Foreword

In late 1866, the mining boom hit Redgate, (as Alexandra was then known) and with the consequential population explosion, the need for medical and hospital care became an issue.

In 1870, the Local Council purchased two buildings for two pounds. They went on to spend a further 50 pounds, converting part of an old hotel into a courthouse and the other section into a hospital. From these humble beginnings sprang the Alexandra District Hospital.

The Grand Opening Ball of the Hospital on the hilltop site was Friday, September 20, 1871. Its official incorporation and registration as a Public Hospital was on Saturday, December 11, 1871, the official opening date.

The then new Hospital had a bed capacity of five and the first matron was Mrs Margaret Milroy. In 1888, the size of the Hospital was doubled to ten beds with the reconstruction from wood to brick and the addition of the Jubilee Wing.

In 1957 a disastrous fire destroyed the major part of the Hospital but also all the archive records prior to that point, making the development of this institution very difficult to recount. Suffice to say, a total reconstruction was undertaken.

Between 1969 and 1977, further development increased the services to a total of 30 beds including the only nursing home beds in the area.

The mid 1980s to the present day saw the most rapid expansion in services and development of the Hospital. The Hospital now provides specialist medical services in eleven clinical disciplines, as well as a local doctor service of ten general practitioners, supporting radiology, pathology, physiotherapy, district nursing and many other services.

In 2011 Alexandra District Hospital was moved from a nineteenth century building on the corner of Myrtle Street and Cooper Street to a state-of-the-art fully integrated health facility at 12 Cooper Street.

The new facility is capable of serving the community well into the future.

On the 18th June 2015 Alexandra District Hospital’s name was formally changed to Alexandra District Health.

It is however, more than worthy of repeating an excerpt from The Alexandra and Yea Standard at the turn of the century-

“During the first two decades of this century, the Hospital was greatly supported by the people of the surrounding area. Donations of goods were greatly appreciated and acknowledged in monthly Hospital reports which were published in the local paper.”

The unstinting support from this community is what will always ensure the vitality and perpetuity of this Hospital.
Mission Statement

Our Mission:
Provision of quality integrated health services that meet the needs of our community.

Philosophy:
The Alexandra District Health (ADH) Service philosophy is based on an abiding concern for all patients and their families, but primarily the patient, and that concern revolves around:

1. Prompt attention.
2. Communicating explanations of treatment, delays, changes, relocations and environment.
3. Comfort – mental, physical and spiritual.
4. Identifying each patient as an individual with individual needs, and help to reduce apprehension.

5. Finally, for staff to appreciate and possess a capacity to see the hospital and its services from the patient’s point of view and convey the need for review through proper channels.

Strategic Plan Objectives:
Our Vision and Strategic Intent:
“To be recognised as a leader in rural health service provision, workforce development and consumer engagement.”

Corporate Objectives:
• Sustain our General Practitioner workforce.
• Achieve accreditation as a “health promoting hospital”.
• Improve (two way) communication with our customers.
• Maintain accreditation (includes all operational requirements of Australian Council of Healthcare Standards).

Key Initiatives and Projects:
The key initiatives and projects of Alexandra District Health for 2014-15 were:
• Continued development of landscaping
• Planning for installation of solar panels
• Achieving all accreditation requirements
• Ongoing up-skilling of nursing staff to provide radiology and limited delivery of medications to urgent care patients
• Further development of “telehealth” project linking ADH with the Emergency Department in Wangaratta
The annual report of Alexandra District Health is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department’s compliance with statutory disclosure requirements.

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<td>FRD10 Disclosure index</td>
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<td>FRD 11A Disclosure of ex-gratia expenses</td>
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<td>FRD 12A Disclosure of major contracts</td>
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<td>FRD 22F Details of consultancies over $10,000</td>
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<td>FRD 22F Employment and conduct principles</td>
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<td>FRD 22F Major changes or factors affecting performance</td>
<td>F</td>
</tr>
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<td>FRD 22F Occupational health and safety</td>
<td>11</td>
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<td>FRD 22F Operational and budgetary objectives and performance against Objectives</td>
<td>8</td>
</tr>
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<td>FRD 24C Reporting of office-based environmental impacts</td>
<td>F</td>
</tr>
<tr>
<td>FRD 22F Significant changes in financial position during the year</td>
<td>F</td>
</tr>
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<td>FRD 22F Statement of availability of other information</td>
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<td>FRD 22F Statement of National Competition Policy</td>
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<tbody>
<tr>
<td>FRD 22F Subsequent events</td>
<td>NA</td>
</tr>
<tr>
<td>FRD 22F Summary of the financial results of the year</td>
<td>F</td>
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<td>FRD 22F Workforce Data Disclosures including a statement on the application of employment and conduct principles</td>
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<td>FRD 25B Victorian Industry Participation Policy disclosures</td>
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<td>FRD 29A Workforce Data Disclosures</td>
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<td>SD 4.2(g) Specific information requirements</td>
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<td>SD 4.2(j) Sign-off requirements</td>
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<tr>
<td>SD 3.4.13 Attestation of data integrity</td>
<td>12</td>
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<tr>
<td>SD 4.5.5 Risk management framework and process</td>
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Financial Statements
Financial statements required under Part 7 of the FMA

SD 4.2(a) Statement of changes in equity | F |
SD 4.2(b) Comprehensive operating statement | F |
SD 4.2(b) Balance sheet | F |
SD 4.2(b) Cash flow statement | F |

Other requirements under Standing Directions 4.2

SD 4.2(a) Compliance with Australian accounting standards and other authoritative pronouncements | F |
SD 4.2(c) Accountable officer’s declaration | F |
SD 4.2(c) Compliance with Ministerial Directions | F |
SD 4.2(d) Rounding of amounts | F |

Legislation

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Carers Recognition Act 2012 | 11 |
Victorian Industry Participation Policy Act 2003 | 11 |
Building Act 1993 | 11 |
Financial Management Act 1994 | F |


Appendix A:
Alternative Presentation of Comprehensive Operating Statement inside back cover
Hospital Profile

Chair:
Mr Ian McKaskill

Acting Chief Executive Officer/Director of Nursing:
Mrs Jo-Anne Cavill

Minister for Health and Ageing:
The Hon. David Davis MLC, Minister for Health
1 July 2014 to 3 December 2014

The Hon. Jill Hennessy MLA, Minister for Health
4 December 2014 to 30 June 2015

Originally Established:
Incorporated December 11th, 1871 – Hospital and Charities Act (6274)

Accreditation Status:
Fully Accredited to 9th March 2017

Workforce Data:

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</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>23.18</td>
<td>19.90</td>
<td>22.28</td>
<td>19.43</td>
</tr>
<tr>
<td>Administration and Clerical</td>
<td>12.44</td>
<td>13.24</td>
<td>11.18</td>
<td>11.97</td>
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<tr>
<td>Medical Support</td>
<td>10.88</td>
<td>10.59</td>
<td>9.86</td>
<td>10.79</td>
</tr>
<tr>
<td>Hotel and Allied Services</td>
<td>10.59</td>
<td>10.31</td>
<td>10.82</td>
<td>9.53</td>
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<tr>
<td>Medical Officers</td>
<td>0.29</td>
<td>0.20</td>
<td>0.28</td>
<td>0.24</td>
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<tr>
<td>Ancillary Staff</td>
<td>0.67</td>
<td>0.64</td>
<td>0.67</td>
<td>0.63</td>
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</table>

All employees are correctly classified in workforce data collections and are required to comply with the Alexandra District Health Code of Conduct under their respective employment agreements. Alexandra District Health is committed to applying the Public Sector employment principles and upholds the key principles of merit and equity in all aspects of the employment relationship. To this end we have policies and practices in place to ensure all employment related decisions including recruitment, training and retention are based on merit.

Approved Beds:
25 acute
6 day procedure

Office Bearers:
Chair: Mr Ian McKaskill
Deputy Chair: Mrs Jennifer Cummins
Treasurer: Ms Carole Staley
Board Members: Mr Geoff Hyland, Ms Kristin Michaels, Ms Margaret Rae, Mr Ray Twitchett, Mr Richard Rogerson

Acting Chief Executive Officer
/ Director of Nursing:
Mrs Jo-Anne Cavill
RN, BN, Grad Dip Health Management

Auditor: Auditor General

Appointed Agent: Richmond, Sinnott & Delahunty

Bankers: ANZ Bank

Solicitors: Phillips Fox / Health Legal

Organisational Structure
Chair’s Report

During the last financial year we had a period of stabilisation and reflection as we further settled into the new hospital premises and successfully dealt with some financial challenges.

The Board regularly reflects upon our vision to ensure that it is appropriate for our health service during changing times and that we remain focused on achieving our desired outcomes. Our vision is to be recognised as a leader in rural health service provision, workforce development, and consumer engagement.

As you will read in Jo Cavill’s report, we continue to provide an extensive range of services for a rural health service, with very high satisfaction ratings demonstrated through independent surveys.

Our staff satisfaction feedback is that Alexandra District Health (ADH) is an employer of choice and this is further evidenced by the longevity of our dedicated workforce. We have a strong consumer focus with a very active Consumer Advisory Committee and continual engagement with our community through local media and other platforms. So my reflections are that we have the right vision, and that we are doing many things that are keeping us on track to achieve that vision.

I will avoid repeating all the good news stories that are included in Jo’s report other than to reiterate that we have had significant improvements in the strength of the services we provide through initiative such as the Remote and Isolated Practice Endorsed Registered Nurse (RIPERN) program, our entry into telehealth and increasing our nursing staff skills in radiography.

Additionally we continue to have capital improvements to provide our health service with both ambience and environmentally responsible outcomes. These investments include landscaping and solar panel projects at our Alexandra campus.

This year we have been financially challenged to maintain our current level of service in a shrinking funding environment. This has encouraged us to take a detailed look at the services we are providing, the cost of those services and improve our efficiency wherever possible. You will see from the financial results that we have achieved a satisfactory result and we maintain a strong balance sheet.

I want to thank Jo Cavill for her work over the last year in keeping ADH focused on our vision, dealing with some difficult circumstances and producing good outcomes. The Board wishes Jo all the best in her future endeavors.

I wish to thank our dedicated Board Members who give of their time freely to govern ADH. I particularly would like to thank outgoing Board Member, Richard Rogerson for his two years of service. As we move into 2015-16 financial year, I welcome two new members to our Board, Lorna Gelbert and Cheryl Nickels-Beattie and look forward to them providing further strength to the Board.

Ian McKaskill
Chair
Alexandra On the 30th June 2015

Our fabulous fundraisers Glynda Bonollo, Kaye Smith, Margaret Taylor, Jillian Blakeney, Jenny Butterfield, Betty Parsons, and Kay Carney. Absent – Margaret Baker

Alexandra District Health (ADH) is extremely grateful to the fundraising committee, who work tirelessly to provide extra funds used to improve our health care service. As such, our fundraisers are having a positive impact on the health and wellbeing of our community.
Chief Executive Officer’s Report

Alexandra District Health (ADH) as it became known in November 2014 continues to evolve in response to community demand and a quest for excellence in service provision. The change in name from Alexandra District ‘Hospital’ to Alexandra District ‘Health’ is a testament to this fact, with the ever increasing emphasis on keeping people well within the community rather than simply treating people when they become ill in a hospital setting.

It has been my privilege to lead the organisation over the last 14 months while Heather Byrne enjoyed a well earned break, and it is with sadness that I write this report knowing my tenure is at an end. I have greatly appreciated the support of the Board of Management and the wonderful staff at ADH who always demonstrate care and compassion toward our patients and clients. It has been wonderful to be part of this great team!

Our achievements this year are many and varied. The next stages of our landscape designed garden areas are nearing completion, beautifying the surrounds of our facility that are more readily accessible to patients and staff. The staff outdoor area has also been improved to provide a pleasant environment for staff who wish to brave the outdoors during their breaks.

Another major project was the installation of a compactus filing system to house our ever increasing medical records, and the concurrent archiving of older histories. The spare shelving was then transferred for use in Community Health administration. Whilst ultimately the aim is to move to electronic medical records, this initiative will not come to fruition for some time so the compactus system will be very useful in better managing our medical records. Well done to Helen, Susan and the team.

Preparations have also progressed towards the installation of a solar power system designed to provide some of the electricity used by the health service, in line with our policy to be environmentally responsible. This project will come to fruition early in the next financial year.

As noted in feedback from State government patient satisfaction surveys, our community appreciates our wonderful facility and the excellent standard of cleanliness that is maintained. We are grateful to our maintenance and domestic staff for their efforts in maintaining our facility to such a high standard.

Continuous quality improvement and managing risks effectively are embedded within our organisational culture. A range of committees regularly meet to monitor our related programs and ensure a proactive approach to service improvement. This year we have again achieved excellent results across all areas of service provision and management. In October 2014 ADH passed all the requirements of the National Safety and Quality Health Service Standards Periodic Review conducted by the Australian Council on Healthcare Standards. Following this achievement we said goodbye to our Quality Manager Barbara Slaughter to whom we are grateful for her wisdom and effort to help us reach our goal. Now the organization continues to prepare for the Organisation Wide Survey in 2016 with our very competent Community Health Manager Jane Judd, also taking on the Quality Manager role. Thanks to all our staff who have contributed so much to achieve excellent results.

Maintaining a skilled workforce is a high priority. Lee Bourdelov continues in the role of Acting Nurse Unit Manager, and leads a dedicated team of nurses who continue to increase their knowledge and skills in clinical and person-centered management, particularly in the areas of recognising and responding to clinical deterioration and emergency care.

We have three Registered Nurses currently working who are registered as Remote and Isolated Practice Endorsed Registered Nurses, authorizing them to practice extended clinical skills and treatments. These additional skills enable more patients presenting to our Urgent Care area to be treated promptly without the need for the on-call doctor to attend. There is always a doctor on call for emergencies, but we are mindful of the additional workload non-urgent cases create for our local General Practitioners (GPs). We encourage the community to utilise the 24 hour telephone access to ‘GP on call’ and ‘Nurse on call’, assisting us by providing after hours support and advice to our community.

During 2014-15 ADH had the opportunity to further develop ‘telehealth’, predominately to...
manage urgent care presentations in conjunction with Northeast Health Wangaratta (NHW). The ‘computer on wheels’ is utilised to transmit real time interactions between patients and nursing staff at ADH with medical staff from NHW for less critical clinical cases that require a medical opinion for treatment options when an on-site doctor is not available. Staff training and educational package development were made possible through a grant from the Goulburn Valley Medicare Local, and in the future we hope to extend its use to include outpatient consultations with a range of specialists.

Another exciting achievement this year has been the training of three Registered Nurses to provide limited X-ray services in the absence of a radiographer. Our thanks go to the Department of Health and Human Services for provision of funding to enable this project, and to our contract radiographer Liam Bradley and NHW radiology department for their assistance. The benefits of this initiative have been immediately evident, reducing unnecessary trips to Melbourne and facilitating appropriate treatment in a timely manner.

Our community also benefits from the availability of an extensive range of elective surgery services, thus eliminating the need for travel to Melbourne for elective procedures. We are grateful to all Specialists and staff involved in this service, and in particular our Operating Room Nurse Unit Manager Margaret Baker.

Our Community Health (CH) team continues to provide a much valued service to our community. A range of programs are offered across all age groups and health conditions. The gym facilities at the Alexandra, Eildon and Marysville campuses are very popular, especially for those recovering from heart conditions or ambulatory difficulties. A strong focus has been the delivery of integrated care involving all relevant nursing and allied health staff to achieve better health outcomes. Future challenges include establishing peer-led self-help support groups.

ADH is fortunate to host a range of visiting specialists, allied health professionals and diagnostic services to meet the health needs of our community. I would like to acknowledge the wonderful work of our reception staff who are at the heart of the activity, and have a great ability to multitask!

Our Information Technology structure is well supported by the Hume Rural Health Alliance, however we still await with anticipation the implementation of a new Patient Administration System. On the CH front, work has been done to maximize the potential of the ‘Uniti’ system and improve management of our CH client appointments and records.

Consumer participation is important to us, and we are very grateful for the contribution of members on our Consumer Advisory Committee in helping us to enhance the way we interact with our community. The Fundraising Group also provide us with valued financial and other support. This year we were able to purchase equipment for the Operating Room and furniture for a ward sitting area. Our sincere thanks go to all these volunteers for their time and effort.

In all areas of our business people are the key to our success. I would like to conclude this report by thanking the Chair and members of the Board of Management who have contributed greatly to the development of both our facilities and services. They act in a voluntary capacity and give of their time and resources freely for the good of our community. I also sincerely thank our wonderful staff and volunteers who all contribute so much to making this a great health service.

Mrs. Jo Cavill
Acting Chief Executive Officer / Director of Nursing
Alexandra
On the 30th June 2015
Finance Report

The financial results for 2015 demonstrate an improvement over the prior year when assessing the result prior to capital and specific items.

This is our operational result and reflects reductions made in expenditure on supplies and consumables through management of service provision during the year. The overall result after capital and specific items declined from the previous year due to substantial increases in depreciation after the revaluation of properties at the end of last year. Revenue was impacted negatively by lower grant funding due to a lack of patients in categories that are funded to specific targets. Other revenue areas have been consistent or had sufficient increases to ensure overall revenue for the year was an improvement over 2014.

Importantly, the level of activity across all areas of care remained at high levels, including bed based services in acute, client services in community health and visitation services in aged care.

Steven Jackel
Accountant AASB

Performance

Five Year Financial Comparison Summary:

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<tbody>
<tr>
<td>Total Revenue</td>
<td>7,134,199</td>
<td>7,037,653</td>
<td>7,014,411</td>
<td>7,699,936</td>
<td>19,088,806</td>
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<td>Total Expenses</td>
<td>8,683,468</td>
<td>8,291,351</td>
<td>9,007,563</td>
<td>7,578,114</td>
<td>7,622,609</td>
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<td>Net Result for the Year (including Capital and Specific items)</td>
<td>(1,549,269)</td>
<td>(1,253,698)</td>
<td>(1,993,152)</td>
<td>121,822</td>
<td>11,466,197</td>
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<td>Retained Surplus/ (Accumulated Deficit)</td>
<td>15,768,795</td>
<td>17,318,064</td>
<td>18,571,762</td>
<td>20,564,914</td>
<td>20,443,092</td>
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<td>Total Assets</td>
<td>28,515,494</td>
<td>30,059,698</td>
<td>25,898,409</td>
<td>27,933,349</td>
<td>28,222,758</td>
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<td>Total Liabilities</td>
<td>1,645,624</td>
<td>1,640,559</td>
<td>1,534,386</td>
<td>1,576,174</td>
<td>1,987,405</td>
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<tr>
<td>Net Assets</td>
<td>26,869,870</td>
<td>28,419,139</td>
<td>24,364,023</td>
<td>26,357,175</td>
<td>26,235,353</td>
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<tr>
<td>Total Equity</td>
<td>26,869,870</td>
<td>28,419,139</td>
<td>24,364,023</td>
<td>26,357,175</td>
<td>26,235,353</td>
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Committee Structure
Corporate Governance

Alexandra District Health (ADH) Annual Report has been compiled to meet the requirements of the Public Administration Act, Financial Management Act and other requirements.

Information required by legislation – but not recorded elsewhere in this annual report is summarised below.

The organisation is governed by the Board of Management. The Board is appointed by the Governor-in-Council upon the recommendation of the Minister of Health, the Hon David Davies MLC (to Dec 15) or Hon Jill Hennessy MP (from Dec 15).

The functions of the Board as determined by the Health Services Act 1988 are:

• To oversee and manage the Organisation;
• To ensure the services provided by the Organisation comply with the requirements of the Act and the aims of the organisation.

Board Committees

Committee membership is governed by the Alexandra District Health Rules.

Audit Committee

The committee receives and makes recommendations relating to internal and external audit reports and ensures compliance with any matters raised by the Auditor-General’s office. The committee meets four times annually. The committee chair and at least one other member meet the requirements for independence.

Audit Committee Members

Allan Layton (Independent Chair)
Christine Bell
Ray Twitchett
Geoffrey Hyland
Ian McKaskill
Jennifer Cummins
Carole Staley
Margaret Rae

Finance and Physical Resources Committee

The committee examines monthly reports and ensures that they are prepared in accordance with the appropriate accounting requirements and sound accounting principles and standards. The committee meets monthly.

Medical Appointments Advisory Committee

The committee meet as necessary and advises the Board regarding the appointment, suspension and removal from office of medical practitioners as required.

Medical Credentials and Defining the Scope of Clinical Practice Committee

The committee meets as necessary to consult and provide advise on the range of clinical services, procedures or other interventions that can be provided safely in the organisation.

The committee also review and verifies the minimum credentials necessary for a medical practitioner to fulfil the duties of a specific position or scope of clinical practice.

Continuous Quality Improvement

The committee is responsible for coordinating quality assurance activities and risk management both clinical and non-clinical. The committee meets monthly.

Continuum of Care

The committee reports to the Board of the overall quality, effectiveness, appropriateness and use of services rendered to patients of the hospital. The committee works to review and establish the specific areas of care. The committee meets monthly.

Visiting Medical Officers

The committee provides a forum for discussion and determination of clinical matters relating to medical/clinical practices within the hospital. The Committee meets four times per year.

Ethics Committee

The committee deliberates and gives advise on the resolution of significant ethical issues and confronts issues relating to moral choices and rules of conduct. The committee meets as required.

Policy and Procedure Review

The committee is responsible for reporting the overall quality, effectiveness and appropriateness and compliance with policies, procedures and guidelines. The committee meets monthly (excluding January).
Board of Management

Chair: Mr Ian McKaskill

Ian McKaskill is a mechanical engineer with over 35 years’ experience. He has expertise in the project management and delivery of large capital works projects in the process industries. Earlier in his career, he worked in the areas of design of large capital equipment. He has specific skills in the delivery of large Engineering, Procurement and Construction projects including the areas of project and management, contracts formulation and risk management. Ian is Executive Manager of the Upper Goulburn Landcare Network, President of the Murrindindi East Chapter of U3A, Director of Yea and District Community Bank, Independent Chairman of the Murrindindi Shire Council Audit Advisory Committee and actively involved in the administration of the Alexandra Visitor Information Centre.

Deputy Chair: Mrs Jennifer Cummins

Jenny is a qualified Physiotherapist who has held senior management positions in public hospitals. Jenny has experience in quality assurance, occupational health and safety management and has held directorships in a number of private companies. Jenny is a Board Member of the Darlingford Upper Goulburn Nursing Home.

Treasurer: Ms Carole Staley

Carole is Registered Nurse and holds qualifications in health service management. She has 30 years experience within the health care sector including senior management roles. She has extensive experience in implementing new models of care and improvement initiatives, particularly at the interface between the acute hospital and community care area. She currently operates her own healthcare consultancy business.

Ms Margaret Rae

Margaret has a background in both the public and private sectors and a professional career in academic management. Margaret has extensive experience on a range of boards and committees, including the Goulburn Valley Water Authority Board, Lake Mountain Alpine Resort Management Board and Buxton CFA, together with active involvement in local tourism and community organisations. Also a graduate from the Australian Institute of Company Directors, Margaret brings a range of skills to bear on the complex issues managed by the Board in conducting its core business and in future planning and development initiatives. Margaret has been Mayor of the Murrindindi Shire for the past two years.

Mr Richard Rogerson

Richard arrived in Marysville as a Forest Officer in 1980, a position he held for 12 years, until the opportunity came for Richard to take over Lake Mountain Alpine Resort in 1988. Richard was employed as Resort Manager at Lake Mountain until 1995, when he became Resort Manager of both Lake Mountain and Mt Baw Baw until 1998. Following the demise of the Alpine Resorts Commission in 1998, Richard was appointed Chief Executive Officer, a position he held until his retirement in January 2011. Richard has held various positions at Board level including the Marysville Community Foundation, the Marysville Economic Leadership Group and the Community Recovery group.

Mr Geoff Hyland

Geoff has a background in finance and accounting having graduated with a Bachelor of Commerce degree and worked with a Melbourne accounting firm for seven years before being self employed as an on course bookmaker – a profession he has enjoyed for 35 years. Geoff has been involved in traders and tourism bodies in Marysville and Alexandra at committee level.

Ms Kristin Michaels

Kristin is the Chief Executive Officer of the Eastern Melbourne Medicare Local. Kristin has worked in a range of Health Management positions across Commonwealth, State and private organisations. She holds qualifications in arts, education, organisational leadership and governance, and has held Director positions in a number of primary, acute and community care organisations. Kristin was a finalist in the Telstra Australian Business Women’s Awards in 2008.

Mr Ray Twitchett

Ray has worked in the Construction and Water Industry for some 47 years, having gained considerable experience in both the public and private sectors both as a contract plumber and in project management/ supervisory positions. Ray holds a Diploma in Project Management and is well versed in OHS requirements. He has also held various positions at Board level with sporting bodies in both Euroa and Shepparton as well as being actively involved in the organisations.
Statutory Reporting

Alexandra District Health’s Annual Report has been compiled to meet the requirements of the public Administration Act, Financial Management Act and other requirements.

Information required by legislation but not recorded elsewhere in this annual report is summarised below.

Pecuniary Interests

The Board of Management members are required to notify the Chair of the Board of any pecuniary interests. All members have completed a statement of pecuniary interests.

Health Services Act, 1988

Alexandra District Health does not administer any Acts. The Health Services Act of 1988 is the vehicle by which Health Services are incorporated and prescribes the manner in which they are regulated.

Complaints System

A complaints register is maintained and quarterly reports are made to the Health Services Commissioner.

Complaints are assessed promptly and the Board of Management is kept informed of the nature of complaints.

Complaints are used as a means to achieve continuous quality improvement in all facets of health care business.

Freedom of Information Act, 1982

The Freedom of Information Officer is the Chief Executive Officer (CEO). Persons wishing to access information under the Freedom of Information Act 1982 should apply in writing to the CEO.

During 2014/2015 there were 31 Freedom of Information requests.

Protected Disclosure Act, 2012

Alexandra District Health complied with the Protected Disclosure Act 2012 for the year 2014/2015.

Carers Recognition Act 2012

Alexandra District Health complied with the Carers Recognition Act 2012 for the year 2014/2015.

Victorian Industry Participation Act, 2003


Employment and Conduct Principles


Fees and Charges

Alexandra District Health charges fees in accordance with the Department of Health Fee Schedule.

Occupational Health and Safety

Alexandra District Health has an Occupational Health and Safety (OH&S) Committee which meets regularly. Staff report incidents, accidents and near misses which are then assessed at monthly meetings and appropriate action is taken.

During 2014/15 Alexandra District Health has:

- Updated the online manual handling training for all staff.
- Provided staff with training for OH&S managers and supervisors and refresher training for OH&S representatives.
- Provided staff with annual fire extinguisher and hose reel training.

Competitive Neutrality

Alexandra District Health has a policy in place for the implementation of the Victorian Government’s policy on Competitive Neutrality.

Industrial Disputes

Time lost through industrial disputes: Nil.

Overseas Travel

Nil.

Building Standards

Alexandra District Health complies with Regulation 1209 and 1215 of the Building Act 1993. Alexandra District Health engages an independent contractor to perform an assessment of all buildings in accordance with Section 22E of the Act. A current Annual Safety Measures Report is on display at the Urgent Care entry.

Outsourcing of services

- AASB Accounting and Audit Solutions – Accounting
- Healthscope – Pathology
- North East Health Wangaratta / Mansfield Radiographic Service – Radiology
- Sound Imaging – Ultrasound

Publications

The following publications dealing with the functions, powers, duties and activities of the hospital were produced in 2014/2015 and may be viewed at the health service upon request:

- Alexandra District Health 144th Annual Report
Details of Consultancies Engaged

In 2014-15, there was one consultancy where the total fees payable to the consultant was $10,000 or greater. The total expenditure incurred during 2014-15 in relation to this consultancy was $32,525 (excl. GST).

In 2014-15, there was one consultancy where the total fee payable to the consultant was less than $10,000. The total expenditure incurred during 2014-15 in relation to this consultancy was $9,750 (excl. GST).

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Purpose of consultancy</th>
<th>Start date</th>
<th>End date</th>
<th>Expenditure 2014-15 (ex GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPEX Consulting</td>
<td>Financial Review of Operations</td>
<td>01/01/15</td>
<td>31/01/15</td>
<td>$32,525</td>
</tr>
<tr>
<td>HLB MANN JUDD</td>
<td>Review of Financial Function– Accounting Services</td>
<td>13/04/15</td>
<td>16/04/15</td>
<td>$9,750</td>
</tr>
</tbody>
</table>

Additional Information Available Upon Request

Information listed in FRD 22F (Section 6.18) is available on request by relevant Ministers, Members of Parliament and the public (subject to the Freedom of Information requirements, if applicable).

Responsible Bodies Declaration


Ian McKaskill  
Chair Board of Management  
Alexandra  
On the 30th June 2015

Attestation of Data Integrity

Alexandra District Health has all appropriate systems and processes in place to assure the quality of reported data. Measures include but are not limited to:

- Review of all internal and external audits by the Audit Committee and Board of Management.
- Monthly review of activity and financial data by the Finance and Physical Resources Committee and Board of Management for submission to the Department of Health.

Jo-Anne Cavill  
Acting Chief Executive Officer/ Director of Nursing  
Alexandra  
On the 30th June 2015

Risk Management Framework and Process Attestation

I, Jo-Anne Cavill certify that Alexandra District Health has complied with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes. Alexandra District Health’s Audit Committee verifies this.

Jo-Anne Cavill  
Acting Chief Executive Officer/ Director of Nursing  
Alexandra  
On the 30th June 2015
Environment and Sustainability

Alexandra District Health recognises its role in a more sustainable state for future generations.

<table>
<thead>
<tr>
<th>Data</th>
<th>Measure</th>
<th>2014/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy Consumption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity (Peak)</td>
<td>kWh</td>
<td>344927</td>
</tr>
<tr>
<td>Electricity (Off Peak)</td>
<td>kWh</td>
<td>303738</td>
</tr>
<tr>
<td>LPG</td>
<td>Litres</td>
<td>18030</td>
</tr>
<tr>
<td>Water Consumption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Consumption</td>
<td>kL/ML</td>
<td>3582</td>
</tr>
<tr>
<td>Waste Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Waste</td>
<td>kgs</td>
<td>8869</td>
</tr>
<tr>
<td>Clinical Waste</td>
<td>kgs</td>
<td>462</td>
</tr>
<tr>
<td>Clinical Waste</td>
<td>Containers</td>
<td>203</td>
</tr>
</tbody>
</table>
## Statement of Priorities

**Statement of Priorities Part A – Strategic Priorities for 2014 – 2015**

The Victorian Government’s priorities and policy directions are outlined in the Victorian Health Priorities Framework 2012–2022. In 2014–15 Alexandra District Health (ADH) will contribute to the achievement of these priorities by:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Action</th>
<th>Deliverable</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing a system that is responsive to people’s needs</td>
<td>• Develop an organisational policy for the provision of safe, high quality end of life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care.</td>
<td>• Continue to enhance the current program established in the acute service and extend to encompass community health clients in end of life care.</td>
<td>In progress. • Consultation between ‘Advance Care Planning’ Nurse and Community Health (CH) staff continues</td>
</tr>
<tr>
<td></td>
<td>• Progress partnerships with other services to improve outcomes for regional and rural patients.</td>
<td>• Implement key priorities of the Hume Regional Health and Aged Care Plan including: • chronic care strategy • integrated aged care plan • integrated health promotion plan.</td>
<td>Achieved. • Intake worker role consolidated and of great value in care coordination • Chronic Disease Management team established and diabetes management clinics operating • Continued delivery of health promotion activities eg. The Berns Mountain Bike Project engagement of “at risk” youth via mountain biking</td>
</tr>
<tr>
<td></td>
<td>• Improve outcomes for people with heart disease by addressing the strategic directions of the Heart Health Strategy.</td>
<td>• Increase promotion, consumer awareness and participation in the heart health walking groups and cardiac/pulmonary rehabilitation programs currently operating.</td>
<td>In progress. • Ongoing regular participation eg. World Chronic Obstructive Pulmonary Disease (COPD) day and heart health promotion</td>
</tr>
<tr>
<td>Improving every Victorian’s health status and experiences</td>
<td>• Use consumer feedback to improve person and family centred care, health service practice and patient experience.</td>
<td>• Utilise consumer surveys and consumer group discussions to gain consumer feedback, and communicate related learnings to health service staff.</td>
<td>In progress. • Survey results, Consumer Advisory Committee (CAC) and other consumer group feedback used to inform positive changes eg. Consumer friendly staff name badges</td>
</tr>
<tr>
<td></td>
<td>• Support local implementation of the Victorian Health and Wellbeing Plan 2011–2015 through collaboration with key partners such as Local Government, Medicare Locals, community health services and other agencies (for example Women’s Health Victoria and Victorian Aboriginal Community Controlled Health Organisation (VACCHO)).</td>
<td>• Implement strategies to deliver against the Hume Region Health Promotion Strategy – Healthy Eating • Work in partnership with local government to inform Municipal Health and Wellbeing planning.</td>
<td>Achieved. • Men’s Health Day in October 2014 • Improving food security initiatives as reported in The Standard 11/2/15 • Celebrating aboriginal culture and heritage – National Aborigines and Islanders Day Observance Committee (NAIDOC) week and Closing the Gap activities • Specific women and children’s health program and activities continue</td>
</tr>
<tr>
<td>Priority</td>
<td>Action</td>
<td>Deliverable</td>
<td>Outcome</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
|          | • Identify service users who are marginalised or vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups, for example, Aboriginal people, people affected by mental illness, people at risk of elder abuse, people with disability, homeless people, refugees and asylum seekers. | • Undertake integrated Cultural Diversity planning including active engagement with Aboriginal and Torres Strait Islanders (ATSI), mental health and culturally and linguistically diverse (CALD) clients. 
  • Continue to implement Koolin Balit aboriginal health plan.                                                                                           | Achieved. 
  • Celebrating aboriginal culture and heritage – NAIDOC week (July each year) and Closing the Gap activities (afternoon tea March 2015) |
<table>
<thead>
<tr>
<th>Priority</th>
<th>Action</th>
<th>Deliverable</th>
<th>Outcome</th>
</tr>
</thead>
</table>
|          | • Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility. | • Support and expand Regional and Isolated Practice Endorsed Registered Nurse (RIPERN) program.  
• Implement Nurse-led limited X-ray training program  
• Increase utilisation of allied health assistants within allied/community health programs. | In progress.  
• 2 more RNs achieved their RIPERN qualification (ADH now has 4 RIPERN nurses)  
• Currently, another RN has been granted leave to complete North Territory hosted course  
• 3 RNs qualified and practising nurse led x-ray program  
• Allied Health Assistants (AHA) utilised across community health services according to skill level |
| Increasing the system’s financial sustainability and productivity | • Identify and implement practice change to enhance asset management. | • Undertake a comprehensive review of organisation assets.  
• Implement a plan for replacement and management of assets. | In progress.  
In progress. |
|          | • Reduce health service administrative costs. | • Participation in Hume Strengthening our Health Services project and implement activities/projects that support sustainability. | In progress.  
• CEO/DON participation in Hume project  
• Organisation wide financial review of operations with subsequent Financial Management Improvement Plan and Action Plan |
| Implementing continuous improvements and innovation | • Drive improved health outcomes through a strong focus on patient-centred care planning, delivery and evaluation of services, and the development of new models for putting patients first. | • Continue to undertake quality improvement activities in line with meeting the National Safety and Quality Health Service Standards.  
Implement National Service Improvement Frameworks for chronic conditions. | Achieved.  
• Timely completion of audits and recording of improvement initiatives as per minutes of Quality meetings.  
• Accreditation maintained |
<table>
<thead>
<tr>
<th>Priority</th>
<th>Action</th>
<th>Deliverable</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing accountability and transparency</td>
<td>• Undertake an annual board assessment to identify and develop board capability to ensure all board members are well equipped to effectively discharge their responsibilities.</td>
<td>• Ongoing utilisation of the on-line Australian Centre for Healthcare Governance (ACHG) Board evaluation, with development of related work plan.</td>
<td>In Progress. • Board continues with long established annual workplan • ACHG Board evaluation tool trialled • Board members attending relevant workshops / forums as reported in Board meeting minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support board participation in regional and central organised training and undertake health service specific training program with new board members.</td>
<td></td>
</tr>
<tr>
<td>Improving utilisation of e-health and communications technology</td>
<td>• Demonstrate a strategic focus and commitment to aged care by responding to community need as well as the Commonwealth Living Longer Living Better reforms.</td>
<td>• Support board and staff training in regard to Living Longer Living Better reforms to ensure their impact on the service and the community are understood.</td>
<td>In progress. • Regular updates on Darlingford Upper Goulburn Nursing Home (DUGNH). • ADH as fund holder and provision of project worker for Aged Care Social Connections project</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Trial, implement and evaluate strategies that use e-health as an enabler of better patient care.</td>
<td>• In partnership with other health services, identify operational requirements for the replacement Patient Administration System to ensure health service readiness.</td>
<td>Achieved. • Clinical process mapping and risk workshops completed March 2015 as part of Hume Region Health Alliance (HRHA) project</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Utilise telehealth to better connect service providers and consumers to appropriate and timely services.</td>
<td>• Continue and improve participation in Hume region telehealth project.</td>
<td>Achieved. • Education sessions Feb 2015; online learning packages launched and regular contact with Northeast Health Wangaratta (NHW) encouraged as part of after hours Urgent Care project</td>
</tr>
</tbody>
</table>
Key Financial and Service Performance

Part B: Performance priorities

Safety and quality performance

<table>
<thead>
<tr>
<th>Key performance indicator</th>
<th>Target</th>
<th>2014-15 actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient experience and outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey(^{(1)})</td>
<td>Full compliance</td>
<td>Full compliance</td>
</tr>
<tr>
<td>Governance, leadership and culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient safety culture</td>
<td>80</td>
<td>94</td>
</tr>
<tr>
<td>Safety and quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health service accreditation</td>
<td>Full compliance</td>
<td>Full compliance</td>
</tr>
<tr>
<td>Cleaning standards (Overall)</td>
<td>Full compliance</td>
<td>Full compliance</td>
</tr>
<tr>
<td>Cleaning standards (AQL-A)</td>
<td>90</td>
<td>96</td>
</tr>
<tr>
<td>Cleaning standards (AQL-B)</td>
<td>85</td>
<td>95</td>
</tr>
<tr>
<td>Cleaning standards (AQL-C)</td>
<td>85</td>
<td>96</td>
</tr>
<tr>
<td>Submission of data to VICNISS(^{(2)})</td>
<td>Full compliance</td>
<td>Full compliance</td>
</tr>
<tr>
<td>Hand hygiene (rate) quarter 2</td>
<td>75</td>
<td>85</td>
</tr>
<tr>
<td>Hand hygiene (rate) quarter 3</td>
<td>77</td>
<td>82</td>
</tr>
<tr>
<td>Hand hygiene (rate) quarter 4</td>
<td>80</td>
<td>84</td>
</tr>
<tr>
<td>Healthcare worker immunisation – influenza</td>
<td>75</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

\(^{(1)}\) The Victorian Healthcare Experience Survey (VHES) was formerly known as the Victorian Health Experience Measurement Instrument (VHEMI).

\(^{(2)}\) VICNISS is the Victorian Hospital Acquired Infection Surveillance System.

Financial sustainability performance

<table>
<thead>
<tr>
<th>Key performance indicator</th>
<th>Target</th>
<th>2014-15 actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual operating result ($m)</td>
<td>0.021</td>
<td>- 0.004</td>
</tr>
<tr>
<td>Creditors</td>
<td>&lt;60 days</td>
<td>63</td>
</tr>
<tr>
<td>Debtors</td>
<td>&lt;60 days</td>
<td>24</td>
</tr>
</tbody>
</table>

Asset Management

<table>
<thead>
<tr>
<th>Key performance indicator</th>
<th>Target</th>
<th>2014-15 actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asset Management Plan</td>
<td>Full compliance</td>
<td>Full compliance</td>
</tr>
</tbody>
</table>

Part C: Activity and Funding

<table>
<thead>
<tr>
<th>Funding Type</th>
<th>2014 – 2015 Activity Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Rural Primary Health</td>
<td>9,049</td>
</tr>
<tr>
<td>Small Rural HACC</td>
<td>2,692</td>
</tr>
</tbody>
</table>
Alexandra District Health
Annual Report 2014-15

Senior Staff Positions and Roles

Acting Chief Executive Officer/Director or Nursing:
Jo Anne Cavill

This role encompasses the overall management of the Hospital and requires a detailed knowledge and understanding of all facets of health service operation from clinical services to administration. Strategic planning to ensure the organisation meets the short and long term requirements of our community is a major responsibility.

Community Health Manager:
Jane Judd

This part time position is responsible for the management of Community Health services. This includes the management of primary health staff in a range of disciplines and is responsible for the provision of services against defined targets.

Acting Nurse Unit Manager (Ward):
Lee Bourdelov

This full time position is responsible for patient care delivery in the ward and urgent care area. This position requires a high degree of clinical skill as well as a broad range of management expertise.

Nurse Unit Manager (Operating Theatre)
Margaret Baker

This part time position is responsible for the clinical care and management of the theatre suite. This role also includes running the pre-admission clinic for elective surgery.

Accountant: AASB Accounting and Audit Solutions:
Steven Jackel

This is a contracted position with Steven Jackel attending the hospital one day per month. The timely preparation of monthly reports for Board members and Department of Health and Human Services, as well as Year End Financial Reports is the major responsibilities for this position.

Life governors

Adie, Mr
Andrews, Miss H
Bamford, Mr W
Bond, F R
Bradbury, A K
Bunn, Dr P
Crooke, Dr C
Cumming, G F
De La Pierre, K
Dent, P J
Dobson, Ms A
Dobson, Mrs B
Dobson, Mr G
Gale, Mrs M
Gale, Mr W
Griffiths, A L
Iser, Dr J
Johnston, Mrs D
Jolley, Mr T and Mrs B
Layton, Mr A
Lester, Mr J
Macdonald, Mrs A
Matthews, Mr G
McNair, Mrs I
Nihei, M
Noye, T J
Parsons, Mrs B
Pask, Mrs E
Price, Mrs N
Pritchett, Mrs M
Proctor, Mrs W
Radford, M K
Reddrop Mr M and Mrs T
Robinson, Mrs H
Sartori, Mr P
Scott, Miss M
Scott, Mrs M
Scott, Mr R
Shands, Mrs E B
Sims, Mrs D
Smith, Ms J
Taylor, Mrs M
Tate, R H
Thain, Mrs A
Webster, Mrs E S
Weeks, A J
Welch, Mrs J
Whittaker, J W
Williams, Mrs

RN Ursula Wadge and Nursing Student Kaitlin Gallo from Charles Sturt University, Albury, commence a medication round.
Our Services

Our Services
• Access Worker
• Asthma Education
• Audiology (private service)
• Bounce Back with Babes
• Cardiac Rehabilitation
• Heart Health Program
• Continence Management
• Diabetes Education
• Dietetics
• Dindi Early Intervention Program for children
• District Nursing Service
• Echocardiography (private service)
• Exercise Programs:
  • Gymnasium
  • Stall the fall
• Gentle exercise
• Strength training
• Fit for birth
• Hearing Clinic (private service)
• Improving Quality of Life Program – Living with a chronic disease
• Lung Function Testing (private service)
• Meals on Wheels
• Specialist Outpatient Consultations:
  (General Surgeon, Gynaecologist, Ear, Nose and Throat Surgeon, Orthopaedic Surgeon, Paediatrician, Gastroenterologist, Eye Surgeon, Urologist, Cardiologist, Kidney Specialist)
• Occupational Therapy
• Palliative Care Support
• Papscreening for women
• Pathology (private service)
• Physiotherapy
• Psychologist
• Podiatry (private and HACC eligible)
• Pulmonary Rehabilitation Program
• Peer-led Support Groups
• Radiology (private service)
• Speech Therapy
• Strength Training Program
• Surgery including: General, Gynaecology, Ear, Nose and Throat, Orthopaedic, Endoscopy, Urology, Eye Surgery
• Ultrasound (private provider)
• Wound Management Clinic

Medical Staff

Director of Medical Services:
Dr Peter Sloan MBBS

Visiting Medical Staff:
Dr T Chuah, MBBS
Dr J. Findlow, MB,Ch,B, DCH, MRCP
Dr L Fraser, MBBS
Dr M Lowe, MBBS
Dr E. Zadneprovskaya, MBBS
Dr M Ashti-Baghaei, MBBS
Dr M Moghadas, MBBS
Dr M Mariappan, MBBS
Dr M Peerzada MBBS (resigned 20/10/14)

Visiting Specialists:
Visiting General Surgeon
Mr R Masters MBBS, FRACS

Visiting Obstetrician / Gynaecologist
Dr A Lawrence, B.Sc. (Hons), MBBS (Hons), FRACOG, MRCOG

Visiting Gastroenterologist
Dr J Iser, MBBS, FRACP
Dr Paneet MBBS, FRACGP

Visiting Specialist Anaesthetists
Dr R Barnes, MBBS, FRANZCA
Dr P Brown, MBBS, B Sc (Hons), FRANZCA
Dr M Coghlan MBBS, FRANZCA
Dr N Gattuso, MBBS, FRANZCA
Dr A Gurr, MD, FRANZCA
Dr M Keane, MBBS, FRANZCA
Dr S Kondogiannis, MBchB, FRANZCA
Dr J Marxsen, MBBS, FRANZCA
Dr J Monagle, MBBS, FRANZCA
Dr C Noonan, MBBS, FRANZCA
Dr A O’Leary MB,c.h.B, FRANZCA
Dr B Slon, MBBS, FRANZCA
Dr R Vittalraj, MBBS, FRANZCA

Visiting Orthopaedic Surgeons
Mr N Hartnett, MBchB, FRACS
Mr J Harvey, MBBS, FRACS orth
Mr C Kondogiannis, MBBS, FRACS

Visiting Specialist Ear, Nose, Throat
Mr A Guiney, FRACS

Visiting Ophthalmologist
Dr C Chesney MBBS, FRANZCO, Cataract Surgeon and General Ophthalmology

Visiting Urologist
Dr P Ruljancich MBBS, FRACS

Visiting Cardiologist
Dr E Kotschet MBBS (Hons) FRACP

Visiting Paediatrician
Dr D Cutting MBBS, FRACP

Visiting Nephrologist
Dr P Branley MBBS, BPharm