



Mallacoota District Health & Support Service Inc



ANNUAL REPORT
2009 - 2010

Our Vision

A centre of excellence for services to achieve better health and better living

Our Mission

*To work in partnership with the community to provide
efficient and effective health care services*

Our Commitment

*Respect your dignity
Value quality service delivery
Ensure access to the services provided
Make the best use of resources*

Mallacoota District Health and Support Service Inc.

Annual Report and Financial Statements as presented to the Annual General Meeting held on the 18th November, 2010.

Mallacoota District Health and Support Service (MDHSS) Inc., is located in the town of Mallacoota in the East Gippsland Shire. MDHSS is an incorporated body as defined in the Associations Incorporations Act 1981. Since 1996, MDHSS has been administered from Bairnsdale Regional Health Service (BRHS) when an order of the Governor in Council appointed the CEO BRHS as administrator.

At a public meeting in August 2001, the MDHSS Rules and Statement of Purposes for the service were endorsed by the community. An elected body consisting of nine community members comprises the MDHSS Community Reference Group, which acts as an advisory body for MDHSS. The Chief Executive Officer (CEO) of Bairnsdale Regional Health Service (BRHS) is ex officio CEO MDHSS and oversees the Manager of MDHSS.

TABLE OF CONTENTS



Executive Report	2	Corporate Services	12 - 18
Governance	3	Health Services	19 - 29
Organisational Chart	4	Social Services	30 - 35
Management and Leadership	5 - 6	Community Services	36 - 38
Operations Chart	7	Legal Compliance	39 - 40
MDHSS Operations	8 - 9	Compliance Index	41
Programs and Funding	10 - 11	Financial Statements	Insert



EXECUTIVE REPORT

The 2009/2010 year could be described as one of stabilisation and capacity building through a steady and consistent improvement in service delivery, as well as maintenance and improvement in resources and facilities of the organisation.

MDHSS has completed the first year of the five-year strategic plan showing significant achievements in some areas with challenges in others. MDHSS accesses regular services of a Drug and Alcohol Counsellor, and an Occupational therapist, and a Video-conferencing facility has been established, including the refurbishment of the physiotherapy room. The risk-management plan developed with the assistance of a professional risk-management consultant is in operation and driving improvement to all areas of MDHSS activities.

Clients have increased slightly but programs remain stable. Several large capital works projects have been completed which accounts for a decrease in the income in 2009-2010 due to the one-off nature of funding for these projects.

In Health Services, two programs (the Multi-purpose Centre Program and the Regional Health Services Program) have been amalgamated into one program, the Rural Primary Health Services Program, and this change will streamline service delivery and administration for the many services provided within the program. MDHSS is committed to the HACC Active Service Model and has implemented this policy across all programs, and Living-at-Home Assessments have been incorporated into health and allied services. MDHSS obtained limited funding for emergency dental services and this has assisted several people in the community in need of urgent dental care.

MDHSS successfully completed the quality reporting process for the National Respite for Carers program and the Community Aged Care Packages program, and the Quality Reviewers indicated that there is good evidence of effective processes and systems to support MDHSS in meeting its obligations under the Aged Care Act 1997. This quality reporting process occurs every three years. Over the next year, the focus will be upon preparations for the QICSA re-accreditation, which involves accreditation for the whole organisation, together with the HACC program and the SAAP program standards.

Site visits were received from representatives from the Victorian Department of Health and the Australian Department of Regional Health Strategies Branch and expressions of approval were made regarding the facility and the services provided by MDHSS. The results of the survey of clients indicated a high level of satisfaction with MDHSS service delivery as well as identifying some areas of concern, which have since been addressed.

With regards to minor capital works, improvements have been made to facilities with the re-carpeting and internal painting of the Miva Building, a new bus has been purchased, which provides increased safety and comfort for clients who travel to Eden, Merimbula, Bairnsdale and Canberra for activities, and signage installed around the buildings and at entrances has been welcomed by both clients and visitors.

The quality of and diversity of services delivered by MDHSS and the overall efficiency and stability of the organisation is dependent on the dedication and support from staff, volunteers, members of the Community Reference Group, and the Mallacoota and district community. The Executive recognises and acknowledge the richness and value of their continued support.



Wayne Sullivan
Chief Executive Officer



Celia Wallace
Manager

GOVERNANCE

The Community Reference Group (CRG) supports the MDHSS Manager and provides a public interface with the community. The nine members of the CRG are elected by members of the MDHSS association for a period of three years, with three members standing down each year. Membership of MDHSS comprises approximately 100 community members.

The Chief Executive Officer (CEO) of Bairnsdale Regional Health Service is also the CEO of MDHSS, and is responsible for overseeing strategic planning, human resource support, and financial monitoring of MDHSS.

The CRG provides a forum for discussion and feedback between the community and Mallacoota District Health and Support Service that enhances service delivery and program development for the community. The CRG may make recommendations to the CEO regarding service enhancement and program delivery. The CRG meets bi-monthly at MDHSS.

Community Reference Group 2009 – 2010



Mr Wayne Sullivan (CEO)
Chief Executive Officer
Bairnsdale Regional Health
Service (M. Bus., Grad Dip.
Health Science Administration,
Grad Dip Nursing Community
Health)



Mr Tony Roberts (President)
Principal, Mallacoota P-12
College (B.A., Dip. Ed.)
M. School Leadership)



*Ms Diana Appleton
(Vice President)*
Mallacoota Resident
RN (UK) – (Retired)



Mr Michael Beedle
Mallacoota Resident
Former Company Director
40 years business experience



Mr Terry Houge
Mobile Intensive Care Paramedic
Mallacoota Ambulance Service



Ms Greta Jessup
Medical Receptionist/Secretary
(Retired)



Dr Jenny Schlager
General Practitioner, Mallacoota
Medical Centre (M.B., B.Sc.,
Dip. Palliative Medicine, FACRRM)



Sergeant Andrew Scott
Mallacoota Police Station



Ms Sue Williamson
Mallacoota Resident
RN. Div.1 (Retired)



Ms Pru Wootton
Mallacoota Resident
RN. Div.1 (Retired)

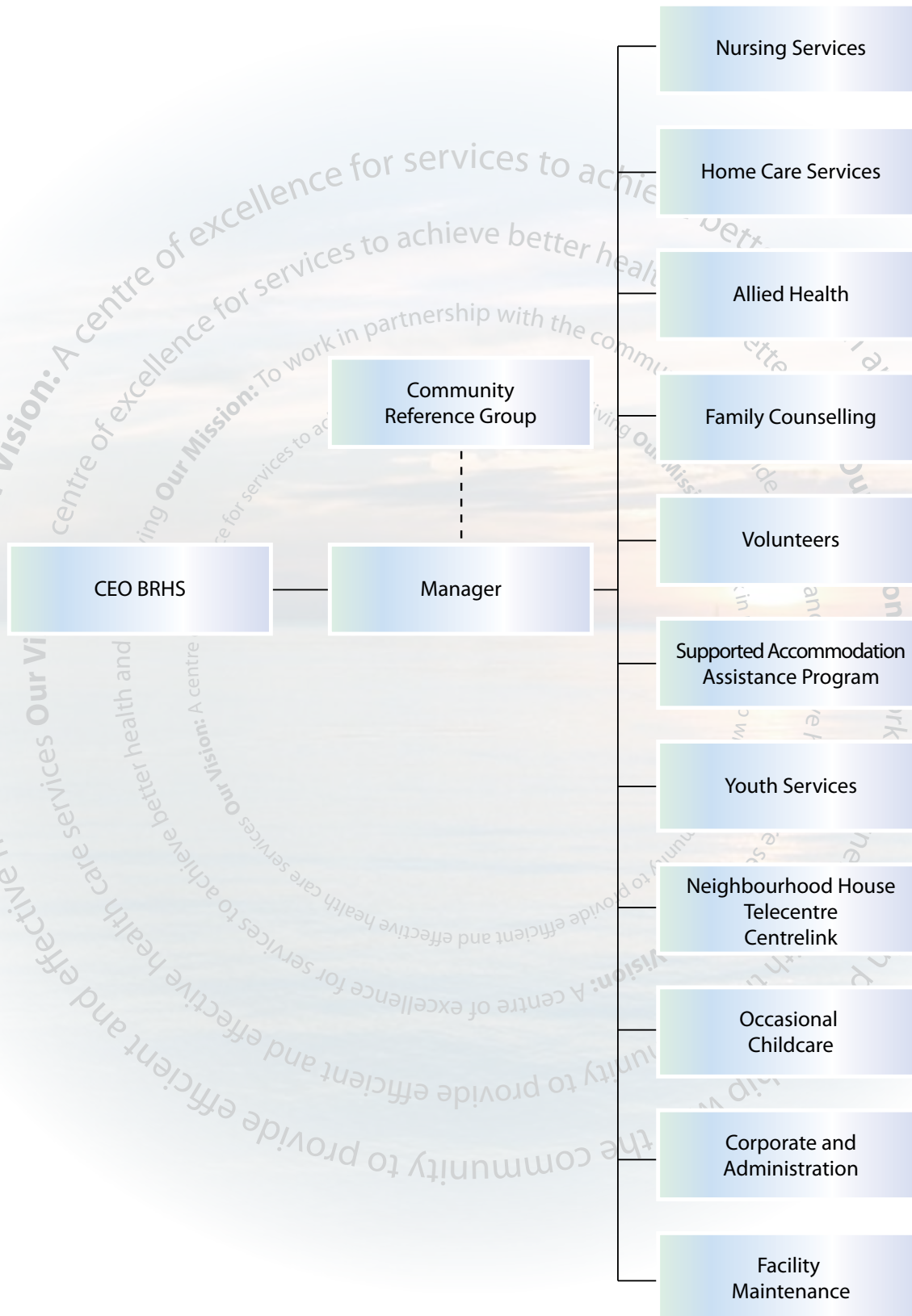


Ms Celia Wallace
Manager, MDHSS Inc. (Grad. Dip. Aged Services Man.,
Cert. III Comm. Services, Cert. 1V Workplace Trainer and Assessor)

	Tony Roberts	Diana Appleton	Michael Beedle	Terry Houge	Greta Jessup	Jennifer Schlager	Andrew Scott	Sue Williamson	Pru Wootton	Wayne Sullivan	Celia Wallace
Number of Meetings Attended	4	4	1	5	3	3	3	3	5	3	6

Organisational Chart

Mallacoota District Health and Support Service Inc.



MANAGEMENT AND LEADERSHIP

Executive Team

Chief Executive Officer

Mr Wayne Sullivan (M. Bus., Grad Dip. Health Science Administration, Grad Dip. Nursing Community Health)

Manager

Ms Celia Wallace (Grad. Dip. Aged Services Management, Cert III Comm. Services, Cert. IV Workplace Trainer & Assessor)

Corporate Officer

Ms Wendy Robinson (Dip. Info. Processes)

Nursing Team

Ms Mary Ann Whittaker (RN Div 1, Dip. App. Sci. CHN, B. App. Sci (Adv. Nursing), Grad. Cert. Diab. Ed. CDE)

Ms Nicola Gorwell (RN Div 1, B. App. Sci. (Nursing), AV RAN)

Ms Penny Seears (RN Div 1) (Resigned May 2010)

Family Counsellor

Dr Ariel Pearce (B. Soc. Sci., B. Soc. Wk., Ph. D., Cert IV Workplace Trainer & Assessor)

Allied Health Staff

Physiotherapist

Ms Pat Helmore (Dip. Physiotherapy)

Podiatrist

Mr Malcolm Walker (B. App. Sci. Pod., M.A. Pod.)

Dietician

Mr Greg Thompson (B. Sci., M. Sci. Nutrition)

Program Coordinators

Home Care Services Program

Ms Jennifer Griffiths (Cert. III Home and Comm. Care, Cert. III Aged Care, Cert. IV Service Co-ord.)

Planned Activity Group Coordinator

Ms Yvette Coutts (Cert. III Home and Comm. Care, Ass. Dip. App Sci. Lib Info Stud.)

Neighbourhood House Program

Ms Susie Vatcher (B.A. Psych/Phil.)

Community Health and Well-being Program

Ms Julie Scott (Cert. IV Workplace Trainer & Assessor)

Ms Yvette Black (Ass. Dip. Account., Secretarial Dip., Cert III Retail Supervision)

Supported Accommodation Assistance Program

Mr John Hillyer (B. Ed., B. Arts, Dip. Phys Ed., TPTC, Cert. Advanced First Aid)

Youth Services Program

Mr Phillip Counsel (B.A. Comm. Dev., Dip. Soc. Comm. Serv., Cert. IV Workplace Trainer & Assessor)

Administration

Ms Carole Cowen (Admin. Assistant)

Ms Belinda Phillips (Admin. Assistant, Legal Secretary)

Ms Yvette Black (Ass. Dip. Account, Secretarial Dip., Cert III Retail Supervision)

Ms Gisela Mueller (Office Manager, Secretary)

Ms Jan Millicer (Cert. Sec. Studs.)

Ms Julie Day (Cert. IV Workplace Trainer & Assessor) (Resigned May 2010)

Home Care Personal Care Staff

Ms Donna Allan	Cert. III Home and Comm. Care
Ms Jenny Clegg	Cert. III Home and Comm. Care, Cert. III Aged Care
Ms Diane Brenchley	Cert. III Home and Comm. Care
Ms Robyn Buckley	Cert. III Home and Comm. Care, Cert. III Aged Care
Ms Yvette Coutts	Cert. III Home and Comm. Care, Cert. III Aged Care
Ms Judy Darby	Cert. III Home and Comm. Care
Ms Gail Hodgson	Cert. III Home and Comm. Care
Ms Janine Jackson	Cert. III Home and Comm. Care
Mr Dean Litherland	Cert. III Home and Comm. Care, Cert. IV Disability Wk
Mr Peter Mason	Cert. III Home and Comm. Care
Ms Sandra Raaymakers	Cert. III Home and Comm. Care
Ms Amanda Schott	Cert. III Home and Comm. Care, Cert. III Aged Care
Ms Palmina Sorrell	Cert. III Home and Comm. Care, Cert. III Aged Care
Ms Jenny Watts	Cert. III Home and Comm. Care, Cert. III Aged Care
Ms Sally Ann Watt	Cert. III Home and Comm. Care, Cert. III Aged Care, Cert. IV Disability Wk
Ms Yolanda Wethereld	Cert. III Home and Comm. Care, Cert. III Aged Care

Occasional Child Care Staff

Ms Holly Dayment (Ass. Dip. Soc. Sci. Child Studies)
Ms Yolanda Wethereld (Cert. III Children's Services)
Ms Sandra Raaymakers (Ass. Dip. Soc. Sci. Child Studies)

Aerobics and Exercise Instructor

Ms Barbara Morland (AFAC – Aerobics Instructor)

Maintenance and Support Services Staff

Cook

Mr Jason Bourke (Safe Food Handling Level 1)

Facility Maintenance

Ms Palmina Sorrell, Ms Judy Darby, Ms Eva Carson, Mr. John Conden

MDHSS Committees

Finance Committee

Mr Wayne Sullivan (Chair) CEO
Ms Wendy Robinson: Corporate Officer
Ms Celia Wallace: Manager

Evaluation Committee

Mr Tony Roberts (Chair)
Ms Jennifer Griffiths: Home Care Coordinator
Ms Celia Wallace: Manager

OH&S Committee

Mr John Hillyer (OHS Rep. & Chair)
Ms Jennifer Griffiths: Home Care Coordinator
Ms Julie Day: Project Coordinator
Ms Celia Wallace: Manager (ex-officio)

Public Officer

Ms Celia Wallace (Manager, MDHSS)

Associated Services

Solicitor

Ms Lucy Hunter
Corporate Council
Latrobe Regional Hospital, Traralgon 3844

Financial Auditor

WHK Audit (Vic)
95 McLeod Street, Bairnsdale 3875

Accountant

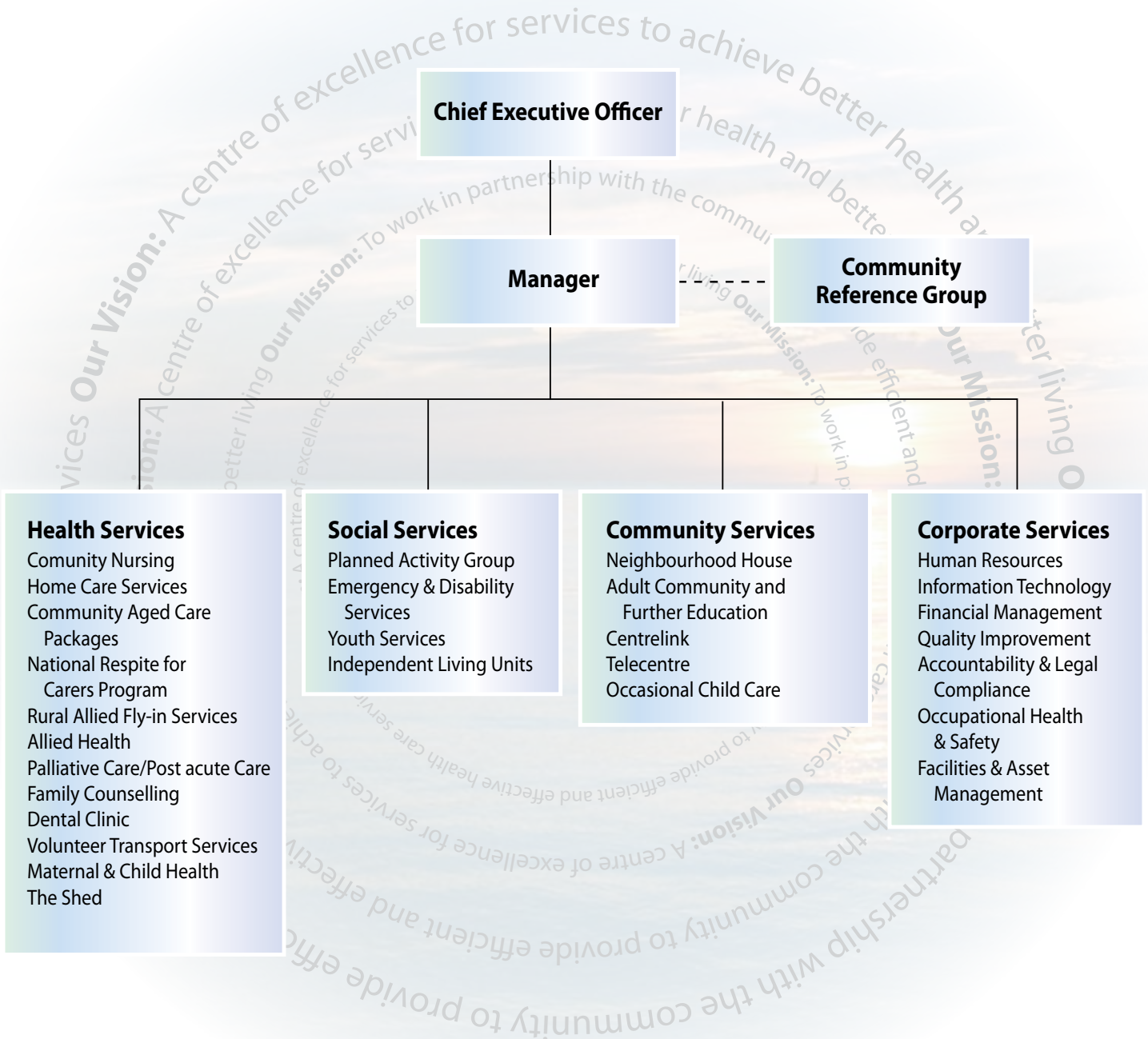
Mr Peter Fiddian
Chartered Accountant
6 Warde Street, Bairnsdale 3875

Food Safety Auditor

Mr Paul Garry
DLA Philips Fox
140 William Street, Melbourne 3000

Operations

Mallacoota District Health and Support Service Inc.



MDHSS OPERATIONS

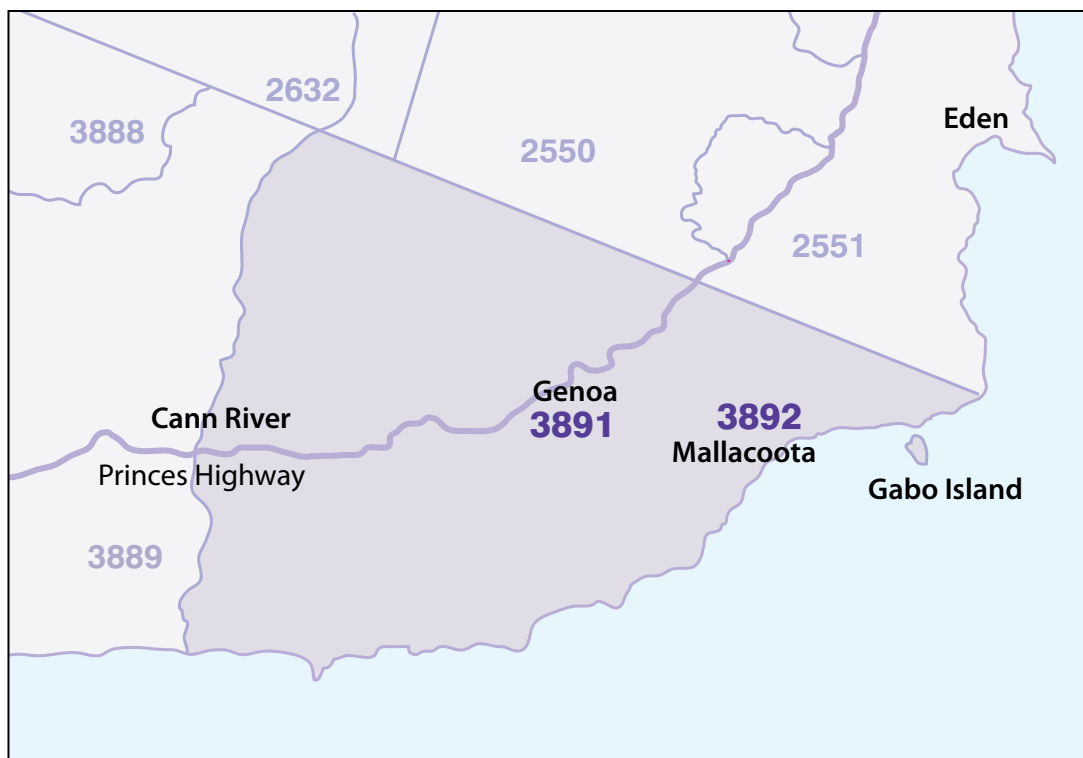
The Mallacoota District Health and Support Service (MDHSS) programs are targeted at promoting, enhancing and maintaining the independence, health and well-being of people in the community. MDHSS promotes a social model of health using an integrated approach, in partnership with Bairnsdale Regional Health Service (BRHS) and other health agencies and networks in East Gippsland.

MDHSS is funded by state, federal and local governments, and provides a range of Health Services, Social Services and Community Services for the communities of Mallacoota, Gipsy Point, Genoa and outlying locations: an area of 750 sq kms, that is designated as a remote region. MDHSS also services the teachers, students and staff (approximately 90 people) of the MLC Marshmead campus, situated across the lake from the Mallacoota township, with access predominantly by boat across the Mallacoota Lake system.

Under the “Rural Categories” listing, there are five categories, A to E, designed to reflect “general remoteness for access to services, social interaction and peer support”. In Victoria, there are no towns or locations classified as Category E and there are eighteen towns listed as Category D, with Mallacoota classified in category D. Of the eighteen towns/locations listed as category D, in Victoria, fifteen are located in East Gippsland, and five of these fifteen Category D East Gippsland locations (Cann River, Gipsy Point, Wangarabell, Wroxham and Mallacoota) are located in the Mallacoota district (<http://www.health.gov.au/hstd/gp/rpcbref.htm>).

Mallacoota, with a population of 1276 (Mallacoota and District-ABS Census 2006), is situated in far eastern Victoria adjacent to the far south coast region of New South Wales, surrounded by Croajingalong National Park (see map). The nearest town of 2000 people is Eden in NSW (87kms distance) and the nearest town in Victoria is Orbost (145 km distance). Mallacoota is accessible only via one arterial road that branches from the Princes Highway, 14 kilometres from the NSW/Victorian border at Genoa. Under normal driving conditions it takes about 105 minutes to reach Orbost, in Victoria, and approximately 60 minutes to reach Eden, in NSW. The road to Eden is hilly and winding, and the road to Orbost is even more so.

MDHSS Service Area – Postcodes 3891 and 3892



Understandably, the people of Mallacoota and District tend to seek business, commercial and allied health services (e.g. specialist medical appointments, chiropractor), school and sporting activities, from Eden and Pambula/Merimbula (Pambula 105 kms /Merimbula 116 kms distance) more frequently than they do from Orbost. Despite isolation, and unlike towns of similar size, Mallacoota has well established commercial, educational and health resources, necessary to support a community with a significant and increasing tourism industry. Mallacoota is fortunate to have the Mallacoota Medical Practice, the Mallacoota Health Centre (including the Mallacoota Dental Clinic run by the Health Centre), a pharmacy, ambulance station staffed by a Paramedic Community Support Coordinator, a P-12 College, a Police Station, and a TAFE Outreach Centre. MDHSS is funded for some services to be delivered out-of-hours, but this does not include emergency services.

There is a registered aerodrome at Mallacoota and, as part of the MDHSS Health Services programs funded under the Rural Allied Fly-in Service by the Department of Health and Ageing, visiting specialists (Continence Nurse/Stomal Therapist/Speech Therapist/Podiatrist) fly in from Bairnsdale, minimum of once a month, or as required e.g. bi-monthly. As well, a Dietician drives from Bega monthly, a Physiotherapist drives from Eden two days per week, and an Occupational Therapist drives from Orbost one day per month, to MDHSS. A private dentist provides a dental service at the Mallacoota Dental Clinic one week in four.

The Mallacoota District Health and Support Service runs a bus and provides Planned Activity Program trips within the local New South Wales and Victoria South-east Coast region. During 2010, the HACC funded Volunteer Transport program transported clients for specialist medical appointments, with a total of 27 individual persons transported to appointments in NSW and Victoria.

The population profile indicates that 65.5% of people are over 51 years of age (ABS Census, 2006) with a high proportion (36%) of people over 65 years of age, which is the age group shown to be high users of health services. Also, there is a high proportion of people in Mallacoota (64.9%) who are either Pensioners (38.57%), Veteran Affairs Card holders (5.71%), or Health Card Holders (20.62%).

The Mallacoota Health Centre is funded by 11 different state and federal government organisations to provide a total of 46 programs. The management of Mallacoota Health Centre needs to be flexible, responsive and innovative, in order to meet the needs of small numbers of clients accessing a wide range of programs. Although Mallacoota is a small town, the community experiences a range of health concerns similar to a large town but the critical mass is not there in terms of economy of scale. As such, many of the MDHSS programs, though significant in meeting the diverse needs of the community, are minimal in nature due to current budget constraints. It is worth noting that each of the program areas has different and specific reporting requirements for target/outcomes, regardless of client numbers and amount of funding, which increases the administrative burden on the MDHSS operations and resources. MDHSS has a staff of 38 (15 EFT) comprising 3 full-time staff, 24 part-time staff, 11 casual staff who are mostly home carers, and 45 volunteers.



PROGRAMS AND FUNDING SOURCES

A diversity of programs is provided to the community by MDHSS, which could not be offered without the support of both Federal and State government departments. These programs are designed to meet the needs of individuals and groups within the targeted population of Mallacoota, Gipsy Point and Genoa districts. MDHSS manages a total of 46 programs that are funded by 11 different government departments and organisations. Programs are organised administratively and conceptually according to three areas of service delivery: Health Services, Social Services and Community Services. An overview of program funding for MDHSS is listed below, and in each of the relevant sections details of programs are shown according to Health Services, Social Services, and Community Services.

Victorian State Government

Department of Health

Home and Community Care (HACC) Program

- Podiatry**
- Physiotherapy**
- Community Nursing*
- Assessment and Care Management (Living at Home Assessments)
- Home Help
- Planned Activity Group*
- Property Maintenance
- System Development and Resourcing
- Volunteer Coordination and Volunteer Transport

Department of Human Services

Palliative Care

Post Acute Care

Supported Accommodation Assistance Program (SAAP)

- Housing Establishment Fund (HEF)
- Housing Information Referral (HIR)

Community Housing (Vic) Ltd (CHL)

Flexible Support Packages

Futures for Young Adults

Department of Planning and Community Development

Neighbourhood House

Adult Community Further Education (ACFE)

Youth Participation and Access Program (Coota Connections)

Department of Education and Early Childhood Development

Occasional Child Care Services

ACFE Child Care Services

East Gippsland Shire Council

Home and Community Care (HACC) Program

- Personal Care
- Meals on Wheels
- Home Help

Victorian Cancer Council

PapScreen/BreastScreen

Kids Under Cover Incorporated

Kids Under Cover

Australian Government

Department of Health and Ageing

Community Aged Care Packages (CACP)

National Respite for Carers Program (NRCP)

Rural Health Strategies Branch

- Family Counselling
- Health Promotion
- Project Coordination

Multi-Purpose Centre Program

- Administration
- Continence Services
- Dietitian
- Occupational Therapy***
- Podiatry**
- Physiotherapy**
- Speech Therapy**
- Rural Allied Fly-in Services (RAFS)

Department of Families, Housing, Community Services and Indigenous Affairs

Emergency Relief Program

Department of Veterans' Affairs

Community Nursing

Veterans 'HomeFront'

Department of Human Services

Centrelink Agency

MDHSS Programs

MDHSS Services Provided by External Health Organisations (purchased)

Orbost Regional Health Service

- Maternal & Child Health Nurse
- Occupational Therapist

MDHSS Self-Funded Programs

- Telecentre
- The Shed
- Independent Living Units
- Dental Clinic

Note: * Department of Health and Australian Department of Veterans' Affairs
** Jointly Funded by Dept of Health and Dept of Health and Ageing
*** Purchased from Bairnsdale Regional Health Service

CORPORATE SERVICES

The manager of MDHSS, in consultation with staff, provides executive leadership for the efficient and effective management of the organisation through planning, facilitating and implementing systems and resources that meet statutory and legislative requirements and achieve consistent quality practices. Corporate Services encompasses the following areas: Human Resources, Information Communication and Technology, Financial Management, Quality Improvement and Accountability, and Legal Compliance. (Legal Compliance includes OH&S and Asset Management, see page 39 and 40).

Human Resources

In the area of human resources, staffing and information technology are the most critical components because the delivery of programs relies on the skills and flexibility of staff resources, and communication and information management are important to a health service in a remote region.

Staff

MDHSS staff consists of three full-time staff, 24 part-time staff and 11 casual staff. The full-time staff comprise the Manager, a Registered Nurse and the Home Care Coordinator. Of the 24 part-time staff, most are employed as Home Care Workers. During the year, appointments have been made as follows: two administration staff and two Home Care Workers. Overall, staff levels have remained the same with an average employment of 16 Equivalent Full-Time (EFT) staff.

<i>Current Employment Statistics</i>	2010
Total permanent staff	27
Full time staff	3
Part time staff	24
Casual staff	11
Turnover rate for permanent staff	0.07%

The proportion of staff who work in the Corporate area, and each of the three services area, is shown in the following table. The majority of staff work in the Health Services area.

<i>Workforce Data (area)</i>	2010	2009
Health Services	26 (2 FT/14 PT/10 CAS)	26
Social Services	4 (4 PT)	4
Community Services	5 (5 PT)	5
Corporate Services	11 (1 FT/7 PT/3 CAS)	11
Total EFT (full-time)	15	15

Staff who have worked at MDHSS for 10 years or more are recognised each year in the annual report, as shown in the next table.

<i>Staff 10 + Years of Service</i>	2010
Ms Patricia Helmore	20
Ms Jennifer Griffiths	17
Ms Palmina Sorrell	17
Ms Diane Brenchley	16
Ms Judy Darby	16
Mr Greg Thompson	16
Ms Celia Wallace	15
Ms Barbara Morland	14
Ms Susie Vatcher	14
Mr Peter Mason	13
Mr John Hillyer	12
Ms Wendy Robinson	10

Volunteers

Volunteers assist with a range of programs conducted by MDHSS, and the work of volunteers is central to the success of the social welfare programs provided by the organisation. Volunteers are active in driving the bus locally and out-of-town, assisting with kitchen duties, coordinating kitchen rosters, growing herbs and vegetables in the PAG garden, coordinating book club, supervising the walking program, assisting with games and movie afternoons, assisting in the Telecentre, assisting with Occasional Childcare and support groups organised by the Neighbourhood House program, assisting with the Planned Activity Group program, and transporting clients to medical appointments in Mallacoota.

Each year, during International Volunteers Week, staff organise a special event for Volunteers in recognition of the contribution volunteers make to MDHSS. This year, for International Volunteers Week, volunteers were provided with a breakfast celebration at the health centre.

Volunteers contributed a total of 2583 hours of service during 2009/2010.

The following 45 volunteers assisted with the Health, Social and Community Services activities of MDHSS during 2009-2010.

Allan Donna	Gallagher Bev	Page Brian
Appleton Diane	Gaudion Jane	Perry Alice
Bell Anne	Geer Anne	Phillips Belinda
Bell Shirley	Gilbert Elaine	Purves Neil
Berry Rata	Groom Michael	Riverlea Miriam
Bourke Pat	Howell Rae	Semmens Robert
Bruce Marion	LeSeuer Joan	Short Chris
Burrows Beryl	Litherland Tracey	Sorrell Palmina
Carson Eva	Marzol Maree	Spray Jo
Dean Aileen	McDougall Lorna	Tregallis Cate
Devlin Margaret	McKay Liz	Webb Maree
Drake June	McKnight Bob	Webb David
Du Heaume Bernice	McKnight Elaine	Williamson Sue
Du Heaume Richard	Nieuwland Ria	Wootton Pru
Dunkley Chris	Obri Jeanette	Wright Janice

Staff Development

Continuing professional development for staff was undertaken in several areas; staff updated their qualifications in CPR and Anaphylaxis, and relevant staff updated their First Aid Level 2 requirements.

Training and conferences attended by Registered Nurses included:

HINI Practice-Based Training, Wound Management Study Days, Continence Management and Promotion, Health Promotion Course, Hemisphere of Diabetes Conference, and the Annual Scientific Diabetes Conference.

Training activities undertaken by general staff were as follows:

- HACC Cert III
- First Aid Level 2
- CPR and Anaphylaxis
- CRAF Risk Assessment
- Defibrillator Training
- HINI Practise Based Training
- Needle Exchange Program
- Drug and Alcohol Issues
- Dental Assisting Cert III
- Know your Awards and EBA's
- Privacy and Confidentiality
- Digital Photography
- REACH Workshop
- OHS Refresher Course.

Training undertaken by some of the volunteers was as follows:

- CPR
- Safe Food Handling
- Microsoft Word
- Microsoft Excel
- First Aid Level 2
- Digital Photography.

MDHSS provided a total of 545 hours of staff training in 2009/2010.



Information and Communications Technology

With technical services located at least three hours drive away, access to technical support for maintenance and upgrades of the MDHSS computer network, as well as technical problem solving, enables MDHSS to maintain a highly efficient communication and technology service.

The support and expertise of the Bairnsdale Regional Health Service Information Communication Technology (ICT) team continues to improve and strengthen the communications systems of MDHSS. For an organisation located in an isolated area, ICT is very important. MDHSS purchases ICT services from BRHS two days per week and technical support and maintenance is undertaken by BRHS, both remotely and onsite, as required. Increased security systems have greatly improved the efficiency and effectiveness of information technology at MDHSS.

With recent advances in technology and internet access, MDHSS is able to communicate with other health practitioners (Drug and Alcohol Counsellors) and receive advice, assistance and professional development. In 2009, MDHSS was funded by the Australian Government, Department of Health and Ageing Regional Health Strategies Branch, to provide video-conferencing equipment, and by the Australian Government, Department of Health and Ageing, National Rural and Remote Health Infrastructure Program, to provide the cost of the building refurbishment and fittings for setting up a conferencing facility.

As an outcome, a Video-conferencing facility has been established with the refurbishment of the physiotherapy room to provide a conference room and appropriate communication equipment. This means that MDHSS can now offer improved training facilities for staff, opportunities for client consultation with external practitioners, and access to other practitioners, both in Australia and Overseas.

The Video-conferencing facility became operational in March 2010. Since then, 20 individual meetings/conferences have taken place. MDHSS has held video conferences with Monash University and Orbost Secondary College. Other uses of the room have included staff training, case management meetings, Community Reference Group meetings, Drug and Alcohol consultations, and staff meetings. BRHS ICT installed the video-conferencing equipment, an additional server and UPS system in the server room as well as upgrading staff work stations.



Financial Management

The financial statements for MDHSS for the year ending the 30th June, 2010, have been signed off by the Auditor.

Report of Operations (Year ended 30th June 2010)		
Summary of Financial Results	2010 \$	2009 \$
Total Expenditure	1,455,186	1,359,290
Total Revenue	1,441,026	1,578,457
Surplus (Deficit)	(14,160)	219,167
Retained Earnings	1,785,183	1,739,611
Total Assets	2,087,922	2,081,874
Total Liabilities	206,145	185,937
Net Assets	1,881,777	1,895,937
Total Equity	1,881,777	1,895,937

Summary of Operational and Budgetary Objectives

MDHSS recorded a deficit of \$14,160 compared to a surplus of \$219,167 for the 2008/09 year. Revenue decreased by \$137,431 the major change being \$69,695 less received as capital grants, a reduction in fees received from the dental service of \$42,277 (attributed to the diminished number of patients from New South Wales) and a reduction in funding from the Community Aged Care Packages \$13,467 (due to unfilled packages). Investment income decreased by \$7,280, the reduction being attributable to lower prevailing interest rates, as well as investments maturing in the next financial year.

Expenditure increased by \$95,896 (6.6%) over the 2008/09 levels. Employee expenses were \$64,439 higher than the previous year (due to long service leave entitlements, staff termination payouts, sick leave, and replacement staff) with other expenditure being \$7,289 more. The major changes in expenditure were costs associated with the administration services eg. accounting services, auditors and ICT services (\$37,951), and increased depreciation charges (\$13,087) arising from the purchase of additional equipment.

During the financial year approximately \$155,465 was invested by MDHSS in building improvements and equipment purchases, including the purchase of a new bus (\$92,600).



Facilities

Maintenance, repair and upgrade of facilities receives on-going sustained attention through the administration of MDHSS, because high quality facilities support the efficient delivery of programs and cost effective planning. The establishment of a Video-conferencing facility during 2009–2010 has the capacity to improve considerably the quality of program delivery at MDHSS. This was undertaken in conjunction with the refurbishment of the physiotherapy room. As an adjunct to these works, the MDHSS Miva building has been re-carpeted and painted.

In April 2010, MDHSS took delivery of a new 12-seater Mercedes Benz bus for the PAG program. Features of the bus include UHF radio, high roof for ease of movement within, window airbags, tow bar, reversing camera for added safety, automatic diesel transmission and electronic sliding door. Some maintenance and body work has been undertaken on the existing Toyota Bus, which will be used for local PAG activities (Walk for Pleasure and Local Shopping), and will also be available to community groups/individuals for hire. Maintenance to the MDHSS enclosed trailer has been completed.

The program of improving signage in all areas of the Health Centre is complete with individual buildings clearly identified. The new signage was an identified need from recent accreditation processes, and feedback from the Community Reference Group and community members.

Equipment purchased throughout the year includes: a colour photocopier for staff use, medical equipment as follows: BP monitors, portable scales, a camera to assist community nurses monitor patient wounds, and a light weight wheelchair.

Quality Improvement

Key Performance Indicator: Service Level

The provision of programs to a small town and district population in a remote and isolated area presents challenges in maintaining and improving the quality of program delivery. MDHSS is committed to quality improvement and maintains appropriate policies and procedures to ensure that its services deliver quality care to clients in all areas of the organisation. MDHSS ensures that audits and compliances are carried out in a timely manner and that policy and procedure manuals are updated across the organisation, including risk assessment. Staff have access to an internal database to facilitate searching for information and, through the manager, to BRHS policies and procedures. The implementation of the Risk Management Framework continues to drive the commitment of maintaining quality risk management procedures.

Client Survey

A client survey was undertaken during 2009, targeting 12 purposefully selected programs according to the number of clients accessing a program and representative of each of the three areas in Health Services, Social Services and Community Services, and the members of the Community Reference Group. A total of 307 surveys were completed from a target group of 643 (47.7%). Results indicated that there was a very high level of satisfaction with program delivery, with some areas identified as requiring improvement. Currently, MDHSS staff are addressing these areas.

NRCP and CCP Quality Audit

MDHSS completed the quality reporting process for the National Respite for Carers program and the Community Aged Care Packages program. The Quality Reviewers indicated that there is good evidence of effective processes and systems to support MDHSS in meeting its obligations under the Aged Care Act 1997. This quality reporting process occurs every three years.

Partnerships

• *Partnerships and Links within the East Gippsland Region*

MDHSS is involved with a range of health services and community organisations within the East Gippsland Region through committee work, liaison work and advocacy.

Residential Client Advocacy Aged Care

Waratah Lodge Orbost
Lochiel House Orbost
Bairnsdale Aged Care
Maddocks Gardens Bairnsdale
Domain Lakeview Aged Care

Paynesville Aged Care
Bimbimbee NSW
Nullica Lodge NSW
Imlay House NSW

Committee Memberships – Regional/Steering

East Gippsland Primary Care Partnerships
HACC Regional Training
Post Acute-care
Palliative care
East Gippsland Neighbourhood Houses

Community Aged Care (provider meetings)
Gippsland Homelessness (SAAP)
East Gippsland Youth Strategies
Kilmany Communities for Children

• **Mallacoota and District Partnerships**

Professional Case-management

Mallacoota Medical Centre
Greater Area Southern Health Service (Albury, NSW)

Professional Liaison

Mallacoota P-12 College, Mallacoota Rural Ambulance, Mallacoota Police, Mallacoota Radio 3MGB, Mallacoota TAFE Outreach, Workways Mallacoota, MLC Marshmead, Mallacoota State Emergency Service.

Committee Memberships

Mallacoota P-12 College

Donations

MDHSS received \$2705 in donations, during 2009-2010, from people living in the community and people living external to Mallacoota. Donations are used to purchase equipment to assist staff in the care of higher needs clients living at home. Donations to MDHSS are much appreciated.



HEALTH SERVICES

In an area with a significant number of people in the community in older age groups, it is not unexpected that the largest of the Health Services programs provided by MDHSS are the Home and Community Care Program (HACC), the Community Aged Care Packages (CACP), and the National Respite for Carers (NRCP) Program. These three programs comprise 65 % of clients and 38 % of the funding. The HACC program is part of a broader framework of health and community services funded jointly by the Federal and State governments and managed by the Victorian Department of Health, in accordance with the national objectives and guidelines.

In 2010, Health Services for older people and people with disabilities offered under the HACC Program have incorporated a renewed emphasis on the concept of “active ageing” reflecting world-wide trends and state government policy. The HACC Active Service Model subscribes to the principle that the ageing process can change and improve the life experience for people through a focus upon the review and renewal of their potential. The Active Service Model rejects the concept that ageing is a gradually diminishing capability to be assisted where possible. With appropriate assessment and planning, people can improve their physical, social and mental well-being, change and overcome potential barriers to self-management and self-development.

MDHSS has always worked closely with clients to improve well-being, and is fully committed to implementing the HACC Active Service Model to promote active ageing for clients. Programs for clients and carers based on an active ageing approach are supported by a living at home assessment. These assessments are undertaken by MDHSS registered nurses on a regular basis according to need, so that changes in a client's situation can be accommodated and new strategies implemented appropriate to the life experience of an individual client and/or carer. Though the Active Service Model is fundamentally linked to the HACC program, MDHSS is committed to implementing an Active Service approach across all programs, where relevant.

As well as HACC and CACPS, MDHSS offers services in Community Nursing, Respite Care, Palliative Care and Post-acute Care. In the allied health area, MDHSS offers PapScreen, Continence Services, Physiotherapy, Dietitian, Podiatrist, Speech Pathology and Dental Services. Other Health programs consist of Home Care (Home Help, Property Maintenance, Meals on Wheels and Personal Care), Family Counseling, Volunteer Transport, and Health Promotion, including a program called The Shed, Assessment and Care Management, and Service System Resourcing.



Details of funding for the programs offered in Health Services by MDHSS is shown in the following table:

GOVERNMENT DEPARTMENT	PROGRAM NAME
Department of Health (Vic)	<p><i>Small Rural – HACC Health Care and Support Services</i></p> <ul style="list-style-type: none"> ➤ Community Nursing ➤ Assessment and Care Management ➤ Home Help ➤ Property Maintenance ➤ Volunteer Coordination / Transport ➤ Service System Resourcing ➤ Physiotherapy ➤ Podiatry <p><i>Palliative Care</i> <i>Post Acute Care</i> <i>Maternal Child Health Program</i></p>
Department of Health and Ageing (Australian)	<p><i>Community Aged Care Packages</i> <i>National Respite for Carers Program</i> <i>Regional Health Service (RHS) Program</i></p> <ul style="list-style-type: none"> ➤ Family Counselling ➤ Health Promotion ➤ Project Coordination <p><i>Multipurpose Centre (MPC) Program</i></p> <ul style="list-style-type: none"> ➤ Administration ➤ Continence/Stomal ➤ Dietitian ➤ Occupational Therapist ➤ Physiotherapist ➤ Podiatry ➤ Speech Therapist ➤ Rural Allied Fly-in Service (RAFS)
Department of Veterans' Affairs	<p><i>Community Nursing</i> <i>Homefront</i></p>
East Gippsland Shire Council	<p><i>HACC</i></p> <ul style="list-style-type: none"> ➤ Personal Care ➤ Meals on Wheels ➤ Home Help
Victorian Cancer Council	<p><i>Breast Screen</i> <i>PapScreen</i></p>
MDHSS Funded Programs	<p><i>Dental Clinic</i> <i>The Shed</i> <i>Telecentre</i></p>

Health Services Part A

(HACC and CACPs, Community Nursing, Home Care, Respite Services, Volunteer Transport Services)

HACC and CACPs

The HACC program is targeted to frail older people, people with disabilities and their carers, providing basic support and maintenance to people living at home whose capacity at independent living is at risk. Clients of the HACC program are assessed for eligibility for the program; however, the program can be delivered to non-eligible consumers if the services are provided on a full cost-recovery basis. Health Services programs within HACC comprise home care, (home help, personal care, delivered meals, property maintenance), allied health and nursing. A Planned Activity Group program, funded by HACC, is provided within the Social Services offered by MDHSS.

The Community Aged Care Packages (CACP) program is funded by the Australian Government, Department of Health and Ageing. The CACP provides case management for older people living at home who require management of care services due to their complex needs. These people would otherwise be eligible for at least low-level residential care. As distinct from the HACC program, a key feature of the CACP program is the provision of individually tailored packages of care services to a particular client and their carer, where an Aged Care Assessment Service (ACAS) indicates the need for such a package. The services provided are designed to meet the daily care needs of clients, and may vary as these needs change. The care provided under a CACPS package is over and above the HACC program services.

Services provided to CACP recipients include: case management, 24-hour emergency care contact person, allied health services, home care services and personal care, medication monitoring, socialisation and transport services. CACPS funding is paid directly to an approved provider, and MDHSS is approved to provide ten Community Aged Care Packages for the district. The complexity of the services offered for CACP clients results in a majority of activities being undertaken by staff in clients' homes. To be eligible to receive a CACP, people must be assessed by the Aged Care Assessment Service (ACAS) as requiring low-level hostel care. Recipients of CACP's also access allied health services (podiatry, physiotherapy, dietitian), as well as respite services through the NRCP program, volunteer transport services, and, in the Social Services area through the HACC program funding, activities in the Planned Activity Group program.

The following table shows the age groups of clients within the HACC program, indicating that 65.7% of clients are over 60 years of age. In the HACC program, the total number of clients (510) represents approximately two-thirds of all clients who access MDHSS services.

Age	No. of Clients	% of Clients
0 - 9	9	1.75
10 - 19	12	2.35
20 - 59	154	30.20
60 - 69	142	27.85
70 - 79	109	21.35
80 - 89	70	13.75
90 +	14	2.75
Total	510	100

Mallacoota Health Centre provides 10 Community Aged Care Packages (CACP) to people living in their own home. During 2009-2010 year 5 packages were utilised. Over the past year, the CACP program reflects the change in population profile of Mallacoota with continued underutilisation.

The following table shows the service provision for the Community Aged Care Packages, indicating that domestic assistance and case-management were the two higher areas of demand. Although the demand was less overall for CACP, this was largely offset by an increased use of respite care under the National Respite for Carers Program.

Activity	Hours of Service
Home help	320
Personal care	48
Property maintenance	12
In-home respite	45
Case management	260
Meals on Wheels	104 (meals)
Total Packages – 5 clients	Total – 685

Community Nursing Services

(Including DVA, Post Acute Care, Palliative Care)

The MDHSS community nursing team offers a range of nursing services to residents, as well as to many visitors to the Mallacoota and district region who visit family and friends or who are tourists. The nursing team provides care to the majority of clients drawn from the HACC program. Home care and centre-based care is available, with the greatest number of clients being provided care in their own homes.

The nursing team consists of one full-time nurse and two part-time nurses who cover weekdays and weekends as required. The largest component of direct clinical nursing is patient wound management. The nursing team also undertakes clinical assessments, client referral, and venipuncture. MDHSS nurses undertake palliative care, post-acute care and bereavement visits. Nurses provide assessments under the 'Living at Home' program and health education programs. The full-time nurse is a credentialed diabetes educator, and provides services within the Health Promotion Program.

The table below shows the target hours for HACC nursing, together with the number of DVA clients who accessed nursing services.

HACC Nursing Services (2009-2010)			DVA Home Nursing (2009-2010)		
Annual Target	Actual Hours	Actual as % of Target	No. of Clients	Hours of Service	Occasions of Service
1181	1397	118.28%	9	200	280

MDHSS offers services in Post-acute care and Palliative care. Post-acute care is provided as short-term planned care for clients and their carers, following discharge from a public hospital. The Post-acute care program is a preventative program that provides a range of health services in the home and at MDHSS, and the aim of the program is to reduce the risk of a person being readmitted to hospital.

MDHSS provides a coordinated team approach to deliver palliative care services to clients who choose to die at home. Comprehensive services are offered to clients and their carers that include community nursing, allied health, home-based services, counselling, financial services, welfare, personal care, respite care, 24 hour short-term respite care, and provision of equipment.

Palliative care aims to alleviate the problems that people may experience as their disease progresses (social, physical, emotional or spiritual). The team of professionals at MDHSS work alongside the Mallacoota Medical Centre to manage the day-to-day care of clients and their carers. The following table shows the number of clients who accessed the palliative care and post-acute care programs.

Palliative and Post-acute Care (2009-2010)		
	Palliative Care	Post-acute Care
No. of Clients	5	33
Hours of Service	170	422

Breast Screen and PapScreen programs are provided to women in the Mallacoota district. The mobile BreastScreen Van visited Mallacoota in October 2009, with 178 women screened, of which there were 4 positive diagnoses. A total of 26 PapScreens were undertaken by the Community Nurses.

Home Care Services (HACC and Respite Care)

Home Care Services comprise the following programs: Home Help, Personal Care, Property Maintenance, Volunteer Transport and Volunteer Coordination. MDHSS employs 15 qualified personal care staff to provide home-based services to eligible clients and eligible visitors to the area. All home care workers are qualified in Certificate III Home and Community Care and/or Certificate III in Aged Care Work. The following table shows the target hours for each of the three Home Care Services programs.

HACC Home Care Services (2009-2010)			
Activity	Annual Target Hours	Annual Actual Hours	Actual as % of Target Hours
Home Help	1200	1320	110%
Volunteer Coordination/Transport	416	1048	251%
Property Maintenance	426	512	120%

MDHSS receives a small amount of funding from the East Gippsland Shire Council (additional to the HACC funded services) to provide the following Home Care Services – Personal Care, Meals on Wheels and Home Help. In the 2009/2010 financial year, staff provided 331 Meals on Wheels (15 clients), 10 hours of Personal Care (2 clients) and 67 hours of Home Help (3 clients) to eligible HACC clients.

Respite Care Services

Respite care is offered to clients/carers under the National Respite for Carers Program (NRCP). The aim of this program is to contribute to the support and maintenance of caring relationships between carers and their dependent family members and/or friends. NRCP offers 24 hour in-home respite care, and provides information and support services, as well as assistance appropriate to the individual needs and circumstances of clients. Hours of respite care provided to clients range from 2 hours to 24-hour care. The table below shows the hours and occasions of respite care service.

Respite Care (2009-2010)		
No. of clients	Hours of Service	Occasions of Service
26	1535	615

Volunteer Transport Service

The Volunteer Transport Service provides transport assistance to eligible people in the community to attend specialist medical appointments outside of Mallacoota. This service is of immense importance to the people of Mallacoota living in such a remote isolated location. Specialist medical appointments are an important part of the health program of an individual. MDHSS is able to provide a transport service with the use of volunteer drivers that enables people to undertake necessary and sometimes critical medical appointments with specialists that they would otherwise delay or defer due to cost and difficulty of obtaining transport. This service extends to Bega, NSW, Canberra, ACT, and in Victoria, Orbost, Lakes Entrance, Sale and Bairnsdale. Volunteers predominantly utilise their own vehicles and are reimbursed by MDHSS. The destination of Volunteer Transport clients is shown below.

Volunteer Transport Destinations (2009-2010) Total 27 clients						
Destination	Bairnsdale	Bega	Canberra	Merimbula	Sale	Total
No. of Trips	5	36	4	1	1	47

As well as out of town destinations, the Volunteer Transport Service was utilised to provide 52 local transport trips to the Medical Practice and/or to the Health Centre.



Health Services Part B

*(Allied Health, RAFS, Family Counselling, Dental Clinic,
Maternal Child Health Nursing Service)*

Health Services in Part B are utilised to support clients in services provided in Part A, as well as providing services that are open to the wider community.

Allied Health Services

MDHSS provides Allied Health services on a regular basis, according to available funding, professional resources, and transport. Allied health services comprise: Continence / Stomal Care, Diabetes Education, Dietitian Services, Occupational Therapy, Podiatry, Physiotherapy, Speech Therapy, Audiologist and Psychiatrist.

The highest demand for Allied Health services in the area of Physiotherapy and Podiatry. A Physiotherapist undertakes client consultation, assessment and home visits two days per week. Podiatry services are provided on a monthly basis, with home visits scheduled for people unable to access the health centre due to frailty and/or disability. A Dietitian, who drives from Bega, offers services to clients at the centre, or in their own home, on a monthly basis. This service involves assessment, diagnosis, treatment and nutritional counselling for dietetic needs. An Occupational Therapist travels by car from Orbost on a monthly basis. Services offered once per month via the Rural Allied Fly-in Service are as follows: Continence Nurse, Speech Pathology and Podiatry.

Allied Health – Podiatry and Physiotherapy (2009-2010)

Annual Target Hours	Actual Hours	Actual as % of Target
450 (physiotherapy)	312	69.33
300 (podiatry)	217	72.33

Rural Allied Health Services (RAFS)

The Australian Department of Health and Ageing provides funding for flights to Mallacoota on a monthly basis in order to transport visiting specialists who provide a service to MDHSS clients. Further, flights are accessed by other professionals as required, such as the Chief Executive Officer of MDHSS to attend Community Reference Group meetings, ICT and Human Resource personnel from Bairnsdale Regional Health Service, Department of Health staff, and Rural Ambulance Victoria personnel. The service provided by RAFS is critical to the diversity of resources available to MDHSS as a remote community.

Visiting Health Professionals and Services	Frequency
Audiologist	Monthly
Continence Nurse	Monthly
Drug and Alcohol	Monthly
Podiatrist	Monthly
Occupational Therapist	Monthly
Speech Therapist	Monthly
Psychiatrist	Bi Monthly
Women's Health/ PapScreen	Annually
Breast Screen	Bi Annually

Family Counselling

The Family Counselling Service provides a mix of counselling, practical assistance, case advocacy and social support to people in the region. The Family Counsellor also undertakes support group activities designed to assist people to look at new ways of handling problems and difficulties, and to build on existing relationships.

Reports by the Family Counsellor indicated that clients accessing the Family Counselling Service during the past year did so for a range of health related issues, including: mental health, grief counselling, trauma recovery, medical recovery, vocational guidance, drug and alcohol addiction, relationship and family counselling, welfare support and advice, positive parenting, weight management and pain management. Higher need from clients was found to be in the area of drug and alcohol counselling.

The Family Counsellor also contributes to health promotion projects provided by MDHSS working in consultation with the Health Promotion Nurse, Physiotherapist and the Home Care coordinator. The Family Counsellor participated in the following projects: 'Slips Trips and Broken Hips' and Mindfulness training.

The following table shows the number of individual clients and service for the past year.

Family Counselling (2009-2010)	
No. of Individual Clients	Occasions of Service
45	349

Dental Clinic

In 2008, MDHSS established a dental clinic at the Health Centre with funding from the Australian Department of Transport and Regional Services. A private dentist provides dental services to the community including: Medicare Teen Dental, Medicare Enhanced Primary Care Scheme and DVA clients. Clients are bulk-billed for these services. The clinic offers HICAPS and EFTPOS facilities.

The Dental Clinic has been highly successful with 580 clients accessing the service. Of the 580 clients 210 are from NSW, 310 from Mallacoota and district, and the remainder (60) consist of people from locations in East Gippsland, and holiday makers from Melbourne and Queensland.

MDHSS offered an education program in partnership with the Mallacoota P-12 College for all primary school students that involved visits to the Dental Clinic and information about oral health care. Funding from the Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaCSIA) enabled MDHSS to offer emergency services for eligible clients. However, this funding is a short-term allocation and is available only until June 2011.

During the period that the Greater Southern Area Health Service was without a dentist at the Pambula Community Health Centre, MDHSS undertook the treatment of public patients from New South Wales, greatly assisting waiting lists in NSW. A total of 180 public patients from NSW were treated at the Dental Clinic, involving extractions, scale and clean and fillings.

Despite applications and correspondence to various government departments, MDHSS has been unable to procure Victorian vouchers to treat public patients at the Mallacoota Dental Clinic, resulting in these people having to travel to Cann River and/or Orbost for treatment.

Maternal Child Health Nursing Service

On a fortnightly basis, the Maternal and Child Health nurse visits Mallacoota by road transport from Orbost Regional Health Service. As well as providing services to clients, the Maternal and Child Health Nurse conducts Toddler Gym. The Maternal and Child Health Nurse also attends Playgroup sessions at the Mallacoota Health Centre and meets with parents and children.

Maternal Child Health Nurse (2009-2010)

Individual Children	No. of Consultations	No. of Immunisations	No. of Activity Groups
50	129	58	11



Health Services Part C

(Health Promotion and The Shed)

Health Promotion

The Health Promotion program of MDHSS is guided by the principle that health is a “state of physical mental and social well-being and not merely the absence of disease and infirmity”. MDHSS recognises the important links between health and other aspects of welfare and community well-being. Health promotion provides a resource to the community through education and raising awareness of the need for individuals to accept more responsibility for their own health. Health promotion helps people develop skills so they can make healthy choices and achieve more control over their own health and the environment in which they live. The Health Promotion program developed by MDHSS targets three areas: Chronic Disease, Mental Health and Well-being, and Health Prevention Strategies.

During 2009-2010, funding from the Australian Government, Department of Health and Ageing, Regional Health Strategies Branch, and the Victorian Department of Health, enabled MDHSS to conduct two health promotion activities targeted specifically to a particular group, namely: Men’s Health and Falls Prevention for the community.

In Mallacoota, there is very little public entertainment available, so a “Dinner Speaker” format was selected as a means of enticing the target group to attend. This assessment proved correct as 90 people attended the Men’s Health evening and 60 people attended the Falls Prevention evening which, accounting for the size of the population, is an outstanding attendance rate. The selection of the speakers was critical to the success of these two programs, and the funding was used to engage the services of Dr. Peter Larkins for the Men’s Health evening and Ms Noeline Brown as speaker for the Falls Prevention evening.

Dr Peter Larkins, a sports and exercise physician from Melbourne, gave an inspiring talk focussing on the difficulties of modern lifestyle, the need for men to take care of themselves and to aspire to improve their personal health profile. Dr David Appleton from the Mallacoota Medical Centre spoke about prostate cancer, and Mallacoota Paramedic, Mr Terry Houge, emphasised the importance of looking after oneself.

The Men’s Health program was designed to attract members of the target group aged between 45-75 years, to attend a meeting focussed on men’s health issues and to provide personal information regarding their “vital statistics” so that MDHSS could develop a Men’s Health research profile. Men attending had their blood pressure taken and their waist measured by the Community Nurses and local ambulance officers, and men answered questions about their lifestyle, age, living arrangements, alcohol consumption and mental health awareness. Results of the Men’s Health Research Profile will be used to guide decision-making and planning further health promotion activities for men in the community. The enthusiastic support received for this project shows a commitment from men in Mallacoota to aim for better health and better living.

Ms Noeline Brown, Ambassador for Ageing (formerly from the Mavis Bramston Show) was the keynote speaker for an evening devoted to the topic “activities that strengthen an ageing body and help prevent accidents and falls”. The Falls Prevention evening was intended to reach a broad range of participants in the community and to raise awareness of the value of a safe home environment.

Ms Noeline Brown was supported by Mr Terry Houge (Mallacoota Paramedic), Dr David Appleton (Mallacoota Medical Practice), Dr Ariel Pearce (MDHSS Family Counsellor), Ms Pat Helmore (MDHSS Physiotherapist), Ms Barbara Morland (MDHSS Aerobics Instructor) and Mr Robert Semmens (MDHSS Volunteer).

Apart from the two targeted programs, Health Promotion activities provided during the year consisted of:

- Slips, Trips and Broken Hips
- Diabetes Education Sessions
- Bush Fire Preparedness
- Coping With Stress
- Mindfulness Presentation
- Alzheimer's Awareness
- Women's Health Day
- Sexual Health Forum (year 7-11 students)
- 4 Steps For Life Community Presentation
- Mental Health Awareness

The Shed

An on-going MDHSS program is the Men's Health Shed, which recently has become known simply as *The Shed*. The Shed was established in 2004 and focuses on the health and well-being of men in the community. The project is aimed at men of all ages and provides a centralised meeting space where men have an opportunity to socialise with other men, engage in structured activities, share and gain skills and knowledge, and gain access to relevant services and information available to them within the community. A coordinator for The Shed has been appointed, which will greatly improve the management of The Shed and the activities undertaken. A plant risk assessment was completed in 2009.

Activities undertaken in The Shed, over the past year, have been tool maintenance, woodwork, antique furniture restoration, dog kennel making, picture frame construction, painting, model making, toy making, ceramics projects, mosaics, repair of garden tools, chainsaws, metalwork, women's woodwork and mower maintenance. A group of community members meet monthly to socialise, and make pizzas in the pizza oven located at the Shed, and another group, named "The Men's Trading Table" meet weekly to socialise, work on individual projects and/or assist others with their projects.

There have been 460 attendances in The Shed during 2009-2010.

Overall, the total number of clients who accessed services in the Health area provided by MDHSS according to three age groups that reflect the emphasis of the programs is shown below, namely; people over 65 years, children and young people up to 24 years of age, and people in between.

Health Services Client Profile

MDHSS Client Profile Health Services (2009-2010)			
Age	Male	Female	Total
0-24	3%	6%	9%
25-64	16%	22%	38%
65 +	18%	35%	53%
Total	37%	63%	100%

In the area of Health Services, in the financial year 2009/2010:

- 510 individual people accessed MDHSS Health Services
- 10,823 episodes of client care were delivered
- 19,291 hours of client care were provided.

These figures exclude the large number of contacts with people who accessed the Dental Clinic.

SOCIAL SERVICES

Social services offered by MDHSS provide support in two areas: welfare for individual members of the community and social well-being for individuals, groups and the broader community. Volunteers and volunteer programs play a significant and critical role in the delivery of Social Services.

Programs offered that meet the welfare needs of individual members of the community comprise: Emergency Assistance (SAAP, HEF, HIR, CHL) and Emergency Relief Programs. MDHSS also offers the “Flexible Support Packages” and “Futures for Young Adults” program. In the area of social well-being, MDHSS offers a wide range of activities for the PAG program as well as activities for the Youth Services program. MDHSS also provides and administers five Independent Living Units for older people in the community. Details of the funding for Social Service programs offered by MDHSS are shown in the following table:

GOVERNMENT DEPARTMENT	PROGRAM NAME
Department of Health (Vic)	<i>Small Rural – HACCC/DVA Health Care and Support Services > Planned Activity Group*</i>
Department of Human Services (Vic)	<i>Flexible Support Packages Futures for Young Adults Supported Accommodation & Assistance Program (SAAP) Housing Establishment Fund (HEF) Housing Information and Referral (HIR) Community Housing (Vic) Limited (CHL)</i>
Department of Families, Housing, Community Services and Indigenous Affairs (Australia)	<i>Emergency Relief Program</i>
KUC Incorporated (Vic)	<i>Kids Under Cover</i>
Department of Planning and Community Development (Vic)	<i>Youth Participation and Access Program</i>
MDHSS Funded Program	<i>Independent Living Units</i>

NOTE: *Australian Department of Veterans' Affairs partially funds the Planned Activity Group program

Emergency Assistance (SAAP, HEF, HIR, CHL, KUC)

Five programs are available for people who need emergency assistance namely: the ‘Supported Accommodation Assistance Program’ (SAAP) and ‘Housing Establishment Fund’ (HEF), ‘Community Housing Ltd/Housing Information and Referral’ (CHL/HIR), ‘Kids Under Cover’ (KUC) and the ‘Emergency Relief Program’.

Emergency assistance programs are provided for young people, single adults and families who are homeless or at risk of becoming homeless, including women and children experiencing domestic violence, as well as assisting people to deal with an immediate crisis situation in a way that maintains dignity and encourages self reliance. Though these programs may be small in size and client numbers, in a community such as Mallacoota, with a low socio-economic base and a location that is remote and isolated from social services, they play a critical role in the wellbeing of the clients who access the service.

In the course of administering the SAAP program, use is made of the HEF, CHL/HIR programs where appropriate; however, data for the use of these programs is not shown separately. The Kids Under Cover house accommodates one family only and, currently, the house is occupied.

During the reporting period, July 2009 to June 2010, a total of 26 clients (and families) with 133 individual contacts, were assisted through SAAP. The following table reflects support provided by SAAP and the reasons why people access SAAP service.

SAAP Support Provided (2009-2010) 26 clients

	Identified Needs	Services Provided	External Referrals
Housing/accommodation			
Assistance to obtain/maintain short-term accommodation	2	2	0
Assistance to obtain/maintain medium-term accommodation	0	0	0
Assistance to obtain/maintain independent housing	1	1	0
Transitional housing	12	5	7
Financial/employment			
Assistance to obtain/maintain government allowance	8	2	6
Employment training assistance	4	0	4
Financial assistance/material aid	6	5	1
Financial counselling and support	8	6	2
Personal support			
Domestic/family violence	2	1	1
Emotional	11	11	0
Family/relationship	5	0	5
General support/advocacy			
Advice/information	17	17	0
Advocacy/liaison on behalf of client	22	21	1
Assistance with legal issues/court support	0	0	0
Living skills/personal development	3	2	1
Retrieval/storage/removal of personal belongings	2	2	0
Specialist services			
Health and Medical	10	0	10
Specialist counselling services	5	0	5
Tenancy/property management	15	13	2
Basic support			
Meals	1	1	0
Transport	1	1	0
Total number of clients = 26			



Individuals in the community seek assistance for a range of reasons, and this information is gathered as a means of guiding future planning for the administration of welfare programs. This data is shown in the following table.

SAAP Reasons for Seeking Assistance (2009-2010) 26 clients

Type of Assistance	No.	Type of Assistance	No.
Interpersonal relationships		Accommodation	
Time out from family/other situation	7	Eviction/asked to leave	8
Relationship/family breakdown	8	Previous accommodation ended	4
Interpersonal conflict	1	Overcrowding issues	6
Physical/emotional abuse	3	Emergency accommodation ended	0
Domestic/family violence	2	Financial	
Health		Budgeting problems	4
General health issues	2	General financial difficulty	5
Mental health issues	3	Gambling	0
Problematic drug/alcohol/ substance use	5	Other reasons	
Psychiatric illness	1	Recent arrival to area with no means of support	1
		Itinerant	5
Total number of clients = 26			

Emergency Relief Program

The Emergency Relief program provides support to people who face an acute emergency financial need which may be for food, rent, payment of utilities and/or any other such emergency. Details of the Emergency Relief Program are shown in the following table.

Emergency Relief Program (2009-2010)

Assistance Type	No. of New Clients	No. of Clients referred to other Services	Total No. of Clients Assisted
Food, fuel, clothing, utilities, pharmacy, financial	19	21	59

Vulnerable Groups Program

Supplementary funding of \$15,000 has been received from the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs under the Vulnerable Groups Program, in order to provide assistance to people in the community in need of emergency dental care. This funding is available for people who are in receipt of a health care card/pension card holders. The funding is a short-term allocation and is available only until June 2011. A total of 22 people received treatment at the MDHSS Dental Clinic.

Flexible Support Packages

MDHSS offers Flexible Support Packages for people in the community, aged between 4 years and 64 years of age, with a permanent disability. These support packages are designed to provide financial support, in the areas of specialised equipment, clothing and utilities. Details are shown in the following table.

Flexible Support Packages (2009-2010)		
Annual Target (clients)	Actual Clients	Actual as % Target
5	7	140%

Futures for Young Adults (FFYA)

Futures for Young Adults (FFYA) provides information, advice and support to young people with disabilities who are leaving school. The aim of FFYA is to support young people as they make the transition from school to adult life. It also aims to assist them to plan ahead, set goals and make informed decisions about their future and the range of post-school options they want to explore, such as work experience, work training, seeking employment, lifeskills and activity programs.

MDHSS managed two FFYA packages throughout the reporting year.

Planned Activity Group – Core

The largest program in social services, funded through the HACC program, is the Planned Activity Group (PAG). For a remote and isolated community like Mallacoota, with a high percentage of the population in older age-groups, activity groups are important for social wellbeing, particularly for older people and people living alone. The PAG program is designed for people 65 years of age and over, as well as people with a permanent disability, who are physically independent and do not require specialist care, such as personal care/specialist dementia care, in order to participate in activities.

Under the HACC Active Service Model, the activities offered within the PAG program play a critical role in providing opportunities for older people and people with disabilities to pursue an area of interest, undertake an activity that involves the challenge and reward of learning new skills, and/or remediating a need within a person's lifestyle that improves well-being.

Activities offered through the PAG program are designed to provide clients with physical, social, intellectual and emotional stimulation. The PAG program operates five days per week and includes some weekend excursions. Regular activities for the year were as follows:

Physical stimulation (weekly)	Intellectual stimulation	Social/emotional stimulation
Walking groups	Book club (monthly)	Bus trips out of town (f'nightly)
Gentle exercises	Bridge club (bi-weekly)	Centre-based meals (bi-wkly)
Arthritis exercises	Information/education	Dance (monthly)
Water aerobics		Movie afternoons (monthly)
		Excursions out of town
		Friendship Sewing Group (bi-wkly)
		Shopping local (weekly)

The following tables present the annual target activity hours as well as the breakdown of individuals attending particular groups of activities.

PAG Target Reporting (2009-2010)

Annual Target Hours	Actual Hours	Actual as % Target
7,000	10,999	157%

PAG Breakdown of Individual Clients (2009-2010)

	Activity	Individuals
Physical Stimulation	Gentle Exercise	38
	Walk for Pleasure	33
	Arthritis Exercise	25
	Water Aerobics	25
	Dance	12
	Total	133
Intellectual	Information and Education	75
	Bridge Club	26
	Book Club	16
	Total	117
Social and Emotional	Centre Based Meals	60
	Bus Trips Out of Town	32
	Friendship Sewing Group	30
	Excursions Out of Town	35
	Movies	18
	Shopping Local	14
	Total	189



Youth Services

MDHSS provides services for young people between the age of 12-25 years of age through the *Community Health and Well-being (CHaW) Program* and the Youth Participation and Access Program named *Coota Connections*. These programs provide a range of activities of interest for young people in the community, including a life-skills mentoring program.

As part of the youth program, the coordinators of the program, Mr Philip Counsel and Ms Julie Day organised the following activities: Movie Market/Pizza Weekends at Merimbula, two school discos, a Christmas break-up party, and a selection of REACH camps for year 8-9 and year 9-11 students.

MDHSS conducted a successful 2010 National Youth Week event program, 'Coota Live 2', in partnership the Mallacoota P-12 College students and staff. National Youth Week was funded by the Victorian Department of Planning and Community Development and supported by *beyondblue*. The program consisted of a Hip Hop Workshop with Elf Tranzporter, commencing at 3pm, and from 4.30pm to 10pm artists such as River Romeo, South Reign and Cried Wolf led a highly stimulating live music evening, which was well attended by local youth and youth from Cann River (12-18 years). This was an alcohol free, drug free, smoke free, fully supervised event. The young people of Mallacoota greatly appreciated the National Youth Week Activities run by MDHSS.

The Youth Services programs could not be organised without the partnerships and support of the Mallacoota Police, Mallacoota Ambulance, Mallacoota P-12 College teachers and students, and the generous support of community volunteers.

Independent Living Units

MDHSS manages five independent living units. The units, four one-bedroom and one two-bedroom, are located within MDHSS grounds. Two units have been occupied over the past twelve months.

The Independent Living Units are located within easy walking distance of MDHSS facilities and the local Medical Practice. Access to on-site health and support services is available. The units offer a flexible and comfortable lifestyle for people who wish to live without problems associated with maintaining a home.



COMMUNITY SERVICES

The programs offered within the community services area consist of the Neighbourhood House, which is the largest program, the ACFE program, the Centrelink Agency, the MDHSS Telecentre, and Occasional Childcare and ACFE childcare. Programs designed to meet community needs within the Neighbourhood House program are the ACFE program, the Centrelink, the Telecentre, and a range of Neighbourhood House support groups. Programs designed for children and families comprise Occasional Childcare, ACFE Childcare and the Playgroup. Details of funding for Community Services programs offered by MDHSS are shown in the following table.

GOVERNMENT DEPARTMENT	PROGRAM NAME
Department of Planning and Community Development (Vic)	<i>Neighbourhood House</i>
Department of Regional and Rural Development, Skills and Workforce Participation (Vic)	<i>Adult Community Further Education</i>
Department of Human Services (Australian)	<i>Centrelink Agency</i>
Department of Education and Early Childhood Development (Vic)	<i>Occasional Childcare ACFE Child Care</i>
MDHSS Self-funded Programs	<i>Telecentre</i>

Neighbourhood House

The MDHSS Neighbourhood House Program provides a broad range of social, educational and recreational programs at low cost. The Neighbourhood House aims to enhance the social and economic development of the community and is conducted on principles of inclusive participation, community empowerment, life-long learning and active citizenship.

The value of having the Neighbourhood House located at the Mallacoota Health Centre is reflected through the excellent range of services offered to the community. The Neighbourhood House staff present a weekly radio program Healthy Living Show for the local community 3MGB program.

Neighbourhood House support groups are designed to meet the needs of the community in the area of self development, social development and physical activity. During the 2009-2010, the Neighbourhood House program offered the following support groups: Camera Club, Scrap Booking, After School Art Classes, Tai Chi classes and Yoga classes as shown in the table below.

Neighbourhood House Support Group Participants (2009-2010)

	Activity	Frequency	Individuals	No. of Sessions	No. of Attendances
Self development	Camera Club	Monthly	21	11	95
	Scrapbooking	Monthly	8	11	42
Social development	After School Art	Weekly	6	5	21
Physical activity	Tai Chi	Weekly	20	21	179
	Tai Chi Beginners	Weekly	10	21	42
	Yoga Beginners	Weekly	36	35	180
	Yoga Dance	Weekly	10	7	25
	Yoga Intermediate	Weekly	28	34	186

Adult Community Further Education (ACFE)

The Neighbourhood House offers education programs for members of the community. The ACFE program continues to provide many opportunities for community members to develop their skills and knowledge, including Computer Classes and Photography Classes. New equipment funded by the ACFE Commonwealth Equipment Grant and ACFE Works and Services Grant has strengthened the delivery of the adult education program. In particular, a new storage shed has been purchased, which has provided better storage and access to ACFE equipment.

A total of 800 student contact hours were provided in 2009-2010, through the ACFE program.

Centrelink Agency

Centrelink is an Australian Government statutory agency delivering a range of Commonwealth services to the Australian community. The Centrelink Agency located within the Neighbourhood House provides community members and visitors to Mallacoota with access to services such as information and referral, submitting fortnightly forms, assistance with access and completion of forms, and telephone interviews.

The Centrelink agency has a dedicated computer, telephone and office space for convenience of access for clients. Six staff at MDHSS are trained to provide support and assistance to clients. The Centrelink Agency is open to the public Monday to Friday from 9am to 1pm.

MDHSS recorded 1519 visits to Centrelink during 2009-10.

MDHSS Telecentre

The MDHSS Telecentre within the Neighbourhood House is open to the public five days a week for Internet access and computer hire at affordable rates, with volunteers providing excellent assistance. It is also a venue for ACFE computer classes. In partnership with the East Gippsland Shire Council Library Outreach Program, MDHSS provides one hour of free access per week to library members.

The following table shows the use made of the Telecentre by people in the Mallacoota community compared with visitors to Mallacoota, indicating that the Telecentre is a very valuable resource not only for the community but also for the many tourists and visitors to the district.

Under this program, 367 attendances at the Telecentre were recorded during 2009-2010.

Telecentre Usage (2009-2010)

Location	Individuals	No. of Attendances
Mallacoota, Genoa, Gipsy Point, Wangrabbell & Nungatta	183	1255
Visitors to Mallacoota	312	377
Total	495	1632



Children and Families

Programs offered to children and families consist of the Occasional Child Care, ACFE Childcare, and Playgroup.

Occasional Childcare & ACFE Childcare

The MDHSS Occasional Childcare (OCC) service, funded under the Department of Education and Early Childhood Development, is continuing to meet a well-documented need in the community, with 29 children enrolled in 2009-2010.

Services provided by OCC were in short periods of care for children under school age. Families access Occasional Childcare on either a regular or irregular basis. Parents use Occasional Childcare for a variety of reasons, including casual or part-time work, respite care, crisis and emergency care, shopping or attending appointments, or taking a break. Occasional Childcare allows people the flexibility to leave their children in an early childhood learning environment to socialise and interact with other children.

Occasional Childcare Participation (2009-2010) (twice per week/40 weeks)

No. of Individual Children Enrolled	No. of Overall Attendances	Average Attendance
29	699	9.32

Play Group (Neighbourhood House Support Group)

MDHSS offered Play Group through the Neighbourhood House on a weekly basis. Play Group is well supported with 69 individuals (parents, children and grandparents) attending weekly sessions. Play Group is for babies, toddlers and preschoolers, and their parents or care-givers, It is informal and run by MDHSS volunteer coordinators, who are drawn from the parents and caregivers. Because adults stay with their children at Play Group it gives them the chance to meet other parents going through similar experiences, and to ease the isolation that can come with caring for young children.

Families can be introduced to community, health and support services while they are at Play Group. The Maternal Child Health Nurse visits Play Group regularly to meet with parents and children, and the East Gippsland Shire Library Outreach Coordinator attends Play Group monthly and facilitates story-telling and reading.

Playgroup Participation (2009-2010)

	Activity	Frequency	Individuals	No. of Sessions	No. of Attendances
Children/families	Play Group	Weekly	40 (children)	43	652
	Dad's Play Group	Weekly	6 (children)	11	42

LEGAL COMPLIANCE

Occupational Health and Safety

Occupational Health and Safety (OH&S) is the responsibility of the OH&S Committee, which meets three monthly. The committee maintains a safe and healthy workplace and work environment for employees which includes both the physical risks and non-physical or psycho-social risks.

The OH&S committee ensures appropriate procedures are followed concerning: Emergency Procedures; Incident reporting; Hazard Audits; Maintaining Material Safety Data Sheets and Workcover. The OH&S committee in consultation with staff and volunteers has provided the following training sessions in 2009-2010:

- Food handling
- OHS Supervisors Update
- CPR and Anaphylaxis
- First Aid Level 11.

Facilities and Asset Management

MDHSS manages its facilities and assets to ensure regular maintenance, regular audits, and record keeping to meet industry standards and legislative requirements. MDHSS has a maintenance program to ensure ongoing scheduled maintenance and safety audits, which meets statutory standards and regulations regarding the safety of its facilities and buildings.

Medical Equipment Safety

AusStandard Services Pty. Ltd. (Biomedical service provider) undertakes annual safety and performance testing on all medical equipment at MDHSS to ensure compliance with AS 3551. Further, MDHSS maintains a database for medical equipment as a requirement of AS 3551.

Tag and Test

Tag and Testing of general electrical equipment is undertaken at regular intervals to ensure compliance with AS 3760.

Visual Termite Inspection

Termite inspections are undertaken in accordance with the Australian Standard Termite Management Part 2, in and around existing building and structures, every six months – Guidelines AS 3660.2-2000.

Food Safety

An external third party audit was conducted by Mr. Paul Garry, DLA Philips Fox. The audit resulted in 100% compliance to both the Victorian Food Safety Act 1984, and AZNFA Food Standards Code. Also, East Gippsland Shire Council conducted a food safety audit, which resulted in 100% compliance.

Fire Safety

Fire appliances and systems have undergone audits every six months, by the Country Fire Authority and a qualified electrician. Mallacoota Electrical Services undertook Thermal Imaging of all buildings.

National Competition Policy

In accordance with the National Competition Principles agreed to by the Federal and State Governments, in April 1995, MDHSS has implemented policies and programs to ensure compliance with the National Competition Policy with an examination of each business activity to establish and apply market contestability and tendering for the provision of services, where appropriate.

Compliance with Building Act 1993

MDHSS has established procedures for reporting, planning and forward budgeting of Standards Assessments and Condition and Maintenance Assessments. Government funded agencies are required to carry out an assessment and report on the condition of their built assets, in accordance with good business principles, practices and government requirements including the following:

- Principles of asset management, as set out in the asset management series (1995)
- Minister for Finance guidelines –Building Act 1993 – Standards of Publicly Owned Buildings.

Human Resource Management

Merit and Equity Principles

MDHSS is committed to providing equity to all staff and potential employees, ensuring professional workforce contributions are assessed and acknowledged on merit. MDHSS has a Critical Incident Support Management team who provide peer support for staff and volunteers in the areas of harassment, bullying, stress management, grief and loss.

Freedom of Information Act

The Freedom of Information Act 1982 (the FOI Act) gives people a right of access to information held by MDHSS, and applications for access to information and records are processed in accordance with the FOI Act.

Whistleblowers Protection Act 2001

Under the provisions of the Whistleblowers Protection Act, MDHSS does not tolerate improper conduct by its employees, officers or members, nor the taking of reprisals against those who come forward to disclose such conduct. MDHSS is committed to the principles and the intent of the Act and to the protection of genuine whistleblowers against action taken in reprisal for the making of protective disclosures. In line with this, MDHSS has in place a corporate policy and procedure, which complies with the Act. Disclosures made under this policy will be made swiftly, professionally and discreetly.

Disclosures may be made to:

Chief Executive Officer
Mallacoota District Health and Support Service Inc.
C/- PO Box 474, Bairnsdale Vic 3875
Phone: 5150 3414, Fax: 5150 3367
E-mail: email@brhs.com.au

or

The Manager
Mallacoota District Health and Support Service Inc.
PO Box 200, Mallacoota Vic 3892
Phone: 5158 0243, Fax: 5158 0448
E-mail: mdhss@vicnet.net.au

COMPLIANCE INDEX

The Annual Report of the Mallacoota District Health and Support Service Inc. is prepared in accordance with the Associations Incorporation Act.

Financial Reporting Directions

FRD 22

Clause	Disclosure	Page No
(i) (a)	The manner in which the entity was established	Inside Cover
(i) (b)	The objectives, functions, powers and duties of the entity	3, 4, 8
(i) (c)	The nature and range of services by the entity including the persons or section of community served by the entity	8, 9, 10, 11
(i) (d)	The administrative structure of the entity including:	
(i)	The names of the members of the Community Reference Group, Auditor and Chief Executive Officer; ;	3, 5, 6
(ii)	The names of occupants of senior officers and a brief description of the area of responsibility of each office	3, 5, 6
(iii)	A chart setting out the organisation structure of the entity	4
(i) (e)	A statement of workforce data at the end of the current and previous financial year, as per labour categories, and a general statement on the application of merit and equity principles during the year	12, 13, 40
(ii)	Relevant financial and other information in respect of a financial year should include:	
(ii) (a)	A summary of financial results for the year, from Annual Financial Statements, with comparative results for the preceding financial year	16
(ii) (b)	A summary of significant changes in financial position during the year	16
(ii) (d)	A financial analysis of operating revenues and expenses (refer to financial statements)	Insert
(ii) (e)	A summary of major changes or factors which have affected the achievement of the operational objectives of the year	16
(ii) (i)	A statement on occupational health and safety matters	39
(ii) (j)	A statement on the extent of compliance, with the building and maintenance provisions of the Building Act 1993	40
(ii) (k)	A summary of the application and operation of the Freedom of Information Act 21 1982 in relation to the entity	40
(ii) (l)	A summary of the application and operation of the Whistleblowers Protection Act 2001 (the Act) including disclosures required by the act	40
(ii) (n)	A compliance index identifying the extent of compliance with statutory disclosure and other requirements (refer FRD 10 disclosure index)	40
(ii) (p)	A statement, to the degree applicable, on the extent of progress in implementation and compliance with national competition policy	39



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