





Swifts Creek Bush Nursing Centre

SCBNC
SWIFTS CREEK
BUSH NURSING
CENTRE INC.

Annual Report 2024 - 2025

www.swiftscreekbushnursingcentre.com

ACKNOWLEDGEMENT OF COUNTRY

Swifts Creek Bush Nursing Centre acknowledges the traditional owners of the lands on which we operate.

We recognise and respect their cultural heritage, beliefs and relationship with the lands.

We pay our respects to Elders both past and present and thank them for their contribution to our health service.





About us



Growing from Strength to Strength

Established in 1918, the Swifts Creek Bush Nursing Centre has been a cornerstone of the Victorian Alpine community for over a century.

Founded in response to the isolated nature of Swifts Creek, the Centre began as a modest facility providing essential health services to residents. Over the years, it has expanded its capabilities, earning a reputation for excellence in healthcare delivery, and forging robust partnerships with other health and community organisations.

Today, the Swifts Creek Bush Nursing Centre is a respected and integral part of the local healthcare landscape. Our strategic location and responsive operating model enable us to serve not only the Swifts Creek community but also surrounding districts, addressing the unique needs of a geographically isolated population. Despite challenges faced from changing funding models and evolving demographics, we maintain a competitive edge through strong community support, robust governance, and an unwavering commitment to quality care.

Vision, Mission & Values

Our **Vision** is to continue to provide our essential, quality, accessible, twenty-four hour on-call health service encompassing a wide range of bespoke health and wellbeing supports; relevant to our geographically isolated community of Swifts Creek and surrounding districts. We will encourage optimum health and maximize independence of all community members. Implicit in this vision is that our Bush Nurse Manager will lead and mentor our team members to provide a skilled, proficient and personalised link with the broader health system given our remote location. The nature of the service will be integrated, non-discriminatory, culturally appropriate and we will aspire to expand our service in response to the changing needs of the community through partnerships and innovations.



Our **Mission** is to be a responsive community hub advocating for the holistic health, wellbeing needs and providing acute emergency response to our local community and a transient population. We provide multi-skilled professional nursing and forge partnerships with other services to address emerging needs. We provide a high quality, culturally appropriate, flexible and innovative service that aims to ensure the safety and long-term sustained wellbeing of the community. We advocate for members by collaborating in a range of community consultation opportunities, and by partnering with other local organisations and projects.

Connection

Provide a safe and inclusive environment through teamwork, community leadership and strategic partnerships.

Service to the Community

Respect the individual, strive for excellence and act with integrity.

Accessibility

Respect the individual, strive for excellence and act with integrity.

Sustainability

Sustainable healthcare across a lifetime. Securing funding to continue the operation of the Centre.

Innovation

Continuous improvement underpinned by evidence-based governance.



President's Report Edward Mauger 2022-Present

Dear members and stakeholders

I am pleased to present the Annual Report for 2025. I'm very proud of the work our committee and staff have undertaken this year. We set a very high standard for this term's strategic plan and to see the amount of key points that we have achieved within the first year of this is astounding.

Jo Brailey has been integral to this operation since she has come onboard with the committee. I attribute much of the success of the centre in the last twelve months to her incredible dedication as a volunteer and professional insight, helping everyone in the centre with their roles. I for one could not fulfill my role as president of the SCBNC without Jo. Thank You so much for all your help.

The holistic health care we receive through the Swifts Creek Bush Nursing Centre is second to none. Despite the funding cuts in healthcare across the state, the Swifts Creek Bush Nursing Centre has managed to not have to cut any services to its members and district.

Our wonderful Bush Nurse Manager extraordinaire Sue Carroll continues to be one of the most dedicated people I have ever met and is constantly performing above expectations. To add to her extensive list of achievements, Sue has also become a published author in 2025. Sue has published an article in the journal of emergency nursing, which gathers international attention to the Swifts Creek Bush Nursing Center and remote/rural nursing alike.

Of the over 20 Ambulance Victoria call outs our nurses have attended this year, resulting in lives saved is a real testament to the highly skilled and dedicated bush nurses in Sue, Claire, Marney, Jacinta and Sarah.

Our fantastic nurses bring a wide range of expertise and experience to their bush nursing role.

We are extremely lucky to have Claire Chapman come on part time this year. Claire is a specialist ICU (intensive care unit) and Emergency nurse, and specialises in cardiac nursing.

The Oram Estate Project continues to make progress, though slower than we would like. The background work with the Victorian Timber towns transition teams and East Gippsland Shire Council are still underway and starting to provide some results such as grant applications being submitted and planning with council beginning.

Finally, I would like to thank the members for their continued support of our centre. We will continue to strive for a comprehensive health care service in Swifts Creek.

Yours sincerely
Edward Mauger

Bush Nurse Manager's Report 2024-2025

Sue Carroll



Clare Chapman joined our Nursing team in August 2025 and completed her first Remote Area Nurses training in May 2025.

Women's Health Night

We held a Women's Health Night on the 19th September.
Claire Chapman presented on Cardiac health
Carolyn Nelson (Breast Care Nurse, BRHS) presented on Breast Cancer, diagnosis and treatment.
Heather McCoy presented via Zoom on urinary incontinence.
I presented on Cervical Screening and self-collection, as well as Bowel screening and the importance of early detection and treatment.
We had been successful with a Cancer Council Victoria grant for Cervical Screening to reach under screened woman or people with a cervix..





A motor vehicle accident that we attended in January. As you can see by the Helicopter in the background, an air retrieval was required to transfer this person to a Melbourne hospital.

Men's Health Night 7th May

We ran a Men's Health Night on the 7th May at the Centre and had approximately 30 attendees.
Moss Mahoney from Prostate Awareness in Lakes Entrance came to speak about Prostate Cancer. He is a very strong advocate for this cause as he has Prostate Cancer and wants to get the story out there. He informed the men that they need to be aware, work as a team and take responsibility for their own health.

Moss presented statistics from Gippsland that showed that 60.4% of Prostate Cancer diagnosis occurs at Stage 2. He informed the crowd that it isn't an old man's disease as they buried a 42 year old man from Sale and a 52 year old man from Bairnsdale this year. It is a very simple blood test, but it is your responsibility to follow the results up and take further action if the PSA is elevated.
Dan Cziperle (Omeo Hospital CEO), Dr Howard Goldenberg, Dr Charles Luiz and Michael Rowell (Director of Corporate Services ODH) attended.



Claire Chapman spoke about Heart Health as it was National Heart Health week.
I spoke about bowel cancer and lung cancer screening.
The crowd stayed for heart healthy food and many ongoing discussions around health occurred.

Jo Brailey joined the SCBNC

Rising Strong Forum.
I was invited to be on a panel at the Rising Strong Forum. This was about East Gippsland's path to community resilience. I spoke about the Swifts Creek community and how they have been through many disasters over the years, not only bush fires, but floods, landslides causing road closures and cutting travel to Bairnsdale, power outages for some time and of course COVID! I informed them of how resilient this community is and how they come together to support one another in times of disaster.





Anna Gray, a former resident of Swifts Creek made these little sock dolls for the children when they come for a vaccination.They have been an absolute hit. Thank you so much Anna for such a thoughtful gift

Hot water service
We have had the old hot water service removed and replaced with a new hot water service with a heat pump. This was a free Government replacement for businesses. This came along at the perfect time, as the old system was leaking and not working to its full capacity.

During this changeover, the electrician noted that there was a wire in the electrical switch panel that was arching out and about to catch fire. Thank goodness Jeremiah Topperwien came to our rescue within minutes and prevented a fire.

Solar Batteries
We were successful in a grant for Solar Batteries, which have been installed in the shed at the back of the Centre. This will reduce our electricity costs further.

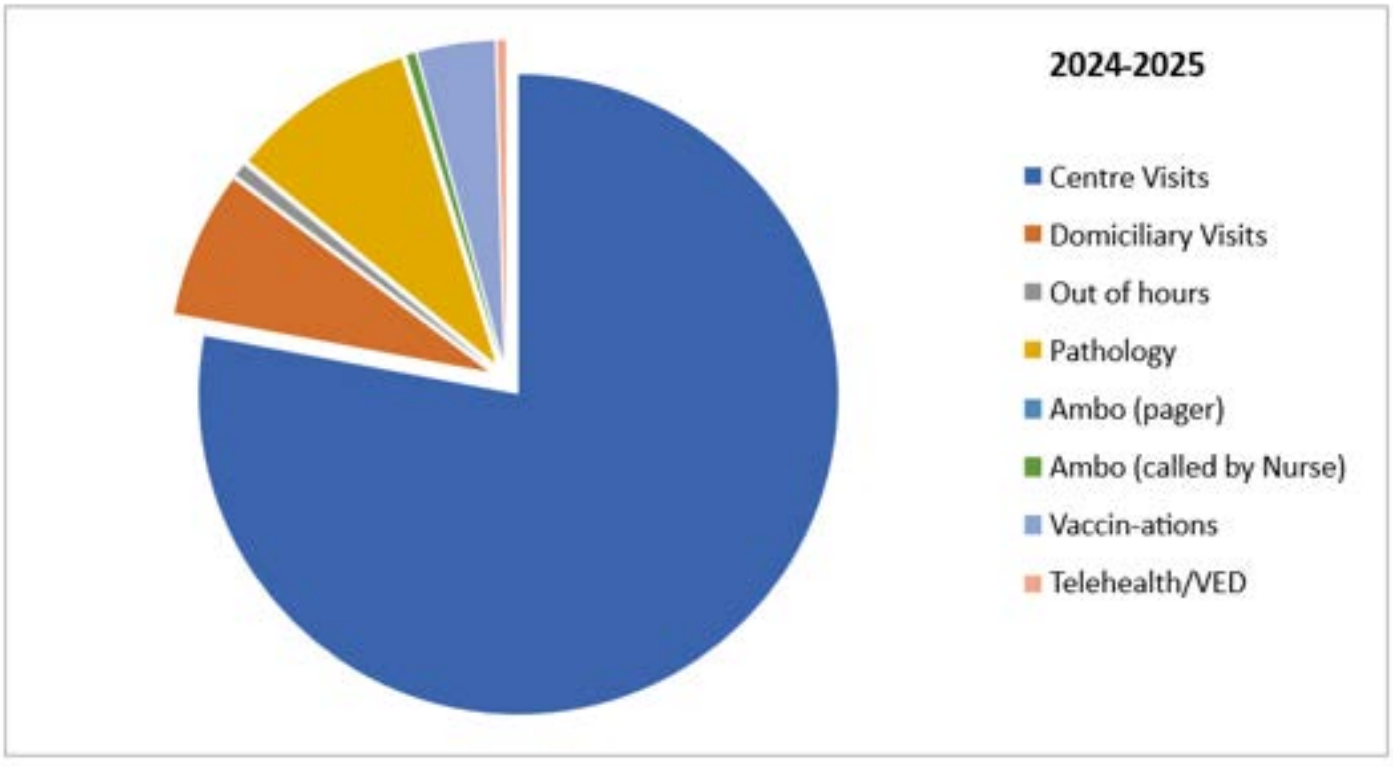
Article
Vanessa Goram from Ambulance Victoria contacted all Victorian BNCs to create a challenge for the Nurses to write a case study and have it published. Of course, I am not one to pass up a challenge. I gained signed permission from my client to use her incident for my case study. I then decided I would add why I had chosen to become a Remote Area Nurse, the history of Swifts Creek BNC, as well as Bush Nursing in Victoria. I was assisted by Dr Nancy Mannion from Pennsylvania, USA and my article was published in the Journal of Emergency Nursing, which is a peer reviewed journal. I was not aware of the amount of time and effort that would be required to make this happen, but am so pleased I finally got there. The article is titled "Walking In The Shoes Of A Remote Area Nurse In Victoria, Australia".

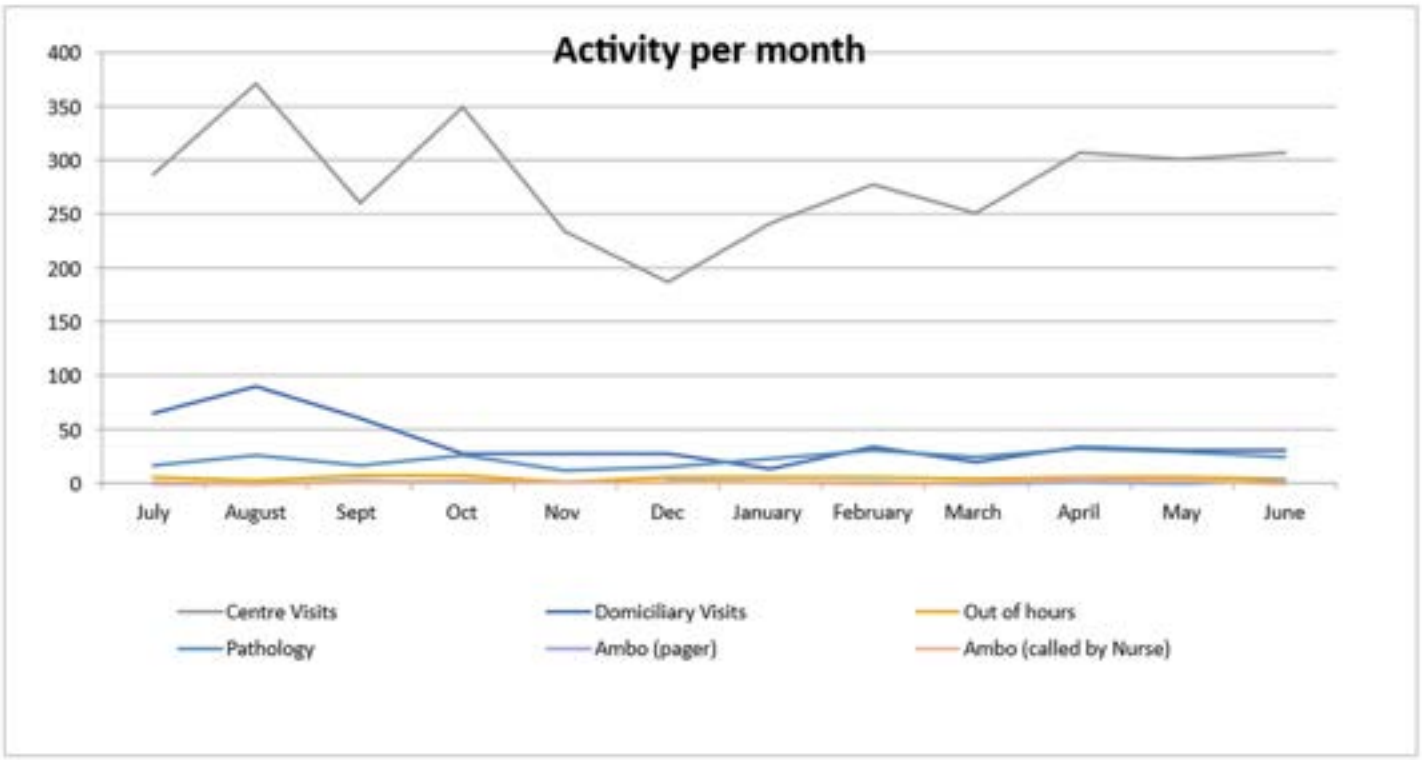
Omeo District Health
Mary Manescu left ODH in November 2024 and Daniel Cziperle commenced as Interim CEO and now in an ongoing position.

Not long after Dan commenced this role, he organized to come to Swifts Creek BNC with Simon Lawler (Chair of Board) to meet with myself, Edward Mauger and Jo Brailey. Since then, I have been having monthly catch-ups with him. There has been very open and honest communication and Dan wanted to know the history behind what occurred whilst Mary Manescu was in the role of CEO. We are hoping to be able to work together for the health and wellbeing of the extended communities and re-create a trusting and respectful partnership with an MOU.

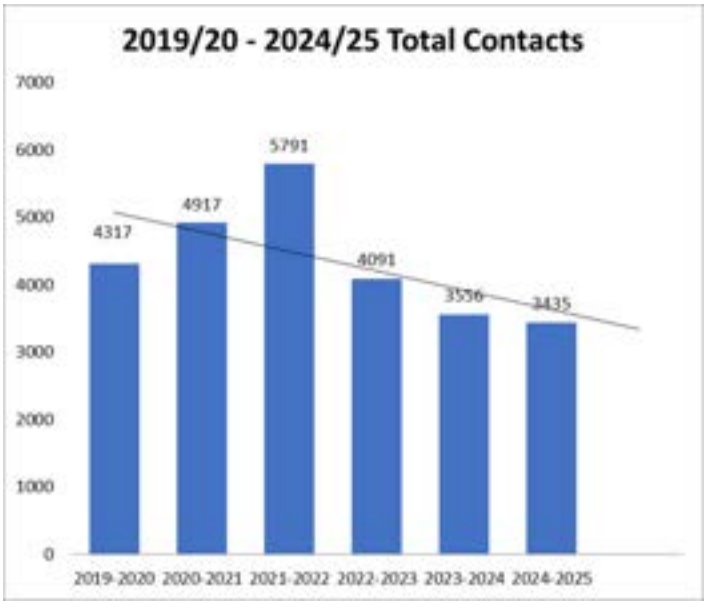
Nursing Report Trends 2024-2025

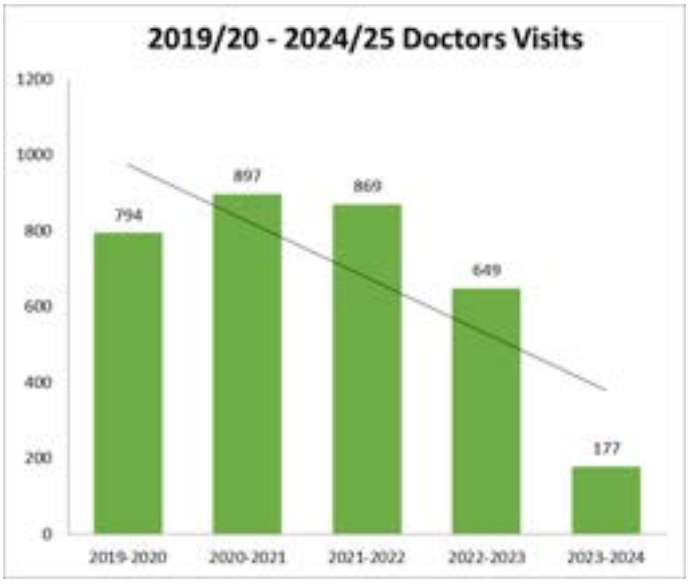
2024/2025 Month	Total Contacts	Centre Visits	Domiciliary Visits	Out of hours	Pathology	Dr's Visits	Ambo (pager)	Ambo (called by Nurse)	Vaccinations	Telehealth/VED	2024/2025 Month
July	387	360	34	3	43	0	0	2	18	2	July
August	338	329	41	3	24	0	0	2	7	2	August
Sept	302	280	28	12	26	0	1	0	0	2	Sept
Oct	267	257	30	4	17	0	2	0	6	1	Oct
Nov	286	271	39	4	22	0	4	1	2	5	Nov
Dec	225	207	17	1	24	0	0	1	3	2	Dec
January	231	231	21	3	28	0	1	1	3	5	January
February	222	203	32	6	16	0	3	0	4	1	February
March	284	269	29	2	36	0	2	2	4	4	March
April	248	234	21	4	23	0	2	0	44	1	April
May	330	321	31	3	27	0	0	2	44	2	May
June	315	303	36	4	27	0	0	0	15	4	June
Totals:	3435	3265	359	49	313	0	15	11	150	31	Totals:
Month Avg.	286	272	30	4	26	0	1	1	13	3	Month Avg.



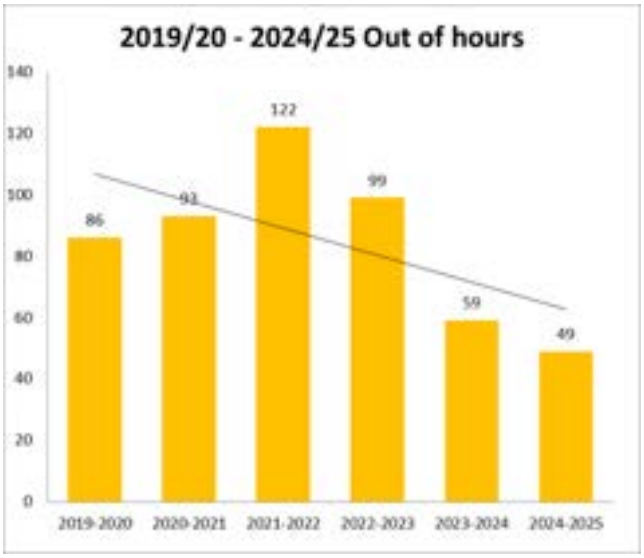


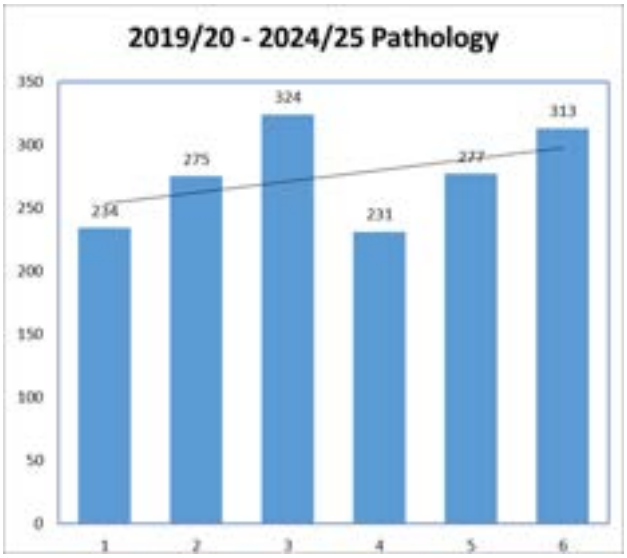
This graph shows that after the Doctors stopped coming to SCBNC, the Total Contacts and Centre Visits has continued at around 300 - 350 per month.

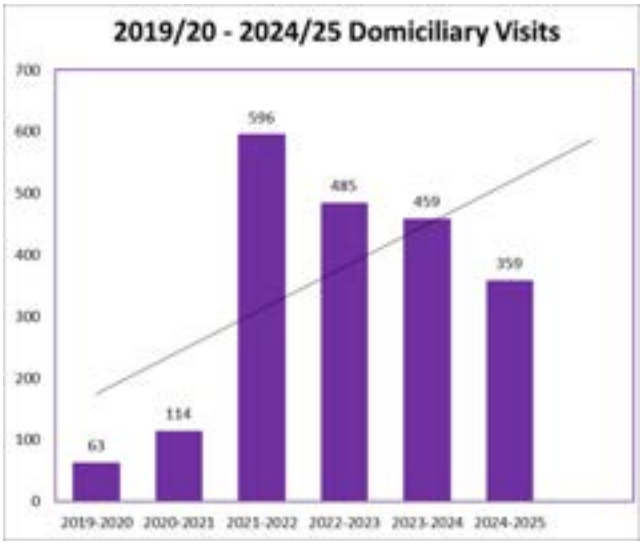


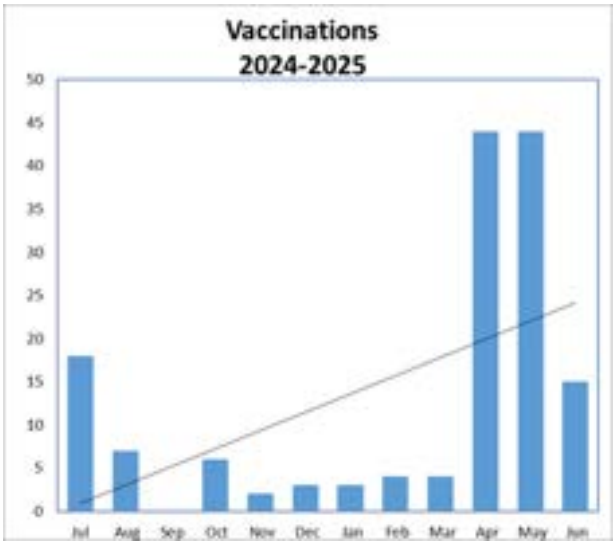


Doctors Vistits to the centre ceased in 202**4**

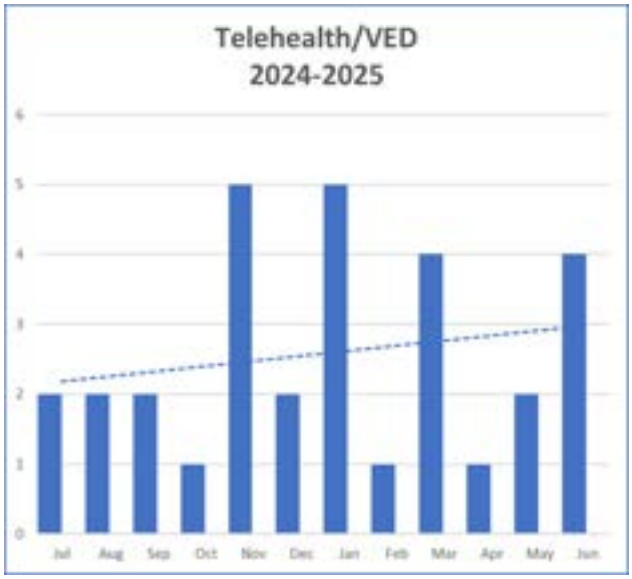




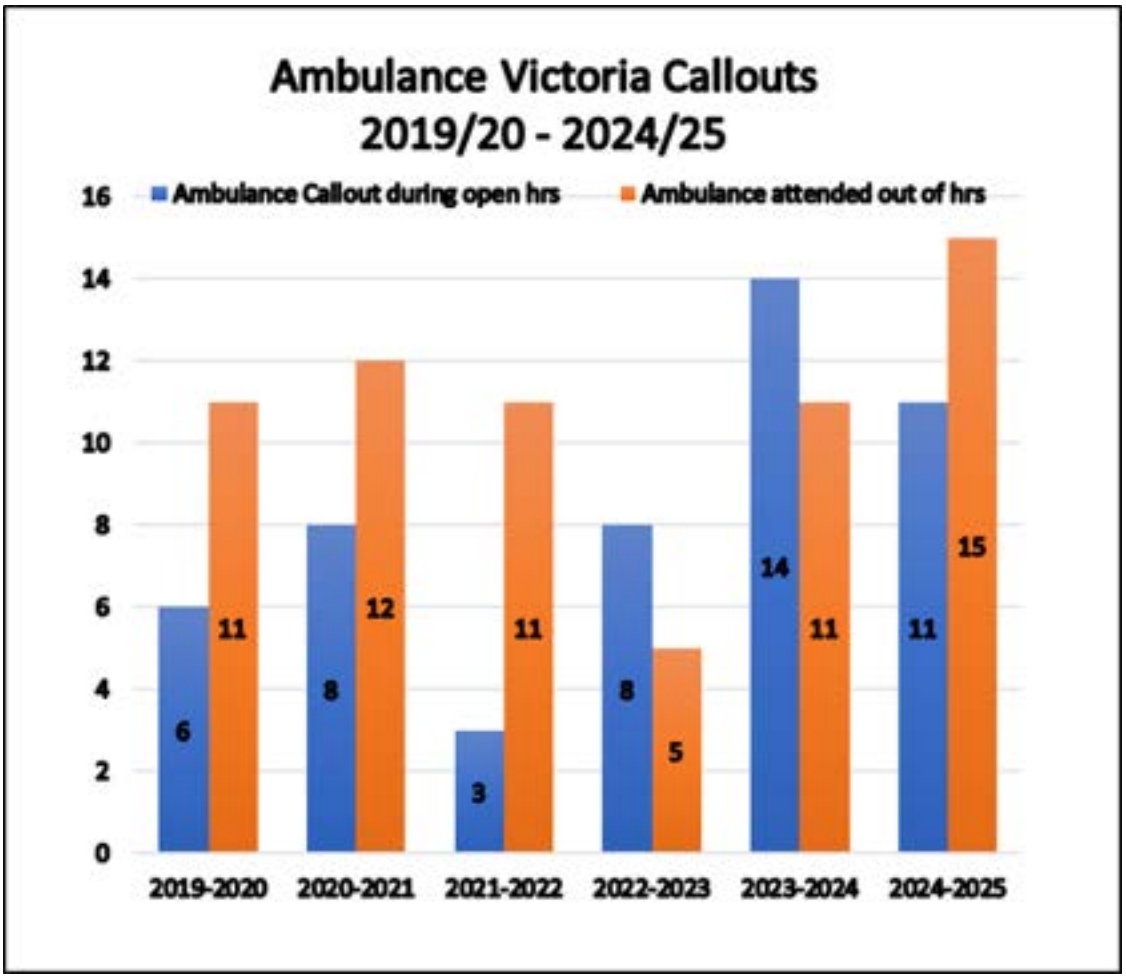




Unfortunately, Domiciliary visits were heavily reduced due to a lack of funding for this service.







Ambulance callouts are increasing particularly out of hours.

Treasurer's Report
Mary-Anne Sheean

FINANCE – TREASURERS REPORT

The Centre continued to rely on contributions from the community through memberships, fees, fundraising, bequests and donations. This addition to our revenue meant that the Centre could continue to provide a 24/7 service as we have done for over 100 years. The Committee of Management greatly appreciates the support they have received over the past year from the community and will hopefully continue to do so. The Committee of Management decided to appoint Daniel Dalton from Gippsaudit along with Whites Accounting to carry out the audit and prepare the financial statements for the 2024-2025 financial year. The audited statements have been included for your perusal. The Committee of Management is committed to ensuring transparency in how funds are used and to ensure they are used efficiently.

Swifts Creek Bush Nursing Centre Treasurer's Summary

There was no decrease in our income for the 2024-2025 financial year, in fact, funding from the Department of Health saw an increase of 18%. This was soley due to the DoH funding the new EBA agreement to increase nursing wages over the next 7 years. This increase in funding will continue for the duration of the EBA. The remainder of our income was sourced from donations, bequests, capital replacement, client contributions to services, programs and memberships. Our income from grants declined significantly for a number of reasons. Firstly, we no longer have a Project Officer to chase up any grant opportunities. Secondly, it has become increasingly harder to successfully secure grants as the competition is fierce and the funding pools are smaller.

The Governance and Finance Subcommittee (GAFSUB) continued to seek out funding opportunities, monitor the financial health of the centre, oversee the annual budget and report to the governing body – the Committee of Management. The GAFSUB remained committed to ensuring the centre is financially viable and can continue to maintain its 24/7 service that the community deserves.

Unfortunately, Domiciliary visits were heavily reduced due to a lack of funding for this service. In addition, there are a number of factors that are contributing to an increase in the cost of running the centre. These factors include:

- A significant increase in the cost of living e.g. electricity bills, cost of medical supplies and a general increase in all expenses, as is reflected in the economy.
- The Right to Disconnect and Fatigue Management initiative (while positive) has added another financial pressure to ensure the centre is staffed 24/7.
- Nurses wages will continue to make up a large portion of the total expenses of the centre as succession planning is put in place.

Looking forward to 2025-2026, there will be increased financial pressures due to the continued cost of living crisis and importance of funding succession planning as staffing arrangements change. There will also be a continued commitment to providing a high level of care that meets the needs of the community as well as strengthening partnerships with various health care providers within the East Gippsland Area.

Administration Officer's Report Deborah Crellin

Financial and Service Matters
Within a rapidly evolving landscape, Swifts Creek Bush Nursing Centre has focused on maintaining essential health service geared to the rural communities of Swifts Creek and surrounds, whilst simultaneously proactively shaping the future direction of healthcare for the region.

The health environment has unquestionably become increasingly challenging. The sector has experienced significant cost escalation in the provision of services, access to workforce has remained a persistent difficulty, and the adjustment to a Covid-19 influenced work environment that is now considered business as usual has required a level of change and adaption. Swifts Creek Bush Nursing Centre has confronted each of these challenges in an active and considered way, relying on sound planning and the commitment and flexibility of the people engaged in our services to navigate a changing health environment.

Internally, we've achieved notable milestones. We've reviewed and strengthened our clinical governance framework to uphold the highest standards of care and safety, with this framework now representing the most contemporary application of clinical governance within a rural health context.

As part of a collaboration with Foundation for Rural and Regional Renewal, SCBNC was successful in receiving $20,000 to support farmer wellbeing, reduce social isolation and improve access to local health services by enabling community health outreach to visit isolated properties and small towns to provide health and welfare checks and referrals.

We are pleased to observe that consumer feedback across the entirety of our service profile reflects an overwhelming satisfaction with SCBNC's services and the capacity and care of the staff who provide the service.

Educating and Training our Staff
The training of our workforce is an integral component to our service delivery of care. The understanding of challenges facing the workplace, including safety and staff well-being, and the execution of managing operational business with scarce resources were addressed regularly with updates and webinars.



SCBNC welcomed Shannon Harvey to the team this year with Shannon taking on a role in the Administration Office as an Administration Trainee.
Shannon brings wonderful energy and enthusiasm to the position and is learning her new role diligently. We look forward to her continued growth and involvement in the Centre's operations.

Bush Nurse Manager Journal Article

Walking in the Shoes of a Remote Area Nurse in Victoria, Australia

Authors: Sue Carroll, RN, RM, RAN, RIPERN and Nancy Mannion, DNP, RN, CEN, FAEN, Lancaster, PA, and Swifts Creek, Victoria, Australia
Section Editors: Pat Clutter, MEd, BSN, RN, CEN, FAEN, Nancy Mannion, DNP, RN, CEN, FAEN, Fatma Refaat Ahmed, PhD

Abstract

Bush nursing developed in the early part of the 20th century to address the burden of illness and injury in remote areas of Australia. The authors describe the history of bush nursing in Australia and the role of a bush nurse today, including educational and practice requirements. A case study exemplifies the skills and knowledge an emergency nurse would need to perform successfully as a bush nurse.

Key words: Bush nursing; Remote health; Emergency care

The ad for the job stated, "Weekend relief nurse for Swifts Creek Bush Nursing Center (SCBNC)," and I thought after working 10 years in emergency nursing at Bairnsdale Hospital in Victoria, Australia, "This would be a good challenge for me!" How right I was, and how much I have learned over the 26 years I have now served in this position. Little did I know then that this change in my nursing environment would transform me into a true bush nurse with little available resources, minimal backup, the greatest range of illnesses, injuries, and problems for instantaneous decision-making and grit, and a multitude of precious memories.[1]

History of Bush Nursing in Australia

Bush nursing was developed in the early part of the 20th century to address the burden of illness and injury in remote areas of Australia under the auspices of the Bush Nursing Association. In 1920, the Department of Public Health took administrative oversight of this role and was eventually called the "Government Nursing Service-District Nursing Centers" in 1958.

Primary duties of the first bush nurses were midwifery and care of children, in line with government initiatives to improve maternity services and early childhood health. The bush nurse often provided "first contact care" to people of all ages, as these remote communities had no medical providers. The ability to practice independently was an important trait of the bush nurse because of the isolated nature of their work.[2] In the past, a bush nurse had to have a double certificate in General Nursing and Midwifery. Luckily, I had both of those qualifications. Over the years, I have continued to study to increase my scope of practice to provide essential services to the community, such as coronary care, nurse immunizers, and women's health services, along with Adult and Pediatric Advanced Life Support, Palliative Care, Diploma of Business Management and Rural and Isolated Practice Endorsed Registered Nurse course. I also did Certification IV in Training and Assessment, as we frequently have student nurses, medical students, and pharmacy students at our center.

SCBNC[3] has a long history in the community. On the 5th of October 1918, a small group of Swifts Creek residents realized the importance of preventative and timely health care in this remote location. The SCBNC was formally established from community funds and has always been and remains a nurse-led clinic providing health care to the local community, including emergency care.[4] The only form of transport for the nurse at the time was via horse. They then graduated to a bicycle and finally to a motor vehicle (Figures 1 & 2). The SCBNC is a private not-for-profit organization and receives only a small amount of government funding, which does not cover weekend, after-hour, or ambulance callouts. The local community continues to support our center financially so that it can continue to provide these essential services. The center is usually run by a sole nurse who is responsible for intervening in whatever situation occurs at that time.[5]

Swifts Creek lies on the upper reaches of the Tambo River in East Gippsland, Victoria, Australia, nestled at the

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0099-1767

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foothills of the Great Dividing Range 100 km (62 miles) north of Baimsdale, with a population of 450. Prospectors came to the region in the early 19th Century searching for gold. A sawmill was established in the mid-1900s to provide a stable economy after the gold ran out. The area is now mainly a farming community.

Due to the remoteness of this area and the fact that paramedic availability 24 hours per day, 7 days per week did not exist, Ambulance Victoria requested bush nurses to be first responders to ambulance callouts. Quicker response times were desired to reduce morbidity and mortality rates. Formal training, called the Remote Area Nurses Emergency training, was developed along with specific guidelines for the nurses to follow for emergency treatment.[4,6] This state-funded education is created and implemented by Ambulance Victoria and consists of online modules followed by 2 days of intensive face-to-face assessments. A Rural and Isolated Endorsed Practice RN has additional training and can supply and administer a wider range



FIGURE 2
Author Sue Carroll RN RM RAN RIPERN, and bush nurse Marney Neal, RN, RAN, assisting motorcycle victim, Wayne Taylor



FIGURE 1
Author Sue Carroll RN RM RAN RIPERN and colleague Marney Neal, RN RAN after attending a motorcycle accident in the remote bush.

of medicines in accordance with the clinical guidelines established by the government.[7] A cardiac monitor/defibrillator, ambulance pagers, and radios for the car are provided. The SCBNC had always provided 24-hour on-call service, therefore, the local population had to be educated to call the ambulance first when an emergency occurred to ensure appropriate resources were heading in that direction.

Over the years, the SCBNC completely changed. The building has been upgraded to a very functional health service with a specific emergency room and rooms for a doctor, allied health services, administrative offices, and a committee/community room with teleconferencing facilities. This room is used on a very frequent basis for committee meetings, Women's Health evenings and health promotion, and training such as first aid and CPR.

The SCBNC is unique to all other Bush Nursing Centers in Victoria due to the skills of the nurses employed. We provide care from conception until we call the undertaker following a patient's ultimate passing at the end of life. We see our role as providing appropriate and timely health care to the local community to ensure they remain safe and well in their own homes for as long as possible.

Dependent on the scope of practice of the nurse, the SCBNC provides a host of services. Some of these services are covered by the government. Membership fees and fundraising are used to cover revenue gaps. Some of these are included in the Table.

Additionally, a domiciliary nurse can visit isolated, elderly, and vulnerable people to complete a thorough assessment and prepare a comprehensive care plan to ensure

Bush Nurse Manager Journal Article

they are safe and managing in their own homes. If required, the nurse then organizes a My Aged Care Assessment to gain appropriate home services to assist in maintaining them in their own home. Note that the government does not provide funding for palliative care or emergency response, including medications, supplies and equipment, or vehicle use. The cost of these services is covered through community fundraisers and donations.

Over the years, I have had to respond to many emergency situations on my own, with delayed or no backup. There have been many acute myocardial infarctions that I have had to treat and then request transport to a tertiary hospital for catheter lab, strokes for immediate transfer for Computerized Tomography imaging of the brain, severe injuries due to car accidents, partial amputation of limbs at the sawmill, and life-threatening respiratory emergencies, as well as anaphylaxis arriving on our doorstep requiring emergency adrenaline. Ambulance Victoria has a retrieval service via helicopter called Helimed, which we use frequently to move critical patients to an appropriate hospital within a rapid time frame.

The following is a case I dealt with late last year that exemplifies the important role of the bush nurse. It was the "perfect storm," as I had no backup with a life-threatening maternity emergency.

Late 1 night, a complex obstetric emergency unfolded, challenging a sole health care provider in a remote, mountainous area. This patient brought the many facets of bush nursing to the forefront, requiring critical decision-making, resourcefulness, and multidisciplinary collaboration. This situation involved antepartum hemorrhage requiring subsequent transfer of a 30-year-old gravida 2/para 1 female, at 36 weeks gestation, with a clotting disorder called Prothrombin G20210A (Factor II mutation). This is a genetic condition that causes an increase in the likelihood of the formation of dangerous clots due to the production of too much prothrombin, factor 2, in the clotting cascade.[8] It also, however, unwittingly helped with the worst-case scenario of potential hemorrhage, ultimately saving the life of the mother and child as the placenta continued to separate from the uterus.

The patient's presentation involved a spontaneous rupture of membranes with continuous blood loss, indicative of antepartum hemorrhage due to placental abruption. The woman experienced 2-minute contractions with the uterus failing to soften between contractions.

Maternal observations remained stable, with a blood pressure of 120/72 mm of mercury (mm Hg), heart rate at 80 beats per minute, respiratory rate of 16 breaths per minute, and fetal heart tones ranging between 140 to 160 beats per minute. A vaginal examination revealed a cervix that was effaced but not dilated at the time of examination.

TABLE
Examples of services provided at Swift Creek Bush Nursing Center

Antenatal/postnatal care	First aid training nights for new parents
Women's health cervical screening	Women's and men's health nights
Flu and COVID vaccinations	Immunizations—child and adult
General assessment and wound care	Collection of blood and urine specimens
Mental health support and referral	Palliative care in the home
Supplying and administering antibiotics for apparent infections and suturing of wounds (RIPRN only)	Emergency responses 24 hours a day/ 7 days a week for local community needs
First responder for ambulance callouts. MVCs, motorcycle crashes, and other injury-related events. (Figures 1 & 2)	CPR training
Friday lunches for the over-65 age group to bring together the isolated and lonely	Telehealth specialist consults at the center facilitated by the nurse

COVID, coronavirus disease; CPR, community cardiopulmonary resuscitation; MVCs, motor vehicle crashes; RIPRN, Rural and isolated practice registered nurses.

CHALLENGES IN TRANSFER

Living in a remote area, 113 km (70 miles) away from the nearest hospital, the patient faced geographical challenges compounded by a violent storm with heavy rain and strong winds, and with debris and tree branches obstructing the journey. The absence of local ambulance availability and the inability of the Pediatric Infant Perinatal Emergency Retrieval helicopter service to safely operate in the storm added complexity to the situation.

DECISION-MAKING AND COMMUNICATION

In the absence of immediate ambulance availability, the bush nurse assumed a leadership role, showcasing rapid decision-making skills and effective communication. As the bush nurse on duty, I informed Ambulance Victoria

Bush Nurse Manager Journal Article

about the urgency of the situation and requested transportation with an ambulance driver. Simultaneously, communication with the obstetric general practitioner at the receiving hospital led to the directive to utilize the Bush Nursing Center vehicle for an urgent transfer.

PERILOUS JOURNEY

Embarking on the hazardous 113 km (70 mile) journey through the storm-laden roads, I faced additional challenges, such as encountering black cattle on the road with minimal visibility due to the weather. Resourcefulness and effective communication played a crucial role due to intermittent mobile phone service along the route. I used strategically placed red and blue emergency beacons to signal the approaching ambulance to ensure we were visible.

TRANSFER TO AMBULANCE

Meeting the ambulance after a harrowing 30-minute drive at the 40 km (25 mile) mark, I facilitated the transfer of the woman into the ambulance, ensuring continuous monitoring of both maternal and fetal parameters. This collaborative effort between the bush nurse and the ambulance team highlighted the adaptability and resilience required in managing obstetric emergencies in challenging conditions.

HOSPITAL ARRIVAL AND VAGINAL DELIVERY

Upon arrival at the hospital after an additional hour on the road, the patient's cervix was found to be 5 cm dilated, with contractions continuing at 2-minute intervals. Maternal observations and fetal heart rate remained stable, allowing for a prompt assessment and initiation of appropriate interventions. The successful vaginal delivery of the baby occurred 1 hour after arrival at the hospital.

POSTPARTUM COMPLICATIONS

Despite the successful delivery, the case took a turn as the mother experienced postpartum complications of retained products of conception, contributing to ongoing bleeding requiring both blood and iron transfusions. The hospital also lacked the necessary facilities for premature babies, prompting the transfer of both the mother and newborn to another facility.



FIGURE 3
Author Sue Carroll, RN, RM, RAN, RIPERN, with obstetrical patient Deborah Martinez and her baby Isel Mazzalio-Martinez.

TRANSFERRING TO ANOTHER FACILITY

Recognizing the need for specialized care, the health care team began the process of transferring both patients to a facility with the required resources. There was a great deal of coordination required for this transfer, ensuring that the transportation arrangements and the receiving hospital were well-prepared for the unique needs of both patients.

This patient highlights the intricate challenges faced by both the patient and the health care providers dealing with antepartum hemorrhage and the subsequent obstetrical emergency in a remote and adverse environment. The successful outcome was attributed to the bush nurse's rapid decision-making, effective communication, and resourcefulness, as well as the collaboration between health care professionals (Figure 3). The challenges faced with this life-threatening emergency, from adverse weather conditions to the lack of immediate transportation options, emphasized the need for preparedness and adaptability in ensuring

Bush Nurse Manager Journal Article

optimal outcomes for both the mother and newborn. This case serves as a compelling example of the resilience of health care providers in navigating complex obstetric emergencies, even in the face of unforeseen challenges.

The SCBNC has been functioning for the past 105 years, and I am very proud to say I have been part of this for a quarter of its lifetime and have been involved in many improvements. The work is challenging but rewarding, and it is the hope of every bush nurse that we are making a positive difference in the lives of the people we serve. Succession planning is vital for Bush Nursing Centers to continue to provide appropriate care for people living in rural and isolated areas in Australia.

Implications for Emergency Nurses

Nurses who choose to work in a rural environment in Australia must be prepared to practice in a low-resource environment. This includes educational preparation such as the Remote Area Nursing Emergency training and achieving certifications such as Rural and Isolated Practice Endorsed Registered Nurse. The nurse must also possess specific personal traits, including the ability to apply critical thinking and clinical judgment in crisis situations, strong interpersonal and communication skills, and a broad range of clinical skills across all ages and diseases. The bush nurse practices emergency nursing with little or no supervision and must follow established protocols in addition to possessing independent judgment when needed. Familiarity with the emergency medical services system is essential, as a bush nurse is the first responder when an emergency rescue is needed.

Conclusion

Working as a bush nurse in a remote environment can test the emergency nurse's cumulative education and experience. The nurse must be prepared for any type of clinical event, in addition to delivering basic public health services such as prenatal care, community education in First Aid, and coordinating the emergency medical services response. Emergency nurses may find that their critical thinking and clinical judgment skills provide an excellent foundation for providing care in the bush environment.

Author Disclosures

Conflicts of interest: none to report.

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Nancy Mannion is a President, NMB Global Leadership, LLC, Chair, Nurses on Boards Coalition, and Past President, Emergency Nurses Association, Lancaster, PA.

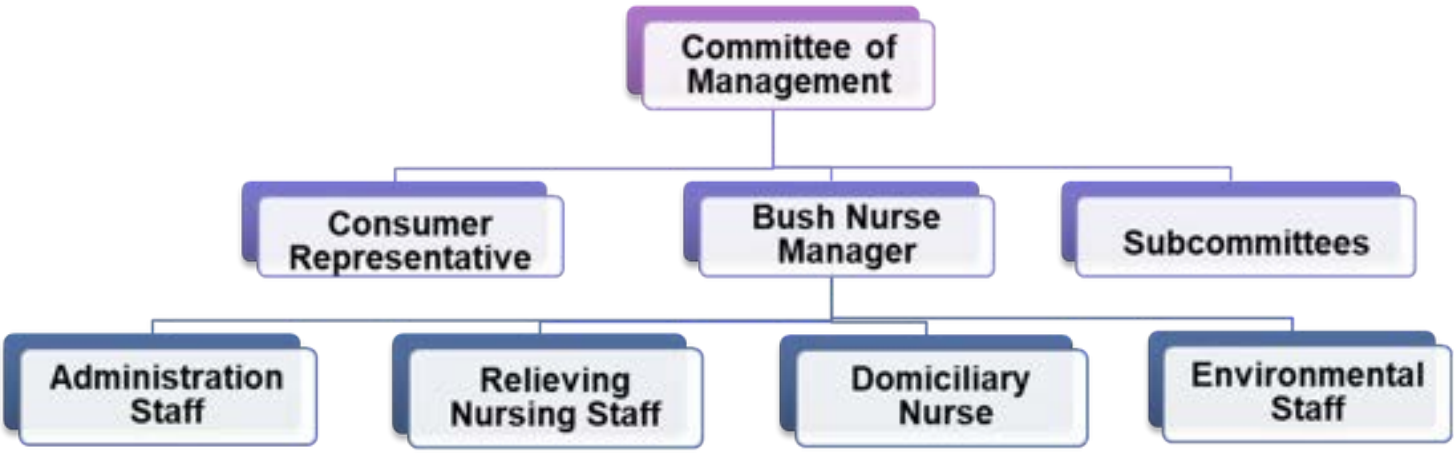
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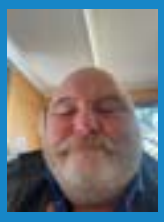
Organisational Structure



Committee of Management



Edward Mauger
President
Commenced 2022
Bachelor of Agricultural Science



Peter Brasier
Vice President
Commenced 2019
GradDipEd, GradDipIR, BSocSc



Pauline Canfield
Secretary
Commenced 2018
Bachelor of Education.



Mary-Anne Sheean
Treasurer
Commenced 2025
Bachelor of Education.



Jo-Ann Brailey
Executive Assistant
Commenced 2024
AFACHSM, GradCertHSM, BSocSc(Psych), DipMgt, DipEmpServ, CertIVHlth/Nurs



Marijs Last
Committee Member
Commenced 2017



Kim Thomas
Committee Member
Commenced 2024
Associate Diploma in Applied Science – Resource Management



Kath Smith
Committee Member
Commenced 2003
MAIES, MDisResil&SustDev, BForSci(Hons), DipBus(FrontlineMgt), CertIVBus (Gov)



Joanne Bradbury
Committee Member
Commenced 2017
Bachelor of Education



Michael Cawley
Committee Member
Commenced 2018
-Horticulture- organic herb farm in Cassilis



Lorraine Crellin
Committee Member
Commenced 2024
Registered Div1 Nurse
Bachelor Social Science La Trobe University Bundoora
Diploma Business Management RMIT

Community Representatives



Allison McLeod
"I became a Consumer Representative as I wanted to support the centre and the continuation of this great service available to our local community. I am very grateful to have had access to the centre over the past 3.5 years since my family has lived in Swifts Creek. I have really enjoyed learning more about the centre, the services provided and possible future goals of the centre, as well as getting to know the amazing people involved in the running of the centre".



Karen Weaver
"As a member of the community I have had very positive dealings with the bush nursing centre and would like to see it continue. If I can help/assist in that process I feel that I'm returning the help and support that I have been given"

Our Workforce

Susan Carroll
Bush Nurse Manager (13years) Nurse of SCBNC (28 Years)

- Registered Division 1 Nurse
- Registered Midwife
- Rural and Isolated Practice Registered Nurse + Suturing
- Nurse immuniser
- Remote Area Nurse
- Certificate 4 TAE
- Women's Health Nurse
- Diploma in Business Management
- Advanced Life Support
- Nurse Generalist
- Ongoing Studies in Cardiac, Respiratory and Menopause





Claire Chapman (2024 - Present)

Registered Division 1 Nurse (AHPRA)
GradDipCritCare, BSc(Nurs), GradCertLead&Mgt, CertHSM

- National Immunisation Program for Healthcare providers (Australian College of Nursing)
- Suturing (Health Education Collaborative)
- Remote Area Nursing (Ambulance Victoria)
- Digital Health Security Awareness (Australian Digital Health Agency)
- Advanced Wound Care (Latrobe Community Health Service)



Marney Neal (2023 - Present)

Registered Division 1 Nurse (AHPRA)
GradDipEmergNurs, GradDipRur&RemNurs, BNurs, BPara

- National Immunisation Program for Healthcare providers (Australian College of Nursing)
- Suturing (Health Education Collaborative)
- Remote Area Nursing (Ambulance Victoria)



Sarah O'Brien (2023-Present)

Registered Division 1 Nurse &
Registered Paramedic (AHPRA)
GradDipCritCare, BNurs/BPara

- National Immunisation Program for Healthcare providers (Australian Catholic University)
- Suturing (Health Education Collaborative)
- Remote Area Nursing (Ambulance Victoria)
- Digital Health Security Awareness (Australian Digital Health Agency)



Jacinta MacCormack (2016 - Present)

Registered Division 1 Nurse (AHPRA)

- Nurse Immuniser
- Oncology Nurse
- Remote Area Nurse

Our Workforce

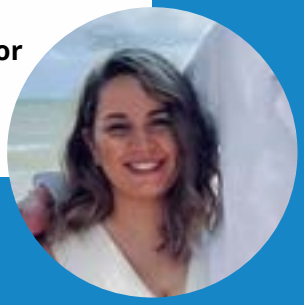
Deborah Crellin (2015 - present)

Administration Officer
BBus(Acc&Eco), DipGov



Shannon Harvey (2025-present)

Trainee Office Administrator

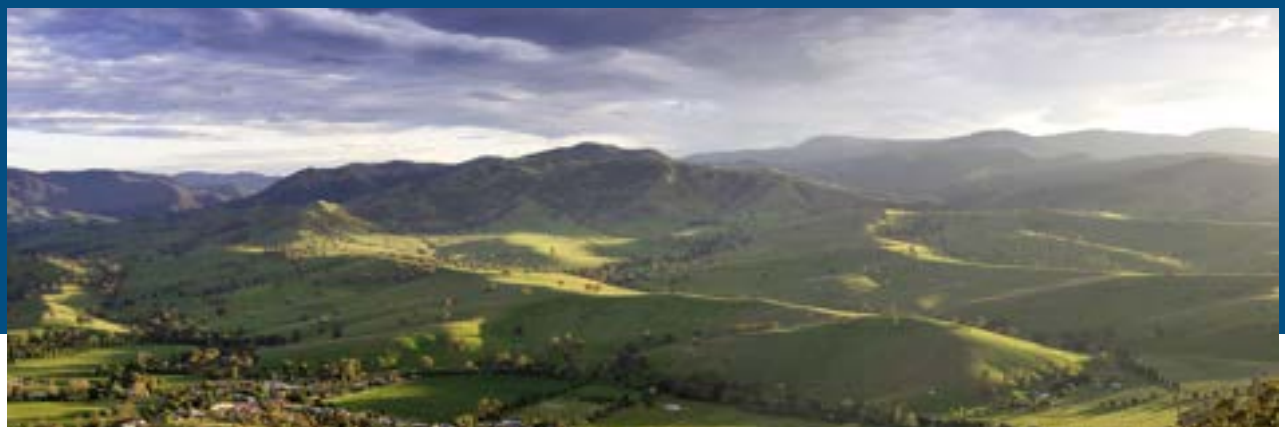


"I'm grateful to work for a quality organisation that is progressive, and has wonderful volunteers that are so passionate about keeping SCBNC's services sustainable and continuously improving to meet the needs of my community" - Deb Crellin

"Over the past year I've enjoyed learning the role of a Bush Nurse, acquiring new skills and participating in the Women's and Men's Health nights" - Claire Chapman

"It's been great to support the Bush Nurse, staff, and committee as the BNC continues to provide an amazing health service to keep our community healthy and strong, and living independently in our wonderful community" - Kath Smith

"So far my time as a trainee at SCBNC has been incredibly rewarding. I've gained valuable skills in the administration department, and I always feel like a respected and valued member of the team." - Shannon Harvey



Allied Services



PHYSIOTHERAPY
Robert Hughes is a Qualified and Extremely Experienced Physiotherapist from McMillian Chiropractic

AMBULANCE AND EMERGENCIES
Providing pre-hospital emergency care, patient transport (both emergency and non-emergency), and works with other agencies for health planning and emergency response.

DIABETES EDUCATOR
a Diabetes Educator from BRHS attends the centre in person every 4 months, but can do telehealth appointments every month.

VICTORIAN VIRTUAL EMERGENCY DEPARTMENT & TELEHEALTH SERVICES

Telehealth refers broadly to healthcare services delivered remotely via technology (phone, video, apps). It allows patients to consult practitioners without physically going into a clinic or hospital.

Virtual ED (e.g. Victorian Virtual Emergency Department, VVED) is a specific telehealth-based service that provides emergency care support (for non-life-threatening conditions).



Community Services



WOMEN'S HEALTH NIGHT



YOGA



FRIDAY LUNCHES FOR THE ELDERLY



GENTLE EXERCISE GROUP



MEN'S HEALTH NIGHT

"I liked having the dog "Scoly" around. He calmed me down"

QUOTE FROM COMMUNITY MEMBER

"Sue was very quick to see me, I had no wait time. Well done Sue"

QUOTE FROM COMMUNITY MEMBER

"I always promote the SCBNC to the newcomers to the town"

QUOTE FROM COMMUNITY MEMBER

Oram Estate Brief



What is Oram Estate?

The Swifts Creek Bush Nursing Centre (SCBNC) purchased Pat Oram's land, a parcel of land (2 hectares) within 300 meters from the town centre to make it available for the Oram Estate project, which will be a not-for-profit operation to service the aging local community for accommodation and broader community a location to socialise. This site was selected due to the history of Pat Oram's contributions to our community and existing infrastructure on the site e.g. electricity, water, septic. We propose to build ten (10) two-bedroom units, with a community garden, orchard and BBQ area.

The units will be for local elderly residents who are no longer able to manage in their own homes and wish to remain in the area with support from the SCBNC and the local community. This is a way for our community to provide a residential hub for the older generation who have supported our community for many years through voluntary committees, philanthropy, and sharing their wisdom about the local context with the community.
The risks associated for geographically isolated and living alone aged people is of great concern for rural communities. The absence of social connectedness in older people is well researched and documented as a cause in the decline of their overall health and wellbeing, presenting an ongoing strain on rural health services.
Due to this, the Swifts Creek community realised there is no transitional accommodation available from Bruthen up the Great Alpine Rd. There is only a 14 bed Nursing home at Omeo, which these people aren't ready for.

The Swifts Creek Future Regional Context Analysis was funded by the Victorian Government's Victorian Forestry Transition Program and highlighted the importance of establishing an independent living facility will support the local economy and provide an exemplar case for healthy ageing and improved quality of life.
The ageing population of the area supports the need for an independent living facility. Such a facility would enable residents to maintain their independence, located closer to town amenities and stay in their community longer. The existing health infrastructure in the Bush Nursing Centres (Swifts Creek & Ensay) and Omeo District Health with home care services can support a healthier community and ageing population.
The strategy we provide to reduce social isolation in our community, is seen as central to our Vision to encourage optimum health outcomes and maximise the independence of all community members.

Oram Estate Brief

Financial management for Oram Estate is independent from the SCBNC's financial structures, OE has the following structure:

- Fixed term deposit account
- Transaction account for regular expenses such as Rates, etc
- Separated from the SCBNC for clarity of the two operating processes and financial accounting.

Oram Estate is well supported by a local passionate team of community members who draw on external advice via industry professionals to ensure a successful and sustainable operational outcome.

Oram Estate governance structure is separate to SCBNC, key management structure consists of:

All Executives of SCBNC
Kim Thomas
Lorraine Crellin
Ex officio
· Sue Carroll
· Deborah Crellin

External Advisors

·Christopher Gray – Corporate governance & funding
·Duncan Johnston – Financial advice & construction
·Tim Liston – Accountant
·Nick Johnston – Architect
·Whites Accounting & Taxation Solutions – Auditors
·Crowther & Sadler – Surveyors & town planning
·Pitcher Partners – Operational funding advisors

Key Outcomes in offering an independent living option for local aged people.

1. Appropriate supported and safe accommodation for the local elderly community so they do not have to leave the area when they are no longer able to manage on their farms or in their large house.
2. The SCBNC will conduct home visits to ensure residents are safe and managing in this accommodation and will ensure they have appropriate support, whether that be home help, meals on wheels etc.
3. Palliative accommodation for the Terminal phase where they will be close to the BNC for adequate and safe care.
4. Community involvement with the vegetable/herb garden, community gathering and increased socialisation with the covered BBQ area.
5. Local trades people (skilled and unskilled) will be used for the project to increase employment in the area.
6. A gardener will be employed to maintain the gardens.
7. A maintenance person will be employed as required for ongoing maintenance for the units.

**More information can be provided upon request.*



Strategic Plan 2025 - 2028

Guided by our core values and strengthened through united vision, SCBNC has been proud to roll out its 2025 – 2028 Strategic Plan, advancing our mandate to maintain quality care through proactive consumer engagement and workforce development, capitalising on market trends like the increasing need for service innovations, place-based supports and health promotion.

Our ambitious, proactive agenda over this period ensures the SCBNC remains relevant and responsive to the evolving healthcare needs of our community and continues to grow our capacity as a leader in healthcare provision in rural Victoria.

OBJECTIVES:

- Advocate for the financial viability of our health service to meet the changing needs of our community and to promote equity of access.
- Create an environment and infrastructure that supports people to age in place with dignity, acknowledging and valuing the role they have played in the community.
- Develop a Community Health Service Hub through strategic partnerships with a range of health and community organisations.
- Increase consumer engagement and analysis of health data to identify gaps in services and advocate for further funding or forge partnerships for provision of services, screening and management.
- Grow our workforce and upskill the community to meet emerging service needs.

PRIORITIES:

- Financial Advocacy: Secure funding to ensure the financial viability of our health service.
- Oram Estate Project & Home-Based Supports: Develop infrastructure to support aging in place.
- Community Health Service Hub: Forge partnerships with health and community organisations.
- Health Promotion and Education: Engage consumers and analyse health data to address service gaps.
- Workforce Development: Grow our workforce and upskill the community to meet emerging needs.

Priority #1: Financial Advocacy

- **Quality healthcare data collection, analysis and utilisation**
- **Funding acquisition**
- **Registration with Primary Health network (PHN)**

ACHIEVEMENTS

Strategic Priority 1: FINANCIAL ADVOCACY		
Objectives	**Actions**	**Key Performance Summary**
Quality health care data collection, analysis and utilisation	Uniti data collection BNM reports to CoM Data reports to CoM Departmental reports to DHHS SCBNC Annual Report	**KPI**: Qualitative and quantitative data collection, analysis and reporting as per timelines and milestones identified Trends, gaps and opportunities integrated into funding applications **Progress & Achievements:** Quarterly meetings with DoH identified underreporting of indirect service hours. Data recording practices refreshed to appropriately reflect time spent on both direct and indirect activities, capturing a robust account of work undertaken in both a clinical and non-clinical capacity. Service needs, trends have informed discussion with DoH regarding resourcing to support existing and emerging service delivery demands. Scope of non-clinical resourcing needs include succession development planning, information management and knowledge transfer, professional development, and expansion of existing workforce. Longitudinal qualitative and quantitative service delivery data has been expertly captured in an article written by SCBNC Bush Nurse Manager, Sue Carroll, published in the Journal for Emergency Nursing (JEN) - "Walking In The Shoes Of A Remote Area Nurse" (2025).
Funding acquisition	Identify and pursue prospective funding streams aligned with current and emerging needs Engagement of expert mentors Integrate community health data via SCBNC, PHN, etc. Seek-out philanthropic, community donations	**KPI**: Successful identification of potential funding and grant applications Timely, successful grant application submissions Projects implemented within budget parameters and acquittal timelines **Progress & Achievements:** Funding and grant acquisition remains a challenging, competitive landscape, with an increasing number of applications accessible on an 'invite only' basis. Successful grants application this financial year include: • VHBA - solar system purchase and install ($30,000) • William Angliss Charitable Fund - Friday lunches for the elderly ($5,000) • FRRR - Remote Nursing Outreach ($20,000) • PHN Palliative Grant - Community Education & Awareness ($2,000) • Cancer Council - Cervical Screening & Women's Health Night ($8,000) • Stronger Communities Programme - Increased Access to Telehealth ($20,000) • The Heart Foundation - Men's Health Event (promotional and educational goods provided) SCBNC is grateful for the immense contribution of its expert mentors and valued associates: Chris Gray (The Haystack Group Pty Ltd) Duncan Johnston (Hill of Content Bookshop) Tim Liston (Accounting Solutions Victoria) Crowther & Saddler Pty Ltd Australian Business Volunteers (ABV) have been engaged to source, prepare grant applications applicable to the Oram Estate project. Too, ongoing collaboration with local council and regional stakeholders remains an imperative. Generous community donations continue to drive the vision and mission of the Centre in delivering a responsive, comprehensive community health service response.
Registration with Primary Health Network (PHN)	Apply for registration with PHN online grants portal Monitor portal for potential grant applications	**KPI**: Timely and successful PHN grant applications, implementation of projects and acquittals **Progress & Achievements:** Registration with PHN portal for grant notification has been completed. PHN grant portal regularly monitored for applicable grant announcements.

30%

Statistics to support outcomes, engagements, improvements, etc...

25%

Statistics to support outcomes, engagements, improvements, etc...

Priority #2: Oram Estate Project & Home-Based Supports

- Pursue Community Development Fund & Forestry Transition Fund opportunities
- Project Management
- Building and Construction
- Home Based Supports

ACHIEVEMENTS

Strategic Priority 2: ORAM ESTATE PROJECT & HOME-BASED SUPPORTS		
Objectives	**Actions**	**Key Performance Summary**
Pursue Community Development Fund and Forestry Transition Fund opportunities	Engagement and collaboration with Local Development Strategy Project Manager and associated Departmental, community, industry representatives	**KPI**: High-quality funding applications prepared in a timely fashion and aligned with CDF/FTF application guidelines. Successful CDF/FTF grant applications. **Progress & Achievements**: The Oram Estate project has undergone significant rebranding in the form of a new Oram Estate Logo, establishing its independence from SCBNC core-business operations. In collaboration with expert mentors, the Oram Estate Committee has met regularly to maintain consistent and accountable governance across the project. This has included the timely preparation and presentation of project briefs, business and operational plans, legal/legislative documentation, and governance modelling. Preparation of an EOI to secure CDF (FTF) funds to conduct an 'official' feasibility study is currently in motion. The Swifts Creek Future Project (Leadership Development Group) continues to advocate for the Oram Estate project as one of its identified key projects.
	Timely preparation, submission and update of funding documentation and reports	
Project Management	Engagement/onboarding of a local Building Project Manager	**KPI**: Successful onboarding of a dedicated Building Project Manager Implementation of building and business plan. Successfully meeting timelines and actions in GAANT Chart and working within the budget. **Progress & Achievements:** A Position Description for an Oram Estate 'Project Manager' has been developed. At present, the Oram Estate Committee continues to oversee the project, with additional human resourcing needs continually monitored and assessed. Support to fund the engagement of a Project Manager has been provided through the Swifts Creek Future Leadership Development Group, to be formally sought through an EOI process with DEECA.
Building and Construction	Building and construction of Oram Estate facilities	**KPI**: Construction of facilities completed within funding timelines and acquittal milestones **Progress & Achievements**: Site preparations for the Oram Estate Project have begun with the demolition of existing infrastructure. Council planning permits are in progress with cultural overlay, emergence access considerations being explored with council through our project partners Crowther and Sadler. In addition to Crowther & Sadler, Pitcher Partner has been engaged by the Project Committee as it's legal representatives.
Home Based Supports	Investigate viability of service delivery via feasibility study funded through CDF/FTF or like grant	**KPI**: Feasibility study funded and completed Development and successful attainment of HAC funding application Successful HAC registration and software management installation Successful recruitment to HAC Care Coordinator position and service commencement **Progress & Achievements**: A decision was made by the Committee of Management to focus on core service delivery and already-in-progress service expansion activities, such as Oram Estate, for the first portion of its strategic plan lifecycle. Diversifying services into the provision of home-based support services remains a longer-term aspiration of the SCBNC.
	Develop and submit HAC funding and service delivery application	
	Register business for HAC delivery and acquire necessary software management system/s	
	Develop position description, advertise and recruit to HAC Care Coordinator position	

30%

Statistics to support outcomes, engagements, improvements, etc...

25%

Statistics to support outcomes, engagements, improvements, etc...

Priority #3: Community Health Service Hub

- Increase Customer Engagement
- Build Robust Service Alliances
- Telehealth Provision

ACHIEVEMENTS

Strategic Priority 3: COMMUNITY HEALTH SERVICE HUB		
Objectives	**Actions**	**Key Performance Summary**
Increase consumer engagement	Community consultation activities including digitisation of surveys	**KPI**: Increased participation in consumer surveys. Increased positive consumer satisfaction survey outcomes. Data reviewed twice yearly; findings successfully integrated into consumer engagement strategies Promotional material up to date, relevant, target population appropriate **Progress & Achievements:** The SCBNC Facebook page has been reinstated with positive community engagement occurring. The SCBNC webpage continues to be updated on a regular basis with many recorded site visits this financial year. Community engagement strategies have been strategically aligned with local population health data, such as the Men's Health Night event held in May 2025. Promotional materials such as brochures and magnets were updated and provided to community members. Paper based consumer surveys continue to be distributed, with a pivot towards expanding into digital surveys underway. Positive feedback has been received regarding staff profiles displayed in Centre foyer, promoting consumer trust in staff and Centre operations.
	Local client/population health data analysis, such as trends and service gap analysis, to inform engagement strategies	
	Media promotion and advertisement, including review and update of current promotional documentation	
Robust service alliances	Identify potential partnering agencies and services	**KPI**: Successful service partnership developed Improved community access to allied services Service gaps reduced **Progress & Achievements:** Australian Business Volunteers (ABV) have been engaged to support with grant identification and application related to the Oram Estate Project. The Centre has continued to build and maintain robust relationships with its in-Centre partners including physiotherapy, gentle exercise group, and yoga - along with other allied service partners such as Benambra Neighbourhood House, Ambulance Victoria, Omeo District Health, Bairnsdale Regional Hospital, and the Department of Health.
	Develop business case proposals including: intended service models, financial analysis and partnership opportunities	
	Liaise with key stakeholders to progress business case propositions and implement new service alliance arrangements	
Telehealth Provision	Identify and liaise with potential partnership agencies and services	**KPI**: Successful identification and liaise with potential partnership agencies and services Acquisition of suitable/necessary equipment to deliver the service Integration of formal service promotion strategy Viability determined / recruitment to dedicated Telehealth Navigator function **Progress & Achievements:** The SCBNC were successful with a $20,000 grant through the Stronger Communities Programme (Round 9) to improve Telehealth Access. The distribution of these funds on equipment and infrastructure will occur in the new financial year. The utilisation of Virtual Emergency Department (VED) and telehealth have assisted to improve service responsiveness and reduce service gaps. Virtual specialist consult engagements have significantly increased the scope of on-site service provision. Co-consults have been well utilised by members, supporting the Centre's ethos of promoting place-based care. Nursing staff are currently supporting engagement with VED and telehealth technology with the Centre looking to employ a dedicated telehealth navigator into the future as this service develops and expands.
	Acquisition of suitable software/hardware/technology to support the service	
	Promotion of service and service user education	
	Investigate viability of and onboard Telehealth Navigator	

30%

Statistics to support outcomes, engagements, improvements, etc...

25%

Statistics to support outcomes, engagements, improvements, etc...

Priority #4: Health Promotion & Education

- Women's Health
- Men's Health
- The Elderly and Isolated
- Farmer Health Checks

ACHIEVEMENTS

Strategic Priority 4: HEALTH PROMOTION AND EDUCATION		
Objectives	**Actions**	**Key Performance Summary**
Women's Health	Pursue funding/grants for annual women's health event Deliver an annual, targeted women's health community event	**KPI**: Funding obtained and acquitted to deliver annual women's health event Annual event facilitated Positive consumer feedback **Progress & Achievements:** A Women's Health Night event was delivered in September 2024. The evening included presentations around continence therapy, breast screening advice, and cardiac awareness – delivered by a dedicated women's health nurse. The event was funded through the Cancer Council. Consumer feedback was overwhelming positive with many women identifying feeling much better prepared to identify areas of health need and how to seek care and support if needed.
Men's Health	Pursue funding/grants for annual men's health event Deliver an annual, targeted men's health community event	**KPI**: Funding obtained and acquitted to deliver annual men's health event Annual event facilitated Positive consumer feedback **Progress & Achievements:** A Men's Health Night event was delivered in May 2025. The evening included presentations around prostate awareness, bowel and lung screening, with extensive time for Q&A amongst attendees. The event was well attended by community members and other stakeholders alike, including administrative and clinical representatives from Omeo District Health and Ambulance Victoria.
Lunches for the Elderly and Isolated	Pursue funding/grants to purchase food, meal preparation items Delivery of weekly lunch event from the SCBNC function room	**KPI**: Funding obtained and acquitted to deliver weekly lunch event Weekly lunch event facilitated Consistent attendance by key cohort (elderly/isolated) Positive consumer feedback **Progress & Achievements:** Friday lunches for the elderly continue to be a significant social connector for a group of 8-10 elderly persons from the Swifts Creek community. Financial grants from both William Angliss and Australia Post grant continue to support this event occurring on a weekly basis, year-round. Neighbourhood House also provides frozen meals to be distributed to attendees as needed.
Farmer Health checks	Pursue funding/grants for farmer health checks Engage additional nursing resource to deliver Farmer Health checks	**KPI**: Wages and/or activity funding obtained to support farmer health checks including timely acquittal within project timelines Re-establishment of home visits to conduct checks Increased consumer engagement and positive feedback **Progress & Achievements:** SCBNC is currently seeking funding to pursue this objective in the latter part of its Strategic Plan cycle

30%

Statistics to support outcomes, engagements, improvements, etc...

25%

Statistics to support outcomes, engagements, improvements, etc...

Priority #5: Workforce Development

- **Workforce Expansion**
- **Building Partnerships**
- **Professional Development**

ACHIEVEMENTS

Strategic Priority 5: WORKFORCE DEVELOPMENT		
Objectives	**Actions**	**Key Performance Summary**
Workforce Expansion	Review current workforce model and identify future service delivery/operational risks, gaps, needs and opportunities	**KPI**: Comprehensive review of existing workforce model currency and sustainability Identification of future workforce need projections and key objectives Successful development of, with intent to adopt, workforce expansion proposals Successful funding/grant applications Development of necessary position descriptions and physical work spaces Recruitment to roles **Progress & Achievements:** Aligning with workforce expansion goals, the position of Office Administration Trainee was developed and recruited to in June 2025. A recruitment drive for additional nursing resources remains an ongoing activity, with targeted advertisements central to this approach. Position descriptions for nursing and administrative staff have been reviewed with sever al business cases developed to support future grant and funding opportunities that may arise. One of the Centre's casual nursing staff, Claire Chapman, has now commenced on a part-time basis – further bolstering a reliable, robust nursing workforce to draw upon. All staff meetings have been instigated with a key focus on upskilling, professional development, OH&S, rostering, workforce resilience and fatigue management. These will occur on a regular basis moving forward. The Victorian Bush Nursing Centres Nurses Enterprise Agreement 2024 has now come into effect with all relevant statutory and operational changes integrated.
	Develop workforce expansion business case proposals including: intended service models, financial analysis and partnership opportunities	
	Recruit to new roles as capacity (financial, facility, technology) allows	
Building Partnerships	Identify potential partnering businesses, agencies and services,	**KPI**: Successfully identify and establish relationship with local businesses, services, agencies Business case propositions successfully adopted and progressed Key local partnerships developed Successful implementation of new service arrangements **Progress & Achievements:** This year SCBNC has seen a positive and productive reconnection with Omeo District Health (ODH), with monthly meetings now occurring between ODH CEO and SCBNC Bush Nurse Manager. Key discussion objectives include future planning, strengthened relationship, open and informed decision making, and fostering a collaborative approach to servicing the local community. Partnerships with Bairnsdale Regional Health Service (BRHS) and Latrobe Regional Hospital (LRH) remain a key focus for the Centre, also. SCBNC accepted the position of Chair for the 2025 Eastern Victoria Bush Nursing Network (EVBNN) and keenly participated in development of the regional Reconciliation Action Plan (RAP). Key to progressing business case propositions and implement service arrangements, we acknowledge also our Expert Mentors and valued associated (aforementioned), the East Gippsland Shire (EGS), local council, and Gippsland Lakes Complete Health (GLCH).
	Develop business case proposals including: intended service models, financial analysis and partnership opportunities	
	Liaise with key stakeholders to progress business case propositions and implement new service arrangements	
Professional Development	Review of existing professional development planning, performance reviews and professional development structure/tools	**KPI**: Individualised Professional Development Plans (PDP) PDP connected to annual performance reviews. Professional development linked to PDP goals and KPI Provision of professional/clinical supervision for client facing staff. PDP updated in position description. Funding successfully sourced to support professional development activities Accreditation section on governance structure. **Progress & Achievements:** Succession planning for nursing staff – including that of the Bush Nurse manager – is now in development. This includes a 'mentor model' adoption to upskill the Centre's future workforce, and will include succession planning and mentorship for it's Committee of Management in the latter part of the Strategic Plan cycle. Discussion with DoHs are underway around the acquisition of funding to support these crucial succession planning and development activities. Cost analysis for anticipated training budget needs has been integrated into budget projections for the new financial year.
	Identification and integration of quality improvements to professional development approach	
	Source funding to support ongoing professional development activities	

30%

Statistics to support outcomes, engagements, improvements, etc...

25%

Statistics to support outcomes, engagements, improvements, etc...

Community & Client Feedback





THANK YOU !