Royal District Nursing Service

Annual Report 2006
welcome to the Royal District Nursing Service Annual Report 2006

contents

2 our mission and vision
3 2006 at a glance
4 about us
5 our services
6 chairman’s report
8 CEO’s report
10 operational report
28 financial summary
29 the executive team
30 donations received
32 facts and figures
36 the board of directors
40 corporate governance statement

patrons’ council

Dr Sally Cockburn
Lady April Hamer OAM
Darrell Hutchinsion AM
The Honourable Jeffery Kennett AC
The Honourable Joan Kirner AM
Simon Mokesworth AM QC
Lady Primrose Potter AC DLJ
Sir Gilbert Simpson KNZM QSM
Dr Mano Thenukasam
our mission

to provide clients with an effective and efficient quality home nursing and healthcare service in partnership with other health service providers

our vision

to be the leading provider of home nursing and healthcare services in Victoria

2006 at a glance

1,336 staff
30,937 clients treated
35,087 episodes of care
515,514 hours of direct care
1,495,665 visits
560 cars
8,200,000 km travelled
about us

Royal District Nursing Service is committed to providing the highest quality nursing care to people at home in order to maintain their health and preserve their independence.

The elderly, the frail, the sick and the disabled: these are the people that rely on the professional care offered by their district nurse. And all enjoy that care in the comfort, privacy and dignity of their own homes.

In their homes, the 30,000 people cared for by RDNS each year can better enjoy the life they have chosen to live. Surrounded by their own possessions, familiarity reigns, and the reliability of RDNS’ professional nursing care helps provide the security and confidence for a vulnerable person to enjoy their independence.

For many of RDNS’ clients, it is their district nurse that makes the difference between them living independently in their homes or having to move into a care facility. It is the district nurse that helps to take the burden of pressure from family and friends who conscientiously care for their loved one. And it is the district nurse that keeps a watchful eye on their client’s state of health, often working alongside other healthcare resources to support them and maintain their wellbeing.

From a network of 21 centres, RDNS is at the very grassroots of the communities it serves. Quietly and efficiently performing their work behind the closed doors of homes right across Greater Melbourne, our 1,000 nurses provide nursing care that is evidence-based and best practice. Supported by a team of researchers and educators from the RDNS Helen Macpherson Smith Institute of Community Health, nurses and allied health staff at RDNS are accomplished healthcare professionals.

Using advanced computer technology, our nurses spend as much time as possible nursing, and less of their time on administration. Our customised computer software enables greater efficiencies, allowing us to serve our clients with increased flexibility. The staged implementation of our Customer Service Centre (CSC) has introduced us to a new horizon; one where we are able to meet the highest expectations of customer service.

This is an exciting time, one of innovation and growth informed by community needs and demands. Read on, and learn of our recent achievements and the future direction of Royal District Nursing Service.

our services

Aged care
The majority of case RDNS provides is to the aged and frail. We provide a large range of nursing care and support, from medication management to dementia care, all designed to keep clients as independent and healthy as possible.

After Hours Telephone Support Service
A twenty-four hour telephone service staffed by registered nurses enables clients to ring for advice and information as well as providing support to staff working after hours.

Allied health
Social workers and physiotherapists work alongside nursing staff to help improve clients’ health and welfare.

Assessment and care management
Specialist staff conduct thorough assessments of clients’ health needs in order to develop a comprehensive care plan.

Breast cancer management
Nurses provide support to aid in the management of benign and malignant breast disease.

Complex technical care
‘Technical’ nursing care such as intravenous antibiotic therapy or chemotherapy.

Continence
Nurses help clients manage and understand continence problems and often work closely with a client’s doctor.

Customer Service Centre (CSC)
The CSC provides a single point of contact for enquiries and the intake of referrals to RDNS. CSC staff provide consistent responses to callers within a positive customer service framework.

Cystic fibrosis
Specialist staff assess and monitor this condition in clients, work closely with their doctor and monitor clients’ medication.

Diabetes
Nurses help manage and monitor clients’ medication, and provide blood sugar tests, education and general health monitoring.

Hemophilia
Nurses work closely with clients and their families to promote independence and assist with technical procedures associated with this genetic condition.

HIV/AIDS
Specialist nurses provide HIV/AIDS clients with medication management, technical care, palliative care, symptom management and advice.

Homeless Persons Program (HPP)
RDNS nurses and allied health staff provide holistic care to people experiencing homelessness or at risk of becoming homeless.

Hospital liaison
RDNS liaison nurses work with patients and staff in all public hospitals to plan and organise appropriate care for individuals returning home after a hospital stay.

Professional personal care
Personal care such as showering, dressing and grooming is provided to people who are also receiving nursing care from RDNS.

Palliative care
The provision of nursing care for people at the end stage of a terminal illness is aimed at improving their quality of life and assisting them to die peacefully and with dignity.

Stomal therapy
Specialist nurses assist people with managing a stoma, a surgically created opening, usually on the abdomen, for the elimination of body wastes.

Wound care
Wounds such as leg ulcers and surgical wounds often require specialist nursing care to help them properly heal.
My report this year starts on a note of sadness as I record, at the time of writing, the recent death of Lauri Penttila who served the RDNS Board with great dedication for almost ten years. Lauri’s depth of legal experience and his ready willingness to support the organisation’s fundraising work were highly valued throughout RDNS, and at the Board, his counsel and his sharp wit, combined with a depth of wisdom, will be sadly missed.

At last year’s Annual General Meeting we said farewell to Val Seeger and Dr Geoffrey McColl as Directors. With over fifteen years of combined experience on the RDNS Board, including much time spent at Board Committee level, their knowledge and insights have provided valuable guidance for the governance and direction of the Service.

In their place we welcomed Paul Montgomery and Michael Roberts, each of whom bring important skills and abilities to our work.

This year, the Board has spent time both reflecting on how we measure RDNS’ ongoing achievements, and also looking forward to the next five to ten years and beyond. We have worked with management to identify a suite of relevant key performance measures to ensure we have a good understanding and oversight of the dynamics of the organisation’s operations. A new strategic plan has been developed, having as its framework four ‘pillars’: Our People, Our Clinical Quality, Growth and Diversification, and Efficiencies and Performance.

The focus on the importance of good governance has been maintained with ongoing reviews and development of Board committee structures. Directors have participated in a Board Effectiveness Survey, which has charted the way for further improvements in the way we operate.

Full compliance with the new International Financial Reporting Standards (IFRS) has been achieved, our Treasurer working closely with management and our auditors to ensure a smooth transition to those standards.

Board Directors maintain a close and effective working relationship with the management team and staff at RDNS. This is achieved through regular Board briefings by managers, and an ongoing programme of site visits and client visits by Directors in the company of staff. We recognize that this can sometimes be a distraction for the day-to-day operations, but it certainly assists us in making more effective our contribution to RDNS and our thanks go to the staff and management who encourage and facilitate these aspects of the work of the Board.

As individuals, Directors are very proud to be associated with RDNS, the leading provider of community nursing in Australia. Our nurses hold a well-deserved status as loved, trusted and highly respected professionals, working as they do with some of the most vulnerable and isolated people in our community.

We are fortunate indeed to have dedicated staff in all areas of operations; in the field, in support roles and in management. These are people who have often, in large part, chosen to work in the not-for-profit sector, where the challenges and rewards can be quite different from those in the commercial business world. They continue to demonstrate great commitment and resilience, and on behalf of both the Board and the communities they serve I wish to publicly acknowledge their highly-valued individual and collective contributions.
While we have continued to deliver professional, compassionate care to the Greater Melbourne community, in the outer south-east and on the Mornington Peninsula, our staff have worked together to identify and trial new ways of more effectively and efficiently delivering our services. With others, we have participated in programs to strengthen the coordination of community-based services. The development of our Customer Service Centre is ensuring that our clients, their carers and other health professionals will be assured of continuing access to a highly professional and consistent level of customer service from RDNS.

Preparation for the introduction of a new whistleblowing policy was almost completed during the year, with the introduction of a comprehensive set of disclosure procedures scheduled for August 2006. As an important aspect of our transparency and accountability, these whistleblowing procedures will add to our internal controls ensuring that acts of misconduct are identified and reported in a timely and effective manner.

The support of our donors and the many individuals and organisations who so generously support the work of our staff, is readily and gratefully recognised and appreciated. Through such support this year, we have been able to meet the rising petrol costs incurred in running a fleet of 560 cars, successfully provide additional Graduate Year placements to newly trained nurses, provide free-of-charge high quality wound care products to financially disadvantaged clients, and research the extent of undiagnosed dementia within the RDNS client population.

Whilst celebrating our past has been an important backdrop to the last twelve months, it is to the future that we now look with anticipation and optimism. The healthcare environment is rapidly altering, with a growing recognition of the importance of community-based care.

I recently read that good plans shape good decisions and a goal without a plan is just a wish. It is through planning and setting goals that an organisation can shape its future directions and destiny. The last twelve months have seen a consolidation of many important plans and initiatives which have been underway at RDNS in recent years. Throughout this year’s report you will read of the work and achievements of our hard-working and dedicated staff. There are many statistics and details reflected here: increases in the numbers of people applying to work with us; reductions in staff turnover rates; increases in care services delivered; research undertaken and collaborative work with others.

Whilst this presents many opportunities for us, it also brings the certainty of increased pressure on costs and competition for the ever-constrained healthcare dollar.

Finally to our staff: thank you for your energy and for your commitment. The contributions you make to RDNS and to our clients are so important. You make such a remarkable difference in people’s lives and my sincere thanks go to each and every one of you.

Dan Romanis
Chief Executive Officer
Achievements

• Nursing employment levels were maintained, with the recruitment (vacancy) rate averaging 3.32% for the year.
• The RDNS Graduate Year Program had a 32% increase in the number of applications, with 12 graduates appointed.
• Staff turnover declined by 1.4% for direct and indirect care staff to 11.75% for the year.
• Filling of job vacancies was targeted at 70% of all vacancies to be filled within ten weeks. The target was well achieved, with 87.6% of direct care positions and 84.2% of indirect care positions filled within ten weeks.

• The inaugural ‘Staff Achievement Awards’ were presented in December 2005, with prizes and perpetual trophies presented to winners in three categories: the ‘Outstanding Clinical Outcome Award’, the ‘Beyond the Call of Duty Award’ and the ‘Star Performer Award’.
• In August 2005, 89 staff received their Long Service Awards from the Governor of Victoria, Mr John Landy, at a special RDNS 120th anniversary ceremony at Government House.
• Staff functions for International Nurses’ Day and District Nursing Week continued to provide an important vehicle for building a positive sense of unity within the organisation.

• RDNS’ Casual Staff Bank implemented ‘Roster On’ software. All direct care staff are now rostered using this state-of-the-art software. Greater efficiencies, reliability and flexibility in rostering have been achieved as a result.
• The RDNS Support Centre, which provides technical and computer support across the organisation, implemented new arrangements for improving key performance indicators such as call tracking, indicators of a call’s urgency and measures of response times which have contributed to a higher level of service for RDNS staff.
• Media publicity focused on the achievements of RDNS nurses and the benefits of community nursing, with 250 stories generated during the year, 97% of which were favourable news stories. Publicity was achieved across all media.

• Industry and nursing Expo raised RDNS’ profile, particularly through our involvement in the Aged Care Expo in May and the Nursing Careers Expo in June.
• A Division 2 Registered Nurse Project was commenced, with a view to determining the viability of employing Division 2 Nurses at RDNS.
For me, it was a smooth transition from study to working as a clinical practitioner. Because of the RDNS Graduate Year Program, it was a continual learning process from university through to the end of the program,” explains Fiona, who completed the program at the end of 2005.

Teamed with an experienced RDNS nurse called a ‘preceptor’, graduates adjust to the daily demands of district nursing while drawing on their preceptor’s experience and guidance.

“It was great having someone so friendly and approachable that I could talk to about the issues I dealt with. My preceptor Dee was like a coach – she was fantastic at giving me feedback which helped develop my skills,” says Fiona.

Before undertaking the challenge of visiting clients’ homes alone, RDNS’ GYP participants take part in a thorough orientation program, with direct nursing care only carried out in the presence, and with the support of, their preceptor.

“Enrolling in a Graduate Year Program was the best choice I could have made!” declares Fiona Macrae. “It was challenging, academic and clinically focused, and helped me consolidate my knowledge and skills,” she vibrantly explains.

RDNS offers Melbourne’s only Graduate Year Program (GYP) within the community nursing setting. Competition for positions is strong, with 37 applications made for the 15 graduate positions available in 2005. Nursing at RDNS requires new nurses like Fiona to adapt to working autonomously in the homes of their many clients.

RDNS’ Graduate Year Program is tailored specifically to support recently graduated Division 1 Registered Nurses for the first twelve months of their professional journey from novice to emerging expert.

“Nursing is fantastic. As a career, it is exceeding my expectations; it’s challenging and varied. One day is never the same as the next.”

“Because they are so involved in their own care, which is one of the real strengths of home nursing, they would often tell me exactly what works for them and what doesn’t.”

Fiona, like many other GYP participants, is now working full-time for RDNS and looks to the future with excitement and ambition.

seeds for the future: the graduate year program
strategic objective 2

RDNS will forge, develop and manage relationships with key stakeholders to achieve business and organisational outcomes.

We will commit to continued innovation and will see services grow as a result.

We will forge and nurture relationships with all key stakeholders as an important opinion leader in community nursing.

Achievements

- We continued our participation in 14 Hospital Admission Risk Program (HARP) projects, working in partnership with other health services to provide coordinated care in order to reduce presentations at hospital emergency wards.
- We remained committed to the on-going work of the 12 Primary Care Partnerships (PCPs). We participated in the development of, and have fully implemented, the Service Coordination Tool (SCT).
- We participated in the following forums, committees, consortia, reviews and submissions:
  - Department of Human Services’ (DHS) Home and Community Care (HACC) Departmental Advisory Committee
  - Strategic Directions in Assessment’ with the aim of developing a new model of assessment and care-coordination for Victorian HACC services
  - HACC Assessment and Care Coordination Framework
  - Ambulatory Care Policy and Planning Framework
  - Palliative Care Role Delineation Framework
  - Southern Metropolitan Region Palliative Care Consortium including the DHS driven development of a Strategic Care Plan for the Southern Region
  - Eastern Metropolitan Region Palliative Care Advisory Group
  - DHS Victorian Influenza Pandemic Planning Steering Committee
  - Victorian Influenza Pandemic Plan.
- We participated in the Veterans’ Communities Elder Abuse Program to provide a policy which strengthens the response to elder abuse in the community. Recommendations from this group were sent to government.
- We coordinated and contributed to a submission for funding to DHS’ Mental Health department for a position of HIV/AIDS – Mental Health/Drug and Alcohol Clinical Nurse Consultant, with a view to the position coming into effect in 2007.
- We continued to work in collaboration with community-based palliative care organisations. A number of practices were reviewed and this remains an important collaboration.
- We achieved the endorsement for an RDNS Nurse Practitioner in Palliative Care, one of only eight in Victoria. The role will be fully implemented in 2006/07.
- Our Cultural Planning Framework saw us continue to improve access to, and refine our use of, interpreters. We were also involved in the reference group for the Cultural Equity Gateway Strategy to respond to the ageing multicultural community so it has better access to RDNS services.
- Our community partnership with RACV continued into its second year with RACV underwriting the fuel costs of 42 of our care fleet, a major contribution given the recent increase in petrol prices.
- With the support of the Lord Mayor’s Charitable Fund (Eldon & Anne Foote Trust) we were able to fund a position in the Graduate Year Program.
- RDNS and Telstra entered into a second year of a corporate sponsorship with Telstra remaining a major supporter of RDNS.
- With the ongoing support of the Trust Company, we were able to continue to supply wound products free of charge to clients in difficult financial circumstances.
- We were successful in obtaining the support of the J O & J R Wicking Trust to fund a major project researching the extent of undiagnosed dementia within the RDNS client population.
- Fundraising returned $1,625,866 during the year – an 11.2% increase from the previous year. Fundraising costs declined from 14.8 cents to 13.5 cents for every dollar raised.
- External stakeholders were kept informed through regular editions of ‘Inside’, our corporate newsletter and donors received the newsletter ‘Housecall’.
- Communication with RDNS staff remained a priority with a greater level of communications achieved via regular staff bulletins on key issues, the use of the intranet and agency functions.
- We implemented a Customer Relationship Management software program to assist with the development and management of our contracts, agreements and contacts, and the process for the development and execution of agreements was standardised.
For many years at RDNS we had recognised that RACV was an organisation with whom we shared a lot in common. Both organisations had a long and distinguished history and we both enjoyed a ‘royal’ charter. Importantly, both RDNS and RACV are community-oriented organisations and Victorian icons.

In 2004, an approach was made to RACV to explore the possibility of forming a closer relationship and as a result of these discussions, we were invited to submit a proposal to become one of RACV’s ‘community partners’. To our great delight, the proposal was accepted and in November 2004, RDNS formed a community partnership with RACV.

As a result of this partnership, we received $50,000 for the purchase of two much needed cars for our Homeless Persons Program (HPP). Throughout 2005 RACV supported our fundraising efforts for HPP in a variety of other ways and helped us to raise a significant amount to assist HPP’s operations. Moreover, we became an official part of RACV’s extensive presence at Australia Day and on a number of occasions provided free blood pressure checks for both RACV customers and staff at selected RACV retail outlets.

Early in 2006, RACV decided to renew the partnership for another 12 months. The cornerstone of the renewed partnership was $60,000 to pay for the petrol costs of 42 of our cars – a very welcome contribution indeed, given the significant impact high fuel costs have had on our budget. These cars are now co-branded with the RACV logo in recognition of the wonderful support provided by RACV.

As the relationship has developed, RACV has willingly assisted in many other ways, including providing their staff with the opportunity to undertake a day’s paid voluntary work at RDNS; helping us with our fundraising efforts; publicising the relationship to their staff and stakeholders and providing a venue for our Annual Community Meeting in November 2006.

However, RDNS clients have been the major beneficiaries of the RACV partnership. Indeed, the partnership was formed with the express aim of helping the community. More services have been able to be provided to HPP clients, HPP staff now have the capacity to expand their field work, and client care has been maintained during a period when rising fuel costs threatened to reduce available services.

Additionally, RDNS and RACV stakeholders have learnt more about both organisations and the many considerable benefits of the partnership.
Measures

> We will be recognised
to have a skilled
professional and
responsive workforce
which delivers quality
and affordable
clinical services

> We will grow in
accordance with
customer demand

Achievements

• The year saw 30,937 clients
   treated; 515,314 hours of
direct care provided, up 5.3%
on 2005; and 1,495,665 visits
made, an increase of 5% on
the previous year.

• The Customer Service Centre
   (CSC) continued to provide a
first line response to all RDNS
callers to our Eastern Centres.
In May 2006, CSC operations
relocated to custom-fitted
premises in Hartwell.
Planning progresses for
CSC operations to expand
to 24 hours, 7 days a week
from October 2006.

• RDNS had input during
the year into the planning
of the Eastern Health
‘Lilydale Super Clinic’ that
will accommodate an RDNS
Centre. The completion date
for the clinic is 2007/08.

• A training module was
developed and delivered to
all middle managers about
protecting and projecting the
RDNS brand. The module
emphasised the importance
of targeted communication
and delivering a high level
of customer service for all
RDNS stakeholders.

• Involvement in a number
of key Expos throughout the
year, including sponsoring
the Aged Care Expo at
Caulfield Racecourse, ensured
RDNS was front-of-mind
for key purchasers, clients
and referrers.

• Media coverage throughout
the year was high, with
the vast majority of stories
presenting the RDNS services
available to clients in a
favourable light.

• Advertising in key journals,
online directories and in
the surgeries of general
practitioners ensured exposure
to RDNS’ target markets.

RDNS is the first point of enquiry when people are
looking for home and community-based healthcare

rdns 2006 annual report
branching out: our customer service centre

A priority for RDNS over the last 12 months has been the firm establishment and growth of our Customer Service Centre (CSC).

The broad aims of the CSC are simple: to provide a centralised process for all enquiries and the intake of referrals to RDNS; and to have dedicated staff providing consistent responses to callers in a positive customer service framework.

The CSC commenced operations in April 2005. Since then, CSC staff have been providing a first line response for all calls to our Eastern Centres. This includes general enquiries, referrals and enquiries from existing clients.

The main functions of the CSC staff have been to respond to all caller inquiries; the coordination and management of client referrals; scheduling of client admissions; and the pre-admission screening of clients to gather data regarding their health needs. All of this is done with a high standard of customer service.

CSC operations are supported by customised computer software to assist delivery of customer service.

In May 2006, after 12 months at a pilot site in Bayswater, CSC operations were relocated to a permanent custom-fitted site in Hartwell. By October 2006, CSC operations will be expanded to 24 hours a day, 7 days a week and will see the integration of our After Hours Telephone Support Service (AHTSS) operations.

The first year of CSC operations has provided many learning opportunities which have led to operational improvements in processes and the requirement for system enhancement to provide greater efficiency and service to internal and external clients.

A key objective for all CSC staff is the achievement of ‘first call resolution’, that is, ensuring each caller’s needs are met and responded to within one call.

CSC operations will be rolled out to include the remainder of RDNS’ Centres during 2006/07. However, it has already become apparent that the CSC is meeting its challenge and providing greater responsiveness and consistency to callers, as well as improved levels of customer service.
strategic objective 4

RDNS has the structure, image, credentials and reputation of a viable, well-managed business

Measures
> Meeting financial targets, improving reporting systems and accountability measures regarding staff performance will underpin our operations

> Guidelines, protocols and tools for client admissions and service delivery will be further enhanced

Achievements
• Service delivery targets were met within budget.
• We achieved the implementation of ‘Referral Out’, which enables RDNS to electronically refer clients to other health organisations, increasing immediacy of referrals, efficiencies and streamlining the referral process.
• An influenza vaccination campaign was conducted throughout the organisation, which achieved an uptake rate of over 48%, well above industry benchmarks.
• Project STRIVE continued throughout the year, testing and implementing new models for delivering RDNS nursing services more efficiently and responsively. A new admission model was developed and new practices trialled to support staff commencing work from home.
• The service delivery component of RALLY Healthcare was integrated into RDNS Centres, allowing all RDNS direct care staff to deliver RALLY Healthcare-based services.
• We were awarded the Department of Veterans’ Affairs Community Nursing Program contract until 2008.
• A pilot project determined how RDNS can be more responsive to the needs of people experiencing mental health issues.
• We evaluated our Mobile Computer System as part of the process of refreshing all hardware. Key findings were that the system has delivered improved client management, better visit management and more accurate visit knowledge but that increased system reliability and further functionality is needed.
• The reporting mechanism for complaints and incidents was refined with a Centre-based staff training program, a higher level of monthly reporting and the adoption of a risk assessment matrix to support the resolution of complaints and incidents.
• 100% of complaints were investigated within 48 hours, up from 98% the year before; 97% of complaints were resolved within 14 days, up from 96%.
• We commenced the electronic dispatch of monthly income statements to all managers, providing a greater level of ‘drill down’ capabilities and thus more efficient management of individual budgets across the organisation.
• RDNS’ auditors required no adjustments to be made to RDNS’ accounts for the second year in a row.

strategic objective 4 case study

In January 2005, RDNS commenced a pilot project across our Rosebud, Frankston, Berwick and Cranbourne Centres with the aim of designing and testing new models of delivering community nursing services.

The project, known as Project STRIVE, identified and implemented initiatives designed to improve efficiency and increase further value to the community.

(continued overleaf)
Initiatives were evaluated to determine the extent to which they provided cost-comparative and responsive services. In addition, the initiatives were designed and implemented to ensure they could be integrated with the Customer Service Centre.

The project was managed by a small team but it was RDNS field staff that contributed heavily to the identification, development and implementation of the new initiatives.

A new model for admitting clients was developed and implemented during the 12-month project. The Admission Model expanded the number of staff who could provide initial admission visits to clients and, following its introduction, the number of clients admitted increased by 38% during the July to November 2005 period compared to the January to June 2005 period.

New work practices were established at Centres to support staff commencing work from clients’ homes and not at an RDNS Centre. As a result, nurses were able to commence their visits earlier in the day and increase the face-to-face time they spent with clients. Feedback from nursing staff indicated they felt they were able to meet client needs more effectively by engaging in this practice.

In addition, an analysis was conducted to determine cost benefits associated with providing clinic-based services. For clinic services to be viable, it was identified that further work is required to ensure appropriate clients are identified and referred to clinic services.

As the pilot progressed, other strategies were also identified for implementation within Project STRIVE including a communication strategy to ensure more accurate reporting of time nurses spent providing face-to-face care for clients and a range of measures to enable Health Aides to provide more face-to-face care for clients.

Evaluation of Project STRIVE demonstrated considerable benefits including increased client admissions, increased hours of face-to-face client contact and a reduction in indirect care, that is, work that doesn’t involve face-to-face care of clients.

Following the completion of Project STRIVE in early 2006, all RDNS Centres are now involved in rolling out three of its key initiatives.

Measures

- We will continue to pursue professional relationships with major universities, as well as seek to attract applicants to carefully developed and career relevant educational courses
- Research will remain a focus with results shared across broad healthcare communities to inform and improve clinical practice

Achievements

- The education department of the RDNS Helen Macpherson Smith Institute of Community Health (RDNS Institute), RDNS’ Clinical Leadership Group (wound care) and Dr Keryln Carville from Silver Chain Nursing Association in Western Australia provided education and support to RDNS clinicians in order to develop an education package that was then provided to RDNS staff. The package ensured staff had education about best practice in wound management.
- All educators within the RDNS Institute, Centre Managers and Clinical Nurse Consultants now hold a Certificate IV in Assessment and Training. This means that they are able to train other staff to the quality national benchmark and possess the skills to manage issues for both clients and carers.
- Collaborative research work continued throughout the year with Silver Chain (Western Australia), Blue Care (Queensland) and RDNS South Australia. Together, we developed research submissions in order to establish evidence-based best practice. Examples include research into wound management and treatments utilising silver-coated catheters.
- The J O and J R Wicking Trust funded a project in which we researched the prevalence of dementia in our client base. Results from the study will help us to both treat and prevent dementia-related issues and better manage issues for both clients and carers.
- RDNS Centres in the Western metropolitan region helped to develop a model of care for mental health issues. The aim of the project was to increase awareness of RDNS staff around mental health issues associated with our clients and to make staff more aware of mental health services available. Staff are also now better equipped to manage some mental health issues themselves.
- All RDNS nurses were provided with access to library resources remotely via their mobile computers or at Centre-based computers, providing them with immediate access to databases, industry journals and other important information such as the library’s catalogues.
strategic objective 5 case study

foundations of knowledge: the Angior Initiative

In 2004/05, the RDNS Helen Macpherson Smith Institute of Community Health (RDNS Institute) joined forces with RDNS’ Clinical Services division to conduct a major prevalence study and audit of wound care at RDNS.

This study confirmed that leg ulcers were the most problematic wound, causing the most pain for clients, having the longest healing time, and resulting in a significant strain on personal and health care budgets. The report’s findings and recommendations were reviewed and a clinical question arose regarding what was best practice in the treatment of wounds which have sufficient bacteria in them to cause infection or delayed healing. Thus, the decision to pursue funding to undertake a randomised controlled trial related to leg ulcer care was taken.

In April 2005, the RDNS Institute, in collaboration with RDNS’ Wound Care Clinical Leadership Group (CLG), and researchers and clinicians at Silver Chain Nursing Association in Western Australia, submitted a proposal to the Angior Family Foundation to conduct a multi-state Randomised Controlled Trial (RCT) comparing the effectiveness of two different types of commonly used dressings for leg ulcers which were complicated by high bacterial levels. The subsequent funding of that project set in train what has become known as the Angior Initiative.

The Angior Initiative has three important aims: to implement and use an existing Best Practice Wound Education project to foster a focus on leg ulcer management; to conduct the RCT; and to undertake a qualitative study exploring what nurses perceive to be the barriers and enablers to using compression bandaging – a gold standard treatment – on leg ulcers.

The first component has been completed, with the RDNS Institute’s Education and Training Department rolling the program out across RDNS. The third aim of the study has also been achieved, with results reported to an RDNS Research Colloquium and discussed by our Wound Care CLG. Importantly, a copy of the report was forwarded to the Australian Wound Management Association Committee which is developing guidelines for the treatment of leg ulcers.

The Randomised Controlled Trial is due for completion in 2007 and will compare the healing rate achieved when using either one of two dressings. The trial involves the recruitment of 180 clients in RDNS and Silver Chain respectively; a total sample of 360.

The Angior Initiative is improving RDNS’ own practice and is being shared with other clinicians to ensure the knowledge is further incorporated into practice elsewhere.

With international exposure, the Angior Initiative is positioning RDNS as an organisation with the capacity to underwrite research to advance clinical expertise and optimise community health.

The project’s success has positioned RDNS well to gain further funding for other significant projects. Most importantly, RDNS is providing its clients with the best care available to manage and heal wounds.
financial summary

A copy of RDNS’ detailed audited accounts are available in a separate publication upon request to RDNS Head Office.

INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2006

<table>
<thead>
<tr>
<th></th>
<th>RDNS 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue from continuing operations</td>
<td>78,752,612</td>
</tr>
<tr>
<td>Other income</td>
<td>437,943</td>
</tr>
<tr>
<td>Total revenue</td>
<td>79,190,555</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>78,934,525</td>
</tr>
<tr>
<td>Surplus from continuing operations</td>
<td>256,030</td>
</tr>
</tbody>
</table>

BALANCE SHEET AS AT 30 JUNE 2006

<table>
<thead>
<tr>
<th></th>
<th>RDNS 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total current assets</td>
<td>11,584,088</td>
</tr>
<tr>
<td>Total non-current assets</td>
<td>14,942,561</td>
</tr>
<tr>
<td>Total assets</td>
<td>26,526,649</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>17,710,857</td>
</tr>
<tr>
<td>Total non-current liabilities</td>
<td>1,824,874</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>19,535,731</td>
</tr>
<tr>
<td>Net assets</td>
<td>6,990,918</td>
</tr>
<tr>
<td>Reserves</td>
<td>4,504,938</td>
</tr>
<tr>
<td>Retained surplus</td>
<td>2,485,980</td>
</tr>
<tr>
<td>Total equity</td>
<td>6,990,918</td>
</tr>
</tbody>
</table>
donations received


Royal District Nursing Service would like to thank the individuals, philanthropic trusts and organisations listed below for their wonderful support during the past year. We would also like to sincerely thank the many donors whose names we have been unable to list.

$1,000 – $4,999

[Names and organizations listed]

$500 – $999

[Names and organizations listed]

$300 – $499

[Names and organizations listed]

$100 – $299

[Names and organizations listed]

$25 – $99

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]

[Names and organizations listed]
## Explanation of tables and graphs

### Episodes and visits by centre

The term ‘visits’ in the context of this report includes a count of ‘client related contacts’, which are activities undertaken on behalf of a specific client though not in their presence. For example, a visit to a client’s GP, attendance at a case conference or time spent communicating with other service providers involved in a client’s care.

### Admissions by source of referral

The greatest proportion of referrals to RDNS continues to come from public hospitals where RDNS Liaison nurses are pivotal in coordinating discharge planning.

### Top ten classification by occurrence

The table graphically demonstrates the diversity of conditions RDNS clients present with although ulcers remain the highest diagnostic reason for admission to RDNS.

### Visits by care type

The core focus of RDNS is clearly demonstrated to be the provision of support and maintenance services to clients in their homes.

## Facts and figures

- **Number of clients treated 2005/2006:** 30,937
  - (includes clients attended by RDNS Liaison nurses but not admitted for on-going care)

## Episodic of Care and Visits by Centre 2005 / 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>Centre</th>
<th>Episodes</th>
<th>%</th>
<th>Visits</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eastern</strong></td>
<td>Box Hill</td>
<td>1,933</td>
<td>5.51</td>
<td>83,072</td>
<td>5.55</td>
</tr>
<tr>
<td></td>
<td>Camberwell</td>
<td>1,081</td>
<td>3.09</td>
<td>64,385</td>
<td>4.09</td>
</tr>
<tr>
<td></td>
<td>East</td>
<td>0</td>
<td>0</td>
<td>4,935</td>
<td>0.30</td>
</tr>
<tr>
<td></td>
<td>Knox</td>
<td>1,626</td>
<td>4.60</td>
<td>94,857</td>
<td>6.20</td>
</tr>
<tr>
<td></td>
<td>Lilydale</td>
<td>735</td>
<td>2.15</td>
<td>55,924</td>
<td>3.60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>5,303</td>
<td>15.11</td>
<td>259,233</td>
<td>17.32</td>
</tr>
<tr>
<td><strong>Northern</strong></td>
<td>Diamond Valley</td>
<td>1,836</td>
<td>5.23</td>
<td>85,328</td>
<td>5.71</td>
</tr>
<tr>
<td></td>
<td>Goulburn</td>
<td>0.47</td>
<td>0</td>
<td>2,924</td>
<td>0.20</td>
</tr>
<tr>
<td></td>
<td>Hoddle-Sig</td>
<td>1,555</td>
<td>4.55</td>
<td>65,508</td>
<td>4.25</td>
</tr>
<tr>
<td></td>
<td>Moorooduc</td>
<td>2,292</td>
<td>6.53</td>
<td>78,738</td>
<td>5.35</td>
</tr>
<tr>
<td></td>
<td>Yarraville</td>
<td>1,065</td>
<td>3.04</td>
<td>57,838</td>
<td>3.87</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>6,861</td>
<td>19.55</td>
<td>289,576</td>
<td>19.38</td>
</tr>
<tr>
<td><strong>Southern</strong></td>
<td>Berwick</td>
<td>1,569</td>
<td>4.47</td>
<td>82,882</td>
<td>5.47</td>
</tr>
<tr>
<td></td>
<td>Caulfield</td>
<td>1,270</td>
<td>3.59</td>
<td>96,257</td>
<td>6.33</td>
</tr>
<tr>
<td></td>
<td>Cranbourne</td>
<td>348</td>
<td>0.96</td>
<td>29,240</td>
<td>1.93</td>
</tr>
<tr>
<td></td>
<td>Frankston</td>
<td>1,609</td>
<td>4.44</td>
<td>70,865</td>
<td>4.69</td>
</tr>
<tr>
<td></td>
<td>Moorabbin</td>
<td>1,772</td>
<td>4.95</td>
<td>150,374</td>
<td>9.88</td>
</tr>
<tr>
<td></td>
<td>Reservoir</td>
<td>1,881</td>
<td>5.30</td>
<td>78,415</td>
<td>5.11</td>
</tr>
<tr>
<td></td>
<td>Springvale</td>
<td>1,833</td>
<td>5.15</td>
<td>83,815</td>
<td>5.44</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>10,524</td>
<td>29.99</td>
<td>535,096</td>
<td>35.78</td>
</tr>
<tr>
<td><strong>Western</strong></td>
<td>Altona</td>
<td>1,619</td>
<td>4.61</td>
<td>97,037</td>
<td>6.49</td>
</tr>
<tr>
<td></td>
<td>Essendon</td>
<td>1,785</td>
<td>4.92</td>
<td>90,082</td>
<td>5.84</td>
</tr>
<tr>
<td></td>
<td>Ferntree Gully</td>
<td>725</td>
<td>2.00</td>
<td>19,925</td>
<td>1.33</td>
</tr>
<tr>
<td></td>
<td>Frankston</td>
<td>1,881</td>
<td>5.30</td>
<td>78,415</td>
<td>5.11</td>
</tr>
<tr>
<td></td>
<td>Sunshine</td>
<td>2,184</td>
<td>6.22</td>
<td>64,694</td>
<td>4.33</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>6,111</td>
<td>17.42</td>
<td>236,875</td>
<td>15.83</td>
</tr>
<tr>
<td><strong>Homeless Persons Program (HPP)</strong></td>
<td>2,998</td>
<td>8.54</td>
<td>36,285</td>
<td>2.43</td>
<td></td>
</tr>
<tr>
<td><strong>Liaison</strong></td>
<td>48</td>
<td>0.14</td>
<td>59,515</td>
<td>3.98</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>35,087</td>
<td>100</td>
<td>1,495,665</td>
<td>100</td>
</tr>
</tbody>
</table>

### How can you help?

(see overleaf for details)

### Client Admission by Source of Referral 2005 / 2006

<table>
<thead>
<tr>
<th>Source</th>
<th>Admissions</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute hospital / public</td>
<td>11,331</td>
<td>41.5</td>
</tr>
<tr>
<td>Local doctor</td>
<td>3,542</td>
<td>12.2</td>
</tr>
<tr>
<td>Acute hospital / private</td>
<td>2,100</td>
<td>7.7</td>
</tr>
<tr>
<td>Relation, friends, neighbors</td>
<td>1,629</td>
<td>6.0</td>
</tr>
<tr>
<td>Psychiatric/mental health</td>
<td>1,130</td>
<td>4.2</td>
</tr>
<tr>
<td>Extended care rehabilitation facilities</td>
<td>745</td>
<td>2.7</td>
</tr>
<tr>
<td>Palliative care / hospice</td>
<td>1,005</td>
<td>3.7</td>
</tr>
<tr>
<td>Other community health services</td>
<td>1,005</td>
<td>3.7</td>
</tr>
<tr>
<td>Other community service non-health</td>
<td>347</td>
<td>1.2</td>
</tr>
<tr>
<td>Aged care assessment team</td>
<td>400</td>
<td>1.4</td>
</tr>
<tr>
<td>Nursing home / hostel / other residence</td>
<td>566</td>
<td>2.0</td>
</tr>
<tr>
<td>Respite care – except palliative</td>
<td>564</td>
<td>2.0</td>
</tr>
<tr>
<td>Mental/health / psychiatric service</td>
<td>16</td>
<td>0.1</td>
</tr>
<tr>
<td>Maternal / child health care</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>3,524</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,385</td>
<td>100</td>
</tr>
</tbody>
</table>

* % have been rounded up to 2 decimal points
** ‘Visits’ includes direct care and client related contacts
† Customer Service Centre

<table>
<thead>
<tr>
<th>ICD-9-CM classification of diseases and injuries (Primary Diagnosis)</th>
<th>Main conditions treated at RDNS within the ICD-9-CM categories</th>
<th>Occurrences</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-operative care</td>
<td>Ulcers and cellulitis (10%) **</td>
<td>6,649</td>
<td>16</td>
</tr>
<tr>
<td>Diseases of the skin and subcutaneous tissue</td>
<td>Urinary incontinence (5%) **</td>
<td>5,925</td>
<td>15</td>
</tr>
<tr>
<td>Symptoms, signs and ill-defined conditions</td>
<td>Wounds (8%) **</td>
<td>4,959</td>
<td>13</td>
</tr>
<tr>
<td>Injury and poisoning</td>
<td>Malignant neoplasm (7%) **</td>
<td>4,142</td>
<td>10</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>Dementia (2%) **</td>
<td>3,241</td>
<td>8</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>Diabetes (6%) **</td>
<td>2,859</td>
<td>7</td>
</tr>
<tr>
<td>Endocrine, nutritional, metabolic diseases and immunity disorders</td>
<td>Venous ulcers (1%) **</td>
<td>2,684</td>
<td>7</td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>Multiple sclerosis, Alzheimer’s, Parkinson’s disease (2%) **</td>
<td>2,228</td>
<td>6</td>
</tr>
<tr>
<td>Diseases of the nervous system and sense organs</td>
<td>Renal failure (1%) **</td>
<td>1,819</td>
<td>5</td>
</tr>
<tr>
<td>Genitourinary system</td>
<td></td>
<td>1,099</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>3,972</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>39,997</td>
<td>100</td>
</tr>
</tbody>
</table>

* International Classification of Diseases (9th Revision) Clinical Modification. ** Each ICD-9-CM classification consists of a number of conditions. This figure represents the frequency of the conditions’ occurrence within the ICD-9-CM classification.

CULTURAL DIVERSITY OF CLIENT POPULATION 2005 / 2006

<table>
<thead>
<tr>
<th>REGIONS</th>
<th>Western</th>
<th>Southern</th>
<th>Northern</th>
<th>Eastern</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40%</td>
<td>75%</td>
<td>59%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Additional information about cultural diversity of client population:
- RDNS clients originate from 145 countries
- RDNS clients speak 74 languages
- 29% of total RDNS clients are born in non-English speaking countries
- 1% of total RDNS clients are Aboriginal and/or Torres Strait Islander
- 19% increase in the use of on-site interpreters
- 2% increase in the use of telephone interpreters

VISIT HOURS BY CARE TYPE 2005 / 2006

<table>
<thead>
<tr>
<th>Visit type</th>
<th>Support and maintenance</th>
<th>Acute / post acute</th>
<th>Palliative</th>
<th>Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit at home</td>
<td>371,661</td>
<td>43,148</td>
<td>24,099</td>
<td>30,744</td>
<td>470,252</td>
</tr>
<tr>
<td>Visit at school / work</td>
<td>2,744</td>
<td>208</td>
<td>104</td>
<td>9,842</td>
<td>12,098</td>
</tr>
<tr>
<td>Visit to hospital (liaison)</td>
<td>2,672</td>
<td>2,212</td>
<td>164</td>
<td>11,357</td>
<td>16,165</td>
</tr>
<tr>
<td>Visit to hospital (not liaison)</td>
<td>413</td>
<td>6</td>
<td>43</td>
<td>1,292</td>
<td>1,754</td>
</tr>
<tr>
<td>Client attended centre</td>
<td>1,335</td>
<td>154</td>
<td>2</td>
<td>7,429</td>
<td>8,298</td>
</tr>
<tr>
<td>Bereavement visit</td>
<td>79</td>
<td>2</td>
<td>212</td>
<td>36</td>
<td>309</td>
</tr>
<tr>
<td>Other</td>
<td>62</td>
<td>5</td>
<td>3</td>
<td>530</td>
<td>5,398</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>378,564</td>
<td>45,735</td>
<td>25,225</td>
<td>65,990</td>
<td>515,514</td>
</tr>
</tbody>
</table>

NB: Visit hours exclude client-related contact hours.

*International Classifi cation of Diseases (9th Revision) Clinical Modification.
Jan Begg  
BSc (Hons), MBA  
49, Director since 2004  
Currently a senior manager within corporate governance for major projects at ANZ Banking Group. Extensive experience as a senior executive in strategic consulting, project management, sales/marketing, change management, software development and business unit management. Worked throughout a range of organisations and industries including major government and corporate business within Australia, New Zealand, UK and USA.

Desmond Benjamin  
64, Director since 2001  
Extensive experience as a director across a broad spectrum of both private and public companies, as chief executive, non-executive director, chairman and Board consultant. Honorary work has included past President of the Company Directors Association; Save the Children, Toorak; South Yarra Rotary Clubs & Life Education; past Zone Chairman of the Salvation Army Red Shield Appeal and past Treasurer of the Toorak Red Cross.

Pamela Burgess  
B Ec, Dip Ed, MBA (Melbourne)  
55, Director since 2003  
Experience in the finance sector with roles associated with economics, stockbroking and corporate finance. Background also in the commercial and retail property market.

Christopher Carilie  
CFA  
58, Director since 2001  
Honorary Treasurer since 2002  
Over 30 years of experience in corporate management with particular emphasis on financial management, investments, acquisitions, strategic planning, marketing and organisational change. Former Finance Director, PA Consulting Group & Commercial Director, Blake Dawson Waldron Lawyers. Currently non–executive director, Freight Australia and Contrec Systems. Fellow, Australian Institute of Company Directors.

Marion Lau  
OAM, JP  
63, Director since 1996  
Aged care consultant, registered nurse and midwife, Marion served as Matron / Manager of The Avenue Hospital, Windsor, one of Melbourne’s most prominent private hospitals. A mentor and business coach, Marion is appointed to the Administrator and Advisor Panels for the Commonwealth Department of Health & Aged Care, Justice of the Peace; Director, Management Consultants and Technology Services; Member, Ministerial Small Business Advisory Council; President, Chinese Health Foundation; President, Chinese Community Society of Victoria; Immediate Past Chair of the Ethnic Communities’ Council of Victoria. Awarded the Order of Australia in 1996 for services to older Australians as well as the Chinese Community and more recently the Centenary Medal for her services to multiculturalism and as Chair of the Victorian Ethnic Communities Council. Charter Member, Rotary Club of Elsternwick.
Jillian Pappas
B Ec (Monash)
58, Director since 2000
Chairman since 2005
A Company Director, Jillian has experience in research and analysis in economics, accountancy and fundraising. President, Merton Hall Foundation and Member, Council of Melbourne Girls Grammar.

Lauri Penttila
LLB
78, Director since 1996
Dec. 24 August 2006

Michael Roberts
BN, Grad Dip Bus Admin
50, Director since 2005
Mike has more than 27 years experience in healthcare as a nurse, clinical service manager, and a consultant. He is a director of Irdium Consulting, a Melbourne-based health care consultancy.

Mike’s work is focused on problem solving, change management and service redesign and planning. Irdium’s clients include health departments, professional bodies, hospitals, community services, aged care services and mental health services. Prior to the formation of Irdium, Mike worked in senior management and clinical roles at St Vincent’s Hospital Melbourne and other hospitals. He is also active in several community service activities.

the board of directors
corporate governance statement

On 31 March 2003 the Australian Stock Exchange released the ASX Corporate Governance Council’s Principles of Good Governance and Best Practice Recommendations (‘ASX Principles’). Those ASX Principles require major publicly listed companies to disclose in their annual reports whether their corporate governance practices follow the ASX Principles on an ‘if not, why not’ basis.

RDNS is not a publicly listed company and is not subject to the ASX Principles - indeed some of them are not applicable to the not-for-profit sector. For ten years the Board of Royal District Nursing Service has worked, as a key priority, on the development and adoption of processes and practices which are aimed at achieving best practice in good governance in the not-for-profit sector. So, whilst not technically required to comply with the ASX Principles, RDNS Directors have determined to use them as the basis for continuing to revise and update their own practices.

The RDNS Board Charter, originally developed in 1996/97, sets out the basis by which the RDNS Board fulfils its role and the Charter Statement (1999) provides further guidance on the way by which the Board/management/staff interface operates.

In summary, the Board is a strong advocate of good corporate governance and seeks to ensure that all officers and employees of the company fulfil their obligations and their responsibilities to all stakeholders.
centre locations

<table>
<thead>
<tr>
<th>Western Metropolitan Region</th>
<th>Northern Metropolitan Region</th>
<th>Eastern Metropolitan Region</th>
<th>Southern Metropolitan Region</th>
<th>Eastern Metropolitan Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Altona</strong></td>
<td><strong>Diamond Valley</strong></td>
<td><strong>Box Hill</strong></td>
<td><strong>Berwick</strong></td>
<td><strong>Caulfield</strong></td>
</tr>
<tr>
<td>4/37 Chambers Road</td>
<td>25 Station Street</td>
<td>690 Elgar Road</td>
<td>48 Webb Street, Narre Warren, 3805</td>
<td><strong>Cranbourne</strong></td>
</tr>
<tr>
<td>Altona North, 3025</td>
<td>Diamond Creek, 3089</td>
<td>Box Hill North, 3129</td>
<td>3129</td>
<td>Cranbourne Integrated Care Centre</td>
</tr>
<tr>
<td>Telephone 9399 2444</td>
<td>Telephone 9438 1055</td>
<td>Telephone 9890 2363</td>
<td>Telephone 9704 1735</td>
<td>140–154 Sladen Street</td>
</tr>
<tr>
<td>Facsimile 9398 0699</td>
<td>Facsimile 9438 3505</td>
<td>Facsimile 9899 8955</td>
<td>Facsimile 9704 0071</td>
<td>Cranbourne, 3977</td>
</tr>
<tr>
<td><strong>Essendon</strong></td>
<td><strong>Gisborne</strong></td>
<td><strong>Camberwell</strong></td>
<td><strong>Frankston</strong></td>
<td>78–80 Beach Street</td>
</tr>
<tr>
<td>Cnr Mt Alexander Road and Grice Crescent Essendon, 3040</td>
<td>5 Neal Street, 3437</td>
<td>690 Elgar Road</td>
<td>78–80 Beach Street</td>
<td>Frankston, 3199</td>
</tr>
<tr>
<td>Telephone 9379 6945</td>
<td>Telephone 5428 3279</td>
<td>Box Hill North, 3129</td>
<td>Telephone 9783 8800</td>
<td>Telephone 9783 8800</td>
</tr>
<tr>
<td>Facsimile 9379 1456</td>
<td>Facsimile 5428 0300</td>
<td>Telephone 9890 8433</td>
<td>Facsimile 9900</td>
<td>5428 3152</td>
</tr>
<tr>
<td><strong>Homeless Persons Program (HPP)</strong></td>
<td><strong>Heidelberg</strong></td>
<td><strong>Knox</strong></td>
<td><strong>Moorabbin</strong></td>
<td></td>
</tr>
<tr>
<td>113 Rosslyn Street West Melbourne, 3003</td>
<td>100 Oriel Road Heidelberg West, 3081</td>
<td>Room 5.15 Knox Community Health Centre</td>
<td>609–611 South Road Bentleigh East, 3165</td>
<td></td>
</tr>
<tr>
<td>Telephone 8327 0100</td>
<td>Telephone 9497 1755</td>
<td>Telephone 9759 0000</td>
<td>Telephone 9555 6755</td>
<td></td>
</tr>
<tr>
<td>Facsimile 9326 6674</td>
<td>Facsimile 9499 7648</td>
<td>Facsimile 9752 3344</td>
<td>Facsimile 9553 3124</td>
<td></td>
</tr>
<tr>
<td><strong>Lionsville</strong></td>
<td><strong>Moreland</strong></td>
<td><strong>Lilydale</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Western Palliative Care)</td>
<td>106 Bakers Road</td>
<td>78 Hereford Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>270 Pascoe Vale Road Pascoe Vale, 3044</td>
<td>North Coburg, 3058</td>
<td>Mt Evelyn, 3796</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone 9372 8860</td>
<td>Telephone 9354 6011</td>
<td>Telephone 9736 4088</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facsimile 9372 8795</td>
<td>Facsimile 9354 5928</td>
<td>Facsimile 9736 3983</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sunshine</strong></td>
<td><strong>Yarra</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>176–190 Furlong Road St Albans, 3021</td>
<td>49 Sackville Street Collingwood, 3066</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone 8345 1257</td>
<td>Telephone 9417 1361</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facsimile 9366 0074</td>
<td>Facsimile 9417 1381</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Head Office</strong></td>
<td><strong>After Hours</strong></td>
<td><strong>Care and Assessment</strong></td>
<td><strong>Website</strong></td>
<td></td>
</tr>
<tr>
<td>31 Alma Road St Kilda, 3182</td>
<td><strong>Telephone Support Service</strong></td>
<td><strong>Centre, Rosebud</strong></td>
<td><a href="http://www.rdns.com.au">www.rdns.com.au</a></td>
<td></td>
</tr>
<tr>
<td>Telephone 9536 5222</td>
<td>Telephone 9379 0577</td>
<td>2 Cairns Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facsimile 9536 5333</td>
<td>Facsimile 9379 0546</td>
<td>Rosebud, 3939</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RALLY Healthcare</strong></td>
<td><strong>Care and Assessment</strong></td>
<td><strong>Telephone</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c/o Royal Talbot Rehabilitation Centre Yarra Boulevard Kew, 3101</td>
<td><strong>Centre, Box Hill</strong> (Whitehorse Community Health Service)</td>
<td>5986 8355 Facsimile 5986 5061</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone 9854 3456</td>
<td>43 Carrington Road</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facsimile 9853 4000</td>
<td>Box Hill, 3128</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone 9890 2363</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facsimile 9899 8955</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>