

TABLE OF CONTENTS

REPORT OF OPERATIONS: BOARD PRESIDENT AND CHIEF EXECUTIVE OFFICER	1
RESPONSIBLE BODIES DECLARATION.....	2
DISCLOSURE INDEX	2
LOCATION AND CONTACT DETAILS.....	3
OUR HISTORY	3
MANAGEMENT AND STRUCTURE	4
ORGANISATIONAL STRUCTURE.....	4
NATURE AND RANGE OF SERVICES PROVIDED BY EDMH.....	5
FINANCIAL PERFORMANCE	5
WORKFORCE DATA DISCLOSURE.....	6
STRATEGIC PLAN.....	6
PERFORMANCE AGAINST THE STRATEGIC PLAN	7
STATEMENT OF PRIORITIES 2014-15	16
SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION DURING THE YEAR	21
STATUTORY REOPRTING REQUIREMENTS	21
ATTESTATION ON DATA INTEGRITY	21
ATTESTATION FOR COMPLIANCE WITH MINISTERIAL STANDING DIRECTION 4.5.5 - RISK MANAGEMENT FRAMEWORK AND PROCESS.....	22
ENVIRONMENTAL PERFORMANCE.....	22
DETAILS OF INFORMATION AND COMMUNICATION TECHNOLOGY (ITC) EXPENDITURE.....	22
OCCUPATIONAL VIOLENCE STATISTICS.....	22
BOARD MEMBER'S; ACCOUNTABLE OFFICER'S; AND CHIEF FINANCE & ACCOUNTING OFFICER'S DECLARATION ..	23
ADDITIONAL INFORMATION	24

REPORT OF OPERATIONS: BOARD PRESIDENT AND CHIEF EXECUTIVE OFFICER

On behalf of the Board of management, Executive and staff of Edenhope and District Memorial Hospital (EDMH) we are pleased to present this Annual Report for the year ending 30th June 2016. The Annual Report is a business and financial overview of the year, designed to be read in conjunction with the Quality of Care report which gives further detail on our services, achievements and improvements over the year.

We would like to take this opportunity to thank everyone associated with EDMH for their commitment, hard work and dedication over the year which has assisted EDMH to continue to provide high quality healthcare to the community.

*Mr Anthony Kealy
Board President*

*Mr Kevin Mills
Chief Executive Officer*

RESPONSIBLE BODIES DECLARATION

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Edenhope and District Memorial Hospital for the year ending 30 June 2016.



Mr Anthony Kealy
Board President

Edenhope
16th September 2016

DISCLOSURE INDEX

The Annual Report of Edenhope and District Memorial Hospital is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

Legislation	Requirement	Page	Legislation	Requirement	Page
MINISTERIAL DIRECTIONS			FRD22G	Subsequent events	70
REPORT OF OPERATIONS			FRD22G	Summary of the financial results for the year	20
Charter and Purpose			FRD22G	Workforce Data Disclosures including a statement on the application of employment and conduct principles	6,21
FRD22G	Manner of establishment and the relevant Ministers	4	FRD 22G	Summary of entity's environmental performance	22
FRD22G	Objectives, function, powers and duties	7-12	FRD 25B	Victorian Industry Participation Policy disclosures	21
FRD22G	Nature and range of services provided	5	SD 4.2(j)	Sign-off requirements	21
Management and Structure			SD 3.4.13	Attestation on data integrity	21
FRD22G	Organisational structure	4	SD 4.5.5	Attestation for compliance with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Process	22
Financial and Other Information			FINANCIAL STATEMENTS		
FRD 10	Disclosure index	2	Financial statements required under Part 7 of the FMA		
FRD 11A	Disclosure of ex-gratia expenses	21	SD 4.2(a)	Statement of changes in equity	27
FRD 21B	Responsible person and executive officer disclosures	23	SD 4.2(b)	Comprehensive operating statement	25
FRD22G	Application and operation of the <i>Protected Disclosure Act 2012</i>	21	SD 4.2(b)	Balance sheet	26
FRD22G	Application and operation of <i>Carers Recognition Act 2012</i>	21	SD 4.2(b)	Cash flow statement	28
FRD22G	Application and operation of <i>Freedom of Information Act 1982</i>	21	Other requirements under Standing Directions 4.2		
FRD22G	Compliance with building and maintenance provisions of <i>Building Act 1993</i>	21	SD 4.2(a)	Compliance with Australian accounting standards and other authoritative pronouncements	23
FRD22G	Details of consultancies over \$10,000	21	SD 4.2(c)	Accountable officer's declaration	69
FRD22G	Details of consultancies under \$10,000	21	SD 4.2(c)	Compliance with Ministerial Directions	23
FRD22G	Employment and conduct principles	21	SD 4.2(d)	Rounding of amounts	29
FRD22G	Major changes or factors affecting performance	20	Legislation		
FRD22G	Occupational health and safety	21	<i>Freedom of Information Act 1982</i>		21
FRD22G	Operational and budgetary objectives and performance against objectives	19	<i>Protected Disclosure Act 2012</i>		21
FRD22G	Significant changes in financial position during the year	20	<i>Carers Recognition Act 2012</i>		
FRD22G	Statement of availability of other information	24	<i>Victorian Industry Participation Policy Act 2003</i>		21
FRD22G	Statement on National Competition Policy Compliance with DataVic Access Policy	21	<i>Building Act 1993</i>		21
		21	<i>Financial Management Act 1994</i>		2

LOCATION AND CONTACT DETAILS

Edenope and District Memorial Hospital

Incorporating The Lakes Hostel, Kowree Nursing Home, Barkala Flats, Elsie Bennett Community Centre, and Edenope Hospital Medical Clinic.

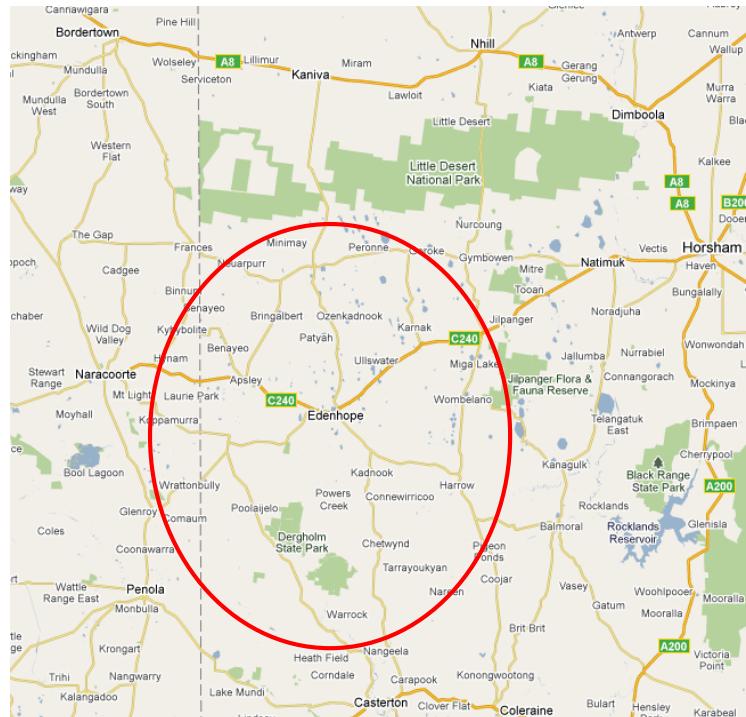
128-134 Elizabeth Street (PO Box 75),
Edenope, Victoria, 3318
Phone 03 5585 9800
Fax 03 5585 9891
Email info@edmh.org.au
Web www.edmh.org.au (under redevelopment)

The township of Edenope is located in Western Victoria, and is the major town in the West Wimmera Shire. Edenope and District Memorial Hospital is the main health care provider for local communities in the region including Edenope, Apsley, Harrow, Minimay and surrounding districts.

Edenope is 395 kilometres from Melbourne, which provide the majority of the communities' requirements for tertiary health facilities.

Ballarat is 287 kilometres from Edenope, and is the nearest rural tertiary health care facility. Horsham is 100 kilometres from Edenope, and is the nearest sub-regional base hospital.

There are a number of similar or smaller sized Victorian health care facilities in the vicinity however none of these are located within an 80 kilometre radius of Edenope.



OUR HISTORY

The Hospital began in 1910 as a privately owned and managed private Hospital. At that time it was situated in a house owned by Mrs Jerome Minogue, who was Mrs Daly's mother of Clunie at Harrow. This building was later owned by Mr Tabby Preece and is now known as 'Edenope Antiques'.

The Hospital was rebuilt in 1930 on its present site, becoming two wards with a total of five beds. Donations for the construction were sought with the help of many district people and Mrs 'Tug' Kealy who ventured out to collect them via horse and cart. The Hospital continued to function as two wards until 1950, at which time management of the Hospital was transferred to the Hospitals and Charities Commission.

The 'Halahan Wing', which currently houses the Executive Offices, was the residence of Mr McDonald who operated Horsham Drays, a gravel contractor for the Kowree Shire. He also housed his horses at stables which were located where the current Elsie Bennett Community Centre stands today. In winter the stables were often flooded.

During 1961 the Hospital underwent an upgrade and was extended to a 23 bed

facility. In 1981 approval was given for eight beds in the Nurses Home to be reallocated as Nursing Home beds, raising the total number of Hospital beds to 31.

In 1988-89 a new Nursing Home was built consisting of 18 beds. This created a facility of 20 acute beds and 18 Nursing Home beds.

In 1998 the Hospital opened a 17 bed Hostel which is now known as the Lakes Hostel, and the Elsie Bennett Community Health Centre.

The ownership of the Barkala Flats was transferred to Edenope and District Memorial Hospital in 2001. Of the 19 flats, 18 are provided as independent living units for community members, and one is utilised by the Hospital for short term accommodation for staff, students and other visitors as required.

In 2003, five beds were added to the Hostel, providing a total of 22 Hostel beds.

Master planning for redevelopment of the Hospital concluded in 2009. The redevelopment will include a new Nursing Home to be built co-located with the Hostel, extension of the Elsie Bennett Community Centre, and rebuild of the

areas housing acute services, minor procedures, administration, and hotel services. Additionally, it is proposed that the Ambulance Station will be located on Hospital premises.

In 2011 the Hospital secured funding through the Australian Government National Rural and Remote Health Infrastructure Program to build a medical clinic on-site, which was opened October 2012.

In 2014 the BOM allocated \$2 million from retained earnings for the development of a 10 bedroom staff accommodation complex and a four bedroom executive residence to be built on the land directly opposite the hospital.

The accommodation complex allows staff and visiting specialists that work at Edenope the opportunity to have first class accommodation while away from their homes and families. The complex was officially opened on 19th May 2016.

We are actively pursuing funding for the first stages of the Master Plan, which includes the Nursing Home and administration wing, and are hopeful this will be achieved in the near future.

MANAGEMENT AND STRUCTURE

The Board of Management is appointed by the Governor-in-Council from nominations received by EDMH. The Hospital is incorporated under and regulated by the *Health Service Act, 1988*. The responsible Ministers during the reporting period were The Hon. Jill Hennessy MLA, Minister for Health, Minister for Ambulance Services
The Hon. Martin Foley MLA, Minister for Mental Health, Minister for Housing, Disability and Ageing

The role of the Board of Management is to ensure EDMH achieves its Mission and Strategic goals and objectives and, in doing so, meets all the legal and moral responsibilities accompanying ‘best practice’ corporate governance. Whilst the Board provide direction for the organisation and determine what must be done, the responsibility for determining how services are delivered is invested in the Chief Executive Officer.

Board of Management

Cr Ron Hawkins*, President

Mr Anthony Kealy*, Senior Vice President

Mr Michael Holland, Junior Vice President

Mrs Kate Hausler*, Treasurer

Mrs Christine McCann *, Assistant Treasurer

*denotes member of Audit and Compliance Committee

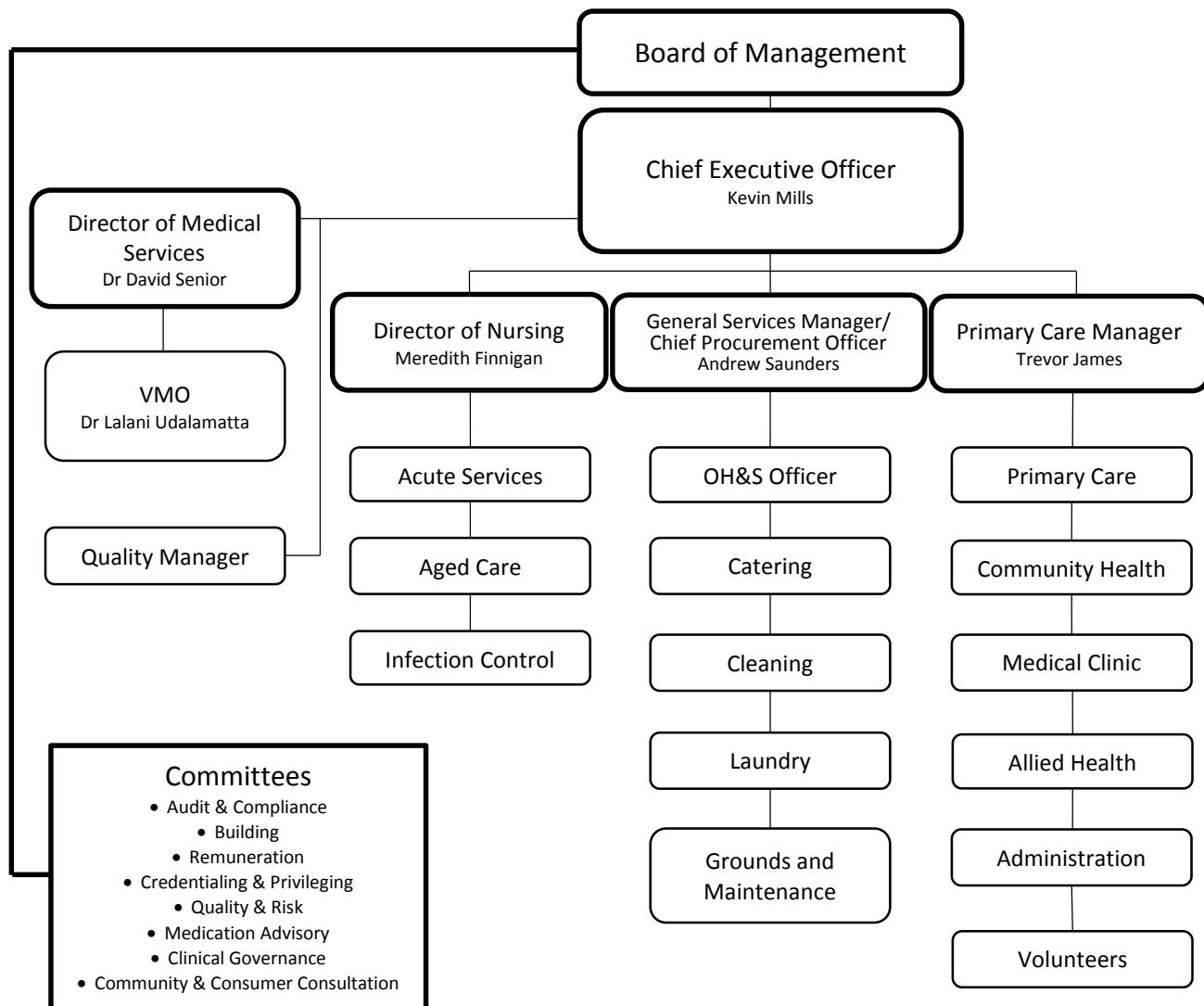
Mrs Jan Grigg, Board Member

Mr Robert Okely*, Board Member

Mrs Annie Osborn*, Board Member

Mrs Linda Guthridge, Board Member (1 July 2015 – 29 February 2016)

ORGANISATIONAL STRUCTURE



NATURE AND RANGE OF SERVICES PROVIDED BY EDMH

Edenope and District Memorial Hospital is a public Agency established under the *Health Services Act 1988*. EDMH is authorised to provide public health and ancillary services as authorised under the *Health Service Act 1988*, and operate *Residential Care Services under the Aged Care Act 1997*.

Urgent Care Service

- 24 hour 7 day service (not registered)

Medical Services

- Haemodialysis
- Chemotherapy
- Acute Care

Medical Clinic

- GP consultations
- Antenatal clinic
- Blood collection

Visiting Specialists

- Optometrist
- Cardiology
- Geriatrics
- Psychiatry

Community Services

- Community Health Nurse
- District Nursing Service
- Post Acute Care
- Meals on Wheels
- Adult Day Centre
- Women's Health
- Cancer Resource Nurse
- Continence Nurse

Medical Imaging – Bendigo Radiology

- X-Ray

Pathology – St John of God Pathology

- Daily pick-up and testing
- iStat point of care testing on-site

Primary Care

- Audiology
- Dentistry
- Diabetes Education
- Dietetics
- Health Promotion
- Occupational Therapy
- Physiotherapy
- Podiatry
- Social Work
- Speech Pathology

Residential Aged Care

- Two residential aged care facilities co-located with the main hospital catering for a broad range of care needs
- 17 independent living units (Barkala Flats)
- Respite care

FINANCIAL PERFORMANCE

Comparative Financial Results for the Past Five Financial Years					
	2015/16	2014/15	2013/14	2012/13	2011/12
	\$'000	\$'000	\$'000	\$'000	\$'000
Total Revenue	11,156	8,455	8,447	8,887	8,500
Total Expenses	9,508	9,456	9,169	8,621	7,910
Net Result for the Year (inc. Capital and Specific Items)	1,649	(1,001)	(722)	266	590
Retained Surplus/ (Accumulated Deficit)	1,631	(50)	909	1,631	1,365
Total Assets	15,903	14,146	14,261	11,581	11,598
Total Liabilities	4,840	4,764	3,920	3,415	3,698
Net Assets	11,064	9,382	10,341	8,166	7,900
Total Equity	11,064	9,382	10,341	8,166	7,900

WORKFORCE DATA DISCLOSURES

Labour Category	JUNE Current Month FTE		JUNE YTD FTE	
	2016	2015	2016	2015
Nursing	33.8	37.25	36.23	35.95
Administration and Clerical	7.89	8.88	8.66	9.21
Medical Support	-	-	-	-
Hotel and Allied Services	28.53	29.22	28.40	28.25
Medical Officers	-	-	-	-
Hospital Medical Officers	-	-	-	-
Sessional Clinicians	-	-	-	-
Ancillary Staff (Allied Health)	3.00	3.10	2.98	2.74

STRATEGIC PLAN

The Edenhope & District Memorial Hospital Strategic Plan 2013 – 2018 can be found on our website.

www.edmh.org.au

OUR VISION

A healthy community in the Edenhope district

OUR MISSION

To competently care for our community with best practice health services.

To model best practice rural health care in Australia from a robust foundation primed for growth.

To embrace innovation in all aspects of our work.

OUR VALUES

Respect

For patients
For staff
For community

Pride

In our work
In our facilities
In our people

Excellence

In health services
In admission
In governance

Accountability

For quality
For sustainability

PERFORMANCE AGAINST THE STRATEGIC PLAN

GOAL 1: DELIVER THE BEST QUALITY CARE TO OUR COMMUNITY

Outcomes

- Range of services increased
- Community-wide needs analysis completed
- Significant increase in telehealth consultations
- Increased community health activities each year
- Increase in delivery of specialist and allied health services
- Flu staff Vaccination rates have increased from last year to 70% - target is 75%.

STRATEGY	ACTIONS	OUTCOMES 2015-16
1. Increase the range of services available on site	<ol style="list-style-type: none">a. Mapping of Edenhope and District Memorial Hospital services and benchmarking with other small rural health services in 2014b. Undertake a community-wide needs analysis to identify priority areas for service expansion. Develop other ways to collect information relating to changing needs in the communityc. Increase the number of visiting medical specialists at of Edenhope and District Memorial Hospitald. Opportunistic service developments as resources become available, both funding and personnel	<ul style="list-style-type: none">- Revised services provided and addressed key service gaps. Continence Nurse using Medical Clinic for consultations on a fortnightly basis. WHY Program Physiotherapist, Occupational therapist and Dietician visiting weekly. Ballarat Mental Health Staff offering on site consultations and Villa Maria Respite Worker in Elsie Bennett Community Centre one day per month.- Edenhope and District Memorial Hospital links with a number of key stakeholders to collect community information and gain community feedback, including Wimmera Primary Care Partnership, Census data, West Wimmera Shire Council, Wimmera Development Association and via the of Edenhope and District Memorial Hospital Community and Consumer Consultation Committee and Tea and Talk afternoons.- Video consultation service to cardiologist continuing.- Weekly video conferencing with Wimmera Health Care Group Discharge Coordinator and Edenhope and District Memorial Hospital Acute Unit Manager to discuss more timely transfers of patients back to Edenhope.- Continence nurse from Kaniva provides regular service – commenced 13 November. Bladder scanner purchased for use in expanded service.- New Optometry service introduced in 2016.

<p>2. Embrace new models of care</p>	<p>a. Increase use of e-health by building confidence amongst patients and specialists in our capacity</p> <p>b. Identify and respond effectively to emerging trends in service delivery and report annually in the Quality of Care report</p> <p>c. Embed the Active Service Model philosophy (encouraging independence) within Primary Care</p>	<ul style="list-style-type: none"> - Increased provision of telehealth, particularly in Hospital Medical Clinic - Cancer Wellness Nurse training and clinic launched - Quality of Care report published in December 2014 - Palliative approach and end of life pathways fully implemented into aged care and acute wards – staff training completed and all documentation updated. - Active service model e-learning module now available for all staff to access. - New Hub model- Wimmera Health Care Group will be the hub of an information network being used as a resource to provide practitioners in small hospitals advice on patient treatment and care. - Grampians Emergency and critical care Committee have developed a list of minimum requirements for emergency departments. - As a member of the Wimmera Southern Mallee Health Alliance, project started on e-health support for Urgent Care Centres.
<p>3. Invest in community health programs</p>	<p>a. Ongoing implementation of the Grampians community health plan with local stakeholders</p> <p>b. Develop a range of strategies to engage the community to better target planning and participation in community health programs</p>	<ul style="list-style-type: none"> - Ongoing work with Wimmera Primary Care Partnership including Chronic Disease Network to implement local community health plan. - Cancer Resource Nurse has been providing support to several individuals and anticipates more referrals of clients and carers from the new Social Worker. Numerous community events held including the stage show Four Funerals which was extremely well attended and numerous screenings of the Sugar Film. - Building works to enclose the Elsie Bennett Community Centre front veranda to allow exercise equipment to be set up permanently.

<p>4. Work collaboratively to enhance existing services</p>	<ul style="list-style-type: none"> a. Participate effectively in regional networks. Identify improvements in annual Quality of Care report b. Identify opportunities for collaboration and be ready to pilot new processes, technologies, equipment and work practices c. Review local patient transport service 3-yearly and seek options for improving outcomes 	<ul style="list-style-type: none"> - Ongoing participation in the Wimmera Southern Mallee Health Alliance, a variety of Department and public health peer networks including the Clinical Capability Framework, and Department and Local Government emergency management groups. - Participation in pilot programs for Victor Paediatric escalation of care, and Age appropriate observation charts, with the Royal Children's Hospital. – Introduced age specific observation charts – made available, paediatric procedures reviewed and updated. - Liaising with Wimmera Health Care Group to have regular videolink discharge planning meetings to increase discharges back to Edenhope and District Memorial Hospital. - Not due in reporting period. - Data trending 2013-2014-2015 of urgent care presentations completed. Overall dropped from 800/year to 630/year following the opening of the medical clinic. Progressive downward trending. <table border="1" data-bbox="954 1125 1441 1320"> <thead> <tr> <th></th><th>2013</th><th>2014</th><th>2015</th></tr> </thead> <tbody> <tr> <td>Triage 4 (non urgent)</td><td>205</td><td>185</td><td>169</td></tr> <tr> <td>Triage 5 (less urgent)</td><td>454</td><td>303</td><td>285</td></tr> </tbody> </table> <ul style="list-style-type: none"> - Ongoing participation in the West Wimmera Shire Council Municipal Emergency Management Planning Committee - Participate in the Grampians Region Procurement Reform Steering Committee to establish positive purchasing outcomes for our region - Working with Volunteering Western Victoria on volunteer transport options. 		2013	2014	2015	Triage 4 (non urgent)	205	185	169	Triage 5 (less urgent)	454	303	285
	2013	2014	2015											
Triage 4 (non urgent)	205	185	169											
Triage 5 (less urgent)	454	303	285											

PERFORMANCE AGAINST THE STRATEGIC PLAN

GOAL 2: OPERATE EDMH AT MAXIMUM EFFICIENCY

Outcomes

- EDMH is a high performer in governance procedures
- Alternative funding sources contribute to non-core activities
- Low vacancy and high retention rates for staff
- Staff are valued and rewarded for their work

STRATEGY	ACTIONS	DELIVERED 2014-15
1. Achieve excellence in governance	<ol style="list-style-type: none">a. Develop Board training and development strategy including an annual audit of Board effectivenessb. Develop tools to assist the Board to more effectively monitor, plan and manage its responsibilities e.g. Annual Work plan, Property Development Registerc. Each year develop clear directions for the Chief Executive Officer relating to budget expectations and Chief Executive Officer work pland. Develop a calendar of regular reviews of the implementation of the 2013-18 Strategic Plan and report to stakeholderse. Increase transparency in Board operations through regular community engagement activities	<ul style="list-style-type: none">- Implemented- Implemented, including regular presentations from staff regarding service activities, challenges and opportunities for the future.Review of Hospital Key Performance Indicator's and presentation format undertaken.- Implemented- Implemented- Open access board meeting planned for 2016. Board members attended West Wimmera Health Service Open Board Meeting and provided feedback to Board Meeting

<p>2. Review alternative funding strategy</p>	<ul style="list-style-type: none"> a. Identify and capture private patient revenue where applicable b. Review strategy for commercial hotel services activities c. 3-yearly review of corporate business activities in 2015 d. Implement Environmental Policy re reducing energy usage, recycling and reducing use of natural resources 	<ul style="list-style-type: none"> - Communication to patients regarding the benefits of private admission is improving, demonstrated by increasing number of private admissions. - New contract to provide personal linen services to West Wimmera Health Service. - Renewal of West Wimmera Shire Council Meals on Wheels supply contract. - Review of Barkala Flat Rent undertaken and implemented. - 3-yearly review of corporate business activities in 2015, not due in reporting period. - Environmental policy currently under review. - Environmental performance data reported regularly - Ongoing funding sought for installation of a solar energy system. - Department of Health and Human Services ageing and aged care branch funding - \$10,000 for Nursing home equipment; \$4,300 Comprehensive health assessment training; \$3,500 Dementia therapeutic aids and resources. - Ongoing arrangement with West Wimmera Health Service for the provision of Personal Laundering. Continuing to supply Meals on Wheels to the community through the West Wimmera Shire Council - Environmental data reporting enhanced through the implementation of Eden Suite data collection process
--	---	--

<p>3. Develop a workforce to meet current and future needs</p>	<ul style="list-style-type: none"> a. Create a Workforce Development Plan by 2015, focusing on recruitment, induction (including in the community), retention of GPs, Registered Nurses and other staff, and replacement of retiring staff b. Build on existing professional development programs and strengthen links to performance reviews c. Formalize career pathways across the organisation including suitable leadership training d. Recognise the valuable contributions and achievements of staff 	<ul style="list-style-type: none"> - Not due in reporting period - Day Centre Staff enrolled in Certificate IV in Disability. - New Social Worker employed. - Nursing leadership training undertaken by senior nursing staff. - Customer Service Training undertaken by staff members - Nurse Unit Manager was employed for the Lakes Hostel, - Succession planning being considered for key roles in hospital. - Employee recognition program promoted and staff regularly encouraged to nominate a colleague, policy updated to include monetary allocation to employee of month and year winners to go towards improvements to their departments or an identified project. - Two graduate nurses appointed 19 January 2015, two trainees 27 January 2016 Federation University. Leadership and training coaching and mentoring commenced for 8 senior nurses. - Appointment of Hostel Nurse Unit Manager 18 May 2015. - Fulltime staff member resignation – replaced by full time graduate nurse position. - Two Enrolled Nurses funded to upgrade qualifications to Medication Endorsed. - Clinical Educator role reviewed – uptake to Quality Manager position . - Planning staff hours in the Acute wards to maximise available hours and improve efficiency. - General Services Manager attended Emotional Intelligence training to enhance understanding of people's behaviours. - Adult Apprentice Chef appointed from existing staff. Staff training as Relief Chef. - Three Hotel Services staff nominated as Employees of the month for managing the kitchen so professionally in the absence of the Chef.
---	---	---

PERFORMANCE AGAINST THE STRATEGIC PLAN

GOAL 3: BUILD OUR FUTURE

Outcomes

- The redevelopment of the EDMH is underway and being managed effectively
- Barkala Flats strategic management plan is in place 2013
- Adequate staff and student accommodation is available and in use

STRATEGY	ACTIONS	DELIVERED 2014-15
1. Actively seek capital redevelopment funding	<p>a. Keep staff and community informed on progress with implementing the Master plan, actively seeking feedback at every stage</p> <p>b. Progress project to 'investment ready stage'</p> <p>c. Continue liaising with State and Federal Governments regarding funding options and requirements Community fundraising to augment capital redevelopment and demonstrate community support to the project</p>	<ul style="list-style-type: none"> - Master plan progress regularly discussed at All Staff meeting and Community and Consumer Consultation Committee meetings. Regular articles in the local newspaper to update the community and seek input. - Some progress toward planning of future fire management systems undertaken to ensure project is 'shovel ready' should funding be granted. - Ongoing consultation with State and Federal governments and funding applications submitted whenever possible. Discussions regarding the likelihood of a six bed unit being built undertaken with DHHS. Successful application for Significant Refurbishment Grants for Hostel and Nursing Home upgrades
2. Manage the impact of the redevelopment during construction	<p>a. Develop comprehensive contingency plan to ensure service delivery during construction</p> <p>b. Conduct community and staff consultations advising of contingency plans during construction</p> <p>c. Ensure ongoing service delivery during construction or alternative service options</p>	<ul style="list-style-type: none"> - Awaiting funding announcement prior to further action. - Tea and Talk sessions held in December and April, community invited to sharing of information, Notice board erected at accommodation building site - Awaiting funding announcement prior to further action.
3. Build collaborative ownership and operation of the Barkala Flats	<p>a. Development management plan for operation of the Barkala Flats and seek potential partners</p> <p>b. Ensure ongoing communication and comprehensive consultations for any planned changes, in recognition of the community sensitivity of the project</p> <p>c. Develop a strategy for funding, operating and maintaining the properties by 2013 and review annually</p>	<ul style="list-style-type: none"> - implemented - Structural works undertaken on all flats, reroofing and some verandas replaced and re-concreting. Two flats completely refurbished and tenanted in May. Various letters and a Residents meeting held regarding the ongoing works at the flats and the accommodation project. Community open day held to view refurbished flat. - Funding strategy completed and five year timeline for renovations approved by Board of Management - Flat 15 renovation complete and the unit occupied - Ongoing renovations to the flats as funds become available

4. Develop staff and student accommodation	<p>a. Assess current and future accommodation requirements based on workforce development plan, update annually in Annual Report</p> <p>b. Acquisition of new or refurbished long-term accommodation options, including exploring partnerships with training and education organisations, alternative funding options and asset management implications 2016</p>	<ul style="list-style-type: none"> - Funding submission approved, plans for 10 room staff accommodation and executive accommodation confirmed and sent to tender. Contracts signed and Building Permit applied for. Building works began in February 2015, with handover to occur in April 2016. Rental agreement for private residence for student and staff accommodation entered into to ensure Edenhope and District Memorial Hospital can meet workforce accommodation demands while building works are completed. - All potential funding opportunities investigated and applications submitted as they become available. - Newly completed Accommodation Complex is currently meeting the accommodation needs of staff.
--	--	--

PERFORMANCE AGAINST THE STRATEGIC PLAN

GOAL 4: SHOW PRIDE IN OUR WORK

Outcomes

- Strong, positive reputation with community, partners, funders and staff, leading to stronger relationships
- Increased community activities at EDMH site
- Community members actively involved in planning, feedback and evaluation of services

STRATEGY	ACTIONS	DELIVERED 2013-14
1. Develop EDMH as a community Hub	<p>a. Provide ongoing opportunities for community use of facilities</p> <p>b. Promote Edenhope and District Memorial Hospital as a community gathering place for a range of events, meetings and activities</p> <p>c. Better integrate Edenhope and District Memorial Hospital with other community events and activities</p>	<ul style="list-style-type: none"> - In partnership with Grampians Integrated Cancer Service providing Cancer Wellness support services to the community at Edenhope Library. - Regular movie nights, exercise programs, community meetings held at the Elsie Bennett Community Centre in reporting period. - Participation in RUOK day, heart health week, mental health and men's health nights with Edenhope Football and Netball club, support in relocation of Edenhope Mens' Shed and associated committee development, coordination of breast check buses to Horsham, of Edenhope and District Memorial Hospital team in Murray to Moyne.

2. Develop a community engagement and communication plan	a. Develop and progressively implement the plan and processes by 2015 b. Update the branding of the organisation to convey a more contemporary image	- Consumer Participation and Engagement Strategy developed and submitted at Community and Consumer Consultation Committee for Community feedback. - New logo adopted 2013. Roll-out complete.
3. Enhance the Community Consultative Committee	a. Annually review the role of the Committee and establish shared expectations of members' role to progressively enhance its effectiveness. Report in the annual Quality of Care report b. Establish protocols for two-way flow of information between Committee, Executive and Board c. Equip members with information and tools to act as ambassadors and researchers in the community	- Membership drive for committee conducted - Reviewed process to ensure a board member always present at Committee meetings. Minutes of meeting circulated to board. - Committee members provided with full briefing of hospital activities and empowered to act as advocates of the facility. Further, committee members are encouraged to feed community views back to the organisation.

STATEMENT OF PRIORITIES 2015-16

Part A Strategic Overview

Edenope and District Memorial Hospital			
Statement of Priorities Strategic Priorities for 2015–16			
Priority	Action	Deliverable	Outcome
Patient Experience and outcomes	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Review organisational policy and procedures in regard to end of life care. Implement the end of life pathway into the acute and aged care facilities. Work with the Palliative Aged Care Team from the Grampians Region Palliative Care Consortium to implement the Residential Aged Care Palliative Approach Toolkit throughout the organisation.	All policies and procedures have been updated. COMPLETE Policies and procedures are in place. COMPLETE Residential Aged Care Palliative Approach Toolkit has been implemented in both aged care facilities and the acute ward. Three staff training sessions have been delivered. COMPLETE
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent; identify and respond appropriately to family violence at an individual and community level.	Develop and implement a policy, including a staff education component aimed at increasing the awareness of and appropriate response to suspected or actual incidents of elder abuse particularly in community settings.	Social Worker is included in multidisciplinary patient discussions. Social Worker is included in the weekly discharge planning meetings. Elder abuse policy is in place. Referral pathway implemented. COMPLETE
	Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.	Review our current patient experience process and use the Victorian Healthcare Experience Survey as a template to collect data. Review specific areas where we rated low in the annual report and develop an appropriate action plan to address them.	Patient experience report was distributed to Community and Consumer Consultation Committee for feedback. Meeting held with Rural Northwest Health to discuss consumer luncheon and to utilise their terms of reference as a basis of implementation at of Edenope and District Memorial Hospital. First Luncheon to be held September 2016
Governance, leadership and culture	Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Evaluate employee satisfaction and access to current Employee Assistance Program across the organisation to determine effectiveness of the program and implement improvements where required.	An additional service provider has been added. We have also had a high percentage of those seeking assistance utilise our social worker. No negative feedback received and no staff requiring/requesting additional sessions.
	Monitor and publically report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	Update the emergency manual in consultation with the Occupational Health and Safety Representatives to develop clear flow charts and instructions for all emergencies. Embed code grey procedure within the organisation by updating policies and procedures which include; training a staff member in	Reviewed and updated. Flow charts not required. We have had a staff member partially complete Management of Clinical Aggression training. Currently working with West Wimmera Health Service to support and implement appropriate program and training across both organisations.

		<p>management of clinical aggression so they can train staff in de-escalation of aggression and educate staff to identify code grey incidents and report via incident management system.</p> <p>Participate in the development of regional code grey standards, including participation in staff training in the Management of Clinical Aggression and commence in-house education for staff.</p> <p>Review current Occupational Health and Safety and emergency reporting procedures to identify issues of occupational violence for reporting in the 2015-2016 Annual Report as required.</p>	<p>Working with Management of Clinical Aggression group to develop code grey training relative to small hospitals.</p> <p>Edenope and District Memorial Hospital also utilise online training. Developing regional policies and procedures in conjunction with code grey regional meetings.</p> <p>In house education completed. Reviewed.</p> <p>There were no incidents of occupational violence reported in 2015–16.</p>
	Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	Develop an operational plan from the feedback received in the people matters survey results, to respond to any identified issues	Customer service training provided and expected to improve results. Providing an incentive scheme to increase participation in current survey to gain greater value in data. Complete. Poor response rate despite efforts to increase participation.
	Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.	<p>Conduct an annual board assessment based on the Australian Institute of Company Directors governance systems by 30 November 2015.</p> <p>Implement improvement strategies identified through the assessment process by June 2016.</p>	<p>COMPLETE</p> <p>Various Board training completed. Discussed at board of management meeting 4 April 2016 to review next training opportunities when new board appointments are made.</p> <p>COMPLETE</p>
Safety and Quality	Ensure management plans are in place to prevent, detect and contain Varbapenem Resistant Enterobacteriaceae as outlined in the Hospital Circular 02/15 (issued 16 June 2016).	In collaboration with the Grampians Region Infection Control Group facilitate preparedness for the management of Carbapenem Resistant Enterobacteriaceae through the development of a Carbapenem Resistant Enterobacteriaceae resource kit which will include personal protection training for staff, policy and procedure, flow chart for detection and management and emergency department signage.	<p>Policy and Procedure template developed by Grampians Regional Infection Group.</p> <p>Power point education presentation developed for all staff.</p> <p>Emergency Department Infectious Diseases Quick Reference Guide Poster including triage triggers has been developed.</p> <p>Audit tool developed.</p> <p>All these resources are now available.</p> <p>COMPLETE</p>
	Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.	In collaboration with the Grampians Region Infection Control Group, reaffirm existing stewardship policies and practices through a planned education program to support improved antimicrobial awareness.	COMPLETE

	Ensure that emergency response management plan is in place, regularly exercised and updated, including trigger activation and communication arrangements.	Implement and train all staff in the updated emergency management plans and undertake two exercises for each code.	Major codes only completed. Three exercises complete in Fire, two in Evacuation. COMPLETE
Financial Sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	Implement a rolling cash flow projection to be presented at Audit and Compliance Committee Meetings	Request has been placed with Accounting & Audit Solutions Bendigo to provide as part of board reports. Due to strong financial position (cash flow) seen as low priority. Initiated, to be presented as part of 2016/17 board reports.
	Work with Health Purchasing Victoria to implement procurement savings initiatives	Implement the Health Purchasing Victoria contract for Non-Emergency Transport and review all relevant consumable purchases to ensure compliance with Health Purchasing Victoria policy	Ongoing, recently completed: <ul style="list-style-type: none"> - Food - Meat - Waste - Utilities Sign off complete on Health Purchasing Victoria compliance report
Access	Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Undertake a review of the Financial Disadvantaged component of the diversity plan to ensure improved access and responses for disadvantaged Victorians	Review of Edenhope and District Memorial Hospital Diversity Plan indicated that financial disadvantage is not a priority at this point in time in West Wimmera Shire as: has the lowest rental housing rate (5.9%) and highest home ownership and affordability rate in Victoria. Health Healthy Food Basket Survey indicates that food costs are consistent with most other centres in Australia. Edenhope and District Memorial Hospital monitoring situation via participation in Drought Recovery response Edenhope and District Memorial Hospital provided the Sustainable Farm Families program in June 2016.

Part B: Performance Priorities

Safety and quality performance

Key performance indicator	Target	2015–16 Result
Compliance with NSQHS Standards accreditation	Full compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance	Achieved
Cleaning standards – Overall compliance with standards	Full compliance	Achieved
Very high risk (Category A)	90	N / A
High risk (Category B)	85	Achieved
Moderate risk (Category C)	85	Achieved
Compliance with the Hand Hygiene Australia program	80%	98%
Percentage of healthcare workers immunised for influenza	75%	70%
Submission of infection surveillance data to VICNISS ¹	Full compliance	Achieved

Patient experience and outcomes performance

Key performance indicator	Target	2015–16 Result
Victorian Healthcare Experience Survey - data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey – patient experience Quarter 1	95% positive experience	97.3%
Victorian Healthcare Experience Survey – patient experience Quarter 2	95% positive experience	<42 responses
Victorian Healthcare Experience Survey – patient experience Quarter 3	95% positive experience	<42 responses

Governance, leadership and culture performance

Key performance indicator	Target	2015–16 Result
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%	84%

¹ VICNISS is the Victorian Hospital Acquired Infection Surveillance System

Financial sustainability performance

Key performance indicator	Target	2015–16 Actual
Finance		
Operating result (\$m)	0.01	-0.24
Trade creditors	< 60 days	30.02
Patient fee debtors	< 60 days	34.46
Asset management		
Asset management plan	Full compliance	Achieved
Adjusted current asset ratio	0.7	1.47
Days of available cash	14 days	10 days

Part C: Activity and Funding

Funding type	2015–16 Activity Achievement
Small Rural	
Small Rural Acute	342
Small Rural Primary Health	7580
Small Rural Residential Care	14,059
Small Rural HACC	17,399

SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL POSITION DURING THE YEAR.

Edenope & District Memorial Hospital reports a Net Operating Surplus/Deficit of -\$0.24m before capital and specific items against a budget target of \$0.01m. Factors impacting the ability to deliver a balanced budget include:

- Private Patient in-fees \$120,000.00 under budget
- IT Contributions to Grampians Rural Health Alliance for Capital Refresh Program \$47,000.00 and Cisco Power Supply \$22,000.00
- DVA Recall \$27,000.00 (\$10,000.00 relating to the previous financial year)

STATUTORY REPORTING REQUIREMENTS

Building and Maintenance

All building works have been designed in accordance with the Department of Human Service's Guidelines and comply with the *Building Act 1993*.

Carer's Recognition Act 2012

The *Carers Recognition Act 2012* formally recognises and values the role of carers and the importance of care relationships in the Victorian community. EDMH complies with the philosophy and intent of this Act.

Consultancies

There was no consultancy over \$10,000

Ex-Gratia Expenses

No ex-gratia payments were made during the reporting period.

Financial Management Act 1994

In accordance with the Minister for Finance directive, information requirements have been prepared and are available to the relevant Minister, Members of Parliament and the public on request to the Chief Executive Officer.

Freedom of Information

There were no requests under the *Freedom of Information Act 1982*

Freedom of Information requests should be in writing and addressed to the Freedom of Information Officer, EDMH, PO Box 75, Edenhope, Vic, 3318.

National Competition Policy

EDMH complies with all government policies regarding competitive neutrality with respect to all tender applications, including the requirements of the Government policy statement, *Competitive Neutrality Policy Victoria*, and subsequent reforms.

Occupational Health and Safety

EDMH has a responsibility to ensure the provision of a safe environment for all staff, patients, residents and visitors.

During the reporting period there were no serious injuries, diseases or workplace deaths.

Protected Disclosure Act 2012

The *Protected Disclosure Act 2012* is designed to protect people who disclose information about serious wrongdoings within the Victorian Public Sector and to provide a framework for the investigation of these matters.

EDMH's policies and procedures are consistent and compliant with the *Protected Disclosure Act 2012*.

Disclosures of improper conduct by EDMH or its employees may be made to:

The Protected Disclosure Officer – Kevin Mills

Ph 03 5585 9806

Email kevinm@edmh.org.au

or

The Ombudsman Victoria

Level 22, 459 Collins St

Melbourne, 3000

Ph 03 9613 6222, Toll Free 1800 806 314

www.ombudsman.vic.gov.au

Publications

Information in publications such as patient information brochures are reviewed regularly to ensure currency. The Annual and quality of Care Reports are presented each year at Edenhope and District Memorial Hospital's Annual General Meeting, and are available on our website: www.edmh.org.au. No media advertising of greater value than \$150,000 took place during the reporting period.

Responsible Person and Executive Disclosures

Members of the Board of Management and Executive Management are required to declare their pecuniary interest in any matter that may be discussed by the board or board committees.

Victorian Industry Participation Policy

EDMH complies with the *Victorian Industry Participation Policy (VIPP) Act 2003*. No contracts at EDMH were commenced nor completed which required information disclosure under this Act in the reporting period.

Workforce Data Disclosures

A total of 121 people were employed by EDMH: Full time 35; Part time 54; Casual 32.

There was no lost time due to industrial disputes.

EDMH has an ongoing commitment to eliminate discrimination and inefficient work practices and to promote Equal Employment Opportunities in its workplace in accordance with the Public Authorities (Equal Employment Opportunity) Act of 1990.

It bases its employment decisions on merit, treats employees fairly and reasonably; provides employees with an avenue of redress against unfair or unreasonable treatment and does not discriminate, directly or indirectly on the basis of various individual proclivities, personal characteristics, beliefs or social activities.

ATTESTATION ON DATA INTEGRITY

I, Kevin Mills certify that Edenhope and District Memorial Hospital has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Edenhope and District Memorial Hospital has critically reviewed these controls and processes during the year.

Kevin Mills
Chief Executive Officer

Edenhope
16th September 2016

ATTESTATION FOR COMPLIANCE WITH THE MINISTERIAL STANDING DIRECTION 4.5.5 – RISK MANAGEMENT FRAMEWORK AND PROCESSES

I, Kevin Mills certify that Edenhope and District Memorial Hospital has complied with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Process. The Edenhope and District Memorial Hospital Audit Committee verifies this.



Kevin Mills
Chief Executive Officer

Edenhope
16th September 2016

ENVIRONMENTAL PERFORMANCE

Edenhope & District Memorial Hospital is committed to sustainability and reducing its carbon footprint. New and ongoing energy saving initiatives include turning off computers, heaters and lights at the end of the day; photocopiers and printers defaulted to black and white print; blinds drawn each evening during summer and winter to assist with heating/cooling.

DETAILS OF INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) EXPENDITURE

The total ICT expenditure incurred during 2015-16 is \$254,505 (excluding GST) with the details shown below.

Business as usual (BAU) ICT Expenditure	Non-Business as Usual (non-BAU) ICT expenditure		
	Total expenditure	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
\$218,314	\$254,505	\$181,407	\$73,098

OCCUPATIONAL VIOLENCE STATISTICS

1. Workcover accepted claims with an occupational violence cause per 100 FTE.	0
2. Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked.	0
3. Number of occupational violence incidents reported.	0
4. Number of occupational violence incidents reported per 100 FTE.	0
5. Percentage of occupational violence incidents resulting in a staff injury, illness or condition.	0

BOARD MEMBER'S, ACCOUNTABLE OFFICER'S, AND CHIEF FINANCE & ACCOUNTING OFFICER'S DECLARATION

We certify that the attached financial statements for Edenhope and District Memorial Hospital have been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, applicable *Financial Reporting Directions*, Australian Accounting Standards, Australian Accounting Interpretations and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and notes to and forming part of the financial statements, present fairly the financial transactions during the year ended 30 June 2016 and the financial position of Edenhope and District Memorial Hospital at 30 June 2016.

We are not aware of any circumstance which would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial statements for issue on this day.



Mr Anthony Kealy
President and Member of Board

Mr Kevin Mills
Chief Executive Officer
Chief Finance and Accounting Officer

Edenhope
16th September 2016

Edenhope
16th September 2016

ADDITIONAL INFORMATION

Consistent with FRD 22G (Section 6.18) the items listed below have been retained by Edenhope and District Memorial Hospital and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements):

- a) a statement that declarations of pecuniary interests have been duly completed by all relevant officers;
- b) details of shares held by a senior officer as nominee or held beneficially in a statutory authority or subsidiary;
- c) details of publications produced by the entity about itself, and how these can be obtained;
- d) details of changes in prices, fees, charges, rates and levies charged by the entity;
- e) details of any major external reviews carried out on the entity;
- f) details of major research and development activities undertaken by the entity;
- g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- h) details of major promotional, public relations and marketing activities undertaken by the entity to develop community awareness of the entity and its services;
- i) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- j) a general statement on industrial relations within the entity and details of time lost through industrial accidents and disputes;
- k) a list of major committees sponsored by the entity, the purposes of each committee and the extent to which the purposes have been achieved; and
- l) details of all consultancies and contractors including:
 - i. consultants/contractors engaged;
 - ii. services provided;
 - iii. expenditure committed to for each engagement.