



2021 Annual Report



WE CARE

About creating a healthy community



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.



1939 — Devastating bushfires destroyed the original Omeo District Hospital building, along with surrounding towns and landscapes.



1940 — A new 19 bed hospital was built on the Easton Street site.



1993 — Following reviews and funding changes in September, the number of beds was reduced to 4 acute beds, 1 urgent care centre and 10 nursing home places.



2005 — On 9 December a full redevelopment of the existing hospital buildings and service areas was completed and officially opened.



2012 — The High Country Men's Shed officially opened on 22 July, funded by the Victorian Department of Planning and Community Development and in partnership with the CFA Victoria.



2012 — The ODH Community Gym opened in March at Omeo. Later, the program expanded to Swifts Creek (May 2013) and Benambra (April 2017).



2016 — The ODH Harvest Exchange was launched in February, under the Omeo Region Healthy Food Futures 'Grow, Share, Create' Project.



2017 — A sustainable public dental service was established in partnership with the Royal Flying Doctor Service, operating out of ODH premises.



2019 — ODH provided extensive assistance to the community and kept residents safe as bushfires threatened local towns, including Omeo.



2020 — ODH was approved to become a Home Care Package Provider.

ODH increased services and extended hours to accommodate COVID-19 testing and vaccinations.



Table of Contents

Our Journey	2
Objectives	4
Strategic Plan	5
Our Services	6
Our Board	7
Our Executive Team	10
Our Year in Review	11
Report of the Board Chair and Chief Executive Officer	13
Clinical Services Report	14
• Aged Care	14
• Education	15
Support Services	16
• Community Dental Services—Royal Flying Doctors Service Partnership	16
• Food and Environmental Services	17
• Home Based Services and Allied Health Report	19
• Facilities and Maintenance Services	20
• Administration	20
• SHINE	20
Organisation Chart	21
Workforce Data	22
• Occupational Health and Safety	22
• Occupational Violence Statistics	23
Attestations	24
Statement of Priorities	25
• Part A; Strategic Priorities	26
• Part B; Performance Priorities	26
• Part C; Activity	27
Summary of the Financial Results for the Year	27
• Consultancies	27
• ICT Expenditure	27
Legislation	29
Additional Information	30
Asset Management Accountability Framework	30
Summary of Environmental Performance	31
Disclosure Index	32

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

The responsible Minister for Health:

From 1 July 2020 to 26 September 2020

Jenny Mikakos MP

Minister for Health

Minister for Ambulance Services

From 26 September to 30 June 2021

The Hon Martin Foley MP

Minister for Ambulance Services

Minister for Equality

The responsible Minister for Mental Health:

From 1 July 2020 to 26 September

The Hon Martin Foley MP

Minister for Mental Health

Minister for Equality

From 26 Sept 2020 to 30 June 2021

The Hon James Merlino MP

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

Acknowledgment of Country

Omeo District Health acknowledged the traditional owners of the lands on which we operate. We recognise and respect their cultural heritage, beliefs and relationship with the lands.

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 difference, 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.

Front cover image:

The day Omeo District Health raised the Rainbow Flag. On IDAHOBIT Day, 17th May 2021.

Omeo District Health Leadership Management Team.



Omeo District Health

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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 five years we develop a Strategic Plan that reflects our vision, defines our mission, encapsulates our values and details how we will deliver our objective's. Our Strategic Plan for 2018—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 and simple structures are established to seek broader community consultation, engagement, volunteering and participation;
- Plan services around existing and emerging community needs and demands, participate in community events and introduce regular periodic assessments of performance;
- Targeted promotion of available services through the use of print and online platforms.

People and Cultures

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

Effective Governance

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

- Effective corporate and clinical governance frame-

works are in place;

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

Quality Care and 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 and community standards;

Sustainable Services

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

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

Collaborative Partnerships

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

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

Our Services

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
- Aged Care Family Liaison Officer

District Nursing Services

- Home Visiting
- Post– Acute Care Program
- Post Discharge Support
- Transitional Care program in the community

Ancillary Services

- Radiology
- Pathology

Subacute Care

- Transitional Care Program
- Rehabilitation

- Volunteer Program
- Community Gym and Exercise Classes
- Pre-employment physical testing program service
- In venue child day care programs

Home Based Services

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

Medical Services

- Omeo Medical Centre

Dental Services

- Royal Flying Doctor Service
 - Public dental Service
 - Private dental service

Use of Facilities

Community Group Meetings

Allied Health &

Community Services

- Chronic Disease Management

- Diabetes Education
- Counselling/Social Work
- Equipment Loan
- Podiatry
- Foot Care
- Health Promotion and Education
- Information and Referral
- Occupational Therapy
- Physiotherapy
- Speech Pathology
- Youth Program
- Allied Health Assistant
- High Country Men's Shed
- Mental Health Nurse

Supporting Portfolios

- Administration
- Food and Environmental Services
- Infection Control
- Maintenance and Gardens
- Occupational Health and Safety
- Regional Assessment Service (RAS Assessor)
- Clinical Education

Visiting Services

- Continence Service
- Wound Consultant
- Gerontology Nurse Practitioner

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 Directors

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 with the resources provided.

Board Directors are appointed by the Governor in Council, upon the recommendation of the Minister For Health.

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

- To monitor the performance of the hospital; and
- To ensure the service provided by the hospital comply with the requirements of the Act and the aims of the organisation.

The Board assists in delivering these goals by receiving regular reports on the organisation's operations including Quality, Safety, Risk and Financial activities.

Board of Management Attendance

Member	# of meetings attended out of 10
Simon Lawlor	7
Ann Ferguson	8
Natalie O'Connell	8
Kate Commins	10
Alastair McKenzie	5
Penny Barry	8
Therese Tierney	6
Joe Rettino	8
Leecia Angus	8
Lindsay Moss	5



Chair of the Board

Simon Lawlor

Director of Upper Livingstone Farm, Omeo

Simon was appointed to the Board in March 2017 and was re-elected Chair in December 2019. His appointment expires on June 30th 2022.

Committee Membership:

Nomination and Remuneration; Credentialing and Privileging.



Vice Chair

Natalie O'Connell

Executive Assistant at Catchment Management Authority

Natalie was appointed to the Board in July 2018 and was elected Vice Chair in December 2019. His appointment expired on June 3rd 2021.

Committee Membership:

Clinical Governance; Nomination and Remuneration.



Treasurer

Joe Rettino

Partnership/Engagement Broker | Skills and Jobs Centre TAFE Gippsland

Joe was appointed to the Board in July 2019 and was elected Treasurer in December 2020. His appointment expires on June 30th 2022.

Committee Membership:

Finance, Risk and Audit—Chair

Our Board — Directors



Kate Commins

Director of Meringo Pastoral, Swifts Creek

Kate was appointed to the Board in July 2012. Her appointment expired on June 30th 2021.

Committee Membership:

Clinical Governance; Credentialing and Privileging; Community and Consumer Partnership Advisory



Therese Tierney

Consultant and Board Director

Therese was appointed to the Board in July 2019. Her appointment expires on June 30th 2022.

Committee Membership:

Clinical Governance; Credentialing and Privileging



Penny Barry

Director of Bindi Pty Ltd, Swifts Creek

Penny was appointed to the Board in March 2020. Her appointment expires on June 30th 2023.

Committee Membership:

Community and Consumer Partnership Advisory



Ann Ferguson

Commercial Manager

Ann was appointed to the Board in March 2017. Her appointment expires on June 30th 2024.

Committee Membership:

Finance, Risk and Audit; Nomination & Remuneration

Lindsay Moss

Self Employed, Mount Hotham Skiing Company and Ambulance Victoria

Lindsay was appointed to the Board in March 2017. His appointment expired on June 30th 2021.

Committee Membership:

Community and Consumer Partnership Advisory

Our Board — Committees

Finance, Risk and Audit 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 Finance, Risk and Audit Committee meets bi-monthly and reports directly to the Board of Directors, led by Joe Rettino as Chairperson.

Independent Members



Caroline Mildenhall

Ensay Community Health Service

Appointed 2015

Nomination and 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 the Chief Executive Officer position.

Clinical Governance Committee

The Clinical Governance Committee is responsible for oversight of the Clinical Governance Framework and the Quality Improvement Program, meeting on a quarterly basis with three Board Directors 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 and Consumer Partnership Advisory Committee

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

The Committee acts as an advocate to the Board of Directors on behalf of the community, consumers and carers.

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

Credentialing and Privileging Committee

Ensuring that medical practitioners are appropriately qualified and experienced is an important role for this committee. Dr. Mau Wee, Director of Medical Services, supported by Mrs. Kelly Greenland (Executive Assistant), review all medical practitioners' credentials, ensuring ODH is compliant with all credentialing requirements.

Reaccreditation of current medical practitioners is attended to and recommendations for appointments of new locums or visiting GP's are made to the Board of Directors for approval.



Our Executive Team

Chief Executive Officer

March 2020 — May 2021 Acting Interim CEO — **Leanne Stedman**

From May 2021 — **A/Prof Arish Naresh** J.P, MNZM, PhD, MHSc (Dist), PGHSM, PGHSc, Dent Therapy (Hons), Adv IT, FHSM CHE, NZRDTH, MIML

Associate Professor Arish Naresh is the Chief Executive Officer role for Omeo District Health and joined in mid May 2021, after being the Program Director for Speciality Medicine at Royal Adelaide Hospital. Arish is originally from Fiji and has over 14 years of health experience, including 11 of those being in executive leadership. Arish held multiple senior roles in the health sector within New Zealand including being Chief of Allied Health for a workforce of 1300 in one of the largest tertiary hospitals in Wellington.

He is also the President of the International Oral Health Association and past Chairperson of New Zealand Dental and Oral Health Therapists Association. Helping and serving others is a core principle for Arish. He served as a Board Member of UNICEF New Zealand and has assisted many local, regional and international charities. He is also the Founder of OWDSOCKS – Opportunities without Discrimination; a social movement dedicated to promoting inclusion and diversity in society. Arish is committed to working to prevent violence against women and is also a White Ribbon ambassador. Arish was awarded New Zealand order of Merit in June 2020 as part of the royal honours for his services to community and dentistry and he continues to advocate for good oral health.

Arish's vision is to turn ODH into the centre of excellence for rural health by building high quality strategic partnerships; working hand in hand with the community and promoting the concept of having a champion team that strives for excellence on a daily basis. As such, this year's annual report features the Leadership Management Team (LMT) made up of our leaders from various parts of the organisation. Our leaders are supported by our brilliant reception and executive team. Our champion team is as below (minus a few that were on leave on the day photos were taken):



Our Year in Review

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

2019/20 was the year of the bushfires and beginning of the global pandemic and 2020/21 for ODH continued to test the health service and the community as we pivoted into further management of COVID-19 and rolling out the vaccinations.

ODH continued to work with the department to implement any changes in pandemic directions and ODH continued to test people with even the mildest symptoms through the tent set up in the community gym.

Our regular chronic diseases classes, youth group hangouts, Men's Shed get together and other activities that required people to gather in one room were disrupted. While ODH continued to provide virtual support to people and do regular check in's via phone calls; a much stronger restart of services is required in 2021/22 year to provide services that have been delayed due to the pandemic.

Our infection control team, reception staff, medical centre staff, nursing staff, cleaning staff and the wider ODH team all increased their hours to ensure ODH complied with the increased visitor screening, cleaning and wearing of PPE requirements.

ODH produced a quality account to capture highlights of the year even though this was not a requirement through Safer Care Victoria.

ODH participated in regular performance meetings with the departments and was actively engaged in sub regional and regional partnerships to ensure the organisation was always informed of any changes that were relevant as Victoria responded to one of the longest periods of lockdowns.

ODH provided additional education to staff around COVID-19 management and enrolled 5 of its staff members into the Australian College of Infection Prevention and Controls official program to further enhance the organisations capabilities in the area of infection prevention. A very timely education program that has been taken up by some of our willing staff.

ODH also had Associate Professor Pravin Hissaria, Medical Director, Vaccination program from the Royal Adelaide Hospital lead an education session on the development of the Pfizer and AstraZeneca vaccines. This was well received by the staff and the community.

Prof Toby Coates, Dr Maura Kenny and Dr Intesar Malik further delivered sessions to staff and community on management of chronic diseases in a pandemic,

importance of mindfulness and responding to falls/stroke in communities especially at in times when less people are visiting each other.

ODH received bushfire funding and was able to complete new fire panels, landscaping, installation of hydrant ring main, installation of roof anchor points and installation of drenchers. We also installed a new back-up generator.

The only outstanding item left is the installation of a 300,000L water tank which is vital to our response and the implementation for this is planned for the 2021/22 year. It is essential to be compliant with the recommendations that were provided to ODH post the black summer bushfires.

ODH was also successful in receiving RHIF grants to upgrade the flooring in Lewington House and a further \$30,000 was received to run skin cancer clinics providing this vital service closer to our communities. This was very well received by the communities and the program will continue into the 2021/22 year.

To ensure we have good occupancy in our aged residential care facility, a marketing project was initiated, and community consultations were held to understand the needs of our future residents and while this project started with lot of enthusiasm; COVID-19 prevented the roll out of this initiative and we are hoping that by end of 2021; we should have something tangible to use for marketing. Having lower occupancy has an impact on our revenue.

Due to COVID-19, it was more difficult to get visiting medical officers to Omeo, especially for the doctors that live in other states, and while we continued to serve our communities; medical centre, aged care, community services and TCP occupancy declined resulting in loss of revenue for ODH.

Ambulance Victoria and ODH worked closely together in the past year in area of training and also to support sustainability of ambulance services in the region. ODH supports further recruitment of Ambulance Community Officers' and hopes that the current MICA role will be further enhanced.

ODH also supported the Cattlemen's Cycle Race and participated in the planning process of the Outer Gippsland Drought and Fire Mental Health and Well-being Partnership.

ODH had an active presence at Ensay and Swifts Creek Bush Nursing Centres AGM to further strengthen our linkages with our key partners.

ODH has now signed up to HotDoc GP booking system and this is well received by the community. We are now using this to book COVID-19 swabbing and vaccinations and the response to use of technology is great.

Lifeguard chronic management tool has also been rolled out at ODH through support of Gippsland PHN and the app is intended to further enhance the use of telehealth in rural area.

ODH participated in the People Matters Survey that run towards the end of the financial year and look forward to using the data received to further improve services at ODH.

ODH completed its internal audit requirements in partnership with RSM and our Finance, Audit and Risk Committee has signed off the internal audit program for the next 3 years to ensure we meet our compliance requirements.

Discussions with Bairnsdale Regional Health Services continue around having a sustainable medical model of care and this partnership has been further strengthened since the appointment of a joint Director of Medical Services. ODH and Bairnsdale Regional Health Service (BRHS) also conduct joint credentialing of our doctors and Orbost Regional Health (ORH) is to join the process from next financial year.

COVID-19 vaccinations roll out is going well and ODH has converted its day care space into a vaccination hub and is currently exploring other spaces for further vaccine roll out as the day care space is only available to ODH until December 2021.

Since the roll out has begun, the uptake of vaccinations has been great by the community, and it is estimated that 1/3 of the community have had at least one dose at the time of writing this report.

Recruitment of professionals remains a challenge in the region and one of the barriers is suitable accommodation and our accommodation working group is currently exploring options for better staff/student accommodation so we can attract and retain talent. We are having regular conversations with Housing Victoria to investigate leasing/purchasing of the currently empty public housing units.

With lockdown 4 and 5, the needs for COVID-19 testing in the alpine regions grew and ODH has since then run COVID-19 testing from 8am - 9pm, 7 days a week and this has resulted in more tests being carried out in that period than the previous 14 months of the pandemic.

A lot of positive feedback has been received by Alpine resort communities to our flexible testing hours and some of the businesses are now running active campaigns to donate equipment to ODH as a gesture of their appreciation.

ODH also went to every business in our region and delivered "pandemic response packs" so that our communities were kept safe and always wearing masks.

We also improved hospital signage and ran a beautification challenge to refresh the look of our facilities.

ODH put in an application for health worker wellbeing project and we have been successful in being one of the sites chosen by Safer Care Victoria and we look forward to this project starting in August 2021.

Weekly newsletters to staff and communities are now in place so people are always informed of what is happening at ODH.

ODH CEO has also been appointed as the Chair of the East Gippsland Primary Care Partnership. ODH has strengthened its partnership with Swifts Creek High School and offered scholarships to high school students to promote health careers.

ODH also issued 4 Barbara Shelton Scholarships this year.

ODH has started a regular lunch and learn session and as the sessions are run over zoom, the link is shared with Kilmore Health, BRHS, Orbost Regional Health, Seymour Health and Alpine Health Services.

In June, we experienced storm damage to our gym, carparks and some other parts of the hospital and insurance claims and repairs are currently underway.

The mental health issues in the community is on the rise and it is clear that a community wellbeing centre is required to assist in the post pandemic response to wellbeing. Grant applications are being prepared to be submitted in the next financial year.

Finally, it has been a challenging year but it has once again displayed the resilience of our workforce and our communities and displayed that rural communities make up what they lack in services through their passion and their sense of community.



Report of the Chair of the Board and Chief Executive Officer

Welcome to our 2020 - 21 Annual Report

It is with pleasure that we present the 129th Annual Report of operations for Omeo District Health (ODH), in accordance with the Financial Management Act 1994 for the year ending 30th June 2021.

The financial year of 2020-2021 has presented the whole world with a number of challenges due to the global pandemic. It can be better described as the “Year of the Pandemic and the Year of the Vaccinations”.

2020 was the International Year of the Nurses and 2021 became the International Year of the Health workers but a health service is much more than our valuable clinicians so on behalf of the operational leadership team and the board; we would like to thank each and everyone of you for assisting in keeping our communities safe. We know we have succeeded so far because there has not been an active case of COVID-19 in our district and we have rolled out at least one dose of vaccinations to 1/3 of our catchment.

In March 2020, ODH farewellled our former CEO, Ward Steet, Acting CEO, Leanne Stedman, stepped into the role in mid March 2020 and continued in her role until mid May 2021 when Associate Professor Arish Naresh joined ODH in a permanent role. The board would like to thank Leanne for her work over her term as interim CEO.

ODH is on a trajectory to become the Centre of excellence for rural health and this is already in train with a number of projects and partnerships that will boost our infrastructure and human capital. Some of the projects underway and in the pipeline are:

- Upgrade to the ODH carpark
- New flooring and carpets for our aged residential care facilities
- Implementation of swipe card entry into the facility project
- Upgrade to the TCP room to include an ensuite and a kitchenette
- New flooring, industrial grade gym carpets and cupboards for the community gym
- Commissioning of artwork that bring our building to life through natural landscapes
- Upgrade to the west courtyard to turn it into a dementia friendly garden
- Upgrade to the front entrance with a sound retaining wall
- Awarding of 4 Barbara Shelton Scholarship (highest ever awarded in one year) and training 4 people in the area of infection control through Australian Infection Control and Prevention College.

- Pursuing a partnership with La Trobe University Rural Health School
- Having students here from Project Everest Ventures to deliver impact projects

The above list can go on for a bit longer but the aim of putting it together is to display to our staff and communities that the management and board are strongly invested in having future ready facilities with a workforce that is highly skilled and has the community spirit that allows ODH to thrive, not just survive.

ODH has a champion team and success is a given when the team shines together. Every department in ODH is just as important and through their collective contribution; we provide the community with the support and care they deserve. We are not just public servants; true service is about being with the community at every step of the way and being part of their dreams and aspirations.

Thank you too, to our community members, patients, clients, residents, families, friends and visitors for their understanding and flexibility and for their contribution to community safety – including assisting during the long fire season and joining in with our COVID-19 mask making project.

The effects of the global pandemic will be with us for a number of years and while we do not know how long this pandemic will last; what we can assure you is that the board and the management will keep working with the ODH community to better the health and wellbeing of our people. We cannot do this without the continuous support of our partners such as BRHS, Orbost Regional Health, Gippsland PHN, Gippsland Health Alliance, East Gippsland Shire, Victorian Department of Health, The Commonwealth Department of Health, Swifts Creek and Ensay Bush Nursing Centres, Ambulance Victoria, Country Fire Authority, Gippsland Lakes Complete Health, Royal Flying Doctor Service, Benambra Neighbourhood House, Swifts Creek Secondary School, Omeo Primary School, RWAV, members of the SHINE committee and the many volunteers that contribute to our success on a daily basis.

Finally, we would like to thank the board of directors for their dedication, stewardship, commitment and direction in the 2020/21 financial year and we look forward to the board and the management forging a even stronger partnership in 2021/22 year to keep the people of the High Country well.

Clinical Services Report

Aged Care

Residents activities have been at times interrupted as a result of COVID-19 restrictions and our Nursing and environmental staff have been instrumental in maintaining social interaction along with Diversional Therapist Leanne Appleby who has been critical in supporting the wellbeing of our Residents.

We have seen many new faces in the last twelve months and it has been exciting to see new residents interact and friendships develop.

The virtual visiting program has allowed residents to stay in contact with relatives locally, interstate and overseas. In addition, support of telehealth by specialist for consults has been welcomed both by consumers and carers.

Education

It has been another challenging year to provide a variety of quality education to staff as a result of the pandemic.

Omeo, aware of the benefits of rural placements both for students and our workforce, has continued to support student clinical placements and actively engages in the Better Placed Learning Environment framework to monitor our learning environment.

This year we maintained a partnership with Bairnsdale Regional Health to support the East Gippsland Collaborative Graduate Nurse Program that allows graduate nurses the opportunity to consolidate practice in various areas with exposure to a range of services and experiences. During the 12-month program we have been privileged to welcome two graduates. They have been a valuable addition to our team engaging in quality improvements as part of their placement.

The provision of education this year has been primarily driven by the requirements and restrictions of the pandemic. There was a focus COVID-19 awareness and infection prevention and control for both for online and face to face mandatory sessions for all staff, with smaller sessions held more frequently, in-line with our COVID-19 safe plan. In spite of all the

challenges of this year we were able to maintain our excellent compliance rate from last year with 89% of staff completing the required online training which shows a commitment to education at all levels which is assuring.

Rural student placements, put on hold in 2020, were approved for recommencement in April of 2021. We have seen a significant decrease in placement bookings for 21/22 but are working to strengthen relationships with existing Education Providers as well as exploring new relationships in order to reinstate our previous student facilitation capability. This is important because in addition to the financial, student placements provide a number of benefits for ODH including but not limited to: staff development; service provision to our clients; promoting diversity; potential staff recruitment and the promotion of rural health as an exciting and rewarding career option.

With the support of Dementia Training Australia we have been able to support a variety of dementia training for staff from all departments of the hospital. This has been a fantastic effort that shows that we are committed to improving the care and wellbeing of people living with dementia in our community and the wellbeing of staff delivering their care.

The CEO has introduced a "Lunch and Learn" series and this has been well attended. ODH has had presenters from various parts of the world present to our staff and we have shared our lectures with other health services.

We have also provided tablets to our nursing staff so they can further enhance their learning at their leisure

5 staff are undertaking infection prevention and control training through Australian College of Infection Prevention and Control to enhance ODH's preparedness for pandemics and respond to current pandemic.

Scenario based learning is being planned for the upcoming year so we have our clinical and non clinical staff ready to manage patients who have suspected COVID-19 or other respiratory diseases that may manifest as COVID-19.

Nursing

It has been a year of challenges for many reasons. In addition to our general demands COVID-19 vaccination roll out, swabbing and reporting have taken up many resources. Changes to restrictions especially around visiting have alternated almost on a monthly basis and staff have endured and responded to monitoring and maintaining directives.

Responding to COVID-19 has been facilitated by our Infection Prevention Control Nurse Penny Geyle. Her commitment to the organisation with flexible work hours ensured that interventions were planned for and implemented in an ever-changing environment. Due to personal reasons Penny has resigned from this role and we are training a number of staff members to enable workload to be spread and consultation undertaken with staff to maintain their and our community's safety.

Much appreciation is extended to all staff for their support and commitment to the facility and our community during very challenging circumstances and decisions. It would be remiss to not acknowledge the leadership of our interim CEO, Leanne Stedman, over this challenging period. I'm certain that staff were comforted by our leader's willingness to lead and be onsite in very difficult times. In May we welcomed our new CEO, Arish Naresh, and the amount of energy, support and enthusiasm that he has brought has led to many positive changes to ODH and we look forward to his continued leadership in future.

Staffing has been an issue throughout COVID-19 because of limitations to working across facilities. We have managed to recruit some staff members to

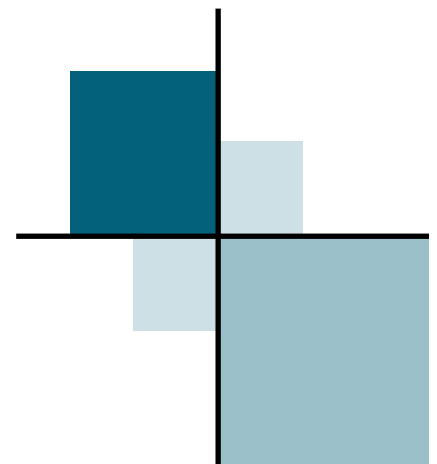


Omeo but travel limitations have hindered some commencement dates. Our local and traveling staff should be commended for their commitment and dedication to provide care for our residents and patients. Such commitment by our workforce has led to many staff building up annual leave and are now well due for a break. To this end we have looked at agency nursing for the first time in Omeo and look forward to trialing this initiative.

In what has been anything like a routine year I have greatly appreciated being able to undertake some leave. I would like to commend Anne Walker for standing in for me during my absences.

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

Darren Fitzpatrick
Director of Nursing



Support Services

Community Dental Services—Royal Flying Doctors Service Partnership

The pilot partnership between Omeo District health and the Royal Flying Doctor Services (RFDS) to provide a sustainable community dental service for the East Gippsland High Country (Omeo and district) proved very successful and the arrangement has now been made ongoing with the catchment extended to Dinner Plain and Hotham Heights.

The service provides a monthly service but due to COVID-19 restrictions; RFDS have been unable to provide services on an ongoing basis. RFDS is still providing virtual consults and onsite care are restrictions change. ODH and RFDS are also exploring options of having a OPG machine in Omeo.

Leadership of ODH and RFDS are also discussing strategies to mitigate COVID-19 restrictions and plan contingencies for when the lockdowns continue for a longer period.

Food and Environmental Services

Our external food audit was conducted in March 2021, 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. The first audit was conducted on 25 March 2021, by an external food and safety auditor and the second on 24 May 2021 by East Gippsland Shire Council. A further three internal audits were also conducted, indicating full compliance with food safety requirements.

Catering staff, under the supervision of the Food and Environmental Services Manager, Grace Elford,



maintain a continuous quality improvement approach to all aspects of operations. We undertake an annual menu review with help from a Nutritionist, and we encourage the residents and patients input into the menu to include them in making choices around their own health and wellbeing.

This year the Food Services staff provided meals representing a range of different cultures, providing variety and diversity for the enjoyment of residents and this initiative has been very positively received.

It is a government requirement that internal cleaning audits be conducted at least annually. The latest result of 95.2% organisational wide compliance with cleaning standards in July 2021 demonstrated ODH's commitment to a very high standard of cleanliness.

This year we have also fare welled 3 very hard-working dedicated staff Marilyn Pendergast 23+ years, Coleen Thomas 11 years and Pauline Sim of 8 years of service. We thank them for their hard work and dedication over the many years here at ODH and wish them the very best for their endeavors in years to come.

Department	# of meals provided
Meals on Wheels	1, 030
Residents and Patients	14, 171
Staff meals	2, 450

Grace Elford

Catering and Environmental Services Manager

Home Based Services and Allied Health Report

ODH Community Health Services are delivered in two streams: Home Based Services, led by Home Based Services Manager Leanne McKenzie, and Allied Health Services, led by Allied Health Manager, Marijs Last.

The COVID-19 pandemic has considerably impacted Home Based and Allied Health Services provision, with a range of directives from Commonwealth and State Government altering permitted activities. ODH have endeavoured to continue with all allowable program services, albeit with some modified parameters. It has been challenging to keep both staff and clients up to date with the changing environment. ODH have ensured that direct care staff have been provided with the personal protective equipment and the information and training required to work safely.

Some staff members usually based at Omeo District Health have been required to work off site, including some work from home arrangements.

Some programs have at times been prohibited to operate including Social Support Group, Men's Shed, Youth activities, the Community Gyms and exercise classes.

ODH contributes to the support of community based clients who have a disability by providing assessment services and documentation to those applying for the NDIS program and providing brokered services to those who have an approved NDIS plan.

We were lucky enough to fulfill a dream for the Social Support Group this year between COVID-19 lockdowns, an overnight trip! We have had a number of conversations with our Social Support Group about the possibility of an overnight trip for a number of years now and with COVID-19 isolating the community even more this last year, now was the time. With the support of the Coordinators we were able to arrange a Hotel in Lakes Entrance, a cruise to Metung with lunch at the Metung Hotel and return to Lakes Entrance. A leisurely shopping day and lunch in Lake Tyres before heading home, everyone was well and truly invigorated from all the socialisation and adventure. They have started to talk about their next adventure and planning has well and truly started.

Health Promotion programs were impacted by COVID-19 restrictions on public gatherings, however when permitted,

the Harvest Exchange program was well attended. The community gymnasiums were unable to be used for unsupervised gym programs however group exercise classes were able to operate in the Benambra and Swifts Creek locations when permitted. When needed, exercise classes transitioned to outdoor only activities.

The Health Promotion program had a strong focus on prevention of family violence, and ODH acted as a lead agency in coordinating a regional approach in this field. The Health Promotion program also played a key role in keeping the community informed and updated through the ODH Facebook page and regular community updates in the local Omeo District Newsheet.

With the return of school students to face to face learning, the youth program was able to commence a regular youth group known as "The Hangout". This group operates on a weekly basis (COVID-19 permitting) after school from the Community Centre Swifts Creek. The program offers teenagers a welcome after school social and recreational focus.

A new ongoing Physiotherapy group program was introduced in 2021. The GLA:D program (Good Life with osteoArthritis: Denmark), is an evidence based program to treat hip and knee pain. This program has seen some very positive results in participants.

This year saw the commencement of a new community based position: the Primary Mental Health Nurse. This three day per week role, funded by Gippsland Primary Health Network is targeted to assist community members with low to moderate mental health issues, including anxiety and depression. A locally based nurse has filled the position. A key benefit of the role is the ability to coordinate care between clients, GP's and regional mental health services.

The Kindy Gym program, offered by ODH in the past is now facilitated by the district "Schools as Hubs" project.

Home Based Services has been working hard this year to get ODH registered to become a Home Care Package Provider and we already have two clients waitlisted ready to go live in August.

Funding Sources

Omeo District Health Home Based and Allied Health Services receive funding from several sources:

Commonwealth

Gippsland Primary Health Network Place Based Flexible Funding program (Allied Health Services)

Department of Health for the Commonwealth Home Support Program (CHSP)

National Disability Insurance Scheme (NDIS)

State

Department of Health - Home and Community Care Program for Younger People (HACC PYP)

Local

East Gippsland Shire Council supplements the Home and Community Care program

Services Provided Allied Health

Allied Health Assistant

Health Promotion

Occupational Therapy

Physiotherapy

Podiatry/Foot Care

Social Work

Speech Pathology

Youth Services

Chronic Disease Care Nurse

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.

Domestic Assistance

Personal Care

Respite Care

Home Maintenance/Home Modification

Meals on Wheels and assistance with meal preparation

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

Community Transport

High Country Men's Shed

Community Gyms –

Omeo, Swifts Creek 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 residents' Lifestyle and Leisure program

Volunteer Supervisors for the Men's Shed program

Volunteer Exercise Program facilitators

Delivery of meals in the Meals on Wheels program

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 including Physiotherapy and Foot-care are provided out of the Swifts Creek Bush Nursing Centre on a regular basis.

Streamlined client care continues to be coordinated through fortnightly case conferencing meetings with input from Community Health management and 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.

Leanne McKenzie

Home Based Services Manager

Marijs Last

Allied Health Manager

Facilities and Maintenance Services

The year 2020/21 has been another year of high demand for the Maintenance Department here at Omeo District Health. Projects that have been completed include complete refurbishment of the Doctors House (now the CEO residence). Southern Generators have installed and commissioned our new 115kva back-up generator. This was at no cost to Omeo District Health as we were chosen as one of six sites across the state who were seen to be most at risk of power failure in a remote setting. The generator is now situated outside the meeting room. ODH Medical Centre waiting room has received a much need coat of fresh paint.

ODH has added two Ausco transportable medical treatment rooms for the purpose of COVID-19 testing, both symptomatic and A-symptomatic. The Pink Palace has been temporarily set up as our COVID-19 Vaccination Clinic. A colorbond fence has been erected around the Pink Palace as part of the ongoing works associated with grant monies received from the impact of the 2019/20 bushfires. Extra static water storage will be the final purchase from these funds and options are still being sought. Both the Doctors vehicle and the CEO vehicle have been replaced through Vicfleet. The Maintenance Department ute was also replaced although with a dual-cab so as to be used as an extra pool vehicle if needed. All vehicles replaced were sold at auction through Pickles Group and monies transferred to ODH.



Maintenance Department is working alongside local builder, Cody Graskie, in refurbishing the Community Gym following a recent weather event which saw flooding throughout the gym. The same weather event washed away the embankment at the Easton St main entrance. Lakes Entrance company Groundcover Landscapes have created a neat and compact garden bed that has softened the visual impact on approaching our facility. All of these works have been under an insurance claim at no cost to ODH.

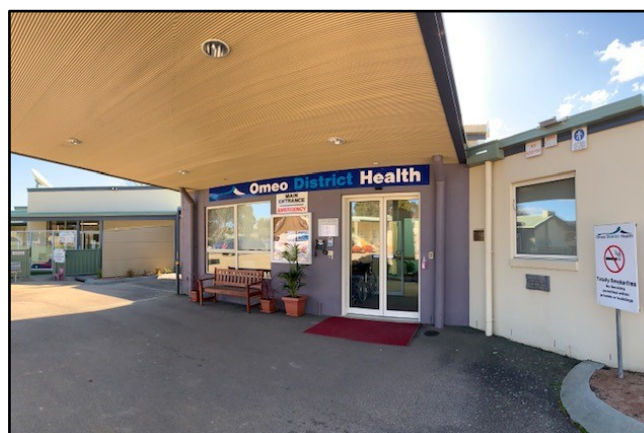
There has been extensive reshuffling of offices and



along with this comes the challenge of shifting desks, filing cabinets, bookshelves etc. I imagine this to continue for some time. In the meantime, Great Alpine Landscapes will commence the dementia friendly garden landscape project in the first week of September. Secured through RHIF funding the project will include a water feature, children's playground and various seating areas. After significant consultation with SHINE and all department's involved and liaison with residents and their families, Aggenbach Floors will commence the floor covering replacement project in Lewington House in the last week of August. Cranes asphaltting will commence full resurfacing of all car-parks in the first week of October. Another successful RHIF grant will see works on an upgrade of our TCP room begin Oct/Nov, this will include a kitchenette and ensuite to increase the skills and independence of patients to ensure their safe return to home. We will also see the commencement in Oct/Nov of double glazing all of the older part of the facility, taking in CEO, Admin, Doctors Consulting Rooms, Medical Centre, HACC offices and the students quarters.

Darryl Shepherd

Facilities Manager



Administrative Services

The structure of the administrative team has been proven to be very successful. The team consist of; Katie Van Heek (People, Culture and Business Manager), Kelly Greenland (Executive Assistant to CEO), Arielle Flannagan (Acting Executive Assistant to CEO), Merinda Sedgman (Payroll Officer), Sonya Lawlor (Receptionist) and Krystal Greenland (Receptionist).

Together this team form a close-knit, competent and high performing team in a rapidly changing environment.

SHINE

ODH again acknowledges 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.

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

Donations

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

- Country Woman's Association—High Country Branch
- David Bock and Annie Birnie
- Conrad Bock

Katie Van Heek

People, Culture and Business Manager

Medical Centre Report

This year was defined by external events that challenged our resilience, but also brought out the very best in all of us, with displays of kindness and care for our community and residents as we worked through the continued impacts of the bushfires in 2019/20 and the continued effects of COVID-19 pandemic.

The 2020-2021 year was also a very challenging one for our communities, where the COVID-19 pandemic

dominated the year and influenced how we provided services to our communities. This unprecedented event has affected every aspect of the health service and some of these impacts will be long lasting.

Omeo Medical Centre responded quickly to the COVID –19 Pandemic, establishing systems and structures for the prevention, detection, and control of the virus. This included the establishment of a dedicated COVID-19 Vaccination Clinic located outside of the main building at the Pink Palace, and a dedicated COVID-19 Testing Clinic also located outside of the main building in two separated portable buildings.

Despite the significant impact of the events of 2020/2021 OMC have moved forward with positively and had a productive year, delivering extensive range of service improvements focused on safe, reliable and responsive care.

In the context of the challenging COVID-19 pandemic environment, we continued to provide a comprehensive range of services in our role as a Medical Centre and where ageing and chronic illness are significant drivers of service demand. This year's activities continue to be impacted by COVID-19 and inability to attached doctors for all clinic rosters however, we introduced new models of care, and increased tele-health sessions were implemented in response to the changed environment.

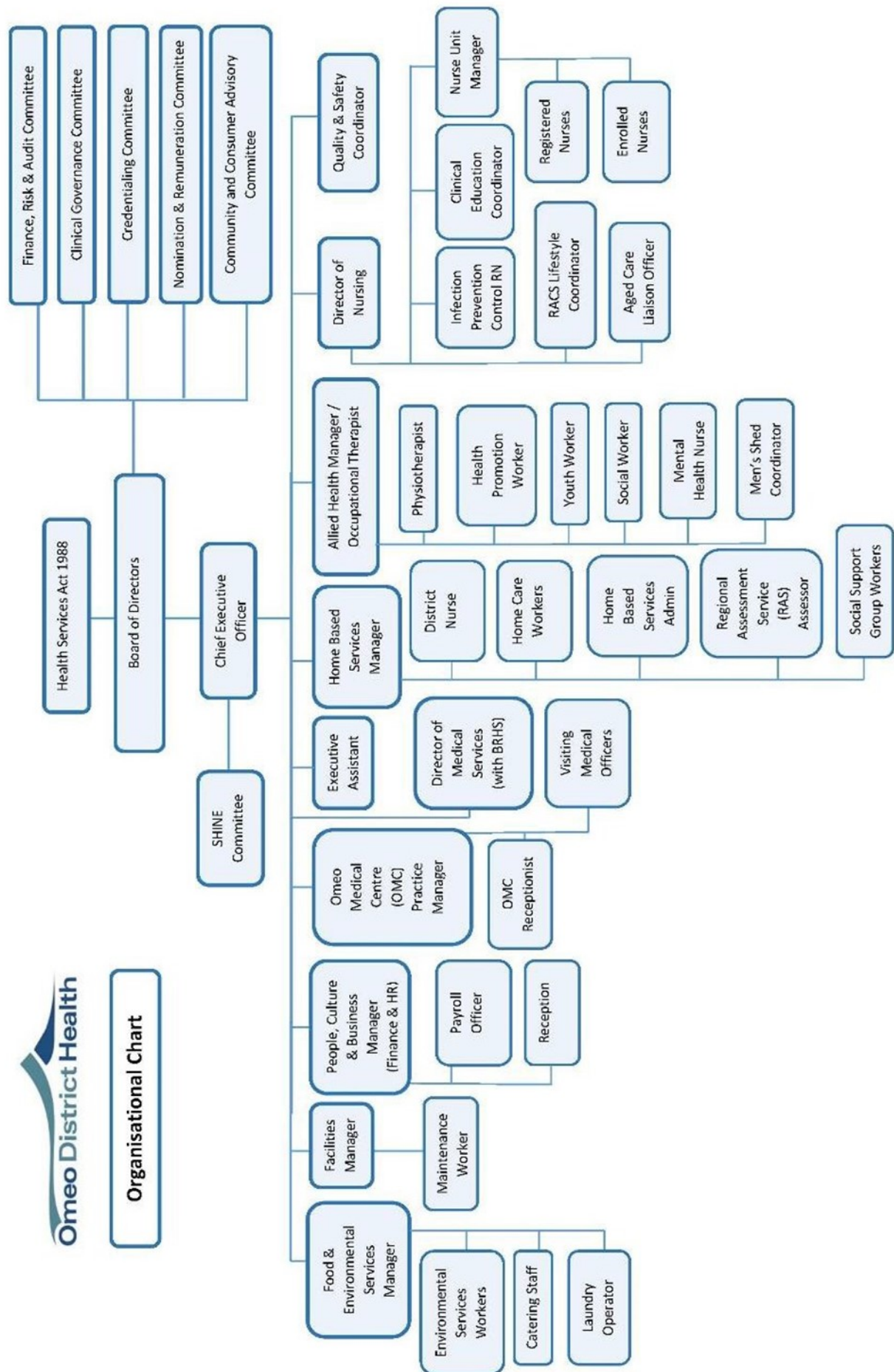
OMC was successful in receiving a grant from Primary Health Network to support the One Good Community Program; this program will assist the practice to improve our digital health services to the community and provide the community with better health outcomes.

The Medical Centre is supported by a dedicated team of administration officers, nurses and General Practitioners. It has again proven to be a difficult year to attract Medical Officers and without the continued support of our doctors, travelling Nurse Practitioners, nurse and administration team we would not have been able to provide continuous care to our community and Nursing Home Residents; we Thank each and everyone of you.

Kelly Greenland

Acting Practice Manager

Organisation Chart



Workforce Data

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

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.

HOSPITALS	JUNE		JUNE	
Labour Category	Current Month Full Time Equivalent		Year to Date Full Time Equivalent	
	2021	2020	2021	2020
Nursing	14.33	17.24	15.74	15.61
Admin & Clerical	7.31	4.73	7.02	5.73
Medical Support	3.49	1.60	2.80	1.56
Hotel & Allied Services	7.74	8.76	8.38	8.09
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)	8.95	7.62	8.89	9.07

Employees have been correctly classified in workforce data collections

Occupational Health and Safety

Occupational Health and Safety (OHS) is monitored through the Occupational Health and Safety Committee. Regular OHS Committee meetings are held, with minutes of the meeting reported through the Quality and Safety Committee to the Board. The Board also receives an OHS 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).

This year, HSRs were Margie Worcester, Maureen Lord, Louise Travis and Leanne McKenzie who were available to provide representation for staff with OHS concerns.

Leanne McKenzie was the OHS management representative and the teams have worked effectively together to initiate OHS improvements and continue to monitor issues in the workplace.

Occupational Health and Safety Statistics	2020—21	2019—20	2018—19
The number of reported hazards/incidents for the year per 100 FTE	631.13	354.37	394.87
The number of 'lost time' standard WorkCover claims for the year per 100 FTE	6.30	0	0
The average cost per WorkCover claim for the year ('000)	\$7,908	0	0

Assessments and Measures Undertaken to Improve Employee OHS

The ODH OHS plan outlines the organisation's occupational health and safety framework, reporting to the Board bi-monthly.

- Organisation wide mandatory training days for all staff covering Manual Handling/No Lift, Infection Control including COVID-19, Basic Life Support and Bullying and Harassment scheduled on a regular basis.
- ODH is a member of the Victorian Network of Smoke free Health Services
- Influenza vaccination is offered to all staff and residents with documented uptake.
- COVID-19 vaccination is offered to all eligible staff and residents with documented uptake.

Occupational Violence Statistics

Definitions of occupational violence

- 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. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.
- Accepted Workcover claims – accepted Workcover claims that were lodged in 2020-21.
- 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.

2020—21	
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	4
Number of occupational violence incidents reported per 100FTE	8.4
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0

Attestations

Financial Management Compliance

I, Simon Lawlor, on behalf of the Responsible Body, certify that Omeo District Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the Financial Management Act 1994 and Instructions.

Signed:



Simon Lawlor

Chair, Board of Directors

Omeo, 17th August 2021

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 2021.

Signed:



Simon Lawlor

Chair, Board of Directors

Omeo, 17th August 2021

Data Integrity Declaration

I, Associate Professor Arish Naresh 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:



A/Prof Arish Naresh J.P, MNZM, PhD, MHSc(Dist), PGHSM, PGHSc, Dent Therapy(Hons), Adv IT, FHSM CHE, NZRDTH, MIML

Chief Executive Officer

Omeo, 17th August 2021

Conflict of Interest

I, Associate Professor Arish Naresh 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:



A/Prof Arish Naresh J.P, MNZM, PhD, MHSc(Dist), PGHSM, PGHSc, Dent Therapy(Hons), Adv IT, FHSM CHE, NZRDTH, MIML

Chief Executive Officer

Omeo, 17th August 2021

Integrity, Fraud and Corruption

I, Associate Professor Arish Naresh certify that Omeo District Health as 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:



A/Prof Arish Naresh J.P, MNZM, PhD, MHSc(Dist), PGHSM, PGHSc, Dent Therapy(Hons), Adv IT, FHSM CHE, NZRDTH, MIML

Chief Executive Officer

Omeo, 17th August 2021

Statement of Priorities – Part A; Strategic priorities

For financial year 2020-21 there have been no individual deliverables that constitutes SoP Part A. Due to the COVID-19 pandemic the Minister for Health provided all health services with the below SoP Part A priorities to be focused on during the pandemic.

Maintain your robust COVID-19 readiness and response, working with my department to ensure we rapidly respond to outbreaks, if and when they occur, which includes providing testing for your community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of our COVID-19 vaccine immunisation program rollout, ensuring your local community's confidence in the program

Achieved – Omeo District Health catchment has not had any positive COVID-19 cases and since the fourth lockdown, ODH has provided 7-day COVID-19 testing services and the hours of operation have also been extended from 8am–5pm to 8am–9pm. Multiple education sessions have been held to update the community and staff on vaccine safety and further support is being planned as the speed of the roll out increases. An incident management structure is in place and the incident management team meet regularly to ensure that our COVID-19 responsiveness and vaccination roll out is on track. ODH has also provided pandemic packs to businesses as part of its wider public health remit and has been providing COVID-19 swabbing on school sites to ensure students and their families are not disrupted further from their learning journeys.

Engage with your community to address the needs of patients, especially our vulnerable Victorians whose care has been delayed due to the pandemic and provide the necessary “catch-up” care to support them to get back on track.

Achieved – A ramping up exercise is underway to increase our response to chronic diseases, youth well-being, men's health and other group activities that were delayed by COVID-19. Operational targets have been set and additional staffing brought on board to ensure people will be able to have the catch-up care required. To further strengthen our response, a dedicated telehealth room is being set up at Omeo Medical Centre so community members who experience difficulties in seeing their consultants in person due to lockdowns can come to our premises and use our technology to access high quality care closer to their communities.

As providers of care, respond to the recommendations of the Royal Commission into Victoria's Mental health System and the Royal Commission into Aged Care Quality and Safety.

Achieved – ODH complies with industrial instruments currently in place for aged care facilities and provides all the necessary allied health supports that is possible in a rural community. ODH is actively participating in forums/working groups around the mental health work program and the aged care work program to ensure we are set up for success over the coming years. ODH recognises that both these pieces of work are challenging and will require additional supports from state and commonwealth over a sustained period to ensure all recommendations are implemented as intended.

Develop and foster your local health partner relationships, which have been strengthened during the pandemic response, to continue delivering collaborative approaches to planning, procurement and service delivery at scale. This extends to prioritising innovative ways to deliver health care through shared expertise and workforce models, virtual care, co-commissioning services and surgical outpatient reform to deliver improved patient care through greater integration.

Achieved – ODH has built good relationships with the community, business groups, schools and other relevant stakeholders to facilitate its pandemic response. ODH continues to work closely with BRHS and ORH to share resources and the appointment of a joint DMS is an example of ODH working collaboratively. ODH is exploring a shared medical model of care with BRHS to ensure we have long term solutions to medical workforce shortages in our region. ODH is also actively participating in health services partnership work program which is currently in its infancy.

Statement of Priorities – Part B; Performance priorities

High quality and safe care

Key performance measure	Target	Result
Infection prevention and control		
Percentage of healthcare workers immunised for influenza	90%	94%
Patient experience		
Victorian Healthcare Experience Survey – data submission	Full compliance	Full compliance
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 1	95%	NA*
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 2	95%	NA*
Victorian Healthcare Experience Survey – percentage of positive patient experience responses – Quarter 3	95%	NA*
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care – Quarter 1	75%	NA*
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care – Quarter 2	75%	NA*
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care – Quarter 3	75%	NA*

Effective financial management

Key performance measure	Target	Result
Operating result (\$m)	\$0.00	\$0.01
Average number of days to pay trade creditors	60 days	39 days
Average number of days to receive patient fee debtors	60 days	14 days
Adjusted current asset ratio (ACAR)	0.7 or 3% improvement from health service base target	1.71%
Actual number of days available cash, measured on the last day of each month.	14 days	158.5 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000	Achieved

Statement of Priorities – Part C; Activity

Funding type	Activity
Small Rural Acute	49.65
Health Workforce	5 students
Small Rural Residential Care	315 bed days

	Actual Value
Small Rural HACC	
Assessment	23.33
Counselling at Centre	122.83
Counselling at Home	0.5
Domestic Assistance	164
Nursing Received at Home	19
Occupational Therapy at Centre	16.83
Physiotherapy at Centre	19
Planned Activity Group—Core	104.5
Property Maintenance	4.17

Summary of the Financial Results for the year

Financial Information

	2021 \$000	2020 \$000	2019 \$000	2018 \$000	2017 \$000
OPERATING RESULT*	8	-125	-80	-97	28
Total revenue	6, 803	6,357	5,772	5,465	5,219
Total expenses	7, 244	6,655	6,372	5,832	5,710
Net result from transactions	-441	-298	-600	-367	-491
Total other economic flows	61	8	1	40	-1
Net result	-380	-290	-599	-327	-492
Total assets	10, 151	10,084	9,998	7,642	6,480
Total liabilities	3, 248	2,801	2,425	1,528	1,544
Net assets/Total equity	6, 903	7,283	7,573	6,114	6,480

Reconciliation of Net Result from Transactions and Operating Result

	2020-21 (\$000)
Net operating result *	8
Capital purpose income	215
Specific income	0
COVID 19 State Supply Arrangements	
- Assets received free of charge or for nil consideration under the State Supply	33
State supply items consumed up to 30 June 2021	-33
Assets provided free of charge	0
Assets received free of charge	0
Expenditure for capital purpose	0
Depreciation and amortisation	(664)
Impairment of non-financial assets	0
Finance costs (other)	0
Net result from transactions	(441)

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

Details of consultancies (under \$10 000)

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

Details of consultancies (valued at \$10 000 or greater)

There we no consultancies costing more than \$10 000 during the financial year.

Significant Changes in financial position during the year

Omeo District Health achieved an \$8k Net Operating Result for the year - basically break-even, as a result, there were no significant changes in the financial position during 2020/21.

The current asset ratio at 30 June 2021 has decreased slightly to 1.53 (2019-20: 1.62). However, Omeo District Health is still in a healthy financial position, with adequate cash resources to meet liabilities as they fall due.

Operational and budgetary objectives and performance against objectives

Omeo District Health prepares an annual operational budget with the aim being to meet the strategic objectives of the Health Service. In 2020-21 a balanced budget was prepared.

As noted above, Omeo District Health came in on budget for the year with a Net Operating Result from Transactions for the 2020/21 year of \$8k.

The Net Result from Transactions for the current 2020-21 financial year was a deficit of \$441k.

The Comprehensive Result, after Other Economic Flows, for the 2020-21 year was a deficit of \$380k.

Subsequent events

Apart from the global pandemic and known operational challenges of running a small rural health service, there have been no events subsequent to balance day which may have a significant effect on operations in subsequent years.

Information and communication technology (ICT) expenditure

The total ICT expenditure incurred during 2020-21 is \$0.711 million (excluding GST) with the details shown below:

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)
\$0.711 million	\$0.437 million	\$0.435 million	\$0.002 million

Legislation

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 2021, four (4) applications for access to documents under the Freedom of Information Act were received.

Building Act 1993

In the year ended 30 June 2021, all buildings of Omeo District Health were fully compliant with the Building Act 1993.

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.

Public Interest Disclosures Act 2012

Omeo District Health has in place appropriate procedures for disclosure in accordance with the Public Interest Act. No disclosures were made under the Act in 2020-2021.

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 centered 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.

Car Parking Fees

Not applicable for Omeo District Health.

Local Jobs First Act 2003

In 2020-2021 there were no contracts requiring disclosure under the Local Jobs First Policy.

Gender Equality Act 2020

Omeo District Health is working on completing the gender equality action plan in response to the Gender Equality Act and aims to meet the December 2021 timeline set by DH. Although it is challenging to complete this piece of work while managing a pandemic response, ODH recognises the importance of this Act and its implications for the current and future workforces.



Additional Information

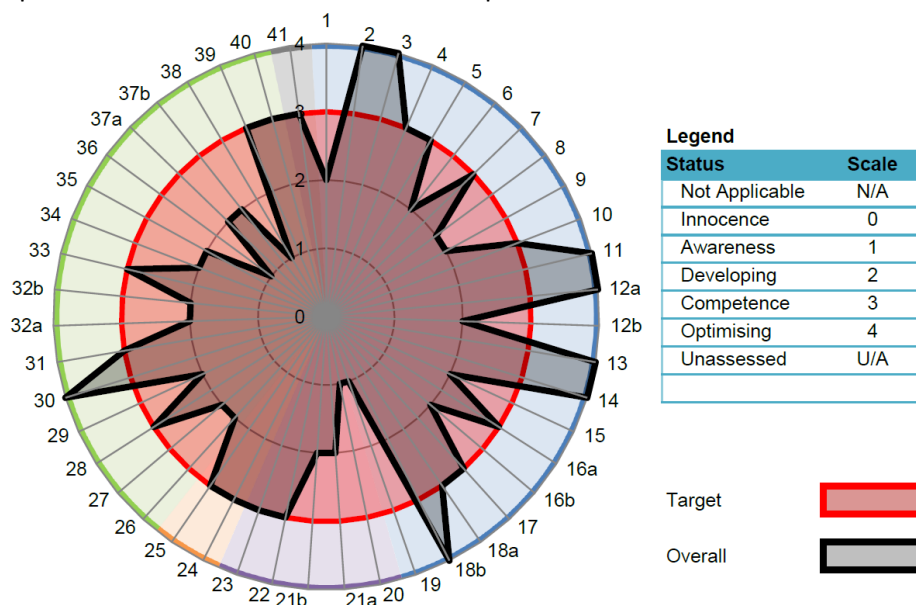
Details in respect of the items listed below have been retained by the health service and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the freedom of information requirements, if applicable):

- 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, including annual Aboriginal cultural safety reports and plans, 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, including any Aboriginal advisory or governance committees, 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;

Asset Management Accountability Framework

The following sections summarise Omeo District Health assessment of maturity against the requirements of the Asset Management Accountability Framework (AMAF). The AMAF is a non-prescriptive, devolved accountability model of asset management that requires compliance with 41 mandatory requirements. These requirements can be found on the DTF website (<https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>).

Omeo District Health target maturity rating is 'competence', meaning systems and processes fully in place, consistently applied and systematically meeting the AMAF requirement, including a continuous improvement process to expand system performance above AMAF minimum requirements.



Summary of Omeo District Health Environmental Performance

	2018/ 19	2019/ 20	2020/ 21
Total greenhouse gas emissions (tonnes CO2e)			
Scope 1	112	96	115
Scope 2	185	152	153
Total	297	248	267
NORMALISED GREENHOUSE GAS EMISSIONS			
Emissions per unit of floor space (kgCO2e/m2)	65.53	54.72	59.05
Emissions per unit of Separations (kgCO2e/Separations)	5,816.	7,078.	11,138.
	96	22	99
Emissions per unit of bed-day (LOS+Aged Care OBD) (kgCO2e/OBD)	59.64	52.24	57.10
STATIONARY ENERGY			
Total stationary energy purchased by energy type (GJ)			
Electricity	622	536	561
Liquified Petroleum Gas	1,842	1,581	1,891
Total	2,465	2,117	2,452
Normalised stationary energy consumption			
Energy per unit of floor space (GJ/m2)	0.54	0.47	0.54
Energy per unit of Separations (GJ/Separations)	48.33	60.48	102.16
Energy per unit of bed-day (LOS+Aged Care OBD) (GJ/OBD)	0.50	0.45	0.52
Total embedded generation			
Solar Power	110	166	N/A
Total	110	166	N/A
Normalised water consumption (Potable + Class A)			
Water per unit of floor space (kL/m2)	0.68	0.51	0.43
Water per unit of Separations (kL/Separations)	60.26	65.65	81.62
Water per unit of bed-day (LOS+Aged Care OBD) (kL/OBD)	0.62	0.48	0.42
WASTE			
Total waste generated (kg clinical waste+kg general waste+kg recycling waste)			
	138	180	223
Total waste to landfill generated (kg clinical waste+kg general waste)			
	138	180	223
Total waste to landfill per patient treated ((kg clinical waste+kg general waste)/PPT)			
	0.03	0.04	0.05

Disclosure Index

The annual report of Omeo District Health 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 Reference
Ministerial Directions		
Report of Operations		
Charter and Purpose		
FRD 22I	Manner of establishment and the relevant Ministers	4
FRD 22I	Purpose, functions, powers and duties	7
FRD 22I	Nature and range of services provided	6
FRD 22I	Activities, programs and achievements for the reporting period	11
FRD 22I	Significant changes in key initiatives and expectations for the future	10
Management and Structure		
FRD 22I	Organisational structure	21
FRD 22I	Workforce data/ employment and conduct principles	22
FRD 22I	Occupational Health and Safety	22
Financial Information		
FRD 22I	Summary of the financial results for the year	27
FRD 22I	Significant changes in financial position during the year	28
FRD 22I	Operational and budgetary objectives and performance against objectives	28
FRD 22I	Subsequent events	28
FRD 22I	Details of consultancies under \$10,000	27
FRD 22I	Details of consultancies over \$10,000	27
FRD 22I	Disclosure of ICT expenditure	28
Legislation		
FRD 22I	Application and operation of <i>Freedom of Information Act 1982</i>	28
FRD 22I	Compliance with building and maintenance provisions of Building Act 1993	28
FRD 22I	Application and operation of <i>Public Interest Disclosure Act</i>	28

Legislation	Requirement	Page Reference
FRD 22I	Statement on National Competition Policy	29
FRD 22I	Application and operation of <i>Carers Recognition Act 2012</i>	29
FRD 22I	Summary of the entities environmental performance	31
FRD 22I	Additional information available on request	30
Other relevant reporting directives		
FRD 25D	Local Jobs First Act disclosures	29
SD 5.1.4	Financial Management Compliance attestation	24
SD 5.2.3	Declaration in report of operations	24
Attestations		
Attestation on Data Integrity		24
Attestation on managing Conflicts of Interest		24
Attestation on Integrity, Fraud and Corruption		24
Other reporting requirements		
<ul style="list-style-type: none"> • Reporting of outcomes from Statement of Priorities 2020 – 21 		25—26
<ul style="list-style-type: none"> • Occupational Violence reporting 		23
<ul style="list-style-type: none"> • Gender Equality Act 		29
<ul style="list-style-type: none"> • Asset Management Accountability Framework 		30
<ul style="list-style-type: none"> • Reporting obligations under the Safe Patient Care Act 2015 		29
<ul style="list-style-type: none"> • Reporting of compliance regarding Car Parking Fees 		29



We acknowledge the traditional land owners and we pay our respects to elders both past and present and thank them for their contribution to the development of the health service.

