a serious business; there are associated risks that need to be managed.

We monitor the administration of blood products closely and report quality outcomes regularly at our clinical care committees. Audits are conducted to measure the number and type of blood products used, whether the blood transfusion was appropriate, whether the patient was appropriately informed and gave consent to the transfusion and whether there was any blood 'wastage' (blood that had to be thrown out). Results of audits showed that 100% of patients were appropriately informed and gave consent and that a blood transfusion was the appropriate treatment for the condition. No blood products were discarded.

Each year all clinical staff that administer and manage blood transfusions are required to undertake annual education and competency assessment to ensure they are following best practice.

In this way, Castlemaine Health minimises the risks associated with blood transfusion and ensures the best possible care for our patients.

Infection prevention and control

Castlemaine Health has an active Infection Control Program aimed at preventing the spread of germs that may cause disease. Infection prevention is central to providing high quality health care for patients/residents/consumers and a safe working environment for those working in the healthcare setting.

Improvements within the year include:

- Further improvements in workflow, hand hygiene, cleaning and waste management
- The introduction of new safety needles to help reduce the risk of needlestick injuries
- The development of procedures and competencies in aseptic technique and the management of invasive devices

- Improvement in the management of outbreaks with the fine tuning of procedures and processes for managing these risks
- Antimicrobial stewardship and aseptic technique audits and education

Staff Immunisation

To protect our staff from contracting illnesses we offer a staff vaccination program free of cost. Vaccination of staff is an important part of protecting our community, especially during the winter with Influenza vaccination.

Community Consultation Committee Member

JUDITH UREN

My journey through the health care system began in 1960 and traversed general nursing and midwifery in both metro and rural area, district nursing, community health and mental health. I expanded my education and experience with post graduate diplomas in community health (aged care, OH&S), health education and health management. I entered the political arena of the health care system by moving to the ANF (nurses union). As the Federal secretary of the ANF my role covered all of Australia and I represented nurses on the ACTU, NHMRC, AUSAID and ANC. I was also a board member of the Commonwealth Federation of Nurses and represented Australian Nurses in a number of international arenas.



During my retirement I have enjoyed a number of voluntary roles in the Mount Alexander Shire.

Number of staff immunised	2014	2013	2012	2011	2010
Influenza (including swine flu 2011)	392	325	303	271	222
Hepatitis A and B	50	12	0	18	64
Hepatitis A	10	15	0	10	
Hepatitis B	5	12	2	8	
Swine flu	-		-	Included with influenza	183
Boostrix (offered 2011/12)	1		26		

Hand Hygiene

Hand hygiene is crucial to preventing and controlling the spread of infection. Staff, clients and community members are encouraged to reduce the spread of infection by washing their hands correctly.

Castlemaine Health participates in the Hand Hygiene Australia program whereby hand hygiene audits are conducted three times per year and reported to the Department of Health. Audit results are evaluated and discussed at relevant meetings to ensure the ongoing education and improvement in hand hygiene practices of staff. Alcohol hand rub dispensers are available in all clinical areas and at the entrances to all Castlemaine Health buildings for staff and visitors to use on entering and/or leaving. The aim is for a minimum of 70% compliance for each audit, with targets gradually increasing to 80% next year.

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.

Our 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.

Once again Castlemaine Health has surpassed the compliance rate.

Year	External Cleaning Audit % Compliance (85% is the required pass rate)
2013/14	95.2
2012/13	95.9
2011/12	96.2
2010/11	96.6
2009/10	97.0

Unit	Audited Hand Hygiene Compliance				
	2014	2013	2012	2011	2010
Geroe Acute Unit	83.3%	85.0%	77.8	78.2%	79%
Connolly Rehabilitation Unit	95.1%	77.9%	80.6	88.45%	80%

Community Consultation Committee Member STEPHANIE MILLER

I joined the Community Consultation Committee after being a volunteer with Castlemaine Health for a few years. I became interested in health matters when my father became very frail with Parkinson's Disease and later spent two years in residential aged care in Mansfield. My background is in teaching and research, having spent the best part of my working life at Victoria University in the School of Management. I have expertise in service management, change management and qualitative research methods.

My husband and I have lived in Castlemaine for eleven years.



Community Consultation Committee Member MARLENE BELL

Hi - I am Marlene and I have been a resident of Castlemaine for the past seven years. Prior to 2007 I had associations with the area going back over 30 years. When I retired, like a lot of folk, I looked around for a worthwhile activity. Through the CWA I had spoken to former CCC member Margaret, and when she left to pursue other interests I was happy to step forward.

I enjoy being a part of the consultative process. It is amazing to me how many different ways there are at looking at a set of circumstances. The whys and wherefores of reaching a decision are not always readily apparent when you are on the outside looking in.

There are people with widely different backgrounds on the committee, and each brings very different ways of looking at problems. This does stretch ones way of looking at things and I feel this can't help but have a beneficial effect on all of us.





Our Commitment to Consumer Participation

Castlemaine Health has continued to work hard towards involving consumers in improving services and increasing staff understanding of potential benefits in terms of care. These efforts have certainly been boosted by pending accreditation due in September 2014 and a new National Standard of healthcare: 'Partnering with Consumers'.

The Community Consultative Committee is now well established and continues to build an understanding of Castlemaine Health systems and processes.

The following table displays some organisation achievements and plans for improvement:

Standard	Achievements	Planned Improvements
The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.	The Community Consultation Committee members participated in round table service planning discussions with consultants early in July 2013. The CEO or executive member attended every CCC meeting. A 'Partnering with Consumers' working group was established involving representatives from the acute and sub-acute (rehabilitation) services This has resulted in useful groundwork for developing a Consumer Participation policy and framework.	Ensure that relevant information about risk and safety is provided to the committee. Encourage indigenous representation on to the committee. Recruit consumer representatives to key committees e.g. Clinical Governance. Develop a Consumer Participation policy with an accompanying framework that includes a community participation plan and terms of reference for relevant activities.
Consumers, and, where appropriate, carers are involved in informed decision making about their treatment, care and wellbeing at all stages and with appropriate support.	See table Monitoring of Satisfaction. All consumer satisfaction surveys are reviewed by the Community Consultation Committee.	Organise consumer focus group discussions to assist with service development and improvement.
Consumers, and, where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care.	Distribution of handouts/leaflets on specific health conditions. Regular articles in the local paper, 'Hospital food' weekly community radio segment, annual reports to the public, staff representation on community meetings and committees.	Review of evidence based resources on the Intranet and procedure for providing health information to consumers.
Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.	The Community Consultation Committee produced an evaluation report of their activities (since inception in 2012) showing guest speakers, training received and publications reviewed.	CCC review effectiveness of committee and terms of reference.
The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	Customer feedback forms available at reception and in all areas.	Involve consumers in improving signage and display of information that is required for the benefit of consumers.

Monitoring of satisfaction

Various surveys are conducted throughout the year to evaluate the satisfaction of our patients, residents, clients. The Victorian Patient Satisfaction Monitor (VPSM) was a major survey funded by the Department of Health and managed by an independent company. This survey was discontinued July 2013 and will be replaced by a new Victorian Healthcare Experience Survey. Once the VHES is established, every three months, we will receive a report comparing us to other hospitals within Victoria. Final results from the VPSM are shown below.

VPSM Results-Overall Satisfaction with Hospital Stay						
	J-D 2013	J-J 2013	J-D 2012	J-J 2012	J-D 2011	J-J 2011
Castlemaine Health	NA	82.5	89.6	83.9	86.8	87.1
Similar size hospital	NA	84.1	84.7	84.6	84.4	83.5

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.

	Castlemaine Health	Similar sized organisations	Target
Consumer Participation Index (%) (Jan-Jul 2013)	83.0	84.9	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	Jan – July only Written information on how to manage your condition and recovery at home rated as "good" to "excellent".	79	75
Maternity Survey	The midwives respected their wishes and choices.	100	90
	The doctors respected their wishes and choices.	100	90
	Did your partner/support team feel supported.	100	90
Community Rehabilitation Survey	Community Rehabilitation Survey Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied".	74	90
Residential Care Survey	Residential Care Survey Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied".	89	75

Feedback Management

Your opinion is what matters...

Castlemaine Health welcomes and encourages feedback. Compliments, comments, suggestions and complaints are integral to the monitoring and improvement of our service.

If you have concerns with any of our services we encourage you to discuss the issue in the first instance with relevant staff, in an attempt to resolve the problem immediately. Customer Feedback Forms are available in all areas of the facility and also electronically from our website; staff

can record your concern or you can write a letter to the Quality Department. "Bright Idea" forms are also available in the cafeteria for staff and visitors to complete.

Any formal complaints that we receive are treated very seriously. They are investigated, and resolution attempted and a response provided by the relevant Operations Manager or Executive Director. Closed complaints are sent through to the Health Services Commissioner on a regular basis. The quality department will also record any suggestions or comments that reflect concern with the quality of our service (including care, communication systems and the environment) as a complaint, in recognition of the fact that many people may not wish to complain formally.

There was much upheaval during building redevelopments and we appreciate your tolerance. The following are some of the improvements made this year as a result of customer feedback:

- Signage and lighting at access points
- Designated car parking for the Community Rehabilitation Centre
- Admission letter for Community Rehabilitation Centre appointments revised
- Customer feedback forms provided to patients on discharge rather than on admission
- Review of patient care plan and family meeting arranged
- Thermostat fixed
- Furniture replaced
- Menu reviewed
- Seating at bus stop near Penhall residence arranged



Health Independence Education Programs

Following is a list of some of the programs offered to clients in the Community Rehabilitation Centre:

- Cardiac Rehabilitation
- Pulmonary Rehabilitation and Maintenance Programs
- Healthy Lifestyle Program
- Pain Management
- Mobility and Balance Programs

Fundraising

We are building for future generations, just as our predecessors have done before us, and maintaining Castlemaine Health's valuable facilities for the benefit of the entire community is critical.

Only with the continuing support of our community through donations, sponsorships and bequests can we continue to provide the best possible health care close to home.

Castlemaine Health is thankful for the support that has been shown by many individuals, businesses, community groups, bequests, legacies and philanthropic trusts. Financial donations and other contributions are greatly appreciated.

Run the Maine

In October 2013 the "Run the Maine" Fun Run was held, resulting in a donation of \$10,000 to Castlemaine Health. This was used to purchase three additional defibrillators and a Bilisoft phototherapy blanket for jaundiced babies in our maternity ward.

Special thanks to the Run the Maine Committee: Libby Mayes, Ruth Anley, Fran Taylor, Richard Mayes, Jaynee Russell-Clarke, Stacey Rewell and Cathy Thompson.

Murray to Moyne

With the support of local business, their friends and family, the 'Castlemaine Rouleurs' raised over \$23,000 for Castlemaine Health in 2014. This money contributed to the purchase of patient monitoring systems for our newly refurbished operating suites.

Special thanks to our Murray to Moyne team, the Castlemaine Rouleurs: Adam Goodes (Driver), Ben Priest, Bryan Maddern, Carl Harris, Chris Shay, David Boak, David Paez, Dean Andrews, Doug Jones, Emeile Dawkins, Gary Bunn (Team Captain), Ian Fisher, Jenny Boak, John Whitlock (Driver), Keiran Ryan, Michael Priest, Mick Murphy, Phil Priest, Sam Murphy and Tony Byrne.

To participate in 2014, contact the Public Relations Office on 5471 1505.

Collier Charitable Fund

Thanks to the Collier Charitable Fund for providing a grant of \$30,000 towards the purchase of an Olympus Endo Eye Video Scope and an Olympus Autoclavable camera head, enabling us to provide an enhanced service to the public through our operating suites.

The Endo Eye video scope allows the Ear Nose and Throat surgeon to see tissue with supreme clarity, detail and depth, allowing for more precision work. The Autoclavable camera head is a highly used piece of equipment required by a diverse range of surgeons. This purchase has given us two complete sets, taking the pressure off staff that previously had to wash and reprocess this item due to a shortage.

Golden Bundle Award

Waller Realty continues to support and promote our maternity service through The Golden Bundle Award. A 'Baby Bundle' gift basket is presented to a baby born at Castlemaine Health each month. We sincerely thank Waller Realty for their generous ongoing sponsorship.

Strengthening Our Communities Grant Scheme

The Mount Alexander Shire awarded Castlemaine Health \$2,000 through the Strengthening Our Communities Grant Scheme to design and develop the Thompson Garden. The aim of the garden is to create a space for residents and their families to enjoy, particularly those residents with varying stages of dementia.

Bequests

You can be a part of the future by considering Castlemaine Health through the establishment of a gift in your Will. A gift to our service is an investment in your local community that benefits future generations of your family and friends. You can decide how you would like your gift to benefit Castlemaine Health and how you would like to be acknowledged. To find out more please contact the Public Relations Office on 5471 1505.

Bequests & Legacies	\$
Estate of P Milthorpe	8,388
Estate of GL Godfree	2,202
Estate of W McBeath-Todd	410.57
The Pups	500

Evaluation and distribution

The Quality of Care Report is reviewed by staff, consumers and the Community Consultation Committee. Feedback and suggestions for improvement are invited as part of our evaluation process so that we can continue to provide a report that is appropriate to our community.

The Quality of Care Report is posted to key community organisations and major donors and is also available from our website at www.castlemainehealth.org.au.

Additional hard copies, comments and feedback are welcome; please contact our Public Relations Officer on 5471 1505 or look for the link on our website.

MAJOR DONOR LIST

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 Buckman Mr & Mrs F & B
 Cantwells Real Estate
 Capones Pizzeria
 Castlemaine Golf Club Ladies
 Castlemaine Hot Rod Club
 Castlemaine Rouleurs
 Castlemaine Toyota
 Cawthan Mr & Mrs Cecil
 Clark Mr & Mrs Ian & Judith
 Clarke Mr Andrew
 Cubeta Mr Carlo
 Dalrene on Mostyn
 Davey Mrs Gwendoline
 Dunse Mr & Mrs Robin & Yvonne
 Dyer Ms Jenny
 Ebery R H
 Ellery Mrs Wilma
 Farthing Mr & Mrs Eddie & Marjorie
 Fisher C A
 Flowserve Pty Ltd
 Goodes Ms Marg
 Grainger Mrs Elizabeth
 Hallett-Ogders Ms Julie
 Harcourt Tavern & Café
 Harris Mrs Mary
 Heagney Mr & Mrs M & M
 Jalland Dr Mark
 Kidson Mr Barrie
 Leech Earthmoving Contracting Pty Ltd
 Lions Club of Castlemaine
 Madderns IGA
 MAHRA Club
 Marriott Ms Jane
 McClure Mr Malcolm
 McKenzie Ms Judy
 Meade Mrs Mavis
 Mount Alexander Funerals
 Norris Mrs E
 Padgham Mr & Mrs Douglas & Beverley
 Parnaby Mr David
 Parsons Motor & Body Shop
 Ralph Mrs Beverley
 Redfean Mr George
 Robinsons Pty Ltd
 Rotary Club of Castlemaine
 Run The Maine Committee
 Scutt Mrs F
 Seedsman Mrs Margaret
 Stewart Mrs Joan
 Stewart Ms Vera
 Straw Mrs Beverley
 Subway Restaurant
 TCA Partners
 The Shoe Connection
 The Wrong Bias Club
 Thompson Family Funerals
 Walker Mr & Mrs Donald
 Watson Mr & Mrs Wes & Peg
 Wednesday Ladies Tennis
 Weinrich Mr John
 Williamson Mr Martin

Radio Show – mainfm

Castlemaine Health now has had a regular segment on the local community radio station, mainfm. This monthly spot, called 'Hospital Food', puts different staff from various areas of the health service on air to talk about issues in and around Castlemaine Health. We have had a wide range of services discussed, including podiatry, education, Adult Day Services and more. It is a great opportunity for us to let the community know what we are doing. Tune in every third Wednesday at 10am, 94.9fm.



Volunteer Snapshots

This is a pictorial snapshot celebrating Castlemaine Health volunteers at work and play. Over the past 12 months volunteers contributed many hours of their valuable time, benefiting Castlemaine Health patients, residents and community clients. Volunteers have been actively engaged in most areas as highlighted in the photos below. We thank volunteers for sharing their time, interest, skills and talents with our hospital community. We hope you will join us to commemorate International Volunteer Day which is celebrated worldwide on December 5 each year. New volunteers are always welcome.



Volunteer **Rosie** spending time with a resident at Spencely Hostel. Everyone likes to have someone to chat with, have a laugh with or share a common interest.



Volunteer **Pam** engaging with residents through reading, at Spencely Hostel.



Volunteer **Cloe** and her poodle Katie visiting a resident in Ellery House. Other lovely volunteer dog visitors include Ebony, Tia, Muddy, Huey and occasionally Jett and Pongo, who all bring their humans (volunteers) along.



Volunteer **Keith** with the Café Lolly Trolley that is taken around the hospital wards and residences and provides toiletries, magazines and treats to people unable to visit the café or shops.



Volunteer **Marlene** helping in our Residential Aged Care office. Marlene also lends a hand at CRC and does Satisfaction Surveys with residents.



Volunteer **Grant** and a group member getting in some exercise at one of our Planned Activity Groups at Harcourt Leisure Centre.



John, who volunteers with Monday Menes' Respite Club, enjoying a pontoon ride at Durham Ox with staff member Steve and a group member.



Volunteer **Marg** keeping up with the news with one of our Wednesday Alex Club ladies.



Arty volunteer **Jill** and group member Nateace being creative in our Eager Art community program.