

C E L E B R A T I N G

150

years of
LOCAL CARE
1871-2021



MANSFIELD DISTRICT HOSPITAL

TM

2020-21

The Year That Was

*A tradition of care that
is personal, effective,
connected and safe.*



Welcome to our review of the past year, a year which challenged us all both as a community and in our private lives.

This year was meant to be one of celebration, as 2021 represents 150 years of continuous provision of healthcare to the Mansfield community. This makes us one of the oldest health services in North East Victoria. Unfortunately, celebrations didn't go as planned but over the course of the year we have sought to recognise some of the people who have played a part in our history.

For most of the past twelve months we have been dealing with the threat of COVID-19. Protecting the most vulnerable people in our community has always driven us, but never more so than in 2020 and 2021. This has required us to be flexible and responsive to the changing situation. We have taken on new roles that pre-pandemic we would never have considered.

At short notice we established a vaccination clinic that has resulted in the vaccination of more than ninety-five percent of people aged over fifteen in Mansfield Shire. In addition, we have vaccinated residents of Yea and surrounding communities.

We have continued with our COVID-19 testing clinic which at peak times tested more than four hundred people a day at our sites in Mansfield and Mt Buller.

The success of these was very much dependent upon the support of the Mansfield community. Firstly, our testing clinic is appreciative of the support of Mansfield Medical Clinic who allowed us to use their driveway until demand was too great and more recently Mansfield Agricultural and Pastoral Society and Mansfield Racecourse Committee of Management. Our vaccination clinic is indebted to Mansfield Shire and the various community groups which relocated to allow us to use the Buckland Centre and Anderson Hall.

Our hearts go out to our aged care residents and their families who for the past twelve months have lived with restrictions on visiting and COVID-19 fears. We share your pain knowing that remaining connected to family is such a positive thing for our residents. We thank you for your patience and understanding. At the same time, we are extremely proud of our aged care staff for doing what they do. They are a wonderful group of people.

Effective healthcare requires a personal connection and COVID-19 has challenged this. Face masks and eye protection impact this and undoubtedly the experience of childbirth suffers when a clinician is wearing Tier 3 PPE and family visitors are restricted. We have tried not to lose sight of this and often our own values have been tested, but it has been imperative for us to adhere to the directions we worked under.

COVID-19 aside we still had a health service to run. People still presented unwell and required care. We continued to provide surgery, urgent care and community services for a myriad of non-COVID-19 conditions. We took on new roles such as the operation of the medical centre on Mt Buller. Despite the additional workload, our staff did this with a smile on their face, albeit it was obscured by a mask. To each and every one of them we say thanks.

Finally, we thank the community. We are greatly supported by individuals and businesses. Our vision of Healthy Communities, Trusted Healthcare is more than words on paper. It is who we are and it is what we do.



Cameron Butler
Chief Executive Officer

Improving Care for our Aboriginal Patients

MDH continually works to improve the health and wellbeing of Aboriginal and Torres Strait Islander People

We continue to work on our cultural competence action plan and have undertaken several activities to improve our work with our Aboriginal and Torres Strait Islander population. During the year we have:

- offered cultural awareness education for our staff
- engaged local aboriginal community members to participate in our walk and talk sessions
- regularly attended the Gadhaba Local Aboriginal Network Meetings
- participated in NAIDOC week celebrations
- sourced and provided culturally friendly fliers in waiting areas
- displayed culturally appropriate artwork across the organisation
- worked with Gadhaba to engage our local community to get vaccinated
- attended Regional Aboriginal COVID -19 response meetings and distributed COVID- 19 support packs to our local community
- advertised Aboriginal cadetship programs to the local aboriginal community

Over the next 12 months we plan to complete an organisational reconciliation action plan



History of MDH

On Wednesdays and Thursdays, Mansfield District Hospital's Community Health Nurse, Jane Dwyer, heads out on the road from Mansfield to Jamieson and Woods Point to provide a range of health care programs to meet the needs of people in these local towns.

She continues a long history of work that began in the mid-nineteenth century, only two decades after the first European squatters arrived in the district in search of good grazing land. It's hard to imagine how different life was for those early settlers. Mansfield was then a very young town, officially established in 1851, but with an already thriving agricultural community. In the 1860s, thousands would flock to the areas surrounding Mansfield, Jamieson and Woods Point to search for gold. These three towns quickly became swollen as busy and thriving supply bases for the mines, full of stores, banks, hotels and churches.

There was no hospital then, but one of those settlers attracted to trying his luck in the goldfields was a young doctor in his late twenties. Dr. Samuel Reynolds had already been praised for his services during the cholera epidemic in England in 1849. He had settled in Mansfield by 1863 and became part of a community of committed stakeholders who would share a focus on the health care of people in Mansfield and the surrounding district. By 1871, the foundation stone was laid to form the beginning of what we know today as Mansfield District Hospital. Dr. Reynolds served as the hospital's first doctor until his death in 1901 and was well-respected throughout the district.

In the early years, mining accidents formed the bulk of hospital admissions and it soon became clear that the hospital would need expansion. A new wing was opened in 1874 with much pomp and ceremony. Yet even after the decline of the gold rush, the hospital continued to develop in response to community needs. In 1915 the nurses' quarters were established. The following year, the adjacent Bentley House began operating as a private hospital for midwifery as most public hospitals at the time did not accept confinement cases. There was also a major development in 1935 which saw the north-south wards constructed, adding significantly to the size of the hospital.

In the 1950s, Bentley House was purchased by the hospital for nursing accommodation and in the next decade, a midwifery and theatre block were added to the hospital. In the 1970s the hospital converted Bentley House to an aged care facility with 10 beds beginning the modern phase of Mansfield District Hospital as offering health services across the lifespan. In 1996, a redevelopment of what was then called the Buckland wing, combined with Bentley House to be renamed as Buckland House. The range of aged care facilities available was broadened again four years later when the Bindaree Retirement Centre amalgamated with the hospital. More recently, in 2015, a new Primary Care Centre has been completed offering a 'one-stop-shop' for accessing a range of primary health care services.

Throughout its development the hospital has benefited from the substantial contributions of its community. Local businesses, various groups of citizens and generous individuals have long formed a strong backbone of philanthropic support for the hospital.



In 1923, one of these groups evolved into the Mansfield Hospital Auxiliary, who will soon celebrate their own milestone of 100 years of valued support for the hospital. The hospital also benefits from the important support of the Bindaree Auxiliary. Consumer and community representation and involvement throughout the organisation enables the hospital to respond to the needs of the district.

In 2021, our hospital celebrates its 150th year. Today's Mansfield District Hospital offers two operating theatres, a 24-bed acute care unit, an innovative maternity service, a 24-hour Urgent Care Centre, and a primary care centre including physiotherapy, occupational therapy, medical imaging, haemodialysis, podiatry, speech pathology, social work, community nursing, diabetes education, dietetics, health promotion, antenatal clinics, chronic disease programs and addiction treatment and rehabilitation. Mansfield District Hospital also operates a Visiting Nursing Service and two aged care centres – Bindaree and Buckland House. It is a key component of Victoria's public hospital network and one of the longest standing hospitals in Victoria.

Leading up to this anniversary year, the COVID-19 outbreak has reminded us all of the hospital's important role in delivering safe and high-quality health care within a globalised community, including under emergency conditions. Mansfield District Hospital is now part of a large and growing urban centre. It has been involved in so many aspects of the medical pandemic response including the provision of a testing clinic, contact tracing, a new vaccination hub, new operational arrangements and COVID-19 related communication within the region.

Cattle and sheep grazing remain important in the Mansfield district of today, together with grape, tomato and seed production, and many agriculture related service industries. Tourism has become another significant economic activity within the area. The Mansfield region is nationally and internationally recognised as an iconic location for lifestyle, recreational and environmental pursuits. With the local population swelling by many thousands at different times of the year, our hospital is professional and forward looking in its plans to continue growing and delivering Great Care into the future.

Mansfield District Hospital remains embedded within the local community. Over the remaining months of this year, we will celebrate our hospital's 150th milestone by saying thank you to you, our community, for your wonderful and ongoing support. Watch out for our colourful 150th banners in the Mansfield township. See some of our history on our hospital's website and on our new Facebook page 'Mansfield District Hospital – 150 years'. Come and share in the fun at one of our 150th events to be announced soon. Six further articles, one each month, are planned for the Mansfield Courier, highlighting the work of many community members who have helped make Mansfield District Hospital the great place it is today. We would particularly like to thank the Mansfield Historical Society for their help with researching our hospital's history. Thanks also go to hospital staff and board members, the Mansfield District Hospital Auxiliary and the Mansfield Library for their assistance. We now invite you to contribute to this rich history by telling us what Mansfield District Hospital has meant to you. Share with us your story of how the hospital has touched your life, by sending text, photos or short videos to us at MDHReception@mdh.org.au. We look forward to having you join us for the Mansfield District Hospital 150th celebrations.





Nursing Care

MANSFIELD DISTRICT HOSPITAL 150 Years of Great Nursing (1871-2021)

On May 12, the anniversary of Florence Nightingale's birth, Mansfield District Hospital joined health services around the world to celebrate International Nurses Day. It was a chance to reflect on our history of great nursing, begun by Miss Harriet Quirk, the hospital's first nurse and matron, who commenced duty on 1st June 1871.

Miss Quirk leads a succession of dedicated nurses who served the hospital, even in the most trying conditions. Five local women who voluntarily enlisted as nurses during WWI are commemorated on a decorative garden seat within the hospital's grounds: Ethel Lillian Forsyth, Florence Constance Forsyth, Mabel Julia Justice, Agnes Wotherspoon King and Marjorie Elizabeth Ritchie. After the second World War and the addition of a midwifery and theatre block in the 1960s, a new generation of nurses began at the hospital. Back then, hospital equipment was limited to one stethoscope and staff would organise fundraising to help purchase more equipment. Teamwork played a huge role in the day to day operations with everyone pitching in.

One purchase reported in the Courier in the late 1970s was a portable defibrillator that gave the hospital two intensive care beds. With changes to the nursing profession eventuating in the 1980s, more staff were required. Sharon Hall, Jenny Pollard, Michelle Condie and

Miss Quirk was the first nurse at Mansfield District Hospital. She was a Quaker and a Quaker nurse. She was the first nurse to be employed by the hospital. She was the first nurse to be employed by the hospital. She was the first nurse to be employed by the hospital.

Nurses Home 1922 - A photograph showing a building, likely the Nurses Home, with the caption 'Nurses Home 1922'.

Jan Barry - A photograph of a nurse in uniform, with the caption 'Jan Barry'.

Kate Adams - A photograph of a nurse in uniform, with the caption 'Kate Adams'.

Heather Clayton - A photograph of a nurse in uniform, with the caption 'Heather Clayton'.

After 122 years, Mansfield District Hospital celebrated its 150th anniversary. The text describes the hospital's history and the dedication of its nursing staff.

Anne Jewitt are nurses who began at Mansfield District Hospital in the 1980s and who still work at the hospital today. Sharon is the longest serving nurse at the hospital and Anne is now the Director of Quality and Safety.

A recent gathering of retired nurses reminisced about the changes in nursing at Mansfield over the years. They recalled with fondness the Matron and Deputy Matron of the day, 'Bet and Marg', who were always there working alongside the nurses, helping and supporting.

Heather Clayton commenced work at Mansfield District Hospital in 1956 following her training at Royal Melbourne Hospital. The matron at the time was Moira Dodemaide. There was only one doctor in the town at this time, Dr Vine, who worked alone, but had locums who attended at times to assist. Heather recalls one operation on an emergency patient, where staffing was an issue, but all worked out well. Heather was at the hospital for one year before moving to be the practice nurse at the clinic now known as Mansfield Medical Clinic.

Kate Adams always wanted to be a nurse. After leaving school, she completed her General Nursing training at the Alfred Hospital (1963-1966) then proceeded to the Royal Women's Hospital to complete Midwifery training the following year. Originally from Morwell, Kate valued time in the country, and moved north in 1967 to work in Mansfield. Kate recalls arriving as a 'single' girl, who was matched up before her bags were unpacked! She married a local boy and remembers work in the country hospital as being full of interesting and entertaining challenges. The whole nursing team needed to be multiskilled and resourceful in those days, working all over the hospital, from the labour ward to theatre and to accident and emergency. Kate recalls working with a Betty Shaw, a Matron who was available 24 hours a day and supported her staff through any challenge to the service. Betty cared for the staff when they had their babies, and always had time to listen. In return, she had a dedicated and loyal staff and Kate stayed a member of the MDH nursing staff for 36 years.



Jan Berry was born locally and started at MDH in 1962 to try out nursing. It became her niche and she then trained at St Vincent's Hospital before returning to Mansfield in 1969. Jan recalls being on night duty in the early days. There was a one-man ambulance in town and staff would get called any time to escort patients to Melbourne or Wangaratta, which was difficult as there was no seat in the back and nurses ended up kneeling between the trolleys. The hospital had a different layout then; the front doors were the main entry for everyone, even sick patients for casualty. As Mansfield grew, the timber mills began to disappear, and lake and snow tourism increased. The casualty patient profile changed too and the main cases presenting were burns from rope injuries off the lake and patients from Mt Buller needing x-rays. Jan retired from the hospital in 2008 after 38 years of dedication to nursing and the community.



Jill Stevenson from Ivanhoe completed her nursing training at the Epworth Private Hospital and moved north to take up work at Mansfield District Hospital in 1962. She fondly remembers in the early days, calling doctors 'Sir'. Today there is a more professional pathway for all vocations in health, including nursing. But in those days, Jill reflected on having to manage the hospital telephone system, which was an exchange that all staff needed to learn to use. She remembers that many calls were lost or terminated early, due to accidental unplugging of the connection!

Lois Neely was born in Casterton and trained in Geelong Hospital before moving to Mansfield in 1962. She commenced work at the hospital four years later and recalls many episodes of care as well as the development of theatre block in the 1970s. At the time all medical equipment required for theatre was prepared on site by staff. There was a small sterilizer in the pan room and allocated staff washed, wrapped and prepared instruments for sterilizing. In those days, glass syringes and needles required sterilizing prior to use, as this equipment was not disposable and needles also needed to be sharpened. Lois remembers the Matron changed the set up of the Accident and Emergency area to its current location. This happened just prior to Easter one year, in preparation for extra space needed due to the influx of tourists and increased patient workload. beds had to be dismantled and replaced with trolleys.



Nursing Home 1956



After 150 years, Mansfield District Hospital continues to honour the contribution of nurses: past, present and future. We thank all those who have shared their stories with us and know that great nursing will continue to be a central pillar of our hospital's service into the future. Please join us in acknowledging the vital, indispensable role our nurses play.



Administration

Mansfield District Hospital pays tribute to the many non-clinical staff who have supported its nurses and doctors over 150 years. Three dedicated and long-serving staff who have provided essential administrative and maintenance support tell their stories below:

Neville Mathieson, Maintenance Officer

Neville began the tradition of Santa climbing into the hospital chimney, which was repeated every year until recently, for all the children of the town. Neville came from Echuca and commenced at the hospital in 1975 as a cleaner of Bentley wing, the 20-bed nursing home. Neville was the only male cleaner, and was always asked to fix things by his female counterparts. This led to him being officially appointed by Ian Williamson, the hospital manager, to a maintenance role on 8th March 1978. He proudly recalls his salary of the time - \$172.59 per week! All of the major works were outsourced back then, and Neville's role was to fix everything else.



Mr Neville Mathieson

Neville also became involved in some of the hospital's extensions. The first of these, he recalls, was the Urgent Care Centre extension to the south-west side of the hospital. This was attended by local builder, John Clayton, and included four beds where the Urgent Care beds are now. Neville also recalls the community backlash that occurred with the extensions to the front of the hospital. This development included a change to the aesthetic of the front of the building. In the end, Italian masons replicated the front pillars as seen in the photo (below), in order to satisfy the locals.



Neville remembers that from the 60s to 1978, the rear of the hospital was very different. There was an old mortuary, which was relocated to the building where medical records are now held. Originally this building, separate from the main building was a laundry, staffed by

Gwen Essenhigh and Neita Kirley. The laundry included the wash tub and an open fire. Most of the drying was done on a row of clothes lines. There was a roller to press the linen before staff walked the linen in to the back of the hospital for delivery to the wards.

Neville retired in 1998 after 23 years of service.

Glenys Webb, Administration Officer

Glenys started work at Mansfield District Hospital in January 1968. She was employed to support the only other administrative staff role, the Manager/Secretary of the hospital, the forerunner of today's CEO role. In those days, administration was all done by hand. When Glenys began, the telephone system was a manual switch board that staff had to learn to use.



Mrs Glenys Webb

Glenys recalls that typing was done on a manual typewriter in those days, with a Gestetner duplicator for the printing of minutes and other documents. At first, her administration role included all patient admission data and registers were written by hand. Glenys's work also included payroll, accounts receivable and accounts payable. The financial accounts were all handwritten with carbon paper to make copies. Glenys used various kinds of typewriters in her time, transitioning to electric and then finally to all administration work being done on computers.

As hospital administration grew, Glenys's role changed too and additional staff were employed. The town of Mansfield was growing through this time as well and changes to the hospital included an extension to a 20-bed nursing home and then eventually 30 beds as Buckland House. Bindaree came across to the hospital as well with 42 beds.

Glenys particularly enjoyed the social contact the hospital gave her and the biggest change she saw in her time, was moving from manual systems to electronic systems. Glenys's extraordinary contribution to Mansfield District Hospital spanned 43 ½ years, and she retired in 2011.

Greg Wilder, CEO

Greg began at Mansfield District Hospital in August 1984, taking over from the hospital manager, Ian Williamson. When Greg started, the hospital's governing body was the Department of Human Services (DHS) and his only administration staff were Glenys Webb and Marjorie McWaters, whose work included payroll and patient data. Buckland wing had just been completed. Another development, adding rooms 11-14 to the northern end of the hospital had also just been undertaken by necessity, as a tremor associated with the 1982 Wonnangatta Valley earthquake had shifted the building and made it unstable.



Mansfield District Hospital prior to the renovation/ addition of the north wing rooms.

Greg recalls the increasing administration, and detailed reporting to DHS during his time in the role. Greg remembers one section of a DHS report asking how many eggs and briquettes the hospital had used! In the early 90s, accreditation processes commenced, focusing on the measurement of patient outcomes and KPIs. The Upper Goulburn Hospital which had just two beds at Woods Point, and which was being managed by Mansfield, was retained as a community health service.



Upper Goulburn Hospital Woods Point 1915.

There was only one major medical clinic at that time, the Mansfield Medical Clinic, run by Joan and Humphry Esser. There were two solo practitioners in town, Dr Ross Gilham and Dr Tim Haughton who worked out of *Highett Street House*, now known as Central General Practice. There were

no doctors on Mt Buller back then and Greg remembers it being busy at the hospital in winter with lots of skiing injuries. People presented at the hospital, arriving at the front door and waiting to be seen in the entrance foyer.

Greg remembers fondly that Mansfield was much smaller back then and the hospital was a big focal point in the town. He most enjoyed the incredible community support and the family atmosphere in the hospital set by the approach to patient care led by Matron, Betty Shaw and Deputy Matron, Marg Turner. Nursing staff organised the annual ball, and the hospital board was made up of longstanding tireless supporters from the local community - Harry Nix, David Yencken, Roy Bostock, Bill Glen, and Geoff Ritchie, to name a few.

Greg sees his greatest achievement as being the development of the hospital's aged care services, Bindaree and Buckland House, which had been separately run by volunteers and which were in need of major modifications.

Greg retired in 2005 after 21 years' service as CEO.



Gordon McMillan presents a cheque to Greg Wilder, Chief Executive Officer, Mansfield District Hospital.



Musical Soiree, Mansfield Hospital: Cathy Cox; Greg Wilder; Jeannie Arcaster; Cheryl Fankhauser, Nursing



Auxiliary

Mansfield District Hospital incorporates an extraordinary tradition of philanthropy. Over its 150 years of operation, the hospital has benefited from the generosity of many support organisations and volunteers who generously give time and funds to contribute to the hospital's work. In this issue, we celebrate and give thanks for the contribution of our hospital auxiliaries: the Mansfield District Hospital Auxiliary and the Bindaree Auxiliary, both raising significant amounts to enable the purchase of much needed hospital equipment or specific items for use within our two residential aged care facilities, Buckland House and Bindaree.

Mansfield District Hospital Auxiliary

In 2023, the Mansfield District Hospital Auxiliary will celebrate 100 years of service following very humble beginnings around 1923. Originally, the Auxiliary was called "The Busy Bees Sewing Guild". Working under the direction on its first President, Mrs Pike, its main task was to sew mattress covers, sheets and most of the hospital linen, sometimes also rolling bandages. In later years, from at least 1969 to 1986 the Auxiliary, in conjunction with a Bonnie Doon Auxiliary operating at the time, organised a trolley to sell personal items to patients including toiletries, books and magazine, sweets and even cigarettes!

In more modern times, the Auxiliary's main charter has been to provide equipment to enhance the delivery of hospital services. During the 1990s this equipment included heart monitors, defibrillators, resuscitation equipment, sterilisers and sundry surgical instruments, as well as ward items to enhance patient comfort, such as wheel and shower chairs and improved furnishings.

Now, in the twenty-first century, a wide range of high-tech (and expensive) equipment is needed within the hospital. In the past twenty years, the Auxiliary has focused on supporting early diagnosis, intervention and monitoring as well as infection control, which is paramount. In the past ten years, the Auxiliary has contributed well over \$600,000, which has helped to provide:

- Expansion of Dialysis Services
- Maternity Foetal Heart Monitor
- Infection Control Washer
- Cameras for Operating Theatre
- The set-up of Urology Theatre Services
- Endoscopy Equipment
- State of the art Defibrillators
- COVID-19 Isolation Room set-up

Recently MDH CEO, Cameron Butler, was delighted to receive a cheque for \$120,000 from the Auxiliary to enable the purchase of a colonoscope, a gastroscop and a defibrillator. This crucial theatre equipment will also contribute to the extension of endoscopy and urology services at the hospital.



Cameron Butler with Auxiliary President, Sue Swan (R) and Secretary, Val Doyle (L)

The Auxiliary relies on on-going support from the broad community and are always grateful to the local organisations and businesses that regularly contribute with sponsorship of Auxiliary activities. Fundraising events vary from year to year and have included Cinema Nights, Food and Wine tasting evenings, selling second-hand books, shopping bags and a Heritage Cook Book, and other activities. These activities not only benefit the Hospital but contribute to the social interaction within the Mansfield community including our older members of the community.

The Auxiliary's major fundraising events are:

- Golf Day – held on the last Sunday of February
- Art Show – Cup weekend in November. This year will be the 44th Show offered by the Auxiliary

The Auxiliary has many active members and about thirty Friends who assist at various fundraising events. Monthly meetings are held at 2.00pm on the first Tuesday of each month (usually in Bentley House at the hospital).

Bindaree Auxiliary

In the late 1960s the Rotary Club of Mansfield decided to investigate the possibility of establishing a retirement centre for elderly people as a community service project. The old D.S.M. sawmill site in Highett Street was purchased for \$12,500 with a contribution from the Shire of Mansfield of \$5,000. By the end of 1972, plans were prepared to provide accommodation for 14 residents and a supervisor. An appeal was launched with a target of \$70,000, and a final fundraise of \$86,240.

An early mention of the Bindaree Ladies Auxiliary announces that their committee paid an amount of \$16,055.30 to the appeal. This was the proceeds of a Queen competition conducted throughout the Shire where contestants were nominated by Committees formed in each of the four Shire Ridings as well as a fifth one formed by the Mansfield Rotary Club. The President of the Auxiliary back then was Marj Hermiston and Auxiliary & Committee members included Veronica McCormack, Enid O'Brien, Eileen Mahoney, Margaret Evans, Gaye Adamson and Marion Friday.

The Auxiliary has always aimed to provide funds to ensure the well-being of the residents as Bindaree has developed over the years. The Auxiliary organised a popular annual fete with residents having a stall of goods they had made or plants they had developed for sale. Incoming residents donated goods for sale. In recent years, the Auxiliary has focussed on providing outings and extras to improve life for the Bindaree residents.

Fundraising activities have included cinema lunches, bridge and card days and more recently, fashion parades with Auxiliary ladies acting as models. These have all been well supported by the community and local businesses.

A significant project in recent years was the purchase of 30 new armchairs. Residents were involved in the choice of chairs and the material used in upholstery. An initiative of the Auxiliary which has been most pleasing to both residents and Auxiliary members is the weekly shopping trolley - laden with good things. This provides an opportunity for residents to purchase things for themselves, and for Auxiliary members to interact with residents.

Auxiliary has been in recess in recent months due to COVID-19 restrictions, but is keen to resume as soon as the rules allow. New members, with new ideas are always welcome.

Look out for our 150th banner at the entrance to town

BINDAREE AUXILIARY

We would love to welcome new members

For more information please contact:

Norma Pearce (Sec): ne.pearce@bigpond.com



Changing services of MDH

One of the treasures preserved in the Mansfield District Hospital archives is a set of Annual Reports from the hospital dating back decades. These reports span the years separating today's hospital community from the community of old. Searching through a selection of these Annual Reports reveals some of the story of the hospital's development as it runs alongside developments in the wider community.

To read the 1963 Annual Report, is to be transported back in time. The pages of the report, so neatly typed on a manual typewriter and unembellished by any colour or photography, are bound together by three staples and have yellowed. The audited financial statements are listed in pounds, shillings and pence, and an 'upward surge' in operating costs was noted, with the daily average cost of each occupied bed up to six and a half pounds. The year 1963 also marked completion of the first stage of a Service Block comprising a new laundry (particularly valued as the new laundry could operate continuously regardless of the weather), mortuary, covered way and incinerator.

It also marked completion of a Manager's residence, an apparently controversial construction costing £6282 in total, of which the government's Health Commission provided a grant of £4,500. Planning was underway for air conditioning in the operating theatre and recovery rooms, and the conversion of 'the present unsatisfactory heating and hot water reticulation systems'. The report also thanked Matron Shaw and the nursing staff who worked 'under difficult and tiring conditions caused by the shortage of staff'. During the year, the hospital treated 662 in-patients (daily average was 12.5), with an average stay of 6.9 days and 96 births were overseen.



By 1977, the Annual Report listed the number of patients treated over the year as being 1,222 with the daily average now up to 28 and an average stay of 8.3 days. The increasing workload being faced by staff is reported again, with the hospital undertaking 80 major operations and 467 minor operations during the year. A physiotherapist had begun attending the hospital for 2 days per week, which increased to full-time within two years, and social workers and an occupational therapist were also in attendance. A Meals on Wheels service had been introduced for the aged care residents.

The following year's Annual Report took a leap in communication with a professionally printed publication including many photos of hospital activity. The upgrading of the report was mirrored in an upgrade of the physical facilities, giving the hospital a new look. The most urgent infrastructure need - upgrading the bathrooms and increasing the toilets from two to seven - was completed in 1979. The challenges of operating a hospital with unsatisfactory facilities and then working through a period of renovations involving plumbing, cannot be overstated. Nevertheless, MDH personnel remained grateful for the generosity of the local community and were forward thinking in preparing a Masterplan for the future that included an expansion to the aged care facilities. Hospital doctors reported motor cycle riding had increased the number of cases of trauma treated and there were growing numbers of geriatric patients as more older people retired in the area. One of the biggest challenges was access to transport and medical services associated with Mansfield's 'isolation'. Welfare Officer, Helen Stoney, also reports another area of concern was the lack of emergency funds for Mansfield families, with increasing unemployment and delays in pension and benefits payments.

By 1980, renovations included painting the wards, passages, staff rooms, kitchen and offices, new floor coverings and curtains and upgrading the nurses call system. A second Special Care Ward was also completed. Kitchen improvements were made to increase capacity for the hospital, Bindaree and Meals on Wheels and a modern X-ray machine was purchased. Disruption

was common as the hospital grew, but 'all emergencies were handled in the usual way despite the bricks and mortar scattered throughout the corridors and wards'. Staffing was very stable and locals comprised 99 per cent of the MDH workforce.

As the 1990s arrived, negotiations commenced for MDH's first Health Service Agreement with the state Health Department. By now MDH was treating over 1300 patients per year but the average stay had dropped to 3.5 days. The annual number of births in the hospital had dropped dramatically during the 1970s and 1980s, but 1990 was an anomaly with 90 births. The 1990s brought legislative and other changes to the way the government and the MDH board and staff measured the delivery of services. MDH was now required to be a viable business unit as well as a community service organisation. It was the beginning of major enhancements in quality assurance, policy development and internal auditing.

In February 1997, Buckland House was opened, with Board Chair, Anthony Maxwell-Davis, saying it was a facility 'without equal in rural Victoria'. In the same year, other parts of the hospital including Bentley House, the labour ward and nurses station were refurbished and a new palliative care ward was completed. Patients increased to 1800-2000 per annum from the mid 1990s with the length of stay dropping to 3 days or lower.

Almost twenty-five years on, MDH has continued to develop. The expansion of facilities and services in response to community need, tourism growth and the requirements of government continues. In bygone days, the hospital and its operations were a much simpler affair, yet subject to many of the same challenges the hospital still faces today. From its modest 1871 beginnings, in which the hospital was built by subscription and donations from the local residents, through all the stages of a growing and evolving public entity, to the modern organisation of today, MDH maintains the same high standard of care consistently reported over so many decades. In spite of all the current challenges of COVID-19, MDH remains a forward thinking hospital serving the local community while planning for an even greater future.



Medical practitioners

A monument in the centre of town commemorates Mansfield District Hospital's renowned first doctor, **Dr Samuel Reynolds**, a hardworking and inclusive physician, respected for his contribution to the community and his legendary medical expertise. Arriving in Victoria in the early 1850s, Dr Reynolds headed to the goldfields, settling in Mansfield in 1863. His life and work is documented in 'Colonial Doctor and his Town', a book by his granddaughter, Joan Gillison. Joan writes of the early difficulties Dr Reynolds faced providing health services with generous but limited and untrained help, in an isolated community. In those early days it was almost impossible to get a specialist or a second opinion. By necessity, Dr Reynolds became experienced across diagnosis, treatment, anaesthesia and surgery. Using whatever instruments and treatments were available, Dr Reynolds dealt with amputations, breast cancer, asthma attacks, snake bites (before anti-venom) and many little known diseases.

Dr Reynolds rode on horseback to get to some of his patients and worked onsite where transport to the hospital was impossible. Conditions were unhygienic by modern standards. In one case, he borrowed a poultry carver from the hotel and a tenon saw from the saddler to remove a man's leg, saving his life. In spite of the challenges, so many of his patients recovered well, and with Dr Reynolds' policy of matching his fees to the small income of the locals, he quickly became esteemed by all.

In 1871, with daily visits to the site, Dr Reynolds watched as his dream hospital was constructed for a cost of just over £838. Dr Reynolds was paid about £6 per month in the beginning and later turned down lucrative opportunities in Melbourne to remain the hospital's medical officer until his death in 1901. He was known for innovation, and brought the antiseptic treatment of wounds, discovered in 1871, to Mansfield. In 1896, excited by reading of the discovery of the new Roentgen rays, he bought the hospital's first X-ray machine. Yet as a doctor, he looked beneath the symptoms, valuing fresh air, sunshine and cleanliness, always urging 'less medicine and wiser living'.

Much later, but equally respected, Mansfield GP, **Dr Humphrey Esser**, served the hospital for decades, including many mid-night calls to give a general anaesthetic for an emergency procedure. Known for his dedicated care of patients, Dr Esser was a dependable gentleman, cheerful and slow to anger. Born in South Africa, the son and grandson of a GP, he began his medical studies at Cape Town in 1950. After graduation, he worked locally, before travelling to Europe with friends on a youth hostelling and camping trip. This led to him taking up a position as an anaesthetist in London, where he met his future wife and colleague, Dr Joan Curtis, who worked in obstetrics.

The two doctors made an exceptional team and following their marriage, sought a more family friendly lifestyle, in

a small general practice with hospital access and the opportunity to use their procedural skills. Finding nothing in their region, they enquired about overseas opportunities and in 1961 were put in contact with **Dr Edwin Vine** in Mansfield, who was looking for an assistant. Dr Esser and Dr Curtis settled well into the Mansfield district. The work was difficult in the 1960s, and every winter presented mass casualties. The hospital managed all cases of trauma in those days with one ambulance officer and no air services. But when not on duty, Dr Esser and Dr Curtis enjoyed bushwalking, canoeing, horse riding and skiing with their family. They assisted each other in broad community work over many years, including their efforts to provide support for and de-stigmatise autism.

Dr Phil Jolly arrived with his family in the late 1980s, living in Merrijig and working at the hospital and Mansfield Medical Clinic, where he became one of the partners. His impression of the hospital was of a large family with Drs Esser and Curtis two of the 'grown-ups'. Dr Jolly thrived within the highly experienced team who had worked together for decades and knew each other as well as any siblings. Theatre was like being in someone's kitchen in terms of the communication across the table, and theatre morning teas meant a home cooked cake and hot chips from the kitchen.

In 1987, **Dr Ross Gilham**, founder of Central General Practice handed the reins to **Dr Kerrie Davis**, who was known to Dr Jolly from university days, and **Dr Will Twycross**, who remains a current medical officer for the hospital. Dr Twycross has now served for well over three decades and in 2004 was awarded an OAM for his services to the Mansfield community. Dr Jolly describes both GP practices in Mansfield working well together, culminating in the joint venture of the Mt Buller Medical Centre in 1995, which is now operated by the hospital. He recalls the busy summers when Lake Eildon and the surrounding towns were full. One New Year's Day, the hospital had 70 presentations, and 4 helicopter evacuations.

The doctors serving Mansfield District Hospital today continue to exemplify the spirit of Great Care and broad community service set down from the beginning in 1871. In this last 150th anniversary article, we can consider the different medical challenges of today, but look forward with the same dedication, innovation and community spirit shown by our hospital's founder. Dr Jolly says the hospital's strength has been all the fabulous people who contributed over the years: medical, nursing, domestic and administrative staff as well as board members, resulting in decades of service being not unusual. He says he often finds himself holding up the hospital as an example of what can be achieved when a community works together. We thank everyone who has contributed to our story and invite everyone to continue joining us as we celebrate the 150th anniversary of our Mansfield District Hospital.

COVID-19

Testing

The COVID-19 Testing Clinic has seen many faces and places in the almost 18 months since commencing. We started at Mt Buller back in June 2020, and then also began testing at the Buller Sports site in Mansfield on the 21st of July 2020. In the middle of September, we moved to the drive way of the Mansfield Medical Clinic, where we tested over 100 people in a day for the first time. This was related to the great NSW/Vic border closure over New Year's where families made the mad dash back across the border for testing to avoid 14 days quarantine.

On the 27th of July 2021 the Department of Health (DoH) promptly announced that COVID-19 testing was required for all people entering Alpine resorts, commencing that same day and this obviously had a major impact on our operations. We were immediately inundated as local Alpine staff hurried to get tested. MDH staff came from everywhere to help answer phones, fill in paper work, and perform COVID-19 tests. Anticipating the ongoing demand, we built a testing site at the Mansfield Showgrounds on the 28th, and began testing on the 29th of July. We spent three months at the Showgrounds where we regularly tested 100-200 people daily, and ceased the need to be by appointment only.

On the 31st of August we implemented Test Tracker, which is part of the DoH COVID-19 response and we use iPads and QR codes as part of this process allowing data to be collected in real time, eliminating all physical paperwork. During this time, we also saw several outbreaks and each time MDH staff came from far and wide to assist. On our busiest day to date we performed 431 COVID-19 tests, and were assisted by the Mansfield Shire for traffic management as cars lined up and waited for up to three hours.

On the 23rd of October we moved to the Mansfield Racecourse, our 5th location in a bit over a year, and hopefully our last, and we have certainly have been made to feel very welcome. As all things COVID-19 we don't really know what the future holds, as the guidelines are always changing, most recently the reduced isolation requirements for those who are vaccinated and the implementation of Rapid Antigen Testing.



The COVID-19 testing program would not have been possible without the ongoing support, kindness and generosity from the Mansfield community, and also our MDH staff who dropped everything to come and assist their colleague and the community, at times of need. It can be repetitive work sticking things up people's noses, but we do have fun, and weirdly look forward to a potential outbreak when we get to all work as a team to protect the community.



Vaccination

When the call to commence vaccinations came, Mansfield District Hospital quickly put up its hand to join the Hume Region Local Public Health Unit as a vaccination sub hub.

The vaccination sub hub has vaccinated 13,807 members of our community and now over 95% of the Mansfield Shire are double vaccinated.

The vaccination staff have administered 5,059 doses of AstraZeneca, 8,583 doses of Pfizer and 145 doses of Moderna.

Most vaccinations were administered within the Buckland Centre but our staff went out of their way to support the community to be vaccinated in a variety of places. This included on site at a local school, in the homes of people who could not access the Buckland Centre, outside in the garden for patients who had concerns about entering the clinic and at the hospital for people with complex medical histories.

The clinic will commence the roll out of booster shots in the coming months.

Volunteers Assisting at the Vaccination Clinic

Since the clinic opened in Mansfield, there have been at least 3 volunteers consistently supporting with community members entering the clinic.

Margaretanne Hood, Nurse Unit Manager said “The volunteers are nothing short of fabulous. They have been an extraordinary asset to our service. They record their hours in the sign on register at the clinic and to give you an example, Mary Reilly, from the 1 July – 22 September has volunteered 78 hours.”

Our volunteers support us with a friendly, warm first point of contact for patients presenting for vaccination. We like them to be happy and engaged in their roles. Volunteers report on satisfaction with helping with the COVID-19 vaccination response and finally they help our workforce. Volunteers are an integral part of the team.

‘Volunteers get to meet lots of lovely people at the front door. The crew here is amazing...it’s been brilliant’. Mary Reilly

A personal account of testing positive to COVID-19

The threat of COVID-19 has never been too far away from us, and several months ago it came that much closer.

Early in the pandemic changes were made to Mansfield’s Urgent Care Centre (UCC). A stand alone building at the rear of the hospital was renovated to become the Acute Respiratory Assessment Centre (ARAC). This building was used to provide care to people who were suspected or confirmed COVID-19 cases. It provided physical separation from the hospital building and was equipped with negative airflow. All patients presenting to UCC were screened, asked a number of questions and had their temperature taken. The outcome of this screening determines if care is provided in either the UCC or in ARAC.

Ron has several chronic medical conditions and when he felt unwell with a high temperature and abdominal pain the thought of COVID-19 never entered his mind, as he had experienced similar abdominal pain in the past. He considered this to be an exacerbation of existing conditions.

Ron had attended Shepparton for a medical appointment some days prior. There was a brief stopover at a shopping centre on the way home. At that time, the shopping centre wasn’t a known public exposure site.

Prior to presenting to Mansfield District Hospital, Ron’s daughter took his temperature. His temperature was 38 degrees.

When Ron presented to UCC his high temperature had resolved. He had not been to any known exposure sites and on face value would not have been considered to be suspected COVID-19 positive. It was only that it was mentioned to a staff member that Ron’s daughter had taken his temperature and that it had been high. Coupled with the fact that Ron had recently visited Shepparton, and even though this was not a known public exposure site, it was decided to care for him in ARAC. All patients in ARAC are swabbed for COVID-19. It was decided that it was necessary to transfer Ron to a regional health service

to identify the cause and to manage his abdominal pain. It was at this hospital and in the early hours of the next day that Ron’s COVID-19 swab result identified him as being positive for COVID-19. He required hospitalisation and was transferred to a metropolitan health service.

In addition to Ron, his family required testing and isolation along with a number of staff from both MDH and the regional health service.

Both Ron and his wife had received their first dose of COVID-19 vaccine at the Mansfield Vaccination Clinic several weeks beforehand and MDH staff caring for Ron had all been fully vaccinated. Importantly no other family members or healthcare staff returned a positive test result.

Several months later Ron is still suffering the effects of COVID-19. Major surgery has been postponed. He continues to become tired with minimal exertion and it is only recently that he has been able to sleep and think clearly.

In the words of his wife “We never really knew what COVID-19 did to your health but we do now. If you think it won’t happen to you it can. Please think about the vaccine”.



Staff Health and Wellbeing

What have we achieved

Although COVID-19 has been the main focus for 2021 as we navigate the ever-changing management, restrictions and mandates, the MDH Wellbeing committee has continued to focus on ensuring our staff feel supported, engaged and valued throughout this challenging year. Some examples of our initiatives:

1. **Australia Day** – we engaged our staff on Facebook asking them to post a picture of their favorite Aussie holiday spots, because we were in lock down. All staff were offered some Aussie treats; sausage rolls and lamingtons and we were all in the spirit.
2. **March** – we supported Clean Up Australia (local Mansfield Clean Up) with staff coming out on the weekend to clean up around the town.
3. **April** – we celebrated National Sibling Day. We asked staff to post photos of themselves as babies for staff to guess and this was very well received.
4. **May** – Staff Biggest Morning Tea. We organised a coffee van and provided some healthy but tasty morning tea options for all of our staff.
5. **June** – We began an MDH staff book club, with members currently reading their third novel. This group meets every few months to discuss the book over a cheese platter at one of our local hospitality establishments.
6. **MDH Plant sale** – through the hard work and dedication of our maintenance staff and wellbeing team, we have collected and nurtured a variety of plants for sale to raise funds for outdoor furniture for our staff areas.

West Ridge Walk

The Wellbeing Committee organised the MDH bus to enable interested staff (approximately 12 people) to walk up the formidable West Ridge to Mt Buller on 19th of March 2021 (in between lockdowns and other COVID-19 restrictions). Upon completion, staff were transported back to Mansfield.

Despite varying fitness levels, everyone completed the walk and felt a sense of achievement for having done so. The views and magnificence of our local area's natural wonders counteracted the tired legs after approximately 4hrs of walking. We even saw a snake on the track. This walk had the desired effect of improving fitness and enjoying nature.



MDH Netball Competition

On a cold night on the 17th May we convened 4 teams of MDH employees to fight it out in an interdepartmental netball competition, we had teams from Bindaree, Buckland, Acute and General Administration. With a range of skill levels, from those that play competitively offering advice, to those who dabble and those that may have tried it once at school some years back; it was team work at it's best, especially an all-out effort to beat the team including Cameron (our CEO).

Let's say, our staff are competitive and despite a few injuries, everyone fought hard with the Acute team taking the honours, winning the inaugural MDH gold bed pan. Many are keen to make this a regular event.



R U OK Day

On Thursday 9th September, we enjoyed homemade cupcakes from our wonderful kitchen staff and asked each other, are you ok? One of our diligent wellbeing committee members, acted as the R U OK representative and organised this morning tea, promotional material to inspire conversations with staff and generally focus on our staff and their wellbeing.

The message was about asking our colleagues, friends and family if they really are ok today? The time spent enjoying our cupcakes helped inspire these conversations.



PEOPLE MATTER (STAFF) SURVEY RESULTS 2021

HIGHEST SCORING RESULTS – HIGHLIGHTS

- MDH values human rights
- Employees are proud to work for MDH
- Models models our values
- High standard of service delivery
- Diversity focus
- Effective team work
- Job and organisation purpose alignment
- Our workplace is focused on safe work practices



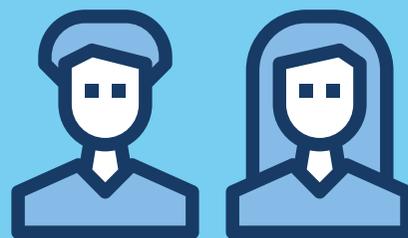
OUR OPPORTUNITIES FOR IMPROVEMENT



- Equal opportunity for promotion or access to job opportunities
- Action on last years survey results
- Time to perform my role effectively
- Recognition for contribution and achievements
- Information sharing
- Prevention of stress
- Learning and development needs
- Conflicts of interest

NEGATIVE BEHAVIOURS UPDATE

- 2021 results improved with staff reporting they had experienced negative behaviours in the past, but were no longer experiencing them
- A slight increase in violence and aggression, linked to abusive consumer behaviour
- Increase in staff experiencing discrimination



ACTIONS



1. Equal opportunity - focus on recruitment process
2. Communicate actions and progress on 2021 results
3. Offer learning and development opportunities
4. Promote information sharing
5. Stress prevention – wellbeing activities and encourage annual leave
6. Continued education to reinforce positive behaviours
7. Communication – two way feedback for recognition and achievements

Staff Excellence Awards for 2020

This year we have introduced two awards for excellence to acknowledge staff who go above and beyond in their work. There is a clinical and non-clinical award. Nominees may be either an individual staff member or staff group. Nominations are made by their peers and decided upon by a Board selection panel.

MDH acknowledges the following nominees, who although were not shortlisted, made valuable contributions to MDH. We want to applaud you and thank you for your work.

The following list of staff have been formally recognised by their peers and it is an achievement of which they should be immensely proud.

- The Visiting Nursing Team
- Rebecca Bateup
- Honi Smith
- Dempsey Parsons
- Tracey Woods-Lowry
- Kerryn Brakels
- Kelly Anstee
- Deb Smith
- Amanda Vasey
- The COVID-19 Testing Clinic

Once again congratulations – our success as a health service is a direct result of the quality of our staff.



Our Shortlisted Nominees are as follows:

- Belinda Howes who was nominated for providing care above and beyond
- Rachel Wolfe for role modelling respect, compassion and empowerment.
- Fiona Scott for kind and compassionate communication to ensure best outcomes for care
- Annette Flechsig for supporting and teaching Health Care Workers on placement with emphasis on resident respect and dignity.
- MDH Wellbeing Committee for promoting and encouraging staff wellbeing and empowerment.

The winner of the 2020 Award for Clinical Staff Excellence was:

BELINDA HOWES

Belinda comes to work each day full of good humour and kindness. She has cut resident's hair in Buckland when hairdressers were not allowed in. She always does whatever she can to make each and every resident under her care have a great day; from getting people up out of bed who normally are in bed all day, to talking to people who spend their days in silence, to showing small acts of kindness that show the residents that she cares. She is always ready to help other staff and nothing is too much trouble.

Belinda delivers care above and beyond the normal, with an attitude of can do in a caring, kind and enjoyable way for the residents. She shows great respect and is a great team worker. Belinda approaches her task with a sense of fun and caring. Everyone benefits from her; other staff that work with her and the residents she cares for.



The winner of the 2020 Award for Non-Clinical Staff Excellence was:

WELLBEING COMMITTEE

The Wellbeing Committee aims to provide MDH staff with activities and events that promote and encourage staff wellbeing and empowerment. The Wellbeing Committee members meet fortnightly, voluntarily to put forward ideas and suggestions.

The Wellbeing Committee promotes all of the organisational values by delivering great care, respecting each other, working together and empowering each other. Never has this been more important than 2020.

Education

MDH Education Unit aims to inspire all staff to fulfil their potential and see MDH as an employer who supports and facilitates staff to gain skills. The Unit offers continual opportunities for learning and development. We have staff across the hospital gaining new experiences through scholarships and training programs. We also host School Based Apprentices, Traineeships and placements for staff undertaking study.

Students

Although the COVID-19 pandemic has created many hurdles for Clinical placements across all disciplines, MDH still supported 50 students on placement over the 2020/21 year. Students enjoyed placements in Nursing, Midwifery, Physiotherapy and Individual support Health Care Workers (HCW). We are pleased to support students through their studies and provide an opportunity for many local students to complete placements close to home. As a public hospital we support the teaching of our Healthcare Workforce. Placements at MDH provide students with opportunities and a variety of care that they may not experience elsewhere. Feedback from our students is overwhelmingly positive, making placements at MDH sought after across the region. We look forward to expanding our clinical placements on offer into other allied health disciplines during the next 12 months.

"I have enjoyed this placement immensely. I have felt like MDH has made an effort to make us feel part of team, they are supportive family network. I have learnt so much and have got to try so many techniques which prepared me to choose the field I want to go in and work."

**University of Melbourne,
Masters of Nursing Science
Student 2021**

Boost programs

In 2020 the MDH Education Unit were successful in gaining funding for an Enrolled Nursing Program. We branded our program "BOOST", with the aim of BOOST-ing those in our Enrolled Nurse workforce in terms of confidence, clinical skill, build workforce capacity; and support a culture of learning amongst our Enrolled Nurses. We had 5 participants in our first BOOST Program 2020/21 and have four participants in the 2021/22 program currently.



The 2020/21 BOOST program included 4 Workshops/Study Days, 12 reflective practice sessions, 13 skills sessions and lots and lots of discussion!

BOOST participant feedback included:

- "Each session whether on leadership directly or via practical scenarios was effused with the idea of leading even if the role wasn't specifically as an in charge"
- "BOOST gave me the confidence to take leadership over my own nursing career and direct it in the path I want to take"
- "Discussing with my fellow Enrolled Nurses and education team events/issues that came up and getting their feedback, hearing their stories as nurses. This helped me reflect in areas where I could improve and gave me ideas on how to handle other situations"
- "The BOOST Program gave me a more holistic idea of what the education team are capable of and how they want to further your career in any way they can. I feel I could go to them for any advice and guidance and would have no hesitation in asking them to facilitate an area of education I would like to improve in"
- "It gave me a sense of value that Enrolled Nurses are worth improving"

100% of Nurse Unit Managers reported a positive change and improvements in all areas surveyed relating to professional skills and personal skills by the Enrolled Nurse BOOST cohort.

Many of the 2020/21 cohort are actively working on self-identified quality improvement projects within their units. We have loved seeing the empowerment of this group of Nurses and the impact this can have on the wider hospital and the provision of Great Care.

Acute

Maddie Allan – Patient Story

Mansfield District Hospital (MDH) was presented with an opportunity to be a part of the care of a well-known community member.

It began when an unfortunate accident caused Maddie Allen, a young 24-year-old, fell from her horse, sustaining a serious head injury. Maddie was initially treated at the Alfred Hospital in Melbourne, prior to being transferred to Caulfield Rehabilitation Centre.

It was at Caulfield Rehabilitation during the COVID-19 pandemic lockdowns, unfamiliar environments and limited visitors, that Maddie, her fiancé and family, knew that the recovery process would improve if Maddie was able to be nearer to home.

Maddie's rehabilitation specialist felt this approach was worth trying to enable Maddie to progress with her rehabilitation. There was an option to return back to Melbourne should Maddie benefit from more intensive therapy down the track.

Once in Mansfield, Maddie was an eager learner and receptive to all intervention which made the rehabilitation a positive experience.

There was planning involved prior to accepting Maddie's arrival. This included organising equipment, increased staffing, home visits to ensure home destinations were accessible in a wheelchair and setting a realistic time frame we could provide rehabilitation and train Maddie's support workers to care for her.

Eileen Wettenhall, MDH Occupational Therapist said, "I had to juggle my outpatient caseloads whilst setting aside time for Maddie's care. It also meant having the whole nursing and allied health team on the same page a priority and we made posters, took pictures and used diagrams and homemade videos so that all staff were able to reinforce what we were wanting to achieve in therapy."

Vanessa Jacobs, one of MDH's Physiotherapist stated "One of the many highlights of working with the larger specialised hospitals was being exposed to the many assistive tools used to support with cognitive function and specialist guidelines for therapy that we hadn't used in our facility prior to Maddie's accident."



Maddie Allan



Maddie was determined from Day 1, introducing herself as "Hi, I'm Maddie, and I want to walk!". This strong will to achieve success carried on through out every session with set mobility and functional goals being completed daily before the due time. The biggest achievements for Maddie were related to independence, having regained the ability to do the things we all take for granted, like sitting up on the edge of the bed with no assistance to balance and daily functions such as brushing her own hair.

During her time as an inpatient at MDH, Maddie won the hearts of all those who met her. The kitchen was making her favourite foods to ensure she had the energy for the taxing Physiotherapy and Occupational Therapy sessions and even our domestic services were assisting with posters in her favourite colour to enable her to hang pictures of her family and friends, all of which contributed to her success.

The Physiotherapy sessions were always inventive with the minimal specific rehabilitation equipment available. We were very fortunate to have a neurological specific physiotherapist on the team to guide session planning. Vanessa Jacobs said, "Maddie was always very enthusiastic to participate and it was always pleasurable to work with someone so determined and to share their passion to succeed."

During Maddie's time at MDH, both Physiotherapy and Occupational Therapy were able to work towards her functional physical ability goals of returning home, together with the support planning for her ongoing care. This included home visits to ensure the appropriate mobility equipment and training was provided to those who were supporting the transition home.

One of the ways we were able to communicate the specific care needs was to develop an online video collection for not only our staff, but the family and support workers to be able to view at any time. This along with one-on-one carers training in the hospital meant we were able to provide a quicker and safe transition home and the ongoing care and rehabilitation provided by Northeast Health Wangaratta rehabilitation team and local community services.

Since transitioning home and into the community, Maddie is back on her horse, participating in reformer pilates, helping with her home renovations, making dinner and cakes with her carers and enjoying planning her wedding. Most importantly her goal of walking is closer to returning her independence.

Midwifery

Bre's story

My husband, our 2-year-old and I recently moved back to Mansfield after a period of living and working in Melbourne.

I am a 'local' girl, having lived in Mansfield most of my life. I have also been a member of the MDH nursing team for a considerable part of my working life, I was thrilled to be returning home and working at our local hospital.

Not long after returning home we found out we were expecting our second child, although we were excited we were also terrified. Our first birth experience was in a large Melbourne maternity hospital and unfortunately was not the positive experience we had planned for.

From my very first appointment with Dr. Graham Slaney I felt supported, listened to and encouraged to birth the way we wanted too whilst also considering what was safe for us all in a small rural hospital. Dr. Slaney and his team provided impeccable care throughout my pregnancy even having the technology and education to allow me to have a look at our bub via ultrasound during our routine appointments.

The antenatal care provided through MDH was sensational. Although the midwives were also my colleagues and friends they were always professional, knowledgeable and supportive. The midwives in consultation with our doctors helped us to make an informed decision about how to best welcome our baby into the world. I had a few minor hiccups during my pregnancy and the staff were always accessible and a wealth of knowledge and reassurance when I needed it most.

We delivered our baby girl via elective c-section in a room full of familiar faces in the heart of a COVID-19 lockdown. Although we were very nervous the experience was amazingly healing for us all after our previous traumatic birth experience. I cannot speak highly enough of the care, support and education we received during our delivery and post-natal stay.



Although Covid-19 restrictions made things challenging the long chats with the midwives, pop ins & coffee from the nurses and the smiling faces of the catering and domestic team made it much easier for us to rest, recover and prepare to return home to life as a family of 4. We are forever grateful to the team and feel very blessed to have delivered our baby at MDH.

Thank you

Bre, Mat, Blake and Baby Macy

Aged Care

Buckland House

Another year COVID-19 and safety lockdown could have been stressful; thanks to the positive attitude of our residents, families, and staff we have weathered it well. Individual solutions to visiting our residents were found, whether it were window visits, zoom meetings, or 1-1 time reading emailed letters.

Our residents are missing their families especially seeing their youngest grandchildren. They are also missing community contact, our volunteers, and our bus trips around beautiful Mansfield.

On the plus side we have wonderful company and food, excellent nursing and physiotherapy care, music, local history and interests to explore, and plenty to do and talk about. This year we have loved our letters from Timbertop students, and the support of our church ministers even when they can't join us. The residents were especially appreciative of our care staff filling in the roles of hairdresser and barber: we are all looking good!

Mrs Iris Lawson faced turning 100 years of age without her NSW family: she celebrated with a zoom family party, all of the Buckland staff dressed in her favorite glamorous red and The Dance of One Hundred Balloons. Iris said later, "You are all gems, and I am glad to have had my birthday here with you all. If I had still been at home, I would have been alone."



Iris Lawson celebrated her 100th birthday with Nurse Unit Managers Bre Dunnachie (L) and Sue Shinns (R)

Mrs Val Griffiths is grateful that she can speak to all her girls by phone, and to visit with her husband of sixty-seven years via a garden visit. "And if I ever feel a bit lost, I can have a play on the piano, or a chat with Teddy our cat. I am never lonely."

Mrs Pearlina Murray enjoys the wide range of activities, and after lockdown is looking forward to creating a herb garden and have a trip to Kmart.



Resident Pearlina Murray flower arranging



Enrolled Nurse Belinda Howes with resident George D'Arcy

Another first for our residents was the recent 5.9 magnitude earthquake which was certainly an experience for our residents; the tremors felt and sounded as if a train was rolling across the roof of Buckland House.

Mrs Joan Hamilton: "I was in the lounge, and it felt like someone had grabbed my chair and was shaking it. I was more curious than scared."

Mr Dick Armitage: "I was in my armchair, and it was rocking like a Luna Park ride."

Mr Eric Lindbom: "After my coffee escaped onto my table, I thought it might be a good idea to hop under it."

So while it has been very much an in-house year, it has been far from boring...

Carol Lowden

Diversional Therapist

Bindaree Retirement Centre

Pet Therapy with Maggie

Maggie the Spoodle started coming to see her old owner Jenny Ross, when she entered Bindaree in December 2019. I took Maggie into my family when I heard Jenny was going into Bindaree. Jenny's son, Tim asked if I would take Maggie to see her sometimes and I agreed to do this.

When I would bring Maggie in to see Jenny, the rest of the Shaw Wing residents became familiar with Maggie. When restrictions were introduced due to the COVID-19 pandemic, it became difficult to bring Maggie to see Jenny and the other residents. Earlier this year I was employed as an Activities Assistant which enabled me to bring Maggie in for ½ a day so she could brighten up the day of the Shaw Wing residents. Each week it has become apparent that she loves going in to see them and they really love to see her!

Maggie has a lovely demeanor and knows how to act when around the residents (she is gentle and happy and likes to just sit beside them). Maggie has a particular strong connection with her previous owner and they spend a lot of time with each other either in her room or out in the lounge area. She brightens up Jenny's day!

Maggie also has a strong connection with Norm Debeuz (he stays in his room mostly), she gets so excited when she sees him as he does her. On one visit she gently jumped up on his lap and stayed there for about 1 hour, and as you



Resident Norm Debeuz and Maggie the Spoodle

can see, they both were very happy and content.

It is beautiful to see the excitement and joy from both the residents and the dog. Maggie now attends Shaw Wing for my whole shift and this has worked really well, now when I get dressed for work, Maggie gets so excited.

Jodie Bell
Activities Assistant

Visiting Nursing

A Family's experience of End of Life Care in the Mansfield Community

"My wish is to be at home with my family", expressed our client.

On discharge from the treating Melbourne Hospital, the client and family were advised that management of their symptoms, was possibly, not able to be provided in their home and a hospital admission may be required, due to the complexity of the disease process.

A referral was made to Mansfield's Visiting Nursing Service (VNS) through Benalla Palliative Care, our regional palliative care provider.

With no further active treatment recommended, our client commenced a treatment plan to manage the impact of the condition.

Our initial visit introduced our service and detailed the nursing care and support which could be provided. Visits focused on education in the end of life pathway with the client and their family. Ongoing discussions included the possible changes to care that may occur and the additional support needs of both the client and the client's family and carers.

A referral was made to an Occupational Therapist to ensure the appropriate equipment could be put in place so as care needs changed and resources were available. VNS staff continued to liaise with the client's doctor to ensure continuity of care and management of symptoms.

As care needs increased so did our scheduled visits. VNS nurses continued to manage all care in conjunction with and in consultation with the client, their family, their doctor and Benalla Palliative Care.

Reflecting back to the day of discharge from the Melbourne hospital, the client and family did not know what was available to support them to keep their loved one comfortable at home. They felt they were very fortunate to be living in Mansfield and have access to the VNS nurses with their care, knowledge and support. Importantly, this enabled them to achieve their goal to provide care at home, fulfilling the wish expressed by their loved one.

Primary Care

Mansfield Respond Project

The Respond Project is a National Health and Medical Research Council funded initiative being conducted by Deakin University in conjunction with local communities across the North East region of Victoria. Mansfield is one of 12 Local Government Areas (LGAs) participating in the Respond Project. The Respond Project is all about a shared community response to supporting healthy children and preventing childhood obesity.

The Mansfield Respond Project is a partnership between community members, Mansfield District Hospital (MDH), Mansfield Shire Council (MSC) and Deakin University. The community members are the 'doers', they are out there in the community actioning change that promotes an improvement in the health and wellbeing of local children. MDH and MSC have the shared aim of empowering community led actions. This methodology and creating this partnership are considered to be best practice in enabling long term sustainable change within communities. Deakin's aim is to evaluate the impact that these community led actions have.

What makes the Mansfield Respond Project so unique is the way in which community is involved. Traditional health promotion practice involves health promotion workers going out into the community with specific directives from the department and telling the community what needs to be implemented to achieve health and wellbeing – such an approach is not as effective at achieving local buy-in, nor sustainability. Whereas this method has members of the community driving the positive changes from the ground up. When the community members are the thinker and the doers themselves, we get buy-in and we get sustainability.

Mansfield community members were invited to participate in the Mansfield Respond Project since its inception in 2019. Consultation sessions were held where community members were posed with the question 'what helps and what discourages Mansfield children to eat healthily and be physically active?' Community members were then asked to come up with feasible solutions that promoted wellbeing. Responses were mapped out and themed. Our three working parties were formed; Food, Nutrition & Water, Physical Activity and Social Connections. The working parties that are made up members of our community who are invested in promoting the health and wellbeing of local children. Over the past 2 years they have been busy delivering many wonderful initiatives, some of which are highlighted below.

Food, Nutrition & Water:

- Mansfield Fresh Food Drive (MFFD)
- Soup for Schools
- Feeding Teens Webinar
- Mansfield Community Food Access Guide

Physical Activity:

- Mansfield Summer Series
- Mansfield Bushwalks for This Girl Can week
- Active Footpaths Project
- Kids, Try Something New in November

Social Connections:

- Mansfield Resilience Project
- MDH Mansfield Respond Project Facebook page.

The strong connections we have built with our community has allowed us to achieve so much in such a short and challenging period of time, and as such we have been recognized as leaders in this field of work.

We truly are the gold standard for working in partnership in Victoria, and this has been recognised by the team at Deakin University who oversee the broader Respond Project, including Steven Allender, Professor of Public Health and the Founding Director of the Global Obesity Centre.

Just recently we have been working with them to capture the work we have been doing. We have submitted an abstract to the National Rural Health Conference, and another to the Australian Journal of Rural Health, which has since been accepted with work on a full manuscript underway.

To keep up to date with the Mansfield Respond Project you can follow us on Facebook **MDH Mansfield Respond** or visit our website; <https://www.mansfieldrespond.org.au/>



The Mansfield Fresh Food Drive is held at St John's Church Hall



Volunteers working in the Bindaree vegetable gardens which are used to grow produce for the MFFD



A child enjoying some snow peas she collected from the MFFD



Active Footpath stickers

Mansfield RESTART

The Mansfield RESTART program is currently funded by Bushfire Recovery Victoria to support the health and wellbeing of our community. The Mansfield RESTART program is a community-led drug rehabilitation intervention, designed to reduce drug use and the effects of drug use and addiction on individuals, their families, friends, and the broader Mansfield community. The Mansfield RESTART program has been supported by the Penington Institute, Williamson Foundation and the University of Melbourne, Medical School. The program, which operates from the Mansfield District Hospital, provides case management, treatment and prevention to tackle the problems of drug use in the community. The model of care is led by Mansfield District Hospital and guided by key community stakeholders including: GPs, local government, lawyers, police, other strategic service providers and key persons within the community. The program is designed to offer wraparound care from a broad range of local services operating in Mansfield.

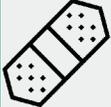
“RESTART is so supportive and helped me to get to where I wanted to in life.”

“Happy with life and glad to have achieved it with your help. Thanks for getting me on the right track for a better life.”

“The support I received was monumental and lifechanging. When I was at my lowest point, this service was introduced to me and provided so much help.”



ACHIEVEMENTS

 <p>Who we have seen July-December 2020</p> <ul style="list-style-type: none"> • 30 new referrals • 33 current clients • 259 occasions of service 	 <p>Effective treatment that attends to the multiple needs of the individual; not just drug use, including medical and psychological wellbeing, social and family networks of support, vocational, spiritual, legal domains of life. Respecting age, gender, ethnicity, and culture.</p>
 <p>Implementing evidence-based best practice with support from St Vincent's Addiction Medicine and Goulburn Valley Health Alcohol and Drug service.</p>	 <p>Wide referral sources – Family, Law, Legal, Medical, School, Maternal Child Health</p>
 <p>Recognition of RESTART program by the Magistrate from court hearings – ongoing benefits to the individual and also community by referring clients into the Mansfield RESTART program.</p>	 <p>Established a 24/7 support service, encouraging access to the hospital services as first line support in a crisis</p>
 <p>Established and offer patients a wrap-around service which is holistic and person centred increasing chances of recovery</p>	 <p>Presence of interprofessional collaboration with local services using integrated referral pathways, both into and out of the program to other services</p>
 <p>Delivered over 15 education sessions in various platforms reaching a diverse and wide community</p>	 <p>Knowledge sharing within medical specialties to enhance evidence based best practice service delivery</p>



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