Caring for our community

Goulburn Valley Health

Quality of Care Report 2004/2005

Contents

Photo Acknowledgements:
The Shepparton News.

About This Report

The annual quality of care report provides an opportunity for Goulburn Valley Health (GV Health) to publicly report on the quality and safety of the services it provides.

This report is provided in addition to the annual financial and performance report required by Government. The period covered by both of these reports is from July 2004 to the end of June 2005.

The Department of Human Services (DHS) has identified key areas that must be included in the annual quality of care report. Among the minimum reporting requirements are information on:

- Deaths in hospital;
- Credentialling of staff;
- Clinical governance;
- Postponement of surgery; and
- Continuity of care.

Quality and Safety Indicators that must be reported include:

- Infection Control;
- Medication Errors;
- Falls monitoring and prevention;
- Pressure wound monitoring; and prevention.

Continuity of care across a number of GV Health programs has been highlighted by Anna Hooper's journey following diagnosis of a serious condition known as Guillain Barre syndrome. GV Health extends its thanks to Anna for allowing us to feature her story in this report.

GV Health's response to the needs of older people and the care provided for people with chronic illnesses have been featured throughout the report.

One of the challenges in preparing the annual quality of care report is in deciding what to include. GV Health has listened to staff and consumer feedback and consulted with the Aboriginal Taskforce, auxilliaries and quality committees.

This report was prepared by public relations consultancy Impress Publicity. Extensive interviews have been undertaken with health professionals, health educators, consumer representatives and volunteers to gather information for the report.

GV Health's Consumer Consultative Committee identified a number of questions they would like to see answered, and these have been included wherever possible.

Feedback on the report is welcome and a feedback sheet has been included in the back of this report. In addition to printed copies of the report, an electronic version is also posted on the GV Health website www.gvhealth.org.au

Abbreviations

ACHS	Australian Council of Healthcare Standards
ALO	Aboriginal Liaison Officer
CAE	Clinical Area Educators
CAMHS	Child and Adolescent Mental Health Service
CCC	Consumer Consultative Committee
CCS	Complex Care Service
CPHI	Centres Promoting Health Independence
CRC	Community Rehabilitation Centre
DHS	Department of Human Services
GEM	Geriatric Evaluation and Management
GP	General Practitioner
GV AMHS	Goulburn Valley Area Mental Health Service
GV Health	Goulburn Valley Health
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HITH	Hospital In the Home
HMO	Hospital Medical Officer
MPB	Medical Practice Board
MET	Medical Emergency Team
MIF	Mental Illness Fellowship
MIMS	Medical Information Manual
PCRC	Patient Care Review Committee
RCA	Root Cause Analysis
ICU	Intensive Care Unit
VICNISS	Victorian Acquired Infection Surveillance System
VQC	Victorian Quality Council

From the Chair and Chief Executive Officer

Endorsement of Goulburn Valley Health's regional Integrated Service Delivery Model marks a significant step in the evolution of the organisation. Devised by GV Health's Executive team in conjunction with Cordyline Consulting and the Department of Human Services (DHS), the model recognises GV Health as a diverse organisation that operates in a complex and changing health care and community environment.

The interdependent relationships that exist between service elements are recognised within the model, along with the need to develop four key components;

- facilities that enable flexible, multiple usage;
- processes and systems that provide links across care pathways;
- staff with the knowledge and skills to work flexibly across care pathways; and
- information systems to support patient flow and communication of care.

In November 2004, GV Health's Master Plan was completed, adopted by both the Board and DHS, and released to the public. The plan is a blue print for the multi-million dollar redevelopment of the Shepparton Campus over the next decade and complements the Integrated Service Delivery Model. Building works associated with stage one of the Master Plan are already underway, with the refurbishment and expansion of the Emergency Department, a tripling of dental capacity and the creation of an ambulatory precinct for complex care and chronic conditions. Completion of building works by March 2006 is only the beginning of an ongoing journey.

The concept of "hospital" is constantly evolving. Service demand reflects changes in population demographics and illness patterns. New approaches to managing the health workforce have emerged that will impact on the way future services will be organised and provided. Advances in diagnostic treatments and interventions have expanded the range of services that can be provided. For example, advances in key hole surgery, anaesthetics, medicines and home based services, will see more than two thirds of traditional inpatient care provided on a same-day basis within five years.

Those who fund health care provision, the Commonwealth and State Governments, the insurers and the patients, all expect greater efficiency, higher quality, more accountability and the effective allocation of resources. The needs and expectations of patients and families are constantly changing in response to broader social and economic trends, and meeting these while also dealing with the availability of recurrent funding, attracting and retaining key staff and the suitability of physical infrastructure, is challenging.

The regional Integrated Service Delivery Model is based on the latest planning projections and international experiences. It captures the main forces responsible for shaping the service delivery needs of GV Health and will assist future service planning and the configuration of physical assets to address the health care needs of the 21st century. In the medium term GV Health's role as a regional base hospital is set to expand through the development of greater diagnostic capacity; provision of more complex and sub-specialised clinical services; integration and resource sharing with other regional providers; and a growing role as an undergraduate teaching and training centre.

Ambulatory (or day attendance care) will assume a more prominent role. The new ambulatory care building currently under construction in Graham Street will enable care to be provided in a community based setting. Scheduling of services will be tailored to patient needs and co-ordinated to avoid multiple visits and inconvenience. Integration between acute, mental health and community based programs will become increasingly common. Continuity of care will be strengthened through interdisciplinary assessment, care planning and service provision.

Providing for the needs of an ageing population will require further development of sub-acute inpatient and community based services specifically tailored to the needs of older people. These will include cognitive, dementia and memory services, continence clinics, falls and mobility clinics and programs for chronic conditions such as asthma, diabetes and heart disease.

Statistically and financially the 2004/05 year was a very positive one for GV Health. A total of 24,470 inpatients were treated, 7.7% more than the previous year. The number of emergency presentations increased by 6% to 30,658 and non-admitted patient attendances decreased slightly (0.09%) to 187,377 due to the impact of refurbishment of the Specialist Consulting Suites.

The consolidated result from Ordinary Activities for the year was a modest surplus of $6,000, a significant turnaround on the $3,541million deficit incurred during 2003/04. The consolidated entity result, which takes into account asset revaluations, was a surplus of $3,151 million compared with a $903,000 surplus last year.

We trust you will find the contents of this report informative, and commend it to you.

Clem Furphy,
Chair, GV Health Board of Directors

Greg Pullen
Chief Executive Officer GV Health

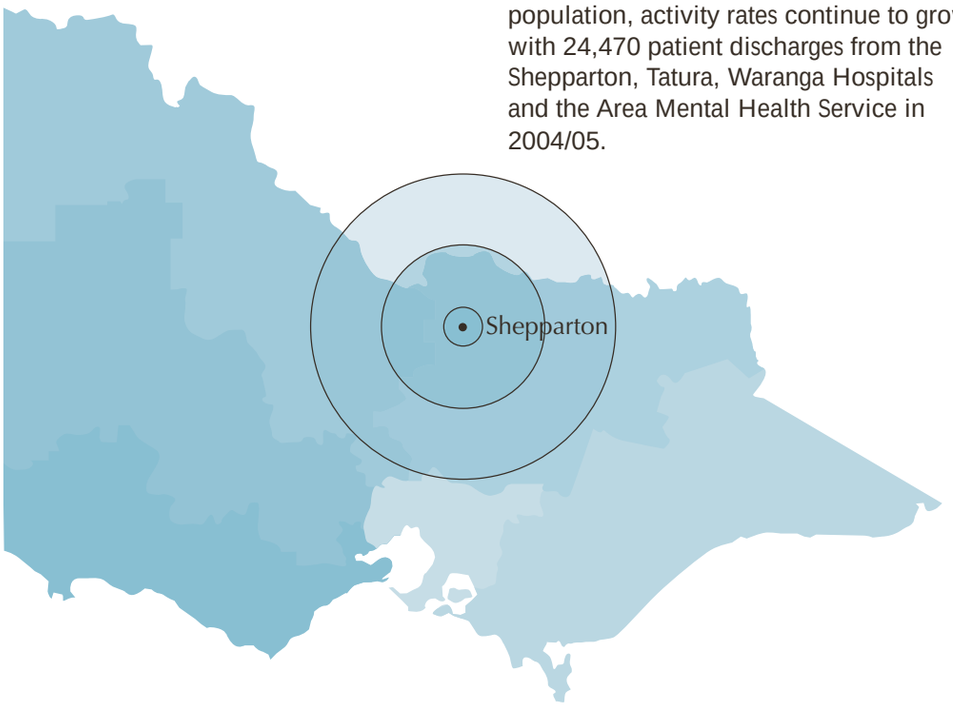
Caring for Our Community

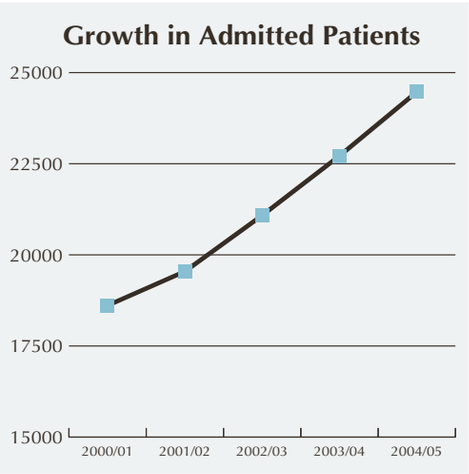
GV Health provides a range of acute care, mental health, rehabilitation, aged care and community care services to meet the needs of our culturally diverse, growing and aging population of more than 120,000 people.

While the region's population is mainly concentrated in Shepparton, many people served by GV Health live in smaller townships in the surrounding region, and in more isolated grain, horticulture, grazing and dairying areas. GV Health works closely with smaller hospitals and health services in the region, with many of GV Health's programs providing outreach services to community locations across the region.

Population numbers swell during the fruit harvest season from December to March, when an estimated 10,000 itinerant workers from throughout Australia and overseas visit the region. Snake bite, cuts, scratches to the eyes from branches and injuries caused by falling from fruit picking ladders are the most common farm injuries presenting to the Emergency Department during harvest season.

In keeping with the growth in our population, activity rates continue to grow with 24,470 patient discharges from the Shepparton, Tatura, Waranga Hospitals and the Area Mental Health Service in 2004/05.





Responding to Chronic Illness

The prevalence of chronic illness such as respiratory disease, cancers, cardiovascular disease, diabetes and mental illness is increasing as our population ages and more people live longer. A growing number of programs provided by GV Health are focusing on integrated approaches to chronic illness prevention and management.

Smoking and obesity are two significant risk factors for chronic illnesses and are the focus of GV Health's "Better Rural Health - Health Promotion Plan''.

Improving Care for Older People

Older people aged 65 years or more, represented 35% of admissions to GV Health during the year. Principles of effective care for older people are being implemented through the Centres Promoting Health Independence (CPHI) initiative of DHS. The initiative focuses on best practice in care of older people, better understanding and attention to the specific care needs of older people, safe environments for care of older people and training for staff.

Creating a safe and friendly environment for older people has been a particular focus for GV Health in the interior design of the new ambulatory care building being constructed at GV Health. This includes consideration of design aspects such as lighting, signage, and floor surfaces to reduce risks of slips, trips and falls.

Working in Partnership

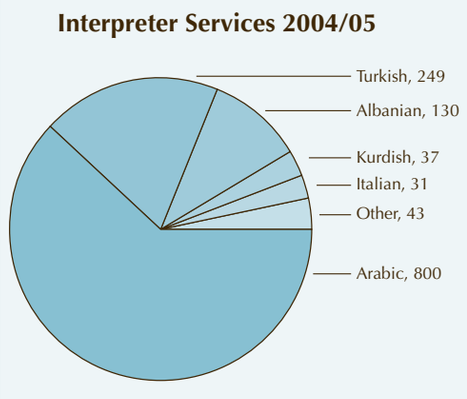
GV Health works in partnership with other health providers and other organisations to plan and provide services to meet the needs of our community. GV Health has contributed to a range of local and regional planning processes including:

- City of Greater Shepparton Municipal Public Health Plan;
- Shepparton Regional Humanitarian Settlement Plan;
- Hume Regional Aboriginal Services Plan;
- Goulburn Primary Care Partnership Community Health Plan;
- Hume Region Drug and Alcohol Strategic Plan;
- Hume Consortium Promoting Health Independence; and
- Hume Regional Integrated Cancer Framework.

Responding to Cultural and Linguistic Diversity

The region's cultural and linguistic diversity includes communities established as a result of migration following the Second World War, primarily from Southern European countries such as Italy and Greece, and more recent settlers to the region from countries such as Iran, Iraq, and Turkey.

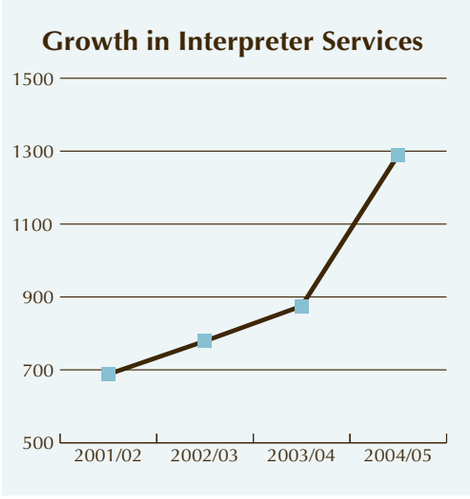
The use of interpreter services at GV Health reflects this diversity, with interpreting provided in 21 languages during the year. The number of interpreter bookings rose from 875 last year to 1290 in 2004/05. Most were provided in Arabic (800), followed by Turkish (249), Albanian (130), Kurdish (37), and Italian (31).



A Language and Cultural Diversity quality committee has been established to monitor the quality and accessibility of interpreter services.

Quarterly reports are now provided to DHS on the number of occasions when qualified interpreters were unable to be supplied. Incident reports in relation to language services are also monitored, with 13 reports received in 2004/05.

Interpreter services at GV Health are primarily provided by VITS Language Link. However, due to growth in demand for services, an additional language service provider will commence in September 2005 for a trial period.



Interpreter bookings for GV Health are centrally co-ordinated through the Specialist Consulting Suite to ensure that interpreter time is used in the most effective way. The majority of interpreting was provided through face-to-face contact (1149) with 141 provided by telephone. Interpreting and translating services to GV Health are provided by both local and Melbourne-based qualified interpreters.

Responding to Aboriginal Australians

The Goulburn Valley region is home to approximately 6000 Aboriginal people. GV Health recorded 681 admissions of Aboriginal patients during the year, representing 2.78 % of all admissions to GV Health.

New guidelines and arrangements for funding of the Hospital Aboriginal Liaison Program came into effect this year. Now known as Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) the program includes four key result areas that must be reported through the Annual Quality of Care Report.

Key result areas include:

- Establishing and maintaining relationships with Aboriginal communities and services.
- Providing or coordinating cross cultural training for hospital staff.
- Ensuring service provision reflects cultural needs.
- Ensuring effective discharge and follow-up for Aboriginal patients.

These key result areas are identified in the Outcomes Agreement between Rumbalara Aboriginal Co-operative and GV Health. This agreement identifies agreed priorities for working together and is monitored and reviewed each year by the Aboriginal Taskforce.

The Taskforce was established in 1998 between GV Health and Rumbalara Aboriginal Co-operative, to work together to improve the health status of the region's Aboriginal population. The Taskforce acknowledges the traditional owners of the Goulburn Valley.

Aboriginal Liaison Officers

The Hospital Aboriginal Liaison Officer (ALO) provides support to Aboriginal patients, and education and advice to GV Health staff, to promote understanding of cross-cultural issues.

Aboriginal Liaison Officers also work with Home and Community Care (HACC) and Mental Health programs to support service access for Aboriginal people.

The annual barbeque celebrating NAIDOC week (National Aboriginal and Islander Day of Celebration) attracted even greater numbers of staff and members of the Aboriginal community than in previous years.

All new staff at GV Health receive a cross-cultural awareness information kit, an introduction to the role of the ALO's and a visit to the Minyah Barmah room as part of their orientation program.

The Minyah Barmah room provides a comfortable and culturally sensitive place for Aboriginal patients and their family members to meet. Generally open between 8am and 8pm, the room has also been opened after hours on several occasions during the year to provide a meeting place for family members of critically ill Aboriginal patients.

Involving Consumers

As a result of changes to health legislation which took effect in July 2004, GV Health is now identified as one of five Regional Public Health Services across rural Victoria.

This means GV Health is required to establish:

1. A Consumer Advisory Committee.
2. A Primary Care and Population Health Advisory Committee.

The Primary Care and Population Health Advisory Committee, held its first meeting in May 2005. This committee reports directly to the Board of Directors, and is chaired by a Board Director.

In addition to senior GV Health staff, the committee includes advisory members from a variety of fields and organisations; a representative from the Consumer Consultative Committee (CCC), and a representative from Goulburn Valley Primary Care Partnership.

The aim of the committee is to inform service planning based on population health needs, and to strengthen the interface between acute and primary health care.

Considerable work undertaken in prior years in developing GV Health's Consumer Participation Framework, meant that GV Health was well placed to formally establish a consumer committee in keeping with the legislative requirements.

GV Health's CCC was formally established in December 2004 and meets monthly. The committee includes positions for 11 consumers, with two GV Health Board Directors and the CEO in attendance. The consumer Chair of the committee attends GV Health's monthly Quality and Risk Management committee meetings, and provides feedback on priorities and issues emerging from the CCC.

The CCC is currently developing an annual consumer participation plan for GV Health.

Consumer Participation

A growing number of consumer participation activities are being undertaken across the organisation. Examples of new initiatives this year include:

- Consultation forums with clients of the Community Interlink program and their carers resulted in a complete review of the information kit provided to new clients and their carers.
- Consumer and carer representation on GV Health's Diabetes Centre Reference Group and active involvement in development of the Centre's strategic plan.

Consumer Information

Forty five new consumer publications were added to GV Health's consumer publications register this year. Of these, 39 were produced by GV Health staff and six were produced by an external agency. Three of the new publications are available in languages other than English. The majority of new publications (15) provide treatment explanations such as information about pain relief during childbirth.

Results from previous patient satisfaction surveys have indicated the need for improved discharge information for patients. A suite of six new publications has been introduced this year providing post-discharge information following day procedure surgery.

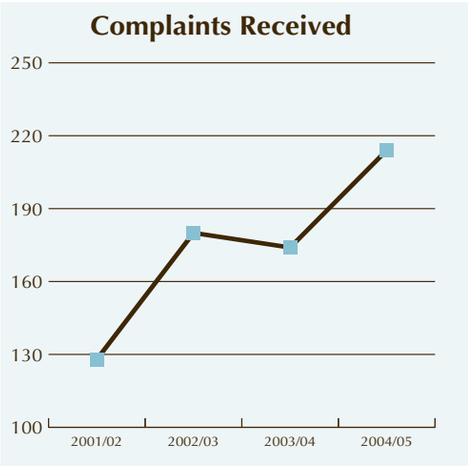
The Consumer Publications register, with over 160 approved publications is now available to all staff through GV Health's intranet, and where appropriate, publications can be printed directly from the electronic register.

Consumer Feedback

Suggestions, satisfaction surveys, complaints and compliments are the main methods GV Health uses to collect feedback from consumers and the community.

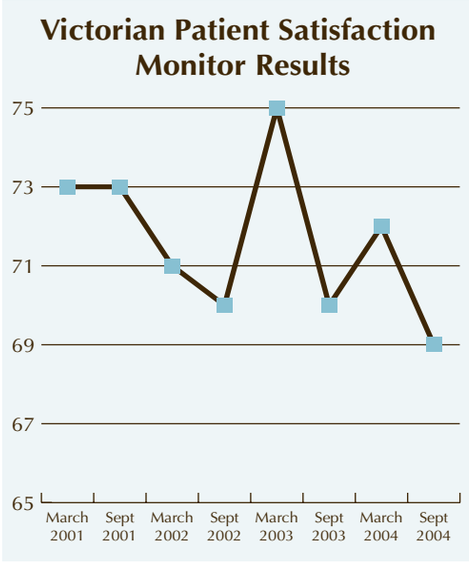
A new publication was produced this year providing information to consumers on how they can provide Compliments, Comments or Concerns.

GV Health received 214 new complaints during the year, and investigated a further 24 complaints outstanding from the prior year. In total, 191 complaints were investigated and closed during the year, with 47 still to be resolved.



Consumer Satisfaction

The Victorian Satisfaction Monitor is conducted every six months by DHS. GV Health has participated in eight surveys since March 2001, with the latest results showing that GV Health's Overall Care Index had dropped from 72 at last survey, to 67, while the overall Care Index for the State had remained steady at 72. Aspects of care resulting in significantly lower satisfaction ratings included access and admission, complaints management, and the physical environment.



Community Support

GV Health auxiliaries, community and service groups demonstrated their ongoing support and acknowledgement of GV Health with collective donations and fundraising of $370,000 this year.

The number of volunteers actively involved has grown. A volunteer program has been established at the Diabetes Centre and the Meet and Greet Program has been re-launched. The Meet and Greet Program enables people who are accessing the Shepparton Campus to be welcomed and directed to their destination. The volunteers have been particularly appreciated during the building redevelopment as entry points and lay out of services have changed.

The establishment of the Goulburn Valley Kidney Support Group has created an opportunity for patients with kidney disease and their families and carers to meet and provide a network of support. The group meets regularly at the Shepparton Campus and, together with GV Health's eight auxiliaries, contributes significantly with both fundraising and community advocacy for GV Health.

GV Health has hosted numerous community events, provided opportunities for school and kindergarten tours and welcomed many international visitors during the year.

Governance Framework

Clinical governance is a component of the Board of Directors corporate governance responsibilities and refers to the many ways GV Health monitors performance, compliance with standards and legislative requirements, manages risks and works to continually improve the quality and safety of its services.

Clinical governance responsibilities at GV Health are implemented through the organisation's Integrated Quality and Risk Management Framework and is supported by a quality committee structure involving Board, Executive members, clinical and non clinical staff.

The Patient Care Review Committee (PCRC) has ultimate responsibility for the maintenance of quality and reduction of risk. This group comprises all Board members, Executive staff and the Quality Manager.

The PCRC meets monthly and receives reports and recommendations from the Quality and Risk Management Committee, which in turn receives advice from four core function committees and the Consumer Consultative Committee. The four committees are:

- Safe Practice and Environment Committee;
- Human Resources Management Committee;
- Information Management Committee;
- Continuum of Care Committee.

The Continuum of Care Committee monitors the quality of care across nine clinical streams of care. A multidisciplinary quality committee supports each stream.

The involvement of nursing, medical, allied health and non clinical staff in quality committees fosters a learning environment in which staff are able to continually improve clinical practice.

Regular reporting through the quality committee structure ensures the Board is fully informed when making decisions regarding clinical governance.

Cheif Executive Officer Greg Pullen (centre) with (left to right) Kerryn Healy (Director of Finance & Information Services); Leigh Gibson (Director of Community & Integrated Care); Bill Brown (Manager, GV Area Mental Health Service); Dr. Brian Cole (Chief Medical Officer); Geraldine Webster (Chief Nursing Officer & Director of Corporate Services).

GV Health's Executive team are responsible for providing leadership to one or more quality committees and sub committees.

Greg Pullen
- Quality and Risk Management Committee

Dr Brian Cole
- Continuum of Care Quality Committee
- Surgical Continuum of Care
- Emergency Medicine Continuum of Care
- Medical Continuum of Care

Geraldine Webster
- Residential Aged Care Continuum of Care
- Women's Health Continuum of Care
- Child and Adolescent Continuum of Care
- Sub-acute Continuum of Care

Kerryn Healy
- Information Management Quality Committee
- Human Resources Management Quality Committee

Leigh Gibson
- Safe Practice and Environment Quality Committee
- Community Services Continuum of Care

Bill Brown
- Mental Health Continuum of Care

Clem Furphy

Chair

Board of Directors Executive Committee

Medical Consultative Committee

Quality and Risk Management Committee

Project Control Group

Remuneration Committee

Dr Chris Werner

Senior Vice-Chair

Board of Directors Executive Committee

Medical Appointments Advisory Committee

Medical Consultative Committee

Project Control Group

Pharmaceutical Advisory Committee

Remuneration Committee

Graham Jolly

Chair - Audit and Finance Committee

Board of Directors Executive Committee

Medical Appointments Advisory Committee

Audit Committee

Remuneration Committee

Dr Pamela Dalgleish

Junior Vice-Chair

Board of Directors Executive Committee

Consumer Consultative Committee

Medical Appointments Advisory Committee

Pat Moran

Consumer Consultative Committee

Quality and Risk Management Committee

Chris Hazelman

Ethics and Research Committee

Audit Committee

Aboriginal Taskforce

Primary Care and Population Health Advisory Committee

Anne McCamish

Medical Consultative Committee

Quality and Risk Management Committee

Simon Furphy

Ethics and Research Committee

Audit Committee

Letizia Torres

Aboriginal Taskforce

Primary Care and Population Health Advisory Committee

Managing Quality and Risk

An integrated quality and risk management framework provides a unified approach to quality improvement and clinical and non clinical risk management.

Clinical Risk Management

The clinical risk management program includes the monitoring of adverse and sentinel events. Sentinel events are rare but significant incidents that occur independently of a patient's condition that may cause an adverse outcome as a result of weaknesses in organisational systems and care processes. There are nine types of sentinel events that are mandatory for all hospitals to report to DHS.

Three sentinel events were identified in the past year and were systematically reviewed through a process known as Root Cause Analysis (RCA). This process identifies points in the care process where improvements may be made to avoid the risk of the event occurring again.

Sentinel events are reported to the Clinical Risk Manager and assessed to identify key issues. The Risk Manager seeks expert opinion from relevant clinical staff and collates information using standard guidelines for RCA. Recommendations emerging from the analysis are forwarded to the Quality and Risk Management Committee, and to all relevant quality committees for follow up action.

As a result of RCA recommendations the following corrective actions were implemented at GV Health during the year:

- Introduction of new training for checking results on equipment used to sterilise theatre instruments. The event reviewed related to equipment failure that did not result in patient harm.
- Following a suicide in an inpatient unit, suicide risk assessment procedures were amended to more accurately identify risks related to substance abuse.
- A new policy was implemented within theatre to strengthen patient identification processes and supervision of junior medical staff. This review occurred when unnecessary minor surgery was performed on a patient. It highlighted a review of procedure was warranted to prevent a more serious occurrence.

Sentinel events in dental health services are now also reported to the DHS sentinel event program. No sentinel events occurred in GV Health's dental program during 2004/05.

Evidence Based Practice

GV Health participated in a series of research and evidence based practice skills workshops provided in partnership with the University of Melbourne, Goulburn Valley Division of General Practice, and Goulburn Valley Primary Care Partnership.

Four workshops were held during the year with a further two due to run next year. The workshops have focused on initiating research projects, writing abstracts and papers, interpreting statistical data and sourcing evidence to support practice.

Learnings from the workshops will assist staff to source evidence to support the development of best practice clinical guidelines and documenting outcomes of their improvement activities.

During the year 111 Clinical Practice Guidelines were developed and approved.

How Do We Know Our Staff Are Qualified and Competent?

The employment of qualified and competent medical, nursing and allied health staff is supported by a credentialling system to verify academic qualifications and professional registration.

The process of credentialling involves verifying documents such as university degrees, registration certificates, and similar evidence that demonstrates staff are qualified for the work they do, and have maintained their skills through ongoing education programs.

Nurses gain their qualifications at either a University, for Division One Registration, or TAFE, for Division Two Registration. GV Health nurses must present their practicing certificates on employment and renew these annually through the Nurses' Board of Victoria.

A new credentialling framework has been introduced this year for Allied Health and Dental staff. Requirements may vary between disciplines but will generally include evidence of professional registration, and/or evidence of continuing education.

GV Health has a Medical Appointments Advisory Committee that considers the credentials of medical staff and makes recommendations to the Board of Directors on appointments. It may seek further advice on their good standing and if necessary can call upon the various colleges (such as the College of Surgeons) where an appointment is to be considered or performance is under review.

International Medical Graduates

Most new medical staff are recruited from overseas because of a shortage of doctors in rural areas.

GV Health is one of the largest recruiters of International Medical Graduates (IMG's) in Victoria. They make GV Health's workplace vibrant and culturally diverse –much like our community. Twenty four IMG's are currently employed by GV Health including six from Sri Lanka; three from Nigeria; two from each of Fiji, India and Iraq, and one from each of New Zealand, Pakistan, Trinidad, Afghanistan, Syria, Vietnam, Malaysia, Germany, Iran and Ghana.

All IMG's have graduated from Medical Colleges recognised by the Medical Practitioners Board (MPB). They must be intending to sit or already have passed the Australian Medical Council's two-stage examination during their first five years in Australia.

GV Health provides training and support to help IMG's to prepare for the examination which they must pass before being granted medical registration. This year, 11 doctors successfully passed either stage one or two of the examination. The remainder are applying or waiting for an exam date.

International Medical Graduates at GV Health have a successful pass rate due to strong support and education programs. More than 300 hours of clinical education sessions have been offered including bedside tutorials, video conferencing, grand rounds and specialty training.

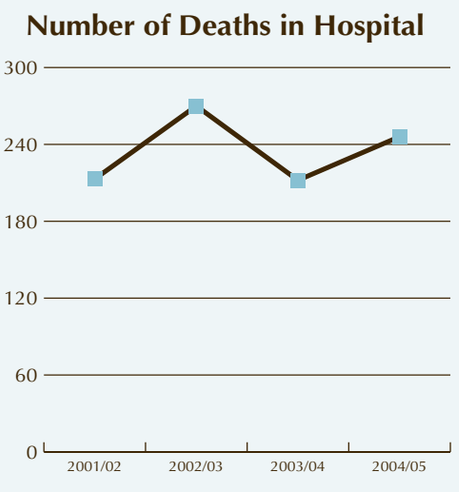
To be able to practice at GV Health, IMG's are required to pass an occupational English test, a stringent interview process and undergo comprehensive clinical skills testing. These requirements are set both by the Victorian Medical Practice Board (MPB) and GV Health.

Following a successful interview, the doctor may begin work at GV Health. They do so as a junior staff member and are subject to a three-month probationary period. During this time a medical clinical educator, who is a senior doctor at GV Health, supervises and oversees their transition into the hospital.

A Medical Clinical Educator has recently been appointed to work with the IMG's in the newly constructed simulation centre. The centre uses training dummies which can be programmed to simulate medical symptoms. The simulation centre is being used to assist in training in Basic Life Support and Advanced Life Support.

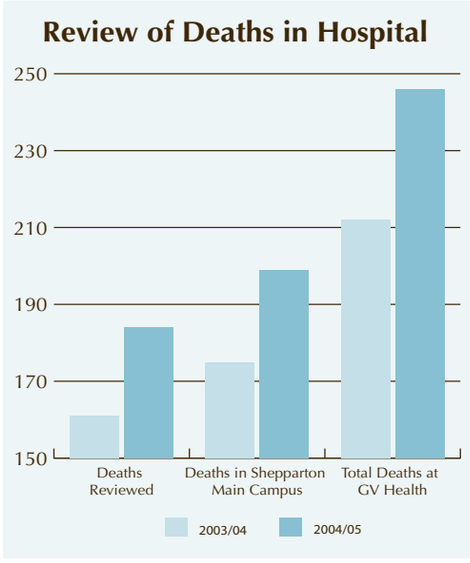
What Happens When Someone Dies in Hospital?

There were 246 deaths in hospital (representing 1 per cent of all discharges) at GV Health during the year. Taking into account the growth in number of patients treated and our ageing population, this figure is comparable to deaths in hospital in previous years.



The majority of deaths occur where acutely ill patients are managed and where palliative care is provided and death is expected. Most of the deaths in 2004/05 (199 or 81%) occurred at the Shepparton campus.

GV Health regularly reviews and monitors all deaths occurring in medical, surgical, emergency, paediatrics, obstetric and gynaecology units, Intensive Care Unit (ICU) and the Hospital in the Home program (HITH).



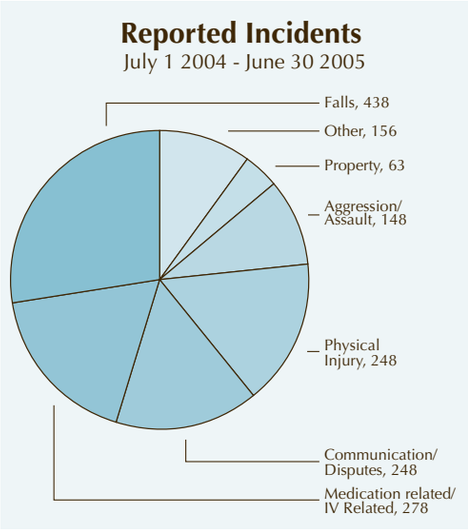
A total of 184 deaths in hospital were reviewed this year. The reason for the death is examined to ensure that the best possible care has been provided. While the deaths may not have been prevented, review of practice can assist in identifying areas for improvement. For example, guidelines relating to intra-hospital transfer and on call arrangements between physicians have been developed and implemented as a result of lessons learned from reviews of deaths during the year.

Deaths that were not reviewed were expected deaths where care was provided to minimise pain and provide best possible comfort and dignity.

Incident Reporting

GV Health's integrated incident reporting system has now been in place for just over 12 months and refinements in the system continue. During the year, 1577 incidents were reported compared to 1491 the previous year.

This includes all incidents involving patients, staff, visitors, property and issues such as security.



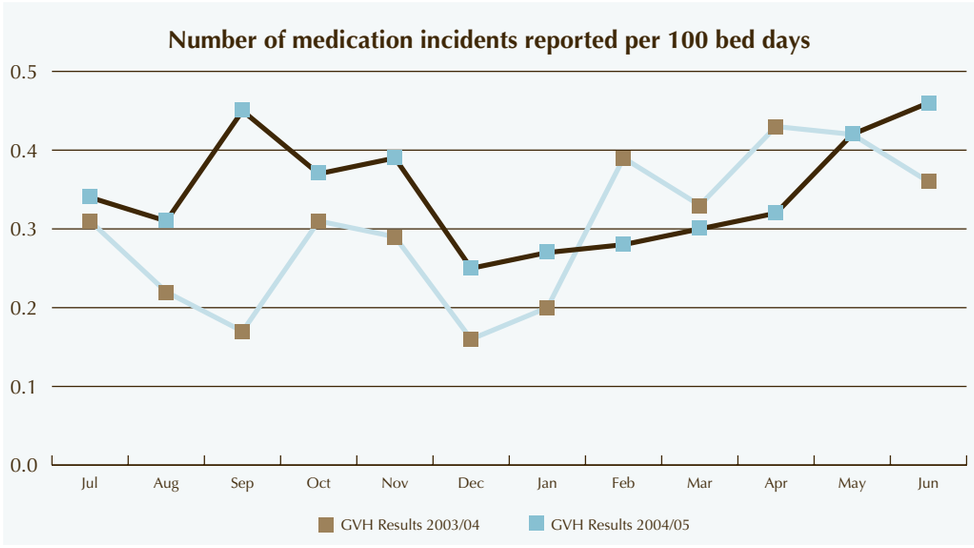
The Board of Directors receives regular reports on incidents, which are represented as a rate per 100 bed days. This allows consideration of patient activity as a factor in incidents. GV Health's greatest number of reported incidents involved falls (438) and medication related events (278).

Medication Safety

The Medication Error Working Party monitors the medication delivery system to identify opportunities for medication error prevention.

There were 278 medication related incidents for the year reported through the Riskman incident reporting system. These incidents included errors in prescription, documentation, timing and possible reactions to medication.

Staff actively report "near-miss" events where no error actually occurred, but a potential for error is recognised. This feedback informs the development of guidelines to reduce the risk of serious medication errors occurring. Guidelines currently under review include anticoagulation and antibiotic use.



The Australian Pharmaceutical Advisory Council has released new guidelines for the continuity of pharmaceutical care. The guidelines relate to effective medication management from admission, to inpatient care and discharge.

Medical history and examination documentation has been revised this year to include a prompt for doctors to identify the need for medication review.

Many older people admitted to hospital have complex conditions and are using multiple medications and a review ensures suitability and compatibility of the medications given. The review seeks to reduce the number of medications taken and the frequency of dosage for ease of compliance.

On discharge from hospital, summaries of care are provided to patients general practitioners to ensure continuity of care. The structure of the discharge summary has been revised to include a detailed section on medications and medication reviews in hospital.

Pharmacist Intervention is an integral part of the prevention of medication errors. A new role has been established to provide education to clinical staff on the appropriate prescribing, dosages and administration of new drugs. The Clinical Pharmacist, who commenced in May this year, provides Pharmacist Intervention at the ward level where there is concern about either the nature of the medication, potential interactions, the dosage being prescribed or the frequency of that dose.

Pharmacist Interventions are reviewed by the Pharmaceutical Advisory Committee which meets every two months to identify opportunities for education or system change to reduce errors.

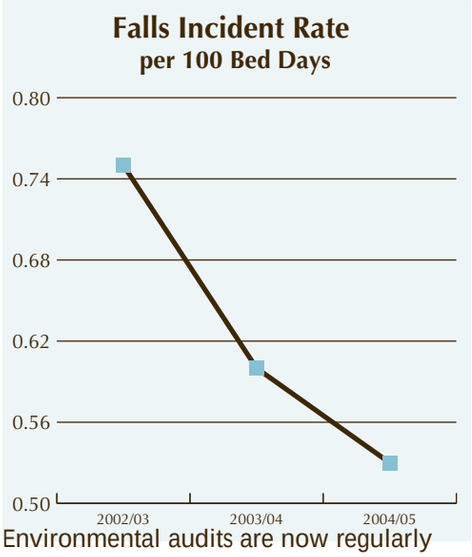
Monitoring and Prevention of Falls in Hospital

Patient falls account for the majority of incidents reported through GV Health's incident reporting system. Most patient falls occurred in hospital units providing treatment and care for older people and residential aged care facilities.

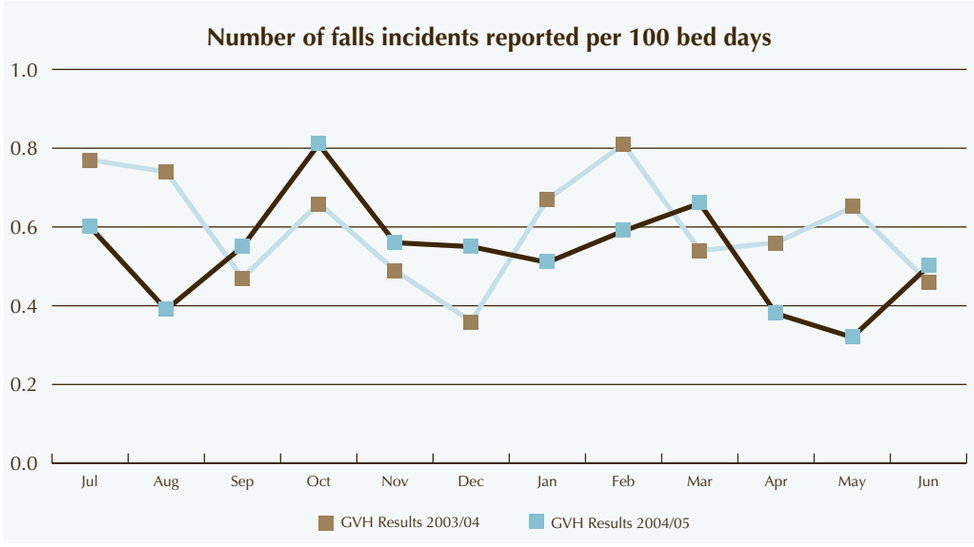
There were 438 falls incidents registered through GV Health's incident reporting system compared to 481 in the previous year. Of these, 47 resulted in an injury including six that resulted in a fractured neck of femur (upper leg).

Falls in hospital that result in a fractured neck of femur are monitored and reported as part of the clinical indicator program.

The Falls Prevention Work Group has implemented a number of initiatives to reduce falls in hospital. A review of falls in hospital resulting in fractured neck of femur was undertaken during the year. As a result, a system has been developed to determine how much education and supervision patients may require to safely use a walking aid such as walking frames, crutches and walking sticks. Originally developed in the Mary Coram unit, this system has been rolled out to all areas.



Environmental audits are now regularly carried out on all wards to identify and rectify hazards that may cause falls. The audits to date have identified that ensuring patient call bells are within reach and reducing clutter are two ways of minimising risks.



More detailed falls incident reports have been introduced to capture more specific characteristics of falls occurring in hospital such as activities being undertaken at the time and medications taken. A better understanding of why patients are falling, will help to inform planning for safer care such as improvements to physical facilities or provision of equipment.

Falls and Mobility Clinic

During the year, 41 new clients were assessed by the Falls and Mobility Clinic based at the Shepparton Campus. The average age of clients was 72.4 years.

An occupational therapist, a physiotherapist, a geriatrician and a nurse staff the clinic. They assess risk factors that may be present and arrange for any necessary tests to be completed. A prevention and management plan is developed with the client and family. The plan is tailored to individual patient needs and may involve strategies such as physiotherapy sessions, home modifications, or referral for specialist assessments such as eye checks or podiatry (foot) treatments.

Client progress is reviewed at six weeks and at six months. Evaluation shows that the number of falls experienced by clients is greatly reduced following attendance at the clinic.

A publication has been developed to provide advice on selection of footwear to avoid foot problems and prevent falls. A falls diary is also in the process of being developed. This will help client's track falls incidents and will ensure that the clinic is thoroughly informed of their progress.

Preventing Pressure Ulcers

Pressure injury to the skin, such as ulcers, can occur when patients are immobile for long periods of time. The skin is at greatest risk of breaking down in areas where weight is born such as shoulders, heels or hips. Prevention can include encouraging movement to relieve pressure on weight bearing areas, the provision of special bedding and equipment, and dietary supplements.

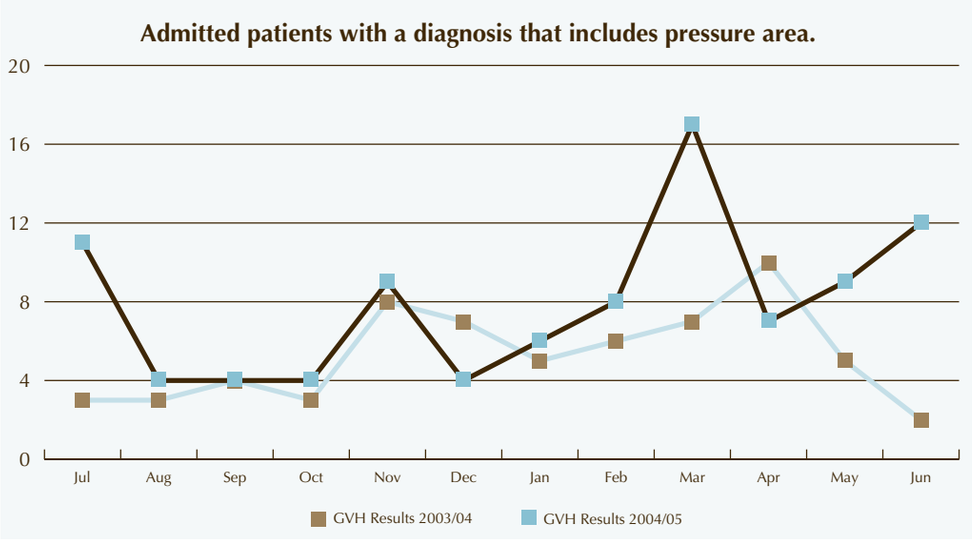
An internal audit of pressure ulcer prevalence at GV Health's three campuses was undertaken between July and December 2004. The audit was conducted to supplement the Statewide Pressure Ulcer Point Prevalence Survey (PUPPS) undertaken every two years.

The total number of ulcers reported was 89 involving 53 individuals, with most ocurring in the Medical Unit and Mary Coram (rehabilitation) Unit. Results of the audit will be used to review pressure ulcer risk assessment and care planning procedures and documentation.

Following the 2003 PUPPS survey, DHS allocated funding for a mattress replacement program. Ninety two pressure relieving mattresses were purchased to replace mattresses in the Medical and Surgical units, Mary Coram unit and the Emergency Department. The District Nursing Service also purchased two specially designed mattresses for home based clients at risk of developing pressure ulcers.

Wound Management

A wound management consultant offers wound and pressure care management on request to acute and sub acute wards at GV Health's Shepparton, Rushworth and Tatura campuses. Assistance from this service is increasingly being sought from outlying hospitals and aged care facilities in Kyabram, Cobram and Numurkah, as well as District Nursing Services and health services at the Rumbalara Aboriginal Co-operative.



The wound management consultant works from the Specialist Consulting Suites at the Shepparton Campus providing advice and expertise in the management of acute wounds (such as post surgery) and chronic wounds (including leg ulcers in diabetes sufferers). The aims of the wound consultant are to minimise risk of infection, promote healing and protect the affected area.

Patients may self refer or be referred by medical specialists (mostly surgeons) and general practitioners. Typically the role entails removal of post operative stitches, dressing of wounds, assessment and development of care plans.

An assessment may involve a review of the patient's diet, medication, medical history and lifestyle including mobility. It could also include a discussion about dietary supplements; the source of water used for washing; and recommendations for additional advice from other health care professionals such as a podiatrist.

Infection Control

Many infectious agents are present in hospitals. Patients may become infected while they are receiving treatment and health care workers are at risk while they are working. In some cases, infections are extremely serious or even life threatening. In April 2005, GV Health participated in a regional infection control audit to monitor compliance to best practice guidelines and Australian Standards.

Key areas involved in the audit were:

- Hand hygiene practices;
- Management of waste;
- Management of linen;
- Management of sterile stock.

An acceptable compliance of 80% was set and exceeded in all clinical areas audited. The highest scores were obtained by the Intensive Care Unit (89%), the Waranga Campus (89%) and Grutzner House (88%). The results have been fed back to clinical areas for action where appropriate. The audit will be repeated in 12 months.

Multi-Resistant Organisms (MRO's)

Organisms resistant to standard antibiotic therapy are an increasing issue for all health care facilities. GV Health monitors the estimated prevalence of MRO's to identify trends and outbreaks. Strategies to minimise cross infection are also promoted at GV Health. These include:

- Hand hygiene - includes, hand washing and use of alcoholic hand rub;
- Use of standard and additional infection control precautions;
- Prompt identification of colonised and infected inpatients;
- Appropriate cleaning; and
- Strategies to ensure outbreak management procedures are in place.

The overuse of antibiotics is known to increase the emergence and spread of MRO's. Closer monitoring of antibiotic prescribing practices and usage at GV Health will be introduced in 2005/06 to further minimise the risk of MRO's.

Preventing Hospital-acquired Infection

The Victorian Government has established a surveillance system for hospital-acquired infections. GV Health has been participating in the Victorian Nosocomial Infection Surveillance System (VICNISS) since November 2003. The data forwarded to the VICNISS Coordinating Centre is risk adjusted. For example, people with diabetes or obesity may be at a higher risk of infection than people without these conditions.

GV Health monitors infection rate data for: the Acute sector at the Shepparton campus, in relation to:

- Hip and knee surgical site infection;
- Caesarean surgical site infection; and
- Bloodstream infection associated with central lines.

And for the Acute sector at Tatura and Waranga campuses, in relation to:

- Blood stream infection;
- Methicillin resistant staphylococcus aureus infection; and
- Deep surgical site infection.

The VICNISS Coordinating Centre must notify DHS of hospitals with significantly higher infection rates than the State average. GV Health was not identified as having significantly higher infection rates than the State average.

Reducing Risk of Dust-borne Infection

Major building works are underway at GV Health's Shepparton campus. During construction activities there is an increased chance of infection from fungi and bacteria spread though dust. Infection triggered by construction is most likely to be caused by the fungi Aspergillus. In general, only people with poor immune systems are at risk of illness.

The Infection Control Team was involved from the initial planning stages for the new buildings, to ensure that infection control issues were considered in the design, and that dust minimisation occurs during construction.

Dust minimisation strategies have included:

- Completion of a risk assessment to identify high-risk patients for infection in relation to the work sites;
- Baseline air quality sampling to measure bacteria and fungi levels pre construction;
- Dust minimisation strategies included in the induction of construction workers;
- Regular audits to ensure barriers are sealed between the construction zone and clinical areas;
- Negative pressurisation of specific construction zones to maintain correct airflow direction; and
- Vacuuming, rather than sweeping, used to clean up internal construction areas.

Cleaning Standards

In 2005, Tatura hospital was judged the cleanest district hospital in the State following a DHS cleaning audit. Tatura received an overall score of 98.7 out of 100. Waranga campus also performed well, scoring an average 96.7 out of 100. Shepparton campus scored 93.4 out of 100.

Improving Continuity of Care

Diagnosis

In the first four hours in the Emergency Department, a range of diagnostic tests were undertaken including blood, urine, heart monitoring and brain scans.

A lumbar puncture was performed by a Registrar (doctor) using new pencil point needles to obtain a sample of central spinal fluid for pathology testing.

Rapid pathology turnaround for blood test and lumbar results were fed back to ED medical staff where the diagnosis was made.

All resident medical officers have anaesthetic training which includes training in performing lumbar puncture safely.

Co-ordinating Care

In the ICU, Dr Robert Shepherd co-ordinated multi-disciplinary care planning.

Regular team meetings reminded treating doctors, nurses and allied health staff of the treatment goals which at times meant pushing Anna to achieve these goals.

Anna's Journey

In November 2004 Anna Hooper woke up at her Lancaster home with a temperature and tingling feet.

Within a couple of days she was taken by ambulance to the Kyabram Hospital with no feeling in the lower part of her body and unable to walk. Next day she was transferred to the Emergency Department at GV Health where a lumbar puncture revealed Anna was suffering Guillain Barre Syndrome – a viral condition that inflames the nerves causing loss of movement.

Soon Anna had lost the ability to move any part of her body including her mouth and lungs. She was entirely immobile and required an emergency tracheotomy to breathe and a feeding tube to the stomach for nutrition.

A wife and mother, Anna spent three months in GV Health's Intensive Care Unit unable to communicate with her husband Paul and son Will who travelled the half hour from home to be by her side.

Unable to move or make a noise, Anna relied on the chatter of nurses and orderlies and the regular visits of her family to keep her spirits up. She also clung to the words of a doctor who had assured her the condition would eventually ease.

A steady stream of health professionals visited Anna's bedside including dieticians who selected and monitored the diet she received via a feeding tube. Later when Anna could swallow the dieticians worked with speech therapists to guide the reintroduction of foods by mouth.

"The speech therapist ordered x-rays of me chewing and swallowing to ensure I was capable of eating."

When signs of movement returned to Anna's hands, occupational therapists and physiotherapists were there to assist with the redevelopment of fine motor skills. As feeling spread up her arms and into her body, they extended the therapy, pushing Anna to recover strength and movement.

Multidisciplinary Care

Initially Anna's nutrition was maintained through a naso-gastric tube followed by a gastrostomy tube, as it appeared she may require nutritional support for some time. Speech pathologists and dieticians worked closely together to ensure Anna was receiving optimal nutrition and progressing as safely and quickly as possible to greater textures of food and fluids.

Patients requiring both ventilation and nasogastric feeding need careful management to minimise the risk of liquid being drawn into the lungs. Guidelines have been developed by GV Health for monitoring these risks. Clinical practice guidelines have also been developed for gastrostomy tube care.

Physiotherapists and occupational therapists provided a range of therapies to maintain movement and prevent soft tissue shortening. ICU nurses provided barrier nursing to prevent infection and good nursing care to ensure comfort, such as massage and four hourly mouth care for hygeine.

Preventing Pressure Ulcers

Being immobile for a long period of time Anna was at risk of developing pressure ulcers. To prevent ulcers, ICU staff implemented the following:

- Regular change of position;
- Use of a "supersoft" mattress;
- A special bed that automatically tilts from side to side to redistribute weight;
- Splints on her legs to support the ankle and minimise the risk of heel ulcers;
- Regular massage by occupational therapists and physiotherapists.

Rehabilitation

Anna spent two months in the Mary Coram Rehabilitation Unit, where intensive allied health input was provided. Regular family meetings and case conferences were held to discuss progress, set goals with Anna and alter her care accordingly.

Initially Anna was confined to her bed, unable to sit up due to lower back pain, joint and muscle stiffness, and sore feet when she tried to stand.

Twice daily physiotherapy was provided consisting of stretches to regain joint range and muscle length, gradual introduction to the upright position, management of back pain and gradual progression of strengthening exercises.

Eventually Anna was able to sit in a wheelchair and attend physiotherapy in the gymnasium, where a greater range of treatments were possible. She was introduced to standing, firstly in a machine, then in parallel bars, then with a walking frame. The length of time she could tolerate in standing was gradually increased from a few seconds until she was able to walk on her own.

"The physios were fantastic. I don't think I would be doing as much now without their help, Anna said. They showed me how to sit, then stand and begin to walk again".

Social Workers were also regular visitors in the ICU, checking on Anna's wellbeing and helping to keep her spirits up.

Anna was full of praise for the young nursing staff in ICU. "They kept me going. Once I could move, some of the younger guys would muck around and get a ball and throw it to me," she said.

Ï can't fault the nursing and medical staff. "They kept me in Shepparton close to my family. It was terrific the way they cared for me."

After three months Anna was moved to the Mary Coram unit for two months of rehabilitation that focused on strengthening her wasted muscles. When it was nearing time to return to her home, an occupational therapist took Anna on a home visit to assess her needs.

The occupational therapist arranged for a shower chair, commode, crutches and walking frame and tools for reaching and lifting to be waiting for Anna on her return.

In the early days at home Anna occasionally called Dr Rob Shepherd (the intensive care registrar). "I would ring with an inquiry and Rob was only too willing to talk on the phone."

Almost 12 months since the onset of her illness, Anna has regained around 75per cent of normal strength in her limbs.

While her ankles and wrists remain weak, Anna is able to undertake normal household duties with ease and attributes her good progress to the support of the allied health professionals.

She said the illness has added a new perspective to her life. "Considering I couldn't move a muscle, breathe or talk, getting around now is a breeze," Anna said.

Preparing for Discharge

The demands that would be placed on Anna as a young woman and mother were considered and a plan developed with Anna and her family for her discharge home and ongoing therapy. This included a home exercise program and referral to the Community Rehabilitation Centre for ongoing physiotherapy and occupational therapy programs.

Anna has been participating in strength and conditioning training, functional training, endurance training and has returned to jogging, running and swimming.

Patient Flow Collaborative

This collaborative has focused on improving a patient's journey through the hospital system. A multidisciplinary team has worked together to determine areas for improvement. The major project has been the development of a referral tracking system that has reduced the number of multiple internal and external referral forms. This has been supported by the provision of discharge procedures and the establishment of an intranet discharge services manual. Other projects stemming from the Patient Flow Collaborative and currently underway include:

- A "Get Fit For Surgery" pamphlet and education program;
- A back pain clinic to provide intervention to patients on the Outpatients waiting list especially where surgery is not appropriate;
- Improved procedures for bowel preparation prior to bowel sugery; and
- Development of an Admission Booklet that incorporates consent, request for elective procedure, heath and risk screening assessment, admission and discharge planning documentation.

Referral Documentation

Continuity of patient care has been strengthened by the introduction of new guidelines and common forms for referral between internal GV Health programs and referral from GV Health to other community services such as district nursing.

A community services referral directory has been developed and is available for use by staff in both paper and electronic formats.

Emergency Stream of Care

The Emergency Medicine stream of care includes the Emergency Department and the Intensive Care Unit (ICU). Nursing and medical staff in these units require knowledge and skills to accurately diagnose and rapidly treat a range of traumatic injuries and serious medical conditions.

Post graduate qualifications in Critical Care are held by 79 % of nursing staff in ICU and 70% of nurses in the Emergency Department. The remainder are currently undertaking further education.

Intensive Care Unit

The ICU provided intensive coronary and high dependency care to 650 patients during the year. Of those treated, the majority (55%) were admitted from the Emergency Department, 25% were admitted following surgery. The remainder were admitted from other wards, neighboring hospitals or were admitted for short term treatments.

The average age of patients in the ICU was 64.4 years. Heart conditions were the most common reasons for admission.

Returns to the ICU from other inpatient units at GV Health were reduced from 16 last year to 10 in 2004/05. A new system sees patients routinely reviewed by ICU nurses for two days following transfer from ICU. Consequently, any complications are addressed before readmission to ICU becomes necessary.

The Medical Emergency Team (MET), introduced last year, continues to help in the management of very unwell patients in other parts of the hospital. The team was contacted on 31 occasions during the year, compared to 29 the previous year. All calls were responded to within the 15-minute benchmark. In most cases patients were able to remain in the ward and did not require transfer to the ICU.

Supporting Best Practice

The ICU contributes data to the Australian/ New Zealand Intensive Care Society (ANZICS) adult patient database. The database enables comparisons between GV Health and other hospital groups according to patient age, severity of illness, length of stay and outcomes (deaths) in terms of a standardised mortality ratio. The unit continues to have excellent outcomes according to standardised mortality ratio data.

The ICU is currently involved in an international drug trial that compares two medications for thinning the blood and preventing blood clots. The trial is expected to help improve treatment outcomes for patients suffering heart conditions.

Responding to Spiritual Needs in the ICU

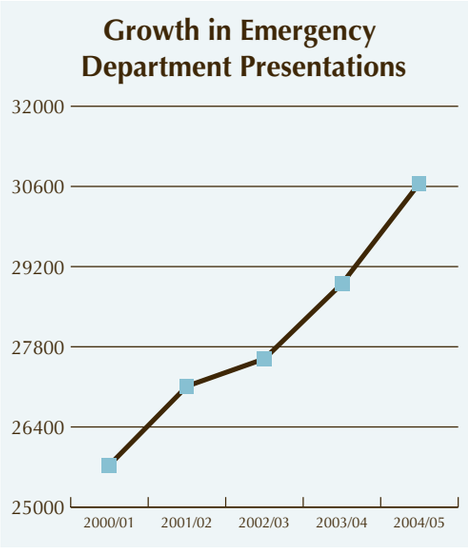
Even with the best possible care unfortunately death cannot be prevented for all patients in the ICU. Staff members provide a holistic approach to the care of patients, including specialised clinical care, support to extended family and access to spiritual and religious care when desired. Very ill patients in ICU are frequently visited by representatives of their faith.

An integral component of patient care at GV Health is access to pastoral care for patients. With the guidance and assistance of the Goulburn Valley Inter Church Council and the Shepparton Ministers' Fraternal Association, GV Health's Board of Directors approves credentialling for nominated representatives of many denominations and faiths. This credentialling enables appropriate representatives to make regular visits, and when requested, provide spiritual and emotional support for patients and their families.

Over the years several members of the Aboriginal community have died in the ICU. A traditional Aboriginal smoking ceremony was undertaken in the ICU by a local Indigenous elder to create a healing environment.

Emergency Department

GV Health's Emergency Department treated 30,657 patients during the year, a 6 % increase on the previous year.



Of the total number of patients treated throughout the year, a third required urgent treatment. GV Health was able to see all Category One patients within the recommended time. Category Two patients were seen within the recommended time on 83% of occasions. Category Three patients were treated within the recommended time on 85% of occasions.

The average length of Emergency Department stay for patients not admitted to a ward was 1.7 hours. For those admitted to a ward, the average waiting time was 6.9 hours. The increased time spent in the Emergency Department by patients due for admission is the result of a number of factors including the need to undertake tests such as blood tests and x-rays and arrange a hospital ward bed.

Responding to Demand

The Emergency Department has put in place a number of measures to cope with the increase in presentations and manage waiting times, including:

- Building works have commenced on extension and refurbishment of the Emergency Department. The additions will include a larger waiting room, three new resuscitation/trauma bays, a safe room for disturbed patients and an eight bed short-stay unit. The unit will provide a dedicated area for patients who need short term treatment to stabilise and monitor conditions. The new unit will enable the Emergency Department to expand its services, streamline the care it provides, reduce waiting times and enable in-patient beds to be better utilised.

- A Nurse Practitioner program has been developed and is set to commence in the 2005/06 financial year. This will allow endorsed Nurse Practitioners to act independently within the Emergency Department reducing waiting times for Category four and five patients.

- A fast-tracking program has been developed for category four and five patients. Through this program one senior medical practitioner is allocated to treat triage category four and five patients only. This has decreased the time to treatment for these and other patients, as well as reducing waiting room congestion.

- Use of the Hospital in the Home program has increased. Through this program, suitable patients are able to receive acute treatment in the comfort of their own home, avoiding the need to wait in the ED for a hospital bed to become available.

The Triage System

Guidelines prioritise the urgency of treatment at the Emergency Department according to categories coded from one to six.

Category One - applies to a patient requiring resuscitation and treatment within one minute of arrival.
Category Two - is an emergency with a recommended time of treatment within ten minutes.
Category Three - is an urgent situation that requires treatment within thirty minutes.
Category Four - is a semi-urgent case that needs attention within one hour.
Category Five - cases are non-urgent and require treatment within two hours.
Category Six - describes circumstances where the person dies before or when they arrive at hospital.

Mental Health Stream of Care

Goulburn Valley Health is the primary provider of public mental health services to the municipalities of Mitchell, Murrindindi, Strathbogie and Moira Shires and the City of Greater Shepparton.

Goulburn Valley Area Mental Health Service (GVAMHS) provides these services across the full age spectrum from children to the elderly.

The service works closely with hospitals and General Practitioners (GP's) across the region, and with agencies providing Psychiatric Disability Support such as the Mental Illness Fellowship of Victoria.

Improving Access to Mental Health Services

Statewide consumer and carer surveys have raised concerns about difficulties in accessing mental health services. GVAMHS has responded to this concern by streamling the processes for accessing mental health triage services. A 1300 telephone number has been established that automatically routes calls to triage clinicians.

Triage is the process for identifying the urgency and priority of referrals to the service. All triage decisions are reviewed by the clinical manager of the Crisis Assessment and Treatment Team, under the supervision of the consultant psychiatrist, to ensure people receive services in a timely and consistent manner or are referred to a more appropriate agency for assistance.

In partnership with Mitchell Community Health, GVAMHS has established a senior psychiatric nurse position as part of the Wallan Community Health team. This will enable health professionals to work more closely in the early identification and care of people with mental health issues who live in the Wallan area. The position was established to better meet the needs of the growing community in the southern part of the region. This model of rural access may be extended to other outlying areas.

Acute Psychiatric Inpatient Unit

The 20-bed Wanyarra Unit based at the Shepparton Campus is the district's only acute adult mental health inpatient facility. People with a serious mental illness who need specialist psychiatric care and treatment are cared for in Wanyarra in the least restrictive manner possible.

Clinical practice guidelines were reviewed and redeveloped this year. A senior management group has been established and a coordinated in-depth clinical review process has been developed. Through this process, the care of each patient is reviewed weekly by the patient's treatment team, which is headed by a consultant psychiatrist.

Aged Psychiatric Assessment and Treatment Team

The Aged Psychiatric Assessment and Treatment Team (APATT) service assists people over 65 years who are having an acute episode of a severe mental illness or experiencing a psychiatric disability that is significantly impacting on their daily life.

Assessment and treatment is undertaken by a multidisciplinary team in consultation with the client and relevant others. The assessment takes into consideration psychological, physical, social, cultural and environmental issues which may contribute to the person's wellbeing. Where possible the assessment takes places in the client's home.

Patients are referred to APATT from their general practitioner. The main reasons for referral and treatment are for depression, psychosis, anxiety, delirium and mood disorders. Almost half of those treated lived more than 50 km from Shepparton. The average age of those referred was 78 years.

Aged Residential Program

Grutzner House is a 30-bed facility located at GV Health's Shepparton Campus caring for aged residents with psychiatric conditions and symptoms, dementia and difficult behaviours.

A Lifestyle Program caters for each individual resident's need. Included in this program is a four day annual holiday for five or six patients to a destination of their choice. This year the residents travelled to Lake Mulwala and enjoyed a variety of activities including picnics, fishing, and boating on the lake.

The many aims of the holiday program included a desire to promote leisure; foster social relationships and maintain independence.

West Hume Primary Mental Health and Early Intervention Team

An Eating Disorders Demonstration Project was completed in partnership with the Victorian Centre for Excellence in Eating Disorders. This project saw a clinical psychologist work with teams to assist in the early detection and treatment of eating disorders. The project has resulted in an audit of services in West Hume and provided the basis for the further development of services at a local level. The West Hume Primary Mental Health and Early Intervention Team (PMH&EI) is now in a better position to intervene when people are experiencing early signs of these disorders.

The introduction of the Rainbow Program for Children at Cobram Primary School was supported by the West Hume PMH&EI Team. Support was provided to teachers to provide the program for Iraqi refugee children. Children were offered the opportunity to share experiences while facilitators supported them in their efforts to make friends in their new school environment. Parents were also extended a warm invitation to participate.

Strengthening Project

DHS provided funding to develop a strategy to improve mental health outcomes for children and young people. A project officer was appointed to work with local services to develop a 'system of care' and identify linkages and priorities. This included discussion about the roles and functions of Child and Adolescent Health Service (CAMHS) as a provider of direct care and consultation and support to other services.

Protocol between Mental Health Branch and Juvenile Justice Program

Planning has begun in the West Hume region for a protocol between Mental Health Branch and Juvenile Justice Program. Plans have been made for information sessions for staff from each service about the other. Quarterly meetings will review implementation of the protocol and monitor referrals.

Early Psychosis Service

The Hume Region is the fourth Early Psychosis Service (EPS) to be established in Victoria. The service will treat and support young people between 16 and 25 years experiencing their first episode of a psychotic illness. The service will help clients, families, friends and youth related services to better understand such illnesses and make appropriate referrals for assessment and care.

The EPS will provide case management to clients for up to three years prior to referral to Adult Mental Health Services. Workers will be placed in Wodonga, Wangaratta, Shepparton and Seymour and will be supported by a consultant psychiatrist.

The aim is to improve referral pathways and reduce the impact of mental illness for individuals, families and the community. The project will draw on the research of Peta Fry who received a twelve-month Fellowship with the Primary Health Care Research Evaluation and Development Program, University of Melbourne.

Health Promotion

During Mental Health week (October 11 to 17 2004) health workers and community members undertook a "Walk Against Stigma" to raise awareness of mental health issues. Walks were held in the north, south, east and west of Shepparton converging on Lake Victoria for a barbecue.

Surgical Stream of Care

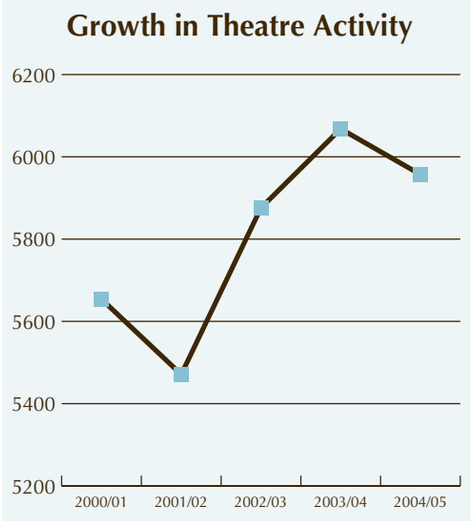
Three operating theatres and a treatment room for minor procedures are in daily use at GV Health.

Anaesthetists, surgeons, theatre nurses and technicians provided 7,352 surgical treatments for 5,957 patients during the year. Of those treated, 654 were children and young people aged 17 or under.

How long you wait for surgery depends on a number of factors. Surgery is sometimes required in emergency situations but in most cases is planned in advance. This is known as elective surgery.

GV Health's performance is measured against targets set by DHS for waiting times for patients requiring surgery. One hundred per cent of Category One patients were admitted within the DHS timeframe of 30 days; while 82.43 per cent of Category Two patients and 100 per cent of Category Three patients were admitted within designated timeframes.

A total of 557 people remained on the surgical waiting list at GV Health at June 30th, 2005 compared to 401 people the prior year.

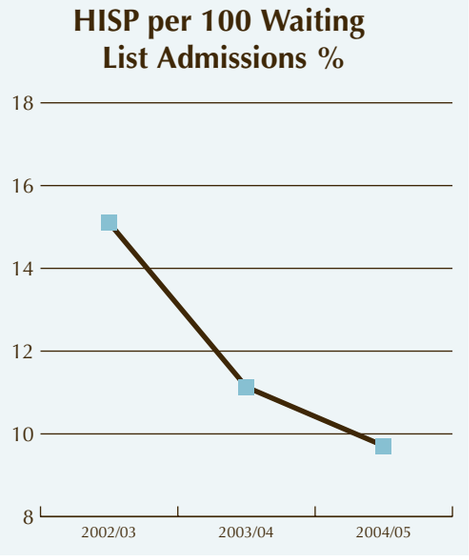


Reducing Surgical Posponement

Sometimes patients booked for theatre will have their surgery cancelled. This may be because the patient is unwell, or because theatres or theatre staff are not available. The rate of Hospital Initiated Surgical Postponements (HISP) has reduced this year to 9.71 per cent per one hundred waiting list admissions.

An automated patient notification system for theatre bookings is now in place to improve admission and discharge processes and the process for rescheduling postponed patients has been improved.

In the past, postponements have been managed by moving the patient booking to the following week. This often resulted in the postponement of another patient's surgery. Earlier communication with the patient to reschedule their surgery to the next available date now means that some patients wait a little longer, but fewer patients are effected.



Elective Surgery Waiting Lists

The need for elective surgery is identified through GP referral for an initial consultation with a specialist at GV Health's Specialist Consulting Suite. Patients requiring elective surgery are then placed on a waiting list according to three categories of urgency.

Category One: Urgent
Very early admission is desirable for a condition that has the potential to deteriorate quickly to the point where it may become an emergency.

Category Two: Semi-urgent
Admission within 90 days is acceptable for a condition causing some pain, dysfunction or disability, but which is not likely to deteriorate quickly or become an emergency.

Category Three: Non-urgent
Admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

Pre-admission Planning and Education

There are a range of initiatives underway to ensure a patient is as fit as possible prior to their surgery to reduce the likelihood of complications and keep the amount of time they need to stay in hospital as short as possible.

The preparation and education of a patient prior to surgery and upon their return home can affect the success of their operation. The early involvement of physiotherapy, social work, dietetics and occupational therapy professionals enables planning for a rapid recovery and effective discharge. For example, following a dieticians advice for a high protein diet will assist wound healing.

Older people waiting for surgery often have more complex conditions and increased risk factors for surgical complications. To help assess and manage these risks, anaesthetists are dedicating time to see these patients several weeks before surgery as part of the pre-admission assessment and preparation process. Anaesthetists can then work with the patient and other specialists as required, to help reduce risk factors prior to surgery.

A suite of consumer information publications have been developed for patients attending the Day Procedure Unit. These publications will assist patients to prepare for surgery and in management at home following discharge.

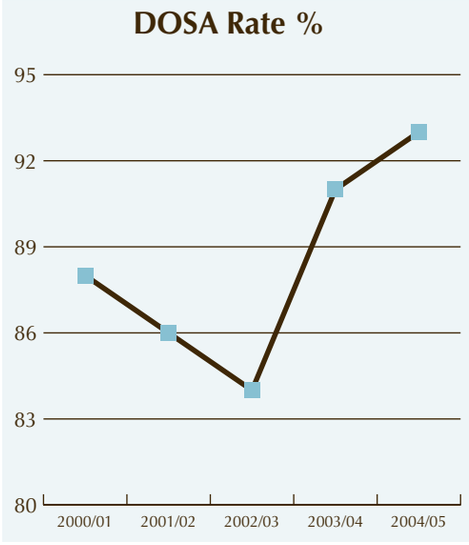
Specialist Nursing Staff

Surgical patients are supported by specialist nurses including a:

- Breast Care Nurse;
- Wound Care and Stomal Therapist;
- Pain Management Nurse; and
- Urology Clinical Specialist Nurse.

Streamlining Surgical Care

Rather than come to hospital the day before their surgery, better education and pre-admission preparation is allowing patients to be admitted on the day of their procedure. This means that people can get a good night's sleep in their own home before their surgery. The Day of Surgery Admissions Rate (DOSA) at Goulburn Valley Health has grown from 88 % in 2001-2002, to 93 % in 2004-2005.



Post-Surgery Assessment System

A visual reference guide has been introduced to enable rapid and consistent communication of a patient's current clinical status and any significant changes following surgery. A senior clinical nurse or a medical staff member categorises patients as either stable; labile, unstable, or ward critical. These classifications help identify the level of clinical care and monitoring required. As a result of this guide, calls to the Medical Emergency Team have been reduced.

Anti-Coagulation Therapy Initiative

Deep Vein Thrombosis (DVT) is due to blood clotting, most commonly in the deep veins of the legs. It is a painful condition that can cause pulmonary embolisms or stroke. The surgical unit has developed a quick reference guide that alerts medical and nursing staff to a patient's coagulation status to ensure that their care is monitored and appropriate to the level of clotting risk. This initiative was introduced as a result of an incident where a patient developed DVT.

Women's Health Stream of Care

Goulburn Valley Health provides a range of services tailored to meet the health needs of women.

These include services related to having a baby (maternity services), women's reproductive health (gynaecology services), breast care services and a range of primary health services in partnership with other providers.

Multi-disciplinary care is provided by a team comprising obstetricians, gynaecologists, midwives, lactation consultants, general nursing and medical staff with input from allied health as required.

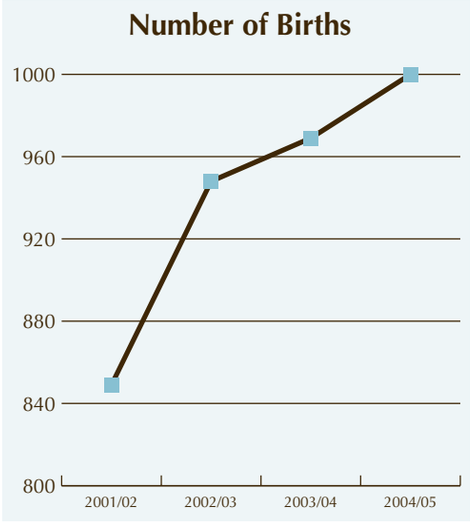
Maternity Services.

Four birthing suites provide a supportive home-like environment for birth. This year there were 1000 births at GV Health including 15 sets of twins.

The increase in births at GV Health reflects the closure of birthing suites at smaller hospitals in the region and an increased capacity of GV Health to manage high risk and complicated obstetric cases. A referral pathway was established for Numurkah women following the closure of Numurkah Hospital's obstetric services. Antenatal care is managed by a local midwife or GP with delivery occurring at Shepparton.

GV Health has been working with local Aboriginal women to improve the birthing experiences of Aboriginal women. This includes the refurbishment of one of the birthing suites to reflect local Aboriginal culture, and improved communication links with the Rumbalara birthing program.

A shared model of care for women's health has been strengthened through the provision of additional Obstetric and Gynaecological services at Rumbalara Health Service. This means that midwifery clinics at Rumbalara are better able to manage care for pregnant women with complex health needs.



In partnership with The Bridge Youth Service an antenatal clinic for pregnant and parenting young women has been established. The clinic is for young women who may not have otherwise accessed traditional antenatal services. The program operates weekly at The Bridge and is provided by a team of midwife and youth workers. The service provides both individual consultation and group antenatal education sessions. In the first six months of this pilot program 14 young women regularly accessed the service.

The Lactation Consultancy Services (breastfeeding) have been actively promoting baby friendly principles. As a result the number of babies starting breast feeding within one hour of delivery has risen from 52 % in November 2004 to 80 % at September 2005.

Ensuring Quality and Safety

Obstetric service outcomes at GV Health are closely monitored through an internal review process. Monthly multidisciplinary team meetings review outcomes for mothers and babies. For example, umbilical blood cord gas analysis of delivered babies offers an insight into any distress that may have been suffered before and during birth by the newborns. When cord gas levels are found to be below an accepted threshold, cases are reviewed and care issues considered and assessed.

Competency training and assessment in interpreting the results of foetal heart rate monitoring has been completed by all relevant medical and midwifery staff.

GV Health's Associate Professor of Obstetrics Dr Glyn Teale also teaches at the University of Melbourne's Rural Clinical School. Fifth year medical students undertake nine weeks of obstetrics training at the Shepparton Campus.

Gynaecology Services.

Development and improvement of new theatre procedures to manage gynaecological problems, such as Trans Vaginal Tape (TVT) to assist in the management of stress incontinence problems, has resulted in significant reduction of length of stay for women undergoing these procedures. In the past this type of surgical repair involved an average length of stay of seven to ten days, and can now be done as a day procedure.

Women requiring monitoring and care following a Papsmear or Colposcopy conducted at GV Health are supported by the women's health nurse. The nurse provides information about test results, arranges medical follow-up if results indicate the need for further intervention, and provides counselling and support.

A multi-disciplinary team provides co-ordinated care for women requiring gynaecological surgery. In a single visit, women are provided with medical consultation to confirm and consent the need for surgery, and receive pre-admission education with the women's health nurse.

Following a women's health promotion forum organised by the Ethnic Council of Shepparton and District, the need to encourage greater use of Pap smear services for women of diverse ethnic backgrounds was identified. Additional funding was received from Papscreen Victoria to provide extra clinics to help meet this need. Two days of extended hours clinics were held in conjunction with Family Planning Victoria. The extra clinics enabled 44 Macedonian, Albanian and Greek women to have Papsmears. Many of these women have returned for follow-up smears. The program was supported through the provision of interpreters and additional nursing time.

Child and Adolescent Stream of Care

The Children's Ward receives patients from around the region for acute admissions or for investigative procedures. GV Health is served by four paediatricians who also provide services to outlying areas such as Cobram and Seymour.

The main reasons for admission to the Children's Ward were for respiratory conditions such as asthma and bronchitis. A total of 12.6% of admissions to the Children's Ward were for respiratory conditions such as asthma.

GV Health is currently developing a Preventative Asthma Program. Staff training for this new program has been completed. The program will see a community-based educator working with children and their families to prevent asthma.

Clinical guidelines developed during the year include the implementation of a new outpatient treatment strategy for children with burns. This guideline requires that burns be dressed every three days, rather than every day, as was previously the case.

The Paediatric Community Nursing Service has expanded to include the monitoring of diabetes, Ph levels (causing gastric reflux) and sleep apnoea using special computer software. Over $20,000 raised through the community by Sun FM radio station funded the new software.

The fundraising drive included a community day and hospital broadcast that featured Captain Starlight. The Starlight foundation gave an $8000 starlight machine to the Children's Ward featuring a game cube computer and pre-programmed DVD's that can be wheeled to a patient's bedside.

A Buddy Bear program has been introduced. This is a pre-admission program that introduces the child to the Children's Ward services, staff and environment to ease anxiety about admission to hospital.

A play therapist assists the learning and enjoyment of children. This has been further enhanced by the completion of a playground by South Shepparton Rotary Club.

In February Carlton Football Club players visited the Shepparton Campus creating excitement among staff and patients. They were in Shepparton for a three day AFL Community Camp.

Innovations Group

GV Health is strengthening the safety net for vulnerable families through the development of more cohesive and collaborative services with child protection agencies, maternal and child health services and GV Family Care.

The Innovations Group was established to identify and support vulnerable and at risk children and their families. Multi-disciplinary case reviews are now held each month to ensure optimal care and support for families identified as not coping with their personal circumstances.

Medical Stream of Care

Services in the general medical stream of care include the 30 bed medical ward, chemotherapy, haemodialysis services and a range of medical outpatient clinics.

Medical Unit

A concerted effort that included overseas recruitment and the retention of graduates has led to a full quota of nursing staff for the Medical Unit this year.

The Medical Unit offers medical and nursing care enhanced by strong partnerships with allied health, community services and aged care providers.

The most common conditions suffered by patients admitted to the Medical Unit were unstable angina, irregular heartbeat, respiratory disease, stroke, diabetes and cancer.

Most of the patients (62.9 %) who are admitted to the Medical Unit were over 65, many with complex care needs.

Improving Environments for Care

Two isolation rooms in the Medical Unit were converted to one isolation room that meets current infection control guidelines and standards. The room is suitable for patients diagnosed with infectious diseases such as SARS, Tuberculosis or Legionella.

Existing bathrooms in the Medical Unit were remodelled and updated this year. The old bathrooms were the subject of a number of negative comments in patient satisfaction surveys and presented problems with workplace and patient safety.

Nursing staff worked closely with architects to design the remodelled bathrooms which feature angled mirrors that enable patients in wheel chairs to see themselves; doors that swing either way in case they are obstructed by a fallen patient; better drainage to prevent flooding; and improved temperature regulation for hot and cold water.

Professional Training and Development

The number of student health care professionals spending time training in the Medical Unit increased from previous years to include 48 medical students; eight nursing graduates; 12 bachelor of science second and third year students; four physiotherapy students; eight division two nursing students; and four nursing students from interstate universities.

The training and management of these students requires commitment and co-operation from permanent staff whose own skills were honed and tested though 500 hours of in-service training.

The training co-ordinated by the clinical area educator and clinical nurse specialists covered standard competencies such as observation and assessment, drug calculations and administration, fluid management and basic life support.

Complex Care Service

The Complex Care Service (CCS) offers patients suffering lifelong chronic illnesses, (such as chronic obstructive airways disease and heart failure), access to a range of health care professionals including occupational therapists, physiotherapists and nurses. It also provides case management and home-based support.

Before the CCS was developed, patients had to manage complex health needs and navigate the health care system with relatively little support. By helping patients to manage their conditions, their quality of life is improved and the number of presentations to the Emergency Department is reduced. There have been 194 patients referred to the service in the past 12 months.

As a result of a partnership between GV Health and Air Liquide Health Care, the respiratory component of the CCS program now has a dedicated Continuous Positive Airways Pressure (CPAP) nurse. Currently, there are 275 oxygen dependent patients and 700 (CPAP) patients.

Free outpatient clinics are held three times a week by medical and specialist nursing staff. In addition, the CCS delivers self-management programs in partnership with Numurkah Community Health and Rumbalara Aboriginal Co-operative. Attendance rates at these programs have been high.

Sufferers of chronic illnesses often try to preserve energy by limiting movement. Consequently, opportunities to exercise and socialise are avoided and their ability to function is further compromised. Exercise, however, is an important element of a patient's treatment. Evidence suggests that those who participate present less often to hospital and stay for shorter periods of time once admitted. The CCS also runs a weekly exercise program at Aquamoves. Since June 2004 this group has seen an increase of 165%.

Specialist Consulting Suites

During the year, the Specialist Consulting Suite (SCS) were relocated to newly refurbished premises in Graham Street, Shepparton. The SCS are responsible for the provision of public and private specialist consulting clinics. These are supported with clerical and nursing staff, and utilise facilities in three areas within GV Health's Shepparton campus.

The SCS facilities are available for GV Health Medical Officers and visiting metropolitan services. The total number of outpatients seen in 2004/05 was 30,005.

GV Health clinics provide regular orthopaedic, surgical, ear nose and throat, gynaecology, urology, oncology, medical, and paediatric clinics, with co-ordination of radiology and pathology services for attending patients.

Visiting metropolitan specialists are provided with rooms and support staff. They provide clinics in, for example, neurology, epilepsy, dermatology, genetics counselling and paediatric cardiology.

A Women's Health Nurse provides support for gynaecology services, pap smears, and preoperative education for gynaecological surgery.

The SCS also coordinates the interpreting service bookings for GV Health.

Rehabilitation and Sub Acute Stream

Sub acute services are provided for the care of ongoing and often serious conditions.

These conditions are often associated with age and are frequently the result of stroke, heart attack, or injury. GV Health has a number of inpatient and outpatient services for sufferers of these conditions. These include the Mary Corum Unit, the Geriatric Evaluation and Management (GEM) team and ambulatory services including the Community Rehabilitation Centre (CRC), continence, and falls and mobility clinics.

Mary Coram Unit

Five hundred and eighty patients were admitted to the Mary Coram Unit occupying 97.49% of the facility during the year. Of these, 318 admissions were for rehabilitation and 262 people were admitted to GEM. The average length of stay for GEM and rehabilitation patients was 24.48 days.

The unit works with patients to develop plans to maximise independence and improve quality of life. Exercise and nutrition are a particular focus.

Rehabilitation treatments are also offered through the Unit. These aim to improve function and to prevent deterioration. The allied health treatment area, located within the unit, provides physiotherapy to in-patients. Physiotherapists conduct treatment with the assistance of nursing staff.

The unit is involved in a Clinical Support System trial run by HumeNet. This involves the use of palm pilots and wireless computers in the place of paper charts and records. Members of staff have access to records, a number of clinical programs and the intranet through these machines.

This financial year the unit has also trialled and evaluated continence treatments. The resulting Continent Assessment Plan will be implemented in the coming twelve months. A Clinical Nurse Supervisor in the unit is currently completing a Graduate Diploma in Geriatrics.

Geriatric Evaluation and Management

The Geriatric Evaluation and Management (GEM) service is provided by a multi-disciplined team that includes a geriatrician, dieticians, physiotherapists, social workers and occupational therapists. Patients with chronic or complex conditions associated within ageing are reviewed, treated and managed by the team. Patients of GEM may be admitted to the Mary Coram Unit for treatment. They may also receive treatment in their homes. Patients for GEM in the Home (GITH) may be referred by the Geriatrician or they may be patients in the Mary Coram Unit that would prefer to continue their treatment at home.

Gem in the Home services a large area (16,500 km) that includes the Shires of Moira, Strathbogie, Murrindindi and Mitchell and the City of Greater Shepparton. A case manager visits patients on a regular basis. They provide treatment, education and medication management, as well as company and counselling. Patients are generally in the program for six to eight weeks. At the end of this period, care plans are mapped out for patients and they are linked into ongoing services in their local areas.

Community Rehabilitation Centre (CRC)

The CRC provides services to aid in the rehabilitation of clients who are disabled, frail, chronically ill or recovering from traumatic injury. Clients may be referred to the program by hospitals, specialists and general practitioners. Most come from the Mary Coram Unit. Clients are assessed and individual treatment programs are developed. Therapies are provided individually and in group settings including the falls, cardiac and pulmonary rehabilitation programs, and hydrotherapy sessions. In addition, the ‘shake, rattle and roll’ program for sufferers of Parkinson’s disease is set to begin later in 2005.

Sub Acute Ambulatory Care

Following a cardiac procedure or event, clients in the cardiac programs partake in exercise and education programs to aid a speedy recovery and help them adapt to what can be a very sudden change in lifestyle. Pharmacists offer advice on medications, Intensive Care Unit nurses offer expertise on the patients' conditions and physiotherapists assist the patients to regain their physical wellbeing.

The pulmonary rehabilitation program is a six-week program run for people who suffer chronic airways diseases such as chronic bronchitis or emphysema. Clients in this program are reviewed twice a week. The hydrotherapy sessions are run weekly at Aquamoves and are open to all clients where appropriate. These are provided under the direction of a physiotherapist and assistant.

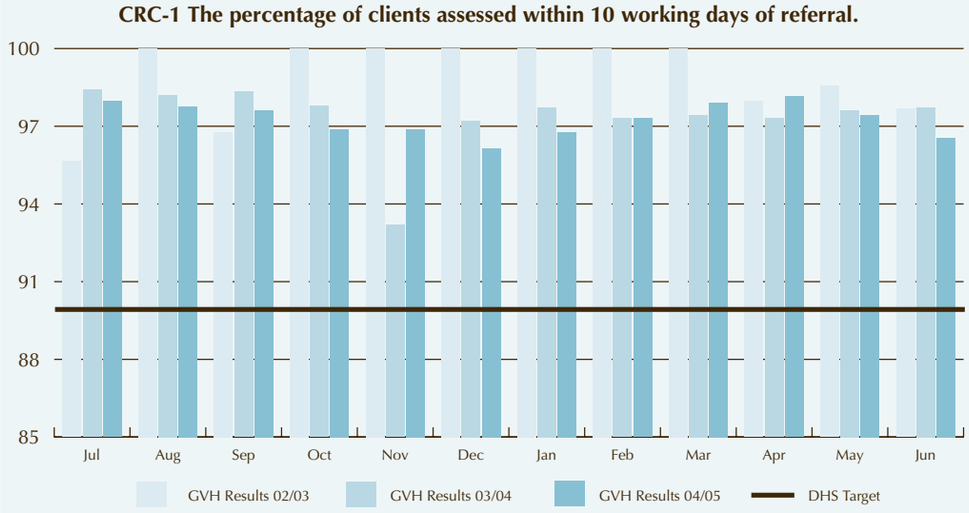
The Parkinson's Disease Support Group has named the Community Rehabilitation Centre's upcoming group therapy program, 'The Shake, Rattle and Roll Program'. The CRC provides support to a number of support groups around the community. This is in the form of information and talks.

Muscular Skeletal Clinic

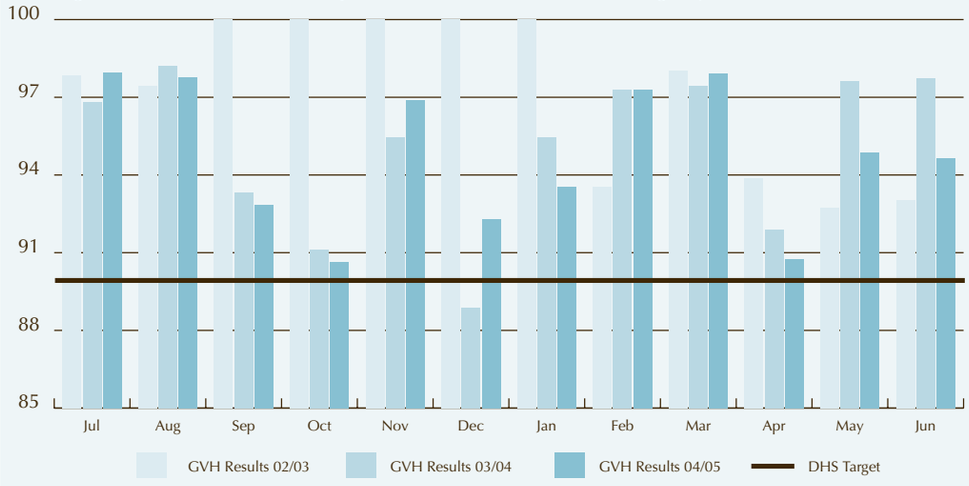
This clinic treats sufferers of hip and knee osteoarthritis. It performs a triage role identifying and assessing a person's needs mainly in relation to pain. It then reviews the person's circumstances three monthly. The clinic has been involved in a DHS project to develop a method for prioritising patients. With substantial input from people on surgery waiting lists, the clinic has developed a questionnaire that will identify the physical, psycho-social and economic impacts this disease has on sufferers. Where appropriate, people may be tapped into services such as Centrelink, if their income-earning ability is affected, or referred to physiotherapists if their condition is would benefit from this type of therapy.

Clinical indicators for in-patient and community rehabilitation services are monitored regularly. These indicators monitor the timeliness of assessment and care planning, and show that GV Health is achieving well above target.

CRC-1 The percentage of clients assessed within 10 working days of referral.



CRC-2 The Percentage of clients who have rehabilitation assessment and completed agreed treatment or referral plan document within 10 working days of inital assessment.



nursing training at Mooroopna in 1944. She completed further training in Melbourne but returned to the Goulburn Valley and went on to take charge of a number of the hospital's annexes. She was particularly involved in and appreciated for her commitment to Una House and Grutzner nursing home. She retired in 1982 after 41 years of nursing service.

Community Care

Community programs provided by GV Health are provided in Shepparton and to communities across the region, through home visiting and outreach services.

Outpost offices for Community Interlink and ACAS programs are located in Cobram and Seymour, with Community Interlink operating also from outpost offices in Benalla and Wodonga.

Community programs aim to:

- Support good health and reduce health risk factors by providing health promotion programs and health education.
- Prevent the need for hospital admission or intensive services in the future, by encouraging early treatment and assistance.
- Provide support following hospital admission to assist recovery and reduce the risk of un-planned re-admission to hospital.
- Support health independence and reduce or delay the need for residential care or more intensive services in the future.

Supporting Health Independence

Supporting health independence for older people is major focus for many of GV Health's community programs.

The number of referrals to the multi-disciplinary Aged Care Assessment Service (ACAS) grew significantly this year to 1623 compared to 1388 last year. The ACAS team provided 1575 comprehensive geriatric assessments for people aged 65 and over. Of the assessments completed 66.42% resulted in a recommendation to remain living in the community with support, with the remainder recommended for high or low level residential aged care.

A new initiative through the Hospital Admission Risk Program has provided additional support to people who are on waiting lists for community aged care or residential care. The program aims to keep older people as healthy as possible while they are waiting, and to avoid the need for hospital presentation.

Community Interlink provided 336 packages of community care to assist frail, aged and those with disabilities to remain living independently in the community.

Case management staff completed additional training this year to raise awareness of the diabetes Annual Cycle of Care. This training assists case managers to support clients with diabetes by promoting and supporting them in completing Annual Cycle of Care milestones such as regular foot checks, eye checks and medical review.

Regional Continence Services provide visiting Continence Nurse Advisory Services throughout the Goulburn Valley, and continence clinics are conducted regularly. A doctor, a physiotherapist and a continence nurse operate the clinics, and assisted 219 people during the year. While the majority of those assisted were women (164), there is growing awareness that continence affects men as well, with 55 men attending the clinic during the year.

The service also assisted 69 young people with disabilities, through provision of aids and equipment to assist in continence management.

The Rural Health Team provides allied health and continence nursing services to frail older people in isolated areas of the region who may have difficulty in accessing centre based services. The team assisted 747 clients during the year, including 57 Aboriginal clients. The most frequently used services were the continence nurses and podiatrists.

Shepparton District Nursing team provided 20,759 home visits to 1015 clients. The main reasons for referral to District Nursing were wound care and medication management.

The district nursing team also provide acute nursing care in the home for patients admitted to the Hospital In The Home (HITH) program. A total of 567 patients were admitted to the HITH program this year, compared to 495 last year.

The main treatments provided were intravenous antibiotic treatment for infections such as pneumonia, and anti-coagulation management. Medical case management for clients admitted to the HITH program is provided either by an approved GP (125) or senior GV Health medical staff member (442).

The Post-Acute Care Program co-ordinates provision of community support services for those who require it on their return from hospital. The program provided 1126 episodes of care for 1102 people during the year.

Chronic Illness Prevention and Management

The Diabetes Centre at GV Health includes diabetes nurse educators, and a dietician who work closely with physicians and the community podiatrist to provide multi-disciplinary care. The centre provided diabetes education and clinical support to 848 people during the year, slightly more than last year (802).

Based on clinical guidelines approved through GV Health's clinical governance framework, the service commenced a specialised telephone consultation service for people commencing insulin. The program is provided at the request of the patients GP or physician, and enables adjustments to be made within an agreed blood glucose range. One hundred and seventeen patients were assisted through 228 consultations during the year.

Seventy group education programs were conducted, with 349 participants. The types of groups provided include education and self-management programs for gestational diabetes (diabetes in pregnancy); impaired glucose tolerance; newly diagnosed Type 2 diabetes; "mini" education refresher programs; and a support group program at Tatura.

People with diabetes who are on the surgical waiting list are now provided with additional support from the Diabetes Centre to help bring diabetes under control prior to surgery. Recovery from surgery can take longer when diabetes is not under control.

Primary and Community Care

The Community Health Program at GV Health has a focus on providing services to those who are most disadvantaged in their access to health care, and aims to respond early to health concerns to prevent them worsening and requiring hospital care. The program provided 12, 285 hours of physiotherapy, dietetics, occupational therapy, social work/counselling, community nursing, audiology, podiatry, speech therapy and health promotion.

The Rural Withdrawal Service assisted 113 people to successfully withdraw from alcohol or other drugs. To ensure a safe withdrawal, patients are supported by the withdrawal nurse, with medical input provided by GP's. A key component of the service is linking clients to appropriate support services for rehabilitation and care following withdrawal.

Goulburn Valley Centre Against Sexual Assault (CASA) provided 2480 counselling and support contacts to 513 people. Of these, 294 people were from Shepparton, 84 from Mitchell, 17 from Strathbogie, Moira 74, Murrindindi, 74 and 33 out of area.

There were 8237 visits to the Community Dental Program this year by 4514 people. Of these 889 people received treatments involving dentures, provided through the Dental Laboratory.

In a first for the State, a new integrated dental service is being developed and is set to be running in the next financial year. The new Integrated Rural Dental Service will operate from a new 12 chair clinic currently being constructed at GV Health's Shepparton Campus. The service will amalgamate the existing GV Health Community Dental program and the School Dental Service. Dental students from the University of Melbourne will undertake four-week rural rotations at the new clinic.

Health Promotion

GV Health's health promotion plan mainly focuses on reducing and controlling risk factors for chronic illnesses such as diabetes, heart disease and lung diseases. It does this by promoting good nutrition, physical activity and healthy weight, and through a range of strategies aimed at reducing tobacco harm. Oral health promotion has been included for the first time, and has a focus this year on consumer information and raising awareness.

The Marjorie Cup was held in Shepparton for the first time this year. Aimed at raising awareness of juvenile diabetes the cup involves a football match between a team of young people with diabetes and a team of health professionals. Liam Kirkman recieved an award through the Community Fund for his efforts in bringing the Marjorie Cup to Shepparton.

Aged Care

Aged care is provided at three GV Health facilities. Grutzner House is a 30-bed psycho-geriatric unit, at GV Health's Shepparton Campus. Parkvilla at Tatura provides 15 high-care beds and Waranga Nursing Home provides 10 high care beds at Rushworth.

Parkvilla

Parkvilla's quality program received a positive report from the Aged Care Standards and Accreditation Agency in March 2005 when the Agency reviewed services and indicated ongoing compliance with all 44 Aged Care Standards. Quality activities vary greatly. For example they include the establishment, together with GV Health's other residential care facilities, of a Medication Advisory Committee that will ensure best practice in medication management.

Quality of life for residents is a key objective for GV Health's residential aged care facilities. Extensive lifestyle programs include special days and events. A recently held parade of wedding gowns at Parkvilla created great interest among staff, families and residents who loaned more than forty dresses for the occasion. The dresses were modelled by children and grandchildren of staff and residents. The parade was followed by a formal wedding breakfast and cutting of a memories cake.

The Resident Classification Scale (RCS) Auditor has also audited Parkvilla. This report noted that all claims for funding under the RCS funding tool were appropriate, with no downgrading of classifications or loss of revenue.

Hospital Sunday, held on the 19th June, 2005, is an annual event ran by the facility's Advisory Committee. The day begins with a door knock collection that raised $19,000. The hospital opened its doors to the public and staff members volunteered their time to run tours of the hospital and nursing home as well as offering free blood pressure checks and diabetes checks. The day culminated with afternoon tea provided by the Ladies' Auxiliary. This year's appeal raised funds for purchase of a commuter bus.

Waranga Nursing Home

Occupancy of the Nursing Home remains at 100%. In early 2005, all accreditation standards required were satisfied. In response to Statewide measures, a new Medication Committee for Residential Aged Care that encompasses all GV Health aged care facilities, has been introduced. This committee will work to ensure compliance and consistency across streams and sites. Aged Care lifting equipment has been purchased with the help of a DHS grant and auxiliary raised funds. This will help to improve the comfort and safety of both patients and staff. A Lifestyle Coordinator has been appointed to increase the activity and enjoyment of residents. This involves one-on-one or group activities and diversional therapies.

Enhancing Primary Care

GV Health's Waranga campus developed a Needs Analysis and Service Plan. This is an important blue-print for the facility's future and includes plans to establish extra health services and to develop infrastructure to better manage those existing ones. Steps to implement the plan will be taken next year.

The Waranga Hospital has seen an increase in the capacity of the District Nursing Service, which includes HITH and domiciliary services to post natal clients. Contacts have increased by 150 to 4,184. This increase has been supported by an increase in Home and Community Care funding of 150 hours. A new Community Health building that houses the District Nursing Service was opened. The building also provides for allied health services that outreach to the Rushworth area.

Staff and Student Training

GV Health is affiliated with a number of universities as a teaching hospital. These relationships make important contributions to addressing the shortages of health professionals in the region and throughout regional Australia.

Students from the following disciplines work across GV Health services:

Nursing	Podiatry
Medical	Physiotherapy
Dietetics	Occupational Therapy
Medical Imaging	Social Work
Pharmacy	Speech Pathology
Dentistry	Health Information

University of Melbourne Rural Clinical School

GV Health is primarily affiliated with the University of Melbourne's School of Rural Health which is adjacent to GV Health's Shepparton Campus. There are 49 medical undergraduate students based at the school for the 2005 calendar year. Each student spends between 1.5 and 2.5 years at the school. Their time is divided between tutorials, patient contact (on wards or at outpatient clinics) and clinical skills training.

In addition to placements at the Clinical School, medical students from the University of Melbourne may undertake four-week placements in the region as part of a rural health module. Last year, 262 students completed such a module.

Nursing Education

GV Health continues to host undergraduate nursing clinical placements across the acute and residential facilities with more than 150 placements being completed in the 2004/05 calendar year.

The nursing students are from Melbourne, LaTrobe and Charles Sturt universities and Goulburn Ovens TAFE. In December 2004, five University of Melbourne/GV Health undergraduate students completed their degrees.

From 2006, the University of Melbourne will cease to take first year nursing students in Shepparton, however, placements will be continued for existing second and third year students. GV Health is working hard to ensure an undergraduate nursing course continues to be based in Shepparton with the course being conducted by another university.

Allied Health Education

Allied Health students from Melbourne, Deakin, Latrobe and Charles Sturt universities completed clinical work placements at GV Health. Placements were provided in both hospital and community programs for speech pathology students (two); physiotherapy students (17); dietetic students (two); and occupational therapy students (eight).

Medical Staff

Goulburn Valley Health encourages all Hospital Medical Officers (HMO's) to attend conferences and training programs. All current HMOs have attended the Emergency Life Support (ELS) and the Advanced Paediatric Life Support (APLS) conferences. These conferences are offered on campus annually and attract doctors from throughout Victoria. Other courses attended included Early Management of Severe Trauma, the Australasian College of Emergency Medicine course, Acute Home Care and Disease Management.

Nurse Practitioner

GV Health has received funding to establish Nurse Practitioner roles in the organisation and to run a 12-month pilot program in the Emergency Department in 2005/06. Nurse Practitioners must complete a Masters in Nursing, including certification in the therapeutic medication model, and clinical-based education in conjunction with medical staff. The centre for Nursing Practice and Education is currently initiating this program. Nurse Practitioners will independently treat less serious patients that come to the Emergency Department and will substantially reduce waiting times for such patients.

Inservice Nursing Education

Clinical Area Educators (CAE's) are nurses who provide in-service education programs at the ward level. These programs run for a few hours each week and have included topics such as procedural and diagnostic training and wound assessment and treatment.

Extensive further education programs were provided for newly graduated staff and those seeking post-graduate qualifications. Sixteen newly graduated nurses and midwives and 15 post-graduate students participated in the past academic year. These programs are important for nurses who are new to the workforce and who are making transitions into areas of expertise. They support staff with educational and clinical components.

General clinical competency and orientation programs were also undertaken throughout the year. These ensure staff maintain and develop their clinical skills. A total of 997 clinical competency assessments were completed in the areas of fluid management; drug calculations; observation and assessment; basic life support; and epidural management.

Goulburn Valley Health's education and competency assessment programs were endorsed by the Royal College of Nursing in February 2005. This recognises that these programs meet national standards. Nurses who complete these programs accrue Continuing Nurse Education Points. The programs, co-ordinated by GV Health's Centre for Nursing Practice Education and Research are increasingly being provided to other regional hospitals such as Seymour, Cobram, Nagambie and Numurkah. GV Health currently holds the Chair of the Hume Region Nursing Education Group and works with other agencies to supply quality education.

What is an Intern?

After completing their degree in medicine graduates must complete a year of training to receive medical registration. The Post Graduate Medical Council of Victoria must approve this training. Interns rotate through four positions including medicine, surgery, emergency and orthopaedics. All interns from metropolitan hospitals spend at least one three-month term in a rural hospital.

What is a Hospital Medical Officer?

Hospital Medical Officer (HMO's) are generally second year graduates. They rotate for three or six months or are recruited from overseas directly by GV Health.

What is a Registrar?

A registrar is a senior graduate with three or more years training. Registrars are engaged in a specialist training or have recognised experience which permits them to take positions of responsibility in patient care and supervision of less experienced staff.

Registrars rotate from metropolitan hospitals for three or six month terms. Alternatively they are recruited from overseas directly by GV Health.

GV Health Senior Staff Listing 2004/05

Board of Directors

Dr. Pamela Dalgliesh –BDSc, FAICD, FAID
Prof Dawn DeWitt –MD, MSc, FACP (Resigned September 2004)
Mr. Clem Furphy - BE (Civil), FIE Aust, CPEng
Mr. Simon Furphy –BA, LLB
Mr. Chris Hazelman - MBA
Mr. Graeme Jolly –BbusAcc, CA
Ms. Anne McCamish –BA, Dip.Ed, B.Ed, M.Ed
Mrs. Pat Moran - AssocDipSocSci - CD
Dr. Chris Werner –BVSc
Ms. Letizia Torres –LLB

Executive Office

Chief Executive Officer
G. Pullen
MHA, GDHSM, DBus Stud (Accountancy), FCPA (Management Accounting), CHE

Community Liaison Officer
C. Johnson BA, TPTC, TSpTC

Chief Engineer
P. Ryan BE (Mech), MIEAust, CPEng, MIHEA

Chief Biomedical Engineer
R. Bowles
BE (Elec), DipEE

Finance and Information Services Division

Director of Finance & Information Services
K. Healy BBus (Acc), AFCHSE, CPA, CHE, FHFM

Finance Manager
G. Barrette BBus (Acc), CPA

Management Accountant
H. Rowland BBus (Acc), CPA

Business Analyst
M.Maddison RN, BAppSc, FRCNA

Special Projects Officer
T. Elrington GradDipBus(IR), CertHospAdmin, CertQualMgt, AFACHSE, AAHSFMA

Supply Manager
F. Wentzel DipMktgSalesMgt, DipLog

Application Systems Manager
R. Sands BSc, MIMS

Chief Librarian
B. Freeman BA(Lib)

Head Information Systems
T. Ali BSc(CompSc)(Hons)

Human Resources Manager
D. Moseley AdDipBus(HR)

Medical Services Division

Consultant Specialists

Anaesthetists
K. Kan, MBChB, FANZCA
K. E. Karel, MBBS, MRCS, LRCP, FFARCS
P. J. Keast, MBBS, FANZCA
F. O'Leary, MB, BCh, BAO, DObs, FANZCA
R. A. Picone, MBBS, FFARACS
B. A. Robertson, MBBS, FANZCA
J. K. Rowlands, MBBS, DObs, FFARACS
R. F. Waspe, MBChB, FFARACS

Antenatal Clinic
J. E. Guymer, MBBS, BMedSc, DObs, FRACGP (Resigned July 2005))
R. Sharma, MBBS, DGO, MRNZCGP, FRACGP
C. M. Sheridan, MBBS, DRANZCOG
S. Thomas, MBBS, DRANZCOG

Cardiologists (Pacemaker Clinic)
S. J. Corcoran, MBBS, FRACP
G. S. Hale, MBBS, MD, FRACP, FACC

Cardiologists
A. I. McIsaac, MBBS, FRACP, MD
D. L. Prior, MBBS, BMedSc, PhD, FRACP, DDU

Dentists
H. Barlow, BDSc, LDSc
C. Bell, BDSc
A.P. Garrett, BDSc, DDS, LDS
S. Kanneganti, BDS, BDSc
R. R. Musolino, BDSc
S. Malone, BDSc
P. O'Brien, BDSc
D. Prato, BDSc
S. Saranath, BDSc, BDS

Faciomaxillary Surgeon
I. Poker, BDSc, MDSc, FRCDS, FFDRCS

Family Planning
K. M. McNamee, MBBS, FRACGP,Dven

General Surgeons
D. P. Dalton, MBBS, FRACS
M. C. Eastman, MBBS, BSc, FRACS
I. F. Gunn, MBBS, FRCS, FRACS
A. W. Heinz, MBBS, FRACS
R. F. Hunt, MBBS, FRACS, FRCS
N. Kosanovic, MD, FRACS

Geneticist
R. J. Gardner, MBChB, MSc, FCCMG, FRACP
G. McGillivray, MBChB, FRCP, FRACP (resigned April 2005)

Geriatrician
R. J. Whiting, MBBS, FRACP

Haematologist/Oncologist
A/Prof F. C. Firkin, MBBS, PhD, FRACP, FRCPA

Neurologist
W. J. D'Souza, MBChB, MPH, FRACP
D. A. Prentice, BSc, MBBS, FRACP, PhD
K. A. Reardon, MBBS, FRACP, PhD

Neurosurgeon
M. A. Murphy, MBBS, FRACS

Obstetricians and Gynaecologists
R. M. I. MacKenzie, MBBS, FRCOG, FRACOG
A. P. Maharaj, MBBS, MRCOG, FRACOG

Obstetrics
G. Russell, MBBS, DipRACOG, FRACGP

Oncologists
W. I. Burns, MBBS, FRACP
A. Dowlling, MBBS, FRACP
S. McLachlan, MBBS, MSc, FRACP
R. Snyder, MBBS, MMed, MRACP, FRACP

Ophthalmologists
A. Luckie, MBChB, FRANZCO
S. W. G. Permezel, MBBS, FRACO, FRACS
P. Meagher, MBBS, FRACO, FRACS

Orthopaedic Surgeons
D. K. Chew, MBBS, FRACS
I. J. Critchley, MBChB, FRCS, FRACS
R. W. Horton, MBBS, FRACS, FAOrthA

Otorhinolaryngologist
J. T. Baker, MBBS, FRACS
P. A. Grey, MBBS, FRACS, FRCS, DLO
R. J. Kennedy, MBBS, FRACS
B. A. Uren, MBBS, FRACS (Resigned February 2005)

Paediatric Cardiologist
T. Goh, MB, MS, MRACP, FRACP, DDU
J. L. Wilkinson, MBChB, FRCP, FRACP, FACC

Paediatric Neurologist
A/Prof I. E. Scheffer, MBBS, FRACP, PhD
L. J. Smith, MBBS, FRACP

Paediatric Surgeons
A. W. Auldist, MBBS, FRACS
K. B. Stokes, MBBS, FRACS

Paediatricians
P. J. Eastaugh, MBBS, FRACP
D. E. Garrick, MBBS, FRACP
I. J. Skelton, MBBS, FRACP

Physicians
A. J. Buncle, MBBS, FRACP
M. K. Harris, MBBS, FRACP
N. P. Nanayakkara, MBBS, LRCP, MRCS, MRCP, FRACP, FRCP

Plastic & Reconstructive Surgeon
H. R. Webster, MBBS, FRACS

Psychiatrist
W. M. Atkin, MBBS, BSc, MMed, FRANZCP
M. J. Welham, MBBS, DPM, FRANZCP

Radiation Oncologist
C. A. MacLeod, MBBS, FRANZCR

Radiologists
I. A. Alexander, MBBS, DDR, FRACR
I. S. D. Begg, MBChB, DMRD, FRACR
W. D. Lees, MBBS, FRANZCR
A. M. McLaughlan, MBBS, BAgSc, FRANZCR (resigned June 2005)
G. J. W. Miller, BSc, MBBS, FRACR
J. K. L. Wong, MBBS, FRACR

Renal Physician
P. Lee, MBBS, FRACP, MD

Urologists
P. H. Mortensen, MBBS, FRACS

Senior Medical Staff

Chief Medical Officer
B. Cole, MBBS, FRACGP, FRACMA

Deputy Director of Medical Services
E. Madas, MBBS, MBS, MD, DipHSM

Director of Anaesthetics
B. A. Robertson, MBBS, FANZCA

Director of Emergency Department
E. Geaboc, MBBS

Director of Medicine
S. Bohra, MBBS, MRCP, FRACP
Director of Obstetrics & Gynaecology
A/Prof G. Teale, BSc, MBBS, MRCP, MRCOG, MD
Director of Pathology
P. Kerdemelidis, MBChB, DipObs, FRCPA
Director of Geriatrics & Extended Care
V. Sharma, BSc. MBBS, DipGerMed, MRCP, FRACP
Director of Surgery
A. W. Heinz, MBBS, FRACS
Dental Officer
D. Whelan, BDS
Dermatologist
S. Yoganathan, MBBS, FRCP, FACSHP
Emergency Physicians
S. Dilley, MBBS, FACEM
J. Feltowicz, MD, FACP (Resigned December 2004)
Obstetrician & Gynaecologist
A. Ades, FMSUP, FEBRASGO, FMUSP, RANZCOG
M. Stegeman, MD, FRANZCOG
Paediatrician
A. W. Lovett, MBBS, BMedSc, Grad Cert Pop Health, FRACP
Rehabilitation Specialist
G. Dalley, MBBS, BSc, FAFRM
Staff Physicians
Prof B. Adam, MBBS, PhD, FRACP
A/Prof L. Burkholder, MD, MPH, FACP
Prof D. DeWitt, BA, MSc, MD, FACP
Senior Hospital Medical Officers in Emergency
Hamid Ahmadi MBBS
Valentina Bojic MD (resigned June 2005)
Muhammad Islam MBBS
Srinath Jayasinghe MD
Sonya Moncreif MBBS (resigned january 2005)
Chijioke Okeleke MBBS
Shashikala Prahalapan MBBS (resigned May 2005)
Anikha Sanders MBChB
Mozna Tahhan MD
Karsten Ludwig MD
Biola Araba MBBS
Senior Hospital Medical Officers in Medicine and Intensive Care unit
Inoke Buadromo MBBS
Seru Sauliga MBBS
Robert Shepherd MBBS, BSc
Sanjivi Jayasinghe MBBS
Suresh Jayasundera MBBS
Anaesthetic Senior Hospital Medical Officer
Hari Soni MBBS
Hospital Medical Officers
Adil Abughazaleh MBChB (resigned September 2004)
Mustafa AlBaghdadi MBChB (resigned September 2004)
George Dade MBBS
Adaeze Emezie MBBS
Ike Emezie MBBS (resigned June 2005)
Mohan Kulatunga MBBS
Amro Labib MBBS (resigned January 2005)
Mariam Manib MBBS
Rasmita Mishra MD (resigned January 2005)
Fahim Shahbaz MBBS
Richie Shahbaz MBBS
Charitha Ranasinghe MBBS
Ranil Uduwela MD
Arul Sivanesan MD
Sathiya Sivanesan MD
Ing Ling Irene Tan MBBS
Goulburn Valley Health Interns
Jodi-Maree Cronin MBBS
Bach Nga Truong MBBS
Staff on rotation from The Alfred Hospital (A), St. Vincents Hospital (S), The Austin (AU), Royal Womens Hospital (RW) and Paediatric Training.
Physicians in training
Sam Radford (S)
Claire Cattigan (A)
Winnie Ho (S)
Matthew Skinner (A)
George Kalogerakis (S
Shom Bhattacharjee (A)
Jessica Howell (S)
Trung Quach (A)
Surgeons in training
Zoltan Hrabovsky (S)
Michael Kamenjarin (S)
Cuong Duong (S)
Cherry Koh(S)
John Beer(S)
Cheng Yap (S)
Frank Lin (S)
Charles Han (S)
Anaesthetists in training
Suzie Nou (S)
Amanda Young (S)
Orthopaedic Surgeons in training
Arash Riazi (AU)
Brett Jackson (College)
Andrew Chia (AU)
Jeremy Kolt (College)
Obstetricians in training
Thao Le (RW)
Anupam Parange (RW)
Paediatricians in training
Mozna Tahhan
Year 3 Hospital Medical Officers in Emergency
Raoul Mayer (S)
Ahn Nguyen(S)
Eva Koo (S)
Lih Ming Wong (S)
Year 2 Hospital Medical Officer in Paediatrics
Kim Le (A)
Anita Munoz(A)
Interns
Arthur Nsais (S)
Naja Di Pilla (S)
James Ward (S)
Lisa Chang (S)
Anthony Barnes (A)
Janine Trevillyan (A)
Emily Kong (A)
Romi Anaf (A)
Elise Bialylew (S)
Edmund Ek (S)
Danielle Freeman (S)
Sarah Kamel (S)
Chantal Esnault (A)
Jeremy Rosenbaum (A)
Gabrielle Haeusler (A)
Daniel Stigiltz (A)
Clement Lo (S)
Zeng Yap (S)
George Kalogeropoulos (S)
Laina Sheers (S)
Owen Bradfield (A)
Edward Ritchie (A)
Dion Stub (A)
Estelle Petch (A)
Ye Chen (S)
Shereen Oon (S)
Adrian Low (S)
Le-Wen Sim (S)
Marguerite Byrne (A)
Swee Lin Chen (A)
Dominque Robinson (A)
Kristi Bateman (A)
Josephine Morrison (S)
Xavier Fagan (S)
Shan Wang (S)
Yi Chen Zhao (S)
Rebecca Goldstein (A)
Catherine Swanson (A)
Shoshana Korman (A)
Suzanne Whittaker (A)
Deniz Yaka (S)
Michelle Chia (S)
Guilio Comin (S)
Lisa Dimitrakakis (S)
Genia Feldman (A)
Iain Abbott (A)
Catherine Swanson (A)
Mark Page (A)

Medical Division Department Heads

Medical Resource Manager
M. Polan
Coordinator of Medical Education & Training
P.A. Way, BSc, DipMgt.
Undergraduate Education Coordinator
J.N. Tumney, BSc
Chief Pharmacist
W. Burgess, BPharm
Laboratory Manager
J. Russell, BSc, MAppSc, MASM
Chief Radiographer
A. Gabbert, DipAppSc(DiagRadiol), BAppSc(MedImag) (resigned September 2004)
O. Olasunbo, BAppSc, DCR, MHSM, AFCHSE

Nursing Services

Chief Nursing Officer
G. Webster, RN, BAppSc(AdvNursAdmin), GradCertGer, MRCNA
Associate Director of Nursing
K. Gall, RN, RM, Bachelor Nursing,
Associate Director of Nursing
C. Ryan, RN, RM, BappSc(Nurs)MCH, GradDipHlthServMgt
Associate Director of Nursing
C. Maddison, RN, BAppSc(Nurs), Credentialed Diabetes Educator, MN, FRCNA

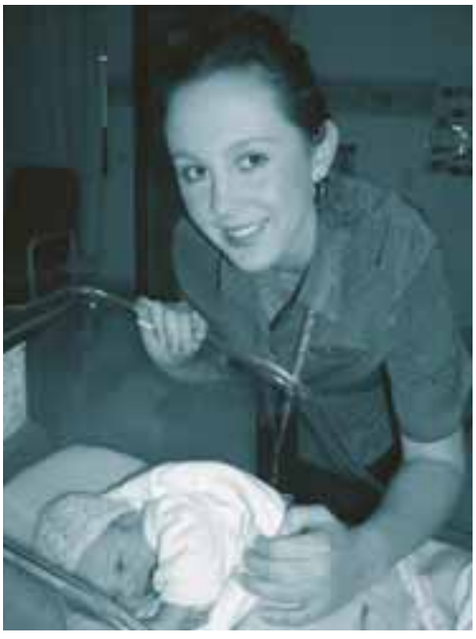
Nursing Human Resources Officer
G. Jenkins, BN, GradDipHlthMgt, MRCNA
Access Coordinator
K. Read, RN, CertHealthEc
Admissions & Specialist Consulting Suite Manager
R. McDonald, RN, BAppSc(Nurs), GradCertPeriopNurs, GradDipCritCareNurs (Anaesth)
C Jewell, RN
Nurse Consultants
H. Backway,RN, RM, BAppSc(AdvNurs), GradDipClinPract(InfCntl)
S. Brown, RN
G. Munro, RN, BN, GradDipClinN(StTh), Work Place Assessor & Training Certificate
A. Cudmore, RGON, BAppSc, MPallCare, CertPharmAdvPract(PainMgtNCons)
K. Patford, RN, BHlthSc(Nurs), Accredited BCN
After Hours Hospital Managers
C. Biesiekierski, RN, ICUCert, BHlthSc(Nurs)
W. Johnstone, RN, BN, MHlthSerMgt
D. Gullick, RN, GradDipCC, GradCertHlthServMgt, BN, TNCC
V. Love, RN, RM, GradDipHlthSc(Ger)
J. Macfadyen, RN, RM, BA(Psych), MNServ
K. Poppa,RN, PBCCC, BHlthSc(Nurs)
L. Bryant, RN,BappSc(Nurs), Grad Dip Emerg Nurse
C. Hargreaves, RN, PBCCC, BHlthSc(Nurs), CertIVWkpTrAss
J. Harper, RN, RM
Manager/Director of Nursing –Tatura Campus
F. Reynolds, RN, RM, GradDipMgt
Manager/Director of Nursing – Waranga Campus
A McEvoy, BHlthSc(Nurs)CertIVWkp Tr, Cert Diabetes Educator, Cert in rehab.
L. Siegloff, RN, MN, BEd, DipT(NursEd)
Nurse Unit Managers
A. Wayman, RN, BN, GradDipIC, CertInfDis, (Medical Unit)
M. Smith,RN, BN, GradDipBus(HlthMgt), (Child & Adolescent Services)
A. Moore, RN, RM, M&CH, GradDipAdvClinNurs (Maternity Services)
L. Bourdelov, RN, BN, GradDipAENurs(Surgical Unit)
A. Robinson, RN, GradDinMgmt.,GradCert (Orthopedics), CertIV Wk.pl.Training (Surgical unit)
A. Steele RN, GradDip (Rural Critical Care) (Mary Coram Unit)
B. Walters, –BAppSc(Nurs), GradDipAdvNurs, Rural Crit Care (Emergency Department).
V. White, –RN, CertCC, BCom (Intensive Care Unit)
P. Carr,RN, RM, CertPeriopNursMgt, BAppSc(Nurs), GradDipAdvNurs(NursMgt), CertIISterTech, CertIVWkpTrAss, MRCNA, (Theatre)
B. Wardle, RN, RM, GradDipHlthSer(Admin), GradDipN(Mid) (Haemodialysis Unit).
L. Sharkey, RN, (RPN), DistNursCert, BScHlthSt
A. Pearn, RN, RM, GradDipN(Mid), (Birth Suite)
P. McGrath, RN, RM, CertNIC, GradDipN(Mid), (Special Care Nursery)
M. O'Sullivan, RN, RM, BN , (Pregnancy Day Stay Unit)
L. Keir, RN (Community Rehabilitation Centre)
Centre for Nursing Practice, Education & Research
S. Chalker, CCRN, BAppSc(Nurs), GradDipAdEd, (Critical Care Course Coordinator)
C. Davis –CCRN, GradDipEd, Med, (Clinical Educator Continuing Education)
A. Chessells,RN, CertRCC, BPH, (Clinical Educator Continuing Education)
F. Hosie, RN, BAppSc(Nurs), GradDipAAC(Periop), GradDipTrDev, (Nurse Educator & Graduate Nurse Program Coordinator)
L. Morey, RN, GradDipCC, BAppSc, Med, (Clinical Area Educator)
K. Elliott, RN, GradDipAdvN(Periop)
M. Cruze, RN, GradDipCC, (Clinical Area Educator)
G. Gillis, RN, RM, Accredited BCN, BAppSc(Nurs)
C. Scott, RN, BAppSc, CertIVWkpTrAs, CertEffMgt, (Clinical Educator Continuing Education).
A. Dewan, RN, BAppSc, GradDipAppSc(CC), (Clinical Area Educator –Emergency Department).
K. Hogan, RN (Clinical Area Educator - Mary Coram Unit)
M. Welch, RN, GradCertAsthEdMgt, GradCertInfChAdHlth (Paediatric Unit)
A. Rokahr, RN (Clinical Area Educator –Surgical Unit)
J. Doyle, RN, GradDipACC(Periop), (Cllinical Area Educator-Theatre)
Hotel Services Manager
D. Maloney

Goulburn Valley Area Mental Health Service Manager –Goulburn Valley Area Mental Health Service

Manager
W. Brown, Ma.Mgt.ACU, RN with MH Endorsement, AFRACN
Acting Director of Psychiatry
Dr. Ravi Bhat, MB BS, DPM, MD, FRANZCP
Consultant Psychiatrists
Dr. S.Dutta, MB BS, DPM, MD
Dr. D.Roy, MB BS, DPM, MD
Dr. B.Atkin, MB BS, BMedSc, FRANZCP, CertChPsych, MMed(Psych)
Dr. D.Barton, MB BS, FRANZCP, MRACMA –MBBS, FRANZCP, MRACMA
Senior Psychiatric Nurse
B.Schumacher, RPN
Program Manager –Adult Community Team
F. Draycott, RGN, RPN,B.Ed
Inpatient Unit Manager
F. Prem, RPN, GradDipAppSc(AdvPN)
Program Manager –Child & Adolescent Mental Health Service
M. Walker, BA, DipSocSt, MSW
Program Manager –Aged Psychiatry Assessment & Treatment Team
P.Ewert, BA(SW), GradDipMHSc, GradDipFamTh
Unit Manager –Aged Residential
D.Lavis, RN
Program Manager –West Hume Primary Mental Health & Early Intervention Team
F.Andrews, RN, RM, RPN, GradDipFamTh, VAFT(Clin), ExecCertBus(Mgt)

Community and Integrated Care Division

Director Community and Integrated Care Division
L. Gibson, RPN, BHlthSc(Nurs)
Manager –Quality Improvement Unit
M. Prictor, BPhty, MBus(Mgt)
Manager –Community Health Programs
P. Lewis, BAppSc(Phyt), MAPA (resigned 10/9/04)
Manager –Aged Care Assessment Service, Acting Mgr Rural Health Team
D. Gook, RN, BAppSc(Nurs)
Team Leader Rural Health Team
J. Gannon, BSc (Hons), MNut&Diet,Cert EntThrpy
Manager –District Nursing, Hospital in the Home and Post Acute Care Program
J. Howard, RN, BN
Coordinator –Post Acute Care Program
C. Chadwick, DipFLM(Bus), RN, GradCertRNS
Coordinator –GV Withdrawal Support Services
C. Mc Gregor, RN, GradDip(AddSt)
M. Wangeman, RN (resigned 22/4/05)
Manager –Centre Against Sexual Assault
Dr. J. Mc Hugh, BSW(Hons), PhD
Manager –Diabetes Centre
G. Kilmartin, RN,Grad Dip AET, Grad Cert DiabEd
Manager –Community Interlink
E. Fraser, MBA, AICD, BAppSc(HPPol)
Hospital Aboriginal Liaison Officer
G. Briggs
Chief Occupational Therapist
M. Bodhanker, BSc(OT)
Chief Physiotherapist
W. Amor, DipPhysio
Chief Dietitian
L. Ashby, BSc, MND (resigned 8/6/05)
J. Smith, BSc, GradDipCommHealth, MNutDiet
Chief Social Worker
V. Keller, BA Social Work - BA(SW)
Chief Speech Pathologist
M. Smith, BSc(SpchPath)(Hons)
M. Karagiannis BSpchPath(Acting)




HAPPY BIRTHDAY

Goulburn Valley Health

Shepparton Campus, Graham St, Shepparton, Vic, 3630	Tel (03) 58 322 322	Fax (03) 5821 1648
Mental Health Campus, Monash St, Shepparton, Vic, 3630	Tel (03) 58 322 111	Fax (03) 5832 2100
Tatura Campus, 64-68 Park St, Tatura, Vic	Tel (03) 5824 8400	Fax (03) 5824 8444
Waranga Campus, Coyle St, Rushworth, Vic 3612	Tel (03) 5856 1501	Fax (03) 5856 1916
UNA House Campus, Corio St, Shepparton, Vic, 3630	Tel (03) 5831 6192	Fax (03) 5822 2584
Centre Against Sexual Assault Campus, Nixon St, Shepparton, Vic, 3630	Tel: (03) 5831 2343	Fax (03) 5831 1996
Centre For Older Person's Health Campus, 80 Orr St Shepparton, Vic, 3630	Tel: (03) 5823 6000	Fax: (03) 5831 8500
Maude Street Campus, 68 Maude St, Shepparton, Vic, 3630	Tel: (03) 5823 8600	Fax: (03) 5823 8650

Associated Hospitals

Nathalia District Hospital, Elizabeth St, Nathalia, Vic 3638	Tel (03) 5866 2601	Fax (03) 5866 2042
Yea & District Memorial Hospital, Station St, Yea, Vic, 3717	Tel (03) 5736 0400	Fax (03) 5797 2391

GOULBURN VALLEY
HEALTH
CARING FOR YOUR COMMUNITY

Website: www.gvhealth.org.au

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