

Maldon Hospital



Volunteers 2013

Quality of Care Report 2013

Mission

Building community health and wellbeing.

Vision

Our vision is to be a thriving health service contributing to a happy and healthy community.

Values and principles

Responsiveness - We listen to each other, to our residents and community and respond to their needs.

Compassion - We empathise with and care for the people with whom we come into contact.

Strength and reliability - We are trustworthy and give confidence to our community and people in the quality and viability of the service.

Respect - We embrace every individual as valuable, and invite their different views and experiences, and protect their dignity.

Integrity - We are open, honest and fair with our dealings, doing what is ethical and right for the people who rely on Maldon Hospital for services and employment.

Team and people - We support those around us to be the best they can be, and help each other out.

Excellence - We continually strive to improve ourselves, our practices and processes to excel and be the best at everything we do.

Courage - We lead, take action and calculated risks to achieve our vision.

Stewardship - We govern transparently, building a better, more vibrant and viable Maldon Hospital.

Human Rights - We actively implement, promote and support the human rights set out in the Charter of Human Rights and Responsibilities Act 2006.

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DIRECTOR OF NURSING REPORT – Jan Hutchinson

It is my pleasure to introduce the Maldon Hospital Quality of Care Report 2012 – 2013. This report gives us, the management and staff of Maldon Hospital, the opportunity to share our success and achievements with the broader Maldon community. It is not uncommon for people in the general community to be unaware of what goes on in the local Health Service until they, or someone they know, needs those services. In the case of Maldon Hospital this occurs quite often when people accessing the service find that we provide in-patient acute, low and high care residential, Urgent Care, District Nursing and Adult Day Activity. From the hospital building other services are out-sourced allowing members of the community to receive services such as pathology, podiatry, physiotherapy and eye care within their own town.

The Hospital and the local community can be especially proud of the residential aged care units Mountview Home (16 bed high care) and Jessie Bowe House (12 bed low care). Both units are fully accredited under the Aged Care Standards Agency and are frequently congratulated on the home like environment and the Health and Well Being Program with a strong Person Centred Care focus. In April the Board of Management acknowledged the importance of the Health and Wellbeing Program by extending the hours from 20

hours a week to 32 hours. This program also benefits from the input and support of volunteers who give their time to ensure the residents in our care receive a variety of activities that may be either in the home or an outing to the local shops or surrounding areas.

Volunteers also support the hospital community in other ways. The dedicated team of volunteer gardeners meet every Wednesday morning no matter what the weather conditions to maintain the extensive garden area which gives so much pleasure to the residents. The mobile kiosk trolley is taken around the hospital twice a week offering sweets and toiletries to residents and/or patients in need. The Social Support Program continues to function smoothly with support from volunteers who assist with Monday Club, driving the bus and escorting clients on outings.

We cannot forget to thank the wonderful team of volunteers who meet monthly (and more often for those on committees) to ensure the Hospital meets all regulatory requirements and functions within the strict guidelines set by the Department – the members of the Board of Management.

Thank you to Dr Chris Fowler and employees of the Maldon Medical Clinic, located within the hospital grounds, for their ongoing commitment to meet the needs of both the Hospital community

and the wider community of Maldon.

Castlemaine Health has continued to provide contracted support services including the provision of catering, maintenance, supplies, risk management / occupational health and safety, human resource management, financial and environmental services. The collaboration between these two organisations has allowed Maldon Hospital to continue to function and serve the community that has worked so hard to maintain the service. Both organisations are led by CEO Ian Fisher; the relationship between the two hospitals would not be so successful without the ongoing commitment of the CEO, members of the Executive Team and Department Heads at Castlemaine Health.

I would like to thank the Board of Management and all staff and volunteers who have contributed to and continue to support our community within a community here at Maldon Hospital.

Jan Hutchinson
Director of Nursing



ACCREDITATION

Accreditation is a process whereby external assessors measure our compliance with meeting stringent healthcare accreditation standards established by approved accreditation organisations. These standards are developed to be an effective measure of safe and effective care and continuous improvement.

Improvements made in the last 12 months

As an outcome of regular system reviews there have been many quality improvement activities completed. These have been reported to our Board of Management and include:

- The purchase of two NIKI Syringe Drivers
- An upgrade of the Nurse Call System
- The purchase of a 'Sara Steady' standing machine
- Additional Vital Signs monitor (Mountview Home)
- Two Urine analysers
- Patient (cardiac) Monitor

ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS (ICAP) PROGRAM

The Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program was established in Victoria in late 2004 in response to research that identified that Aboriginal and Torres Strait Islanders have more health problems than the general community. Staff has procedures to follow to improve health for members of this community if they are admitted, however there have been no Aboriginal or Torres Strait Islander clients this year.

Department of Health Cultural Diversity Standards	
1. A whole of organisation approach to cultural responsiveness is demonstrated.	Planned Improvement: Our education program was reviewed to ensure that all relevant staff have access to cultural education.
2. Leadership for cultural responsiveness is demonstrated by the health service.	Achieved: Annually an Access and Inclusion Plan which incorporates cultural diversity is submitted to the Department of Health.
3. Accredited interpreters are provided to clients who require them.	Achieved: No clients required the use of an interpreter during this year. Access to interpreter is available for any client who requires one. Translated materials and resources can be provided in any required language.
4. Inclusive practice in care planning is demonstrated including, but not limited to, dietary, spiritual, family attitudinal, and other cultural practices.	Achieved: Cultural considerations are incorporated into Care planning for all clients if required.
5. Cultural and Linguistically Diverse (CALD) consumer, carer and community members are involved in the planning, improvement and review of programs and services on an ongoing basis.	Regardless of nationality all community clients are invited to provide input into the planning and development of services at Maldon Hospital.
6. Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness.	Achieved: Education in cultural responsiveness was provided to 100% staff.

Type of Accreditation	Current Accreditation Status
Australian Council on Healthcare Standards (ACHS)	Acute Services accredited until 30th November 2016. A successful alignment survey (aligned with Castlemaine Health) conducted Sept 2012.
Aged Care Standards Accreditation Agency (ACAA)	Jessie Bowe Hostel was re-accredited until 2015 following a very successful audit in March 2012. Mountview Home is accredited to June 2016.
Home and Community Care (HACC) Standards	New Community Common Care standards introduced March 2011. (Awaiting assessment).

	CALD Patients admitted to our acute units 2012/13			
	2012/13	2011/12	2010/11	2009/10
Aboriginal and Torres Strait Islanders	0	0	0	0
Clients requiring an interpreter	0	0	0	0

RISK MANAGEMENT PROGRAMS

Maldon Hospital has a risk management framework in place which is appropriate to the size and scope of the facility services. The framework includes a Risk Management Policy, risk register and established controls for all identified risks.

Incident reporting

All staff members are required to report incidents and near misses using a computerised reporting system to enable analysis and trending to ensure steps are taken to prevent similar events in the future. All incidents and near misses are reported monthly to the Occupational Health & Safety meeting and discussed at the Continuous Improvement and Risk Management Committee if appropriate.

Clinical Governance

The Clinical Governance Committee, a subcommittee of the Board of Management, was established in 2009. This committee oversees that systems are in place, including clinical procedures and audits to ensure safe clinical practice. The committee monitors the numbers of falls, pressure ulcers, medication errors and any relevant clinical risk issues and reports directly to the Board of Management. There were no severe clinical incidents this year.

Staff Credentialing

All contracts for new employees of Maldon Hospital are managed through the Human Resource Department of Castlemaine Health which uses a process called "credentialing" to ensure our health care professionals have the necessary skills and qualifications to provide high standards of care. Medical Practitioners, Nurses, Pharmacists, Physiotherapists, Podiatrists, Psychologists and several other specialists are registered with The Australian Health Practitioner Regulation Agency (AHPRA) to ensure that a professional who has been banned from

practicing in one place is unable to practise elsewhere in Australia.

Police checks are compulsory for all staff prior to employment and are then reviewed every three years.

Medication Safety

Ensuring the safe use of medications is a high priority. A system of safety checks occurs prior to each person being administered medication to ensure the correct medication and dose is provided. Medication errors (variances) are recorded on an incident report and reported to the Continuous Improvement and Risk Management Committee and the Medication Advisory Committee (Castlemaine Health) which results in an analysis occurring to reduce the risk of recurrence.

During this year there have been no errors that have resulted in effects on client health.

Improvements

- Reintroduction of annual medication competencies for all Registered Nurses and Endorsed Enrolled Nurses
- Review of medication charts
- The purchase of two new medication trolleys to accommodate the multi-dose packs

Residential Care Quality Indicator Program

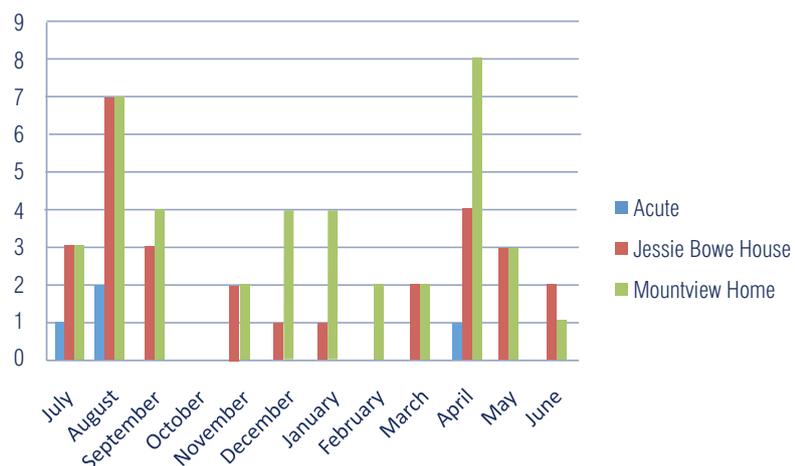
During 2006 the Department of Health introduced the "Quality Indicator System" whereby three monthly audits are conducted and sent to the Department for benchmarking. The areas audited are falls, pressure areas, poly-pharmacy (residents on more than 9 medications), restraint use and weight loss.

We are delighted to say that we have performed very well when compared to other residential facilities across the state for all indicators. The results of the audits and benchmarking comparisons are reported to the Continuous Improvement & Risk Management Committee and the Clinical Governance Committee.

Falls Monitoring and Prevention

Over many years Maldon Hospital has been working to reduce the risk of client falls. On admission all clients are assessed for their risk of falls and an individualised falls prevention plan is developed. Any fall that occurs is registered on the incident database and individually analysed to see if there can be steps taken to reduce the risk of that client falling again. The introduction of sensor mats has reduced the number of falls for certain residents and the use of lo-lo beds has reduced the risk of injury for restless residents.

NUMBER OF FALLS PER MONTH FOR 2012-2013



RISK MANAGEMENT PROGRAMS Continued

Pressure Ulcers

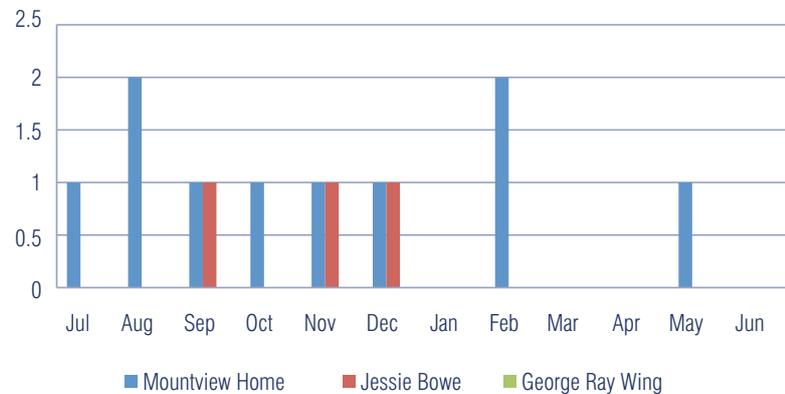
Damage to the skin caused by unrelieved pressure is called a pressure ulcer. This damage can range from skin discolouration through to deep ulcerations and is a preventable injury. An assessment is completed on admission of all clients to determine the degree of risk. For example someone who cannot move independently will be at high risk of developing a pressure ulcer and an appropriate care plan will be developed to reduce the likelihood of occurrence. This may include the use of pressure relieving mattress and/or cushion, frequent position changes and a review of nutritional status. During the year there have been no Stage 3 or Stage 4 pressure injuries (which are the most severe categories).



During the year there have been no Stage 3 or Stage 4 pressure injuries



Pressure Ulcers 2012-2013



Unplanned Weight loss

Weight loss in the elderly client can be difficult to evaluate. When a client has multiple medical problems and is taking several medications it can be very difficult to understand why they are losing weight. All residents are weighed at least monthly and any incidents of unexplained weight loss are examined to ensure that we reduce risk of any client being malnourished. An individualised care plan is developed for all clients including assistance required, special diets, preferred foods and aids required to assist with nutrition. Referrals are made to dieticians when appropriate.

Blood

Use of blood transfusion and blood products is infrequent at Maldon Hospital. There are no blood products stored on the premises and there is an established agreement with Red Cross that any blood product required will be delivered when required. All blood products are administered by a Division 1 Registered Nurse or doctor according to a detailed procedure and following the provision of informed consent by the client.



STAFF PROFILE

Bernadette and Micheala McBain

Affectionately known as the Irish twins, sisters Bernadette and Michaela McBain have lived and worked in the local central Victorian area all their lives.

Bernadette, the older sister by eighteen months, worked mainly in libraries prior to starting her nursing career at Mt Alexander in 1980. After finishing her training she returned to library work and travelled extensively, then in the mid eighties returned to nursing at Maldon Hospital.

Michaela followed into nursing in 1983. After completing her training Michaela also travelled, then started work at Maldon hospital in 1987.

"Having worked at Maldon for this amount of time we have seen many changes to the structure of the hospital and also within nursing. Our earliest and fondest memories include Dr Champion teaching staff back strengthening exercises to reduce back injury, helping out with fundraising by volunteering for the dunking pool for the hospital fair and decorating floats for Maldon's Easter procession, taking a breakfast tray of bacon and eggs to matron and then the rest of the staff also sitting down to a cooked breakfast".

"Mainly we have built many friendships here and there is a lot of socialising within the staff and good relationships with residents. We are touched by their stories."

We are very fortunate to have a facility of this nature in Maldon".

INFECTION PREVENTION AND CONTROL

Infection control and prevention uses a risk management approach to minimise or prevent the transmission of infection. Standard precautions are work practices required for the basic level of infection control. They include good hygiene practices, particularly washing and drying hands before and after client contact, the use of protective barriers which may include gloves, gowns, plastic aprons, masks, eye shields or goggles, appropriate handling and disposal of sharps and other contaminated or clinical (infectious) waste, and use of aseptic techniques. Additional precautions are implemented for clients known, or suspected, to be infected or colonised with infectious agents that may not be contained using standard precautions alone.

Infection Control Coordinator Kathy Harding provides ongoing infection control education and monitoring of practices and incidences of infections. It was pleasing that once again we had no multi-resistant organisms, blood stream infections, surgical site infections or occupational exposures reported.



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Staff Immunisation

Staff immunisation is important because health workers are at risk of some vaccine preventable diseases and are also at risk of spreading diseases to susceptible clients. Free vaccinations are provided to staff to reduce these risks.

% Staff Immunised	2013	2012	2011	2010	2009
Influenza (including swine flu 2011)	67	61	66	58	70
Boostrix	0	54.5	0	0	0

Hand Hygiene

Hand hygiene is our biggest strategy to reduce infections. All staff and visitors are requested to use the alcohol hand rub that is located at the entry to each facility and in each room in acute and high care residential. To ensure staff are compliant with this hand hygiene best practice regular audits are attended and results reported to our Board of Management.

Maldon Hospital Audited Hand Hygiene Compliance (%)				
2013	2012	2011	2010	2009
84.5	88	89	91	93

Cleaning

The facility is compliant with the guidelines "Cleaning Standards for Victorian Health Facilities". Cleaning audits are completed by a qualified auditor three times a year and reported to the Department of Health. One of these audits must be conducted by an external auditor; below are the results of the annual external cleaning audit. The environmental staff can be congratulated on the level of care taken to ensure the environment is maintained at such a high level of cleanliness.

External cleaning audit Compliance (%)			
2012 / 13	2011 / 12	2010 / 11	2009 / 10
95.76%	92.25%	94.3%	89%

required pass rate: 85%

CONSUMER PARTICIPATION

The Department of Health “Doing it with us not for us: Strategic Direction 2012-13” provides guidance for all health care services to ensure consumer participation is optimised and feedback and input into the facility decision making is promoted. Involving the community and seeking the opinions of those the Maldon Hospital serves formally in the way of a committee has not been successful to date, but informal feedback and input into the hospital occurs through resident and acute in-patient feedback forms, visitors to the hospital and informal discussions at ‘Carers Support’ and volunteer meetings.

Maldon Hospital’s action plan in relation to “Doing it with us Not For Us-Strategic Direction 2010-13” Policy		
Action	Achievements	Planned Improvements
Participation policy in place	In progress	
Community Participation Plan	In progress	Strengthen the contact with community to encourage ongoing community input
Community reporting in place through a range of approaches	Reporting in place including Quality of Care Report, Annual Report, staff representation at community meetings and articles in the local paper	
Cultural responsiveness plan	Implemented and included within the facility “Access and Inclusion Plan”	
Improving care for ATSI patients program	Procedures established	Additional work to be undertaken to extend our services in relation to ATSI
Disability Action Plan	Incorporated within the “Access and Inclusion Plan”	Ongoing review occurs through key committees
Process in place to consult and involve consumers	Community forums, advisory committees, feedback forms and satisfaction survey	Community Consultative committee to be formed
Staff capacity building to support participation	Procedures incorporate capacity building where appropriate	
Consumer information provided in appropriate format	All client care information resources produced, revised or adopted are assessed against “checklist for assessing Written Consumer Health Information (Currie et al (2000))	
Inclusion of community into –strategic planning, program development, quality improvement, feedback systems, development of health information	Health Promotions Officer contracted to engage community	Open door policy to community members to encourage feedback

MONITORING OF SATISFACTION

Inpatient surveys and annual resident satisfaction surveys provide us with valuable feedback that we use to measure our ongoing performance and plan improvements. We also ask acute patients to participate in the Victorian Patient Satisfaction Monitor (VPSM), however because of our small size the results are not considered reliable.

Survey Used		Results %	DoH Target %
VPSM	Insufficient separations to receive results		
Acute In-patient Questionnaire	Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied"	100	90
Residential Care Survey	Involvement in decisions about their care and treatment rated as "satisfied" or "highly satisfied"	95	75

Feedback Management

Maldon Hospital welcomes and encourages feedback from our clients, carers and community. During the year we incorporated the Castlemaine Health Quality Department as advisory when necessary to ensure that all complaints are analysed by an external person, if and when required, adding to the robustness of the evaluation system. Any issue identified through the feedback system provides us with an opportunity to review our services and develop quality improvement projects.

Feedback forms are available in the front foyer and within the units.

As a result of feedback this year the following has occurred:

- A review of the NO Lift competencies and staff compliance
- A review of meals offered for Gluten Free Diets
- Involvement of the Dementia Behaviour Management Advisory Service (DBMAS) in the aged care units and for staff education



HEALTH PROMOTION

Health promotion creates opportunities for individuals and communities to understand what influences their health and wellbeing and what they can do to improve it. Maldon Hospital has engaged the services of a Health Promotions Officer through Castlemaine Community Health for one day a week. To promote healthy living the facility participated in activities including Tai Chi, Pole-Walking Groups and Volunteering Programs.



The program "strives to contribute to the emotional and physical health of its residents through creating an environment in which they can continue to experience a sense of purpose and meaning in their life. To achieve this goal the activities program aims to represent at the highest level, the ideals embodied in "person-centered care" (Jacinta Onans)



Residents enjoy a stimulating game of Scrabble.

HEALTH AND WELLBEING PROGRAM

The Health and Wellbeing Program provided four days a week to the residents of Mountview Home and Jessie Bowe House is co-ordinated by Jacinta Onans and supported by volunteers and students who work with Jacinta to provide a varied program aimed at encouraging residents to focus on their strengths and achievements. A monthly calendar displays the planned activities ranging from cooking, gardening, gentle chair exercises, crafts and sing-alongs to name a few. An annual Activities Survey is completed by residents to ensure the program meets the changing needs of those attending. In response to the question 'what did they enjoy about Activities that they participated in', "stimulating, the social aspect, inspiring, interesting, chance to meet new people, learning new things, companionship, pleasure and enjoyment, maintaining self esteem, humour, variety and relaxing" were some of the comments.

COMMUNITY AND CORPORATE SUPPORT

On behalf of the Board of Management, residents, patients and staff of the Maldon Hospital, it is a pleasure to acknowledge the kind and generous support of:

\$50,000.00 donation from O'Donnell family

\$200.00 donation from the Maldon and District Cert Team

1,400.00 donation from Maldon and District Community Bank (for Health & Wellbeing program)

\$187.00 donation from Kangaroo Hotel

\$150.00 donation from Coral O'Hara

\$115.65 donation from Maldon Newsagent

\$ 85.00 in memory of Irma Brouwer

\$45.00 in memory of Reginald Nicholson

**Total Donations in 2012-13:
\$56,022.07**

Home and Community Care Activities

Social support activities (often assisted by volunteers) and Planned Activity Groups are available for frail aged clients and also younger people with a disability. The programs are generally of a short duration, emphasising physical activity, social connection and wellness. This year we have incorporated the Department of Health's Active Service Model (ASM) whereby our programs focus on promoting functional independence through encouraging, optimising, and where possible extending a person's capabilities.

Acute Inpatient Occupancy

Generally, the acute in-patient occupancy was down this year to last but nursing and environmental staff, along with Dr Christian Fowler, Visiting Medical officer and local General Practitioner the Maldon Community,



continue to receive low acuity medical care in a well maintained, friendly and professional environment when needed. Admissions range from investigations after a fall, abdominal pain, chest conditions to palliative care. The local community are served well by the four bed acute unit ensuring access for people to heal and/or convalesce close to home, family and friends.

District Nursing

Maldon Hospital Nurses travel seven days a week from Welshman's Reef to Laanecoorie, Baringhup to Walmer providing home based services including nursing care, health education and promotion.

The 20012-2013 financial year there has been a total of 1,563.9 in home hours. A total of 3651 visits attended and 17,677 km travelled.

Funding streams:

- 14 veterans were visited with a total of 548 visits taking 241.4 hours
- 1 Extended Aged Care in the Home (EACH) package clients
- 2 Transport Accident Commission clients (TAC) - 1 last year
- 3 Hospital In The Home clients (HITH) - 1 last year
- 120 Health and Community Care clients (HACC) - 89 last year. 25 of these palliative - 14 last year.

The input from volunteers is greatly appreciated. We acknowledge the time and effort they put into supporting our hospital community.

Clients of the District Nursing Service are asked to complete an annual satisfaction survey; these are some of the comments received:

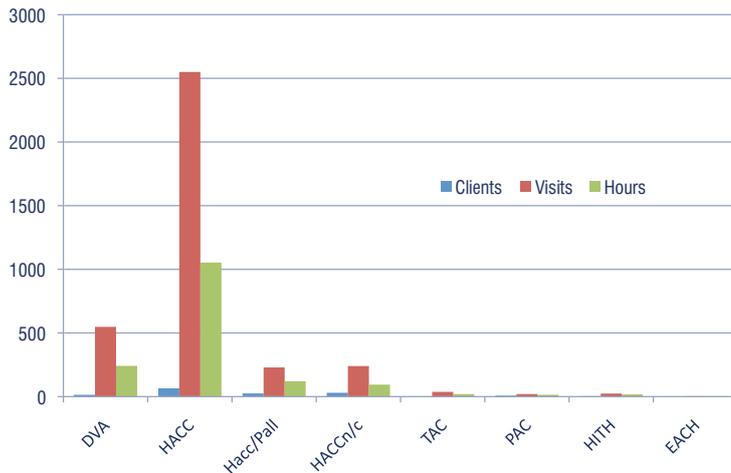
"Keep up the good work. Nurses are extremely patient with my mum and very caring and friendly."

"My mother was extremely well looked after. The staff were very kind, considerate and helpful to all my family, particularly in the last days of her life."

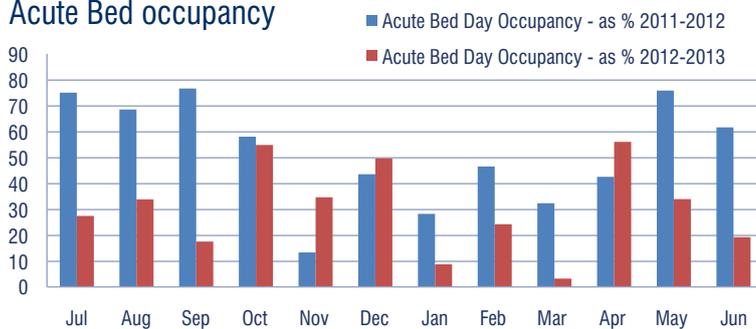
"Really appreciate the attention of all involved and especially the friendly and pleasant manner they present always. Thank you all."

"The help kindness respect and technical skills of the ladies of Maldon Hospital would be difficult to be better anywhere."

Maldon District Nursing Contact Summary



Acute Bed occupancy



Residential Aged Care bed occupancy 2012-2013



Residents enjoying the Queen's Jubilee morning tea.

Residential Aged Care Occupancy (Jessie Bowe House and Mountview Home)

Occupancy in Jessie Bowe House was lower than anticipated during 2012 /13 partly because two rooms needed to be refurbished resulting in the rooms needing to be left vacant, but also due to less people seeking low care residential services with the additional support services being offered to keep people at home for longer.



RESIDENT PROFILE

Ruby Dickson - resident of Jessie Bowe House

"I was born in Box Hill and moved with my husband and three children to Castlemaine in 1969, where we owned and operated Foodland supermarket. I worked mainly in the office and on the check-out when needed. In 1974 we moved to Maldon and opened another supermarket, which is now IGA. My children did their homework after school at the shop.

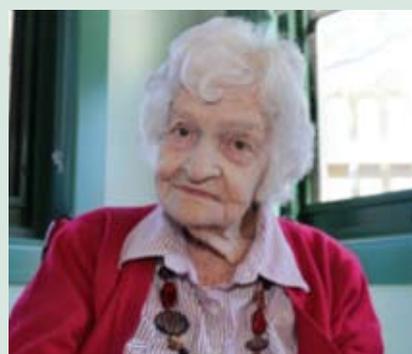
After the death of my husband in 1985 I moved to Queensland and back to Maldon again five years later, then to Maryborough to live with my sister.

After my eyesight deteriorated and a visit to the heart specialist who said 'my heart may just stop and I could die in the street' I decided to come and live in Jessie Bowe House.

I like it here, I love the garden, I'm dedicated to looking after the plants. I also like the activities available especially card making, long and cross. I like the size of my room; if it were bigger I would only clutter it with more stuff.

The staff are great; I can have a joke with them, especially the DON. I remember some of them when they were kids; one staff member used to come into the shop in her pram with her mother.

Thank God for the life we have."



RESIDENT PROFILE

Rita Taylor - resident of Mountview Home

"I was born in Auburn, a suburb of Melbourne, the youngest child with four older brothers. I went to work at fifteen instead of taking up a scholarship that I won to attend university. Firstly I was employed as a machinist sewing ladies undergarments. Within months I was promoted to a supervisor of twenty other girls and 'I loved it'. I married the production manager and had two children. 'He was meant to be my boss; well I let him think that.'

During the war I did volunteer work at Navy House, taking Navy men on outings; mostly they just

needed someone to talk to. Then at the Royal Children's Hospital bottle feeding babies and distributing clean laundry.

My passion is painting. Originally I belonged to the Frankston Art Society. I painted in oils and then had lessons in water colours. Now my eyesight has deteriorated making it too difficult to continue.

I moved to Maldon in 1972, where I joined the Holy Trinity Church Ladies Guild. The church organist fractured her ankle and I was asked to play in her place, I continued from then on.

Prior to coming into Maldon Hospital I lived in Tarrangower Village for five years. The staff here are wonderful and very helpful.

Distribution and evaluation

The aim of this report is to provide information to our consumer that is relevant, easily understood and interesting. In planning for next year's report we invite you to provide feedback by contacting our Director of Nursing on telephone (03) 5475 2000.

The Quality of Care Report is distributed at our Annual General Meeting and is also available from our website at www.maldhosp.vic.gov.au. Additional hard copies, comments and feedback are available by phoning (03)5475 2000.

LIFE GOVERNORS

Hospital Presidents 1859 – 2010

1859-1866	Robert C. MacKenzie	1907-1908	William J. Faulkner	1940	A. Brownbill
1867-1871	Fredrick E. Courtin	1909	John T. Couchman	1941	R.A. Grigg
1872-1873	Thomas Hannay	1910	John Bowen	1942	H.E. Parsons
1873-1874	Rev. J.C.T. Stretch	1910-1911	Robert Chisholm	1942-1944	G.R. Williams
1875-1878	James Warnock	1912	Thomas F. Rollason	1944-1945	N.H. Neilson
1879-1880	Rev. J.C.T. Stretch	1913	Pierce W. Bowe	1946-1947	A.G. Williams
1881	James Wearne	1914	Wm. Wood	1947-1949	Chas. Stewart
1882	John Tobin	1915	Henry Bryson	1949-1951	Chas. Collard
1883-1884	William B. Gray	1916	Samual J. Walker	1951	A.H.J. Boreham
1885	Frederick W. Bristow	1917	John T. Couchman	1952	T.F. McKeogh
1886	John Paull	1918	Fredrick West	1953-1957	R.A. Grigg
1887	Francis Cavenagh	1919	Alfred C. Meyer	1957-1959	A.R. Dabb
1888	James Elliott	1920	A.G. Williams	1959-1967	J.P. Edwards
1889	Edwin F. Peirce	1921	W.B. Apperly	1967-1970	H.C. Loftus
1890	James Fairley	1922	Wm. Wood	1970-1973	R.G. Allan
1891	James H. Rule	1923	J. Bryson	1973-1976	N.G. Addlem
1892	Rev. R.W. Cooke	1924	Rev. W.T. Abbott	1976-1977	C.D. Punton
1893-1894	Arthur S. Robinson	1925	R.P. Jones	1977-1988	W.E. Davies
1895	William B. Gray	1926	Wm. Wood	1988-1993	L.K. Leckie
1896	Walter T. Rollason	1927	T. Wearne	1993-1994	Rev. J. Minotti
1897	John R. Campbell	1928	J. Laider	1994-2000	V. Batson
1898	John Tobin	1929	Pastor H. Long	2000-2002	M. Taylor
1899	Samuel Rodda	1930	W.B. Apperly	2002-2003	D. Bowman
1900	George E. Ralph	1930-1931	W.L. Rewell	2003-2005	M. Taylor
1901	Roger L. Nankivell	1932-1934	A.H. Robertson	2005-2009	C. McCann
1902	John Somer	1934-1935	F. West	2009-2010	S. Wright
1903	Thomas Hayes	1936	T. Wearne	2010-2011	C. Axell
1904	John B. Hibbert	1937	C. Stewart	2011-2013	G. Carter
1905	Robert D. Oswald	1938	J.J. Huish		
1906	Alfred C Meyer	1939	T.H. Grigg		



MALDON HOSPITAL
Committed to care since 1859

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