



Our Journey

1851

Gold was discovered in Omeo, dramatically changing the isolated communities of Omeo, Swifts Creek, Ensay and Benambra bringing an influx of new residents and visitors.



1891

The Omeo District Hospital was incorporated in November to service a growing community.

1894

Provision of care for the sick and injured commenced in August 1894 until the devastating 1939 bushfires that destroyed the original building.

1939

Bushfires that devastated the surrounding towns and landscape also destroyed the original building

1940

A new 19 bed hospital was built on the Easton Street site.

1990

The acute service was reduced to twelve beds.

1993

Following further reviews and funding changes in September, the number of beds were reduced to 4 acute beds, 1 emergency room and 10 nursing home places.

1997

In July, the construction of a purpose built four-bed hostel was completed.

2005

On the 9th of December the full redevelopment of the existing hospital buildings and service areas was completed and officially opened.

2012

The High Country Men's Shed official opening 22nd July 2012. Project funded by Victorian Department of Planning and Community Development, Men's Shed Program and in partnership with the CFA Victoria.

2012

ODH Community Gym in Omeo opened March 2012. Additional sites include Swifts Creek (May 2013) and Benambra (April 2017).

2015

The Aged Care redevelopment is completed with all residents having ensuite single rooms.

2016

Harvest Exchange launched in February 2016. An initiative of the Omeo Region Healthy Food Futures 'Grow, Share, Create' Project.

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Omeo District Health is established under the Health Services Act 1988.

The responsible Ministers during the reporting period were:

The Honorable Jill Hennessy MP,
Minister for Health and Minister
for Ambulance Services
01/07/2018 – 29/11/2018

Jenny Mikakos, Minister for
Health and Minister for
Ambulance Victoria 29/11/2018
– 30/06/2019

The Honorable Martin Foley MP,
Minister for Mental Health
01/07/2018 – 30/06/2019.

Cover image:

Snow in Omeo- In this photograph you can see the sun rise from behind our Medical Centre and onto our gardens.

Our Vision

WE CARE about creating a healthy community

Our Mission

To promote and enhance the health and wellbeing of the people of the East Gippsland High Country

Acknowledgement of Country

Omeo District Health acknowledges the traditional owners of the lands on which we operate. We recognise and respect their cultural heritage, beliefs and relationship with the lands. We pay our respects to Elders both past and present and thank them for their contribution to our health service.

Diversity

Omeo District Health is committed to diversity in the workplace and to culturally safe and LGBTQI-inclusive practice. Omeo District Health fosters an inclusive environment that accepts each individual's differences, embraces their strengths and provides opportunities for all staff to achieve their full potential. Our staff understand and respect the differences in religion, race, ethnicity, cultural values, gender and thinking styles and embrace this in all aspects of the care we provide.

Omeo District Health

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Our Values – WE CARE

Wellbeing	Maintain a healthy balance of work, rest and play
Empathy	Show compassion and understanding for the perspectives and experiences of others
Creativity	Encourage new ideas, explore ways to innovate
Accountability	Act with integrity. Take responsibility for our decisions and actions
Resourcefulness	Be responsive in overcoming challenges and changing circumstances
Excellence	Expect, recognise and reward excellence

Our Strategic Plan

Every three – five years we develop a Strategic Plan that reflects our vision, defines our mission, encapsulates our values and details how we will deliver our objectives. Our Strategic Plan for 2018 to 2023 contains six pillars which each contain Key Objectives.

Healthy Community

Reach out to our local rural community in the planning and delivery of our services.

- Formal & simple structures are established to seek broader community consultation, engagement, volunteering & participation;
- Plan services around existing & emerging community needs & demands, participate in community events & introduce regular periodic assessments of performance;
- Targeted promotion of available services through the use of print & online platforms.

Quality Care & Safety

Deliver first class care to our clients, community and key stakeholders.

- Evidence based models of care are in place to ensure excellent client outcomes;
- A person centred approach underpins our models of care aligned with our rural context;
- Consistent and safe delivery of all services at a level that meets government & community standards;

People & Culture

Build a highly engaged and skilled team of health care professionals and volunteers with a commitment to creating a culture of achievement and service excellence.

- Recruit, retain & develop key talent;
- A structured program for the reward & recognition of excellence in achievement & behaviour is in place;
- Create a constructive culture reflective & demonstrative of our core values where safety is paramount.

Sustainable Services

Develop a fully sustainable health care service model to fund future growth & investment in new markets & emerging technologies.

- A structured & considered prioritisation processes in place to assist in the best utilisation of resources;
- Adopt a diversified & agile funding approach;
- Fund new & alternate models of care to meet the needs of our community.

Effective Governance

Create a comprehensive & accessible governance framework that ensures compliance with our legislative, ethical & statutory obligations.

- Effective corporate & clinical governance frameworks are in place;
- Integrated systems & frameworks are in place to support effective decision making across all functions;
- Formalised assessments in place to review performance of Board & its committees.

Collaborative Partnerships

Invest in strategic partnerships & alliances that allow us to achieve better outcomes for our service.

- Seek & nurture alliances where common objectives exist;
- Promote a reputation of collaboration with organisations & individuals; including community groups, who wish to assist us in achieving our strategic goals;
- Review & ensure all formal agreements are relevant & in place.

Our Services

Omeo District Health provides broad-based health and support services to Omeo, Benambra, Swifts Creek, Ensay, Dinner Plain and surrounding districts.

Acute Care

- 4 Acute beds for general medical care
- Urgent Care Centre

Residential Aged Care

- 10 High Level Care Beds
- 4 Low Level Care Beds
- Diversional Therapy
- Respite Care
- Virtual Visiting program for Residents
- Gentle exercise program for Residents

District Nursing Services

- Equipment Hire
- Home Visiting
- Post-Acute Care Program
- Respite Care
- Post Discharge Support
- Transitional Care program in the community

Home and Community Care

- Domestic Assistance
- Home Maintenance
- Home Respite
- Meals on Wheels
- Personal Care
- Social Support Group

Medical Services

- Omeo Medical Centre

Dental Services

- Royal Flying Doctors Service
 - Public Dental Services
 - Private Dental Service

Use of the Facilities

- Community Group Meetings
- Swifts Creek Community Centre

Ancillary Services

- Radiology
- Pathology

Sub-Acute Care

- Rehabilitation
- Transitional Care Programme

Visiting Services

- Continence Service
- Wound Consultant
- Cardiologist
- Gerontology Nurse Practitioner

Allied Health & Community Services

- Chronic Disease Management,
- Diabetes Education
- Counselling / Social Work
- Dietetics
- Podiatry
- Foot Care
- Health Promotion and Education
- Information and Referral
- Occupational Therapy
- Physiotherapy
- Speech Pathology
- Youth Program
- Allied Health Assistant
- Community Transport
- Volunteer Program
- Community Gym and Exercise Classes
- Pre-employment physical testing program service
- In-venue child day care program

Supporting Portfolios

- Administration
- Food & Environmental Services
- Infection Control
- Maintenance & Gardens
- Occupational Health & Safety
- Pathology
- Quality & Safety

Our Board

The goal of the Board is to ensure, through robust governance and a clear strategic direction, the provision of excellent care for our residents, patients and clients as well as ensuring a safe working environment for our staff

Role of the Board of Management

The Board of a public health service is responsible for its own governance. It is accountable to both Government and the community that it serves for ensuring the provision of agreed services within the resources provided.

Board of Management directors are appointed by the Governor-in-Council, upon the recommendations of the Minister for Health. Directors of the Board of Management act in a voluntary capacity and have not received fees in the 2018-2019 financial year.

To fulfil its role, the Board should have directors with a range of appropriate expertise and experience. The functions of the Board of Management as determined by the Health Services Act 1988 are:

- To oversee the management of the hospital; and
- To ensure the services provided by the Hospital comply with the requirements of the Act and the aims of the organisation.

The Board is assisted in delivering these goals by receiving regular reports on the organisations operations including Quality, Safety, Risk and Financial activities at monthly Board meetings and through Board director representation on various committees.

Board of Management Attendance

Member	# meetings attended / 11
Simon Lawlor	11
Graeme Dear	11
Ann Ferguson	10
Natalie O'Connell	10
Kate Commins	9
Alastair McKenzie	8
Penny Barry	8
Sandra Crisp	5

President



Simon Lawlor

*Farmer,
Omeo*

Simon was appointed to the Board in March 2017 and was elected President in November 2017. His appointment expires on 30 June 2022.

Committee Membership

Finance, Quality & Safety & Credentialing

Vice President



Kate Commins

*Director, Meringo Pastoral,
Swifts Creek*

Kate was appointed to the Board in July 2012 and was elected Vice President in November 2017. Her appointment expires on 30 June 2021.

Committee Membership

Finance, Quality & Safety & Credentialing

Treasurer



Alastair McKenzie, CPA

*Finance Manager, Murray
Goulburn Co-operative,
Omeo*

Alastair was appointed to the Board in March 2017 and was elected Treasurer in November 2017. His appointment expires on 30 June 2022.

Committee Membership

Finance, Audit & Risk & Nomination & Remuneration

Directors

Sandra Crisp



Pharmacy Assistant, Omeo

Sandra was appointed to the Board in July 2010.

Her appointment expires on the 30th of June 2019.

Committee Membership

Finance, Quality & Safety & Community Advisory

Natalie O'Connell-Mitchell



Mayor- East Gippsland Shire Council

Natalie was appointed to the Board in July 2018.

Her appointment expires on the 3rd of June 2021.

Committee Membership

Finance, Nomination & Remuneration

Graeme Dear



CEO, East Gippsland Catchment Management Authority, Bairnsdale

Graeme was appointed to the Board in March 2017.

His appointment expires on the 30th of June 2019.

Committee Membership

Finance, Nomination & Remuneration and Quality & Safety

Penny Barry



*Director, Bindi Pty Ltd
Swifts Creek*

Penny was appointed to the Board in March 2017.

Her appointment expires on the 30th of June 2020.

Committee Membership

Finance, Audit & Community Advisory

Ann Ferguson



*Commercial Manager,
Sale*

Ann was appointed in March 2017.

Her appointment expires on the 30th of June 2021.

Committee Membership

Finance and Nomination & Remuneration

Resignations and New Appointments

There was one new appointment in the period; Mrs. Natalie O'Connell, 2018 -2021.

There are two expiring appointments in the 2019 period; Sandra Crisp and Graeme Dear.

Board Committees

Audit & Risk Committee

The Board endorses plans and strategies, and monitors the performance of ODH through appropriate budgetary processes to ensure compliance with Financial Framework requirements.

The Audit committee continued meeting quarterly and reporting directly to the Board of Management, led by Reece Newcomen as independent Chairperson.

Chair – Independent Member

Reece Newcomen, CA



*Farmer,
Ensay*

Appointed 2013

Independent Members

Caroline Mildenhall



Ensay Community Health Service

Appointed 2015

Courtney Licciardo – Appointed 01/07/2019

Internal Audit Manager - Melbourne

Nomination, Remuneration Committee

This committee was established in 2017 to assist in ensuring robust governance for ODH.

The primary focus is to ensure appropriate diversity and skills mix is considered in board director succession planning and ongoing training.

Ensuring appropriate oversight and recommendation to the board regarding the ongoing professional development and strategic focus of the Executive Team and the recruitment, succession planning and performance review of Chief Executive Officer position.

Quality & Safety Committee

The Quality & Safety committee is responsible for oversight of the clinical governance framework and the Quality Improvement Program, meeting on a monthly basis with three Board members and a range of staff from across the organisation attending.

A quality improvement schedule informs the agenda and ensures the timely completion and evaluation of quality improvement activities.

Community Advisory Committee

Members of the community participate in an innovative and creative continuing Community Advisory Committee.

The Committee is an expansion on current initiatives in place at ODH that act as an advocate to the Board of Management on behalf of the community, consumers and carers.

The Committee plays an essential role in conveying the community member's perspective to the development of priority areas and strengthen effective consumer and community participation at all levels of service planning and delivery.

Credentialing Committee

Ensuring the medical and dental practitioners are appropriately qualified and experienced is an important role for this committee. Dr. David McConachy, Director of Medical Services, supported by Ms. Kelly Greenland (Executive Assistant), reviewed all Medical Officer positions again this year ensuring ODH is compliant with all credentialing requirements.

Reaccreditation of current staff was attended to and recommendations for appointments of new locums or visiting GP's were made to the Board of Directors for approval.

Our Year in Review

The past year has brought new opportunities and new challenges. Some key achievements include:

- Purchase of a new defibrillator for the Urgent Care Centre
- Installation of an Automated External Defibrillator (AED) on the outside wall to the community gymnasium accessible by community members in the event of an emergency in the local community
- Successful funding submissions for:
 - New defibrillator (\$34k)
 - Air conditioner funding (\$47k)
 - Primary Mental Health Nurse position (\$156k)
 - Drought Support Funding (\$39k)
 - Aboriginal Artwork (\$2k)
 - Workplace Trainor/Careers Advisor position (\$18k)
- Bi-annual Community Needs Survey conducted to inform revision of the ODH service plan
- Revitalization of the Community and Consumer Partnership Advisory Committee
- Introduction of consumer participation and input into annual staff mandatory training
- Two successful farmer drought support events conducted: The 'Dust off the Drought' music festival and an evening BBQ with presenters
- Full 3-year NSQHS Standards accreditation
- Completed self-assessment against the new Single Aged Care Quality Framework Standards
- New Corporate Governance Framework developed
- New By-Laws developed
- Aboriginal, Torres Strait Islander and Diversity (Rainbow) flags flown at entrance to the organisation
- Development of a Disability Action Plan
- Reduced environmental footprint through the installation of solar panels to the hospital and staff accommodation
- Signing of new 3-year Memorandums of Understanding with the Swifts Creek and Ensay Bush Nursing Centres
- Invested in 20 staff and managers to undertake Safer Care Victoria leadership development training
- Restructure of internal Committee structure, creating the Leadership Management Team to facilitate improved communication and change management processes
- Achieved a 74% participation rate in the People Matters Survey
- Achieved an immunization rate of 88% (100% of staff offered vaccination with 12% declining for personal reasons)
- Volunteer program reviewed and revised
- ODH Volunteer drivers recognised at the ODH AGM and the drivers acknowledged at the Public Healthcare Awards as finalists
- Launch of the Strengthening Hospital Response to Family Violence initiative and training for staff in the program
- Installation of a new integrated Nurse Call, Duress and portable phone system
- Implementation of a new Community Care Duress system
- Installation of individually controlled air conditioning units to the Residential Aged Care resident rooms and staff offices

Report of the Chair of the Board and Chief Executive

Welcome to our 2018-19 Annual Report

It is with pleasure we present the 127th Annual Report of operations for Omeo District Health (ODH), in accordance with the Financial Management Act 1994 for the year ending 30th June 2019.

The past year has been a successful one for ODH with many notable achievements being realised. ODH achieved a full 3-year accreditation in the National Safety and Quality Health Care Standards and the staff are to be commended for all their hard work in the lead up to the assessment and the ongoing quality of care they deliver.

The new community dental service in partnership with the Royal Flying Doctor Service commenced in earnest, with the service now being free for both public and private clients and the eligibility catchment expanded to Hotham Heights and Dinner Plain residents.

Our Volunteer Driver program, and in particular three long serving volunteers, were recognised as finalists in the 2018 Premiers Volunteer Champions Awards, for their years of service and dedication to the community.

We achieved 100% occupancy in our residential aged care facility which greatly improved the financial sustainability of the

organisation and we are proud that we have been able to provide the level of care required by our ageing residents so that we can support them locally.

The past year has been challenging for our community as we move into the third year of drought without any significant rainfall and none forecast in the near future. ODH held two drought events to support our local community, farmers and businesses; an evening BBQ with a range of presentations and a family focused music festival, Dust off the Drought. Both events were well attended and provided an opportunity for participants to socialize and support each other through the difficulties facing them.

Omeo District Health embraces diversity-inclusive practice and has developed a comprehensive diversity action plan. Part of the strategy to improve health outcomes for the LGBTIQ and indigenous community's is ensuring the organisation presents a welcoming environment encouraging access to our services. ODH now flies the Aboriginal and Rainbow flags at the entrance to the organisation, our organisation email tag includes the flags and statements acknowledging country and our dedication to

diversity inclusive practice. We have introduced gender diverse public amenities and have strategically placed artwork throughout the organisation. Staff receive training in cultural awareness and safety and our recruitment processes have been reviewed to ensure merit-based equal opportunity, inclusive of diversity, are followed.

The Board has had a strong focus on governance and over the year developed a new set of By-Laws and a new Corporate Governance Framework to guide the organisation through its next phase.

The Community Advisory Committee was very active and provided invaluable input and feedback to management and the Board that assisted in the planning and direction of the services ODH provides for the community.

One such program relates to supporting our community through the challenges related to mental health, especially in the context of the recent impacts of the drought. We have successfully secured funding for a full-time Primary Mental Health Nurse position that will be established in the coming year. This is an exciting accomplishment as

there is a recognised need for this service locally.

Other key improvements over the year include the replacement of our failing nurse call system with a new integrated nurse call, duress, portable phone and fire safety system. We have also implemented a duress system for community care staff that significantly enhances the safety of our staff undertaking their duties outside the facility.

We secured funding for the purchase of a new bus with lift support that facilitates excursions for our Residential Aged Care Service care recipients and our Social Support Group participants.

Our Men's Shed was successful with a funding application to build another shed which will provide them with more room and enable them to broaden their activities

Staffing remains one of the bigger challenges for Omeo District Health. Being rural and remote poses its own difficulties when trying to attract suitably qualified staff to adequately cover the care

needs of the community. In particular, the doctor shortage in rural and regional areas, and especially across Gippsland, has impacted our health service greatly with gaps in coverage becoming increasingly hard to cover.

The Board has recognised this as an emerging issue and have been reviewing our medical model to ensure we are positioned to meet this problem head-on before we hit crisis point. Attracting registered nurses and enrolled nurses has been difficult and home care workers with the required qualifications are also hard to come by.

The focus for the coming year will be on preparing for the new Single Aged Care Quality Framework accreditation that we expect to undertake during the first half of the new financial year. To assist with this, we have developed a new internal Quality and Safety structure and introduced a new operational Quality and Safety Committee to complement the Board Clinical Governance Committee.

Further areas of focus will be a review and enhancement of our legislative compliance

Omeo District Health WE CARE Values underpin all behaviours and decision making processes to achieve the new ODH Vision that "WE CARE about creating a healthy community".

and risk management frameworks. The volume of work in these areas has increased exponentially over recent years and in recognition of this we have put extra resources into these areas to ensure the

organisation meets and exceeds to expectations.

The other key set of expectations we need to deliver against is those of our community. During the year we undertook our bi-annual Community Needs Assessment Survey and have used the results to develop a Community Needs Action Plan that will guide service delivery over the next two years. One key deliverable will be to ensure we improve communication of the broad range of services available to the community. The *Health Matters* newsletter has been reinstated and was recently delivered to every mailbox within our catchment and is also available in electronic format.

We would like to thank our key partners for their assistance in delivering quality care to our community. In particular, Swifts Creek and Ensay Bush Nursing Centres, Bairnsdale

Regional Health Service, Gippsland Lakes Community Health, Orbost Regional Health, Ambulance Victoria (especially all the ACO volunteers), Benambra Neighbourhood House, RWAV and the East Gippsland Shire Council.

No one person or service can do it all but together we can deliver excellence.

We would again like to acknowledge and thank our wonderful staff, volunteers, our cleaners, our kitchen staff, maintenance staff,

administration, finance and payroll staff, community care team, medical centre team, lifestyle activities, enrolled nurses and registered nurses alike for without each and every one of you we could not serve our community as well as we do. You are appreciated and acknowledged for your dedication and hard work.

We also thank all the Board directors for their dedication, stewardship, strong governance and direction over the year. Two directors completed their terms with Omeo District Health and their wisdom and knowledge will be missed. Sandra Crisp

(9 years) held the position of Treasurer from many years ensuring the organisation remained on secure footings. Graeme Dear (2 years) returned to the Board after a hiatus of 20 years, having previously been on the Board, and brought with him depth of knowledge and experience that facilitated an evolution in governance during a challenging period in healthcare in general. Both these individuals are recognised for the services they have provided our organisation and the community.

The support we have received from our various funding

bodies is essential to the future of healthcare for our region and we especially note and acknowledge the Victorian Department of Health and Human Services, The Commonwealth Department of Health, the East Gippsland Shire Council and the Gippsland Primary Health Network for their ongoing support of Omeo District Health and the East Gippsland High Country (Omeo & District).

Thank you



Simon Lawlor

Board Chair



Ward Steet

Chief Executive



residential area have ensured a homelier and at times an educational environment to not only the residents, but staff and visitors alike.

Education

We have shown continued commitment to continuing education for all staff.

Achievements:

We are aiming to provide face to face education on site where possible supported by improved utilisation of online delivery systems which means more staff are accessing high quality education more easily.

Our Leadership team has been fortunate to be involved in the Better Care Victoria strengths based team coaching program which has been an excellent change driver for the organisation as a whole.

We have improved mandatory training program delivery with all presenters utilising adult learning principles to increase participant engagement. Quality & Safety Coordinator Leanne Stedman should be applauded by successfully engaging consumers in staff mandatory training sessions. Staff should be celebrated for their commitment to the program with completion rates increasing significantly from last year.

Nursing staff are welcoming a greater number of students who are very satisfied with the quality of their clinical supervision. Diversional Therapist Leanne Appleby is also drawing on our students diverse backgrounds to provide cultural information sessions for Residents which have proved very successful.

Special mention: Congratulations to Sandy O'Keefe for gaining her Remote and Isolated Practice Registered Nurse Endorsement. She is such an asset for our organisation.

Nursing

Nursing staff personnel numbers have been relatively stable this year with Roselyn Fletcher resigning from her nursing role as an enrolled nurse after 9 years nursing at Omeo. We wish Roselyn the best in her future adventures.

Kerry Leclerc has moved from a casual RN position to a permanent part time role.

Clinical Services Report

Omeo District Health continues to provide a broad range of excellent clinical services to promote and enhance the wellbeing of the people of the East Gippsland High Country.

Aged Care

Our Aged Care permanent occupancy has been a prime focus this year with our occupancy increasing in high level care from 53% to 69%. Our low level care maintained a 100% occupancy to increase our average occupancy from 77% last financial year to 85% this year. This has seen 8 admissions into permanent high level care and a further 16 admissions for respite. In comparison to last financial year with only two admissions into permanent high level care and 50 admissions for respite. While admitting eight new residents during the financial year we were saddened by the loss of five of our permanent residents during the same period.

Despite our increased permanent numbers, we were fortunate to be able to offer Community members with respite regularly which saw us reaching 65% of our allocated respite days of 730 for our high level care.

Our Diversional Therapist / activities coordinator Leanne Appleby has provided wonderful opportunities to maintain our resident's interest.

The enthusiasm and diversity offered has been extensive and the multiple decorations to the

Our casual bank has grown with the welcome additions of Gayle Lee and Bonnie Fitzpatrick, registered nurses and Chris Dawson and Shannon Jensen joining our team as enrolled nurses. Gayle comes to us as another Rural & Isolated Practice Endorsed Registered Nurse (RIPERN) nurse and with the recent completion of the RIPERN course by another of our registered nurses this brings our total number of RIPERN nurses to six of our 13 Registered Nurses.

It has been a challenging year for many reasons in addition to achieving 85% permanent residential aged care bed occupancy. Our Transitional Care Program hospital based bed numbers increased by 28 bed days, whilst our community bed days decreased by 39 days, resulting in an overall occupancy reduction of 9% compared to last year due to decreased opportunities. Urgent Care Centre presentations increased again this year by 32% (after a 60% increase last year) increasing our time in attendance by 4%, whilst the waiting time to be assessed for all presentations was under two minutes. Transfers from UCC was a significant number at 62 compared to admissions (18) indicative of the acuity of the presentations and ensuring the appropriate care was available.

Much appreciation is extended to the all nursing staff for their support and especially to Anne Walker (NUM) for providing direction consistency and continuity in aged and acute care, Penny Geyle (infection Control), Jackie Hughes (Educator), Lisa Airs (OH&S) and Margaret Worcester (OH&S) for maintaining rostering.

It would be remiss of me not to mention SHINE, our volunteer fundraising group as they have been extremely supportive this year and contributed greatly to the purchase of essential medical equipment which has been most welcomed and will be well utilised.

We celebrated a Successful Accreditation in May 2019, ACHS Accreditation Awarded starts 2nd August 2019 – 1st August 2022

I wish to extend my gratitude and sincere appreciation for the support, encouragement and commitment of all our staff, Board of Directors, Volunteers and the Community.

Darren Fitzpatrick
Director of Nursing

Community Services Report 2018-2019

The My Aged Care platform - an initiative introduced Australia wide to provide streamlined services to older people through Home Support, Home Care Packages and Residential Aged Care has established itself as the entry point to access information and aged care services. Services formerly provided through the State funded Home and Community Care (HACC) program have moved to the Commonwealth funded Commonwealth Home Support Program (CHSP). These changes continue to be embedded, with staff becoming more proficient at navigating the My Aged Care on line platform which is used for client data management.

Home and Community Care is still the program providing support services for younger people with disabilities; however, this will undertake transition as the National Disability Insurance Scheme (NDIS) is introduced in the East Gippsland region.

Health Promotion programs including the Harvest Exchange and the Community Gymsnasiums located at Omeo, Swifts Creek, and Benambra continue to provide positive preventative health activities for the wider community.

Omeo District Health conducted a Community Health Survey in September 2018 with overall positive feedback from respondents. An Action Plan is in final draft.

Results from the Victorian Health Experience Survey (VHES) carried out in October 2018 showed consistent support and appreciation by consumers of the range of community based services available through Omeo District Health.

Funding Sources

Omeo District Health Community Health Services receives funding from three main sources:

Commonwealth

- Gippsland Primary Health Network Place Based Flexible Funding program (Allied Health Services)
- Department of Health for the Commonwealth Home Support Programme

State

- Department of Health and Human Services Home and Community Care Program for Younger People
- Department of Health and Human Services Flexible Care Packages program (Disability Support) has finished as of June 2019 now that the NDIS is operational

Local

- East Gippsland Shire Council supplements the Home and Community Care program

Services Provided

Allied Health

- Allied Health Assistant
- Dietetics
- Health Promotion
- Occupational Therapy
- Physiotherapy
- Podiatry/ Foot Care
- Social Work
- Speech Pathology
- Youth Services

Home Support Services

The Commonwealth Home Support Program provides a range of entry-level aged care services for older people who need assistance with daily tasks to continue keep living independently at home and in their community.

The Home and Community Care program (Program for Younger People) is aimed at assisting people with disabilities to remain living independently at home in a community setting. Monitoring of clients' health status and providing a care coordination role form an important part of the service provision for both these services.

- Domestic Assistance
- Personal care
- Respite care
- Home Maintenance/Home Modification
- Meals on Wheels and assistance with meal preparation
- Planned Activity Group
- Social Support Group

- Home Based Nursing

In order to support these services, Omeo District Health provides independent assessment for clients through the Regional Assessment Service. (RAS)

Other Services

- Chronic Disease Management / Practice Nurse
- Community Transport
- Transitional Housing
- Omeo Kindy Gym
- High Country Men's Shed
- Community Gyms- Swifts Creek, Omeo and Benambra

Volunteers

Omeo District Health has a small but dedicated pool of volunteers. The Commonwealth Home Support Program and the Home and Community Care program provides coordination funding to enable volunteer support and assistance in the following areas:

- Volunteer driving as part of the Community Transport program
- Assistance to the resident's Lifestyle and Leisure program
- Volunteer Supervisors for the Men's Shed program
- Delivery of meals in the Meals on Wheels program.
- Volunteer exercise program facilitators.

The contribution our volunteers make is greatly appreciated and significantly supports and extends access to programs in the community.

Partnerships

ODH Community Health Services has strong links with the East Gippsland Primary Care Partnership and East Gippsland Shire at a regional level, and at a local level works in collaboration with such organisations as Swifts Creek Bush Nursing Centre, Ensay Bush Nursing Centre, Community Centre Swifts Creek, Benambra Neighbourhood House, Ambulance Victoria, Victoria Police and local schools and early childhood centres.

Outreach services are provided out of the Swifts Creek Bush Nursing Centre on a regular basis. Services operating from this location include: Social Work, Physiotherapy and Foot Care.

Client care coordination is greatly improved through fortnightly case conferencing meetings with input from Community Health direct care staff, ODH acute nursing staff and medical practitioners from Omeo Medical Centre. These meetings have led to improved referral processes and streamlined care coordination for community based clients.

Leonie Brammall
Manager, Community Care

Support Services Report

Community Dental Services - Royal Flying Doctors Service Partnership

The pilot partnership between Omeo District Health and the Royal Flying Doctor Service (RFDS) to provide a sustainable community dental service for the East Gippsland High Country (Omeo & District) proved very successful and the arrangement has now been made ongoing with the catchment extended to Dinner Plain and Hotham Heights. Not only has the service expanded it is now available to both public and private clients at no cost.

The service was initially scheduled to be a monthly service but due to its success and the level of demand the RFDS has been providing a weekly service and intends to do so until the demand reduces and the waitlist becomes manageable. The plan is then to reduce back to two weeks per month.

Food & Environmental Services

Our external food audit was conducted in March 2019, achieved with high compliance, clearly demonstrating the continued delivery of excellent catering services and compliance with regulations. It is a requirement to conduct two external audits per calendar year. 1st being on the 24th May 2018 with East Gippsland Shire Council & 2nd being with Paul Maggs on the 25th March 2019, an external food and Safety Auditor. A Further three internal audits were also conducted indicating full compliance with food safety requirements.

Catering staff, under the supervision of the Food & Environmental Services Manager, Ms. Grace Elford, maintain a continuous quality improvement approach to all aspects of operations, as evidenced by food quality and safety initiatives. With an Annual menu review with help from a Nutritionist, we encourage the resident's and Patients input into the menu services to include them in their own choices of health and well-being.

This year the Food Services staff provided food from other cultures to resident meals providing Enjoyment and Participation in our meals service. Has shown a positive impact.

Department	# of meals provided
Meals on Wheels	842
Residents and patients	14,813



It is a government requirement that external cleaning audits be conducted at least annually. The latest result of 90.2% organisational wide average in July 2018 and demonstrates a continued very high standard of cleanliness.

Facilities & Maintenance Services

Our hospital continues to be well serviced in our maintenance requirements through the skilled efforts of Mr Stephen Disney and Facilities Manager Mr Darryl Shepherd. The maintenance department has recently employed Josh Van Heek two days a week as a casual. Josh will be taught basic knowledge of our essential services and shut down procedures.

There continues to be significant improvements in the grounds and infrastructure upgrades and maintenance across the whole health service. 24 new air conditioner/split systems throughout the facility including administration offices, treatment rooms and one in each of the resident's rooms. We have added a 40kw solar power system to the main building and a 5kw system for both the doctor's residence and the nurse's residence. The nurses Quarters at the end of the HACC building has undergone an upgrade with new carpet throughout and a new kitchen complete with dishwasher, oven, cooktop and range-hood. The large flat screen TV from Lewington House was also added to the nurse's quarters.

The comprehensive preventative maintenance program for both general and essential services continues, meeting fire safety requirements and the ongoing repair needs of the organisation.

There have been four flag poles erected at the main entrance. In addition to the Australian flag ODH flies Aboriginal and Torres Strait Island flags along with the LGTBQI rainbow flag. Each of the flags is individually lit with an LED spotlight.

ODH has an Environmental Management Plan that is monitored and implemented by the maintenance team.

During the year the team also developed a three-year rolling capital maintenance plan that will act as the roadmap for ensuring the infrastructure is maintained at an acceptable standard and the funds are available to meet the maintenance needs.

ODH has taken delivery through securing a grant of a new 10 seater Toyota Hi-ace transporter bus with a wheelchair lift.

Administrative Services

The structure of the Administrative team has proven to be very successful. The three team members, Kelly Greenland, Katie Van Heek and Alyce Richards have pulled together to form a close-knit, competent and high performing team, along with casual staff member Sonya Lawlor, Krystal Greenland, Candice Sweet and Duncan Fitzgerald. Merinda Sedgman will return from Maternity Leave January 2020.

SHINE

ODH again thanks the ongoing support enjoyed by the organisation from the SHINE committee.

This committee meets regularly through the year and plans social and fundraising events that benefit the residents and patients of Omeo District Health.

The committee this year has purchased items identified by staff that make a positive impact on the care needs of our clientele.

The committee membership is open to all.

ODH thanks these committed volunteers for their knowledge, dedication and support.

Donations

Omeo District Health gratefully acknowledges the kind donations made by the community towards the purchase of equipment and items for residents and patients.

- | | |
|---------------------|------------------------------|
| ● Geoff Winkler | ● Roma Lumsden |
| ● Penny Barry | ● Mueller Family |
| ● Cate Spencer | ● Sievers Family |
| ● Omeo Fire Brigade | ● Dreverman Family |
| ● S&S Lawlor | ● Gascoignes |
| ● Tania Crisp | ● Bairnsdale Mazda & Hyundai |
| ● Carol Crisp | ● Gippsland Grain Store |
| ● G & M Dear | ● Dwyers Toyota |
| ● Kathleen Connelly | ● Jodie Mills |
| ● Tony Pendergast | |
| ● Greenham | |
| ● Annie Greco | |

Ward Steet
Chief Executive Officer

Medical Centre Report

2018-2019 The Medical Centre had 13 Doctors provide medical services to our GP Clinics, Acute, Nursing Home and On call for the Hospital, some Doctors were here for a week or 2 or longer. Although it may not be ideal to have so many Doctors over the 12-month period, at least we did not have any vacancies without a GP and we were able to maintain fulltime Doctor cover with the exception of weekends during the changeover between Doctors.

We had three 3rd year Medical Students from Melbourne University for their rural placement, the students are warmly received by our patients and we have received positive feedback from the students, the students say they were very fortunate to experience such a variety in Primary Health & Emergency Medicine. Thank you to our Doctors that supervised these students, it is time consuming and tiring.

Annie Kissane had 3.5 months of long service leave, Annie was relieved by Chris Dawson who was well received by our patients, Thank you Chris.

We say goodbye to Dr Murray Barson. Murray said it was becoming increasingly difficult for him to come to Omeo and he was also looking at slowing down to enjoy semi-retirement. I completely

understand, Murray had a great following of patients and we wish Murray all the best for his semi-retirement.

Again I would like to thank our Doctors for their commitments to the Medical Centre roster, I appreciated it and I'm sure our patients do.

Also, Thank you to my administration relievers Duncan Fitzgerald, Alyce Richards & Sonya Lawlor. it is hard to come into the role and do the job every now and then particularly as the practice has been busier.



Tracey AhSam
Practice Manager

Our People

Omeo District Health recognises staff as its greatest asset and acknowledges the dedication and commitment of all staff to residents, patients and the community.

Staff Numbers

HOSPITALS Labour Category	JUNE Current Month FTE	JUNE YTD FTE		
	2019	2018	2019	2018
Nursing	15.81	15.79	15.61	16.25
Admin & Clerical	5.31	4.37	4.21	3.48
Medical Support	1.62	1.58	1.87	1.62
Hotel & Allied Services	6.88	6.97	7.53	7.08
Medical Officers	1.0	1.0	1.0	1.0

Hospital Medical Officers	N/A	N/A	N/A	N/A
Sessional Clinicians	N/A	N/A	N/A	N/A
Ancillary Staff (Allied Health)	12.58	12.35	12.13	11.34

- FTE stands for Full Time Equivalent. All employees have been correctly classified in workforce data collections.

Equal Employment Opportunity (EEO)

Omeo District Health is subject to the requirements of the Equal Opportunity Act 1995 and applies appropriate merit and equity principles in its management of staff. The Health Service expects all staff to take responsibility for fair, non-discriminatory behaviour.

Application of Employment and Conduct Principles

The Omeo District Health is an equal employment opportunity employer and promotes and applies the public sector principles, developed by the former Victorian State Services Authority (SSA), to its employment practices. ODH supports the Victorian Public Sector Commission's (formerly SSA) Code of Conduct for public sector employees and expects all employees to abide by this Code. All new employees receive a copy of the Code of Conduct on commencement of employment.

Occupational Health & Safety

Occupational Health & Safety (OH&S) is monitored through the Quality, Safety & Risk program. Regular OH&S management meetings are held with minutes of the meeting reported through the Quality & Safety committee to the Board. The also receive an OH&S report directly via the Leadership Management Team Report.

Review of incidents and identified risks from across the organisation result in changes, upgrades or education as appropriate. This process is assisted by the electronic 'Riskman' incident reporting program.

Each work discipline has the opportunity to escalate any concerns to one of the elected Health and Safety Representatives (HSRs) representatives.

This year ODH HSRs were Ms Lisa Airs, Ms Lisa Mitchell and Ms Margie Worcester who were available to provide representation for staff with OH&S concerns.

The CEO, Mr Ward Steet, was the OH&S management representative and the teams have worked effectively together to initiate OH&S improvements and continue to monitor issues in the workplace.

Assessments and Measures Undertaken to improve Employee OH&S

The ODH OH&S plan outlines the occupational health framework within the organisation, reporting to the Board monthly.

- Organisational wide work area OH&S inspections were conducted.
- **Influenza vaccination** – offered to all staff and residents with documented uptake.
- **Home Based Services – Home Based Services**
A pre-visit telephone call is made and the Pre-visit Safety Assessment completed prior to any Home Support Workers and District Nurses visiting. An Environmental Home Risk Assessment is completed during the initial visit prior to commencement of service. Community Care staff follow the Home Visit/Off Site Policy and contact the ODH office for the Completion of Shift Check. ODH vehicles have been fitted with Cel-fi go Mobile phone Range Boosters to improve mobile phone connectivity. Home Based Services workers have all been allocated Personal Locator Beacons and will carry SafeTCard – personal safety alarms (duress alarm). There are 2 spare units of the PLB and the duress alarm located in reception of ODH and the Community Care office. These are for any staff member making a home visit to clients in the community and must be signed for then returned at completion of the shift.
- **Organisation wide mandatory training** days for all staff covering Manual Handling/No Lift, Infection Control, Fire Safety training and Emergency Response scheduled on a regular basis.
- ODH is a member of the Victorian Network of Smokefree Health Services

Occupational Violence Statistics

	2018-2019
WorkCover Accepted claims with an occupational violence cause per 100FTE	0
Number of accepted WorkCover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0
Number of occupational violence incidents reported	1
Number of occupational violence incidents reported per 100FTE	2.3
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

Definitions

Occupational violence - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident - An event or circumstance that could have resulted in, or did result in, harm to an employee.

Accepted WorkCover claims - Accepted Workcover claims that were lodged in 2018-19.

Lost time - is defined as greater than one day.

Injury, illness or condition – This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

Our Executive Team

Chief Executive Officer

Ward Steet

The Chief Executive Officer (CEO) is responsible for the executive leadership, operational and clinical management of Omeo District Health in accordance with the health service's Statement of Priorities and Board of Director instructions. Responsible for implementing the Strategic Plan including setting the culture of the organisation to achieve the Mission and Vision of ODH. Oversight of risk management, and quality and safety and is also accountable for implementing

internal controls to prevent, detect and report fraud, corruption and other losses.

Director of Nursing

Darren Fitzpatrick

The Director of Nursing Services (DON) is an administrative role directly responsible to the Chief Executive Officer.

Responsible for the provision and delivery of leadership and quality clinical care services to patients/consumers/clients within primary care, acute care, aged care, urgent care and community care at ODH.

Community Care Manager

Leonie Brammall

The role of Community Care Manager encompasses the management of the community and Home Based Services across the multi-disciplinary health team.

The position is responsible for facilitating and coordinating a range of Allied Health and support services including the co-ordination of specific health education and Health Promotion programs.

Monitoring target populations, providing care advice and advocacy as appropriate and coordinating referrals across the health care continuum are important aspects of the role. Additionally, this position actively carries out executive functions and incorporates a broader organisational management responsibility.



Quality & Safety Coordinator

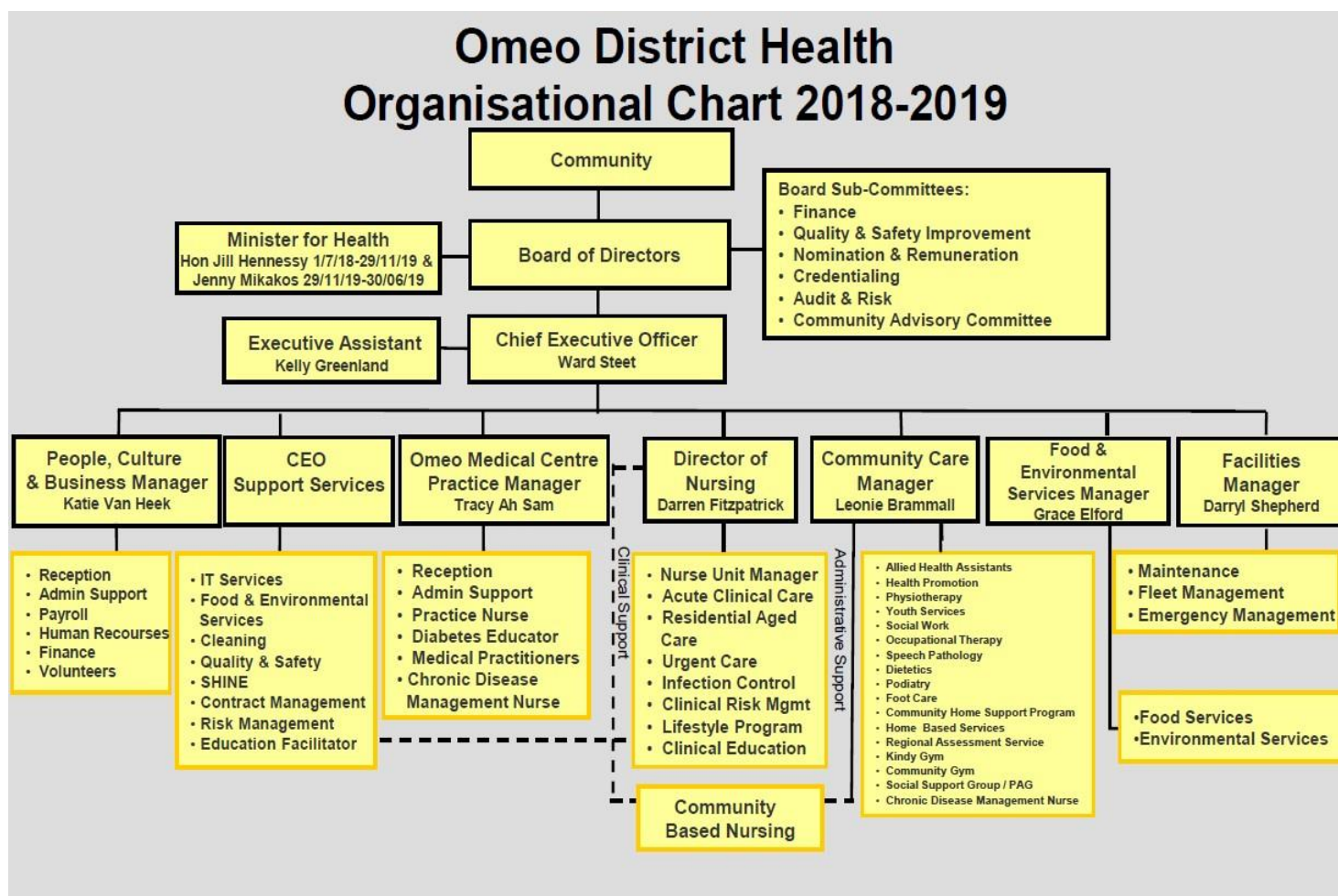
Leanne Stedman

The Quality Coordinator oversees and co-ordinates the efforts of all staff toward meeting and maintaining the five sets of accreditation standards that apply to ODH activities.

As well as collating all evidence required to support each accreditation review, the role

includes monitoring, collating and presenting monthly quality data, maintaining audit and improvement schedules, delivering staff education, managing the Riskman incident reporting portal and the PROMPT document management portal and preparing the annual Quality Account.

Organisational Chart



Attestations

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the report of operations for Omeo District Health for the year ending 30 June 2019.

Signed: 

Simon Lawlor

Chair, Board of Management
Omeo, 19th September 2019

Financial Management Compliance

I, Simon Lawlor, on behalf of the Responsible Body, certify that Omeo District Health has complied with the applicable Standing Directions 2018 under the Financial Management Act 1994 and Instructions.

Signed: 

Simon Lawlor

Chair, Board of Management
Omeo, 19th September 2019

Data Integrity

I, Ward Steet, certify that Omeo District health has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Omeo District Health has critically reviewed these controls and processes during the year.

Signed: 

Ward Steet,

Chief Executive Officer
Omeo, 19th September 2019

Integrity, Fraud and Corruption

I, Ward Steet certify that Omeo District Health has put in place appropriate internal controls and processes to ensure that Integrity, fraud and corruption risks have been reviewed and addressed at Omeo District Health during the year.

Signed: 

Ward Steet,

Chief Executive Officer
Omeo, 19th September 2019

Compliance with Health Purchasing Victoria (HPV) Health Purchasing Policies

I, Ward Steet certify that Omeo District Health has put in place appropriate internal controls and processes to ensure that it has complied with all requirements set out in the HPV Health Purchasing Policies including mandatory HPV collective agreements as required by the Health Services Act 1988 (Vic) and has critically reviewed these controls and processes during the year.

Signed: 

Ward Steet

Chief Executive Officer
Omeo, 19th September 2019

Conflict of Interest

I, Ward Steet, certify that Omeo District health has put in place appropriate internal controls and processes to ensure that it complied with the requirements of hospital circular 07/2017 *Compliance reporting in health portfolio entities (Revised)* and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Omeo District Health and members of the Board, and all declared conflicts have been addressed and are being managed. Conflict of Interest is a standard agenda item for declaration and documenting at each executive Board meeting.

Signed: 

Ward Steet,

Chief Executive Officer
Omeo, 19th September 2019

Statement of Priorities - Part A

Agreement between the Secretary Department of Health and Human Services and Omeo District Health
The Victorian Government's priorities and policy directions are outlined in the *Victorian Health Priorities Framework 2012–2022*.

The 2018-19 financial year again saw Omeo District Health commit to a framework that captured key strategic priorities and again achieve considerable advances.

The Statement of Priorities provides key actions and deliverables as the organisation travels through the year. The framework ensures key local and regional objectives are met while aligning the organisation with the direction of government policy.

Strategic Priorities

Goals	Strategies	Health Service Deliverables	Outcome
<p>Better Health</p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Continue to actively contribute to the governance and implementation of East Gippsland's Municipal Public Health and Wellbeing Plan (EGMPHWP):</p> <p>'Well Placed for Wellbeing'.</p>	<p>ACHIEVED</p> <p>The ODH CEO is an active participant on the EGMPHWP steering committee.</p> <p>The ODH Health Promotion Worker is actively engaged in the working group developing the 'Well Placed for Wellbeing' action plan.</p> <p>CEO and staff attended the East Gippsland Primary Care Partnership (EGPCP) Forum on 18 July 2018 focussed on collaborative partnerships to set the scene for community engagement in the development and implementation of the 'Well Placed for Wellbeing' plan</p> <p>ODH conducted a 'Safe Families & Communities Omeo Region Strategic Planning Session' on 30 July 2018</p> <p>ODH is Chair of the EGPCP and had input into ensuring the EGPCP Strategic Plan was aligned to the 'Well Placed for Wellbeing' plan</p> <p>CEO and staff attended the EGPCP Partnership forum on 6 March 2019 which focussed on developing an action plan for the 'Well Placed for Wellbeing' strategy.</p>

Goals	Strategies	Health Service Deliverables	Outcome
Better Access Care is always there when people need it More access to care in the home and community People are connected to the full range of care and support they need There is equal access to care	Better Access Plan and invest Unlock innovation Provide easier access Ensure fair access	Conduct a local community needs survey to inform service planning and develop an action plan to address identified service gaps. Implement new sustainable dental services model of care.	ACHIEVED Survey questions developed in partnership with the East Gippsland Shire Council (EGSC). Survey sent out to community in August 2018 Survey results collated and presented to the ODH Board on 17 December 2018. Action plan has been developed and presented to the Community Advisory Committee and the Board for feedback and input. ACHIEVED New dental model of care established with the Royal Flying Doctors Service (RFDS) assuming responsibility for public dental services in the Omeo region a fortnightly service to the Omeo and District region. The service has been extended to include the residents of Dinner Plain and Hotham Heights. The service commenced 31 Jan 2019 and has been consistently booked several months in advance since it commenced. Feedback from the community has been overwhelmingly positive. ODH, as a partner in the service, provides the use of the dental clinic, utilities and cleaning services free of charge to the RFDS.

Goals	Strategies	Health Service Deliverables	Outcome
Better Care Target zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs	Better Care Put quality first Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care	Ensure quality, safe care through mapping of the new Aged Care and the new National Safety & Quality Health Service (NSQHS) standards against old standards and implement processes to ensure ODH is compliant or exceeds the new standards.	ACHIEVED Mapping of the new NSQHS Standards and the new Single Aged Care Quality Framework Standards was completed. Gap analyses and action plans were developed to address identified gaps. ODH successfully underwent the NSQHS Standards survey 1-2 May 2019. ODH is completing the Single Aged Care Quality Framework Standards self-assessment and expects an announced survey during the first quarter of FY20.
		Nurture an incident reporting culture and embed a feedback loop back to staff into the process.	ACHIEVED A robust incident reporting culture, including the reporting of "near misses" has been embedded within the organisation. An email feedback mechanism within the Riskman incident reporting software is being utilised by managers to feed back to incident reporters, other key staff and their Managers regarding what investigations have been undertaken, what the outcomes of the investigations were and any action plans stemming from the investigations. Responsiveness KPI was introduced measuring response times for incident investigation and closure and for Complaint acknowledgement, investigation and closure. KPI's report to the Board via Quality & Safety Committee.

Goals	Strategies	Health Service Deliverables	Outcome
Specific 2018-19 priorities (mandatory)	Disability Action Plans Draft disability action plans are completed in 2018-19.	Submit a draft disability action plan to the department by 30 June 2019. The draft plan needs to outline the approach to full implementation within three years of publication.	ACHIEVED ODH has a Disability Action Plan in place. The plan was reviewed utilising Victorian Health Association (VHA) resource toolkit to ensure it meets all requirements before being sent to DHHS.
	Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	All Operational Plans to include volunteer engagement and reward and recognition strategies and KPI's.	ACHIEVED The ODH Operational Plan includes Volunteer KPI's regarding volunteer engagement, reward and recognition. ACHIEVED Volunteers recognised at the ODH AGM held 12 November 2018.
		Position descriptions in place for all volunteer programs.	ACHIEVED Volunteer position descriptions developed and in place.
		Volunteers to have an annual performance review.	ACHIEVED Volunteers have been included in the annual performance appraisal schedule.
		Survey volunteers to measure level of satisfaction regarding support, training, resourcing and recognition.	ACHIEVED The People, Culture and Business Manager has developed and implemented a Volunteer survey.
	Bullying and harassment Actively promote positive workplace	Develop and embed behaviour standards that support the new ODH WE CARE Values.	ACHIEVED The ODH Code of Practice and Ethics Policy has been revised to include the WE CARE Values and associated behaviours and the Values have been embedded in position descriptions.

Goals	Strategies	Health Service Deliverables	Outcome
	behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.	Review and update all position descriptions and ensure they are consistent with ODH's WE CARE Values.	ACHIEVED The ODH position description template was revised to include the WE CARE Values. As staff performance reviews are completed, position descriptions are reviewed and updated for each staff member and they will receive the revised position description.
		Ensure any incidents of bullying and harassment are logged on Riskman, fully investigated and actioned as appropriate, with feedback provided to staff.	ACHIEVED There was no reported incidents of bullying and harassment during FY19. Bullying and Harassment is a standing agenda item at the bi-monthly All Staff Forum.
		A bullying and harassment report to be included as part of the OH&S report presented at each Board meeting.	ACHIEVED Bullying and harassment data is included in the OH&S report provided to the Board monthly. Sexual discrimination is also on the Board OH&S report and there were nil instances reported during FY19.
		Bullying and harassment information and feedback to be made available to staff through the All Staff Forums and via noticeboards.	ACHIEVED Bullying and harassment People Matters Survey results were presented to the All Staff Forum and distributed to staff via the ODH All Staff email distribution list.

Goals	Strategies	Health Service Deliverables	Outcome
	<p>Occupational violence</p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>	Occupational violence training, including the department's occupational violence and aggression training principles, to be included in annual mandatory training for staff that have contact with patients and visitors.	<p>ACHIEVED</p> <p>Occupational Violence and Aggression (OVA) training is included in annual mandatory staff training.</p>
	<p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government's:</p> <p>policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including</p>	Install solar panels to the health service main campus, the doctor's residence and the nurse's residence to reduce ODH's environmental footprint.	<p>ACHIEVED</p> <p>The solar panel installation was completed by Gippsland Solar on 12 January and contributed to savings of \$7,130 for the six months to June 2019 on just the main health service campus (This represents 30% of energy spend for the period). Data is not available for the savings generated from the solar panel installation on the two staff residences. Estimated annual savings from the installation of solar panels is \$20k per annum.</p>

Goals	Strategies	Health Service Deliverables	Outcome
	<p>workforce education, to reduce material environmental impacts with</p> <p>particular consideration of procurement and waste management, and</p> <p>publicly reporting environmental performance data, including</p> <p>measurable</p> <p>targets related to reduction of clinical, sharps and landfill</p> <p>waste, water and energy use and improved recycling.</p>	<p>Retrofit LED lighting to the remaining lights that have not already been changed over, organisation-wide.</p>	<p>ACHIEVED</p> <p>A small percentage of lighting is yet to be retrofit with LED globes, the majority of the organisation is now LED energy efficient.</p>
	<p>LGBTI</p> <p>Develop and promulgate service level policies and protocols, in</p> <p>partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of</p>	<p>Develop and implement an LGBTI action plan to address gaps identified through the Rainbow eQuality self-assessment.</p>	<p>ACHIEVED</p> <p>A gap analysis of ODH against the Rainbow tick accreditation standards was completed.</p> <p>The Diversity Plan was reviewed and revised to include LGBTIQI actions identified in the gap analysis.</p> <p>‘Gender inclusive restroom’ amenities signage has been added to all ODH public amenities.</p> <p>LGBTQI posters and information are visible at the entrance to the organisation.</p> <p>An LGBTQI acknowledgement along with the Welcome to Country acknowledgement was used to open the ODH AGM on 12 November 2108.</p>

Goals	Strategies	Health Service Deliverables	Outcome
	gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.	Include the rainbow flag and an LGBTI-inclusive practice statement within the standardised ODH email tag.	ACHIEVED The diversity inclusive email tag has been substantially rolled out across the organisation.
		Commence flying the rainbow flag outside the entrance to the organisation.	ACHIEVED Four new flag poles were erected at the entrance to the health service flying the Australian, Aboriginal, TSI and Rainbow flags. An aboriginal and TSI Flag raising ceremony is planned for July 2019. A Rainbow flag raising ceremony is also planned to be held for early next financial year.

Statement of Priorities - Part B

Performance Priorities

a) Safety and Quality Performance

Key Performance Indicator	2018/19 Target	2018/19 Actual
Accreditation		
Accreditation against the National Safety and Quality Health Service Standards.	Full Compliance	Achieved
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full Compliance	Achieved
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	80%	88%
Patient experience		
Victorian Healthcare Experience Survey – positive patient experience - Quarter 1, Quarter 2 and Quarter 3	95% positive experience	Full Compliance*
Victorian Healthcare Experience Survey – positive discharge care – Quarter 1, Quarter 2 and Quarter 3	75% very positive experience	Full Compliance*
Victorian Healthcare Experience Survey – patients perception of cleanliness – Quarter 1, Quarter2 and Quarter 3	70%	Full Compliance*
Adverse events		
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days	Nil events

* Less than 42 responses were received for the period due to the relative size of the Health Service

b) Strong governance, leadership and culture

Key Performance Indicator	Target	Actual	Actual
Organisational culture	2018/19	2018/19	2017/18
People Matter Survey - percentage of staff with an overall positive response to safety and culture questions	80%	98%	97%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%	100%	100%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%	98%	97%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%	98%	95%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%	98%	94%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%	98%	100%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%	95%	97%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%	100%	97%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%	98%	100%

c) Effective Financial Management

Key Performance Indicator	Target	Actual
Funding		
Operating Result (\$m)	-0.093	-0.080
Average number of days to paying trade creditors	60 days	36 days
Average number of days to receiving patient fee debtors	60 days	29 days
Adjusted current asset ratio * or 3% improvement from health service base target	0.7*	1.93
Forecast number of days of available cash	14 days	142 days
Actual number of days of available cash at end of each month	14 days	Achieved
Forecasting net result from transactions (NRFT)	Variance < \$250,000	Achieved

Statement of Priorities - Part C

Activity

Type	Activity
Small Rural Residential Care	5,062
Small Rural HACC	1,691
Health Workforce	1

Activity and funding

Small Rural		
	2018-2019 Activity Achievements	Units
Small Rural Residential Care		Bed Days
Small Rural HACC		
- Counselling	117	Hours
- Occupational Therapy	55	Hours
- Physiotherapy	36	Hours
- Assessment	144	Hours
- Delivered Meals	83	Individual meals
- Domestic Assistance	77	Hours
- Nursing	76	Hours
- Personal Care	165	Hours
- Planned Activity Group	133	Hours
- Property Maintenance	5	Hours
- Respite	87	Hours
Health Workforce		Number of Students

Summary of Financial Results

	2019 \$,000	2018 \$,000	2017 \$,000	2016 \$,000	2015 \$,000
Operating result	-80	-97	28	52	100
Total Revenue	5,772	5,465	5,219	5,323	5,060
Total Expenses	6,372	5,832	5,710	5,619	5,409
Net Result from Transactions	-600	-367	-491	-296	-349
Total other economic Flows	1	40	-1	1	3
Net Results	599	-327	-492	-295	-349
Total Assets	9,998	7,642	6,480	6,972	7,267
Total Liabilities	2,425	1,528	1,544	1,525	1,460
Net Assets / Total Equity	7,573	6,114	6,480	6,972	7,267

	2019 \$,000
Net Operating Result *	-80
Capital and specific items	
Specific Purpose income	154
Specific income	0
Assets provided free of charge	0
Assets received free of charge	0
Expenditure for capital purpose	0
Depreciation and amortization	(674)
Impairment of non-financial assets	0
Finance costs (other)	0
Net Results from transactions	(600)

*The Net operating result is the result which the health service is monitored against in its Statement of Priorities

Operational and Budgetary Objectives

Omeo District Health projected an operating deficit of \$93,345 for the year and an overall net result from transaction deficit of \$690,733. The Health Service is operating under tight monetary constraints but continues to provide a broad range of services to the community.

Audited Financial Results

The financial results for 2019 reflect a net result from transactions deficit of \$80,195 and a net result from transactions deficit of \$599,166. The results are favorable against budget with the Health Service also remaining positive in key areas such as cash flow.

Summary of Major Changes or Factors Affecting Achievement of Operational Objectives

Increased occupancy with Residential Aged Care has reflected favorably on overall financial results for Omeo District Health. The Medical Clinic produced a surplus of \$61k for the year (projected surplus of \$43k).

Events Subsequent to Balance Day, which may have significant effect on Operations in Subsequent Years

There have been no events subsequent to balance day which may have a significant effect on operations in subsequent years.

Consultancies costing in excess of \$10,000 (ex GST)

There were no consultancies costing in excess of \$10,000 during the financial year.

Consultancies costing less than \$10,000 (ex GST)

There were no consultancies costing less than \$10,000 during the financial year.

ICT Expenditure

Business As Usual (BAU) ICT expenditure	Non-Business As Usual (non-BAU) ICT expenditure		
Total (excluding GST)	Total=Operational expenditure and Capital Expenditure (excluding GST) (a) + (b)	Operational expenditure (excluding GST) (a)	Capital expenditure (excluding GST) (b)
\$0.255 million	\$0.305 million	\$0.305 million	\$0

Aged Care

ODH is bound by the Schedule of Resident Fees as set down by the Commonwealth Department of Health & Ageing on a quarterly basis. Fees for clients include daily care fees, accommodation charges, income tested fees and accommodation deposits or charges.

Admitted & Non-Admitted Patients

ODH is bound by the Victorian Department of Health and Human Services Fees Manual for admitted public, private, DVA, WorkCover and TAC patients. The DHS Fees Manual also provides information on charges for non-admitted patients, referred to by ODH for Physiotherapy and Outpatient Facility Fees. Facilitated exercise programs attract a nominal fee.

Home and Community Care

ODH refers to the 'Schedule of Costs for Services provided' as set down by the Victorian Department of Health and Human Services. Fees to other health agencies include post-acute care, home care for DVA clients, home care and respite for supported clients. Fees to clients include home care, home maintenance and District Nursing Service visits.

Other

ODH may also charge a small fee to clients for items that are not directly funded, nor specified in the Fees Manual, by the Victorian Department of Health and Human Services or the Commonwealth Department of Health & Ageing. Fees to clients include rental of Health Service equipment, rental of Health Service buildings, and outpatient charges for procedures, starter packs and interventions. ODH does not charge fees for afterhours urgent care services to eligible clients

Statutory Compliance

Building Act 1993

In the year ended 30 June 2019, all buildings of Omeo District Health were fully compliant with the Building Act 1993.

Freedom of Information Act 1982

Omeo District Health is subject to the *Freedom of Information Act (Victoria) 1982*. All health service records are accessible to the limitations imposed by

the Act. The public may seek access to such records by making a written request to the Chief Executive Officer. In the year ended 30 June 2019, five (5) applications for access to documents under the Freedom of Information Act were received.

Implementation and Compliance with National Competition Policy

In accordance with the national competition principles agreed by the Federal and State Governments in April 1995, Omeo District Health has implemented policies and procedures to ensure compliance with the National Competition Policy. These programs and policies include tendering for the provision of goods and services as per obligations within Health Purchasing Victoria Procurement policy. ODH underwent audit against Health Purchasing Victoria procurement policies and procedures and are implementing a range of minor improvements to our processes to ensure compliance with the policies. Also refer to page 20.

Protecting Your Privacy

ODH complies with the provisions of the Health Services Act 1988 (No.49/1988), the Health Records Act 2001 (No.2/2001) and the Information Privacy Act 2000 (No.98/2000) relating to confidentiality and privacy by ensuring that all employees do not disclose any information or records concerning Omeo District Health's patients, clients, staff and customers acquired in the course of their employment, other than for any authorised or lawful purpose.

Protected Disclosure Act 2012

Omeo District Health has in place appropriate procedures for disclosure in accordance with the Protected Disclosure Act 2012. No protected disclosures were made under the Act in 2018-2019.

Carers Recognition Act 2012 Statement

The Carers Recognition Act 2012 recognises, promotes and values the role of people in care relationships. Omeo District Health understands the different needs of persons in care relationships and that care relationships bring benefits to the patients, their carers and to the community.

Omeo District Health service takes all practicable measures to ensure that its employees, agents and carers have an awareness and understanding of the care relationship principles and this is reflected in our commitment to a model of patient and family centred care and to involving carers in the development and delivery of our services.

Safe Patient Care Act 2015

Omeo District Health has no matters to report in relation to its obligations under the Safe Patient Care Act 2015.

Local Jobs First Act disclosures

In 2018-2019 there were no contracts requiring disclosure under the Local Jobs First Policy.

Office Based Environmental Statement

ODH remains committed to environmental sustainability and improving environmental performance through the implementation of organisation-wide strategies in environmental sustainability and climate change adaptation.

The organisation actively strives to integrate environmental design into new and existing facilities with the aim of saving energy and reduce greenhouse gas emissions. We achieve this through reducing natural resource usage such as water, power and gas and minimising waste generation.

Redevelopment of facilities focuses on engineered environmental solutions whereby energy saving opportunities are sought through the installation of efficient insulation and double glazing in all reconstruction works. ODH has successfully acquired a 50kW system in total as part of the Gippsland Region Solar Program bulk procurement and has been installed.

	2018 /19	2017 /18	2016 /17	2015 /16
Total energy consumption by energy type (GJ)				
Electricity	622	688	730	817
Natural gas & LPG	1,586	1,995	1,919	1,686
Normalised water consumption				
Water per unit of floor space (kL/m ²)	0.72	0.56	0.50	0.51
Normalised greenhouse gas emissions				
Emissions per unit of floor space (kgCO ₂ e/m ²)	62	72	84	88
Emissions per unit of activity (kgCO ₂ e/bed-day)	61	80	88	85

External Reviews Undertaken in 2018/19

Home Care Common Standards (Home Based Services, District Nursing, Allied Health):

25 October 2017: The Australian Aged Care Quality Agency conducted an accreditation audit of Omeo District Health Home Based Services, District Nursing and Allied Health. ODH received confirmation on 7 December 2017 that all Standards had been assessed as Met. The next Home Care Common accreditation is due during 2020 and will be accredited under the new Standard that commenced 1 July 2019.

Human Services Standards (Disability Services): Check Marijs & Leanne S

November 2018: Omeo District Health is required to provide DHHS with a self-assessment under these Standards every 18 months. The last Self-Assessment was submitted in November 2018.

Royal Australian College of General Practitioners (RACGP) Standards (Medical Centre):

12 February 2018: Australian General Practice Accreditation Limited (AGPAL) conducted an accreditation audit of Omeo District Health's Medical Centre under the RACGP Standards. ODH Accreditation Period 4th May 2019 – 4th May 2021.

National Standards (Hospital):

1 May 2019: Omeo District Health underwent a NSQHS Standards Second Edition Organisation-Wide Assessment from 1st May 2019 to 2nd May 2019. All Standards have been met. ODH Accreditation Period 2nd August 2019 – 1st August 2021.

Aged Care Standards (Residential Aged Care):

29 May 2018: The Australian Aged Care Quality Agency conducted an unannounced Assessment Contact visit to Omeo District Health. All Aged Care Standards under assessment were assessed as Met. Accreditation Period expires 4th December

Additional Information

Consistent with FRD 22H section 5.19 requires agencies to provide the following statement:

Details in respect of the items listed below have been retained by the health service and are available to the

relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- Declarations of pecuniary interests have been duly completed by all relevant officers;
- Details of shares held by senior officers as nominee or held beneficially;
- Details of publications produced by the entity about itself, and how these can be obtained;
- Details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- Details of any major external reviews carried out on the Health Service;
- Details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the report of operations or in a document that contains the financial statements and report of operations;
- Details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- Details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- Details of assessments and measures undertaken to improve the occupational health and safety of employees;
- A general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the report of operations;
- A list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.
- Details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

Disclosure Index

The Annual report of the Omeo District Health Service is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory requirements.

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FS = Financial Statements