



# Annual Report 2011

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# Report of Operations

## Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the Report of Operations for Lorne Community Hospital for the year ending 30 June 2011.



**Graeme Murrell**  
President, Board of Management  
Lorne Victoria, 30 June 2011

## BOARD MEETING ATTENDANCES 2010/2011

Board Member	No.	Att	% Att
Dr Graeme Murrell	11	11	100%
Mrs Nola Ganly	11	8	73%
Mrs Jo Stevens	11	7	64%
Mr Leo Dwyer	11	11	100%
Mr Shane Whitten	11	6	54%
Ms Chloe Messner	11	10	91%
Mr Garry Fenton	11	8	73%
Mr John Mortimore	11	9	82%
Ms Jane Fiske	11	10	91%
Ms Virginia Enticott	10	8	80%

No.: Number of Meetings  
Att: Meetings Attended  
% Att: Attendance %

Lorne Community Hospital is a public hospital incorporated under the Victorian Health Services Act 1988 and operates under the provisions of the Act.

Position	Name	Date of Commencement
President	Dr Graeme Murrell	5th September 2006
Vice President	Mrs Nola Ganly	26th February 2008
Junior Vice President	Mrs Jo Stevens	19th August 2008
Board Member	Mr Leo Dwyer	1st July 2009
Board Member	Mr Shane Whitten	1st July 2009*
Board Member	Ms Chloe Messner	1st July 2009
Board Member	Mr Garry Fenton	1st July 2009
Board Member	Mr John Mortimore	1st July 2009
Board Member	Ms Jane Fiske	1st July 2009
Board Member	Ms Virginia Enticott	1st July 2010^

^ Resigned from the Board 23 May 2011

\* Retired from the Board 30 June 2011

## Executive Staff

Chief Executive Officer	Mrs Janelle Bryce
Director of Clinical Services	Ms Susan Morrissey

## Senior Staff

Nursing Unit Manager – Aged Care	Mr Brock Shiels
Nursing Unit Manager – Acute Care	Ms Helen Lawrie
Support Services Manager	Ms Janet Smartt

## Auditors

Appointed by Victorian Auditor Generals Office

Coffey Hunt

## Solicitors

Health Legal

## Bankers

Commonwealth Bank of Australia  
Westpac  
Bendigo Bank

## Federal Minister for Health & Ageing

Hon Nicola Roxon MP

## Federal Minister for Mental Health & Ageing

Hon Mark Butler MP

## Federal Minister for Indigenous Health

Hon Warren Snowdon MP

## State Minister for Health &

State Minister for Ageing from 2 Dec 2010

Hon David Davis MLC

## Former State Government Responsible Minister

State Minister for Health 1 Jul 2010 - 1 Dec 2010

Hon Daniel Andrews MP

# Vision, Mission *and values*

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## Vision

To enhance the health and wellbeing of our community by increasing the diversity and flexibility of services, and building alliances within our region.

## Mission

The Mission Statement of the Lorne Community Hospital is to provide high quality care through the provision of a range of viable and integrated health, aged and community care services.

## Values

### Integrity:

- We strongly adhere to moral and ethical principles
- We act with sound moral character and honesty
- We earn trust through professional behaviour
- We are loyal to colleagues and the organisation

### Respect:

- We value the qualities, beliefs and abilities of individuals
- We have empathy and compassion
- We encourage, support and nourish self esteem
- We positively assist learning and development

### Accountability:

- We are responsible for quality of care, services and teamwork
- We transparently report and explain
- We are answerable for the consequences resulting from our actions

## Objects

The Objects of the Lorne Community Hospital are:

- To organise and provide health care services in Lorne and in the surrounding district, in particular hospital and community health services. Also to coordinate services provided jointly with other agencies in accordance with the Act and all existing or future relevant Acts and Regulations.
- To provide residential aged care accommodation and community based aged care services.
- To utilise appropriate physical and personnel resources, knowledge and technologies available to promote an optimal level of health and to prevent illness, disability, injury and suffering.
- To set and achieve standards consistent with prevailing principles of quality patient care and the community's health needs.
- To foster continuous improvement in standards through education and training.
- To carry out any function incidental or ancillary to the objects in this by-law.

## Functions of Board Committees

The Board shall establish one or more Committees to provide advice or other assistance in carrying out its objects and functions under the Act. In particular, mechanisms shall be in place to ensure that matters relating to:

- quality improvement
- finance
- planning
- ethics
- medical staff arrangements and appointments and credentialing are appropriately managed.

(As per the Hospital By-Laws ratified September 2003).

## Finance and Audit Committee Members

Board representatives – Mrs Jo Stevens (Chair), Mr Shane Whitten, Mr John Mortimore, Dr Graeme Murrell (ex officio).

Executive staff in attendance – Mrs Janelle Bryce (CEO), Ms Susan Morrissey (DCS).

# Community *Served*

The service catchment area is identified as Lorne and surrounding districts, including Aireys Inlet, Moggs Creek, Eastern View, Fairhaven, Deans Marsh and Wye River. All these communities are located within the Surf Coast Shire, except Wye River, which is part of the Colac Otway Shire.

Each of these townships has small permanent populations and experiences similar disadvantage in terms of access to services and limited transport options. In total there are approximately 2,500 permanent residents in these communities. In the 2006 census there were 440 families with children living permanently in Lorne and surrounding communities. Lorne-Aireys P-12 Schools draw students from surrounding towns.

Currently, 17% of the combined population of Wye River, Aireys Inlet and Lorne is over 65. This figure is expected to increase to 25% by 2031 (Population Forecast, forecast.id, Surf Coast Shire, 2008).

The more aged people residing in the community, the greater the burden from nonfatal diseases. For example, the years of life lost to disability for a 70 year old is twice that of a 50 year old. As Lorne and surrounding areas of Wye River, Aireys Inlet and Deans Marsh have a greater percentage of older people, the disability burden, and years lost to disability, is greater when compared with the national population.

## Seasonal Fluctuation

Lorne Community Hospital is the only Hospital on the Surf Coast, an area which extends from Torquay to Lorne including a number of small coastal towns. The population in the area swells dramatically with visitors and holiday home owners on weekends and during summer holidays, and has further increased with the ring road bypassing Geelong. Community demand for Urgent and Acute care services increases dramatically in these peak periods, which is demonstrated in the acute care statistics.

Conferences, school camps and major events bring additional visitors to the Lorne area. The "School Leaver" weeks bring an influx of around 1,500 young people for 2-3 weeks during November/December, followed by the Falls Festival (16,500), the Pier to Pub swim and Mountain to Surf run (8,000). The Hospital works with the Surf Coast Shire, local Ambulance and event organisers to ensure adequate first aid and a coordinated medical response is available during these periods. Threat of bushfire and heat wave impact in the busy summer period is a growing risk, which is considered in planning.

## Nature and Range of Service

### Acute Care

Urgent Care Service  
Acute Medical  
Post Acute Care  
Rehabilitation  
Paediatrics  
Haemodialysis

### Primary Care

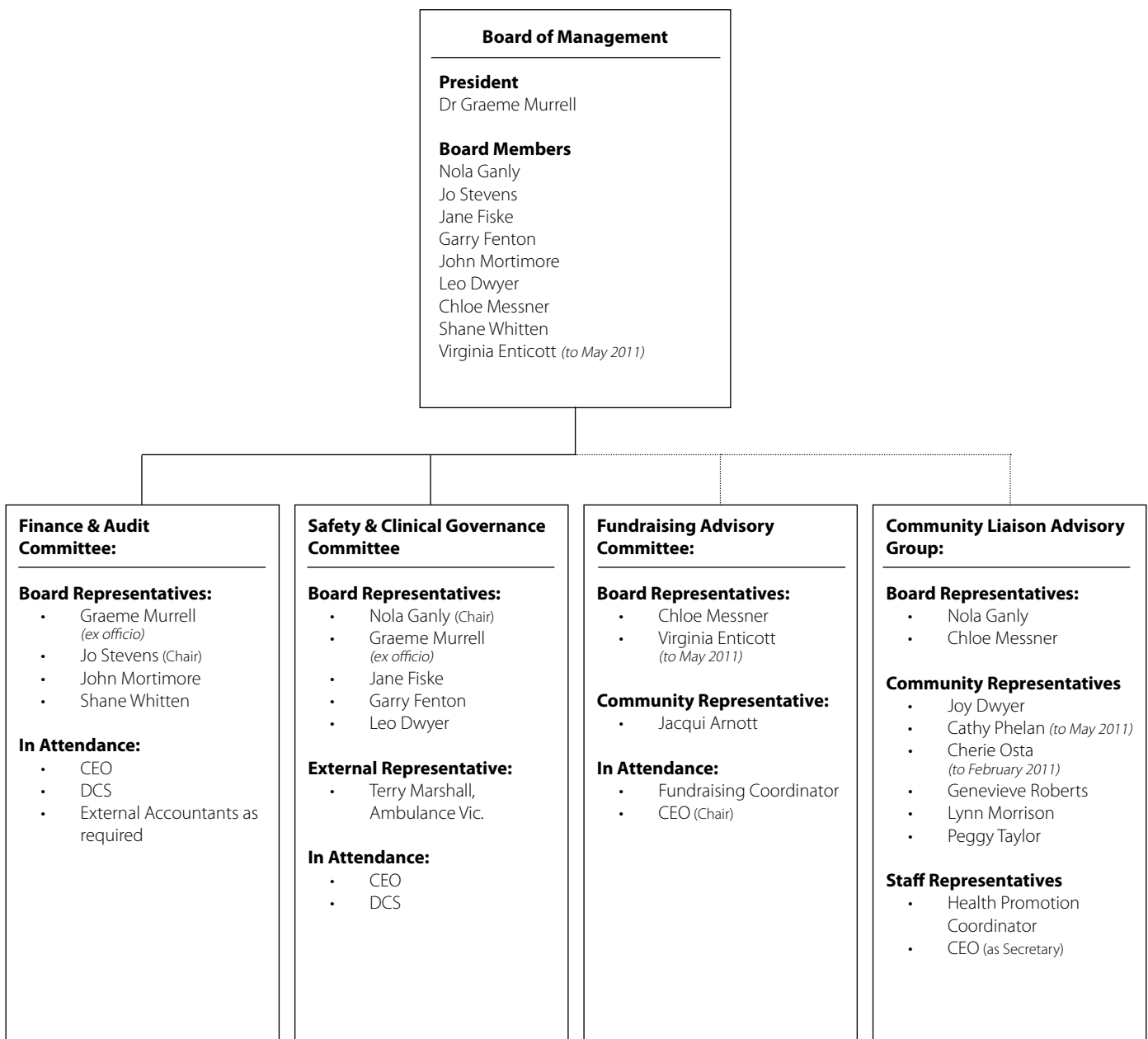
Health Promotion  
Chronic Disease Management  
Physiotherapy  
Podiatry  
Planned Activities Group  
Home Nursing  
Domiciliary Midwifery Care  
Palliative Care

### Residential Aged Care

High Level Care  
Respite Care (high or low level)  
Diversional Therapy  
Activities Program

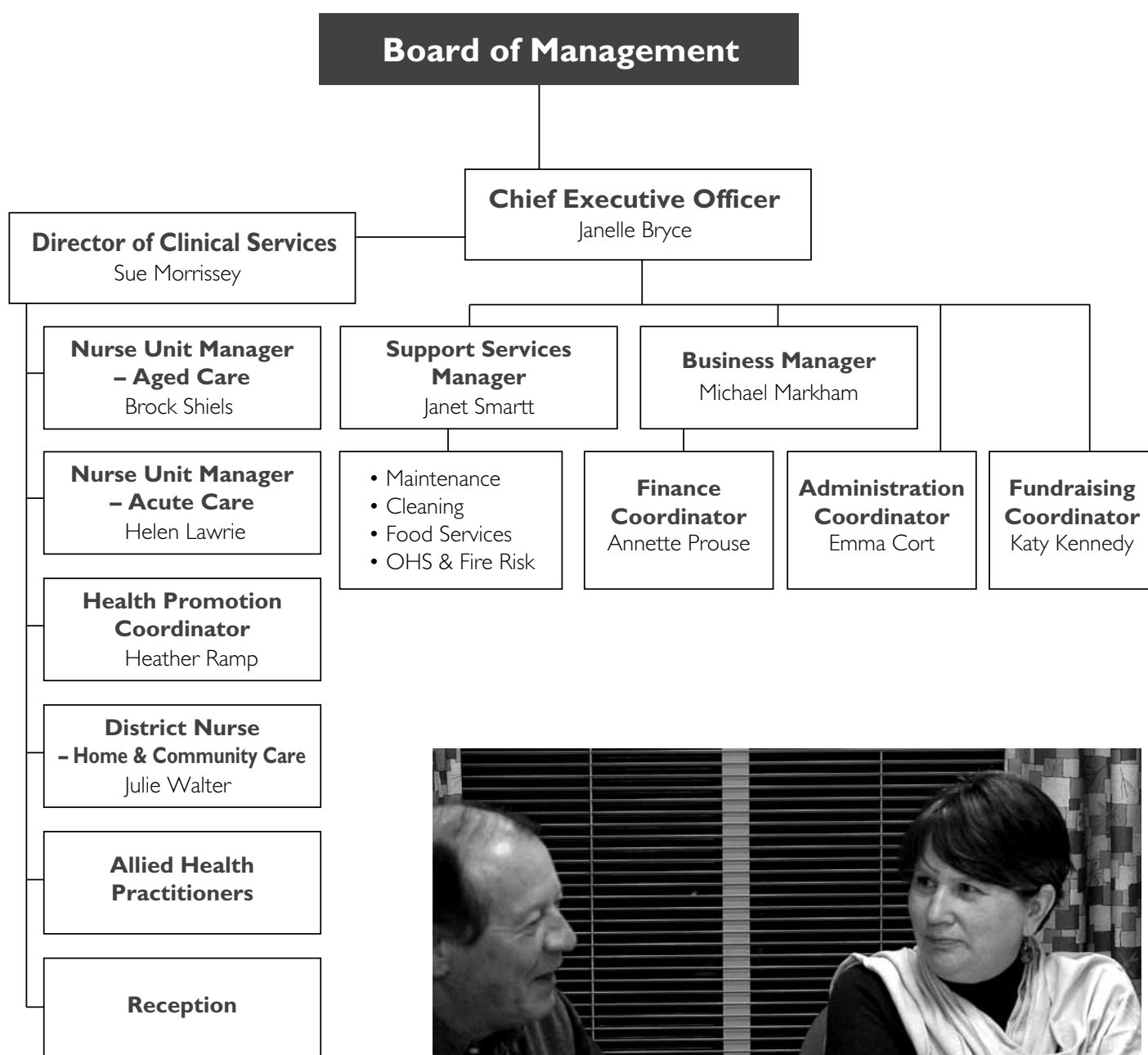
# Board of Management Committee Structure

LORNE COMMUNITY HOSPITAL JUNE 2010-2011



# Organisation Chart

LORNE COMMUNITY HOSPITAL 2010 - 2011 *current at June 2011*



# President & Chief Executive Officer's *Report 2011*

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We are pleased to report the operations of Lorne Community Hospital for the year ended 30th June 2011.

## **Goals**

We continue to strive to follow the four key areas in our strategic plan to increase services in the community and maintain those needed and used within the hospital. The area of financial viability has been a key focus this year, as working to maintain our service level within budget remains a struggle. It also acknowledges the societal demand for more emphasis on community health and disease prevention activities, which are so important in the longer term.

## **Financial State**

The Hospital has had to use its reserves to continue to function over the past year. There have been several reasons for this: Falling bed occupancy, a change in funding to more closely reflect the care requirements of the clients, and increased energy and staffing costs.

## **Service Plan**

The Board commissioned consultants to help form a new service plan for the Hospital to address the above. This has been very productive identifying where we can improve income and expenditure in line with current practices in similar Hospitals (although nothing is quite like Lorne).

There are short and long term changes to be implemented that aim to tailor the service to the way the community can gain most value from it to meet their individual needs and improve overall efficiency and therefore viability.

## **Patient Satisfaction**

We were pleased to have the state wide patient satisfaction report vindicate satisfaction with our service. Although the numbers are necessarily small and one cannot be sure of the significance, we do receive valuable comments. Compliments far outweigh the complaints received. All are reported to the internal quality committees. We value the feedback; it is very beneficial for staff and the Board.

## **Quality Improvement**

The Hospital staff have worked hard to improve the safety and quality of the care given. Again with small numbers of patients and residents it is hard to measure, but there have been improvements in medication recording and falls prevention. The introduction of the Nurse Unit Manager job share, enables better quality management across the areas of acute and aged care which both have rigorous but separate quality standards to be met.

## **Accreditation**

The ACHS Accreditation for acute care was successfully achieved in 2010. It is a challenging task in a small organisation to meet the same standards as the larger Hospitals. This year we engaged support from Barwon Health to have specialized expertise to assist local staff.

## **Risk Management**

The Board and senior staff undertook a series of risk management activities, along with our Insurer VMIA, and the governance unit at Barwon Health. This resulted in a revised risk profile and plan. Otway Health Board and staff attended one session, which was a useful collaboration.

## **Bushfire and Emergency Plans**

Following the generosity of the community in the 2010 Easter Appeal, work has continued on all emergency preparations, especially bush fire, which is perceived as our highest risk. We have a comprehensive plan. There are new safety features in place and an appropriate maintenance program for the grounds. Fortunately, there has not yet been a repeat of the last disaster anywhere in the state, what will happen is not really predictable. We are as well prepared as we can be.

# President & Chief Executive Officer's *Report 2011 - continued*

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## **Annual Fundraising**

The 2011 Easter Appeal was very well supported. Raising over \$30,000.00, which, as stated, will be put to use, implementing our new plan and setting the Hospital on a more secure financial footing.

The Lorne Spinners Murray to Moyne Relay team have been great supporters, raising over \$22,000 again. A use for this money was decided before hand – it will be used to improve rural health and wellbeing in and around Lorne, by increasing access to health promotion programs.

The Lorne Community and Hospital (Op Shop) Auxiliary have been generous supporters improving the lifestyle and environment of the aged residents in our care, with decent radio and TV reception and air conditioning.

Hospital fund-raising in the past has often centred on equipment or capital purchases and these remain important. The need is not always in something tangible however. We know rural dwellers have worse health and shorter life spans than the average Australian; we should be striving to reverse this by appropriate direction of resources.

## **Board of Management**

Mr Shane Whitten has given valuable service and advice especially in accounting matters, he was unfortunately unable to continue after expiry of his term. Ms Virginia Enticott has resigned having taken up full time employment; we will miss her connection with the community. Jo Stevens has taken Leave of Absence for three months because of work commitments and has been an active contributor.

We welcome Jo Murphy-Hennig from July 2011.

## **Volunteers**

We thank the many volunteers who help with tasks of all sorts including visiting residents, bus driving, courtyard gardening, administrative tasks and attending to Board matters. Their help makes it possible to run the service with local input and provide the wonderful environment the residents enjoy.

## **Staff**

Last but never least, sincere thanks to all staff. They are what make Lorne Community Hospital a 24 hour service and we appreciate their commitment to the task, the team and the community.



## **Dr Graeme Murrell**

President – Board of Management



## **Janelle Bryce**

Chief Executive Officer

# Key Financial and Service Performance Reporting

Patient Activity	Non Admitted Patients	Admitted Acute Days	Admitted Nursing Home Days	Acute Admitted Separations
2010-2011	2234	697	6915	276
2009-2010	2137	924	7135	392
2008-2009	2261	1149	6369	358
2007-2008	2335	880	6882	368

Labour Category	June Current Month FTE	June Year to Date FTE	June Current Month Head Count
Nursing	23.66	24.53	40
Administration and Clerical	6.31	7.31	7
Medical Support			
Hotel and Allied Services	9.37	9.22	17
Medical Officers			
Hospital Medical Officers			
Sessional Clinicals			
Ancillary Staff (Allied Health)	0.76	0.74	3
<b>TOTAL</b>	<b>40.1</b>	<b>41.8</b>	<b>67</b>

Debtors Outstanding as at 30 June 2011						
	Under 30 days	31-60 days	61-90 days	Over 90 days	Total 30/06/2011	Total 30/06/2010
Private						\$4,109.00
TAC		\$4,037.40			\$4,037.40	
VWA						
Other Compensable	\$13,604.17	\$1,709.51	\$821.32	\$859.12	\$16,994.12	
Residential Aged Care	\$25,919.28	\$377.38	\$1,263.63	\$1,068.07	\$28,628.36	\$44,408.52

Revenue Indicators - Average Collection Days		
	2011	2010
Private	30-45	30-45
TAC	60	
VWA		
Other Compensable		
Psychiatric		
Residential Aged Care	0-30	0-30

#### ABBREVIATIONS:

TAC Transport Accident Commission  
VWA Victorian WorkCover Authority

# Care Types

## Activity

Admitted Patient - Note (a)	Acute	Sub-Acute	Mental Health	Aged Care	Total
Separations					
Same Day (incl. Dialysis)	144				
Multi Day	132				
Total Separations	276				276
Emergency					N/A
Elective					N/A
Other including Maternity					N/A
Total Separations	276				276
Total WIES	697				697
Total Bed Days	697			6915	7612

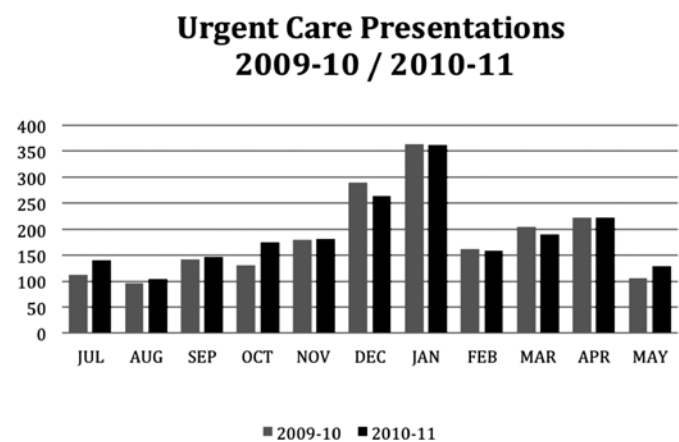
Non Admitted Patients	Acute	Sub-Acute	Mental Health	Other	Total
Emergency Department Presentations					N/A
Outpatient Services - occasions of services (incl. Urgent Care)	2234				2234
Other Services - occasions of services (incl. Primary Care, Home and Community Care)				4769	4769
Other including Maternity					N/A
Total Separations					N/A
Total occasions of service	2234			4769	7003
Victorian Ambulatory Classification System - No. of encounters					N/A



# Clinical Services Report

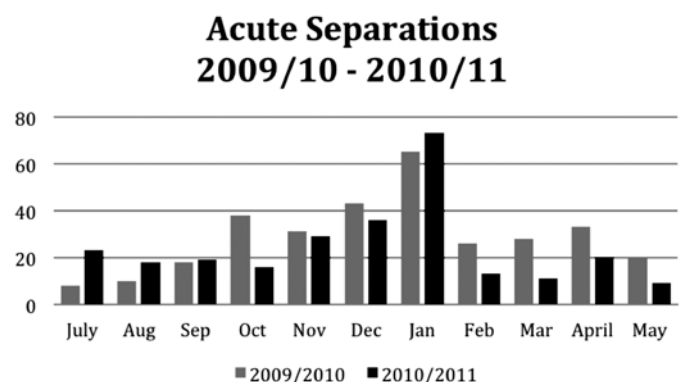
## Urgent Care

The average total presentations to urgent care over the 2009, 2010, 2011 comparative 11 month period have increased by 12%. The percentage of presentations from our local catchment has decreased by 11%. The graph demonstrates the seasonal fluctuations we experience at Lorne Community Hospital. The increased percentage can be explained by an increasing number of local events and service expansion in areas such as X-ray, pathology and health management assessments.



## Acute Care

The average total separations over the 2009, 2010, 2011 comparative 11 month period have decreased by 13%. The percentage of presentations from our local catchment has decreased by 6%. The graph again demonstrates the seasonal fluctuations. The decrease in admission rate could be as a result of recognition of ambulatory care sensitive conditions through a greater emphasis on health management assessments in urgent care and improved discharge planning strategies.



## Residential Aged Care

The average occupancy for permanent residents in the 2010/11 year was 94.30%, which was 4.6% lower than the 2009/10 year at 98.69%. Respite care occupancy was 80.8%, which was 32% higher than the 2009/10 year. The Aged Care Funding Instrument assessments (which indicate the level of care required and funding received) were lower than the previous year, which impacted adversely on revenue. All compliances with the Aged Care Act have been maintained, including achieving 100% completion of National Police Records checks and obtaining Statutory Declarations regarding overseas criminal offences on all employees, volunteers, visiting providers and contractors involved with the aged care service.



# Clinical Services *Report - continued*

## Program Aims and Objectives

The aim of clinical services offered through Lorne Community Hospital is to effectively respond to the varied community needs. These variations encompass changes in seasonal population numbers and treatment requirements. Staff require the skills to provide high quality care for a variety of areas involved in acute and aged care for inpatients and community clients. The organisation supports the continuum of care, which includes Health Promotion, Planned Activity Groups, District Nursing and Domiciliary Services in the community through to Acute Care, Renal Dialysis, Urgent Care and Allied Health. Multidisciplinary team meetings to promote individual and consultative care have been embedded into clinical practice. A positive working relationship with the onsite General Practice supports a model striving for illness prevention and early identification and management of clients with ambulatory care sensitive conditions.

## Reflections and Achievements

A major achievement of the past year has been a successful Acute EQulP accreditation review, which recognises a satisfactory standard of care according to the external standards agency.

The X-ray program at Lorne Community Hospital continues to receive positive feedback from the community. Ongoing support from Barwon Medical Imaging through radiography critiques and a direct PACS system link, enhance our positive alliance and the quality of service.

The enrolled nurse trainee program has been expanded to enhance the flexibility of our workforce and we continue to attract undergraduate allied health, nursing and medical students from Victoria and interstate.

Volunteer coordination has resulted in growth in volunteer numbers and the areas volunteers assist Lorne Community Hospital staff and consumers. Volunteers are now an integral part of the Residential Aged Care facility, a growing community transport program and more recently administration.

Physical alterations to the Residential Aged Care facility have improved access to the resident's lounge room. Additional enhancement is an office for the aged care unit manager including a private meeting area for family and staff.

The nursing home has achieved above benchmark results in the moving on audit resident and relative's survey.

District Nursing staff have participated in the 'Plan Do Study Act' project for quality improvement. The project is funded by the Department of Health and aims to improve communication between community services and GP practice. Episodes of communication have increased and methods of feedback have changed to improve the accuracy and timeliness of information exchanged between GP's, district nursing and allied health staff.

The 'Active Service Model' has been implemented through the Home and Community Care funded services provided by



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the Hospital. The Active Service Model acknowledges that the majority of community clients wish to remain independent and autonomous in their own homes. Surveying of the District Nursing clients indicates that clients already feel that they are treated as individuals and that the service provided assists them to remain as independent as possible.

Health Promotion is an integral part of the Lorne Community Hospital service delivery. Consumer participation, community partnerships and enhancing opportunities for engaging the community in healthy lifestyle choices are key objectives.

## Changes and Challenges

To be responsive to the health needs of the community requires flexibility and a resourceful approach. Emphasis on positive leadership, team accountability and professional values will continue to assist in a positive approach to challenges that arise. Preparedness for the unexpected is one of our greatest challenges requiring robust, yet flexible plans to ensure staff, resident and patient safety.

A challenge over summer, is always, additional staff requirements. This busy period requires a great commitment from the existing staff members who demonstrate dedication and loyalty to their team and community.

Extensive preparation towards bushfire planning has extended human resources but enhanced existing relationships with emergency services, vulnerable people in the community and assisted in staff planning in preparation for emergencies in general.

Providing a viable service for a small community throughout winter and a hugely expanded community during holidays and event periods, challenges human and financial resources. The Lorne Community Hospital staff graciously adapt to, and support each other and the community to ensure appropriate service provision.

The age of the clients accessing our community services continues to increase with 47% of the district nursing clients being 85 years or older in the last 12 months. There is an increased risk in remaining at home for the very frail.

A fall at home is often the cause of premature admission into residential aged care. The challenge for our service will be to work closely with other groups and organisations to look at ways for the extremely frail to remain at home and independent.

## Future Directions

We will continue to focus on a wellness model of care through health promotion programs such as, no smoking, asthma education and social inclusion through community involvement. We will continue to promote staff education in targeted areas to ensure our care delivery demonstrates best practice. We will continue to be involved in innovative programs offered for Remote Area Nurses. We will respond to the changing community needs through community consultation and strategic planning to build sustainability.

### Sue Morrissey

Director of Clinical Services



# Recognition of Donors *and Major Fundraising*

We express thanks for all contributions, large and small. Every donation is important to us as it represents your support for what we achieve.

## Major Donations Received: 01/07/10-30/06/11

Bell Charitable Trust	\$ 4,000
Annual Easter Appeal	\$34,582.16
Murray to Moyne Cycle Relay	\$22,186.14
<b>Total</b>	<b>\$60,768.30</b>

## Lorne Community & Hospital Auxiliary Donations Received /Items Reimbursed: 01/07/10-30/06/11

Item	Area	Amount
Digital TV	Aged Care	\$34,093.00
Gutter and Signage	Maintenance	\$9,341.00
DynaMap Carescape	Clinical	\$8,063.60
Tympanic Thermometer	Clinical	\$855.00
Safety Trolley	Clinical	\$1,100.90
Washing Machine	Support Services	\$2,420.00
Oven	Support Services	\$2,754.50
I-pod	Aged Care	\$319.64
Wireless Duress System	OH&S	\$8,632.40
Air-conditioning	Aged Care	\$44,175.00
Shredding Machine	Administration	\$485.41
Refrigerator	Staff	\$698.00
Dishwasher	Staff	\$782.00
Hand Basin	Clinical	\$4,230.00
I-pod Dock	Aged Care	\$297.37
Physiotherapy Equipment	Allied Health	\$7,727.27
Home Nursing Equipment	Occupational Therapy	\$528.00
Cleaning Trolley	Support Services	\$595.00
Portable Oximeter	Clinical	\$1,415.00
<b>TOTAL</b>		<b>\$128,513.09</b>



# Compliance Requirements

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## Attestation on Data Integrity

I, Janelle Bryce certify that Lorne Community Hospital has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. The Lorne Community Hospital has critically reviewed these controls and processes during the year and has made ongoing improvements.



### Janelle Bryce

Chief Executive Officer  
Lorne, Victoria  
26 June 2011

## Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, Dr Graeme Murrell, certify that Lorne Community Hospital has risk management processes in place consistent with the *Australian/New Zealand Risk Management Standard* and an internal control system is in place that enables the Executive to understand, manage and satisfactorily control risk exposures. The Board of Management verifies this assurance and that the risk profile of the Lorne Community Hospital has been critically reviewed within the last 12 months.



### Dr Graeme Murrell

President – Board of Management  
Lorne, Victoria  
27 June 2011

## Building Act 1993

Agencies are required to carry out an assessment and report on the condition of their built assets, in accordance with good building principles, practices and other requirements. Annual Fire Safety Certification is submitted to the Department of Health to verify compliance with maintenance of the essential safety measures.

During 2010-11 Lorne Community Hospital continued implementation of improvements recommended to achieve building fabric compliance with the requirements of AS 3959 -2009.

In addition, modifications were made in the Residential Aged Care area to address an Occupational Health and Safety risk related to the flutex carpet. This work involved widening of the smoke doors. On completion it was inspected by a registered Building Surveyor and found to be compliant.

The Hospital has demonstrated its compliance with all government requirements to ensure that all built assets are protected.

## Directions of the Minister for Finance

The Lorne Community Hospital is respondent to the Financial Management Act 1994. The Act requires all public bodies, such as Lorne Community Hospital to prepare an Annual Report, which is submitted, to the Minister prior to tabling in Parliament by **15 September 2011**. The information in this report addresses the requirements for an accountable business practice and acts as an information tool for the Government and community. Additional information as specified in FRD 22 is retained by the Accountable Officer and is available on request, subject to the provisions of the Freedom of Information Act 1982.

## Consultancies

In 2010-2011 expenditure on external consultants totalled \$98,499.

Consultancies comprised:

Consultants	Service	Amount
Davidsons Accounting	Outsourced accounting and internal audits	\$67,089
Inside Health Management	Development of Service Plan	\$31,410
<b>TOTAL</b>		<b>\$98,499</b>

*The remainder included contract arrangements to provide allied health services and quality and risk management support.*

## Freedom of Information Act 1982

The Freedom of Information Act 1982 provides the right to obtain information held by Lorne Community Hospital. Requests under the Act are made in writing to the Administration Officer. The Chief Executive Officer is the organisation's Authorised Officer.

In the year ended **30 June 2011, five (5) applications** for access to documents under the Freedom of Information Act were received.

## National Competition Policy

Lorne Community Hospital has not formally tendered any services in the 2010-2011 financial year and complies to the degree applicable with the Competitive Neutrality Policy Victoria.

## Fire Drills

Since 15 October 2010, we have held 12 fire drills throughout the facility. These drills have been held in all areas, and at different times of the day. This has allowed staff from different areas and shift times to be a part of the drills.

Following the drill, a report is compiled in regard to what did, and didn't work well. These reports are forwarded to our Quality Risk and Safety committee, and Line Managers for action.

There have been 42 suggestions/improvements carried out in this time, which has helped us streamline and improve our fire safety response.

## OHS

A review of our OHS auditing tools has taken place this year. This has allowed us to improve and streamline our auditing schedule, which has given us an improved way of recording and actioning any safety and security concerns. Audits are conducted by all members of staff in all areas, allowing a better insight into their working environment and the safety of others. Scheduled auditing allows identification of faulty or worn equipment before it causes injury.

Staff are more aware that auditing is a 'pro-active' tool for the benefit of everyone.

In 2010 - 2011, 3 staff incidents were report and all were successfully resolved. Successful issue resolution has included rectifying the Flotex carpet risk in aged care.



## Victorian Industry Participation Policy Act 2003

The Victorian Government requires public bodies and departments to report on the implementation of the Victorian Industry Participation Policy (VIPPP). Lorne Community Hospital is required to report the application of VIPPP against any tenders greater than \$1 million. During 2010-11 no tenders were let or completed with a value greater than \$1 million.

## Whistleblowers Protection Act 2001

Consistent with the Act, the policy of the Lorne Community Hospital is to encourage and facilitate the making of disclosures, where these are supported by reasonable grounds, related to alleged improper or corrupt conduct in the management or conduct of Lorne Community Hospital.

The Administrative Coordinator is the designated Complaints Officer. There were no disclosures made to the Hospital during 2010 – 2011.

Lorne Community Hospital maintains an objective system to encourage and provide support to persons making disclosures. Lorne Community Hospital is committed to the highest standards of ethics and probity in its performance of its duties and the delivery of its services to the community.

## Employment Practices

Lorne Community Hospital is committed to the principles of merit and equity in the workplace with respect to employment, promotion and opportunity. Selection processes reflect equal opportunity and diversity principles. The organisation recognises the Public Sector Code of Conduct and has internally developed a values based code of conduct for staff.

Gender Balance	Male	Female
Board	50%	50%
Senior Staff	20%	80%







