

2013

Person centred care across a range of services

CHIEF EXECUTIVE OFFICER REPORT TO THE COMMUNITY



It is with great pride that we present our Quality of Care Report for the 2012 / 2013 year.

Castlemaine Health has continued to ensure that its acute, sub-acute, primary health, residential and community based health services have been delivered at

the highest quality. We have maintained our accreditation status across all services and are constantly looking for opportunities to further meet the needs of our patients, residents and clients so that the best outcomes can be achieved for them.

We have well developed information systems and processes to enable the Board and Staff to monitor our compliance to standards for all our services which in turn assists us to respond promptly to gaps, adverse events and unfavourable trends.

A major challenge this year was to ensure our community had access to quality surgical services during the major redevelopment of theatres which commenced in February 2013.

Arrangements were made for elective surgery to be provided from neighbouring health services at Kyneton, Bendigo and Maryborough and

supported by our theatre staff and Specialists accredited at Castlemaine Health.

The Board has commenced the process of developing a new service plan for Castlemaine Health. The plan will consider our current service profile, the local changing demographics, morbidity and mortality figures, Federal and State strategic directions and policy changes and what is occurring with the redevelopment of health services in the region. Through the service planning process the Board of Castlemaine Health in conjunction with the Department of Health will be able to ensure the high standards of care that our community has grown to expect and receive will continue in future years



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 health 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) – EQuIP Standards	An on-site Organisation Wide Survey occurred September 2012 with confirmation of accreditation under the ACHS EQuIP Standards until November 2014. These standards have been replaced with the new National Safety and Quality Standards. Our next survey will be against EQuIP National Standards.
New National Safety and Quality Standards	A gap analysis was completed by ACHS and an action plan developed to assist us to be assessed as fully compliant by the end of 2014.
Aged Care Standards Accreditation Agency (ACAA)	Accredited against the Accreditation Standards until 13 June 2015.
Community Care Common Standards	Unannounced visits during 2012/13 resulted in assessment of full compliance.
Homelessness Assistance Service Standards (HASS)	Quality review of Community Aged Care Packages and Adult Day Services' National Respite for Carers Program. The required improvement to implement a formal service user reassessment process was completed in August 2012.
	Annual Quality Improvement Plan was submitted to the Department of Health and Ageing in February 2013.
	Castlemaine and District Accommodation Resource Group (Emergency Housing). Last on site standards review was conducted June 2010. New Department of Human Services Standards were introduced 1 July 2012. The next assessment against these standards will be in September 2013.

Diversity awareness and planning

Castlemaine Health embraces the diversity of the population and aims to continually improve the quality of services, ensuring that we cater appropriately to cultural and linguistically diverse (CALD) communities. A whole of organisation *Access and Inclusion Plan* takes into account all aspects of cultural diversity.

The following table outlines the key achievements against all six cultural responsiveness standards that we are required to report in Quality of Care:

<p>1. A whole of organisation approach to cultural responsiveness is demonstrated</p>	<p>Achieved: A Community Consultation Committee was re-established in October 2012 with membership broadly representative of the local community. 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. The Human Resources department received further input from the regional Aboriginal Access and Support Officer to assist with developing the Karreeta Yirramboi recruitment project to support Aboriginal employment.</p>
<p>2. Leadership for cultural responsiveness is demonstrated by the health service.</p>	<p>Achieved: The Home Support Services Manager assumed responsibility for the cultural diversity portfolio in April 2013. Two senior managers commenced <i>How2 Create a GLBTI Inclusive HACC Service leader training</i>, with a view to raising awareness and understanding re Gay Lesbian Bisexual Transgender Intersex over a 3 year cycle. The Home and Community Care (HACC) Diversity Plan (previously Cultural Care Plan) was developed in collaboration with Maldon Hospital and Mount Alexander Shire Council, and submitted to the Department of Health in August 2012. Identified target special need areas were dementia, financial disadvantage, GLBTI; a shared initiative in the planning and delivery of community services. A dementia working group was established in August 2012 with active involvement from community, acute and residential services, Central Victorian Health Alliance and regional service providers.</p>
<p>3. Accredited interpreters are provided to clients who require them.</p>	<p>Achieved: There were no clients identified as requiring an interpreter service at Castlemaine Health during this year, which likely reflects the decrease in local East African residents. Although demographics are low, relevant translated Home and Community Care information was provided to all departments in Italian, Greek, Hungarian, Polish, Macedonian and Serbian. iPM computer software has been further implemented for some community programs, as part of regional initiative, which enables identification and recording of clients with first language other than English and sharing of this information across departments. Planned improvements: Review the Interpreting and Translation Services procedures by June 2014.</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>Planned improvement: Review Cultural Care procedure in relation to Aboriginal and Torres Strait Islander (ATSI) Support Review of consumer surveys in relation to religious and cultural respect.</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>Achieved: The Community Consultation Committee (CCC) includes CALD membership and a representative from the Board of Management attends the committee. The Board of Management receives CCC minutes directly. Minutes of CCC meetings reflect active participation despite early beginnings. All CCC members were provided with preliminary information relating to creating a lesbian, gay, bisexual, transgender and intersex (LGBTI) inclusive service. Planned improvement: Increase links with local ATSI Meeting Place through Castlemaine Community Health.</p>
<p>6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness.</p>	<p>Achieved: Staff attended training in Aboriginal Culture (9 managers including the CEO), Cultural Diversity in Ageing (1) and Cultural Safety in Palliative care (1) In total 96 staff (14 %) received cultural awareness education. Annual mandatory education program developed to include Inclusion since February 2013. Planned improvement: Review of available resources on the Intranet.</p>

CALD Patients admitted to our acute and subacute units 2012/13

	2012/13	2011/12	2010/11	2009/10
Aboriginal and Torres Strait Islanders	17	7	7	11
Clients requiring an interpreter	0	1	16	16

Risk Management

Castlemaine Health has developed the Enterprise Risk Management Framework to conform with 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 system 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.

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.
- 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. These include:

- Staff education.
- Aprons worn by staff 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 to reduce distractions for staff performing this role.

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 care to their patients.

Twenty-three students from five different disciplines participated in the eleven week program. These students were fortunate to have sixteen different Castlemaine Health staff members participate in their formal classes, seven staff members from external agencies and three local GP clinics contribute to their education.

At the heart of the WoSSP Program are the patients, without whom the program would not be possible. 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 was tremendous and is the cornerstone of practice that is consultative, collaborative and respectful.

Year	Medication errors
2012/13	217
2011/12	140
2010/11	169
2009/10	150
2008/9	129

Improving Care for Older People Project

Our purpose was to improve patients' hospital experience and outcomes, particularly in three domains of the *Best Care for Older People Toolkit*: Mobility and Falls Prevention, Nutrition, and Skin Integrity. Some highlights include:

Mobility and Falls Prevention

- Orange High Falls Risk identifiers above beds and allocation board in nurses' station.
- Colour coding of walking aids to indicate level of assistance required.
- Provision of red grip socks for use on acute and rehab units when appropriate.
- Falls Management Procedure reviewed: benchmarked with other hospitals and incorporated the improved practice guidelines.
- Functional Maintenance Program - daily exercise session for acute patients.

Nutrition

- Funding of training for a nutrition allied health assistant.
- Dietetics department restructured to provide a Nutrition assistant on acute and rehab units to assist patients.
- Malnutrition Assessment, Prevention and Management Procedure developed.
- Introduction of Red Tray procedure to provide extra assistance to patients needing help to complete their meals.
- Funding of digital weigh chair on acute to facilitate identification of weight loss/under-nutrition.

Skin Integrity

- Working group established to review current practice at Castlemaine Health and benchmark against best practice guidelines.
- Skin care and wound management procedure reviewed.

- Purchase of Nutrition and Wound Healing education resource for Nursing Education.
- Funding of pressure relieving cushions for acute and rehab wards.
- Kalm care chair purchased for very frail patients: padded adjustable, reclining wheelchair.

Dementia Trolley Mobile Activity Centre (MAC)

MAC is a mobile activity centre that is filled with all sorts of art and craft items, games, puzzles, books, music, texture items and smells. It is a treasure trove of fun and activities that will delight the senses and occupy the mind.

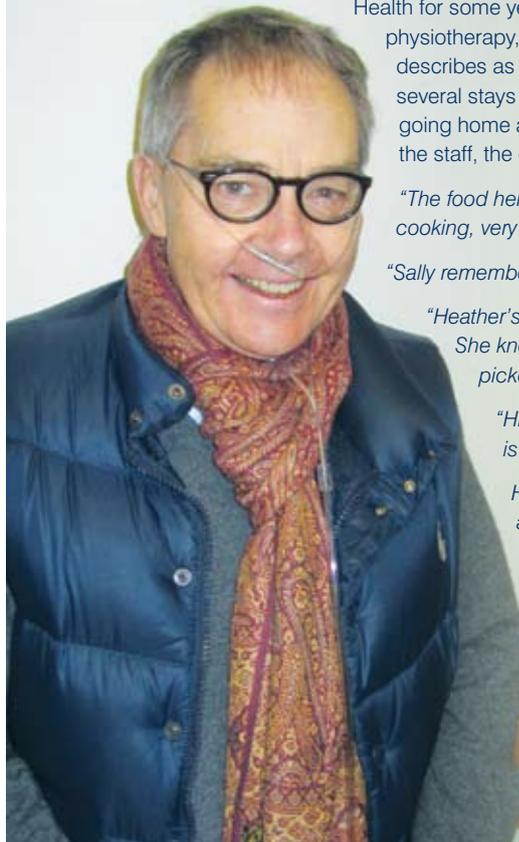
The activity centre is designed to provide patients with meaningful activities that will assist them to maintain their individual function and provide person centred care. This activity centre began with a single idea of "we need something mobile", a brainstorming session and six months later MAC evolved. Funding was received from the Victorian/Tasmanian Dementia Training Study Centre (La Trobe University).

MAC is now operational on the acute ward at Castlemaine Health. It is available for staff to wheel around the ward to take a resource to patients as required and/or identified in their care plan. There is a desk for patients to sit at so they can immerse themselves in any chosen activity.

“

Here they know you, in the city you're just a number...

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Jamie Chisholm has been using a range of services at Castlemaine Health for some years. He comes in once a week for physiotherapy, has regular contact with the dietitian who he describes as a "one stop shop for lots of things" and has had several stays on the acute ward, which he says is "more like going home and being looked after by mum. That includes all the staff, the cleaners, everyone."

"The food here is excellent. Good sized serves, good home cooking, very good at remembering what you want."

"Sally remembers me as: 'black tea, three sugars.'"

"Heather's knowledge as a pharmacist is incredible. She knew of a conflict with an antibiotic that no one else picked up on."

"Higher management is very accessible and nothing is ever too much trouble."

Here they know you, in the city you're just a number."

Residential Care Quality Indicators

Five clinical care areas were selected in the Victorian Government's Public Sector Residential Aged Care Policy (released in October 2004) to measure, report and provide comparisons with other facilities. These "Quality Indicator's" are measures that can alert our staff to possible problems and opportunities for improvement in client care. Three monthly audits are reported to the Department of Health who provide results and comparison with other facilities. The Castlemaine Health Residential Improvement Committee and the Clinical Governance Committee analyse the results and develop action plans to try to improve outcomes.

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.

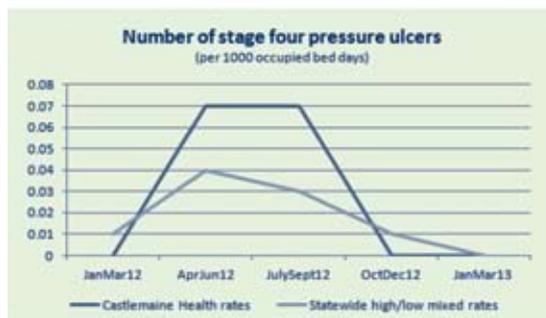
Results for Residential Quality Indicators



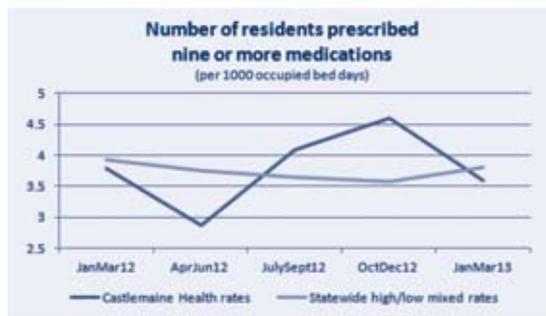
During the year a Falls Information Sheet was introduced into Residential Care areas to be provided to all medium or high risk fallers (or their next of kin). In addition increased auditing of compliance with completing falls risk assessments has occurred, with a resultant improvement in compliance with completing risk assessments and developing appropriate care plans that include strategies to reduce the risk of falls.



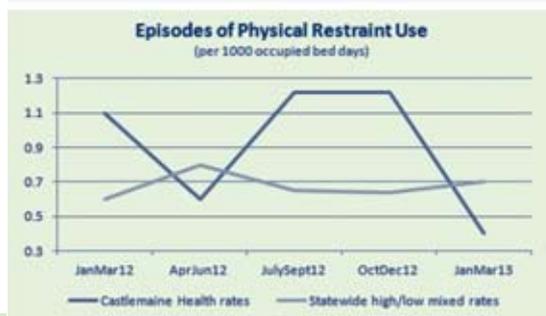
All residents are weighed monthly, where possible. Nutritional supplements, dietetic or speech interventions are implemented when indicated for unexplained weight loss. Additional audits have been introduced for internal management and comparisons. During the year there has been a review of the menu procedure and a plate wastage audit is planned.



All residents have assessments and preventative strategies in place to reduce the risk of 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. During the year an additional audit was introduced to measure compliance with completion of the pressure ulcer risk assessment tool. With increased focus on this area the risk assessment completion rate has improved markedly.



Three monthly audits are conducted where by all resident medication charts are reviewed. The facility pharmacist is notified of all residents on more than nine medications so that a review can be conducted to ensure appropriate medication is being provided.



Restraint will only be implemented after detailed assessment and consultation with the resident or their next of kin. The main types of restraint used at Castlemaine Health are bed sides and occasionally a chair table which are only used when they have either been assessed by the staff as necessary to reduce risk of injury, or the resident or family have requested it. 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 in use when compared with other facilities.

Transfusion practice and blood management

Blood and blood products provided to Australian hospitals are collected, analysed and checked to ensure that they are safe for clients.

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

- The “Administration of blood and blood products” procedure clearly details staff responsibilities and was reviewed in June 2013.
- Staff checks to ensure that the client has received a full explanation of the process and has consented to the transfusion. This process is audited regularly.
- All clients receive a Blood Products Fact Sheet when consent is obtained.
- Close monitoring takes place during the transfusion so that any reaction is promptly identified and treated.
- Only staff that has completed the Blood Safe e-learning competency may oversee administration of blood and blood products.
- All blood products ordered by doctors consider the National Health and Medical Research Council/Australian Society of Blood Transfusion’s most recent Clinical Practice Guidelines.
- A six monthly audit is conducted and reported to the Clinical Services Committee to ensure that there is no wastage of blood products.

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:

- Improvements in workflow, hand hygiene and waste management.
- The current construction and renovation of Theatre and Acute services.
- The introduction of safety insulin syringes to help reduce the risk of needlestick injuries.
- The introduction of 2% chlorhexidine & 70% alcohol swabs to be used in the management of central intravenous devices.
- The introduction of Gastroenteritis Management Kits and Spill Kits throughout the organisation and the fine tuning of procedures for managing these risks.
- Additional hand washing facilities installed in Spencely Hostel.

Planned audits and improvements include:

- Continuing to work towards full compliance of the “National Safety and Quality Health Care Standard 3: Preventing and Controlling Healthcare Associated Infections”.

- Residential care areas will be involved in the annual Aged Care Healthcare Associated Infection and Antibiotic Use Point Prevalence study which is conducted on a specified day in July/August.
- 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 also an important part of protecting our community, especially during the winter with Influenza vaccination.



Castlemaine Health has systems in place to ensure that all aspects of blood management and transfusion are undertaken safely and with the consent and understanding of the client



Number of staff immunised	2013	2012	2011	2010	2009
Influenza (including swine flu 2011)	325	303	271	222	269
Hepatitis A and B	12	0	18	64	6
Hepatitis A	15	0	10		
Hepatitis B	12	2	8		
Swine flu		Included with influenza	183		
Boostrix (offered 2011/12)	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 before entering or leaving. The aim is for a minimum of 70% compliance for each audit.

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.



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Certificates of Appreciation

Certificate of Appreciation were awarded to the following at the 2012 Annual General Meeting:

Mr Denis Cox
Mr Alan Harris
Mrs Elaine Speight
Mr Geoff Linton
Mr Peter Higgins
Mr Ron & Darren Rice
Ms Judy McKenzie
Mrs Libby Mayes
Mr Gary Bunn
Mr Carl Harris
Mr David Boak
Mr Phil Priest
Mr Rick Munari

Year	External Cleaning Audit % Compliance (85% is the required pass rate)
2012/13	95.9
2011/12	96.2
2010/11	96.6
2009/10	97.0
2008/9	96.8
2007/8	97.25

Unit	Audited Hand Hygiene Compliance				
	2013	2012	2011	2010	2009
Geroe Acute Unit	85.0%	77.8	78.2%	79%	75.23%
Connolly Rehabilitation Unit	77.9%	80.6	88.45%	80%	89%

Our Commitment to Consumer Participation

Castlemaine Health is committed to the Doing it with us not for us Strategic direction 2010 – 2013, the government policy framework to promote involvement of people in decision making about services.

Establishing a new Community Consultative Committee has been a positive move forward to including consumer perspectives and input to service development and quality. The committee is still in early days but has demonstrated wonderful commitment from community members, including young students, with wide and varied skills and experience.

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

Standard	Achievements	Planned Improvements
1 The organisation demonstrates a commitment to consumer, carer and community participation appropriate to its diverse communities.	Senior management have contributed to strategic direction of the Primary Care Partnership in planning of service priorities.	Review of Community Participation Plan to incorporate the new HACC requirements.
Community Consultation Committee re-established, and the relevant Community Participation Plan has been reviewed to include Community Care requirements.	Review of the overarching Access and Inclusion Plan to incorporate or link to all plans and new standards.	Re-establishment of the Community Consultative Committee to receive and to assist with distribution of relevant information.
Build capacity of CCC, staff and volunteers to support consumer, carer and community participation.	Developed as part of our Access and Inclusion plan which is reviewed annually.	
2 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 Monitoring of Satisfaction (below).	Review of carer and consumer feedback surveys in allied health and community services.
3 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 to patients.	Ongoing review occurs through key committees.
Regular articles in the local paper, annual reports to the public, staff representation on community meetings.	Community information day in Castlemaine planned for September 2013 to promote awareness and access to dementia services and support at Castlemaine Health and in Mount Alexander Shire.	Reestablishment of the Community Consultative Committee.
4 Consumers, carers and community members are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.	The Community Consultative Committee audit schedule was established. A CCC member developed a journal which guides the agenda for meetings. Training opportunities for consumers: two CCC members attended forums including Increasing Consumer Participation in Health Organisations. Public Relations officer allocated to ensure 100% against checklist for Written Consumer Health Information; new public documents (2) reviewed by CCC. Each residential unit has a Relatives' advisory group which advises the Residential Care Improvement Committee and Adult Day Service Carers Club reports through the CCC.	Community Consultation Committee continue to develop strategies for supporting consumer participation in decision making.
5 The organisation actively contributes to building the capacity of consumers, carers and community members to participate fully and effectively.	Feedback forms available at reception and in all areas. Satisfaction surveys (consumer and carer) distributed on a regular basis and collated by Quality department. An invitation to join the Maternity Advisory Committee included on the Maternity Satisfaction Survey.	

Monitoring of satisfaction

To evaluate the satisfaction of our patients, residents and clients we conduct surveys throughout the year. This enables us to determine how satisfied people are with the services we provide and is one way of receiving feedback about Castlemaine Health.

One survey, the Victorian Patient Satisfaction Monitor (VPSM), is funded by the Department of Health and managed by an independent company. Every six months we receive a report comparing us to other hospitals within Victoria.

Feedback Management

Your opinion is what matters...

Castlemaine Health welcomes and encourages feedback as this provides us with an opportunity to improve the quality of our service.

If a client has concerns with any of our services we encourage them 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. "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.

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

- Staff have been counselled in relation to their communication manner.
- Refurbishment of an Interview Room.
- Additional linen supplies provided to a Residential Care Facility.
- Addition of food items to the vegan diet menu.
- Replacement of a chair with a chair more comfortable for a resident.
- Review of nurse call bell system with modification to volume to minimise disturbance to clients.

- Upgrade of air-conditioning with some of the residential care areas.
- Extension of car parking facilities.
- Review of private patient benefits within the Geroe and Connolly Units.
- Audit and review of hand washing practices.
- Review of staff accommodation and installation of additional security controls.

Education and Prevention Programs

The following lists some of the many established programs that have continued to be available to clients in the Community Rehabilitation Centre and the community.

- Cardiac Rehabilitation
- Continence Service

- Movement to Music
- Falls Prevention
- Healthy Lifestyle
- No Lift Approach
- Pain Management Support Group & Program
- Podiatry Service- screenings & education in schools & kindergartens
- Pulmonary rehabilitation Program
- 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

VPSM Results-Overall Satisfaction with Hospital Stay

	J-D 2012	J-J 2012	J-D 2011	J-J 2011	J-D 2010
Castlemaine Health	89.6	83.9	86.8	87.1	86
Similar size hospital	84.7	84.6	84.4	83.5	83

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 (%) (July-Dec 2012)	89.6	84.7	75

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

Survey Used		Results %	DoH aTarget %
VPSM	Written information on how to manage your condition and recovery at home rated as "good" to "excellent".	88	75
CH Maternity Survey (insufficient number of responses to VPSM for maternity clients)	The midwives respected their wishes and choices.	100	90
	The doctors respected their wishes and choices.	100	90
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".	96	75

Nurse Practitioner Candidate outcomes

Nurse Practitioner Candidate (NPC), Jude Bulten, commenced in February 2012. This position was funded as part of The Nurse Practitioner – Aged Care Models of Practice Program (the NP Program), a Federal Government initiative which was established in the 2010-2011 Federal budget. It is a three year program funded till the end of June 2014.

The objective of the program is to establish new approaches to aged care service delivery across Australia. In doing so it aims to:

- demonstrate effective, economically viable and sustainable models of practice
- facilitate the growth of the aged care nurse practitioner workforce; and
- improve access to primary health care for clients of residential and community aged care services

The program period is a time for the NPC to build on and further develop skills and knowledge in advanced clinical practice (including differential diagnosis, therapeutics, pathology and imaging) within the candidate's scope of practice (care of older people). The scope of practice of each NP is specific to the context of practice and is determined by the speciality in which the NP is educated, competent and authorised to practice.

During the last year the NPC at Castlemaine Health has undertaken a number of audits to assist in determining gaps and opportunities for improvements:

- A 12 month retrospective study of the number of residents and types of medical conditions presenting to the Acute unit at Castlemaine Health from the residential aged care facilities (RACF).
- A three month prospective study in all Castlemaine Health RACF of residents being treated for an acute medical condition whilst remaining in the RACF.
- Re-admission rates of 30 days and under to the Castlemaine Health

Acute unit of patients who had been discharged from the Connolly Unit over a 12 month period.

- Review of Cornell Depression Scale undertaken within all the RACF at Castlemaine Health over a 5 year period in collaboration with the Quality Manager Residential Care.

It is expected that Jude will submit her portfolio for endorsement at the end of September 2013 with a view to being endorsed as a NP by the Australian Health Practitioner Regulation Agency (AHPRA).

Fundraising

Castlemaine Health is thankful for the continued 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 2012 the "Run the Maine" Fun Run was held, raising over \$5000 for the purchase of two defibrillators and two trainers to instruct staff in their correct use. The defibrillators will be placed in the Acute Ward with the Medical Emergency Response team and in Penhall due to its distance from the main building.

Murray to Moyne

With the support of local businesses, their friends and family, the Murray to Moyne 'Rouleurs' team raised \$8,844 for Castlemaine Health in 2013. This money will contribute to the purchase of a diathermy machine, one of the most widely and commonly used pieces of equipment in any operating suite.

Money raised by the Murray to Moyne team in 2012 also contributed to the recent purchase of a golf buggy which will be used to transport prospective residents and families around the site, to take clients to appointments in the main building and for easier transportation of residents to visit other units.

Collier Charitable Fund

Once again the Collier Charitable Fund provided a grant of \$29,700, for the purchase of a Zimmer Dermatome, a

Smith & Nephew Basket Punch and a Verathon Glidescope for our operating suites. This equipment will be used respectively for split skin grafts, orthopaedic arthroscopies and to assist the anaesthetist in difficult intubations before a procedure.

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.

Bequests & Legacies	\$
Collier Charitable Fund	29,700
Estate of W McBeath	4,408
Estate of GL Godfree	2,488

We appreciate the donations made in lieu of flowers at funerals, which totalled \$1316 in 2012-13. This is a very direct and practical way of expressing gratitude and benefits those receiving care in the future.

Total donations received year ended 30/06/2013 was \$79,034.

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 distributed at our Annual General Meeting, 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 available by contacting our Public Relations Officer on 5471 1505 or by clicking on the link on our website.

Volunteers

Once again our volunteers have contributed around 20,000 hours of service to Castlemaine Health, significantly enriching the service provision and quality outcomes for residents, patients, community clients and support services.

We have been able to recognise and thank our volunteers with successful functions during National Volunteer Week and at Christmas. National Volunteer Day was celebrated with volunteers from across Mount Alexander Shire volunteering communities and volunteers participated in forums and education.

This is a pictorial snapshot celebrating Castlemaine Health volunteers at work and play.



Bowling at Wesley Hill Hall is a fun and physically active affair. Volunteers Alby and Wilson are pictured with members of the group. Volunteer Marian is busy in the kitchen preparing the soup and sandwiches for lunch.

Margaret, (in background) a former secondary school teacher has plenty of creative ideas and suggestions to share with Alex Club members. She is currently interviewing and recording people's stories for a coffee table book.

Volunteer Wilson with staff member Margarita inspecting a wooden step made by the Men's Respite members for use in the Carers Exercise Program. An old fashioned 'Bobs' game was also made by the men with volunteer assistance and is being shared amongst groups.



Volunteers Jo and Jeannette, with Administration Assistant Allison, answering questions and handing out information at the Active Ageing Expo in Victory Park. Adult Day Services Club members also participated by joining in with chair based movement to music.

Volunteer Jill (far right) is pictured at the opening night of Eager Art members group exhibition at Coffee Bean café. Jill has been inspired by the abilities of the group members she volunteers with to overcome difficulties and create fabulous pieces of art.

Volunteer Jo balancing the books in Adult Day Services. When not volunteering, Jo is a keen quilter and traveller.



Volunteer Mark is a talented artist. He has produced two large canvasses for Castlemaine Health. Slaurae the Boardroom and Executive Offices for Mark's paintings.

Volunteer Marg surprised the Wednesday Alex Club by arriving in her Sydney Olympics volunteer uniform and regalia on the day the London Games were being celebrated. Pictured with Marg is club member, Edna.

Members of the Companion Walking Group striding out in the Botanical Gardens.

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